

**EXPLORING THE EXPERIENCES OF VOLUNTEER CARE WORKERS
FACILITATING AN INTERVENTION PROGRAMME WITH
VULNERABLE PRE-SCHOOL CHILDREN**

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DECLARATION

I, Maryke Duvenhage (25278275), hereby declare that **EXPLORING THE EXPERIENCES OF VOLUNTEER CARE WORKERS FACILITATING AN INTERVENTION PROGRAMME WITH VULNERABLE PRE-SCHOOL CHILDREN** is my original work and that all of the resources I consulted are included in the list of references.

Maryke Duvenhage

Date

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ABSTRACT

EXPLORING THE EXPERIENCES OF VOLUNTEER CARE WORKERS FACILITATING AN INTERVENTION PROGRAMME WITH VULNERABLE PRE-SCHOOL CHILDREN

by

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The purpose of this study was to explore and describe the experiences of three volunteer care workers in their role as facilitators of an intervention programme aimed at strengthening the resilience of pre-school children. The study forms part of a broad research project, the Kgolo-Mmogo project, involving a multidisciplinary team of researchers from the University of Pretoria and Yale University in the United States of America. One of the objectives of the project is to investigate the possibility of strengthening the resilience, as well as the adaptive functioning of children affected by HIV and AIDS. These children are living in poor urban communities in South Africa and their vulnerability is related to their mothers being infected with HIV.

The conceptual framework for my study was based on existing theory relating to care workers, focussing on their responsibilities and experiences, and the process of facilitation. In addition I explored the concepts 'resilience' and 'vulnerable children'. I followed a qualitative research approach, guided by an interpretivist epistemology. I employed an instrumental case study design and conveniently selected three volunteer care workers fulfilling the role of facilitators in the Kgolo-Mmogo project, as participants. These volunteer care workers were responsible for facilitating an intervention programme with a small group of 3 to 5-year old children. I observed five of the intervention sessions, which were presented by

the participating volunteer care workers. I conducted a focus group discussion with the participants in order to explore their experiences as facilitators of the intervention programme. I furthermore conducted a follow-up focus group discussion with the purpose of member checking. In addition, I relied on a reflective journal, field notes and audio-visual methods, for data collection and documentation purposes.

Four main themes emerged as a result of the thematic data analysis and interpretation that I completed. Firstly, I found that the *foreseen scenario* of the facilitation of an intervention programme differed from the *real scenario* of what such a role would entail. The role of facilitators of an intervention programme implied more than what the volunteer care workers had anticipated and implied diverse responsibilities. Secondly, from my results I concluded that the participants encountered a variety of *positive experiences*, including experiences of being meaningful and self-development, as well as feelings of pride, excitement and joy. Thirdly, the participants encountered some *challenges* in their role as facilitators of an intervention programme. They were required to deal with negative emotions, handle conflict more effectively, become more flexible, and deal with stress appropriately. The last theme that emerged relates to the participants experience of the *importance of continuous support*. This was offered by means of training and a structured manual, regular debriefing sessions by the volunteer care workers' supervisor and the research coordinator, as well as support by colleagues.

Based on the findings of my study, I concluded that the experiences of the volunteer care workers facilitating the intervention programme with young vulnerable children were diverse and multifaceted. As such, the role of facilitator implied multiple responsibilities, and led to the experience of a variety of benefits and challenges. In addition, my study highlights the value of continuous support in order to assist volunteer care workers to successfully facilitate intervention programmes they present. Furthermore, in dealing with the challenges they faced, the volunteer care workers in my study developed valuable skills that could be applied during future facilitation tasks, as well as in their personal lives. As such, their involvement as facilitators in the Kgolo-Mmogo project seemed to have contributed to their professional and personal development.



LIST OF KEY WORDS

- Experience
- Facilitation
- Intervention programme
- Kgolo-Mmogo project
- Pre-school children
- Resilience
- Volunteer care workers
- Vulnerable pre-school children



CHAPTER 1

OVERVIEW AND RATIONALE

| | | |
|-------|---|----|
| 1.1 | INTRODUCTION | 1 |
| 1.2 | CONTEXT OF THE STUDY | 2 |
| 1.3 | RATIONALE AND PURPOSE OF THE STUDY | 3 |
| 1.4 | RESEARCH QUESTIONS | 4 |
| 1.5 | ASSUMPTIONS | 5 |
| 1.6 | CONCEPT CLARIFICATION | 5 |
| 1.6.1 | Experience | 5 |
| 1.6.2 | Volunteer care workers | 6 |
| 1.6.3 | Facilitation | 7 |
| 1.6.4 | Intervention programme | 7 |
| 1.6.5 | Vulnerable pre-school children | 8 |
| 1.6.6 | Resilience | 9 |
| 1.7 | UNDERLYING RESEARCH APPROACH AND PARADIGM | 10 |
| 1.8 | RESEARCH METHODOLOGY: A BRIEF OVERVIEW | 11 |
| 1.9 | ROLE OF THE RESEARCHER | 12 |
| 1.10 | ETHICAL CONSIDERATIONS | 13 |
| 1.11 | QUALITY CRITERIA | 14 |
| 1.12 | LAYOUT OF THE STUDY | 15 |
| 1.13 | CONCLUSION | 16 |



CHAPTER 2

LITERATURE REVIEW

| | | |
|--------------|--|-----------|
| 2.1 | INTRODUCTION | 17 |
| 2.2 | CARE WORKERS | 17 |
| 2.2.1 | Defining child and youth care work | 18 |
| 2.2.1.1 | <i>Holistic child care within a community context</i> | 18 |
| 2.2.1.2 | <i>Personal characteristics of child care workers</i> | 19 |
| 2.2.1.3 | <i>An integrated approach to defining child care workers</i> | 19 |
| 2.2.1.4 | <i>Defining child and youth care work within the context of my study</i> | 21 |
| 2.2.2 | Typical responsibilities of care workers | 21 |
| 2.2.3 | Experiences of care workers | 22 |
| 2.2.3.1 | <i>Existential presence</i> | 24 |
| 2.2.3.2 | <i>Redefining professional relationships</i> | 25 |
| 2.2.3.3 | <i>Therapeutic care</i> | 25 |
| 2.2.3.4 | <i>Challenges experienced by care workers</i> | 26 |
| 2.2.4 | Care workers and support groups | 27 |
| 2.3 | FACILITATION | 28 |
| 2.3.1 | Defining facilitation and facilitators | 28 |
| 2.3.2 | Recommended characteristics of skilled facilitators | 29 |
| 2.4 | RESILIENCE | 31 |
| 2.5 | VULNERABLE CHILDREN | 33 |
| 2.6 | CONCLUSION | 34 |



CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

| | | |
|------------|--|-----------|
| 3.1 | INTRODUCTION | 35 |
| 3.2 | PARADIGMATIC PERSPECTIVE | 35 |
| 3.2.1 | Methodological paradigm | 35 |
| 3.2.2 | Meta-theoretical paradigm | 37 |
| 3.3 | RESEARCH METHODOLOGY | 38 |
| 3.3.1 | Research design | 38 |
| 3.3.2 | Selection of a case and participants | 40 |
| 3.3.3 | Data collection and documentation | 41 |
| 3.3.3.1 | <i>Focus group discussions</i> | 41 |
| 3.3.3.2 | <i>Observation</i> | 42 |
| 3.3.3.3 | <i>Field notes</i> | 43 |
| 3.3.3.4 | <i>Visual data collection and documentation techniques</i> | 44 |
| 3.3.3.5 | <i>Reflective journal</i> | 44 |
| 3.3.4 | Data analysis and interpretation | 45 |
| 3.4 | ETHICAL CONSIDERATIONS | 46 |
| 3.4.1 | Informed consent | 46 |
| 3.4.2 | Privacy, confidentiality and anonymity | 47 |
| 3.4.3 | Protection from harm | 47 |
| 3.4.4 | Trust | 47 |
| 3.5 | RIGOUR OF THE STUDY | 48 |
| 3.5.1 | Credibility | 48 |
| 3.5.2 | Transferability | 49 |
| 3.5.3 | Dependability | 49 |
| 3.5.4 | Confirmability | 50 |
| 3.6 | CONCLUSION | 50 |

CHAPTER 4

FINDINGS OF THE STUDY

| | | |
|---------|--|----|
| 4.1 | INTRODUCTION | 51 |
| 4.2 | FINDINGS OF THE STUDY | 51 |
| 4.2.1 | Theme 1: Foreseen versus real scenario | 52 |
| 4.2.1.1 | <i>Sub-theme 1.1: More than anticipated</i> | 52 |
| 4.2.1.2 | <i>Sub-theme 1.2: Implying diverse responsibilities</i> | 53 |
| 4.2.1.3 | <i>Discussion of findings relating to Theme 1</i> | 55 |
| 4.2.2 | Theme 2: Positive experiences | 57 |
| 4.2.2.1 | <i>Sub-theme 2.1: Experiencing meaningfulness</i> | 57 |
| 4.2.2.2 | <i>Sub-theme 2.2: Self-development</i> | 61 |
| 4.2.2.3 | <i>Sub-theme 2.3: Feelings of pride, excitement and joy</i> | 64 |
| 4.2.2.4 | <i>Discussion of findings relating to Theme 2</i> | 64 |
| 4.2.3 | Theme 3: Challenges | 68 |
| 4.2.3.1 | <i>Sub-theme 3.1: Dealing with negative emotions</i> | 68 |
| 4.2.3.2 | <i>Sub-theme 3.2: Conflict management</i> | 69 |
| 4.2.3.3 | <i>Sub-theme 3.3: Becoming more flexible</i> | 70 |
| 4.2.3.4 | <i>Sub-theme 3.4: Dealing with stress</i> | 71 |
| 4.2.3.5 | <i>Discussion of findings relating to Theme 3</i> | 73 |
| 4.2.4 | Theme 4: Importance of continuous support | 77 |
| 4.2.4.1 | <i>Sub-theme 4.1: Importance of training and a structured manual</i> | 77 |
| 4.2.4.2 | <i>Sub-theme 4.2: Value of regular debriefing</i> | 78 |
| 4.2.4.3 | <i>Sub-theme 4.3: Support by colleagues</i> | 79 |
| 4.2.4.4 | <i>Discussion of findings relating to Theme 4</i> | 80 |
| 4.3 | CONCLUSION | 82 |

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

| | | |
|-------|--|----|
| 5.1 | INTRODUCTION | 83 |
| 5.2 | OVERVIEW OF PRECEDING CHAPTERS | 83 |
| 5.3 | REVISITING MY SECONDARY RESEARCH QUESTIONS | 85 |
| 5.3.1 | Secondary research question 1: <i>What were the expectations of the volunteer care workers before the intervention commenced?</i> | 85 |
| 5.3.2 | Secondary research question 2: <i>How did the expectations of the volunteer care workers compare with their experiences after completion of the process?</i> | 85 |
| 5.3.3 | Secondary research question 3: <i>Which benefits or value (if any) did the volunteer care workers experience in their role as facilitators of an intervention programme?</i> | 87 |
| 5.3.3 | Secondary research question 4: <i>Which challenges did the volunteer care workers experience in facilitating the intervention programme</i> | 88 |
| 5.4 | REFLECTING ON MY PRIMARY RESEARCH QUESTION | 89 |
| 5.5 | CONTRIBUTIONS OF THE STUDY | 90 |
| 5.6 | CHALLENGES AND LIMITATIONS OF THE STUDY | 91 |
| 5.7 | RECOMMENDATIONS | 93 |
| 5.7.1 | Recommendations for training | 93 |
| 5.7.2 | Recommendations for practice | 93 |
| 5.7.3 | Recommendations for further research | 94 |
| 5.8 | CONCLUDING REFLECTION | 94 |
| | LIST OF REFERENCES | 96 |



LIST OF FIGURES

| | | |
|--------------------|---|-----------|
| Figure 4.1: | Overview of the main themes and sub-themes | 51 |
| Figure 4.2: | Volunteer care workers facilitating a structured activity in a playful manner | 53 |
| Figure 4.3: | A volunteer care worker maintaining a trusting relationship | 54 |
| Figure 4.4: | Participating care workers facilitating sessions with eagerness and enjoyment | 58 |
| Figure 4.5: | Participating care workers assisting the participating children | 60 |
| [| | |
| Figure 4.6: | Participating care workers hugging the children | 60 |

LIST OF APPENDICES

| | |
|--------------------|---|
| Appendix A: | Intervention programme |
| Appendix B: | Permission to conduct research and informed consent |
| Appendix C: | Field notes |
| Appendix D: | Extracts from reflective journal |
| Appendix E: | Thematic analysis of focus group discussion |
| Appendix F: | Thematic analysis of member checking focus group discussion |
| Appendix G: | Visual data of observed intervention sessions |

CHAPTER 1

OVERVIEW AND RATIONALE

1.1 INTRODUCTION

Youth care work as a profession is generally characterised by commitment, integrity and dedication on the part of those doing the work (Anglin, 2006). According to Anglin (2006), youth care encompasses the processes related to working with children in a holistic way to facilitate their development in a healthy and socially competent manner. Care workers frequently have the task of supporting vulnerable children, resulting in them undertaking many responsibilities and tasks involving the care of children at risk inside and outside of residential settings. Vulnerable children often face the challenge of having to deal with adversities such as child abuse, neglect and traumatic experiences, for example the death of a parent or primary caregiver (Sladde, 2003).

Randolph, Fraser and Orthner (2004) state that a vulnerable child's success depends on an array of factors, of which some might be co-determined by the involvement of care workers. In essence, care workers attend to many factors in children's development in following a holistic approach (Anglin, 2006) in order to achieve pre-formulated outcomes. According to Alston and Lewis (1999), a holistic approach to child and youth care implies that careful attention be given to children as 'complete beings' who display needs in various areas of their lives, as opposed to merely focusing on one aspect of a child's context. This idea emphasises the challenging nature of the work done by care workers. The challenging nature inherent to the work done by care workers may in turn result in them taking on different roles from those initially expected of them, thereby expanding their responsibilities.

Care workers might therefore fulfil various roles when intervening in the lives of vulnerable children. In my study, I focused on three volunteer care workers who have been facilitating an intervention programme (Appendix A) with vulnerable children. I viewed the volunteer care workers in the study as 'supportive adults'. I do not regard an ethos of caring as a mere 'programme' or 'strategy' *per se*, but rather as a way of being in the world, of relating to youth, their families, and each other in a manner that conveys compassion, understanding, respect and interest (Benard, 1991; Benard, 2004). Although such a supportive role can be a rewarding one, it might also imply some challenges. Within this possibility of potential positive experiences on the one hand yet distinct challenges on the other, the

following question comes to mind: *How do volunteer care workers perceive and experience the task that they fulfil when supporting vulnerable children?* In my study, I aimed to partially address this question, by exploring the experiences of three volunteer care workers who have been responsible for facilitating an intervention programme with 3 to 5-year old children who are affected by HIV and AIDS in an attempt to strengthen resilience.

1.2 CONTEXT OF THE STUDY

My study forms part of a bigger NIMH-funded research project, namely the Kgolo-Mmogo¹ project. The Kgolo-Mmogo project involves a multidisciplinary team of researchers from the University of Pretoria and Yale University in the United States of America. The project aims, *inter alia*, to investigate the possibility of strengthening the resilience and adaptive functioning of children affected by HIV and AIDS, living in poor urban communities in South Africa. The vulnerability of the children is related to their mothers being infected with HIV.

In an attempt to investigate how resilience might be strengthened amongst these children by means of intervention, a structured support intervention was initially developed for children ages six to ten years of mothers who are HIV-positive. However, as the project progressed, the need arose to also provide intervention to the 3 to 5-year old children of the mothers participating in the project. As a result, a fellow student² and I were approached to become involved by developing an intervention programme (Appendix A) for this age group, to be implemented during the Kgolo-Mmogo project.

The intervention was developed in 2006, after which it was peer-reviewed and refined in an attempt to ensure that the activities were developmentally appropriate for the 3 to 5-year old children participating in the Kgolo-Mmogo project. The intervention was implemented in January 2007, and is currently in its 12th and final wave of data collection. For the purpose of my study I shall, however, not be focusing on the intervention *per se*, but on the experiences of the care workers who have been facilitating the intervention sessions. These care workers are all volunteers from the community, who were trained by the project's research coordinator and my fellow student and I prior to implementing the intervention.

¹ Kgolo-Mmogo means 'Growing together'

² Susan Greyling, M.Ed (Educational Psychology)

1.3 RATIONALE AND PURPOSE OF THE STUDY

Since I started my undergraduate studies in 1997, I have been involved in community-based projects. Research projects involving vulnerable children have always been my primary interest, based on my belief that vulnerable children might benefit from support, and that support is often a secondary outcome of community-based research. Throughout my involvement in community-based research projects I have often found myself wondering which factors could contribute to the high levels of resilience that I repeatedly observed amongst vulnerable children.

Over the past years, research in the area of resilience has been emerging, with many studies focusing on resilience of children (Goldstein & Brooks, 2005; Neill, 2006; Rutter, 1993; Werner, 1984). Some studies focus on resilience among adolescents (Beardslee & Podorefsky, 1988; Burack, Blidner, Flores & Fitch, 2007), while others focus on specific risk factors, for example alcohol and substance abuse (Mohatt, Rasmus, Thomas, Allen, Hazel & Marlatt, 2007; Zunz, Turner & Norman, 1993), exposure to war and terrorism (Maguen, Papa & Litz, 2008), general life stressors such as social stressors, political stressors and environmental stressors (Miller, 2007), and resilience within rural communities (Hegney, Buikstra, Baker, Rogers-Clark, Pearce, Ross, King & Watson-Luke, 2007), to name but a few examples. As such, the growing body of international, cross-cultural and longitudinal studies is providing scientific evidence that explores the innate ability of many children – even though they are exposed to multiple and severe adversities in their lives – to develop into competent, confident and caring adults (Benard, 2004).

In the same manner, literature on child and youth care work and on the professionalisation of the field seems to be emerging (Benjamin, 2005). Existing literature concerning the daily experiences of care workers working with vulnerable children appears to be increasing. However, little research has been done into the potential effect that regular work with vulnerable children might have on the lives of care workers. Bertolino and Thompson (1999) note that in the child and youth care profession many devoted care workers can be identified who are eager to do what they can to be effective in their work with children and youths. Yet, these authors further explain that such eagerness and devotion are often accompanied by high levels of stress because of the very nature of the profession (Bertolino & Thompson, 1999).

Based on my past experience in the field and my personal interest in research relating to resilience and the support of vulnerable children, I was motivated to conduct a study in this area, and therefore gladly

accepted the opportunity to become involved in the Kgolo-Mmogo project when I was requested to do so in 2006. After co-developing the intervention programme for 3 to 5-year old children in collaboration with a fellow student, the planned sessions were implemented, starting January 2007. At the time of my study, the programme was in its 12th wave of data collection.

While developing the intervention programme in 2006, we primarily focused on strengthening resilience amongst the participating children. However, the potential effect that the facilitation of the programme could have on the volunteer care workers has been a concern since the development of the programme. In line with the research team's concern, many comments have been made to me informally by the volunteer care workers and others involved in the intervention programme, some of which have been surprising and even somewhat overwhelming, regarding the potential effect of involvement in the programme on the volunteer care workers. These responses made me aware of the possible reciprocal effect of the programme, specifically regarding the effect that the facilitation of the intervention sessions might have on the lives of the volunteer care workers, rousing the interest in me to further explore this field of study.

Therefore, the aim of my study was to explore and describe the experiences of three volunteer care workers facilitating an intervention programme with 3 to 5-year old children, focusing on strengthening resilience. As such, I attempted to gain insight into the volunteer care workers' perceptions and experiences, highlighting the potential value and challenges that the facilitation of the sessions might have implied for them.

1.4 RESEARCH QUESTIONS

The study was guided by the following primary research question:

What are the experiences of volunteer care workers who have facilitated an intervention programme with vulnerable pre-school (3 to 5-year old) children, focusing on strengthening resilience?

In order to address this question, I examined the following secondary research questions:

- *What were the expectations of the volunteer care workers before the intervention commenced?*
- *How did the expectations of the volunteer care workers compare with their experiences after completion of the process?*
- *Which benefits or value (if any) did the volunteer care workers experience in their role as facilitators of an intervention programme?*

- *Which challenges (if any) did the volunteer care workers experience in facilitating the intervention programme?*

1.5 ASSUMPTIONS

I kept the following assumptions in mind, with which I approached the study:

- Facilitating an intervention programme with vulnerable pre-school (3 to 5-year old) children may result in emotionally significant experiences by the volunteer care workers facilitating the programme.
- Volunteer care workers facilitating an intervention programme with vulnerable 3 to 5-year old children will be able to identify and describe their experiences.
- The identification of caring adults for the purpose of facilitating an intervention programme of a supportive nature can contribute to strengthening the resilience of vulnerable children.
- Planned, structured activities in the form of an intervention programme may enhance the possibility of strengthening the resilience of vulnerable children.

Throughout my study and while planning the empirical part of my research, I considered the above-mentioned assumptions. Subsequently, I reflected on my assumptions as my study progressed.

1.6 CONCEPT CLARIFICATION

In this section, I clarify the key concepts of my study.

1.6.1 Experience

In a psychological context, the use of the concept 'experience' has expanded over time (Bradley, 2005; Burman, 1994). Like in any other empirical science, the concept's first meaning related to psychologists' findings being based on experience in the form of carefully collected first-hand evidence which, given the same circumstances, could be experienced and confirmed by others. However, as psychologists gained insight into the complicated ways in which people construct their experiences of the world, they realised the complexity of defining the concept based on empirical evidence (Bradley, 2005).

Bradley (2005) distinguishes between two senses of experience. The first sense refers to key events in the past which make a person who he or she is. This kind of experience accumulates over time,

teaches lessons and effects people by shaping their responses to the world. This type of experience is regarded as the formative or diachronic (i.e. 'through time') sense of experience, being something set in the past that acts as a cause to mould behaviour. The second sense of experience refers to occurrences in the here and now. Anything that counts as experience in the formative sense must also be processed in the present. Therefore, immediate experience is regarded as the primary sense, in terms of psychological beliefs. Any person is in the midst of experiencing events in a complex way at any given moment. However, much of what can be viewed as immediate experience is filtered out and forgotten shortly after it has been registered. Furthermore, immediate experience is often hard to access for others, as it involves invisible atemporal matters, imaginations, memories or desires. These experiences are often difficult to put in words because they are personal and ephemeral (Bradley, 2005; Burman, 1994).

Within the context of my study, 'experiences' refers to the experiences of the volunteer care workers in their role as facilitators of an intervention programme with young, vulnerable children. Although their formative experience played a meaningful role in the manner in which the volunteer care workers behaved while facilitating the sessions, it is primarily their immediate experience of their involvement as facilitators of the intervention programme, as well as their feelings and perceptions regarding their involvement, that is of relevance to the study.

1.6.2 Volunteer care workers

Child and youth care work can be described as a professional practice focusing on the holistic development, as well as the improvement of the physical, emotional, intellectual and social development of vulnerable children and adolescents (The Alberta Occupational Profiles, 2009; The Human Sciences Research Council of South Africa, 2004). Child care work can be practised within the context of families, communities, as well as a variety of other settings (The National Association of Child Care Workers, 2008). In addition, child and youth care can be considered as an interactive process within which the parties involved react, change, grow and develop in response to their interaction with one another (Rose, 1990).

'Volunteer' refers to the care workers facilitating the intervention programme willingly. Within the context of this study 'volunteer care workers' refers to the three care workers of the Kgolo-Mmogo project who facilitated the intervention programme voluntarily with vulnerable 3 to 5-year old children, with the aim of strengthening their resilience. The volunteer care workers' ages ranged between 30 and 62. These

volunteer care workers are females and all three have a child or children of their own. Their home languages are Tswana and Sepedi. The care workers have been voluntarily involved in the project since 2006, and had facilitated the complete programme 11 times at the time of my study.

Apart from facilitating the intervention programme, these volunteer care workers were also, *inter alia*, involved in follow-up sessions with potential participants in the Kgolo-Mmogo project, in order to ensure that they attend the intervention sessions, as well as in preparing and providing food for the participants in the Kgolo-Mmogo project. Furthermore, these volunteer care workers performed home visits in situations where the mother or child was too sick to attend group sessions.

1.6.3 Facilitation

'Facilitation' can be defined as helping something, usually a process, move along (Ferreira, 2004; Neill & Dias, 2002). Although many definitions, theories and practical approaches to facilitation focus on intentional efforts, Neill (2006) regards facilitation as everything that an instructor does, including intentional, unintentional, subtle and obvious behaviours. Facilitation may therefore include a combination of social components, and to a lesser extent, managerial and pedagogical components, as described by Berge (1995). Section 2.3.1 provides a comprehensive description of the potential roles of facilitators.

For the purpose of my study, 'facilitation' is viewed within the context of an intervention programme aimed at strengthening resilience amongst vulnerable pre-school children. In the light of the above-mentioned descriptions of facilitation, the volunteer care workers involved in the implementation of the intervention were responsible for ensuring that the programme was implemented smoothly, and for reporting any challenges that they experienced. Furthermore, they were required to guide the children through a series of experiences in order to reach the goals of the intervention programme. The establishment of group cohesion and reciprocal trust amongst the group members and the volunteer care workers formed part of the responsibilities of the volunteer care workers in their role as facilitators.

1.6.4 Intervention programme

For the purpose of my study, 'intervention programme' refers to the intervention programme that a fellow student and I developed for the Kgolo-Mmogo project (Appendix A). We developed the programme to be implemented within a group setting, focusing on strengthening resilience and involving 3 to 5-year

old children of whom the mothers are HIV-positive. The programme consists of 24 sessions of which the first one is an orientation session, followed by assessments in sessions two and three. Sessions four to 22 centre on the physical, emotional, social, cognitive, conative and spiritual development of 3 to 5-year old children, specifically on enhancement in these areas. Of these sessions, sessions 15 to 21 are joint sessions that focus on the mother-child relationship. Sessions 22 and 23 involve a re-assessment of the children, and session 24 concludes the intervention sessions.

The intervention sessions were developed in such a way that the children could perceive the activities as games. With the assistance of the research team, the sessions were carefully planned, reviewed and refined in order to be age-appropriate, as well as developmentally appropriate for the children participating in the Kgolo-Mmogo project. Changes and adaptations were made to the intervention programme as challenges arose, in consultation with the research team.

1.6.5 Vulnerable pre-school children

Kielland and Prywes (2004), in their presentation to the World Banks' OVC (Orphans and Vulnerable Children) Thematic Group in 2004, stated that many and perhaps even most African children are vulnerable to risks and adversity. Orphans and vulnerable children are regarded as the most critically vulnerable among these, being at a considerably higher risk than their local peers of experiencing, *inter alia*, infant, child and adolescent mortality, low immunization, low access to health services, high malnutrition, high burden of disease, and family and community abuse and maltreatment (harassment and violence) (Kielland & Prywes, 2004).

In 2004 a study was performed during which twelve focus group interviews were conducted in six project sites across Botswana, South Africa and Zimbabwe (Skinner, Mfecane, Tshoko, Segwabe, Mtero-Munyati, Chibatamoto & Chandiwana, 2004). Included among the group members were service providers, community leaders, orphaned and vulnerable children, as well as care takers of orphaned and vulnerable children. According to the findings of this study, child vulnerability can be defined by a number of potential yet often overlapping factors, the most significant among these being the loss of a parent through death or desertion (Skinner *et al.*, 2004). The findings of Kielland and Prywes (2004) support the discovery of Skinner *et al.* (2004) as they identified the risks that orphans and vulnerable children typically face as early death, poor health, educational deprivation, abuse, neglect, and exploitation. In addition, these children are often affected by HIV and AIDS, disabilities, war, living in

the streets, working in hazardous forms of child labour, loss of parents, living with dysfunctional parents, or in need of special protection measures (Kielland, 2001).

In 2002 identifiers were listed by World Vision in order to define vulnerable children (World Vision, 2002). One of these identifiers refers to children living in households in which one person or more is ill, dying or deceased. For the purpose of this study, 'vulnerable pre-school children' refers to children of which one or both parents are HIV-positive or have AIDS. The pre-school children involved in the intervention programme facilitated by the volunteer care workers under study, ranged between the ages of three and five years.

1.6.6 Resilience

Defining 'resilience' proves to be a challenging task, based on the variety of views of what the concept entails. In short, the concept 'resilience' refers to a set of qualities that foster a dynamic process, which encompasses positive and successful adaptation and transformation within the context of significant adversity and risk. Resilience can be described as a person's ability to display acceptable behaviour in spite of vulnerability, and to manifest competence in the context of significant challenges to adaptation or development (Masten & Coatsworth, 1998).

Exposure to alcoholic, physically and emotionally abusive, mentally ill, or criminally involved parents are, amongst others, examples of situations of severe adversity and risk. Other situations that can be regarded as situations of severe adversity include poverty-stricken or war-torn communities; physical and emotional neglect; and trauma, such as the death of a friend or family member (Benard, 1991; Luthar, Cicchetti & Becker, 2000). Individuals who are regarded as resilient usually possess so-called protective factors that typically strengthen and sustain healthy development (Eloff, Boeving, Briggs-Gowan, De Villiers, Ebersöhn, Ferreira, Finestone, Neufeld, Sikkema, Visser & Forsyth, 2007; Rutter, 1987). Among these protective factors are personal characteristics and traits, such as good interpersonal skills, problem-solving abilities, and a positive sense of self; as well as environmental factors such as a strong bond with at least one caring adult, and involvement in constructive activities (Finestone, 2004).

'Resilience' therefore refers to the ability to withstand stressors or to bounce back from adversity or hardship, and to overcome negative influences that might inhibit achievement. As resilience includes healing, growth and happiness, the concept encompasses coping with circumstances as well as inner

feelings of contentment in order to express signs of healthy functioning (Goldstein & Brooks, 2005; Greeff, 2005; Neill, 2006; Rutter, 1987). As such, resilience competencies can be defined as those competencies enabling children to achieve excellence and enjoyment (Goldstein & Brooks, 2005; Greeff, 2005). Any constructive activity that provides opportunities to achieve excellence and enjoyment, and the mastery of small challenges, therefore has the potential to enhance or foster resilience. Such activities might be of an emotional, cognitive, physical, social, conative or spiritual nature.

Within the context of this study I assumed that the children participating in the intervention programme already possess resiliency competencies. The aim of the intervention programme was thus to strengthen their already inherent resilience. Furthermore, for the purpose of my study, I viewed resilience as competencies and abilities that, when used in an appropriate manner, might enable a child to not only adapt to adversity and risk, but to display competence and acceptable behaviour, and to transform the faced adversity or risk into a learning and growth opportunity. In doing so, the child can maintain optimal development and functioning.

The fact that the volunteer care workers in my study were knowledgeable about HIV and AIDS, and have had some exposure to people affected by HIV and AIDS, contributed to them seemingly demonstrating some aspects of resilience. They, for example, appeared to be able to withstand difficult situations and to rise above circumstances (Rutter, 1987); they seemed to be realistically optimistic about life; they demonstrated self-efficacy and a sense of personal control; they used their faith and cultural history to reinforce their self-confidence; and they engaged in goal-setting to find meaning and purpose in life (Bonanno, 2004; Meichenbaum, 2005).

1.7 UNDERLYING RESEARCH APPROACH AND PARADIGM

I followed a qualitative research approach, anchored in Interpretivism. Qualitative research is generally conducted when rich, thick descriptions of the phenomenon under study are a desired outcome (Wellington, 2000). Qualitative inquiry is used to understand naturally occurring phenomena in their naturally occurring states as it explores the experiences of people in their everyday lives (Mayan, 2001). For this reason I decided to follow a qualitative approach, as such an approach enabled me to conduct the study in the participants' 'natural' environments when fulfilling the role of facilitators. In this manner, my research findings enhanced my understanding of the experiences of volunteer care workers while

facilitating an intervention programme with vulnerable pre-school children, aimed at strengthening resilience – thereby addressing my research questions.

Understanding people in terms of their own descriptions of the world is a distinctive outcome of qualitative research. This approach was particularly useful in my study since the complexities, depth and multiplicity of the experiences of volunteer care workers and their relationships with vulnerable children might be captured by relating what transpires in their daily work with children. This approach furthermore incorporates the framework in which the care workers operate, as well as their frames of reference (Mertens, 1998; Mouton, 2003). By following a qualitative approach I furthermore acknowledged the participants' unique situations and interactions as part of their particular contexts (Merriam, 1998), being volunteer care workers facilitating an intervention programme with vulnerable 3 to 5-year old children aimed at strengthening resilience. As such, by applying a qualitative approach, I attempted to understand the meanings, intentions, personal experiences and subjective worlds of the participants (Cohen, Manion & Morrison, 2003; Garrick, 1999; Schurink, 1998), in order to obtain '*a kind of empathic identification with the participants*' (Schwandt, 2000:192).

Conducting my research from an interpretivist paradigm, I attempted to obtain knowledge by means of observation and interpretation (epistemology), in order to understand and interpret reality (ontology), but not to control or predict it (Schurink, 1998). I focused on the descriptions, stories, language and metaphors of the research participants in my attempts to understand their views, as well as the social worlds they live and work in. As such, rather than conducting a study *on* the participants, the study was conducted *with* the participants (Garrick, 1999). In doing so, I subscribed to the notion of respect for and loyalty to their life-worlds (Schwandt, 2000). Therefore, my study was based on an understanding and interpretation of the research participants' perceptions and interpretations of their experiences whilst facilitating an intervention programme.

1.8 RESEARCH METHODOLOGY: A BRIEF OVERVIEW

I conducted my study by applying an instrumental case study research design (Mouton, 2003). A group of three volunteer care workers, in their capacity as facilitators of an intervention programme, were involved as participants. Since this study forms part of a broader project, the appointed volunteer care workers (three females between the ages 30 and 62) have been *conveniently selected* for my study (Terre Blanche & Durrheim, 2002). For the purpose of the broader Kgolo-Mmogo project, the care

workers were initially *purposefully selected* (Mayan, 2001). The selection criteria for the participants are indicated in Chapter 3.

I employed multiple methods of data collection and documentation (Janesick, 2000; Mouton, 2003). I conducted two focus group discussions (Berg, 2001; Ferreira & Smit, 2008) with the selected volunteer care workers, with the aim of firstly exploring their experiences during and after facilitation of the intervention programme with 3 to 5-year old children, and secondly making sure that I had understood them correctly (member checking). With the permission of the participants, I audiotaped the focus group discussions. The recordings were transcribed verbatim, for the purpose of data analysis.

In addition to focus group discussions, I utilised observation as data collection technique (Graziano & Raulin, 2004; Terre Blanche & Durrheim, 2002). Observation provided essential supportive information, such as information on the verbal and non-verbal interaction between the volunteer care workers and the children involved (during intervention sessions, as well as focus group discussions). For the purpose of my study, I observed five intervention sessions (sessions 9, 10, 11, 12 and 13) of one group of children. In addition, I employed observation when conducting the focus group discussions. I documented my observations in the form of field notes, capturing what had occurred during sessions and focus group discussions (McMillan & Schumacher, 2001; Mouton, 2003). To supplement these data collection methods, I kept a reflective journal of my own experiences, perceptions and interpretations during my study (Boud, Keogh & Walker, 1995; Burns, 2000).

I thematically analysed the raw data that I had obtained (Marshall & Rossman, 1989; Tesch, 1990). As such, my data analysis focused on the participants' subjective experiences and perceptions of being volunteer care workers facilitating intervention sessions with young vulnerable children in an attempt to strengthen resilience. Thematic data analysis enabled me to evaluate the key words, meanings, themes and messages obtained during the collection of data (Cohen *et al.*, 2003).

1.9 ROLE OF THE RESEARCHER

I fulfilled various roles during the study, namely that of co-developer of an intervention, researcher, observer and focus group moderator. My initial role was that of co-developer of an intervention programme for vulnerable 3 to 5-year old children, aimed at strengthening resilience. As the Kgolo-Mmogo project progressed, and I became aware of the potential value of the programme, specifically regarding the effect that the facilitation of the intervention sessions might have on the lives of the

volunteer care workers, I was motivated to further explore this area of interest. Throughout the research process, I had to constantly keep in mind that my primary role as researcher entailed observing, participating, listening carefully, and continuously abiding by ethical guidelines. In selecting an interpretivist paradigm, my role as researcher required of me to be an active participant, resulting in me fulfilling a vital role during data generation (Wimmer & Dominick, 2000). With regard to the nature of the research problem I was personally responsible for observing the three volunteer care workers in their role as facilitators of the developed intervention programme. In addition, I planned and moderated focus group discussions with the research participants. Throughout, I had to fulfil the role of interacting closely with the research participants to obtain the necessary data (Flick, Von Kardoff & Steinke, 2004; Kotzé, 2004).

My first contact with the research participants was in January 2007, when a fellow student and I, as developers of the intervention programme, provided training for the volunteer care workers. When I met with the volunteer care workers again in February 2008, I had adopted a different role, being that of researcher and observer. I am aware of the possibility that the participants could perhaps still have perceived me as trainer at that stage, as this was the role I had initially adopted. Therefore, I explained the progress of my research to the participants and how the development and facilitation of the intervention programme had led to my particular study. In addition, I discussed the purpose and procedures of my presence at that stage, making them aware of what was expected of them as participants and of me as researcher. I furthermore explained to them that I needed their permission in the form of informed consent (Appendix B), including their consent that I could photograph intervention sessions and audiotape the focus group discussions. In order to protect the identities of the volunteer care workers and the participating children, the faces have been disguised on all photographs included in this mini-dissertation. In addition to the consent given by the volunteer care workers, verbal informed consent was also obtained from the mothers of the participating children. In an attempt to constantly reflect on the various roles that I fulfilled, I relied on my reflective diary, and made detailed field notes throughout the research process.

1.10 ETHICAL CONSIDERATIONS

I conducted my research according to the guidelines of the Ethics Committee of the Faculty of Education of the University of Pretoria (Ethics Committee of the Faculty of Education, University of Pretoria, 2008). I developed an informed consent form (Appendix B) stating that the research participants had been informed about relevant facts that might influence their decision to participate or

not (Cohen *et al.*, 2003; McMillan & Schumacher, 2001). Adequate information on the purpose of the study, the procedures to be followed, as well as the possible advantages of the outcome of the study, was also provided to the research participants. Throughout, I ensured that the research participants were not deceived, knew what was going on during the research process, and did not experience any form of harm or distress (Cohen *et al.*, 2003; Ethics Committee of the Faculty of Education, University of Pretoria, 2008; McMillan & Schumacher, 2001; Patton, 2002; Terre Blanche & Durrheim, 2002). I discuss these principles in detail in Chapter 3.

I continuously focused on recognising and avoiding any potential risks to the participants, such as exposure to psychological, physical or social harm (Berg, 2001; Strydom, 1998). As such, I kept the basic relevant principles, namely caring and fairness, in mind (McMillan & Schumacher, 2001) in my attempts to protect the participants from harm. I guarded against violating any human rights during the study. A more comprehensive discussion of the manner in which I attempted to adhere to ethical guidelines during my study follows in Chapter 3.

1.11 QUALITY CRITERIA

During my study I attempted to maximise the trustworthiness of my findings. By establishing firm relationships of trust with the participants, I aimed to provide rich and credible descriptions of the data that I had obtained (Babbie & Mouton, 2001). As meanings vary across different contexts of human interaction, I aimed to seek transferable rather than generalisable findings by providing rich, descriptive detail of the phenomenon under discussion and the data obtained (Patton, 2002; Seale, 2000).

As the purpose of my study was to gain an in-depth understanding of the experiences of three volunteer care workers facilitating an intervention programme, aimed at strengthening resilience amongst vulnerable 3 to 5-year old children, it was not my objective to obtain generalisable findings, as mentioned earlier. However, my continuous attempt to seek the contributions of the various care workers, and subsequently a variety of data sources, increased the possibility of the findings being reasonably dependable and comparable to findings relating to other similar groups of people and situations (Babbie & Mouton, 2001; Shenton 2004).

In addition, I attempted to ensure that the findings of my study are the product of the inquiry and not based on the biases of me as researcher, thereby enhancing confirmability (Babbie & Mouton, 2001; Patton, 2002). Yet, I was aware that freedom from bias in research is not in line with the underlying

assumptions of the interpretivist paradigm, according to which the values and motives of the researcher do play an essential part in the research process. Without allowing such influence to be disadvantageous to the extent that the results become inappropriate, I aimed to understand and interpret the intentions and meanings that underlie the different actions and interactions that I observed and noted. As such, I was aware of the potential influence of my potential bias, and recurrently reflected on this in my reflective journal, and during debriefing sessions with my supervisors. I discuss the trustworthiness of my study in more depth in Chapter 3.

1.12 LAYOUT OF THE STUDY

Chapter 1: Overview and Rationale

The opening chapter provides an overview and introduction regarding my study. The chapter includes the purpose and rationale of the study, paradigmatic perspective and my conceptualisation of key concepts. The research design and methodology are outlined, after which I conclude the chapter with a summary of the ethical guidelines followed and the quality criteria to which I tried to conform.

Chapter 2: Literature Review

The second chapter outlines the theoretical framework of my study, based on my exploration of authoritative and relevant literature on the experiences of volunteer care workers, and on facilitation theories. In addition, I discuss literature on resilience and on vulnerable children, as backdrop to the study.

Chapter 3: Research Design and Methodology

In the third chapter I provide an outline of the research design and methodology, describing the research process. I indicate my methods of data collection, data analysis and interpretation, and justify my choices with regard to the research questions and purpose of the study.

Chapter 4: Findings of the Study

The fourth chapter contains a presentation and discussion of the collected and analysed data. After relating the results that I obtained to those reported in existing literature, I include a discussion of the findings of the study. Throughout, I relate the findings that I obtained to those reported in existing literature explored in Chapter 2.

Chapter 5: Conclusions and Recommendations

The final chapter presents the conclusions of the study. In this chapter I link my findings to the research questions posed in the first chapter. I indicate the challenges that I experienced, as well as the potential contributions of my study. Finally, I formulate recommendations for further research, practice and training.

1.13 CONCLUSION

In this chapter I introduced my research topic and presented a general overview of the research problem, purpose of the study and my rationale for undertaking the study. I briefly stated my selected research design and methodology, and defined key concepts to provide the reader with the meanings that I ascribed to these concepts, within the context of this study. In the next chapter I explore relevant and authoritative literature on experiences of care workers and facilitation theories, as well as on resilience and vulnerable children.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

I commence this chapter by discussing care workers³ and focusing on a definition of the profession, followed by an explanation of the responsibilities and experiences of care workers. I also discuss support groups in an attempt to provide a correlation between support groups and the support experienced by the volunteer care workers in my study. Thereafter I examine the concept and process of facilitation, since facilitation is central to the experiences of the volunteer care workers in this study. Existing literature on facilitation, on care workers and on the experiences of care workers as facilitators therefore served as backdrop to my study. After discussing support groups, and defining the concept 'facilitation', I explain resilience and resiliency factors. In addition, I explore different definitions of 'vulnerable children'.

2.2 CARE WORKERS

Leanne Rose (1990), a child care worker with many years of experience in the field, is of the opinion that even the best of the academic definitions of child and youth care work fall short of effectively describing what it is that child and youth care workers do. She ascribes the reason for this to definitions omitting the person or the worker, trying to describe the experience in terms of tasks, behaviours and activities. Whilst this type of description holds true, it does not focus on the fact that child and youth care can be regarded as an interactive process within which each party reacts, changes, grows and develops in response to their experience with the other (Rose, 1990).

In this section I aim to compile a suitable definition of child and youth care work by integrating various explanations of the profession. In addition, I take an in-depth look at the responsibilities of child and youth care workers with the aim of gaining a better understanding of their everyday experiences. Lastly,

³ Although I focus my discussion in this chapter on care workers *per se*, all three care workers involved in my study participated voluntarily. As such, I apply the discussed theory on *care workers* to the context of *volunteer care workers*, for the purpose of my study.

I discuss support groups with the aim of drawing a relation between the support that the volunteer care workers in this study received and support groups.

2.2.1 Defining child and youth care work

In this section I describe child and youth care work in terms of some prominent underlying facets thereof.

2.2.1.1 Holistic child care within a community context

The Human Sciences Research Council of South Africa (HSRC) defines child and youth care work as the professional practice which focuses on the holistic development of the infant, child and adolescent, capturing the root of caring as an underlying factor and force vital to their social, emotional, spiritual and physical well-being. The profession can be practised within the context of the family, the community and a variety of other settings, such as residential care, educational environments, child justice programmes, and community-based child and youth development programmes (The Human Sciences Research Council of South Africa, 2004).

This definition is supported by the definition established at the 1992 meeting of the *International Child and Youth Care Education Consortium*, stating that professional child and youth care practice focuses on the infant, child and adolescent, both developmentally appropriate and those with special needs, within the context of the family, the community and the life-span of the child (The National Association of Child Care Workers, 2008). Professional practitioners therefore generally promote the optimal development of children, youth and their families in a variety of settings, such as early care and education, community-based child and youth development programmes, parent education and family support, school-based programmes, community mental health, group homes, residential centres, rehabilitation programmes, paediatric health care and juvenile justice programmes (The National Association of Child Care Workers, 2008). Spang (2005) states that the relationship between the child care worker and the child forms the basis for addressing children's educational needs. Within the context of my study, the volunteer child care workers were involved in weekly intervention sessions with 3 to 5-year old children as part of a community-based child and youth development programme. The mothers of the participating children partook in the broader research project and therefore formed their own group(s).

According to Rose (1990), the difficulty with defining child and youth care is to distinguish whether it is something that somebody does, or whether it is something that somebody is. Subsequently, Rose (1990) provides a working definition of child care work as providing therapeutic care for children and adolescents within their life-space. Although this definition is perhaps rather vague in regarding the actual duties of a child care worker, it seems to capture the essence of their daily responsibilities. Furthermore, it reflects the core of who care workers are. Based on this definition, the responsibilities of child care workers are reflected in how they live their lives and how they value those human beings with whom they share the world. Spang (2005) refers to the importance of child care workers, showing that they understand children, starting with basics such as what they prefer to eat, and to participate in. According to Rose (1990), child care workers often display a passion to understand children, especially those who come from difficult homes, and those who are in need of love and acceptance.

2.2.1.2 Personal characteristics of child care workers

Child and youth care workers ideally possess specific personal characteristics, skills and abilities, such as good writing and oral communication skills; decision-making and problem-solving skills; the desire, ability and maturity to engage in close relationships with young people; the ability to be reliable and consistent; the flexibility and creativity required to adopt new ways to do things; and the ability to work in a team environment with children, families and other professionals. In addition, they should enjoy working with young people, keep in touch with others involved in helping their clients, and find innovative solutions to problems (Alberta Occupational Profiles, 2009). Child care workers are required to be empathetic by nature, and to place themselves in the world of the child (Spang 2005). Within the context of my study, the volunteer care workers' oral communication skills were experienced as being fairly good, especially if consideration is given to the fact that English is not their first language. The volunteer care workers' passion to work with and make a difference in the lives of young children in their community was also noted as a distinct trait.

2.2.1.3 An integrated approach to defining child care workers

The Alberta Occupational Profiles (2009) describe child and youth care workers as individuals working to improve the physical, emotional, intellectual and social development of vulnerable children and adolescents. According to this source, the duties of child and youth care workers may involve working with young people who are temporarily housed in government or private homes, agencies, treatment centres or group homes; or involved in community youth programmes, family support or foster care

programmes, or school-based programmes. In general, child and youth care workers are responsible for establishing trusting and meaningful one-on-one relationships with children and adolescents. In addition, they are responsible for implementing strategies such as planned daily activities, co-ordinated treatment interventions, structuring environments, organising recreational and social activities, and developing and maintaining individual and group treatment programmes. They are furthermore required to control acts of aggression and depressive, destructive or self-injurious behaviours, and to help youths identify personal strengths and resources for positive change. Lastly, child and youth care workers act as a resource for clients and their families; handle behaviour management, maintain safety and security programming for young people in residential centres; and write progress reports about their clients.

According to the Alberta Occupational Profiles (2009) child and youth care workers often work as part of a team of social workers, psychologists, recreation therapists, foster care workers, teachers and other professionals. They often assist in integrating the efforts of these specialised professionals with children and adolescent youth who may be experiencing emotional or behavioural challenges. Due to the on-going close involvement with clients, child and youth care workers are in an ideal position to help children learn to be advocates for themselves and to take responsibility for their actions. Spang (2005) offers an alternative view, although not contradictory, highlighting the need to reduce the number of adults working with children, but increasing the qualitative aspect of the interventions. Although the intervention programme facilitated by the care workers involved in my study is not based on daily activities, but rather on weekly sessions, a distinct correlation exists in that it is applied within a structured framework, with young children, in a community environment.

Child development experts generally recommend that a single caregiver be responsible for no more than three or four infants (less than one year old) and toddlers (one to two years old), or six or seven children between two and five years old (Bureau of Labour Statistics, United States Department of Labour, 2007). Within the context of my study, the number of children assigned to the care workers was not determined by this proposed measure, but rather by using the selection criteria as stipulated for the Kgolo-Mmogo project (refer to section 3.3.2 for these selection criteria). However, coincidentally the resultant effect of applying the selection criteria was that the groups varied between three to five children, with two to three care workers fulfilling the role of facilitators.

2.2.1.4 Defining child and youth care work within the context of my study

As intoned in the aforementioned sections, it seems appropriate to seek a clear and encompassing definition of volunteer care workers by considering various approaches. Thus, within the context of my study, I viewed the volunteer care workers from a holistic, integrated approach, situated within a community context. I valued their personal characteristics as key to them fulfilling their role as facilitators, against the structured framework of the developed intervention programme.

2.2.2 Typical responsibilities of care workers

Throughout their daily responsibilities, it is expected of care workers to provide services of the highest quality and to consistently conduct themselves in a professional manner reflective of the ethical principles governing the profession (Alston & Lewis, 1999). Some of the tasks in which care workers are involved on a daily basis include interviewing and assessing newly admitted youths, working in a multidisciplinary team and looking after the safety and needs of a specific number of youths at a given time (Bertolino & Thompson, 1999). Other tasks include carrying out household duties, such as supervising youths; offering emotional support; disciplining youths; facilitating group work meetings (such as managing conflict and learning social skills); preparing youths for extramural activities, and occasionally taking them to these activities; providing homework supervision and assistance; maintaining facilities; and crisis management. Care workers are also responsible for administering medication where applicable and delivering first-aid care when the need arises (Bertolino & Thompson, 1999).

According to Alston and Lewis (1999), the responsibilities of care workers are multiple by nature, including the responsibility to ensure that participating children are exposed to learning activities, which might further their developmental needs; the need to value and maintain the physical, social and emotional rights of children from a legal, moral and cultural perspective; and the responsibility to treat each child as an individual and thus provide each child with a tailored programme according to the child's unique needs. Care workers furthermore have to aim at fostering resourcefulness within children and in their families, and at providing families with the chance of developing and using their own support systems, making their own decisions, and bearing the consequences of these decisions. In addition, the responsibility for ensuring that the type and level of support are adapted as the children and their families progress through the stages of intervention, lies with the care workers. Upon termination of an intervention, care workers should ensure that support is continued where needed (Alston & Lewis,

1999). In this regard, Spang (2005) comes to a meaningful conclusion, describing child care workers as temporarily taking over the duties of the parents.

The role of the child care worker as an active participant in the educational process is usually taken up by activity with the child (Spang, 2005). Young children learn mainly through play. Therefore, child care workers can capitalise on children's play to further, for example, language development (storytelling and acting games), social skills (working together to build a neighbourhood in a sandbox), and the introduction of scientific and mathematical concepts (balancing and counting blocks while building a bridge, or mixing colours while painting). A less structured approach is often used to teach young children, for example small-group lessons, one-on-one instruction, and creative activities such as art, dance and music (Spang, 2005). Child care workers fulfil a vital role in preparing children to build the skills they will need in school (Bureau of Labour Statistics, United States Department of Labour, 2007). In my study the basis of the programme was that of learning through play, as all the activities were developed to be perceived as enjoyable by the young children.

2.2.3 Experiences of care workers

The tasks and responsibilities of care workers seem to be abundant and challenging. The question inevitably comes to mind as to how care workers experience these tasks and responsibilities in their given settings. In the work of Alston and Lewis (1999), a care worker describes her experience, of living and working full-time as a care worker, as being exceptionally tiring. She experiences the hours as long and exhausting, and notes that she does not have much privacy. She mentions that it is expected of her to be dedicated to her profession with little consideration for her personal needs. She longs to spend more time with her own family whom she reportedly neglects. She is expected to be knowledgeable and skilful in her work, but feels that there are limited opportunities for professional development, while the expectations to provide competent care are demanding (Alston & Lewis, 1999).

Despite such negative potential experiences, the Bureau of Labour Statistics of the United States Department of Labour (2007) highlights the view that it can be rewarding to help children grow, learn, and gain new skills. Although the work might rely on routine activities, new activities and challenges often mark each day. Yet, child care can be experienced as physically and emotionally taxing, as care workers constantly have to attend to individual children's interests and problems. In my study the volunteer care workers were, however, not involved with the children on a daily basis for extended hours.

As a child care worker, Gannon (2005) describes her task as being there for children, helping them through tough times, and helping them untangle their feelings. However, within this context the possibility exists that child care workers can over-identify with such feelings of care, and lose perspective and their intended status as helping professionals (Alston & Lewis, 1999; Gannon, 2005). According to Gannon (2005), child care workers find themselves in a unique position between confusion and order, between children's pain and their health, with this being a difficult transition to manage.

A study conducted by Carstens (2007), focusing on the experiences of residential youth care workers in the South African context, indicates that care workers generally view their roles as multifaceted, with one of their responsibilities being the representation of the plight, condition and feelings of children. According to Alston and Lewis (1999), the more dispassionately, objectively and diplomatically care workers can perform this task, the more effective they will be. This role, relating to the emotional needs of children and the way in which care workers experience these emotional needs, was found to be especially challenging for the participants in Carstens' study (2007), during which the care workers subsequently identified a need for assistance, and suggested regular sessions with trained psychologists for themselves. According to Carstens (2007), dedicated care workers are eager to do whatever it takes to be effective in their work with children and youths. Yet, despite their enthusiasm and a devotion to make a difference, they often experience high levels of stress, based on the nature and drawbacks of the profession (Bertolino & Thompson, 1999).

Carstens (2007) furthermore concludes that care workers not only encounter challenges in their work with children, but also face some challenges arising from them working with other professionals. According to Gannon (2005), many child care workers may feel unheard and misinterpreted by supervisors and principles. In support of such findings, Carstens' study (2007) highlights the need for skills training and education. Care workers in the Carstens study indicated that they are only able to carry out their tasks effectively if they receive adequate and relevant training.

Another study by Smith (2004), focusing on child and youth care workers' experiences of '*Life-space Therapeutic Care*' within the South African context, once again emphasises the emotional involvement of care workers when working with vulnerable children. Yet, compared to the participants in Carstens' (2007) study, the participants in the study conducted by Smith (2004) perceived their emotional involvement with children as less draining and ultimately positive. The participants' extent of emotional involvement was evident in the range of emotions they experienced, such as anger towards parents, who they perceived to often be the cause of children's problems, hurt and pain. Children's traumatic life

experiences evoked emotional responses from the participants, as thoughts of children and their pain reportedly lingered with the participants long after their sessions with children had ended (Smith, 2004). In the study by Smith (2004), four prominent themes with regard to the experiences of care workers came to the fore. I discuss these themes in the following sub-sections.

2.2.3.1 Existential presence

'Existential presence' can be defined as a form of being existentially and subjectively interrelated, which is expressed in being and doing with others (Creswell, 1998). With regard to existential presence, the responses of the participants involved in Smith's study (2004) indicated that they had experienced physical and mental closeness in the realities of living and working with children, and that part of their caring experience was to be available to children. Subsequently, the child care workers reportedly became participants in the lives of the children with whom they worked, and did not merely observe them from an authoritative position. Such intimate kind of interaction between the child and the child care worker can be ascribed to existential presence. This possibility is confirmed by a study conducted by Spang (2005), focusing on the experiences of care workers in their role as educators at a place of safety for children, within the South African context. Spang (2005) states that, as child care workers spend extensive time with children, they are likely to develop intimate knowledge of the children. The participants in both Smith's study (2004) and Spang's study (2005) indicated that children eventually open up in such a context, sharing their innermost feelings and experiences. Furthermore, the participants' perception was that such existential presence and intimate knowledge of the children they work with allowed for them to understand the children and be in a better position than any other discipline to draft a developmental plan for the children and their families, and to strengthen their competencies in child care (Smith, 2004; Spang, 2005).

Relating to their existential presence, close personal relationships developed between the child care workers and children in Smith's study (2004), as well as in that of Spang (2005). According to Fewster (1990), people get to know themselves and the world they live in through personal relationships. Just as the child care worker, through a close relationship, develops knowledge of the children in a group, the children get to know the workers and therefore increasingly open up to them. In the study conducted by Smith (2004), the development of close personal relationships was viewed positively by the participants, irrespective of their struggle with the notion of professional relationships. Although a professional relationship might dictate emotional detachment from a client, the participants in the Smith study revealed that they had become emotionally involved with the children and their lives. They

explicitly stated that they could not distance themselves from the children. The participants regarded the close relationships as enabling, as it apparently influenced the children positively (Smith, 2004). In contrast to Watson's (2002) finding that children might have a negative opinion of child and youth care workers, the participants involved in Smith's study (2004) were of the opinion that children opened up to them, trusted them and were comfortable in their presence.

2.2.3.2 Redefining professional relationships

The second theme described by Smith (2004) entails a redefinition of professional relationships. This study indicates that child and youth care workers experienced difficulty to reconcile the inherent requirement of existential presence in child care with their perceptions of the requirements of professional relationships. They sometimes experienced perceptions of distorted boundaries as a result of their close interaction with the children. This relates to the study conducted by Spang (2005), who found that care workers are often required to know the children with whom they interact, but are also expected to know the boundaries in which they perform optimally (Spang, 2005). Although the participants generally seemed to be aware that the relationship between care workers and children should meet the needs of the child, mutual gratification and disappointment could also develop for the care workers. Together with experiences relating to professionalism in life-space therapeutic settings, the participants in the said study also experienced ambivalence regarding role expectation, whether they were professionally trained or not. Participants indicated the need for a clearer, workable definition of professional relationships in child and youth care practice (Smith, 2004).

2.2.3.3 Therapeutic care

Care workers' understanding of therapeutic care often emphasises the individualised way in which they might deal with children to bring about healing and restoration (Smith, 2004; Spang, 2005). Care workers are often expected to facilitate immediate assessment and intervention activities as part of their day-to-day activities, without realising its therapeutic value, such as observing and listening to children, teaching them basic skills, and developing their strengths. As a result, children often provide care workers with intimate and personal information, enabling them to make recommendations to social workers regarding children's futures (Smith, 2004; Spang, 2005).

Smith's study (2004) indicates that a child care worker might be viewed as a therapeutic intervention tool. In support of this idea, Small and Dodge (1996) state that child care workers are therapeutic

agents who provide therapeutic care in the life-space of children. As such, care workers often regard themselves as the key people to help children reach their developmental goals. They also regard their role as child care workers as important, as they possess the potential and ability to positively influence children.

2.2.3.4 Challenges experienced by care workers

The fourth and last theme described by Smith (2004) relates to the potential consequences of child care for care workers. In the Smith study, the participants identified distinct challenges, relating to their personal and social lives and their working conditions. They namely explained that the challenges that they faced on a daily basis pertained to their working conditions, families and social lives, and personal development. Challenges regarding their working conditions reportedly resulted from long periods of interaction with the children. They experienced the intervention sessions as exhausting, tiring and demanding, due to the fact that they continually had to work and think on their feet.

According to the participants in Smith's study (2004), life-space caring could negatively affect family life, where care workers became so involved in their work that they neglected their own families. They might also be too tired to meaningfully communicate with spouses and children after a day's work. Based on the fact that the volunteer care workers in my study were not continually involved with the children, these findings might not hold truth within the specific context of this study.

Rewards and disappointments are unique in child and youth care. The participants in the Smith (2004) study articulated that financial benefits do not act as rewards for their professional work. However, they indicated that they are underpaid regarding the kind of investment they make in the lives of children. The participants regarded seeing a child succeed, personal enjoyment, and helping a child develop and grow as ample reward. The recognition they receive from children adds to their feelings of appreciation, emphasising the value of intrinsic rewards (Anglin, Denholm, Ferguson, Pence & Beker, 1990).

Another potential challenge that child care workers might face is burn-out. Burn-out might be the result of exhaustion; work overload; mental fatigue due to administrative responsibilities; continuous assessments; thinking in the moment to provide on the spot assessment and intervention opportunities; other therapeutic expectations to be met; emotional and personal involvement with children; and the constant requirement to be mentally alert to observe changes and development in children (Maslach, 1980; Robertson & Cooper, 1983). The study conducted by Spang (2005) states that those who work

with people in distress often experience high levels of distress themselves. The effects of burn-out include, *inter alia*, distrust, negativity, an inability to be flexible, as well as a negative impact on the interpersonal relationships between care workers and children.

Despite the seemingly challenging nature of the work done by the child care workers involved in the Smith (2004) study, they perceived their work as child care workers as a 'calling', and not merely as an occupation. They viewed this calling as something which is innate, part of who they are, and ordained by a higher power. The participants explained that this sense of calling shaped their lifelong commitment to child care. They therefore regarded their commitment as child care workers as extremely important and serious (Smith, 2004).

2.2.4 Care workers and support groups

As child and youth care work can be regarded as an interactive process in which the various parties react to and benefit from interaction with one another (Rose, 1990), child care workers do not only gain from their involvement with the participating children, but also from interaction with their supervisors. As such, the interaction, for example in the form of debriefing sessions, between volunteer care workers and their supervisors can be compared to a support group.

Kurtz (1997) emphasizes the importance of groups in meeting human needs. One such need may be to discuss a mutual stressor (Classen, 2004). According to Johnston (2006) a support group is not a therapy group but rather an organised group of individuals who share a common experience or stressor. The focus is not on resolution of deeper issues, but rather on supportive communication and meetings, where members provide each other with various types of support, usually nonprofessional and nonmaterial (Kurtz, 1997). The assistance may take the form of providing and evaluating relevant information, relating personal experiences, listening to and accepting others' experiences, providing sympathetic understanding and establishing social networks (Johnston, 2006).

According to Classen (2004), support groups provide three types of support: instrumental, informational and emotional support. Members are encouraged to express their feelings and concerns, as well as support others who are experiencing similar emotions (Classen, 2004). As they offer support and comfort to one another, support groups can assist in reducing stress levels, improve the adaptive and emotional functioning of care workers and, as such, have a positive impact on their daily functioning (Willroth, Ilaria & Jacobs, 1998).

Support groups are usually not run by a therapist and are often simply facilitated by a member of the group or a superior (Johnston, 2006). The facilitator assists members in identifying and normalizing feelings, cognitively reframe problems and finding coping strategies (Willroth *et al.*, 1998). Including people who face similar situations in a support group, imply that they have many experiences in common, which can lead to a greater understanding and support (Classen, 2004).

The structure of a support group is usually informal and the groups are quite small (Classen, 2004). According to Kurtz (1997), sessions have no agenda, allowing for participants' immediate concerns to emerge and information and resources to be freely shared. Members meet weekly or less often, such as monthly or quarterly (Willroth *et al.*, 1998).

In conclusion, according to Classen (2004), a support group offers an opportunity for members to learn from one another, either explicitly or implicitly. Members offer each other advice, encouragement and support and also act as role models for each other, modeling adaptive ways of coping. In addition, research has shown that support groups can improve emotional adjustment, in terms of general mood and levels of anxiety (Classen, 2004).

2.3 FACILITATION

The art of facilitation is regarded as learnt and practised, rather than inherited. However, it is often presumed that facilitation is an innate quality of humans, specifically of those involved in the caring or health service professions (Ferreira, 2004). In this section, I discuss diverse definitions of 'facilitation' in order to acquire explanations suitable to the focus of my study.

2.3.1 Defining facilitation and facilitators

According to Feenberg and Xin (2004), facilitation is the art of leadership in group communication, with the facilitator being the one who fulfils such a leadership role. The word derives from 'facile' which is French for 'easy'. To facilitate, therefore, is literally to make something easier by structuring and guiding the participation of group members so that everyone is involved and contributes (Rees, 2001). It implies a process of doing something that makes a process progress more effectively. Facilitation is generally considered to be a process in which a neutral person helps a group work together more effectively (Rees, 1998; Schwarz, 1994). Through facilitation, the instructor provides subtle prompts to guide

participants through a series of experiences which are combined to create a desired effect. Subsequently, the process of facilitation does not merely mean '*solving a problem*' or '*doing it for someone*' (Neill & Dias, 2002:32).

Berge (1995) proposes a widely used classification of facilitating activities in terms of the following four categories: pedagogical, social, managerial, and technical. The pedagogical role of a facilitator concerns a facilitator's input of specialised knowledge and insights, using questions and probes to encourage children's responses, and focusing discussions on critical concepts of a particular discussion. In addition, by modelling such behaviour, a facilitator could prepare children to steer the pedagogical activities themselves (Berge, 1995).

The social role of facilitators includes the promotion of human relationships, providing opportunities for children to develop a sense of group cohesiveness, maintaining a group as a unit, and helping children to work together towards a mutual cause (Berge, 1995; Ferreira, 2004). Affirming and recognising children's inputs is regarded as part of the social role of a facilitator. Gerber (2008) views a competent facilitator as an individual who exhibits traits such as the ability to establish rapport with participants relatively easy and displays sensitivity towards others. Furthermore, a competent facilitator generally possesses the ability to show empathy and warmth, which can be viewed as part of the social role of a facilitator.

The managerial role of a facilitator concerns organisational, procedural and administrative activities (Berge, 1995). This role involves the provision of objectives, setting of timetables, setting of procedural rules and norms for decision-making. According to Gerber (2008) and Ferreira (2004), good decision-making skills, as well as analytical skills, are regarded as important traits for successful facilitators, specifically within their managerial role. Finally, the technical role of facilitators relates to online facilitation, and concerns the responsibility for ensuring participants' comfort and ease while using network systems and conferencing software. It requires of a facilitator to be proficient with the applied technology (Berge, 1995).

2.3.2 Recommended characteristics of skilled facilitators

According to Gerber (2008), successful facilitation implies the creation of an environment suitable for the reciprocal transfer of knowledge. When creating such an environment for knowledge transfer, the skilful facilitator should strive towards actively involving participants by providing high intensity interaction and

feedback. Contact between and cooperation among participants should be encouraged. Facilitation therefore aims to promote a congenial social atmosphere and a lively exchange of views (Feenberg & Xin, 2004).

The facilitator aims to promote active knowledge transfer, and provides challenges and opportunities for direct engagement, as well as direct experience of tasks. The tools and skills to aid the task are provided by the facilitator. In addition, the facilitator needs to avoid distractions and disruptions that could interfere with and destroy subjective experience. Gerber (2008) emphasises the importance of a facilitator having specific goals and established procedures, as well as continuously providing motivation (Gerber, 2008).

Another function of a competent facilitator, according to Gerber (2008), is to encourage participants' awareness of the consequences of their actions, and emphasising the advantages of setting goals for the future. This can be done by planning and setting achievable goals, and assisting participants to reach such goals. Thus, it is important to set reachable targets and to develop strategies to attain these targets. This can be related to resiliency factors such as problem-solving abilities and goal-setting (Finestone, 2004). Within the context of my study it was necessary that the facilitators possessed the ability to develop the participating children's awareness of the consequences of their actions, as the goal of the intervention programme was to strengthen resilience.

Furthermore, a skilled facilitator is typically responsible for emphasising the belief that people are capable of changing, developing and improving (Gerber, 2008; Schwarz, 1994). Gerber (2008) states that facilitators have a responsibility to encourage participants to feel good about their work and about themselves by instilling in them a positive belief in their own ability to succeed, irrespective of the outcome of the activity. Recognition for contributions stimulates the desire to contribute again (Feenberg & Xin, 2004). This may add to the development of self-confidence and a positive self-concept amongst participants (Gerber, 2008). As the possession of a positive sense of self is regarded as a protective factor within resilient individuals, and the intervention programme of the Kgolo-Mmogo project aims at promoting resilience, these responsibilities of a facilitator were particularly significant within the context of my study.

According to Feenberg and Xin (2004) participants bring some measure of curiosity and a need to excel to a situation of knowledge transfer. In addition, 3 to 5-year old children often possess a developmentally appropriate and innate desire to impress and please others (Craig, 1996). Facilitation

with children of this age group therefore needs to accommodate these motivators. The facilitator needs to awaken the participants' curiosity, with the suspense keeping the participants attentive until satisfied. Surprising facts or concepts might excite interest and provoke comments. In my study, the intervention programme was facilitated with 3 to 5-year old children, who, based on their developmental level, displayed a natural curiosity about their environment, but also tended to lose interest relatively quickly (Craig, 1996). Therefore, the ability of the facilitators to keep the participating children interested was important for the implementation of the programme.

Aligned with the resiliency factors underlying the intervention programme of the Kgolo-Mmogo project (Finestone, 2004; Greeff, 2005), the ability to facilitate for knowledge transfer in a meaningful way would mean that the facilitators would guide and support the participants to, *inter alia*, develop a sense of duty and responsibility; be able to meaningfully deal with problem situations; reflect a balanced view of life; act with human dignity; display integrity; learn cooperatively; and evaluate their own progress and development (Gerber, 2008; Schwarz, 1994). Patience, enthusiasm, a positive attitude, a sense of humour and a professional appearance were regarded as important attributes. In this regard Gerber (2008) states that a competent facilitator generally possesses the ability to motivate and encourage participants; to practise excellent listening skills and memory; and to demonstrate a high degree of sensitivity to both verbal and non-verbal communication.

To conclude, facilitation skills refer to those capabilities that allow a goal to be reached in an effective manner (Ferreira, 2004). In my study, this goal concerns the strengthening of the levels of resilience of vulnerable pre-school children. Although many definitions, theories and practical approaches to facilitation focus on intentional efforts, I view facilitation as everything that the volunteer care workers did in their role as facilitators, including intentional, unintentional, subtle and obvious behaviours (Neill, 2006). To me, facilitation therefore involves a combination of social components, and, to a lesser extent, pedagogical components and managerial components, as described by Berge (1995).

2.4 RESILIENCE

As my study forms part of the Kgolo-Mmogo project which investigates the manner in which resilience might be strengthened amongst vulnerable children living in poor urban communities in South Africa, I now briefly explore resilience as backdrop to the context in which the volunteer care workers participating in my study fulfilled their tasks as facilitators. Hereafter, I discuss vulnerable children, providing the relevant context regarding the children involved in my study. Although neither resilience

nor the developed intervention programme of the Kgolo-Mmogo project is the primary focus of my study, I explore 'resilience' and 'vulnerable children' in order to provide the reader of this research with a better understanding of the children involved in the project, and ultimately of the experiences of the volunteer care workers facilitating the intervention programme. I believe that programme content is value-laden and not neutral on an emotional level. I therefore include this discussion as part of a theoretical framework for understanding the experiences of volunteer care workers who are implementing a programme for young children.

Over the past decade research in the area of resilience has been emerging, with many studies focusing on resilience among children (Goldstein & Brooks, 2005; Neill, 2006; Rutter, 1987). As such, the growing body of international, cross-cultural and longitudinal studies is providing scientific evidence that many children – even those exposed to multiple and severe adversities in their lives – possess the innate ability to develop into competent, confident and caring adults (Werner & Smith, 1992).

According to Grothberg (1995), everyone faces adversities in life. With resilience, children can triumph over trauma; and without it, trauma and adversity triumph. The crises children face both within their families and in their communities can easily overwhelm them. Yet, resilience may allow them to rely on their human capacity to face such challenges, overcome them and be strengthened by or even transformed by the adversities of life. Resilience can be regarded as a set of qualities that fosters a dynamic process, which encompasses positive and successful adaptation and transformation within the context of significant adversity and risk (Grothberg, 1995; Masten & Coatsworth, 1998).

Certain attributes have been found to be operative in the lives of children characterised by resilience, including the ability to get along with others; the ability to develop and pursue one's goals; a belief in the eventuality of one's efforts paying off; and the presence of a strong sense of trust and respect for oneself and others (Floyd, 1996). Resilient individuals therefore generally possess so-called protective factors that typically promote and maintain healthy development. These protective factors can include personal characteristics and traits, such as good interpersonal skills, problem-solving abilities and a positive sense of self; as well as environmental factors, such as a strong bond with at least one caring adult, and involvement in constructive activities (Finestone, 2004).

According to Grothberg (1995), children may draw from three sources of resilience in order to overcome adversities, namely '*I have*', '*I am*' and '*I can*'. The '*I have*' feature includes the availability of people for

children that they trust and who love them, no matter what; having people who will set limits for them to protect them from danger or trouble; having people available who will show them how to do things right; wanting them to learn to do things on their own; and assisting them when they are sick, in danger or need to learn. The '*I am*' feature relates to being a person other people like and love; being glad to do kind deeds for others and show concern; being respectful of oneself and others; being willingly responsible for what is done; and being sure that things will result in positive consequences. The '*I can*' feature involves talking to others about things that frighten or bother the child; finding ways to solve problems that the child faces; controlling the self when faced with dangerous situations; determining when to talk to someone or to take action; and finding someone to help when a child is in need (Grothberg, 1995). According to Grothberg (1995), a resilient child does not need all of these features to be resilient, as resilience results from a combination of these features.

2.5 VULNERABLE CHILDREN

World Vision is a Christian relief, development and advocacy organisation with the purpose of creating lasting change in the lives of children, families and communities living in poverty. In 2002, World Vision listed identifiers to define vulnerable children (World Vision, 2002). One of these identifiers relates to children living in households in which one or more people are ill, dying or deceased. Kielland and Prywes (2004), in their presentation to the World Bank's OVC (Orphans and Vulnerable Children) Thematic Group, stated that many, if not most of African children, are vulnerable to risks and shocks.

A child exists within the context of a household and a community. Growing recognition exists that child vulnerability cannot merely be linked to whether children are orphaned or not (Foster, 2006; Giese & Meintjes, 2006; Henderson, 2006; Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwana, Nkomo, Tlou & Chitiyo, 2006). Foster (2006) suggests that there is a continuum of vulnerability, and that multiple overlapping factors can play a role in distinguishing children as vulnerable, specifically within the context of HIV and AIDS, which is the context of my study. Children affected by HIV and AIDS may themselves be infected with HIV; they may have to care for ill adult caregivers and/or other children; they may lose their sources of livelihood when their caregivers are no longer able to work, due to ill health or death; and they may be over-exposed to illness and death, resulting in psychosocial distress (Foster, 2006).

Recent definitions of child vulnerability frame the concept in terms of child rights. The British non-governmental organisation Tearfund, for instance, uses a definition suggesting that orphans and

vulnerable children include all children who '*are denied the basic rights to which all children are entitled*' (Tearfund, 2004:3). In elaboration of this definition, a study by Skinner *et al.*, (2004) indicates that child vulnerability can be defined by a number of potential yet often overlapping factors, of which the loss of a parent through death or desertion can be regarded as the most significant. Additional factors that could increase vulnerability include severe chronic illness of a parent or caregiver; poverty; hunger; lack of access to services, for example education and health; inadequate clothing or shelter; deficient caretakers; and factors specific to the child, including disability; emotional problems; substance abuse; direct experience of physical or sexual violence; or severe chronic illness. At a family level, the presence or absence of a willing and able caregiver can be useful in assessing the vulnerability of a child. In addition, the financial resources available at household level are considered in relation to the vulnerability of children. Finally, high levels of community poverty and inadequate sanitation and water can add to the vulnerability of children (Skinner *et al.*, 2006).

Drawing on research like this, it seems clear that vulnerable children cannot merely be regarded as orphans, but as children who are at risk of having their rights infringed. As such, vulnerability can be visible at multiple levels, namely those of the individual, the household and the community. For the purpose of my study, 'vulnerable children' refers to children of which one or both parents are HIV-positive or have AIDS. The HIV and AIDS pandemic can render children vulnerable to losing their human rights (Tearfund, 2004). Despite the direct impact at home, high levels of death and illness amongst educators may result in children becoming vulnerable to losing their rights, as education systems may no longer be able to provide adequate levels of education.

2.6 CONCLUSION

In this chapter I attempted to define care workers within the context of my study. This was followed by a discussion of the concept and process of facilitation, elaborating on definitions of 'facilitation', and investigating the characteristics of skilled facilitators. I continued my literature review by exploring resilience and resiliency factors. In addition, I presented some definitions of 'vulnerable children', indicating the context of my study. Based on the theoretical insights that I obtained during my review of relevant literature I planned and conducted an empirical study, in order to explore the experiences of volunteer care workers facilitating an intervention programme with young children, aimed at strengthening resilience. In the next chapter, I describe the methodological choices that I made, and the processes that I followed in undertaking the empirical study.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

The previous chapter entailed a literature review, serving as backdrop to the empirical study that I conducted. I consulted literature on experiences of care workers and facilitation theories, as well as resilience and vulnerable children, in order to provide the necessary background to the rest of the chapters of this mini-dissertation.

In this chapter, I discuss the research process. I describe my selected methods of data collection, analysis and interpretation; and justify my methodological choices in terms of the focus of my study. Furthermore, I explain the ethical principles and quality criteria to which I tried to conform.

3.2 PARADIGMATIC PERSPECTIVE

For the purpose of this study, I followed a qualitative research approach, anchored in Interpretivism.

3.2.1 Methodological paradigm

As stated in Chapter 1, I adopted a qualitative methodological approach. Wellington (2000) regards qualitative research as suitable for studies where rich, thick descriptions of a phenomenon are a desired outcome. Parker, Dalrymple and Durden (2000) describe qualitative research as research concerned with attempts to understand meaning and impact in a multifaceted way. For this reason, and based on the focus of my study, I decided to follow a qualitative approach. I thus focused on understanding human experience (Van der Merwe, 1996), with emphasis on process and meaning, which cannot easily be measured in terms of quantity, intensity or frequency (Denzin & Lincoln, 1998).

Adding to these ideas, Morse (1994) states that qualitative research involves the analysis of a problem within a local and situational framework, with the research participants' points of view and experiences as points of departure. A distinctive characteristic of qualitative research is understanding people in

terms of their own descriptions of the world. In my study this stance provided insight into the experiences of the volunteer care workers.

A qualitative approach was useful in my study, as it allowed me to capture the complexities, depth and multiplicity of experiences of the volunteer care workers, as well as their relationships with vulnerable children, by relating what transpired in their work with children to the framework in which they operate, as well as their frames of reference (Mertens, 1998; Mouton, 2003). Following a qualitative approach furthermore acknowledged the participants' unique situations and interactions as part of their contexts, being volunteer care workers facilitating an intervention programme with vulnerable 3 to 5-year old children, in an attempt to strengthen resilience (Merriam, 1998).

In conducting qualitative research, I could rely on the strengths of the approach. Firstly, I could gain insight into the ways in which the participants experienced and gave meaning to the facilitation of the intervention programme. Secondly, by following a qualitative approach I was able to gain an understanding of the participants' contexts, situations and environments. Lastly, I was able to gain a clear understanding of the process as well as the manner in which the research events influenced one another (Parker *et al.*, 2000).

Although I am of the opinion that a qualitative approach is an appropriate choice for my study, I also experienced some challenges, based on this choice. I had to consider the potential challenge of a qualitative approach sometimes being regarded as conversational, and that during data analysis I could face the challenge of preserving the integrity of the collected data (Terre Blanche, Durrheim & Painter, 2006). In response to these potential challenges, I gained permission from the participants, in the form of informed consent, to use the data collected. Furthermore, I audiotaped and transcribed focus group discussions, after which I applied a rigorous data analysis process in an attempt to enhance the trustworthiness of the findings. In addition, I took photographs of the volunteer care workers while they were facilitating the intervention sessions. The faces of the volunteer care workers, as well as those of the children, are indistinguishable in these photographs for the purpose of the mini-dissertation. Another possible challenge while conducting qualitative research relates to the fact that results may not be generalisable (Cohen *et al.*, 2003). However, the aim of my study was not to generalise, but rather to provide highly detailed descriptions of the participants' experiences as facilitators of an intervention programme with vulnerable pre-school children.

3.2.2 Meta-theoretical paradigm

Terre Blanche and Kelly (2002) are of the opinion that an interpretivist paradigm enables researchers to understand others' experiences by interacting with them and listening to what they say. In conducting this study, I adhered to Schwandt's (2000) recognition of three assumptions distinguishing the interpretivist paradigm. Firstly, in line with Interpretivism, I assumed human action to be meaningful. Secondly, I assumed the existence of an ethical commitment, as a notion of respect and faithfulness to the participants' life-worlds. Furthermore, in accordance with Interpretivism, I strove to emphasise the contribution of human subjectivity to knowledge. By applying these principles in my study, I assumed that I would perceive the participants' actions during observations and focus group discussions as meaningful. In addition, I was ethically committed to respect the participants and their actions. I strove to formulate findings which are based on the outcomes of the participants' involvement, and not on my own subjective biases, perspectives and motivations.

Adding to these assumptions are a few essential elements of the interpretivist paradigm, as described by Cohen *et al.* (2003). Firstly, interpretivist research is typically done on a small scale, where human interaction creates social context. In accordance with this underlying element, I conducted my research on a small scale by involving three participants in their role as facilitators of an intervention programme. During my observations, the human interaction between the participants and the children partaking in the intervention programme created a social context, and during focus group discussions, human interaction between the participants and me created a social context. Secondly, Cohen *et al.* (2003) state that research based on the interpretivist paradigm implies a non-statistical approach that allows subjective interactions. In this study, I utilised a non-statistical approach by following a qualitative interpretivist approach that allowed subjective interactions during observations and focus group discussions. Therefore, as a researcher, I was personally involved as I explored and attempted to understand experiences and meanings. As such, I strove to investigate and interpret what appeared to be evident. In accordance with the interpretivist paradigm, my study thus included elements such as personal perspectives, personal constructs and negotiated meanings.

According to Schwandt (1998), the future of interpretivist perceptions rests on individuals being comfortable with the blurring lines between science and the art of interpretation. As the intention of my study was to explore the experiences of three volunteer care workers facilitating an intervention with vulnerable children, I had to be comfortable with this blurring of lines between interpretation and science. The understanding of understanding, also known as *Verstehen*, is best known in context.

Subsequently, I was not only required to interpret the participants' meanings, but also the contexts in which they expressed these meanings.

Although I regard an interpretivist paradigm as a suitable and appropriate choice for my study, I had to consider the challenges that this paradigm implied. I considered the possibility that I might be selective, biased, partial or subjective (Cohen *et al.*, 2003). I tried to address this potential limitation by collecting diverse data in the form of written field notes, observations, audio-recordings of focus group discussions, as well as photographs of the facilitators whilst interacting with one another and the participating children. Furthermore, I continuously reflected in my reflective journal, and engaged in discussions with my supervisors regarding the possibility of subjectivity during data collection and analysis.

3.3 RESEARCH METHODOLOGY

In this section I discuss the methodology that I applied during the empirical part of my study.

3.3.1 Research design

According to Morse and Richards (2002), the purpose of a research design is to plan, structure and conduct a study in such a way that the rigour (validity) of the findings is maximised. I selected an instrumental case study research design (Mouton, 2003). Three volunteer care workers, in their capacity as facilitators of an intervention programme, were involved as participants. The application of an instrumental case study design enabled me to gain a deep understanding of and insight into the life-worlds of the participants (Mouton, 2003), in an attempt to obtain a view of their experiences as facilitators (Huberman & Miles, 2002).

Stake (2000:439) highlights one of the advantages of an instrumental case study design as follows: '*...the methods of instrumental case study draw the researcher towards illustrating how the concerns of researchers and theorists are manifested in the case*'. An inquiry therefore does not merely aim towards an understanding of what is important about particular cases within their own contexts, but also highlights the critical issues at hand. Within my study, other advantages and characteristics of applying an instrumental case study design included the following: committing me (as researcher) to constantly reflect on and alter my meanings and impressions; providing me with rich, in-depth information; and guiding me in refining theory and encouraging successive studies (Berg, 2001; Stake, 2000).

A case study design can be described as both a process and a product of inquiry (Stake, 2000), emphasising the evolving nature of qualitative research, and corresponding to the exploratory and descriptive approaches suitable to the study (Cohen *et al.*, 2003; Stake, 1995). As such, an instrumental case study design enabled me to address my research questions. This design provided me with multiple sources of information and detail regarding my research topic (Mark, 1998; Wimmer & Dominick, 2000). The design complemented the epistemology of my study, namely Interpretivism, whereby I aimed to understand interpretations and meanings of reality as perceived by the participants. In this manner, my research design supported me in my attempt to understand the participants' experiences with regard to the facilitation of an intervention programme (Cohen *et al.*, 2003; Stake, 1995; Worchel & Shebilske, 1989).

Although I regard an instrumental case study design as an appropriate choice for my study, I remained aware of the potential challenges of this design during my study. I considered the possibility that cases might lack scientific rigour and that generalisations cannot be made from single or a few cases (Berg, 2001; Cohen *et al.*, 2003). However, I did not aim to obtain generalisable findings, based on the nature of my study, whereby I attempted to gain a deep understanding of the experiences of three selected volunteer care workers in their role as facilitators of an intervention programme.

Other potential challenges of an instrumental case study design include difficulty in determining causal links, and the possibility of observer bias, linked to the potential of subjective, personal and selective interpretations (Cohen *et al.*, 2003; Stake, 2000; Terre Blanche & Durrheim, 2002). Although I acknowledged these challenges, the purpose of my study was not to be representative and generalisable on a broad level, but rather to represent a specific case, being the experiences of volunteer care workers facilitating an intervention programme aimed at strengthening the resilience of 3 to 5-year old children within the context of the Kgolo-Mmogo project. By selecting an interpretivist stance, my emphasis was on the research participants' meanings, intentions, personal experiences and subjective worlds, rather than on generalising these perspectives to the wider population (Cohen *et al.*, 2003; Donmoyer, 2000).

During the study I remained aware of the strengths and potential challenges of using a case study research design. I applied the measures discussed in the previous paragraphs in order to monitor the effect of these challenges on the quality of my study.

3.3.2 Selection of a case and participants

According to Cohen *et al.* (2003), the quality of a research project does not merely stand or fall on the basis of the appropriateness of the methodology and instrumentation, but is also related to the suitability of the sampling strategy that has been adopted. For the purpose of the Kgolo-Mmogo project, the case, as well as the volunteer care workers were initially *selected purposefully* (Mayan, 2001), according to the following selection criteria:

- Mothers who have experience with HIV and AIDS, and are knowledgeable about HIV and AIDS.
- Individuals who possess personality traits such as good communication skills and listening skills.
- Individuals who are able to interact effectively with children and preferably have experience in the field of working with children.
- Individuals who are proficient in English, Tswana and Sepedi. Proficiency in Sesotho and Zulu was furthermore recommended.
- Individuals who are willing to travel to Mamelodi for the sessions.

By employing purposeful sampling, participants were selected based on their suitability, experience, availability and willingness to participate (Creswell, 2003). The sample was chosen for a specific purpose, being individuals suitable to participate in facilitating support groups and conducting home visits to mothers and children participating in the Kgolo-Mmogo research project, as assigned by the research team, under supervision of the research coordinator and social worker (Cohen *et al.*, 2003).

Although the volunteer care workers were initially selected purposefully for the purpose of the Kgolo-Mmogo project, the appointed volunteer care workers (three females between the ages 30 and 62) were *conveniently selected* for my study (Terre Blanche & Durrheim, 2002). Convenience sampling is regarded as a form of non-probability (purposive) sampling and involves selection of individuals who are easily accessible. Convenience sampling does not seek to generalise within the wider population. Therefore, the parameters of generalisability in this type of sample are negligible (Cohen *et al.*, 2003).

For the purpose of my study, the volunteer care workers were therefore selected based on their recurrent experience(s) and involvement in the Kgolo-Mmogo project. Although none of the participants speaks English as a first language, I conducted my focus group discussions in English, as this is the mutual language of understanding between the participants involved in this research project.

3.3.3 Data collection and documentation

According to Creswell (1998), data collection and documentation can be regarded as interdependent activities, aimed at the gathering and documentation of valuable information, in order to address the research questions. I employed multiple methods of data collection and documentation. This process, whereby different methods are used to add and reflect different nuances to the data obtained, is defined by Janesick (2000) as crystallization. The process of crystallization supported me during the course of my research to enhance my understanding of the richness and complexity of the reality that I was researching. In relying on multiple data collection and documentation methods, I consulted Mouton (2003:104) who states that data collection should focus on the participants and their worldviews, and warns that one should have '*a reluctance to impose any pre-set theory or explanation*'. In the following sections, I describe the data collection and documentation techniques that I employed.

3.3.3.1 Focus group discussions

I conducted two focus group discussions with the selected volunteer care workers. The first focus group that I conducted was implemented primarily for the purpose of data collection. After I had completed my initial data analysis, I conducted a follow-up focus group discussion, with the primary goal of member checking (Morse, Barrett, Mayan, Olson & Spiers, 2002; Rubin & Babbie, 2008; Tanggaard, 2008). During both the focus groups, the Kgolo-Mmogo project's research coordinator assisted me as co-facilitator. With the permission of the participants, I audiotaped the focus group discussions. The recordings were then transcribed verbatim, for the purpose of data analysis.

Berg (2001:100) describes focus group discussions as '*either guided or unguided discussions addressing a particular topic of interest or relevance to the group or the researcher*'. Focus group discussions can be distinguished from individual interviews as a method whereby group data can be collected relatively quickly from various participants simultaneously. When conducting focus groups, organised discussions and interaction in small structured groups are facilitated by a moderator in order to explore and gain insight into the views, perceptions and experiences of a small group of participants (Ferreira & Smit, 2008). I regard focus group discussions as a suitable data collection strategy for my study, as I attempted to explore the experiences of a group of three volunteer care workers who had facilitated an intervention programme with young children.

As I continually attempted to maintain a relationship of mutual trust and acceptance between the participants and myself, the non-threatening and informal atmosphere created by focus group discussions was another reason for my decision to utilise this data collection method (Ferreira & Smit, 2008). Focus group discussions allowed for the participants to speak openly about their personal opinions and attitudes, sharing their views, ideas and perceptions with their fellow facilitators and myself. Within this context, and within the relaxed and open atmosphere that had been established, I was able to steer discussions to explore the topic at hand (Fontana & Frey, 2000; Litoselliti, 2003; Millward, 2000).

Besides the possibility of recording the verbal responses, focus group discussions enabled me to observe the interaction between the participants. This proved to be valuable, as opinions are often formed relative to other people's beliefs and attitudes. As such, opinions are often constructed socially rather than individually, implying the possibility of a diversity of experiences and opinions being represented in the obtained information. Therefore, interaction implied the possibility of stimulating the development of ideas and enhancing spontaneity amongst participants (Ferreira & Smit, 2008).

3.3.3.2 Observation

Observation in naturally occurring situations is often included in case study research. Graziano and Raulin (2004:32) summarise observation as the '*empirical process of using one's senses to recognize and record factual events*'. In my study, this method of data collection provided essential supportive information, such as information on the verbal and non-verbal interaction between the volunteer care workers and the children during intervention sessions, as well as during focus group discussions.

For the purpose of my study, I firstly employed observation during the five intervention sessions with one group of children that I attended (sessions 9, 10, 11, 12 and 13). Observation enabled me to gain insight into the participants' points of view during facilitation of the intervention, in an attempt to discover the meanings they had given to their experiences (Terre Blanche *et al.*, 2006). Secondly, I employed observation while conducting the focus group discussions. I documented my observations in the form of field notes (also refer to section 3.3.3.3), capturing what had occurred during the intervention sessions and focus group discussions. In this manner, observation supported me in my interpretation of verbal data and noting of patterns of behaviour (McMillan & Schumacher, 2001). In utilising observation during the intervention sessions and focus group discussions, I used my visual senses as a way of observing.

Observation enabled me to gain insight into the meaning of the participants' gestures, non-verbal behaviour, bodily interactions and body language (Terre Blanche *et al.*, 2006).

Although I regard observation as a suitable data collection technique for my study, I faced certain challenges in employing the technique. I had to constantly remain focused on my research questions, whilst being open to unexpected information (Terre Blanche *et al.*, 2006). As such, I had to deliberately focus my attention on the facilitators and their experiences, instead of on the participating children. I found this to be challenging, as I had co-developed the intervention programme and was curious to observe the intervention being implemented.

3.3.3.3 Field notes

Mouton (2003) advises researchers to keep a record of their data collection activities and of the main decisions and events, as research unfolds in the form of field notes, in order to compile a record of the research proceedings. Therefore, this documentation process can be regarded as a form of quality control (Mouton, 2003). Data recorded as field notes often entail the observation of what had occurred while research was being conducted (McMillan & Schumacher, 2001; Merriam, 1998).

During the course of my research study I used field notes (Appendix C) to document and represent my observations which, *inter alia*, include the modes of interaction between the research participants and others (Angrosino & Mays De Pérez, 2000). In addition, I relied on field notes to provide detailed descriptions of the physical setting, events, behaviour, conversations and activities that took place during the intervention that had been facilitated (McMillan & Schumacher, 2001). My field notes further contain my reflections on informal conversations, moments of confusion, intuitions and the emergence of new ideas during my study.

The use of field notes enabled me to structure my thoughts (Mayan, 2001). Descriptive information in my field notes enabled me to revisit my observations during the process of data analysis. It might also assist the reader of this research report to partially 'experience' the activities through my report, as I had observed it. Despite these benefits, I found it challenging to make field notes while attempting to be attentive and to communicate meaningfully during participatory observations and focus group discussions. I attempted to address this challenge by constantly reminding myself of my role as researcher and of the goal of documenting the data obtained (Mayan, 2001).

3.3.3.4 Visual data collection and documentation techniques

In addition to field notes, I employed visual data collection and documentation techniques to assist me in interpreting, elaborating upon and corroborating the data that I had obtained by means of other data collection techniques. I included the supplementary visual technique of photographs (Patton, 2002; Terre Blanche *et al.*, 2006) in an attempt to enhance the credibility of my findings and therefore the rigour of the study. I took photographs of the intervention sessions that I observed (Appendix G), in an attempt to capture some elements of the experiences of the facilitators. These photographs were used to support my research findings (Cohen *et al.*, 2003).

The challenges that I faced with regard to selecting visual data as technique relate to the possible technical intrusion that photographs might imply (McMillan & Schumacher, 2001). In an attempt to overcome the challenge of intrusion I discussed the reason for taking the photographs with the participants. I obtained the permission of the research participants, as well as the verbal permission of the participating children to take photographs of them while they were participating in the intervention sessions. The faces of the volunteer care workers and children have been disguised on the photographs, for the purpose of this mini-dissertation.

3.3.3.5 Reflective journal

To supplement the methods discussed previously, and in an attempt to further enhance the trustworthiness of my study, I made use of a reflective journal (Appendix D). In my journal, I described my personal experiences, perceptions and interpretations during my study. A reflective journal is regarded as a continuous record of decisions made during a study and of the rationale at that time (Burns, 2000). Therefore, my journal enabled me to justify the decisions that I had made during my study.

According to Boud *et al.* (1995), reflective writing can support a researcher in making personal sense of a diverse set of research experiences. Bogdan and Biklen, in Cohen *et al.* (2003) identify a few aspects that can be included in a research journal, such as reflections on the methods used during the process of data collection and analysis; personal reactions to what has been observed and recorded; as well as thoughts on ethical issues, tensions and challenges that might have been experienced during the process. Possibilities and suggestions for further inquiry can also form part of a reflective journal.

Therefore, reflective writing enabled me to document the experiences, thoughts, questions, ideas and conclusions that signpost my research journey (Boud *et al.*, 1995). In addition, my reflective journal contains notes on the evolution of my ideas and on my personal reactions, as well as references to relevant literature and questions that I generated for future investigation as the study progressed (McMillan & Schumacher, 2001).

I used a reflective journal for the duration of my study, in order to critically monitor the progress of my study, and to document the new insights that I obtained. I recorded my professional activities in my journal, providing clear information regarding the work patterns that I followed (Burns, 2000), and including ideas and reflections on my experiences and observations. Furthermore, I reflected on the research process, in order to make the necessary changes when needed. I also reflected on my own abilities as researcher.

3.3.4 Data analysis and interpretation

Data analysis can be described as the process of observing patterns in data, asking questions with reference to these patterns, collecting data on targeted topics from selected individuals, continuing analysis, asking additional questions, seeking more data, and furthering the analysis by sorting, questioning and thinking (Mayan, 2001). It is therefore a method of categorising, ordering, manipulating and summarising data to obtain answers to a specific research question (De Vos, 1998). According to Poggenpoel (1998), data analysis involves various reasoning strategies, including synthesis, inductive reasoning, bracketing and intuiting.

For the purpose of my study, I conducted thematic analysis, following the approach of Marshall and Rossman (1989), integrated with that of Tesch (1990). According to these authors, comprehending, synthesising, theorising and re-contextualising are important. My data analysis focused on the participants' subjective experiences and perceptions of being volunteer care workers facilitating intervention sessions with young children in an attempt to strengthen their resilience. Thematic data analysis enabled me to evaluate the key words, meanings, themes and messages obtained during the collection of data (Cohen *et al.*, 2003).

After the focus group discussions had been transcribed verbatim, I analysed the transcripts in terms of themes, topics and messages. In addition, I analysed the content of my field notes and reflective

journal. I relied upon coding, whereby participant information and question responses were converted into particular categories (Mouton, 2003).

After my initial data analysis, I consulted the participants regarding the accuracy of the topics and themes that I identified after the first focus group discussion, for the purpose of member checking (Morse *et al.*, 2002; Rubin & Babbie, 2008; Tanggaard, 2008). This step was included in an attempt to enhance the dependability of the findings of my study (Cohen *et al.*, 2003), based on the basic principles of Interpretivism. I regard participant evaluation or member checking as a valuable step in research, as the participants in this manner had the opportunity to include additional information or propose alternative modes of conveying an issue at hand. In analysing the data, I thus worked inductively, starting from vague suppositions, finding relationships and patterns, and eventually arriving at an integrated framework of the data in terms of the findings (Marshall & Rossman, 1989; Tesch, 1990).

3.4 ETHICAL CONSIDERATIONS

As a researcher, and due to the social nature of my study, I did not only have a responsibility towards my profession in the search for knowledge and truth, but also towards the research participants (Cohen *et al.*, 2003; Strydom, 1998). Throughout the research process I strove to preserve the dignity of the participants as human beings. I was guided by the goal of ensuring that the participants were not deceived, were informed about the research process at all times, and did not experience any form of distress or harm. As mentioned in Chapter 1, I conducted my research according to the guidelines provided by the Ethics Committee of the Faculty of Education of the University of Pretoria (Ethics Committee of the Faculty of Education, University of Pretoria, 2008).

3.4.1 Informed consent

I obtained written informed consent (in addition to the consent already obtained for the purpose of the broader Kgolo-Mmogo project) from the research participants prior to commencing with data collection activities (Appendix B). Informed consent implies that the research participants were informed about all the potential factors that could influence their decision to participate or not, including the purpose of the study and the process of data collection (Cohen *et al.*, 2003; McMillan & Schumacher, 2001). Potential advantages of the outcome of the study were also pointed out. These advantages include the possibility of creating an awareness of suitable ways in which care workers could be supported and

guided in order to facilitate intervention programmes successfully, as well as the expansion of the current body of knowledge on the experiences of care workers facilitating intervention programmes. In addition, the participants were informed that they had the right to withdraw from the study at any time, if they wished to do so (Mouton, 2003).

3.4.2 Privacy, confidentiality and anonymity

According to Burns (2000), both the researcher and the participants need to be informed about the confidentiality of the findings of a study prior to data collection. I adhered to the ethical principle of privacy, by protecting the confidentiality and anonymity of the participants at all times (Ary, Jacobs & Razavieh, 2002; Cohen *et al.*, 2003; Hopf, 2004; McMillan & Schumacher, 2001; Patton, 2002; Strydom, 1998; Terre Blanche & Durrheim, 2002). I did not disclose the identities of the research participants during the study, referring to participants 1, 2 and 3 in this mini-dissertation, and dealt with the information obtained during the research process in a confidential manner. My field notes, audio-visual material, transcripts and other raw data are currently preserved in a safe environment, and will be destroyed after the required period of 15 years (Ethics Committee of the Faculty of Education, University of Pretoria, 2008).

3.4.3 Protection from harm

My research did not imply the exposure of participants to physical risks or harmful activities other than those that they are normally exposed to. However, I focused on recognising and avoiding any potential risks to the participants, such as exposure to psychological, physical or social harm (Berg, 2001; Strydom, 1998), especially against the background of the nature of the phenomenon under scrutiny, as well as the context of HIV and AIDS of the Kgolo-Mmogo project. I continuously kept the basic principles of caring and fairness in mind (McMillan & Schumacher, 2001), in my attempt to protect the participants from harm. I therefore strove to be honest, empathetic, and respectful towards the participants at all times (Patton, 2002; Terre Blanche *et al.*, 2006; Thompson & Rudolph, 2000). Lastly, I attempted to avoid the violation of any human rights during the study.

3.4.4 Trust

The participants were at no time exposed to any acts of deception or betrayal. I strove to maintain honest and trustworthy relationships with them (Thompson & Rudolph, 2000). I was constantly aware of

the fact that, in the absence of trust, the collected data might be of limited value in comparison with data that would have been collected within the context of trusting relationships with participants (Cohen *et al.*, 2003; Merriam, 1998).

3.5 RIGOUR OF THE STUDY

When conducting qualitative research, the basic premise of trustworthiness applies, in order for audiences to regard the findings as worth paying attention to, or worth talking about (Babbie & Mouton, 2001). Shenton (2004) describes Guba's widely used model of trustworthiness as corresponding to the criteria employed by positivist researchers in terms of the following criteria:

- Credibility (in preference to internal validity)
- Transferability (in preference to external validity or generalisability)
- Dependability (in preference to reliability)
- Confirmability (in preference to objectivity).

During my study I strove to adhere to these criteria in an attempt to maximise trustworthiness. I shall now briefly discuss these principles, as employed during this study.

3.5.1 Credibility

The aim of credibility is to provide an authentic view of the phenomenon under study. Durrheim and Wassenaar (2002) refer to credibility as the assurance that a researcher's conclusions stem from the data. As such, the first concern of most qualitative researchers lies with the factual accuracy of their research and account of events – in other words, that they are not fabricating or distorting things they had seen and heard (Huberman & Miles, 2002). In its broader sense, credibility refers to the degree to which the research conclusions are sound (Terre Blanche & Durrheim, 1999), or, as stated by Poggenpoel (1998:351) that they '*demonstrate that the research was conducted in such a manner as to ensure that the phenomena were accurately identified and described*'. Credibility is therefore related to whether or not the research findings capture what really occurred in the research (Babbie & Mouton, 2001; McMillan & Schumacher, 2001; Merriam, 1998; Pitney, 2004).

By establishing firm relationships of trust with the participants, I aimed to provide credible findings that are believable and convincing, also presenting negative or inconsistent findings (Babbie & Mouton, 2001). I supplemented this strategy by the use of crystallization, as well as through literature control

and the selected methods of data analysis, during which multiple perspectives could be considered. Furthermore, I conducted persistent observation whilst in the field, and was involved in regular debriefing sessions with my supervisors (Babbie & Mouton, 2001; Shenton, 2004).

3.5.2 Transferability

According to Babbie and Mouton (2001), transferability refers to the extent to which the findings of a study can be applied to other participants or in other contexts. As meanings vary across different contexts of human interaction, I aimed to seek transferable rather than generalisable findings by providing sufficient, rich, descriptive information of the phenomenon under investigation, as well as of the meanings that developed during the research process (Patton, 2002; Seale, 2000).

As I adopted an interpretivist stance, I attempted to obtain the different inferences of my data sources, thereby providing a rich portrayal of the data collected. Each piece of information obtained could have its own interpretation of what had been revealed (Babbie & Mouton, 2001; Patton, 2002). As such, this study could provide readers with sufficient information to judge the applicability of the findings to other settings (Patton, 2002; Seale, Gobo, Gubrium & Silverman, 2004).

3.5.3 Dependability

Dependability in qualitative research provides an indication of whether or not the proceedings and findings of a study did indeed occur as the researcher indicates (Babbie & Mouton, 2001; Durrheim & Wassenaar, 2002; Shenton, 2004). Dependability is achieved through rich and detailed descriptions that illustrate how research actions and questions are rooted in, and develop out of, contextual interactions (Terre Blanche & Durrheim, 1999).

The possibility of the findings of this study being reasonably dependable and comparable to findings regarding other similar groups of people and situations might have been strengthened by my continuous attempt to seek the contributions of the various care workers, and subsequently a variety of data sources (Patton, 2002; Seale *et al.*, 2004). In addition, I continuously participated in debriefing sessions with my supervisors. Furthermore, I provide a detailed methodological description in this mini-dissertation to allow for the study to be repeated (Shenton, 2004).

3.5.4 Confirmability

I attempted to enhance confirmability by ensuring that the findings of my study are the product of my inquiry and not based on my biases as researcher (Babbie & Mouton, 2001; Patton, 2002). However, as the values and motives of a researcher fulfil an essential role in the research process, freedom from bias in research cannot be regarded as applicable within the context of the interpretivist approach, according to which the values and motives of the researcher fulfil an essential role in the research process. Without such influence being detrimental to the extent that the results become unsuitable, I aimed to understand and interpret the intentions and meanings that underlie the different actions and interactions of my study. As such, I strove to formulate findings which are based on the outcomes of the participants' contributions and of the conditions of the research, and not on my own biases, motivations and perspectives. I subsequently continuously reflected in my reflective journal, as well as during debriefing sessions with my supervisors, in order to provide a methodologically self-critical account of the research events (Patton, 2002; Seale *et al.*, 2004).

3.6 CONCLUSION

I commenced this chapter by discussing my selected paradigmatic approach. I then described and explained the research design and methods that I employed for collecting, analysing and interpreting the collected data. I elaborated on the quality criteria that I strove to adhere to, and explained the ethical considerations underpinning my research.

In the following chapter, I present the results that I obtained as the outcome of my thematic data analysis. Throughout, I interpret the results against the backdrop of relevant literature, presenting the findings that I obtained.

CHAPTER 4

FINDINGS OF THE STUDY

4.1 INTRODUCTION

In Chapter 3 I explained how I planned and conducted my empirical study. I elaborated on my selected research design and the methodological choices that I made, and discussed the ethical guidelines that I applied. In addition, I explained the quality criteria that I attempted to adhere to. Throughout, I related the procedures that I employed to my research questions and the purpose of my study.

In this chapter, I present the results that I obtained in terms of the themes and sub-themes that emerged. I present the findings of my study by comparing the results with results reported in relevant literature, against the backdrop of my theoretical framework, presented in Chapter 2. I present an integrated discussion of my findings throughout the chapter.

4.2 FINDINGS OF THE STUDY

Based on the thematic analysis that I conducted (Appendix C, D, E, F and G), four main themes emerged. Figure 4.1 presents an overview of the themes and sub-themes, which I discuss in the following sections.

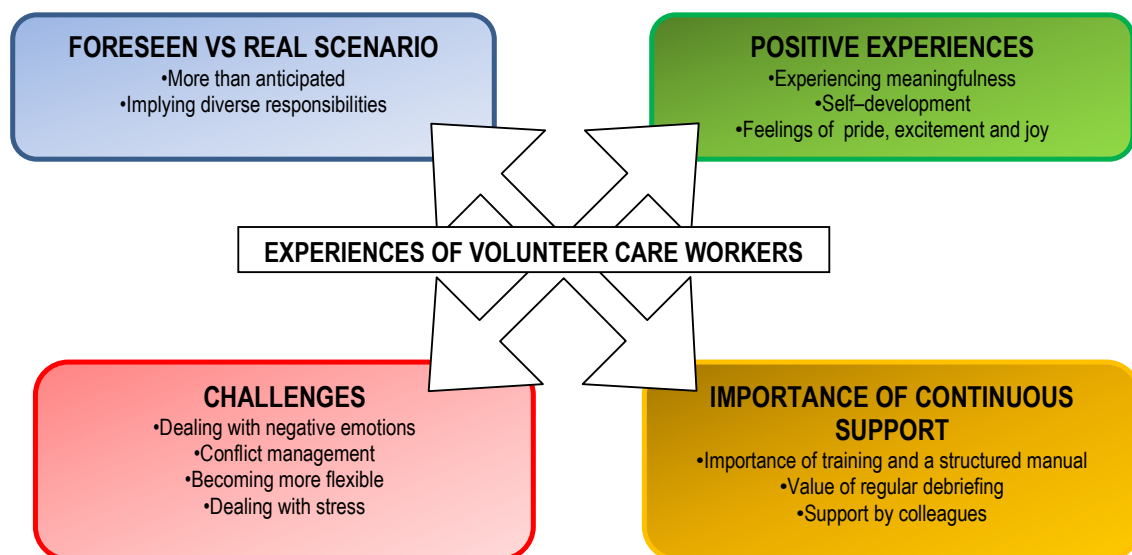


Figure 4.1: Overview of the main themes and sub-themes

4.2.1 Theme 1: Foreseen versus real scenario

Based on the raw data that I obtained, I identified a discrepancy between the initial expectations of the volunteer care workers with regard to their role as facilitators of an intervention programme on the one hand, and their actual experiences in the role on the other. The role of the participants as facilitators seemingly entailed more than they had anticipated, implying diverse responsibilities.

4.2.1.1 Sub-theme 1.1: More than anticipated

All three of the research participants, in their role as facilitators of an intervention programme, indicated that their role and responsibilities involved much more than what they had initially anticipated: *“The intervention programme clearly entailed more than what the facilitators initially thought it would entail”*⁴ (Appendix C – FN⁵: p 1). The volunteer care workers mentioned that, prior to the onset of the intervention programme, they had been under the impression that they would be required to mostly play with the children involved in the programme. This idea is indicated by contributions such as: *“We thought we are going to play with them”* (Appendix E – FGD: P 1, p 1); *“I expected to ... more like playing with children”* (Appendix E – FGD: P 3, p 2); and: *“Yes, like playing...”* (Appendix F – MC: P 2, p 3).

Secondly, the volunteer care workers were initially under the impression that they would be responsible for basic care-taking of the children and ensuring that their daily needs were met. In this regard, one participant stated: *“I expected to...taking care of them”* (Appendix E – FGD: P 3, p 2); and another mentioned: *“Yes, like feeding them”* (Appendix F – MC: P 2, p 3). In addition, the participants expected to be required to assist the children with general developmentally appropriate behaviour, such as talking: *“I thought I was going to teach them how to talk”* (Appendix E – FGD: P 2, p 1).

Contrary to their initial expectations, the volunteer care workers reportedly realised that their responsibilities entailed more than what they had anticipated shortly after the onset of the programme. They reported that they had soon discovered that the programme did indeed involve playing with the participating children, but that the playful activities were structured and aimed at reaching the goals of the intervention programme. In support of this finding, I noted the following comment in my field notes:

⁴ Translated into English for dissertation purposes from: *“Die intervensieprogram behels duidelik meer as wat die fasiliteerders aanvanklik gedink het.”*

⁵ In presenting the results, the following codes will apply: FN = Field notes; RJ = Reflective journal; FGD = Focus group discussion; MC = Member checking; P = Participant.

“Although the facilitators play with the children, the facilitation of the sessions is much more structured than what they expected...”⁶ (Appendix C – FN: p 1). One participant summarised the insight that she had gained as the process progressed, in the following manner: “...and before we didn’t know we are going to use this manual...we didn’t know it, we thought we were just going to play as normal” (Appendix E – FGD: P 1, p 1). The following extract from my field notes supports this finding: “...and they make use of the manual as a guideline for facilitating the sessions”⁷ (Appendix C – FN: p 1).

The volunteer care workers apparently soon realised that the programme had informative and educational value (“I found that it has a lot of information and education for the little ones and for myself” [Appendix E – FGD: P 2, p 1]) and that their role implied exposing the children to new learning experiences such as learning how to express their emotions (“...teaching them the different things that they don’t normally do at home, like for example, how to express their emotions, like being sad or scared or angry” [Appendix E – FGD: P 3, p 2]). Figure 4.2 depicts a puppet show as one of the structured, though fun-filled activities that the children were exposed to.



Figure 4.2: Volunteer care workers facilitating a structured activity in a playful manner

4.2.1.2 Sub-theme 1.2: Implying diverse responsibilities

In addition to the aforementioned differences in the expectations of the volunteer care workers and the subsequent outcomes of the programme, the participants faced unexpected challenges as the intervention progressed – resulting in their responsibilities going beyond that of mere support. The following extract from my field notes supports this finding: “The facilitation of the intervention

⁶ Translated into English for dissertation purposes from: “Alhoewel hulle met die kinders speel, is die fasilitering van die sessies baie meer gestruktureerd as wat hulle verwag het...”

⁷ Translated into English for dissertation purposes from: “...en maak hulle gebruik van die handleiding as riglyn vir die fasilitering van die sessies.”

*programme led to a variety of responsibilities – responsibilities that the care workers did not expect*⁸ (Appendix C – FN: p 3).

Although it could be expected of children between the ages of 3 to 5 years to initially be hesitant to act spontaneously, the children in my study appeared to be reluctant to trust the care workers during the first few intervention sessions. The volunteer care workers mentioned that they initially expected that it would take time for the children to trust them, but that they were surprised at how long it took for some of the children to develop a trusting relationship with them. They mentioned that: “...*they did not trust us*” (Appendix E – FGD: P 3, p 2); and: “...*we didn’t gain their trust*” (Appendix E – FGD: P 3, p 3). This apparent reluctance of the children to trust the volunteer care workers seemingly created some unforeseen challenges, such as the children occasionally being hesitant to approach the volunteer care workers, and refusing to participate in the activities, at times even displaying disruptive and/or aggressive behaviour. Examples of such incidences were voiced during a focus group discussion: “...*it was so difficult for them to approach us*” (Appendix E – FGD: P 3, p 2); “...*you see a little child sitting in the corner there, refusing to participate*” (Appendix E – FGD: P 3, p 2); and: “...*she would scream...she would just kick and be angry*” (Appendix E – FGD: P 2, p 4, 8). Subsequently, the volunteer care workers had to take responsibility for maintaining good relationships of trust with the children, throughout the intervention. The observed love and acceptance shown by the volunteer care workers, in order to establish and maintain trusting relationships with the participating children, is depicted in Figure 4.3.



Figure 4.3: A volunteer care worker maintaining a trusting relationship

⁸ Translated into English for dissertation purposes from: “*Die fasilitering van die intervensieprogram het ook ‘n verskeidenheid verantwoordelikhede tot gevolg – verantwoordelikhede wat die care workers nie verwag het nie.*”

Based on the nature of the intervention, the participants were therefore reportedly expected to accept manifold responsibilities and perform tasks beyond their initially perceived levels of expertise. The volunteer care workers seemingly became aware of a lack of knowledge and experience as the intervention commenced. One participant stated that: *“I didn’t have a lot of knowledge about raising a child or taking care of a child”* (Appendix E – FGD: P 3, p 7). On the other hand, they gradually appeared to start valuing the experience that they indeed did possess, making comments such as: *“...so it picked up my experience with a crèche, working with children”* (Appendix E – FGD: P 2, p 8).

4.2.1.3 Discussion of findings relating to Theme 1

The first theme that emerged relates to the foreseen scenario versus the real scenario. In the light of this, the first sub-theme that emerged was the fact that I identified a significant difference between the care workers’ expectations and their actual experiences of their role as facilitators of an intervention programme. In my study, I found that the role of the participants as facilitators of an intervention programme entailed ***more than what they had anticipated***. At the onset of the intervention the volunteer care workers were under the impression that they would be required to merely play with the participating children. Although the activities were designed to be perceived as games by the children, the weekly interaction with the children was structured and planned according to specified goals stipulated in the manual, requiring more of the facilitators than merely playing with the children. This apparent suitability of the structure of the intervention sessions is pointed out by Louw (2002), who states that young children learn through play. Furthermore, Spang (2005) states that the role of child care workers as active participants in educational processes is usually dominated by activities with children.

In addition to playing with the children, the volunteer care workers in my study were seemingly under the impression that the enhancement of developmentally appropriate behaviour would form part of their responsibilities. Although this was not regarded as a direct role of the volunteer care workers within the Kgolo-Mmogo project, Spang (2005) states that volunteer child care workers can, for example, capitalise on children’s play to further language development or improve social skills. Applying this finding to my study results in the possibility of the care workers supporting the development of the participating children by means of the play-based activities included in the intervention.

In addition to the volunteer care workers’ expectations regarding play with the children, and to enhance age-appropriate skills, I found that they were of the opinion that basic care-taking of the children would

also be required of them. The children participating in the Kgolo-Mmogo project received a balanced meal on the days that they were involved in the programme. Even though this was not a primary responsibility of the volunteer care workers in their role as facilitators of the intervention programme, they were involved in preparing these meals. As such, basic care-taking, with the exception of one meal per week, was, due to the nature of the Kgolo-Mmogo project, not required of the volunteer care workers. However, the care workers' expectations and perceptions correlate with Spang's (2005) conclusion that care workers are often expected to temporarily take over the duties of a parent. As such, the participants in my study had perceptions typical of care workers, although these duties were not expected of them within the context of the broader Kgolo-Mmogo project. Against this background, I can conclude that volunteer care workers might benefit from detailed descriptions of their exact roles and responsibilities prior to their facilitation of intervention sessions.

An underlying unforeseen aspect of the volunteer care workers' involvement in the facilitation of the intervention relates to the use of a structured manual. Although the manual served as a tool and guideline in empowering the volunteer care workers, it was not required of them to follow the manual by the letter, based on the developmental level of the children and the nature of the intervention. The way in which the manual was implemented, and the subsequent facilitation of the sessions, therefore corresponds with Spang's (2005) recommendation that a less structured approach than structured teaching is more appropriate when working with young children.

A second sub-theme that emerged from my study relates to the responsibilities of care workers. In line with the findings of my study, Alston and Lewis (1999) state that the **responsibilities of care workers are multiple and diverse** by nature – care workers are expected to provide services of high quality, and to continually display professional conduct, thereby reflecting the ethical guidelines underlying the profession. The perceptions of the volunteer care workers in my study regarding their responsibilities further correspond with those of the participants in a study conducted by Carstens (2007), where the participating volunteer care workers viewed their role as multifaceted, with the representation of the plight, conditions and feelings of children being some of their responsibilities.

With regard to relationships, my study indicates that the children involved in an intervention might be reluctant to trust the facilitators. In this regard, the participants in both Smith's (2004) and Spang's (2005) studies indicated that children do take time but will eventually open up in a trusting context, sharing their innermost feelings and experiences. Based on this possibility, the volunteer care workers involved in my study had the added responsibility to allow enough time to form trusting relationships with

the children, in order to be able to attend to the emotional needs of the children. In support of this finding, Carstens (2007) found that care workers typically find it challenging to attend to the emotional needs of children. During Carstens' study (2007), the participants subsequently identified a need for assistance, and suggested regular sessions with trained psychologists for themselves.

4.2.2 Theme 2: Positive experiences

According to the participants, facilitating the intervention programme with the children provided them with an opportunity to make a difference in the lives of children, and to therefore experience meaningfulness. Secondly, they reportedly experienced self-development in the sense that they gained valuable knowledge and developed an array of skills, such as interpersonal and parental skills. Thirdly, they identified feelings of joy, excitement and pride as their primary experiences.

4.2.2.1 Sub-theme 2.1: Experiencing meaningfulness

Throughout my involvement in the Kgolo-Mmogo project I observed the passion and enthusiasm with which the participants performed their responsibilities as facilitators of the intervention. My observations are evident in my reflective journal: *"I was absolutely overwhelmed by XXX and XXX's enthusiasm and eagerness!! Where do they get the energy? They give everything for the sake of the children!"*⁹ (Appendix D – RJ: p 5); and: *"... they do the session with 100% passion, commitment and enthusiasm"*¹⁰ (Appendix D – RJ: p 6), as well as in the following extracts from my field notes: *"The care workers' involvement in the intervention not only seemed to be something they enjoy, but also something that adds value to their lives"*¹¹ (Appendix C – FN: p 6).

In support of my observations, the participants confirmed the fact that they did not regard their involvement in the project as a 'job', but rather as a calling: *"It was a calling"* (Appendix F – MC: P 1, p 26); and: *"...without you even knowing it, this job was maybe a dream or a goal for you all your life, you never knew it"* (Appendix F – MC: P 2, p 26). I regarded the reports of the volunteer care workers as further evidence of their experiences of their role as facilitators – they fulfilled the role of providing comfort, in which they felt that they belonged. One participant mentioned that: *"I had this dream, I didn't*

⁹ Translated into English for dissertation purposes from: *"Ek was absoluut verstom oor XXX en XXX se entoesiasme en ywer!! Waar kry hulle die energie vandaan? Hulle gee alles ter wille van die kinders!"*

¹⁰ Translated into English for dissertation purposes from: *"...hulle doen die lessie met 100% passie, oorgawe en entoesiasme."*

¹¹ Translated into English for dissertation purposes from: *"Die care workers se betrokkenheid by die intervensie blyk nie net iets te wees wat hulle geniet nie, maar ook iets wat waarde tot hulle lewens byvoeg."*

know what was going to happen in future but I always have this dream ... but I would see myself teaching ... always I would have this dream – and then when this came I realised that ‘okay, this was my dream’... it always continued with me, stayed with me until I came here, now the dream has disappeared. So it means that God somehow was showing me that you have to take this route, but I wasn’t aware of it” (Appendix F – MC: P 2, p 26). The following extract from my field notes confirms the meaningfulness that the care workers experienced by being involved in the intervention: *“They feel that they make a difference to the lives of other people and they therefore experience meaningfulness”*¹² (Appendix C – FN: p 6). The eagerness with which the care workers seemingly facilitated the sessions, coupled with the enjoyment that I observed on their faces, also serves as evidence, as depicted in Figure 4.4.



Figure 4.4: Participating care workers facilitating sessions with eagerness and enjoyment

The demonstrated passion of the participants, and therefore the meaningfulness that they experienced, was verified by their emotional involvement and the subsequent comments they made regarding the emotional effect the children reportedly had on them. They for example revealed that they experienced sadness when they observed sadness in a child (*“I was so emotional about that child. What I noticed about that child is that every day she was so vulnerable when she came to the group”* [Appendix E – FGD: P 1, p 15]), but as soon as the child appeared to be feeling happy, the volunteer care workers apparently also felt their spirits being lifted: *“... then we were happy because she was no longer angry”* (Appendix E – FGD: P 2, p 19); and: *“... and now she can smile, she can play, she is so free now, we’re happy about it”* (Appendix F – MC: P 2, p 13). In addition, the volunteer care workers’ passion and

¹² Translated into English for dissertation purposes from: *“Hulle voel hulle maak ‘n verskil in die lewens van ander mense en voel dus hulle beteken iets.”*

emotional involvement were apparent in their perceived attachment to the children and their mothers. This attachment was especially noticeable towards the end of the sessions, as the volunteer care workers knew that they had to say farewell to the children and mothers with whom they had established close relationships. In this regard one participant for example reported: *“It’s sad. You always tell one another... they just want to continue. You just wish they can continue, but we can’t do it”* (Appendix E – FGD: P 2, p 31).

As the participants perceived their involvement in the project as fulfilling and adding meaning to their lives, they demonstrated the desire to assist the children in whichever way they could throughout the intervention with the children. As such, the focus of the volunteer care workers appeared to be on the children’s needs throughout their involvement in the project. These facts are indicated in contributions such as: *“...being able to give him that support and the love that I must be able to show to the child”* (Appendix E – FGD: P 3, p 23); *“...no more negative thoughts, ‘he is lazy, he doesn’t want to work’, you just think like he is a human being, I must render my help to this child”* (Appendix F – MC: P 2, p 7); and: *“Yes...and now she can smile, she can play, she is so free now, we’re happy about it”* (Appendix F – MC: P 2, p 14). It seemed as if the desire to make a difference and to fulfil the needs of the children came naturally and was embedded in the intentions of the participants: *“When they did the obstacle course, the care workers did everything with him – over the table, under the chairs, grab a ball and run – all just to help him to participate and learn from the activity”*¹³ (Appendix D – RJ: p 5).

As the participants constantly focussed their attention on the children and their needs, they were seemingly able to apply the knowledge and experience they had gained by being involved with vulnerable children, when deciding to refer a child in need: *“We know that we did the right thing and we helped this child, because now she can get help”* (Appendix E – FGD: P 2, p 9). Becoming involved in such identification and referral processes appeared to add to the participants experiencing themselves as fulfilling a meaningful role. In this regard, they displayed feelings of pride, that they related to feelings of happiness, which they in turn ascribed to their perceptions that they were in a position to make a difference in the children’s lives, and to fulfil a meaningful role. One participant summarised this idea with the following words: *“I am so happy about Kgolo-Mmogo because it is helping a lot of people who didn’t have hope and help”* (Appendix E – FGD: P 2, p 22). This view is illustrated by Figure 4.5, depicting the care workers assisting the participating children.

¹³ Translated into English for dissertation purposes from: *“Met die obstacle course doen hulle (sover moontlik) alles saam – oor die tafel, onder deur die stoele, gryp ‘n bal en hardloop...alles om hom te help om deel te neem en te leer uit die aktiwiteit.”*



Figure 4.5: Participating care workers assisting the participating children

Throughout the intervention, the participants emphasized their unconditional love for the children with whom they interacted. The participants, for example, stated: “...and the most important is to love this job, because if you don’t have love for what you are doing...” (Appendix F – MC: P 1, p 8) “...and for the ones you come in contact with ...” (Appendix F – MC: P 2, p 8). I observed these expressed feelings of love through the uninhibited physical and emotional comfort that the participants openly provided to the children throughout the sessions: “... lots of hugs and love throughout the sessions”¹⁴ (Appendix D – RJ: p 9). The volunteer care workers also mentioned numerous occasions where situations required of them to comfort the children, during which they never hesitated to do so, and which appeared to result in them feeling that they were making a difference. As one care worker put it: “... just comforting one when they’re crying ... and giving them the support and love and comfort” (Appendix E – FGD: P 3, p 3). Figure 4.6 presents an example of the manner in which the care workers openly displayed love and affection towards the children.



Figure 4.6: Participating care workers hugging the children

¹⁴ Translated into English for dissertation purposes from: “...baie drukkies en liefde deurentyd.”

4.2.2.2 Sub-theme 2.2: Self-development

The participating care workers' supervisor observed their growth as the project progressed, as noted in my reflective journal: *"According to her, they have learnt a lot and have shown tremendous growth since the onset of the project"*¹⁵ (Appendix D – RJ: p 3). The participants themselves reported that they perceived their involvement as facilitators as an opportunity to expand their knowledge and skills, and to ultimately grow as human beings. One participant stated: *"This project really helps me a lot because it gives me the knowledge and it taught me ..."* (Appendix E – FGD: P 1, p 26); and another one confirmed this idea: *"I've learnt a lot through this manual"* (Appendix E – FGD: P 2, p 22). As such, the participants appeared to be aware of their self-growth that had taken place: *"...as I'm sitting here, I wish I can go further and further with my studies, to know more about a child, learn more about children, to learn more about HIV, so that I can continue teaching others and knowing more about it, so that I can know how to deal with my people"* (Appendix F – MC: P 2, p 25); *"I changed a lot of things in my life"* (Appendix E – FGD: P 2, p 1); and: *"...we started to find out things about them, if she's behaving like this maybe something is wrong at home, and we gained that experience from working with the mothers and the children"* (Appendix F – MC: P 2, p 5). Examples of the areas of growth that they seemingly experienced include a realisation of their own limitations, and gaining insight into their own abilities, resulting in contributions such as: *"...you can't know everything and you can't pass every test you come across"* (Appendix E – FGD: P 2, p 4).

Another aspect of self-development that was reportedly enhanced during the Kgolo-Mmogo project relates to the volunteer care workers' perceptions of the children's withdrawal, reluctance to participate, or inappropriate behaviour. The participants initially thought that such behaviour could be ascribed to something they had said or done, illustrated by contributions such as: *"...she just refused and that was stressful because I felt that I was failing, we were failing"* (Appendix E – FGD: P 2, p 4); and *"The care workers occasionally felt, especially at the onset of the project, that they are responsible for the children's negative attitudes towards the intervention"*¹⁶ (Appendix C – FN: p 5). Another participant mentioned: *"...what are we doing that is wrong that makes her not want to come to class"* (Appendix E – FGD: P 2, p 14).

¹⁵ Translated into English for dissertation purposes from: *"Volgens haar het hulle al so baie geleer en gegroei sedert hulle by die projek betrokke geraak het."*

¹⁶ Translated into English for dissertation purposes from: *"Die care workers voel soms, veral aan die begin van die projek, dat hulle verantwoordelik is vir die kinders se negatiewe houding teenoor die intervensie."*

As the project progressed, the participants however soon realised that this was not the case, and that the children's behaviour could not necessarily be related to them. Examples of such realisations are illustrated by contributions such as: *"Not anymore, because we went through that...it wasn't our fault, we must do the best we can, and if a child doesn't understand, we mustn't blame ourselves, because we have done the best that we can do"* (Appendix E – FGD: P 3, p 17); and: *"... she was so withdrawn and crying. But as time went on, we taught her until she came right"* (Appendix F – MC: P 1, p 16). The following extract from my field notes illustrates this view: *"Discussions with their supervisor and the research coordinator assisted them in realising that this was not the case and that they are therefore not responsible for the children's attitudes"*¹⁷ (Appendix C – FN: p 5).

During the focus group discussions it became apparent that exposure to and involvement in the intervention programme affected the participants' interpersonal skills. Their involvement in the programme reportedly created an awareness of how they could improve their interpersonal skills on a wider level, specifically with regard to their relationships with family members. This finding is illustrated by the following extract from my field notes: *"The care workers' involvement in the programme contributed to the development of certain interpersonal skills, such as their relationships with friends and families"*¹⁸ (Appendix C – FN: p 4). The participants remarked: *"...now I'm treating my family in the right way"* (Appendix F – MC: P 2, p 9); and: *"...you can see, because the relationship now is much better, they can come closer to you, better than before"* (Appendix F – MC: P 2, p 9).

During the first focus group discussion one participant mentioned that the awareness created with regard to the inappropriate manner in which she had been dealing with her own child, enabled her to make the necessary changes in her own parenting skills. She stated that: *"...this project helped me a lot as a parent, it taught me parental skills and communication skills, and how to cope with difficult problems, how to handle parental problems"* (Appendix E – FGD: P 3, p 24). She further stated that her enhanced level of communication with her son enabled them to resolve problems more easily, as the project progressed, and that her experience as a facilitator improved: *"...you must communicate and handle the situation and try to show him the way, the right way of how is he is going to handle things"* (Appendix E – FGD: P 3, p 7). Another participant's contribution confirms the perceived improvement of parenting and interpersonal skills: *"I was a type of person who used to bottle things inside when I am*

¹⁷ Translated into English for dissertation purposes from: *"Gesprekke met hulle supervisor en die navorsingkoördineerder het hulle ook gehelp om te beseef dat dit nie die geval is nie, en dat hulle dus nie verantwoordelik is vir die kinders se houdings nie."*

¹⁸ Translated into English for dissertation purposes from: *"Die care workers se betrokkeheid by die program dra ook by tot die ontwikkeling van sekere interpersoonlike vaardighede soos hulle verhoudinge met familie en vriende."*

angry, and then when I explode...but now I'm trying my best to come right" (Appendix E – FGD: P 1, p 26); and: *"...because we used to take our problems home, but now, if I have a problem, I know that before I go out of this building I have to talk to someone"* (Appendix F – MC: P 1, p 9).

In addition to the impact within the immediate family context, the participating care workers mentioned that their interpersonal skills with people outside of the family were also affected positively, based on their involvement as facilitators. They stated that they had become more aware of the difficulties that some people face on a daily basis, and that this created sensitivity towards others within them. In this regard, one participant said: *"...and to be able to know that there are some people that are living in such difficult circumstances"* (Appendix E – FGD: P 2, p 21); and another stated: *"(I became) ... more aware of other people's situations and difficulties and it strengthened me to know that I must always be aware and watch out for things that you don't think might happen"* (Appendix E – FGD: P 2, p 21). To further illustrate this finding, I commented in my field notes: *"The facilitators mention that their involvement in the programme has made them more aware of the needs of other people, especially the emotional needs"*¹⁹ (Appendix C – FN: p 7); and: *"They are therefore more focused on the emotions of others"*²⁰ (Appendix C – FN: p 7).

From the data obtained, the participants also appeared to have developed the ability to more easily identify the children's problems and emotions as the intervention progressed. This ability is indicated in contributions such as: *"I realised that this child needs her brother"* (Appendix E – FGD: P 3, p 16); and: *"...now I know and I'm aware...so as soon as I see a child changing, I just want to dig in and know what is happening to this child"* (Appendix E – FGD: P 2, 21). Another care worker stated that she used to be rather ignorant about her environment and the people in her environment, but that her involvement in the project had taught her to be more observant, and to also act appropriately according to a given situation. She explained this change: *"This project really helps me a lot, because it gives me the knowledge, and it taught me to be observant, at first I didn't care. So now I know that, if this person is angry, I have to act like this, and when this one is scared, I have to act like this"* (Appendix E – FGD: P 1, p 26).

¹⁹ Translated into English for dissertation purposes from: *"Die fasiliteerders noem dat hulle betrokkeheid by die program hulle meer bewus gemaak het van die behoeftes van ander mense, veral die emosionele behoeftes."*

²⁰ Translated into English for dissertation purposes from: *"Hulle is dus meer ingestel op ander se emosies."*

4.2.2.3 Sub-theme 2.3: Feelings of pride, excitement and joy

Involvement in the Kgolo-Mmogo project seemed to result in positive emotions experienced by the volunteer care workers. For example, when the volunteer care workers experienced success, or became aware of changes with regard to a child's behaviour, they reportedly experienced feelings of pride. One volunteer care worker stated that: *"I was so proud of us...when we get something right we become so proud"* (Appendix E – FGD: P 2, p 9). The pride experienced by the care workers is confirmed by comments made in my field notes: *"They look so proud and delighted when they work with the children, and especially when they experience success"*²¹ (Appendix C – FN: p 6). In addition, they seemingly experienced positive feelings of excitement, pleasure and joy, based on their involvement as facilitators of the intervention sessions. One participant mentioned that: *"...when it's good, like yesterday we were dancing, we were singing, you were tired but happy"* (Appendix E – FGD: P 2, p 32). These feelings of joy are, for example, further illustrated by my observation of the volunteer care workers facilitating session 13: *"...and they clearly enjoyed it and their positive attitude and enthusiasm was contagious"*²² (Appendix D – RJ: p 4, 5); by comments made by the participants during the focus group discussions, such as: *"...you just feel excited to be here"* (Appendix E – FGD: P 2, p 21); and by extracts from my field notes: *"Also when the children participate openly and enjoy the session, one can see that the facilitators are feeling proud and pleased, and they also enjoy the sessions"*²³ (Appendix C – FN: p 6).

Furthermore, the volunteer care workers mentioned that, despite the challenges they experienced, and the fact that they occasionally felt emotionally tired (*"you looked tired afterwards, and then it's a normal way, it's natural, it's draining to work with kids all the time"* [Appendix E – FGD: P 3, p 31]) they often felt empowered and energised after a session: *"...it gave me so much energy"* (Appendix E – FGD: P 3, p 22); and: *"...and it gives you power and energy"* (Appendix E – FGD: P 1, p 32).

4.2.2.4 Discussion of findings relating to Theme 2

The second identified theme relates to the participating care workers' perceived positive experiences. In this regard three sub-themes emerged, namely experiencing meaningfulness, self-development, and

²¹ Translated into English for dissertation purposes from: *"Hulle lyk so trots en gelukkig wanneer hulle met die kinders werk en veral wanneer hulle sukses beleef."*

²² Translated into English for dissertation purposes from: *"...en dit was duidelik vir hulle ook baie lekker, en hulle positiewe ingesteldheid en entoesiasme is aansteeklik."*

²³ Translated into English for dissertation purposes from: *"Ook wanneer die kinders openlik deelneem aan die sessies en dit geniet, kan mens sien dat die fasiliteerders trots en tevrede voel, en dit ook geniet."*

feelings of pride, excitement and joy. My findings firstly indicate that the volunteer care workers facilitating an intervention programme with young children felt that they were able to make a difference in the lives of vulnerable children, thereby **experiencing meaningfulness** in life. Closely related to their motivation to support the children and to make a difference in others' lives, I found that they continually performed their daily activities with eagerness and enthusiasm, combined with passion and commitment. These findings correlate with the findings of a study conducted by Carstens (2007), indicating that dedicated care workers are usually eager to do whatever it takes to be effective in their work with children. In addition, the volunteer care workers in my study perceived their involvement in the Kgolo-Mmogo project as a calling, as opposed to a 'job'. As such, as dedicated volunteer care workers, they seemingly committed themselves wholeheartedly to the children and their needs. This finding corresponds with a finding of Smith's study (2004), during which the involved care workers expressed similar positive feelings. As in the case of my study, the care workers involved in Smith's study (2004) viewed their involvement with children as something which is natural and part of who they are, and believed that they were predestined by a higher power to be involved in child care. Based on the views of the participants in the Smith study (2004), that the sense of calling into child care has, to an extent, shaped their life long commitment to child care, they regarded their commitment as child care workers as extremely significant and serious (Smith, 2004). My study also indicates these views of the volunteer care workers who participated.

In my study, the volunteer care workers' passion and enthusiasm was further mirrored by their emotional involvement with the children being affected by the children and their emotions. In line with this finding, the participants in the Smith study (2004) revealed that they had become emotionally involved with the children with whom they worked. They explicitly stated that they could not distance themselves from the children, who were found to be positively impacted upon by such close relationships. The Alberta Occupational Profiles (2009) states that child care workers are often characterised by, *inter alia*, the desire, ability and maturity to engage in close relationships with young people, and that they are responsible for establishing trusting and meaningful one-on-one relationships with children. Furthermore, Spang (2005) indicates that the trusting relationship between care workers and children forms the basis for addressing children's educational needs, which, in this case, relates to the intervention programme. Spang (2005) furthermore refers to the importance of child care workers showing that they understand children, starting with basics such as what they prefer to eat, and the activities in which they prefer to participate. This kind of relationship correlates with the way in which the volunteer care workers in my study perceived their relationships with the children, as they

demonstrated a desire to engage in relationships with the children, and regarded such relationships, characterised by trust and understanding, as the basis for successful facilitation of the intervention.

Being a child care worker herself, Gannon (2005) further confirms the emotional involvement typically experienced by care workers. Part of her responsibilities as a child care worker corresponds with those expected of the volunteer care workers involved in my study, such as being there for the children, helping them through tough times, and helping them unravel their emotions. The tendency of the participants in my study to feel emotionally affected can also be explained in terms of Gannon's (2005) findings, explaining that child care workers' passion and enthusiasm might lead to them becoming emotionally over-involved, in turn resulting in care workers being affected by their emotions. While the participants in the study conducted by Carstens (2007) viewed such an emotional involvement as draining, the participants in the study conducted by Smith (2004), as well as those in my study, had a different perception. They namely appeared to experience the emotional involvement with children as ultimately positive, despite the immediate draining effect it had on them. This apparent discrepancy between my findings and those of Carstens (2007) might be ascribed to a variety of factors, such as the care workers' training and experience, the support offered by supervisors, the developmental levels of the children, the amount of time spent with the children, the extent of the responsibility of the care workers, and the emotional needs of the children. This is, however, a mere hypothesis that requires further research.

As a result of their emotional involvement with vulnerable children, the volunteer care workers involved in my study often felt affected by the children's emotions and circumstances. In the same manner, the participants in Smith's study (2004) experienced a range of emotions, based on the emotions of the children with whom they worked. Subsequently, the volunteer care workers in my study appeared to become attached to the mothers and their children, and developed close relationships with them. As such, in both my study and the Smith study (2004), children's traumatic life experiences seemed to have evoked emotional responses from the volunteer care workers. This finding is confirmed by a study conducted by Spang (2005), stating that personal and close relationships generally develop between child care workers and children.

In addition to experiencing meaningfulness, I found that the volunteer care workers involved in my study experienced **self-development**, particularly in terms of enhanced interpersonal skills, as well as the ability to interact with other people and expand their knowledge and skills. The context of the care workers involved in my study differs from the contexts of other care workers involved in other studies,

such as the studies conducted by Spang (2005) and Smith (2004), where the care workers had daily contact with the children, as opposed to my study, where weekly interaction took place. However, despite these differences, there seems to be similarities between the findings of my study and those of Spang's (2005) study. In this regard, the improvement of interpersonal skills might be related to the volunteer care workers' relationships with the children, as particularly confirmed by Spang's (2005) study, stating that, as child care workers spend extensive time with children, they are likely to develop intimate knowledge of the children with whom they interact. The participants in both Smith's study (2004) and Spang's study (2005) indicated that children will eventually open up in such a context, sharing their deepest feelings and experiences with the care worker. As such, the participants' perception in these two studies was that such existential presence, intimate knowledge of the children with whom they work, and well-developed interpersonal skills enabled them to increase their understanding of the children and to be in a better position than any other practitioner to draft a developmental plan for the children and their families, and to strengthen their competency as care workers (Smith, 2004; Spang, 2005). The volunteer care workers in my study had the opportunity to make recommendations to social workers regarding children's futures (although not expected of them), thereby increasing their knowledge and skills even further.

During the course of my study, the volunteer care workers not only developed the ability to realise their own limitations, but also gained insight into their abilities. One area that seemed to have developed as my study progressed was that of therapeutic skills, as the volunteer care workers discovered appropriate ways of recognising children's emotions and dealing with difficult emotional situations with the children. This finding correlates with findings from Smith's study (2004), indicating that a child care worker might be viewed as a therapeutic intervention tool. As such, Smith (2004) indicates that care workers often regard themselves as the key people to help children reach their developmental goals. They also generally regard their role as child care workers as important, as they possess the potential and ability to positively influence children.

In my study I found that the third sub-theme related to positive experiences of the volunteer care workers was them experiencing **feelings of pride, excitement and joy**, by being involved as facilitators of an invention with young children. As stated by the Bureau of Labour Statistics of the United States Department of Labour (2007), it can be rewarding to help children grow, learn, and gain new skills. In addition, the participants in the study conducted by Smith (2004) perceived their emotional involvement with children as positive. They regarded the following as rewards: seeing a child succeed, personal enjoyment, and helping a child develop and grow. Furthermore, recognition received from children

added to care workers' feelings of appreciation, emphasising the value of intrinsic rewards. This corresponds with the findings of my study, as I found that the volunteer care workers enjoyed their interaction with the children, and perceived it as rewarding when a child made progress. In such instances they reportedly experienced pride, as they were able to provide assistance and make a difference in the children's lives.

4.2.3 Theme 3: Challenges

According to the participants in my study, facilitating the intervention programme with the children posed some challenges to them. These include dealing with negative emotions, conflict management, becoming more flexible, and dealing with stress.

4.2.3.1 Sub-theme 3.1: Dealing with negative emotions

Despite the positive value that the participants emphasised, based on their involvement in the Kgolo-Mmogo project, they identified some negative emotions that they experienced. As a result of the children's emotions, such as sadness due to difficult situations at home, the volunteer care workers reportedly experienced similar negative emotions, such as sadness. One participant stated that: *"For me it was so sad to see that child crying every day"* (Appendix E – FGD: P 3, 20); and another mentioned: *"...and it makes you sad when they are sad, because it does have a big impact on your mindset"* (Appendix E – FGD: P 1, p 19). The following extract from my field notes further illustrates this finding: *"However, they tend to become emotionally involved and told me about the effect that the children have on them"*²⁴ (Appendix C – FN: p 2). In addition, the participants apparently felt helpless, inadequate and frustrated at times as they wanted to assist the children, but were not always able to instantly resolve the problems that the children experienced (*"...you do not know and you cannot find a solution to the problem"* [Appendix E – FGD: P 2, p 14]). As such, the volunteer care workers experienced disappointment and occasionally perceived themselves as unable to perform their tasks effectively. In this regard, one participant stated: *"...what are we doing that is wrong that makes her not want to come to class"* (Appendix E – FGD: P 2, p 14). It seems that the participants occasionally experienced anxiety: *"...and a lot of anxiety because I wanted to make sure that the child knows that I love her, and that I want to give her good stuff and not bad stuff"* (Appendix E – FGD: P 2, p 4).

²⁴ Translated into English for dissertation purposes from: *"Hulle raak egter emosioneel baie betrokke en vertel van die effek wat die kinders op hulle het."*

4.2.3.2 Sub-theme 3.2: Conflict management

Working in a team comprising of individuals from different backgrounds reportedly led to the volunteer care workers occasionally experiencing conflict (“...but they also mention that they occasionally have quarrels with the other care workers”²⁵ [Appendix C – FN: p 8]). The participants reported a variety of situations causing conflict among them as a group, such as conflict caused by high levels of stress, lack of cooperation, insufficient communication, and a lack of patience. The participants seemed to gradually become aware of some inappropriate ways in which they had handled conflict situations in the past, and subsequently learned new, more effective ways of dealing with conflict situations. In this regard, one participant reported: “...it taught me...skills and communication skills and how to cope with different problems, how to handle...problems” (Appendix E – FGD: P 3, p 24). In this regard, I mentioned in my field notes: “They mentioned that this programme has taught them to handle conflict more effectively”²⁶ (Appendix C – FN: p 8)

The participants thus stated that, due to the high levels of stress associated with their involvement in the project, they occasionally experienced conflict with fellow care workers: “The fighting goes into the whole stress thing” (Appendix E – FGD: P 2, p 28). However, as they were required to work as a team, they had to learn to accept their differences and work collaboratively in order to successfully reach the goals of the broader project. One volunteer care worker mentioned that she had realised that communicating about a problem at hand had proved to be an effective way of resolving potential conflict. She mentioned that: “Now if I have a problem, I know that before I go out of this building I have to talk to someone” (Appendix F – MC: P 1, p 9). Another volunteer care worker stated that she had learned to rather withdraw herself from a conflict situation, in order to clear her head and reflect on what was happening, before returning to the other volunteer care workers and solving a problem: “...so I go to the bathroom, I pray and say ‘love your neighbour like you love yourself’ and then I just say ‘God’, and then I just take it out on something. And then, when I come back to work, I’m okay again” (Appendix E – FGD: P 2, p 29).

Lack of cooperation also appeared to result in conflict situations. One participant mentioned that, although they generally maintained good relationships with one another, they sometimes became

²⁵ Translated into English for dissertation purposes from: “...maar noem ook dat hulle ook maar soms lekker kan vassit met die ander care workers.”

²⁶ Translated into English for dissertation purposes from: “Hulle noem dat hierdie program hulle ook geleer het om konflik beter te hanteer.”

frustrated when some of the volunteer care workers were not pulling their weight. She described an example of an incident during which she repeatedly requested a fellow volunteer care worker to assist her in preparing for a session, and the fellow volunteer care worker not honouring her request. The participant stated that: *"...it's sometimes disturbing...I was talking with her, I said... prepare for the session, the paper, the puppets and the stuff that we're going to use, she didn't do it... I told her several times... the next thing she was sitting in the kitchen reading, and I said 'And now what's happening?', and then I had to do that myself, because she had already forgotten about what I requested..."* (Appendix E – FGD: P 2, p 30). Subsequently, the participant asking for help had to do all the preparations herself in the limited time available, resulting in feelings of frustration, irritation and being annoyed by the uncooperative colleague: *"...yes, but I was angry, because I told her several times"* (Appendix E – FGD: P 2, p 30).

Another cause of conflict mentioned by the volunteer care workers relates to insufficient communication. One participant mentioned that: *"Because sometimes really we don't ...communicate very well"* (Appendix E – FGD: P 1, p 30). The volunteer care workers stated that they occasionally needed to be asked to do something, or reminded by their colleagues what needed to be done, and that without such communication, the necessary tasks were not performed, and unnecessary tension and conflict arose. Finally, a lack of patience was a source of conflict among the volunteer care workers. One volunteer care worker summarised in jest that: *"...a lot of patience, if you lose that, you will kill someone, because someone can make you angry..."* (Appendix E – FGD: P 2, p 30).

4.2.3.3 Sub-theme 3.3: Becoming more flexible

As involvement in the intervention sessions implied interaction with a variety of children with an array of personalities, abilities and needs (*"...because the children are not the same"* [Appendix E – FGD: P 1, p 11]), the participants reportedly had to adopt a flexible approach and adjust or adapt to any unforeseen situation that arose. The participants mentioned adapting to children displaying unforeseen behaviour as a challenge, summarising their experiences in the following manner: *"...you can never say you know everything about children"* (Appendix E – FGD: P 2, p 4). The volunteer care workers stated that, despite their initial belief that they could handle any child, this belief was soon altered, making comments such as: *"...after this I know that you sometimes find the difficult ones"* (Appendix E: FGD – P 2, p 8).

Another scenario illustrating the requirement that volunteer care workers be flexible relates to the facilitation of the activities contained in the manual, considering that the children's abilities to perform these activities varied to a distinct degree. During my observation of the intervention sessions, I often observed how the volunteer care workers had to adapt the activities contained in the manual in accordance with the children's abilities, and commented on this in my field notes: "*The care workers have to be able to change the activities for the day quickly and effectively when they see that a particular child will not be able to complete the tasks*"²⁷ (Appendix C – FN: p 3). For some children, the activities had to be simplified, whereas other activities required of the volunteer care workers to provide additional activities when the tasks were completed quicker by some children, requiring more stimulation ("*Activity demonstrating 'Angry' too difficult for XXX and adapted and replaced with paper-and-pen-activity – worked very well*"²⁸ [Appendix D – RJ: p 8]).

4.2.3.4 Sub-theme 3.4: Dealing with stress

The participants regarded their involvement as facilitators and their contact with vulnerable children as highly stressful: "*...dealing with the stress because it is a stressful job*" (Appendix F – MC: P 1, p 8); and: "*it becomes so stressful to you*" (Appendix F – MC: P 3, p 15). The stress experienced by the volunteer care workers can be regarded as stress associated with their ability to perform their responsibilities: "*I felt that I was failing, we were failing*" (Appendix E – FGD: P 2, p 4); and, secondly, with difficult situations and finding suitable solutions: "*...you do not know and you cannot find a solution to the problem*" (Appendix E – FGD: P 2, p 14). As a result, the participants seemingly responded by developing the necessary skills to deal with stress and the challenges experienced, as noted by the volunteer care workers' supervisor: "*...how proud she was to notice how the care workers handle difficult situations*"²⁹ (Appendix D – RJ: p 3).

Another cause of stress mentioned by the volunteer care workers is the fact that their involvement with the children was tiring and often emotionally draining. In this regard, one participant mentioned: "*...you were tired but happy*" (Appendix E – FGD: P 2, p 32); another commented: "*you looked tired afterwards, and then it's a normal way, it's natural, it's draining to work with kids all the time*" (Appendix E – FGD: P

²⁷ Translated into English for dissertation purposes from: "*Die care workers moet in staat wees om die aktiwiteite van die dag vinnig en effektief te verander wanneer hulle sien dat 'n betrokke kind nie die aktiwiteite sal kan voltooi nie.*"

²⁸ Translated into English for dissertation purposes from: "*Aktiwiteit wat 'kwaad' demonstreeer te moeilik vir XXX en aangepas en vervang met papier en kryte-aktiwiteit – werk baie goed.*"

²⁹ Translated into English for dissertation purposes from: "*...hoe trots sy op die care workers is oor hoe hulle moeilike situasies hanteer.*"

3, p 32). I mentioned in my field notes: *“The facilitators look tired after a session”*³⁰ (Appendix C – FN: p 2); and *“The facilitators perceive their role as very stressful and tiring, but nonetheless rewarding”*³¹ (Appendix C – FN: p 7). In addition, the participants mentioned a variety of other related emotional challenges due to their involvement in the project. They ascribed the emotional challenges that they experienced to some children’s reluctance to trust them. Examples of such incidences are illustrated in contributions such as: *“...who just refused to tell me, talk to us, we did everything... she just refused and that was stressful”* (Appendix E – FGD: P 2, p 4); and: *“...we didn’t gain their trust... so it was so difficult for us to get through to them”* (Appendix E – FGD: P 3, p 3). They also reported on the challenge of separating their professional from their personal lives, with one participant describing this challenge in the following manner: *“When you came across a case like that and you get home, I can’t sleep, I just go and keep revising and asking myself what is happening to this child, what is giving her this attitude, how can I help her? That is when you get depressed, you feel sad that someone is experiencing something that you do not know, and you cannot find a solution to the problem, how to help, ja, it’s a burden on us, sometimes such cases like this one”* (Appendix E – FGD: P 2, p 14).

The participants stated that they initially used to go home thinking about what had happened with a particular child or in a particular session (*“They are sometimes very worried about some of the children and have difficulty switching off after a day’s work”*³² [Appendix C – FN: p 2]), subsequently resulting in them either withdrawing from family and friends, or releasing their stress and emotions in the presence of the people closest to them, being their families and friends (*“...because when I got home I would have my focus on the child and bottle my emotions inside and react differently to my partner or kids at home, when your kids ask for something you would snap at them and say things like ‘shut up, I can’t do this for you’, because my mind would be so focussed on the child I was working with”* [Appendix E – FGD: P 3, p 2]). However, the participants mentioned the continuous support provided by their colleagues, their supervisor and the research coordinator of the project, as a determining factor in their development of the skill of dealing with the stressors and challenges that they faced. According to the participants, it became easier to deal with stress and challenges as they became more experienced in facilitating the sessions. In this regard, one participant responded that they no longer felt responsible for a child’s withdrawal from a session, as the study progressed. In addition, she mentioned that they reported such incidences to their supervisor and received the necessary guidance from her, enabling

³⁰ Translated into English for dissertation purposes from: *“Die fasiliteerders lyk moeg na die sessie.”*

³¹ Translated into English for dissertation purposes from: *“Die fasiliteerders beleef hulle rol as fasiliteerders as baie stresvol en uitputtend, maar tog baie bevredigend.”*

³² Translated into English for dissertation purposes from: *“Hulle is soms baie bekommerd oor van die kinders en sukkel om af te skakel na ‘n dag se werk.”*

the volunteer care workers to deal with difficult situations. In support of this finding, I commented in my field notes: “Discussions with their supervisor and the research coordinator also assisted them in realising that this was not the case and that they are therefore not responsible for the children’s attitudes”³³ (Appendix C – FN: p 5).

4.2.3.5 Discussion of findings relating to Theme 3

The third theme that emerged relates to the challenges experienced by the volunteer care workers. These challenges include the experience of negative emotions, conflict situations, becoming more flexible and stress management. The volunteer care workers’ involvement in the facilitation of the intervention programme resulted in their experience of some **negative emotions**, with which they were required to deal. Rose (1990) is of the opinion that child care workers frequently display a desire to understand children, especially the ones who are in need of love and acceptance, as well as the ones who come from challenging home environments. As such, the participants in my study were reportedly emotionally affected by the children’s emotions.

Gannon’s (2005) description of the responsibilities of care workers seems to be partly in line with the actual responsibilities of the volunteer care workers in my study. She states that care workers are, *inter alia*, responsible for being there for children and helping them through tough times. As such, it seems to be difficult for care workers to avoid becoming emotionally involved with the children with whom they interact. Although this emotional involvement was ultimately perceived as positive in my study, as it enabled the volunteer care workers to, *inter alia*, build strong relationships with the children, the participants occasionally doubted their own abilities and the effect that they might have on the children. This was especially the case when children were reluctant to trust them, or did not partake in the sessions. In support of my findings regarding the emotional needs of children and the way in which volunteer care workers experience such emotional needs, emotional involvement with children in caregiving positions was found to be challenging for the participants in Carstens’ (2007) study too. This finding further corresponds with the outcome of a study conducted by Smith (2004), emphasising the emotional involvement of care workers when working with vulnerable children. In the Smith (2004) study, negative emotions with regard to emotional involvement and interaction with young children are specifically highlighted. In this regard, in both Smith’s (2004) and my own study care workers

³³ Translated into English for dissertation purposes from: “Gesprekke met hulle supervisor en die navorsingkoördineerder het hulle ook gehelp om te besef dat dit nie die geval is nie, en dat hulle dus nie verantwoordelik is vir die kinders se houdings nie.”

experienced emotions such as anger towards parents, who they might perceive to sometimes be the cause of children's problems, hurt and pain.

In addition, Gannon (2005) states that the possibility exists that care workers can over-identify with the emotions of children, and that they may then lose perspective of their status as helping professionals. From the comments made by the volunteer care workers in my study, it is evident that they initially experienced difficulty with regard to over-identifying with the children's emotions, as they reported that they had experienced emotions similar to those of the children. They furthermore mentioned that they were initially unable to separate their professional and personal lives, and often thought about the children and their whereabouts long after the sessions had ended. As such, the volunteer care workers in my study seemed to over-identify with the children's emotions. This finding corresponds with findings of the Smith (2004) study, indicating that emotional responses were evoked by children's traumatic life experiences. According to the participants in Smith's (2004) study, the thoughts and feelings of the children lingered with the participants long after their sessions with children had ended.

Also relating to the care workers' emotional involvement, Alston and Lewis (1999) are of opinion that care workers might be more effective in their role if they are able to perform their tasks dispassionately, objectively and diplomatically. As the intervention progressed, the volunteer care workers in my study mastered the skills of becoming less affected by the children's emotions and of distancing themselves from such emotions after sessions had ended. As such, they might be regarded as being able to perform their duties in a diplomatic and objective manner. However, they never appeared to be dispassionate, and this never seemed to affect their effectiveness as volunteer care workers. The passion that they displayed rather proved their commitment to and enthusiasm about their profession. The finding of Alston and Lewis (1999), namely that a dispassionate style might assist in care workers being more effective in their role, contradicts my opinion that the passion displayed by the volunteer care workers contributed to their effectiveness. This apparent contradiction could be ascribed to a number of factors, such as the degree to which the volunteer care workers related to the children, their families and their backgrounds. This is, however, a mere hypothesis that needs to be investigated further.

The second challenge that I identified involves the appropriate ***management of conflict situations***. According to the Alberta Occupational Profiles (2009), child care workers should ideally be able to work in a team environment with children, families and other professionals, as they are frequently required to work as part of a team of professionals, including, amongst others, social workers, psychologists and

teachers. In addition, they are required to frequently consult with others involved in helping their clients. I found that the challenges faced by the volunteer care workers did not only relate to the participants' involvement with the children, but also to their interaction with their colleagues and other professionals. They, for example, occasionally faced conflict situations, resulting in their acquisition of skills to manage conflict professionally and appropriately. In this regard, the findings of a study conducted by Carstens (2007) correspond with the findings of my study, indicating that volunteer care workers do not only encounter challenges in their work with children, but also face challenges arising from their work with other professionals. In line with this finding, Gannon (2005) states that many child care workers often feel unheard and misinterpreted by supervisors and principals, leading to misunderstandings and conflict, which then need to be dealt with. Gannon's (2005) conclusion can to a certain extent be related to my findings with regard to conflict situations arising, although these conflict situations could not be ascribed to the volunteer care workers' supervisor and the research coordinator not paying attention to them or misinterpreting them. In my study, the conflict namely arose within the dynamics of a group of people working together, therefore between the care workers themselves.

The third challenge identified in my study relates to the volunteer care workers being required to be **flexible** when involved in an intervention programme with young vulnerable children from different backgrounds, and functioning on different developmental levels. In line with this finding, the Bureau of Labour Statistics of the United States Department of Labour (2007) highlights the fact that, although child care work might consist of routine activities, new activities and challenges often mark each day. This finding is furthermore confirmed by the Alberta Occupational Profiles (2009), stating that care workers are required to be flexible and creative in order to adopt new ways to do things and find innovative solutions to problems. By being flexible and adapting sessions to accommodate the participating children, the volunteer care workers in my study ensured that the participating children could benefit from the sessions, and that every child's needs were taken into account. These facts can be linked to Alston and Lewis' (1999) opinion that children involved in child care initiatives should be exposed to learning activities, and that every child needs to be treated as an individual. In the light of this, the volunteer care workers in my study seemingly developed the ability to be flexible by adapting activities to individual children's developmental needs and abilities. In this manner the care workers unknowingly followed the guidelines formulated by Alston and Lewis (1999). As such, no child was excluded from the activities, and all the participating children were offered equal opportunities to excel.

The fourth challenge faced by the volunteer care workers in my study concerns **dealing with stress** inherent to the profession. As was found in my study, Carstens (2007) indicates that devoted care

workers are generally eager and willing to do whatever is expected of them to be effective in their work with children. Despite their enthusiasm and dedication to making a valuable difference, child care workers often experience high levels of stress due to the nature and challenges of the profession (Bertolino & Thompson, 1999). Although the volunteer care workers involved in my study ultimately perceived their involvement with the children as positive, regarded their interaction with them as a calling, and derived pleasure from the sessions, they mentioned that they were often tired and drained after a session. This corresponds with a report by the Bureau of Labour Statistics of the United States Department of Labour (2007), stating that it can be rewarding to help children grow, learn, and gain new skills, but that child care can be perceived as physically and emotionally draining. This is mostly ascribed to the practice that volunteer care workers frequently have to focus on individual children's interests and problems.

In further confirmation of my findings on dealing with stress, Alston and Lewis (1999) report on a care worker experiencing her work as full time care worker as exceptionally tiring. My findings also correspond with the findings of a study conducted by Smith (2004), concluding that challenges experienced by care workers often relate to long periods of interaction with the children involved. The care workers involved in Smith's (2004) study experienced the intervention sessions that they facilitated as exhausting, tiring and demanding, due to the fact that they continually had to work and think on their feet. Although the participants in my study did not spend extended time with the children, they also reported that they were at times emotionally and physically drained. This difference in context yet similarity in findings might be ascribed to the volunteer care workers in my study being emotionally drained due to the environments of the children and them being first time facilitators. These are, however, mere hypotheses, which require further research.

Another cause of stress indicated by the volunteer care workers involved in my study relates to their ability to separate their personal and professional lives, and the subsequent effect of the facilitation of the intervention on their family lives. Although the responsibilities of the care workers in my study entailed weekly interaction with the children, and the care workers in Smith's (2004) study had daily interaction with the children, there seems to be a correlation between the findings of the two studies. As such, my finding relating to the care workers' inability to separate their personal and professional lives, correlates with the findings of the study conducted by Smith (2004), indicating that child care work might have a negative effect on family life, as care workers often become so involved in their professions and related responsibilities that they neglect their own families. In addition, they might occasionally be too

tired to meaningfully communicate with spouses and children after a day's work. As such, care workers might neglect their own families to the advantage of other people's children and families.

Another stressor experienced by the volunteer care workers involved in my study, concerns the emotional challenges that they experienced as a result of their involvement in the project. This finding is in line with the findings of studies conducted by Smith (2004) and Gannon (2005), who also mention the possibility of child care workers over-identifying with feelings of care, and losing perspective and their intended status as a helping professional, resulting in high levels of stress (Alston & Lewis, 1999; Gannon, 2005). In accordance with the comments made by the volunteer care workers involved in my study, the participants in Smith's study (2004) mentioned that, as a result of their close interaction with the children, they from time to time experienced distorted boundaries. This further corresponds with findings of the study conducted by Spang (2005), indicating that care workers are often expected to know the boundaries in which they perform optimally, but are also required to know the children they interact with.

4.2.4 Theme 4: Importance of continuous support

The participants identified several modes of support that assisted them in fulfilling their responsibilities as facilitators. They emphasised the value of continuous support in dealing with the negative emotions that they experienced. In this regard, they highlighted the importance of the training that they had received and the manual upon which they relied. In addition, they stated that frequent debriefing sessions with their supervisor assisted them in gaining a realistic view of their abilities, as well as effective ways of, for example, handling conflict with colleagues. They also valued the support of their colleagues.

4.2.4.1 Sub-theme 4.1: Importance of training and a structured manual

The participants reportedly regarded the initial training that they had received as valuable, as they viewed themselves as novices regarding working with children in a structured environment. In this regard, one participant stated: "*...we don't know how to handle the situation*" (Appendix E – FGD: P 1, p 6); and another mentioned: "*I didn't have a lot of knowledge about raising a child or taking care of a child*" (Appendix E – FGD: P 3, p 7). According to the volunteer care workers they could, however, have benefited from more training on a continuous basis, as new situations arose, and they seemingly required knowledge on how to handle a variety of situations. They, for example, mentioned that: "*...we*

can have some more (training)...and more and more difficult situations, that is why we need to have more teachings on how to deal with the issues” (Appendix E – FGD: P 2, p 32).

During the focus group discussions the participants emphasised the value of the manual, guiding them in facilitating the intervention. They stated that, just as they did not initially anticipate the sessions to be structured, they also did not expect having a manual to work from. One participant stated, for example, that: *“To me it was different in a sense that I had to use a manual” (Appendix E – FGD: P 2, p 9).* The manual appeared to have assisted them in knowing which activities to perform with the children during each session, as well as how to perform the activities. According to the participants, the manual also assisted them in managing the children: *“(We) didn’t know what to do, so some were falling asleep and they were bad and they would eat and sleep, because we didn’t know what to do, but when we got the manual, we knew that today we are going to teach them this and that” (Appendix E – FGD: P 1, p 12); “According to this manual and the project, I am so grateful because we managed to help the little boy” (Appendix E – FGD: P 3, p 29); and: “...this manual helped us a lot” (Appendix E – FGD: P 3, p 23).*

The participants made specific reference to the guidelines for handling difficult situations, included in the manual, highlighting these as particularly significant. During the intervention sessions they reportedly often employed these guidelines, resulting in their experience of success. The participants summarised the value of the guidelines as follows: *“...because if he doesn’t want to participate, we just let him be, if he wants to cry, we just comfort the child according to the guideline that we use in the manual” (Appendix E – FGD: P 2, p 13); and: “...but this manual, according to this manual I’ve learnt a lot, so that I can teach the children, or to help them how to participate” (Appendix E – FGD: P 3, p 23).*

4.2.4.2 Sub-theme 4.2: Value of regular debriefing

Throughout the facilitation of the intervention sessions the volunteer care workers participated in weekly debriefing sessions with the research coordinator as well as ad hoc sessions if and when the need arose. These sessions appeared to be very valuable for the volunteer care workers, as they often experienced the need to share their views and experiences – both positive and negative – with their supervisor and the research coordinator. Examples of such incidences are illustrated by contributions such as: *“...and we also explained to our supervisor” (Appendix E – FGD: P 1, p 15); and: “...we shared and our supervisor told us...” (Appendix E – FGD: P 3, p 17).* This finding is further illustrated by my field notes: *“They also mention that they regard the debriefing sessions with their supervisor and the*

research coordinator as extremely valuable and they gained a lot from it”³⁴ (Appendix C – FN: p 5); and “They admit that they will not be able to perform their duties without the help and support from...their supervisor and the research coordinator”³⁵ (Appendix C – FN: p 8). Furthermore, the volunteer care workers reportedly wanted to gain an objective outsider’s perspective on particular situations from time to time: “...the value of having somebody to talk to, to discuss this with...” (Appendix E – FGD: P 1, p 17). In addition, they wanted to acquire advice and guidance on how to handle difficult situations and/or children. They mentioned that: “Yes, doing things with others, asking for advice, asking is very important” (Appendix F – MC: P 2, p 25); and: “...because you can’t do things on your own, you have to ask for advice” (Appendix F – MC: P 1, p 25).

4.2.4.3 Sub-theme 4.3: Support by colleagues

According to the participants, the people who best understood the demands and rewards associated with the facilitation of the intervention sessions were the volunteer care workers themselves. Therefore, in addition to the value of the support provided by the volunteer care workers’ supervisor and the research coordinator of the project, the participants mentioned that they had also received valuable support from their fellow volunteer care workers. This finding is illustrated by the following extracts from my field notes: “The facilitators rely greatly on the support of the other care workers”³⁶ (Appendix C – FN: p 4); and: “They admit that they will not be able to perform their duties without the help and support from their colleagues”³⁷ (Appendix C – FN: p 8). The volunteer care workers specifically emphasised the importance of having colleagues with whom they could share their experiences, as well as their ideas and perspectives. During a focus group discussion one participant stated: “...you need to have colleagues to share with and also other people here that can help you” (Appendix E – FGD: P 1, p 15).

Apart from the practical support relating to the intervention sessions, the participants mentioned that they had also received valuable support from their colleagues on a personal and emotional level. As such, they reportedly developed a strong bond with one another. One volunteer care worker mentioned that: “...sometimes when you are on leave, when you think about this group, you will phone each other and ask ‘How are you doing’, and we miss them” (Appendix E – FGD: P 1, p 31).

³⁴ Translated into English for dissertation purposes from: “Hulle noem ook dat die debriefing sessies met hulle supervisor en die navorsingkoördineerder uiters waardevol is en dat hulle baie daarby baat vind.”

³⁵ Translated into English for dissertation purposes from: “Hulle erken dat hulle nie die werk kan doen sonder die hulp en ondersteuning van hulle...supervisor en die navorsingkoördineerder nie.”

³⁶ Translated into English for dissertation purposes from: “Die fasiliteerders maak baie staat op die ondersteuning van die ander care workers.”

³⁷ Translated into English for dissertation purposes from: “Hulle erken dat hulle nie die werk kan doen sonder die hulp en ondersteuning van hulle kollegas nie.”

4.2.4.4 Discussion of findings relating to Theme 4

The last theme identified from my study, relates to the **importance of continuous support**. In the light of this, three sub-themes emerged, namely the importance of training and a structured manual, the value of regular debriefing, and the support offered by colleagues.

Although the importance of a structured manual is not often emphasised in relevant literature, other studies support this view, by highlighting the importance of **continuous training and development** (Alston & Lewis, 1999; Carstens, 2007), as well as the need for **regular debriefing** (Carstens, 2007) within the context of care workers supporting children. Alston and Lewis (1999) report on care workers' need for professional development opportunities when fulfilling such a demanding position. Similarly, the volunteer care workers involved in my study voiced their opinions that they benefited from regular training. In further support hereof, Carstens' (2007) study highlights the need for skills training and education. Care workers in the Carstens (2007) study explicitly indicated that they could only carry out their tasks effectively if they received adequate and relevant training.

Furthermore, I found that the volunteer care workers in my study benefited from **regular debriefing** sessions with their supervisor and the research coordinator. This finding is supported by Carstens' (2007) study, during which care workers identified a need for assistance and suggested regular sessions with trained psychologists for themselves. These sessions seemingly provided the volunteer care workers in my study with an opportunity to gain insight into ways of handling difficult children and situations, as well as the chance to share experiences and views with their fellow care workers.

Debriefing sessions as a group and with supervisors can be related to the interactive nature of child care work, as described by Rose (1990). As such, debriefing sessions are similar to support group meetings where the need to discuss a mutual stressor is addressed (Classen, 2004). As is the case with support groups (Kurtz, 1997), the volunteer care workers in my study offered one another supportive communication during debriefing sessions. In accordance with Johnston's (2006) and Classen's (2004) descriptions of support groups, the volunteer care workers involved in my study were encouraged to express their feelings and concerns, and they provided sympathetic understanding by listening to the experiences of the other volunteer care workers and relating these to their personal experiences.

Due to the emotional support that the volunteer care workers reportedly received during the debriefing sessions with their supervisors and colleagues, it might be possible that their stress levels were lowered by these sessions. In addition, these debriefing sessions might have contributed to an improvement of their adaptive and emotional functioning, and therefore might have had a positive impact on their daily functioning (Willroth *et al.*, 1998). However, these are mere hypotheses that require further investigation.

As in the case of the Johnston (2006) study, where support groups were facilitated by a member of the group or a superior (Johnston, 2006), the debriefing sessions in my study were facilitated by the volunteer care workers' supervisor or the research coordinator. The volunteer care workers in my study were further exposed to situations similar to those in the Classen (2004) study, implying that they might have had many experiences in common, possibly resulting in greater understanding and support offered during debriefing sessions (Classen, 2004).

Finally, as the debriefing sessions provided the volunteer care workers in my study with an opportunity to share their experiences and views with their fellow care workers, and gain insight into potential ways of handling difficult situations, they were offered the opportunity to learn from one another. In addition, they could act as role models for each other by modeling adaptive ways of coping. Furthermore, the possibility exists that the debriefing sessions might have improved their emotional adjustment, including the general mood and anxiety, of the volunteer care workers (Classen, 2004). However, as this is a mere hypothesis, it needs to be investigated further.

With regard to the importance of **support offered by colleagues**, Rose (1990) states that child care work is an interactive process where the parties involved change and grow in response to one another. As such, and according to the volunteer care workers involved in my study, continuous support is important when facilitating an intervention with vulnerable children, as such support can provide opportunities for growth and change in an interactive process. According to The Human Sciences Research Council of South Africa (HSRC), child care as a profession is not practised in isolation, but rather within the context of a variety of settings (The Human Sciences Research Council of South Africa, 2004). This is further highlighted by the Alberta Occupational Profiles (2009), who regard the ability to work in a team environment with children, families and other professionals as an essential characteristic of a child care worker.



4.3 CONCLUSION

In this chapter I presented the results that I obtained in terms of the themes and sub-themes that emerged. I then discussed the findings of my study against the backdrop of the theoretical framework presented in Chapter 2.

In the final chapter of this mini-dissertation I re-visit my research questions, as formulated in Chapter 1, coming to final conclusions. I also reflect on the challenges that I experienced, and indicate the potential contributions of the study. I conclude with recommendations for training, practice and future studies.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In Chapter 4 I presented the results of my study in terms of the themes and sub-themes that emerged. This was followed by a discussion of the findings that I obtained. Throughout, I related the findings of my study to findings reported in relevant literature, as discussed in Chapter 2.

In this chapter, I present a brief overview of the previous chapters. Thereafter I present the final conclusions that I came to on the basis of my research. I present my conclusions by relating my findings to the research questions formulated in Chapter 1. I discuss the possible contributions of the study, as well as the limitations and challenges that I faced. I conclude by formulating recommendations for training, practice and further research.

5.2 OVERVIEW OF PRECEDING CHAPTERS

Chapter 1 served the purpose of orientating the reader regarding the study and what to expect in this mini-dissertation. I informed the reader about the context of the study and presented an overview of my rationale for undertaking the study. I stated the purpose of the study and formulated the research questions, indicating that my study was guided by the following primary research question: *What are the experiences of volunteer care workers who have facilitated an intervention programme with vulnerable pre-school (3 to 5-year old) children, focusing on strengthening resilience?* I also mentioned the underlying assumptions that I made at the onset of my study. I briefly introduced the underlying research approach and paradigm from which I conducted my research, and clarified my research design; data collection and documentation methods; and data analysis and interpretation strategies. I stated my role as a researcher, and briefly discussed the ethical considerations of the study, as well as the quality criteria that I strove to adhere to. I concluded Chapter 1 by providing the reader with a layout of the mini-dissertation, as an overview of what was to follow in the various chapters.

As this study was to be informed by relevant literature on *care workers, facilitation, resilience* and *vulnerable children*, I explored literature related to these topics in **Chapter 2**, in an attempt to base my study theoretically. I commenced the chapter by discussing relevant literature on care workers, focusing on defining child and youth care work, exploring typical responsibilities of care workers, as well as typical experiences of care workers. The discussion on care workers was followed by definitions of facilitation and facilitators, and an exploration of recommended characteristics of skilled facilitators. Thereafter I briefly discussed resilience as backdrop to the context in which the volunteer care workers participating in my study fulfilled their tasks as facilitators. In order to indicate the relevant context with regard to the children involved in the study, I lastly included a discussion of vulnerable children.

In **Chapter 3** I explained the manner in which I planned and conducted my empirical study. I commenced the chapter by discussing the qualitative approach that I followed, anchored in an interpretivist paradigm. I described the research methodology that I implemented in terms of my selected research design, namely an instrumental case study design. For the purpose of the Kgolo-Mmogo project, the case, as well as the volunteer care workers, was initially selected purposefully, based on their suitability, experience, availability and willingness to participate. Within the context of my study, the volunteer care workers were, however, conveniently selected, based on their recurrent experience(s) and involvement in the Kgolo-Mmogo project.

I continued the chapter by discussing the data collection and documentation methods that I employed, namely focus group discussions, observation, field notes, visual data collection and documentation techniques, and a reflective journal. I explained the manner in which I thematically analysed and interpreted the data, as well as the ethical guidelines that I considered in planning and undertaking my study. I concluded the chapter by discussing the quality criteria that I adhered to, in my attempt to enhance the rigour of my study.

In **Chapter 4** I reported on the findings of my study. I commenced the chapter by discussing the results that I obtained in terms of the main themes and sub-themes that emerged. The four primary themes I identified were namely: *foreseen versus real scenario, positive experiences, challenges, and importance of continuous support*. I then interpreted and discussed these themes, as well as the various sub-themes that emerged, in the light of relevant literature. I attempted to highlight correlations, and also to identify and explain contradictions.

5.3 REVISITING MY SECONDARY RESEARCH QUESTIONS

In this section, I present my findings and conclusions with regard to the secondary research questions formulated in Chapter 1.

5.3.1 Secondary research question 1: *What were the expectations of the volunteer care workers before the intervention commenced?*

Based on the findings of my study, it seems clear that, prior to the onset of the intervention programme, the volunteer care workers had distinct expectations of the programme, as well as their role as facilitators of the programme. These expectations include that the volunteer care workers were under the impression that their interaction with the participating children would be unstructured and informal, requiring of them to mostly play with the children. They were thus seemingly under the impression that it was going to be similar to a crèche, where they would be responsible for looking after and playing with the children. In addition, the volunteer care workers expected that they would be required to take responsibility for basic care-taking activities, ensuring that the children's daily needs are met. Furthermore, the volunteer care workers expected that they would be assisting the participating children with general developmentally appropriate behaviour, such as talking.

Based on the findings that I obtained, I can conclude that it is probable that volunteer care workers form their expectations of an intervention programme, and the facilitation thereof, based on their existing knowledge and prior experience. The existing skills and experiences of volunteer care workers may be valuable, but not necessarily relevant when facilitating an intervention programme. It follows that it may be useful to pursue an analysis of volunteer care workers' knowledge and skills, as well as their expectations regarding facilitation of an intervention programme, prior to the onset of a programme, in order to correct inaccurate expectations. Such an analysis could be valuable in addressing misconceptions and ensuring that care workers know what is expected of them when becoming involved in similar interventions.

5.3.2 Secondary research question 2: *How did the expectations of the volunteer care workers compare with their experiences after completion of the process?*

The findings of my study indicate that the volunteer care workers' experiences of the intervention programme, and more specifically of their involvement as facilitators of the intervention programme,

were not in accordance with their initial expectations. The volunteer care workers namely indicated that their responsibilities entailed more than what they had initially anticipated. Even though the programme did indeed imply playing with the participating children, the activities required more than free play, as they were structured and planned in order to reach certain outcomes. All the activities in the manual, although perceived as games by the children, were therefore goal-orientated. Furthermore, as the volunteer care workers expected to play with the children, they did not expect to be required to follow a structured manual when doing so, and in their interaction with the children.

As stated before, I found that the volunteer care workers were initially under the impression that they would be required to ensure that the children's daily needs are met. Even though this was not a primary responsibility of the volunteer care workers in their role as facilitators of the intervention programme, the children's involvement in the programme included that they received a balanced meal on the days that they participated in the programme. The volunteer care workers involved in my study, as well as the other volunteer care workers involved in the broader Kgolo-Mmogo project, were responsible for preparing and providing these meals, partially fulfilling the children's daily needs.

Another finding concerning the volunteer care workers' expectations that did not correspond with their actual experiences relates to the attitudes and behaviour of the children. The volunteer care workers indicated that they expected that the children would take a while to get to know and trust them. Yet, it reportedly took the volunteer care workers much longer than expected to gain the children's trust.

In the light of the above, I can conclude that child care work as a profession is multifaceted, implying diverse responsibilities. As such, the value of proper preparation and the provision of ample information about what an intervention programme entails should be encouraged in any such initiatives. The potential value of preparation lies in the possibility of volunteer care workers better preparing themselves for intervention programmes by limiting their uncertainties and knowing what to expect. This in turn might reduce the risk of volunteer care workers being either disappointed or overwhelmed when they realise what an intervention programme exactly entails. Subsequently, knowing what to expect, and being able to prepare themselves accordingly, might lead to enhanced levels of productivity.

Regarding the developmental priori expectations about young children's reluctance to trust volunteer care workers, I can conclude that young children might have difficulty establishing trusting relationships with adults with whom they are unfamiliar. The apparent lack of trust in the relationships between volunteer care workers and children may lead to the children lacking cooperation, resulting in them

spontaneously participating from the start. The implication of children being reluctant to establish trusting relationships emphasises the importance of allowing enough time for the establishment of such relationships, thereby providing ample opportunity for children to feel relaxed and comfortable in the presence of volunteer care workers. Good relationships will inevitably result in the children being more receptive and open to change when participating in an intervention.

5.3.3 Secondary research question 3: *Which benefits or value (if any) did the volunteer care workers experience in their role as facilitators of an intervention programme?*

According to the volunteer care workers, the value that they gained from their involvement in the facilitation of the intervention programme outweighs the challenges that they experienced. The volunteer care workers indicated the benefits and value that they experienced by describing a variety of positive experiences. Firstly, they reportedly experienced meaningfulness, as they felt that they were able to make a difference in the lives of other human beings, in particular the vulnerable children participating in the intervention programme.

A second positive experience relates to self-development. I found that the volunteer care workers experienced personal growth, as well as the enhancement of their knowledge and skills. According to the volunteer care workers, their interpersonal and conflict management skills developed as a result of their involvement as facilitators. They did not merely develop useful skills to assist children, but also attained self-knowledge and awareness of their own limitations, enabling them to identify a child in distress, and to know when and where to refer such a child. Volunteer care workers also learnt how to appropriately identify emotions, redressing their fear of personal failure when children appeared to be reluctant to trust them.

The volunteer care workers thirdly indicated that they had benefited from their involvement in the facilitation of the intervention programme, by experiencing feelings of pride, excitement and joy throughout their involvement in the programme. The volunteer care workers felt proud and fulfilled after successful sessions with the children, especially when they succeeded in facilitating a breakthrough with a particular child. They enjoyed their interaction with the children, and perceived their involvement as a calling, and not a 'job'.

Based on these findings regarding positive experiences, I can conclude that the skills that the volunteer care workers obtained by being involved as facilitators of the intervention programme enabled them to

assist people, in particular children. As a result, they were able to identify children in need of help, and to know when, where to and how to refer such children. This implies that the volunteer care workers' input might be recognised and valued in future, as they have acquired knowledge and skills, and are now able to make suitable recommendations regarding children's referrals when required. This may in turn further enhance their feelings of self-worth, which may contribute to them experiencing meaningfulness. In addition, they could feel competent and enabled, leading to them displaying confidence and enthusiasm when fulfilling the role of facilitators in future.

5.3.4 Secondary research question 4: *Which challenges did the volunteer care workers experience in facilitating the intervention programme?*

Facilitating the intervention programme with vulnerable pre-school children implied certain challenges for the participating volunteer care workers. Firstly, the volunteer care workers experienced negative emotions which they had to deal with. These included that they often experienced emotions similar to those of the children – for example, when the children were sad, the volunteer care workers also experienced sadness. As such, the volunteer care workers seemed to be affected by the emotions experienced by the children. The volunteer care workers further experienced feelings of inadequacy, frustration and helplessness. These emotions were particularly evident in situations where the volunteer care workers were either unable to gain the trust of the participating children, or when they experienced difficult situations which they were unable to resolve instantly. Experiencing these emotions often led to anxiety and the volunteer care workers not believing in their own abilities and skills.

Secondly, the volunteer care workers faced the challenge of conflict management. According to them, the differences in personalities and styles among the members of their group, coupled with the high levels of stress associated with the profession, occasionally led to conflict. Lack of cooperation and patience, as well as inadequate communication, also resulted in conflict situations. Although perceived as challenging, these conflict situations assisted the volunteer care workers in developing appropriate conflict management skills, thereby enhancing the skills that they possessed.

In the third place, being involved in the facilitation of the intervention programme, and therefore interacting with children from different backgrounds and on varying developmental levels, required of the volunteer care workers to be flexible. They had to be able to adjust sessions of the intervention programme when the need arose, in order to accommodate the children's different levels of functioning.

Initially, this proved to be quite challenging to the volunteer care workers. However, as the project progressed, they seemingly became more proficient in their ability to be more flexible.

Although they ultimately experienced their involvement in the Kgolo-Mmogo project as positive, the volunteer care workers fourthly perceived their involvement and contact with vulnerable children as challenging, as it implied diverse responsibilities and high levels of stress. The stress experienced by the volunteer care workers relates to their perceptions of their ability to fulfil the role of facilitators, successfully implement the intervention programme, and responsibly interact with the participating children. Adding to the challenging nature of the profession is the fact that the volunteer care workers' involvement with the vulnerable children was demanding and often emotionally draining. Furthermore, the volunteer care workers had difficulty separating their professional lives from their personal lives and reported that they often ended the day thinking about the children and their whereabouts. This intermittently resulted in the volunteer care workers transferring their stress and emotions to their family and social circles, or conversely withdrawing from them.

5.4 REFLECTING ON MY PRIMARY RESEARCH QUESTION

In answering my primary research question, I focus on my findings and conclusions related to the secondary research questions, as discussed in the previous section. As stated before, the volunteer care workers in my study had certain expectations of the intervention programme, as well as their role as facilitators of the programme. The volunteer care workers anticipated that their interaction with the children would primarily entail unstructured free play. In addition, they were under the impression that they would be responsible for the basic care-taking of the children, as well as the enhancement of developmentally appropriate behaviour. Soon after the onset of the programme, the volunteer care workers realised that they were indeed required to play with the children, but in a structured manner, following guidelines in a manual. The expectations of the volunteer care workers did therefore not completely correspond with their actual experiences while facilitating the programme. As such, child care work within the context of the Kgolo-Mmogo project proved to be multifaceted and to imply diverse responsibilities.

In fulfilling the role of facilitators, the volunteer care workers identified positive, as well as negative experiences. Regarding positive experiences, they experienced meaningfulness, as they were able to make a difference in the lives of young vulnerable children. They also experienced self-development, in

particular with regard to the enhancement of interpersonal and conflict management skills. In addition, they experienced feelings of pride, excitement and joy due to their interaction with the children.

Concerning their negative experiences, the volunteer care workers were required to deal with the negative emotions that they felt. In addition, they occasionally faced conflict situations, requiring of them to develop appropriate conflict management skills. They were furthermore required to be flexible, and to obtain skills enabling them to effectively deal with stress.

In addressing the above-mentioned negative experiences, the volunteer care workers commented on the value of continuous support. They reportedly perceived the training that they had received, as well as the structured manual from which they performed the activities, as highly useful and important. In addition, they valued the frequent debriefing sessions that they had with their supervisor and the research coordinator. They furthermore regarded the support from their colleagues as advantageous and something upon which they heavily relied.

In summary, I can conclude that the experiences of the volunteer care workers facilitating the intervention programme with young vulnerable children, were diverse and multifaceted, and implied multiple responsibilities, benefits and challenges. In addition, my study highlights the worth of continuous support in order to assist volunteer care workers to successfully facilitate an intervention programme.

5.5 CONTRIBUTIONS OF THE STUDY

The potential contributions of this study do not merely pertain to theory building, but also to practical application value. With regard to potential theoretical contributions, this study might add to the knowledge base of the field of Educational Psychology, to the theory of facilitation, as well as to the experiences of volunteer care workers when facilitating intervention programmes. With regard to existing theory on facilitation, my findings might firstly elaborate on typical characteristics of skilled facilitators. Secondly, this study may provide a more nuanced theoretical understanding of the potential experiences of volunteer care workers facilitating intervention programmes with vulnerable children. In this manner, theory may not only add to the knowledge base on facilitation, but also to existing theory related to the practice of volunteer care workers.

As such, a potential contribution with regard to practice lies in the possibility that my inquiry about the volunteer care workers' expectations and experiences, as well the value they gained and the challenges they experienced, created an awareness of these aspects within, firstly, the volunteer care workers themselves, and, secondly, other helping professionals and readers of this study. The possibility of an increased awareness amongst the volunteer care workers relates to a variety of aspects inherent to the intervention programme and the facilitation thereof. One aspect involves their awareness of the skills that they developed, such as their ability to identify people in problem situations, being aware of the emotional needs of fellow human beings, and the ability to establish and maintain trusting relationships. These skills might possibly enhance the volunteer care workers' self-image and enable them to apply the skills in other situations. Another aspect of increased awareness involves the development of appropriate interpersonal skills, including communication skills and conflict management skills. These skills could once again be useful in situations with colleagues, family and friends. Based on their increased awareness, the volunteer care workers might therefore be able to inform other volunteer care workers, especially those new to the profession, with regard to the skills required for successful facilitation of an intervention programme.

Another aspect which could not only be worthwhile to volunteer care workers, but also to readers of the study, relates to the realisation of the advantage of a structured or semi-structured environment when involved in goal-orientated interaction with young children. With regard to the experiences of volunteer care workers fulfilling the role of facilitators of an intervention programme, people in the helping professions and readers of the study might realise the valuable skills and experience gained by volunteer care workers in fulfilling such a task, based on the findings of my study. By applying the findings of this study in practice, practitioners and people in, for example, the field of Educational Psychology, could assist others in equipping themselves to support and guide volunteer care workers when becoming involved in facilitating intervention programmes.

5.6 CHALLENGES AND LIMITATIONS OF THE STUDY

As a qualitative researcher I was often susceptible to subjectivity during the course of my study. However, I do not regard this as a limitation of my study, based on the fact that I did not strive for objectivity, due to my selected paradigm. Instead, I strove to gain insight into the three participants' life-worlds, experiences and perceptions. Yet, I remained aware of this potential limitation throughout my study, and constantly reflected on my role as researcher and the possibility of researcher bias. In

addition, I aimed to counteract this potential limitation by undertaking a comprehensive literature study, engaging in frequent discussions with my supervisors, and reflecting in my researcher journal.

A second potential limitation relates to the fact that only three volunteer care workers participated in my study. As such, my results can only be regarded as applicable to the selected group. However, based on the interpretivist stance that I took, generalisability was not the aim of my study. Instead, I aimed to provide in-depth descriptions of three cases, in order to gain elaborate data on the perceptions and experiences of the three volunteer care workers who participated. Further research would be required if the results were to be applied on a larger scale. I do, however, believe that I provided ample evidence and detail in this mini-dissertation, which could be utilised by readers for transferability purposes.

Thirdly, my selected data collection methods provided a vast amount of raw data, and led to my analysis being time-consuming. Although this might be regarded as a challenge by some researchers, the fact that the study was based on only three cases, allowed enough time for thorough data collection and in-depth analysis. The fact that the data analysis activities were time-consuming also adds a certain value to the study, as the time spent on data collection and analysis ultimately contributed to the quality of the findings obtained.

Next, I faced the potential challenge of language differences at the onset of my study, as I entered the field as a person with a different background and language abilities to those of the research participants. Although none of the participants speak English as a first language, all communication (during observations and focus group discussions) was conducted in English, due to the fact that English was the mutual language of understanding. I did not observe any participant displaying discomfort with this arrangement at any time.

Fifthly, I found that the audio-recordings that I made restricted the normal interaction between the participants and myself. In an attempt to minimise this potential limitation, I showed the device to the participants prior to using it, for them to get used to the audio-recorder. I furthermore showed them the video camera that I used for a back-up recording, and explained to them that it was only used to record sound, and that no visual images of them would be recorded.

Lastly, due to the volunteer care workers' ongoing interaction with the vulnerable children participating in the project, I anticipated a degree of attachment formation between the volunteer care workers and the children. As such, I am aware of the possibility that the themes that I obtained could also be related

to the relationship and attachment that developed between the volunteer care workers and the participating children as the study progressed. However, I am of the opinion that the relationships and attachment that formed contributed to the experiences of the volunteer care workers, being part of a normal process of facilitation of an intervention programme. As such, I rather view this possibility as a potential enriching factor with regard to my findings, and not as a factor that could inhibit the rigour of the findings that I obtained.

5.7 RECOMMENDATIONS

In the following sections, I present my recommendations for training, practice and further research.

5.7.1 Recommendations for training

As a result of the findings that I obtained, I recommend that it may be beneficial to include theory on facilitation and the profession of volunteer care workers in the training programmes of people in the helping professions, such as psychologists, social workers, nurses and teachers. Such information could include material on the experiences of volunteer care workers, as well as on the perceived value and challenges experienced by volunteer care workers when fulfilling the role of facilitators of intervention programmes. Training programmes may aim at both undergraduate and postgraduate students, with a more in-depth focus during post-graduate studies. Observation of volunteer care workers in action could assist in demonstrating the theory to students.

Regarding the training of care workers, I recommend that the importance of care workers' expectations be emphasised and dealt with appropriately. In addition, the value of debriefing should be emphasised during care workers' training, specifically relating to conflict resolution.

5.7.2 Recommendations for practice

Based on my findings, I recommend that care workers and other people in helping professions receive in-service training for social skills development, as well as for conflict and stress management. These training opportunities might assist care workers in their daily interaction with colleagues. In addition, I recommend that care workers receive training in basic therapeutic and referring skills, enabling them to assist children in need or distress, as well as being able to know whereto and when to refer children in need of referral.

From the findings of my study, I concluded that the experiences and responsibilities of care workers facilitating an intervention programme entailed more than what they had anticipated. Based on this finding, it might be useful to advise volunteer care workers to enter a situation, in which they are required to facilitate an intervention programme, with an open mind. As such, volunteer care workers are advised to guard against pre-conceived ideas and expectations of what such a programme might entail, but to rather wait to see what it involves.

5.7.3 Recommendations for further research

Further studies in the field of facilitation and volunteer care work could focus on the following areas of interest:

- Case studies of the experiences of care workers facilitating an intervention programme with 6 to 10-year old vulnerable children.
- Ethnographic studies of the potential effect of attachment on the outcome of an intervention programme with young children.
- Multiple case studies of care workers' experiences of the need to become more flexible and to adapt sessions to accommodate children's developmental levels when facilitating intervention with them.
- The dynamics surrounding young children trusting facilitators of intervention programmes.
- Comparative studies of the progress and outcomes of intervention programmes in contexts other than that of vulnerability.
- Meta-analytical studies of the responsibilities of supervisors of care workers facilitating intervention programmes.
- Longitudinal studies exploring the resilience of children exposed to intervention programmes.
- Case studies investigating the effectiveness and outcome of intervention programmes in diverse contexts of vulnerability.

5.8 CONCLUDING REFLECTION

My study was guided by the following primary research question: ***“What are the experiences of volunteer care workers who have facilitated an intervention programme with vulnerable pre-school (3 to 5-year old) children, focusing on strengthening resilience?”*** I attempted to investigate

three volunteer care workers' expectations of an intervention programme and of their role as facilitators of the programme, their actual experiences of the programme and the facilitation thereof, the value they gained from their experiences, as well as the challenges they encountered.

Reflecting on the findings that I obtained, I can conclude that the volunteer care workers who participated in my study initially had some expectations of the intervention programme, as well as their role as facilitators of the programme, that did not correspond with their actual experiences while fulfilling the role of facilitators. The volunteer care workers' involvement in the programme namely entailed more than what they had initially anticipated, implying diverse responsibilities. With regard to their experiences, the volunteer care workers identified positive as well as challenging experiences. Subsequently, however, in dealing with the challenges that they faced, they developed skills that could be applied during future facilitation tasks, but also in their personal lives. In this manner, their involvement as facilitators in the Kgolo-Mmogo project seemed to have contributed to their professional and personal development.

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APPENDIX A

Intervention programme



KGOLO-MMOGO PROJECT

Intervention sessions for 3-5 year old children



1. INTRODUCTION

This manual contains thirteen intervention sessions for 3-5 year old children, developed as part of the Kgolo-Mmogo project. The goal of the sessions is to enhance resilience amongst the participating children. After providing our basic points of departure we provide an overview of the domains incorporated into the sessions. Thereafter the sessions are outlined in terms of the underlying goals and materials required.

2. POINTS OF DEPARTURE

Resilience can be described as a person's ability to display acceptable behaviour in spite of their vulnerability. Resilient individuals have protective factors to their disposal that promote and maintain healthy development. These protective factors can include:

- ★ Personal characteristics and traits, such as good interpersonal skills, problem-solving abilities and a positive sense of self.
- ★ The person's environment characterised by a strong bond with at least one caring adult and involvement in constructive activities (Finestone, 2004).

As resilient individuals are characterised by the above-mentioned factors, the following general assumptions can be made:

- ★ The development of personal traits such as good interpersonal skills, problem-solving skills and a positive sense of self, may promote the development of resilience.
- ★ The identification of caring adults within a person's environment can contribute to promoting resilience.
- ★ Constructive activities might enhance the possibility for developing and promoting resilience.

Resilience furthermore refers to the ability to withstand stressors or bounce back from adversity or hardship and to overcome the negative influences that inhibit achievement. Resilience also includes healing, growth and happiness. Therefore resilience encompasses coping with circumstances as well as inner feelings of contentment in order to express signs of functioning well (Goldstein & Brooks, 2005; Greeff, 2005; Neill, 2006).

In light of the above, resilience competencies can be defined as those competencies enabling children to achieve excellence and enjoyment (Goldstein & Brooks, 2005; Greeff, 2005). Any constructive activity – whether of an emotional, cognitive, physical, social, conative or spiritual nature – that provides opportunities to achieve excellence and enjoyment, and the mastery of small challenges, therefore has the potential to enhance or foster resilience.

According to Neill (2006), the central process involved in building resilience is the training and development of adaptive coping skills. The sessions for this project have therefore been developed to do just that, with the following broad goals in mind:

- ☆ Provide constructive activities encompassing the six domains of human development in order to increase possible opportunities for experiences of success and mastery of small challenges for the 3-5 year old participants of the Kgolo-Mmogo project.
- ☆ Provide opportunities for the identification of caring adults within the child's environment.
- ☆ Provide opportunity for the development of good interpersonal skills, a positive sense of self and problem-solving skills.

3. DOMAINS ADDRESSED DURING INTERVENTION

Regarding the relevancy of the six mentioned domains, the following is of importance:

- ☆ According to Piaget, and regarding **cognitive development**, children between the ages of two and seven find themselves in the preoperational phase. The predominant learning mode at this stage is intuitive. The mental structures at the preoperational stage are therefore largely intuitive, freewheeling and highly imaginative (Craig, 1996). This does not imply that because the process seems illogical it is necessarily inferior as a mode of thought. Research in the area of creativity suggests that intuition and free association are important aspects of creative or original problem solving (Sprinthall & Sprinthall, 1990). Intuitive and creative problem solving may assist a child in learning new skills to cope, leading to feelings of empowerment and mastery, as well as excellence and enjoyment and therefore have the potential to promote resilience. Intuition and problem solving may also assist children in identifying the support structures in his or her environment.
- ☆ The **physical domain** involves motor development, including fine and gross motor development. This also has an influence on cognitive development when, for example, building a tower with blocks, a child's understanding of concepts such as balance, proportions, relations and forms, is enhanced. Motor development furthermore stimulates self-evaluation and problem solving (Louw, Van Eede & Louw, 2002). This implies that activities such as jumping and running show the child what his body is capable of and play an important role in the child's perception of his or her body. This may again lead to feelings of competence, mastery, excellence and enjoyment, and possibly enhance resilience.
- ☆ **Spiritual characteristics** as given by Mampane (2004) will be valued throughout the sessions as follows:
 - Resilient people may create fantasies for themselves through the use of goals and dreams.
 - Resilient people give existential meaning to life.
 - Resilient people have the ability to persevere and maintain determination.



- Resilient people believe in one's uniqueness and independence, hopefulness and optimism, internal locus of control, a sense of power, and the ability to modify negative circumstances in life.
- ☆ Regarding the **social domain** accumulated evidence shows that family qualities such as supportive systems outside the family and strong social networks foster positive outcomes for children facing adverse life circumstances (Mastens & Powell, 2003). The social domain may therefore comprise of various social inputs a child may receive over diverse levels such as familial support, peer interactions, relationship with a competent caregiver, etc. There is great value in the support of competent caregivers, as shown by Mastens and Powell (2003). They report that emotional supportiveness is associated with resilience in young at-risk children. Deater-Deckard, Ivy and Smith (2005) also mention that children that are coping successfully have an actively sociable and engaging temperament, while possessing good communications skills and problem-solving skills. Our goals and hopes for the children participating in the group sessions include the development of life skills such as self-awareness and self-regulation, empathy, communicating and forming attachment with trustworthy adults such as the facilitators, resolving interpersonal and intrapersonal conflicts and expressing emotions.
- ☆ The regulation of **emotions** can be regarded as a core life skill. It comprises of confidence, curiosity, self-control, communication and co-operation (Ebersöhn, 2006). As the children in the groups with whom our intervention will be employed, are very young, they may not yet be aware of their own emotions and less able to regulate their emotions. It is therefore our goal to encourage a process with the children of becoming aware of their emotions. We aim to do this through the facilitation of emotional vocabulary as well as identifying and expressing basic emotions. The emotions these young children experience as well as their current or future ability to regulate their emotions might probably impact on their personal development and therefore their self-concept. Eric Berne (in Thomson, Rudolph & Henderson, 2004) believes that the early childhood years play an important role in personal development. According to this author children in early childhood develop life scripts that influence their personal believe of being either "OK" or "Not OK". We therefore assume that the two generalized concepts of feeling "OK" or "Not OK" may comprise of the basic feelings of sad, mad, happy and scared. As mentioned earlier it is therefore our goal that the participating children would acquire greater awareness of their emotions and therefore be better able to regulate their emotions as the intervention progresses. The manner in which the facilitators present the intervention sessions, comprising of their own expression and verbalization of emotions, as well as the quality of their interaction with the children may serve as a model and influence the children's abilities to identify and express emotions. Mampane (2004) verifies this possibility by mentioning that adults often serve as model for acknowledging and expressing various emotions.



Not only do adults serve as models for children in handling their emotions, they also play a crucial role in the assumptions children form about themselves. Children use external evaluations to form internal evaluations and assumptions about themselves. Ebersöhn (2006) explains that the formation of identity occurs in a dynamic manner and in the presence of evaluation. These evaluations can be found in our everyday interactions with people. Brooks (2005) explains that the assumptions children hold about themselves influence their emotions, behaviour and skills. In turn these emotions, behaviour and skills influence and inform the children's assumptions. Brooks (2005) refer to these assumptions as a mindset. To name only a few, he describes the mindset of resilient children as follows:

- They feel special
- They feel comfortable with others
- They have learned to set realistic goals
- They rely on effective coping strategies
- They are aware of their strengths and weaknesses
- Their self-concepts are filled with images of strength and competence

☆ According to Huit (1999), the **conative domain** refers to the connection of knowledge and affect to behaviour and is associated with the issue of "why." It is the personal, intentional, planful, deliberate, goal-oriented, or striving component of motivation, the proactive (as opposed to reactive or habitual) aspect of behaviour (Baumeister, Bratslavsky, Muraven & Tice, 1998; Emmons, 1986). It is closely associated with the concept of volition, defined as the use of will, or the freedom to make choices about what to do (Kane, 1985; Mischel, 1996). The conative domain is therefore incorporated into the intervention sessions in order to promote responsible free will, decision-making and choosing ways to deal with problems amongst the participating children.

In light of the intervention sessions developed for the Kgolo-Mmogo project, the following specific assumptions regarding resilience can be made:

1. Domain-specific activities contribute to the enhancement and development of overall resilience.
2. Certain links exist between the various domains.
3. As the link between resilience and the emotional domain is probably the strongest, this domain should be addressed in all the sessions.
4. Positive feedback is an important element in building resilience among 3-5 year old children.



4. IMPORTANT INFORMATION FOR FACILITATORS OF INTERVENTION SESSIONS

1. It is important to **note the value of positive feedback**. Receiving positive affirmation from peers and significant adults helps the development of a positive self-esteem and self-image. The facilitators are therefore encouraged to praise the children and provide positive feedback to them for their efforts throughout the sessions. This can be done individually by the facilitators as well as the group by means of an actual positive feedback.
2. It is possible that **conflict may arise** during some of the sessions. In order to be better able to handle this, and in accordance with the developmental levels of these children, we suggest two simple rules: Love yourself, and love your friends. These rules can be regarded as values linked to the spiritual domain. Most conflict situations can be referred back to these rules, and when conflict arises, we suggest that the facilitators stop the activity, get the children together and discuss the conflict situation. During these discussions the facilitators can emphasize how the rules had been broken – without making an example of the particular children involved in the conflict – and how it could have been done otherwise. In this way the facilitators encourage social skills and group cohesion, and foster spiritual values. In circumstances where a group discussion was not successful and a particular child continuously disrupts the group process, the facilitator may insist that the child take a few minutes' 'time out' where he or she is placed on a chair outside the group and is not allowed to participate.
3. A number of sessions involve turn taking and it is possible that the children have not been exposed to this before. It is therefore necessary for the facilitators to **explain turn taking to the children** and possibly model this by using two children as examples.
4. As the children are young, the possibility exists that the language of communication could be problematic. **If communication difficulties arise**, it might be necessary for the facilitators to do an activity in the children's home language. It is the facilitators' responsibility to ensure that the children understand.
5. As we are humans, circumstances may influence our moods and behaviour. We have different personalities and therefore react differently to different situations. It is therefore possible that some children may sometimes wish not to partake in a given activity, withdraw or be emotional. The children's unique personalities, circumstances and moods should be taken into account by ensuring them that they have a choice. The **children should never be forced to partake** in an activity. The atmosphere during the sessions should be calm and relaxed and children should feel safe, accepted and nurtured.
6. If at any time the facilitators notice or are informed of **anything that may be physically or emotionally harmful to a child, it should be reported to the social workers immediately**. All such information should be handled confidentially and the rights of the child should be protected at all times.



5. INTERVENTION SESSIONS

The following intervention sessions have been constructed in an attempt to enhance existing resilience amongst the participating 3-5 year old children, or the development thereof. The activities have been developed to incorporate a variety of domains, namely the cognitive, emotional, social, spiritual, conative and physical domains. The activities included therefore create possibilities for achievement in any of these domains.

DOMAINS INCORPORATED INTO SESSIONS

Cognitive domain



Social domain



Physical domain



Emotional domain



Spiritual domain



Conative domain





Summary of sessions

| Session # | Name of session | Domains | Appendices |
|-----------|---|----------|--|
| 1 | Get to know one another | | |
| 2 | Assessment | | |
| 3 | Assessment | | |
| 4 | Names tags | | None |
| 5 | I belong to a group Activity 1: Mobile messages Activity 2: Hopscotch | | Appendix A |
| 6 | Knowing my body Activity 1: Body mapping 1 | | None |
| 7 | Knowing my body Activity 1: Body mapping 2 | | Appendix B |
| 8 | Knowing my body Activity 1: Body mapping 3 Activity 2: Gingerbread cookie | | Appendix C |
| 9 | Using my body Activity 1: Obstacle course Activity 2: Look what I can do | | None None |
| 10 | I see, I feel, I think, I do | | Appendices D, F, G, H and I |
| 11 | My feelings Activity 1: I feel happy Activity 2: I feel sad | | Appendices E and F Appendices E and G |
| 12 | My feelings Activity 1: I feel angry Activity 2: I feel scared | | Appendices E and H Appendices E and I |
| 13 | Concluding emotions Activity 1: Puppet show Activity 2: I can show how I feel Activity 3: Guess how I am feeling | | Appendices D, F, G, H, I and J Appendix E |



| | | | |
|---------|---|----------|--|
| 14 | My thinking Activity 1: Jigsaw fun Activity 2: Building a jigsaw puzzle on my own Activity 3: Story Time | | |
| 15 – 21 | Joint sessions | | |
| 22 | Assessment | | |
| 23 | Assessment | | |
| 24 | Joint session | | |



Session 4: Nametags

Domain(s): , , , 

Why do we do this?

- ☆ To practice and foster fine motor coordination, such as cutting, pasting and colouring
- ☆ To foster creativity
- ☆ To learn to share ideas, as well as materials
- ☆ To observe respect as modelled by the facilitators
- ☆ To make the children feel special and to develop a positive self-image, as knowing their names, their ages and gender may stimulate the development of self-image. The creation of something by using a skill also contributes to the development of self-image (*I am, I can and I have*).

What do we need?

- ☆ Blank nametags
- ☆ Pens, coloured crayons and koki pens, paint and a variety of craft materials such as glitter, glitter glue, stickers, tin foil, crinkle paper, wool, *Glad Wrap* and sandpaper
- ☆ Glue and scissors

What do we do?

Divide the materials amongst the group members while communicating to them that they may share the various materials. The facilitators write each child's name on a nametag. The children are given the opportunity to decorate their nametags with the material provided. Every child can show his or her nametag to the group and state their names out loud, their ages and whether they are a boy or a girl. The facilitator can further stimulate their positive sense of self by praising them for what they are sharing with the group and for what they have made.

Tip(s):

Remember to praise the children and provide positive feedback to them for the nametags they have made.



Session 5: I belong to a group

Activity 1: Mobile messages

Domain(s): , , , 

Why do we do this?

- ☆ To encourage participation in the group
- ☆ To develop a sense of belonging in a group
- ☆ To encourage communication and social skills

What do we need?

- ☆ Two toy cell phones

What do we do?

Choose any two children, or ask for volunteers, to use the phones first. The game proceeds as follows:

Example 1 (for younger children):

Whole group: Ring, ring

Child A: Hello (child B's name), it's (child A's name). How are you today?

Child B: Hi (child A's name), I'm well thank you. How are you?

Child A: Well, thank you.

Example 2 (for older children):

Whole group: Ring, ring

Child A: Hello (child B's name), it's (child A's name) calling to wish you a good day.

Child B: Thank you, (child A's name), for calling me. That was a nice thing to say.

The game continues with the two phones moving around the group until everybody has had a chance to be either child A or child B.

Tip(s):

Keep a checklist to make sure everyone gets a turn. To discourage best friends calling each other, write the children's names down and put them into a hat (or tin, or box or any hollow object). Children then call the persons whose names they pick out. Remember to praise the children and provide positive feedback to them for their participation and cooperation.

Activity 2: Hopscotch

Domain(s): , , , , , 

Why do we do this?

- ☆ To encourage problem solving
- ☆ To promote individual decision-making and the development of free will

- ☆ To encourage the selection of ways of dealing with problems
- ☆ To foster group participation in that the children can support and motivate each other while having fun
- ☆ To encourage group as well as individual participation
- ☆ To foster self-regulation in terms of practicing patience while waiting turns
- ☆ To foster a sense of independence and self-mastery in that the children participate in the game through using their own abilities to throw and jump, to throw, to walk, to laugh and yell while adhering to group rules
- ☆ To foster self-image in that the children can become aware of their belonging to a group and their awareness of what they can do with their bodies
- ☆ To stimulate gross motor development, such as balance and left-right discrimination
- ☆ To stimulate visual spatial coordination and memory

What do we need?

- ☆ Wide open space
- ☆ Children can draw and plan their own pattern with chalk on cement or in the sand
- ☆ Hopscotch layout (Appendix A)

What do we do?

Explain how the game works through modelling and demonstration. The facilitator can draw a small hopscotch pattern and demonstrate how the game is played (Appendix A). Take care to emphasize that there will be turn-taking. Encourage the children to pick an enjoyable spot where they want to play and help them draw a big hopscotch pattern.

Tip(s):

Remember to praise the children and provide positive feedback to them for their participation and cooperation. Success in this activity does not depend on successful completion of the hopscotch course, but rather on the participation and enjoyment of the activity. Therefore, focus on the children's experience of having fun and taking part.

Refer to "Important Information For Facilitators Of Intervention Sessions", number 2 for strategies to handle conflict.



Session 6: Knowing my body

Activity 1: Body mapping 1

Domain(s): , , , 

Why do we do this?

- ☆ To develop a sense of self- and body image
- ☆ To increase bodily and spatial awareness
- ☆ To develop fine motor coordination, visual motor integration and creativity

What do we need?

- ☆ Large sheets of paper
- ☆ A black koki pen
- ☆ Coloured crayons and paint

What do we do?

Let the children lie on their backs on the floor on the sheets of paper. Draw the outlines of their bodies on the sheets of paper with the koki pen. Encourage the children to complete the drawings by adding body parts and clothing. Link this activity to the first rule of the group, namely Love yourself.

Tip(s):






Remember to praise the children and provide positive feedback to them for their creativity, participation and cooperation.

As this activity entails physical contact, some children may feel uncomfortable and react defensively or emotionally. It is important for the facilitators to handle the situation with care by assuring these children that they will not get hurt, and also providing them with a choice. If they prefer not to partake in this activity, it is expected of the facilitators to assure them that it is in order not to participate. In this case, assist them in drawing a figure to complete by adding body parts and clothing. This way they can still partake in the activity without being touched and feeling uncomfortable.



Session 7: Knowing my body

Activity 1: Body mapping 2

Domain(s): , , , , 

Why do we do this?

- ☆ To identify and name the various body parts in order to increase bodily awareness and self-concept
- ☆ To discriminate among the various basic functions of the body parts
- ☆ To broaden vocabulary
- ☆ To foster bodily awareness and self-image

What do we need?

- ☆ The body maps from the previous session
- ☆ Pictures of the following: policeman, tortoise, rabbit, elephant, duck, tree and bird (Appendix C)

What do we do?

This session is a follow-up on the previous session. Hold up one of the body maps and start this session by reminding the children of what they did in the previous session. Link the previous session to this session, for example, “Friends, do you remember what we did last time? We drew our bodies on big sheets of paper. Today we are going to look at our bodies again and talk about the different body parts.” The facilitators then ask the children to look at their body maps. The whole group may participate. Encourage the children to identify and name their body parts. While naming for example the legs, the facilitator may ask what we can do with our legs, and demonstrate the activity, for example, “We can walk with our legs. Let’s all walk around the room. Let’s walk like policemen. Let’s walk like elephants,” and so forth. The same is done for feet, arms and hands. The children are therefore encouraged to use their body parts while naming their functions, for example, walking with your legs and swinging your arms or touching the floor with your hands. If the children are unfamiliar with the various examples, introduce the new concepts to them by using the pictures.

For the facilitators:

Legs:

- ☆ Walk around the room casually
- ☆ Walk like policemen (stiff arms and legs)
- ☆ Walk like a tortoise (slowly)
- ☆ Jump like a rabbit

Feet:

- ☆ Walk like an elephant (stamp your feet)
- ☆ Lie on your tummy and paddle like a duck
- ☆ Dance in the rain



Arms:

- ☆ Swing your arms like a tree in the wind
- ☆ Clap your arms like the wings of a bird
- ☆ Let's try and touch the ceiling/sky

Hands:

- ☆ Let's touch the ground
- ☆ Let's hold hands
- ☆ Let's crawl on our hands and feet






Tip(s):

Remember to praise the children and provide positive feedback to them for their participation and cooperation.



Session 8: Knowing my body

Activity 1: Body mapping 3

Domain(s): , , , , 

Why do we do this?

- ☆ To identify and name the various body parts in order to increase bodily awareness and self-concept
- ☆ To identify the functions of the various body parts
- ☆ To broaden vocabulary
- ☆ To foster bodily awareness
- ☆ To foster self-image (*I have*)

What do we need?

- ☆ The body maps from Sessions 6 and 7.

What do we do?

This session is a follow-up on the previous session. Hold up one of the body maps and start this session by reminding the children what they did the previous two sessions, and link that to this session, for example, “Friends, last time we learned about our legs and feet and hands and arms. Who can show me your hands? Can you make little shooting stars with your hands? (Facilitators: show them how to flick their fingers). That’s right! Now show me your feet and stamp them on the floor. Very good! Now kick your legs out. Be careful not to kick your friends and hurt them! Great! And now wave your arms like a tree in the wind. Excellent! Now let’s walk around in a circle, stamping our feet, waving our arms and flicking our fingers.” The facilitator takes the lead and walks around in a circle, with the children following. If this is too difficult for some of the children, encourage them to take part in any manner they can. The emphasis is on having fun. Do not focus too much on correct body movements.

The facilitators now move on to other body parts, such as the tummy, the face with the nose, mouth, eyes, ears, etc. The children are again encouraged to identify (e.g. point to their noses) and name the body parts. The facilitator then encourages them to think of what they do with for example their noses, etc.

For the facilitators:

Tummy:

- ☆ Let’s rub our tummies
- ☆ Let’s lie on our tummies

Mouth:

- ☆ Let’s blow a kiss
- ☆ Let’s eat a sweet



Nose:

- ☆ Let's smell a flower
- ☆ Let's wiggle our noses






Ears:

- ☆ Let's touch our ears
- ☆ Let's listen to the noises outside

Eyes:

- ☆ Let's wink our eyes
- ☆ Let's close our eyes
- ☆ Let's open our eyes as wide as we can

Activity 2: Gingerbread cookies

Domain(s): , , , , 

Why do we do this?

- ☆ To identify and name the various body parts in order to increase bodily awareness and self-concept
- ☆ To identify the functions of the various body parts
- ☆ To broaden vocabulary
- ☆ To foster bodily awareness
- ☆ To foster self-image (*I have*)

What do we need?

- ☆ Ginger bread cookies
- ☆ Ideas for decorating the ginger bread man (Appendix C).
- ☆ Icing sugar and variety of sweets with which to decorate the ginger bread cookies.

What do we do?

To end the session and section on body parts, the children have an opportunity to apply their new knowledge during this fun activity. Each child is given a few sweets to eat. After they have eaten the sweets, they are given a ginger bread cookie and they are clearly instructed not to eat the cookies now, but wait until they have finished decorating it. The facilitators must ensure that the children understand that they will be given opportunity to eat and enjoy the cookie, but that they have to decorate it first. If a child disobeys and eats the cookie, the facilitator has to gently explain to the child that he should not have eaten the cookie, and that he now has to decorate the remainder of the cookie.

The facilitators help the children individually to decorate their gingerbread cookies. Everybody in the group do the same body part at the same time, for example, they all start with the eyes and the facilitators walk from child to child and assist them. The sweets for decorating the cookies should not be handed out to the children



all at once but rather separately while completing each body part. For example, when the children decorate the feet, they are each given two Smarties and with the help of the facilitator, paste the Smarties onto the feet of the ginger bread man with the icing sugar.

While the facilitator helps a child individually to paste the sweets onto a particular body part, they can follow the discussion below:

Facilitator: Now we are going to paste a Jelly Tot where the nose should be. Can you show me where we should paste this?

Child shows correct position:

Facilitator: Very good! Now show me your nose.

Child shows his / her nose.

Facilitator: Excellent!

Child shows incorrect position:

Facilitator: Let me show you where my nose is.

Facilitator shows her nose

Facilitator: Now can you show me your nose?

Child shows his / her nose.

Facilitator: Can you show me where on the ginger bread man we should paste his nose?

Child shows correct position.

Facilitator: Excellent!

If the child still has difficulty identifying the correct position, repeat the discussion until he understands, or make a note to spend more time with the child at the end of the session or at a later stage to ensure that the child develops the necessary understanding.






Tip(s):

Remember to praise the children and provide positive feedback to them for their participation and cooperation.



Session 9: Using my body

Activity 1: Obstacle course

Domain(s): , , , , 

Why do we do this?

- ☆ To develop a positive sense of self and self-concept by tackling challenges and encouraging participation
- ☆ To control and coordinate gross motor movement
- ☆ To develop a sense of how the body can be used for solving problems (body image: I can throw and catch)
- ☆ To promote individual decision-making and the development of free will
- ☆ To encourage the selection of ways to deal with problems

What do we need?

- ☆ Rope, hula-hoop, children's chair, table, tennis balls and 2 dustbins
- ☆ Sweets

What do we do?

First prepare the obstacle course. Then ask the children to stand in a line behind each other, so that every one can have an opportunity to complete the obstacle course. Put a piece of rope horizontally in front of the first child in the line to indicate the starting point. Explain to the children that each one will have a chance to do the course, but must wait for the person on the obstacle course to finish and hand him or her the ball before the next person can start.

Obstacle course: Start in one corner of the room and end at the other corner of the room. One dustbin should be placed where the children line up to start with the obstacle course. The rope should be used to indicate the path of the obstacle course (all the obstacles can be in a straight line). Put a small chair down as part of the first obstacle, onto which the child must climb. The table can be placed a few feet from the chair. The next obstacle will be the table under which the child should crawl. After crawling from underneath the table the child should crawl through the hula-hoop towards the other dustbin. Inside the second dustbin should be tennis balls. When the child reaches the second dustbin he or she must take a ball and run back in an open unrestricted space to the next child in the line and give the ball to the next child. Receiving the ball indicates that he or she may now have a chance to do the obstacle course. The child who received the ball throws it into the dustbin next to him and starts with the obstacles course. The child that is finished may stand in the queue again so that every child gets the chance to do the obstacle course three times.



Tip(s):

To minimize the possibility of injuries, ensure that the environment and the obstacle course are as safe as possible. Remove all furniture and objects that may harm the children while they are completing the obstacle course.

Remember to praise the children and provide positive feedback to them for their participation and cooperation. Success in this activity does not depend on successful completion of the obstacle course, but rather the participation and enjoyment of the activity. Therefore, focus on the children's experience of having fun and taking part.

If a child is afraid or hesitant to do the obstacle course, it is suggested that either a friend or the facilitator help the child to tackle the challenge. While this is taking place, make an effort to provide positive feedback so as to encourage the child and minimize the child's possible fear of failure.

Some of the children may refuse to participate during the first round but may want to try the obstacle course once they have witnessed their friends' successful completion. Encourage these children to tackle the challenge and provide ample positive feedback.

Activity 2: Look what I can do

Domain(s): , , ; ,

Why do we do this?

- ☆ To develop social skills and group participation
- ☆ To encourage positive self-esteem and a sense of self worth

What do we do?

Explore some actions that the children can do, such as hopping, jumping up and down, clapping their hands or stretching up high. Each child in turn chooses an action to perform and says to the group, "My name is...and I can..." The child demonstrates the action and then says, "Will you all join in with me?" The other children then copy the action. Another child chooses a different action and the game proceeds.

Tip(s):

Remember to praise the children and provide positive feedback to them for the actions they performed, their participation and cooperation.



Session 10: I see, I think, I feel, I do

Domain(s): , , , 

Why do we do this?

- ☆ To develop emotional vocabulary
- ☆ To initiate the development of a concrete and simple understanding of emotions, thoughts and actions and possibly the relationship between these (emphasis is not placed on identifying relations)
- ☆ To help the children to engage in the activity by inviting them to participate
- ☆ To foster greater emotional awareness
- ☆ To simplify the process of exploring emotions and prepare the children and facilitators for the upcoming sessions
- ☆ To introduce the animals that will be used again later so that the children can become familiar with them and recognise them later.

What do we need?

- ☆ Two hand puppets – Dog and Monkey
- ☆ Visual illustration of the relationship between feeling, thinking and doing (for facilitators) (Appendix D)
- ☆ Pictures of a happy face (Appendix F), sad face, (Appendix G), angry face (Appendix H), and scared face (Appendix I).

What do we do?

To introduce emotions, the facilitator shows the various faces and asks the children if they can guess how the person on the picture is feeling.

The facilitators then illustrate the following scenario:

Dog: Hallo kids! I am so **happy**. It is my birthday today. I have cake, sweets and lots of presents.

Facilitator: What is dog feeling?

Kids: Any response.

Facilitator: Yes, he is happy.

Why is he happy?

Kids: Any response.

Facilitator: Yes, it is his birthday. What is dog thinking?

Kids: Any response.

Facilitator: Dog is thinking that he will have friend and get presents...

Dog: Have you seen my friend Monkey?

Facilitator: Encourage the kids to call Monkey.

Dog: There is Monkey. Hallo Monkey!

Monkey: Grrr...!!! Go away!!!

Facilitator: Is Monkey angry kids?



Kids: Any response.

Facilitator: Yes, Monkey is angry. He yelled at dog.

Dog: Why are you **angry** Monkey?

Monkey: You didn't invite me to your birthday party.

Dog: Please don't be **angry**, you are my friend. Will you come to my birthday party?

Monkey: Yes, I would like to come to you party!

Tip(s):

Remember to praise the children and provide positive feedback to them for their participation and cooperation. Some of the children may have difficulty understanding the concepts of thinking, feeling and doing. At the facilitator's own discretion pick examples of daily interactions among the children to illustrate these concepts. These concepts may be best illustrated by role-play between either two facilitators, or a facilitator and a child.



Session 11: My feelings

Activity 1: I feel happy

Domain(s): ♥, †

Why do we do this?

- ☆ To develop emotional vocabulary
- ☆ To increase emotional awareness
- ☆ To develop imagination
- ☆ To foster the expression of emotions

What do we need?

- ☆ Picture with happy face (Appendix F)
- ☆ Magazine pictures of happy people
- ☆ Coloured crayons
- ☆ Lyrics for *Happy Song* (Appendix E)

What do we do?

Without telling the children what the focus of the activity is, let them sit in a circle and send pictures around with happy people. Ask them if they can say how these people are feeling. Once they've all understood that the pictures represent happy people, ask them why they think the people are happy. Then ask them what makes them happy, or when do they feel happy. After this let them talk about what they do when they feel happy. Hand out the picture with the happy face for them to colour in. While the children are colouring in, the facilitators spend time with every child individually and talk about the people in their lives that make them happy and the people they go to when they feel happy (the people with whom they share their happiness). The facilitator makes a note of these people and encourages the children to talk to these people about the times they feel happy, but also the times when they feel sad or scared or angry.

The activity ends with the facilitators teaching the children the first verse of the *Happy Song* (Appendix E).

Activity 2: I feel sad

Domain(s): ♥, †

Why do we do this?

- ☆ To develop emotional vocabulary
- ☆ To increase emotional awareness
- ☆ To develop imagination
- ☆ To foster the expression of emotions



What do we need?

- ☆ Picture with sad face (Appendix G)
- ☆ Magazine pictures of sad people
- ☆ Coloured crayons
- ☆ Lyrics for *Happy Song* (Appendix E)
- ☆ Two hand puppets – Dog and Duck

What do we do?

Without telling the children what the focus of the activity is, let them sit in a circle and send pictures around with sad people. Ask them if they can say how these people are feeling. Once they've all understood that the pictures represent sad people, ask them why they think the people are sad. Then ask them what makes them sad, or when do they feel sad. After this let them talk about what they do when they feel sad, and what makes them feel better or whom they can go to when they feel sad. Use the following scenario demonstrated by the puppet show to explain and demonstrate how to express sadness to a friend, caretaker or family member:

Scenario: Duck is crying.

Facilitator: Ask the children if they can guess how Duck is feeling.

Kids: Any response.

Facilitator: Dog comes walking by.

Dog: Hallo Duck, I see that you are crying.

Facilitator: Duck, please tell us how you are feeling.

Duck: I am **sad**.

Facilitator: Duck is sobbing...uh...uh...

Dog: Why do you feel **sad** my friend?

Duck: I lost my teddy bear. Teddy is my favourite toy.

Dog: I've got a plan. Let's tell my mother. She will help us look for teddy.

Mother: Hallo Dog and Duck. Why are you crying Duck?

Duck: I lost my teddy bear.

Mother: Kids, do you know why Duck is crying?

Kids: Any response.

Facilitators: Yes, Duck is crying, because he is sad. He lost his teddy bear.

Mother: Don't worry. I will help you find your teddy bear.

Hand out the picture with the sad face for them to colour in. While the children are colouring in, the facilitators spend time with every child individually and talk about the people in their lives that make them sad and the people they go to when they feel sad (the people with whom they share their sadness). The facilitator makes a



note of these people and encourages the children to talk to these people about the times they feel sad, but also the times when they feel happy or scared or angry.

The activity ends with the facilitators teaching the children the second verse of the *Happy Song* (Appendix E). Then every child gets an opportunity and is encouraged to hug his or her friends and the facilitators.

Tip(s):

Remember to praise the children and provide positive feedback to them for their creativity, participation and cooperation.

It is possible that this session may elicit crying in individuals or even the whole group. The facilitator may comfort a child and encourage the rest of the group to participate in the manner of comforting a friend. If intense crying occurs the facilitators can consult with a supportive adult, such as a parent, family member or caretaker in order to gain insight into the child's general behaviour. The facilitator may encourage the supportive adult to ask the child to either talk about what makes him sad, or draw a picture illustrating it. If the picture is unidentifiable, the supportive adult can ask the child to explain what he has drawn. If the child is able to, he can, with the help of the supportive adult, identify the people in his life that he will talk to when he feels sad. This supportive adult is then invited to attend the sessions to encourage the child's participation and assist in case the child cries. If the crying persists, refer the child to the social worker. If the facilitator is aware that the particular child is spiritually orientated, praying may be suggested to ease the sadness.



Session 12: My feelings

Activity 1: I feel angry

Domain(s): ♥, †

Why do we do this?

- ☆ To develop emotional vocabulary
- ☆ To increase emotional awareness
- ☆ To develop imagination
- ☆ To develop ideas of how to express or release anger

What do we need?

- ☆ Picture of angry face (Appendix H)
- ☆ Magazine pictures of angry people
- ☆ Coloured crayons
- ☆ Lyrics for *Happy Song* (Appendix E)
- ☆ Newspapers
- ☆ A pillow

What do we do?

Without telling the children what the focus of the activity is, let them sit in a circle and send pictures around with angry people. Ask them if they can say how these people are feeling. Once they've all understood that the pictures represent angry people, ask them why they think the people are angry. Then ask them what makes them angry, or when do they feel angry. After this let them talk about what they do when they feel angry, and what makes them feel better. Hand out one layer of newspaper and ask the children to roll it up into a bundle. It can be suggested to the children that they can stand in front of a wall and throw the bundle at the wall as hard as they can when they feel angry. The children can also be given the opportunity to stamp their feet or hit the pillow in order to vent their anger.

Hand out the picture with the angry face for them to colour in. While the children are colouring in, the facilitators spend time with every child individually and talk about the people in their lives that make them angry and the people they go to when they feel angry (the people with whom they share their anger). The facilitator makes a note of these people and encourages the children to talk to these people about the times they feel angry, but also the times when they feel happy or sad or scared.

The activity ends with the facilitators singing the third verse of the *Happy Song* (Appendix E).



Tip(s):

Remember to praise the children and provide positive feedback to them for their creativity, participation and cooperation.

It is possible that this session may elicit crying and/or anger. If this happens one of the facilitators can withdraw the crying and/or angry child from the group and comfort the child. The facilitator may ask the child to either talk about what makes him sad and/or angry, or draw a picture illustrating it. If the child does not want to do this either, the facilitator can just ensure that the child is comforted and feels safe. If the child is able to, he can, with the help of the facilitator, identify the people in his life that he will talk to when he feels sad or angry. If the crying and/or anger persist, refer the child to the social worker. If the facilitator is aware that the particular child is spiritually orientated, praying may be suggested to ease the anger.

Activity 2: I feel scared

Domain(s): ♥, ✝

Why do we do this?

- ☆ To develop emotional vocabulary
- ☆ To increase emotional awareness
- ☆ To develop imagination
- ☆ To foster the identification of possible supportive and protective adults

What do we need?

- ☆ Picture with scared face (Appendix I)
- ☆ Magazine pictures of scared people
- ☆ Coloured crayons
- ☆ Lyrics for *Happy Song* (Appendix E)

What do we do?

Without telling the children what the focus of the activity is, let them sit in a circle and send pictures around with scared people. Ask them if they can say how these people are feeling. Once they've all understood that the pictures represent scared people, ask them why they think the people are scared. Then ask them what makes them scared, or when do they feel scared. After this let them talk about what they do when they feel scared. Help the children to think of something that makes them scared. Every child then gets the opportunity to go to a facilitator and tell him or her what makes him or her scared. If the child does not want to tell the facilitator, encourage the child to go to the facilitator and ask for a hug.

Hand out the picture with the scared face for them to colour in. While the children are colouring in, the facilitators spend time with every child individually and talk about the people in their lives that scare them and the people they go to when they feel scared (the people with whom they share their fear). The facilitator makes



a note of these people and encourages the children to talk to these people about the times they feel scared, but also the times when they feel sad or happy or angry.

The activity ends with the facilitators singing the fourth verse of the *Happy Song* (Appendix E). Then every child gets an opportunity and is encouraged to hug his or her friends and the facilitators.

Tip(s):

Remember to praise the children and provide positive feedback to them for their creativity, participation and cooperation.

If the facilitator is aware that a particular child is spiritually orientated, praying may be suggested to ease any signs of fear.



Session 13: Concluding emotions

Activity 1: Puppet show

Domain(s): , , ,

Why do we do this?

- ☆ To develop emotional vocabulary
- ☆ To increase emotional awareness
- ☆ To foster the identification of possible supportive and protective adults
- ☆ To promote individual decision-making and the development of free will
- ☆ To encourage the selection of ways to deal with problems

What do we need?

- ☆ Three hand puppets – Duck, Dog and Monkey
- ☆ Visual illustration of the relationship between feeling, thinking and doing (for facilitators) (Appendix D)
- ☆ Pictures of a happy face, sad face, scared face and angry face (Appendices F, G, H and I)
- ☆ Activity sheet: A4 paper with the four feeling faces on (Appendix J)

What do we do?

The facilitators illustrate the following scenario:

Dog: Boohh! Bowow!

Monkey: Oh no, Dog! Don't bite me. You **scare** me!

Facilitators: Ask the children how Monkey is feeling (scared). On their activity sheet, let them show the picture that best illustrates the feeling Monkey is expressing (scared). Assist them to find the correct picture. If a child picks the wrong picture, explain to him or her real meaning of the picture he or she has chosen and guide them to find the correct picture (scared).

Facilitators: Let the children settle down and continue with the puppet show.

Dog: I won't bite you Monkey. I want to play with you.

Monkey: I can't play. I have a cold and must stay in bed.

Dog: Grrrrr!!! I want to play now! I am **angry** that you don't want to play.

Facilitators: Ask the children how Dog is feeling (angry). On their activity sheet, let them show the picture that best illustrates the feeling Dog is expressing (angry). Assist them to find the correct picture (angry). If a child picks the wrong picture, explain to him or her real meaning of the picture he or she has chosen and guide them to find the correct picture (angry).

Facilitators: Let the children settle down and continue with the puppet show.

Monkey: Huhhh (cries).

Duck: Hello Monkey, why are you crying?

Monkey: I feel **sad**. I am sick in bed and can't play.



Facilitators: Ask the children how Monkey is feeling (sad). On their activity sheet, let them show the picture that best illustrates the feeling Monkey is expressing (sad). Assist them to find the correct picture (sad). If a child picks the wrong picture, explain to him or her real meaning of the picture he or she has chosen and guide them to find the correct picture (sad).

Duck: I will stay with you Monkey. We can talk and colour some pictures.

Monkey: Heehah! That sounds like fun. I feel **happy** now! I have a friend and we are going to colour pictures.

Facilitators: Ask the children how Monkey is feeling now (happy). On their activity sheet, let them show the picture that best illustrates the feeling Monkey is expressing (happy). Assist them to find the correct picture (happy). If a child picks the wrong picture, explain to him or her real meaning of the picture he or she has chosen and guide them to find the correct picture (happy).

Summarize this session by displaying the feeling faces in the middle of the group on the floor so that all the faces are clearly visible to all the children. Ask the children to identify again what the different animals are feeling. Refer back to the story line and use the names of the various animals when referring to the various feelings. Encourage the children to think and name the people they can talk to when they feel happy or angry or sad or scared.

Activity 2: I can show how I feel

Domain(s): , , 

Why do we do this?

- ☆ To conclude the sessions on emotions
- ☆ To inculcate acquired knowledge
- ☆ To encourage options and suitable behaviour for expressing emotions
- ☆ To promote individual decision-making and the development of free will
- ☆ To generate options for dealing with problems
- ☆ To provide ample opportunity for expressing and experiencing emotions



What do we need?

- ☆ Blank sheets of A4 paper
- ☆ Coloured crayons

What do we do?

Conclude the section on emotions by providing opportunities for expressing the identified emotions. Ensure that the children understand that this session entails four activities where the children will be expected to pretend. Based on their actual underlying emotions some of the children may experience pretending as very real. When this happens provide ample time for the child to experience the emotion and be comforted before moving on to the next emotion.

Ask the children to show an angry face. Give each child a blank piece of paper and a few crayons. Instruct and show them to scribble as much as they would like to and for as long as they need to in order to get rid of all the anger inside them. The facilitators will be able to see when the children have finished scribbling when they start drawing other pictures or putting down their crayons.

Ask the children to finish up on their current task so that the new task can be introduced. Tell the children that we will be moving on to a new feeling. Introduce the emotion of being scared by asking the group to show what a scared face looks like. Ask the children if they can remember that we should tell someone when we are feeling scared and remind them that it will help to ask for a hug. Let the children and facilitator pretend that they are scared. Encourage the children to find a friend and tell the friend or facilitator what makes them scared or ask for a hug. If a child only expresses his fear, but does not want to reveal the reason why he or she is scared, it should be communicated that it is acceptable.

Communicate to the children that the group will be moving on to a new feeling. Ask the children to show what a sad face looks like. The facilitator divides the group in two. If there is an uneven number of children, one of the facilitators can partake in this activity. One group is instructed to pretend to be sad. The other group is instructed to find a friend in the sad group and comfort them by holding their hand or giving them a hug.

If some of the children are feeling particularly sad, comfort them and give them a moment to express their feelings. When everyone appears to be ready, communicate to them that they will be moving on to the last emotion.

Tell the children that they will be finishing this part of the session by experiencing happy feelings. Ask the children to show happy faces while encouraging them in free expression of happiness, for example jumping up and down, smiling, shaking the hand of a friend and drawing a picture.



Activity 3: Guess how I am feeling

Domain(s): ♥, †

Why do we do this?

- ☆ To conclude the sessions on emotions
- ☆ To inculcate acquired knowledge
- ☆ To provide ample opportunity for expressing and experiencing emotions

What do we need?

- ☆ A chair
- ☆ Lyrics for *Happy Song* (Appendix E)

What do we do?

This activity entails a game where the facilitators and children show any one of the four identified emotions and the group has to guess which emotion is expressed. Choose a spot where the actor (the child expressing the emotion) can sit, facing the audience (the rest of the group). Ask the children to raise a hand when they know the answer and want to take a guess. The facilitator showing how the game will be played can initiate the game. To ensure that everybody gets an opportunity to express all four emotions while being the actor, each child's name is written on four pieces of paper and put in a hat or empty container. The facilitator can shuffle the names and then draw the names, taking care that each child gets a turn. If a child does not want to participate, he or she may be encouraged without forcing the child to participate.

Singing the Happy Song one last time can conclude this session. Encourage the children to use body movements or dance.

Tip(s):

Remember to praise the children and provide positive feedback to them for their participation and cooperation.



Session 14: My thinking

Activity 1: Jigsaw fun

Domain(s): , , , ,

Why do we do this?

- ☆ To develop problem solving skills
- ☆ To promote individual decision-making and the development of free will
- ☆ To encourage the selection of ways to deal with problems
- ☆ To encourage the development of a sense of value within the group

What do we need?

- ☆ Activity A: A jigsaw puzzle with the same amount of pieces as the number of children in the group.
- ☆ Activity B: If there are more than 5 children in the group, divide them into two groups and give each group a puzzle. Write A on all the pieces in the first set, and B on the other set.

What do we do?

- ☆ Activity A: Shuffle the pieces and give one piece to each child. Encourage them to put the pieces together.
- ☆ Activity B: Shuffle the pieces and give one piece to each child. Explain that every piece has a coloured sticker on the back. The children must find the other children with the same colour on the back and then put the pieces together to make the picture.
- ☆ E.g.: Puzzle X is a picture of a puppy and puzzle Y is a picture of kitten. All the pieces of puzzle X have red dots on their backs and the pieces of puzzle Y have yellow dots on their backs. For example, if a child gets a piece with a red dot on the back, he/she must find all the other children with red dots on their pieces in order to put the pieces together.

Tip(s):

Remember to praise the children and provide positive feedback to them for their participation and cooperation.

Activity 2: Building a jigsaw puzzle on my own

Domain(s): , , ,

Why do we do this?

- ☆ To develop problem solving skills
- ☆ To promote individual decision-making and the development of free will
- ☆ To encourage the selection of ways to deal with problems
- ☆ To encourage self-mastery
- ☆ To develop self esteem and a positive sense of self



What do we need?

- ☆ A jigsaw puzzle for every child

What do we do?

Give every child a jigsaw puzzle. Ask them to look at the completed picture before they start putting the pieces together. Then the children may be encouraged to put the pieces together so that they can make a complete picture. The facilitators may help them to build the jigsaw puzzle.

Tip(s): Remember to praise the children and provide positive feedback to them for their efforts, participation and cooperation.

If a child struggles to build the puzzle, the facilitator may help the child or ask a friend who has successfully build a puzzle to assist the child. Be careful that the helper does not build the puzzle, but guides the child who is struggling. If a child does not accomplish the task, the facilitator may demonstrate how to build the puzzle and afterwards give the child another attempt to build the puzzle, promoting a success experience.

Activity 3: Story Time

Domain(s): , , , 

Why do we do this?

- ☆ To encourage participation and sharing of ideas
- ☆ To promote individual decision-making and the development of free will
- ☆ To encourage the selection of ways to deal with problems
- ☆ To stimulate the development of analysis and synthesis
- ☆ To foster creativity and the use of imagination
- ☆ To stimulate the development of self image and self confidence

What do we need?

- ☆ Paper elephant masks and elastics.
- ☆ Glitter and paint
- ☆ Story

What do we do?

Give each child an elephant mask with paint and glitter. Help them to decorate the masks. After the masks are decorated, the facilitators can fasten elastic to the masks in order for the children to put the masks on their faces. In the case where some children do not want to put the masks on their faces, they may be encouraged to hold the masks in their hands or use their hands to hold the masks in front of their faces. The children can now be invited to listen to a story. Read the story slowly and with emotion. After the story has been read, the children are invited to share what they liked best about the story. The facilitators can recall parts of the story in order to probe feedback from the children.



Tip(s):

Remember to praise the children and provide positive feedback to them for their participation and cooperation.

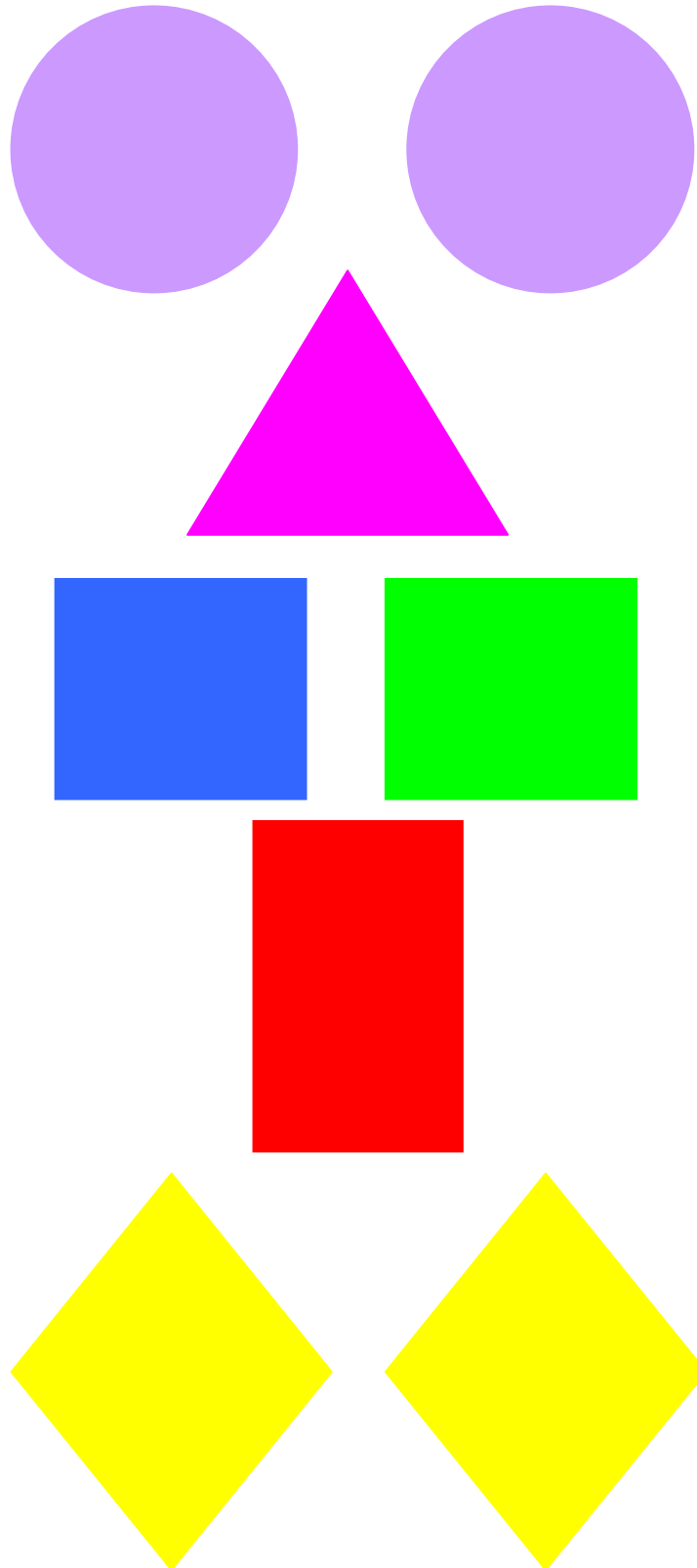
Story

Once upon a time there was a little elephant named Bongi. Bongi wanted to be as strong as the other elephants. The other elephants could reach up to the highest branches for food and were not scared of anything. Bongi could not do what the big elephants did and at times he was scared. One day he sat crying all by himself, when Mr Mouse came along. Mr Mouse asked, "Why are you crying?" Bongi cried, "Because I am small I can't do anything". Mr Mouse looked at him and smiled. "I am much smaller than you and I can do lots of things. I can run fast and I love making new friends. Will you be my new friend?" Mr Mouse asked. "Yes, I will!" Bongi replied with a shout. "Then let's see what you can do," Mr Mouse said. "Well, I can make new friends, I can run and I can ask for the big elephants to help me look for food". "Yes, there are lots of things a little elephant can do. As long as you make a friend and ask for help, you will be all right."



Appendix A

Refer to session 5, Activity 2.



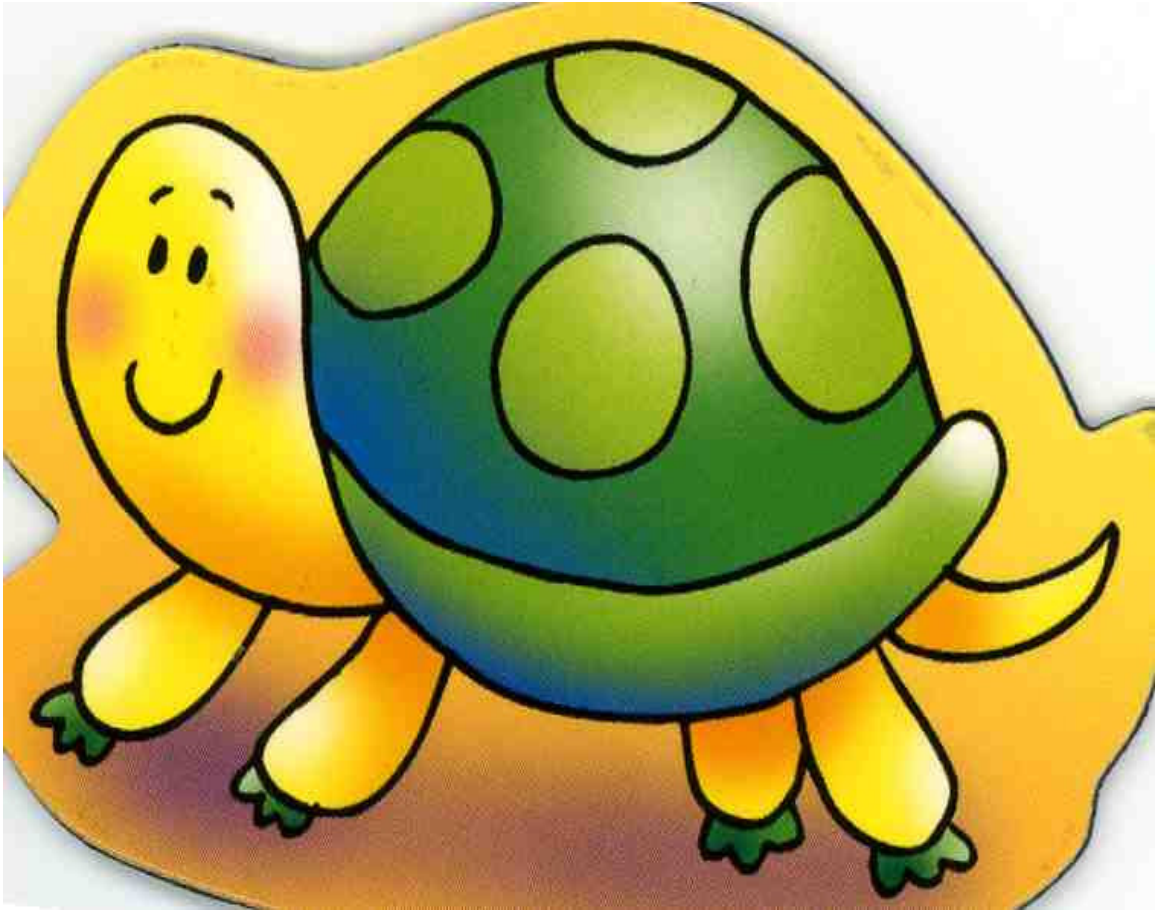


Appendix B

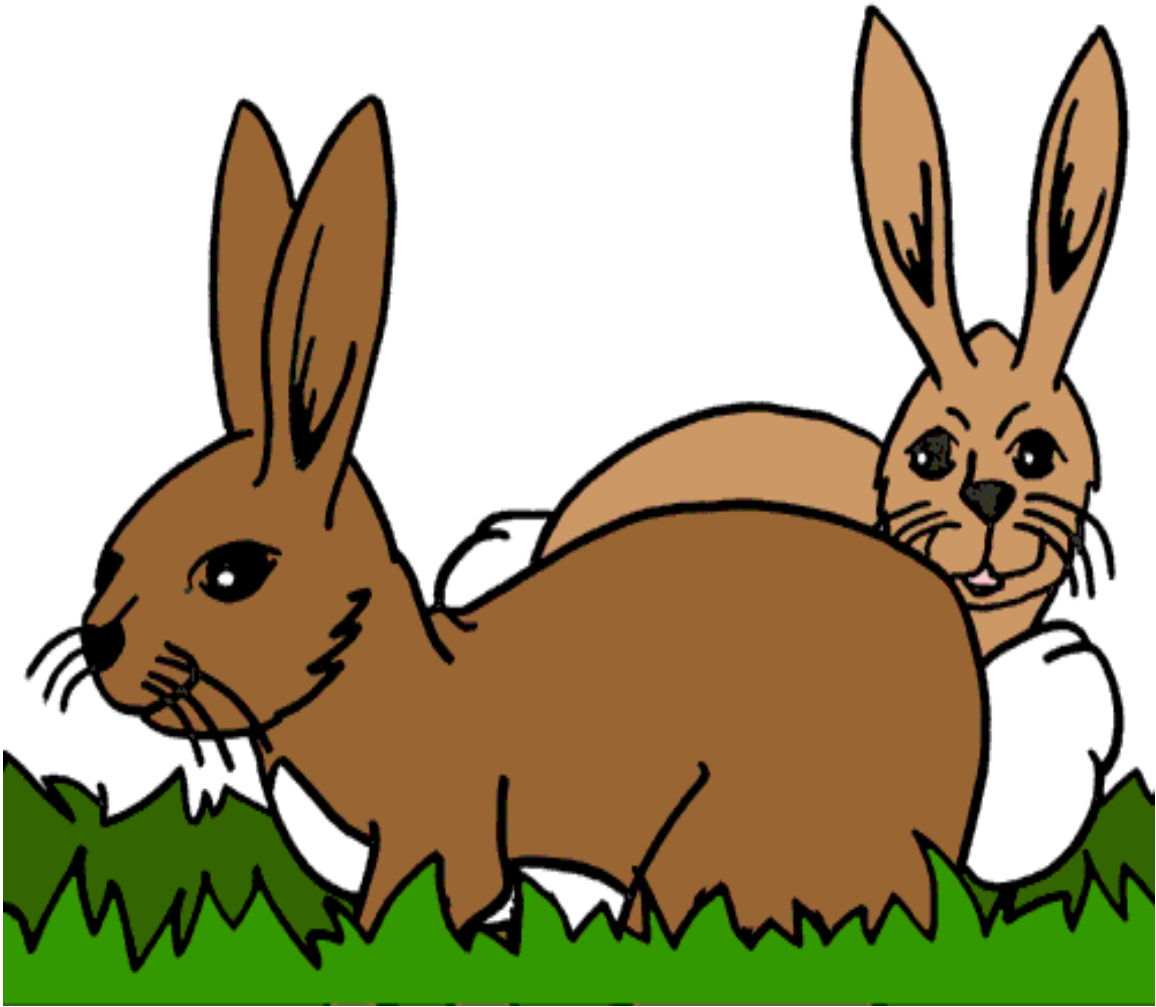
Refer to session 7.



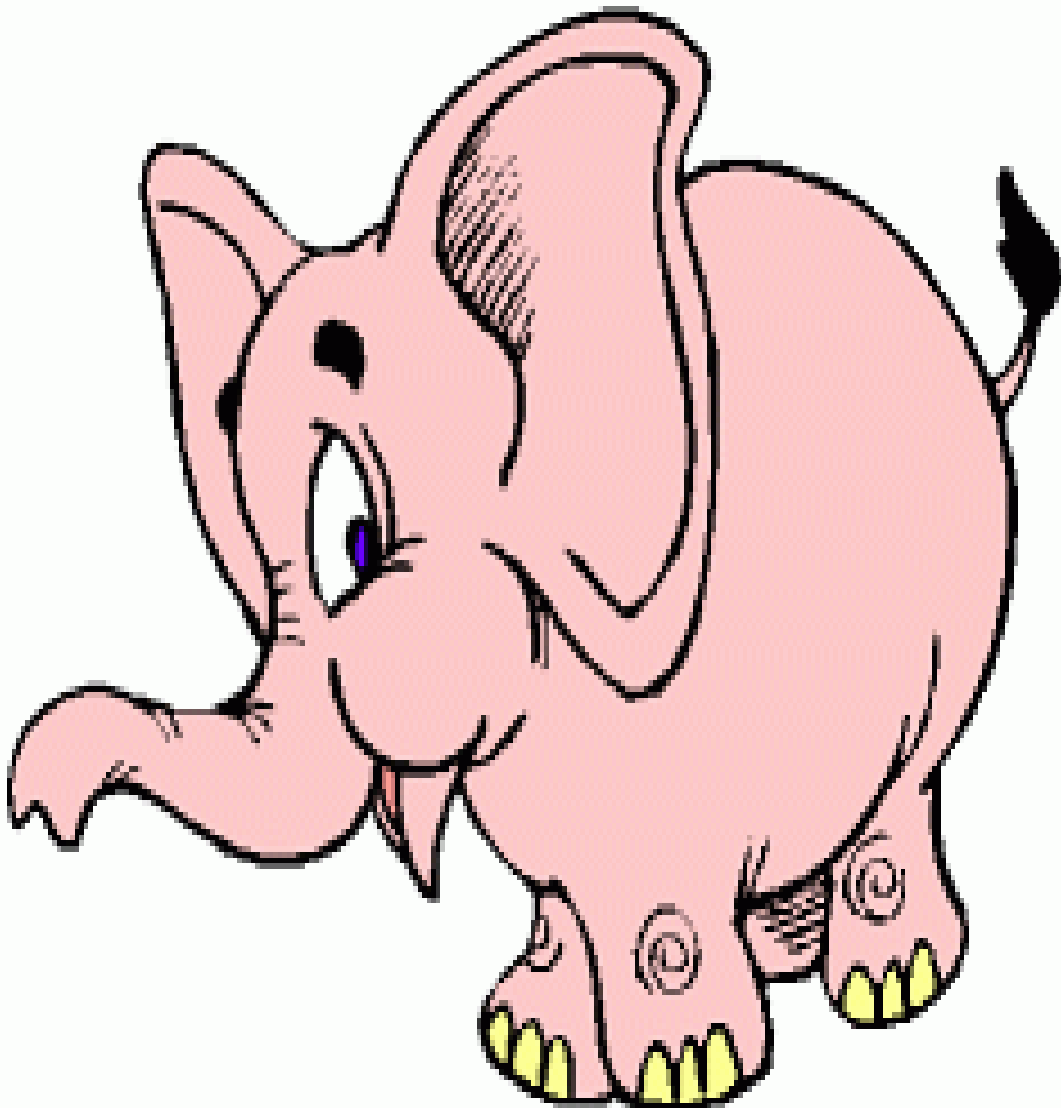
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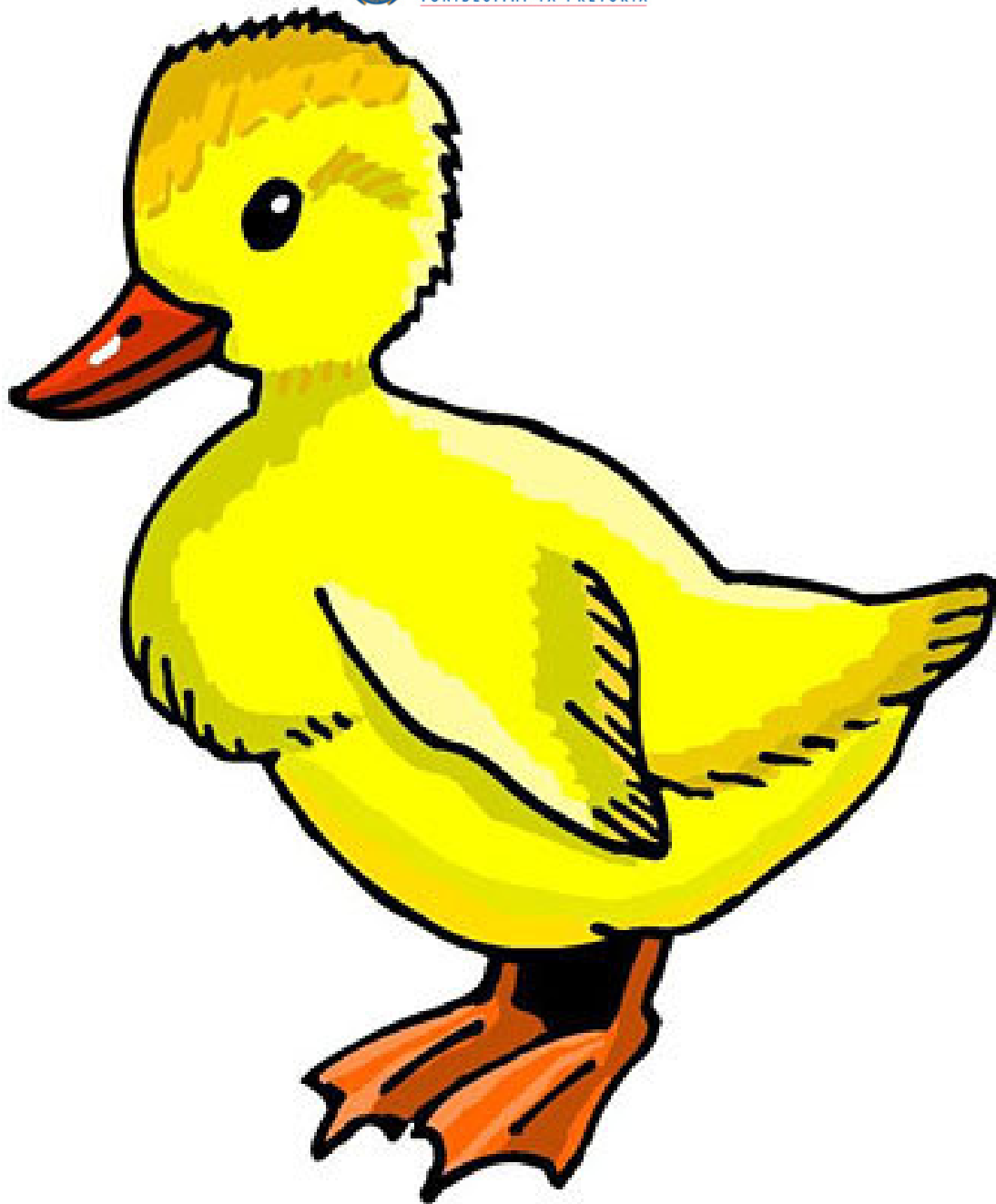
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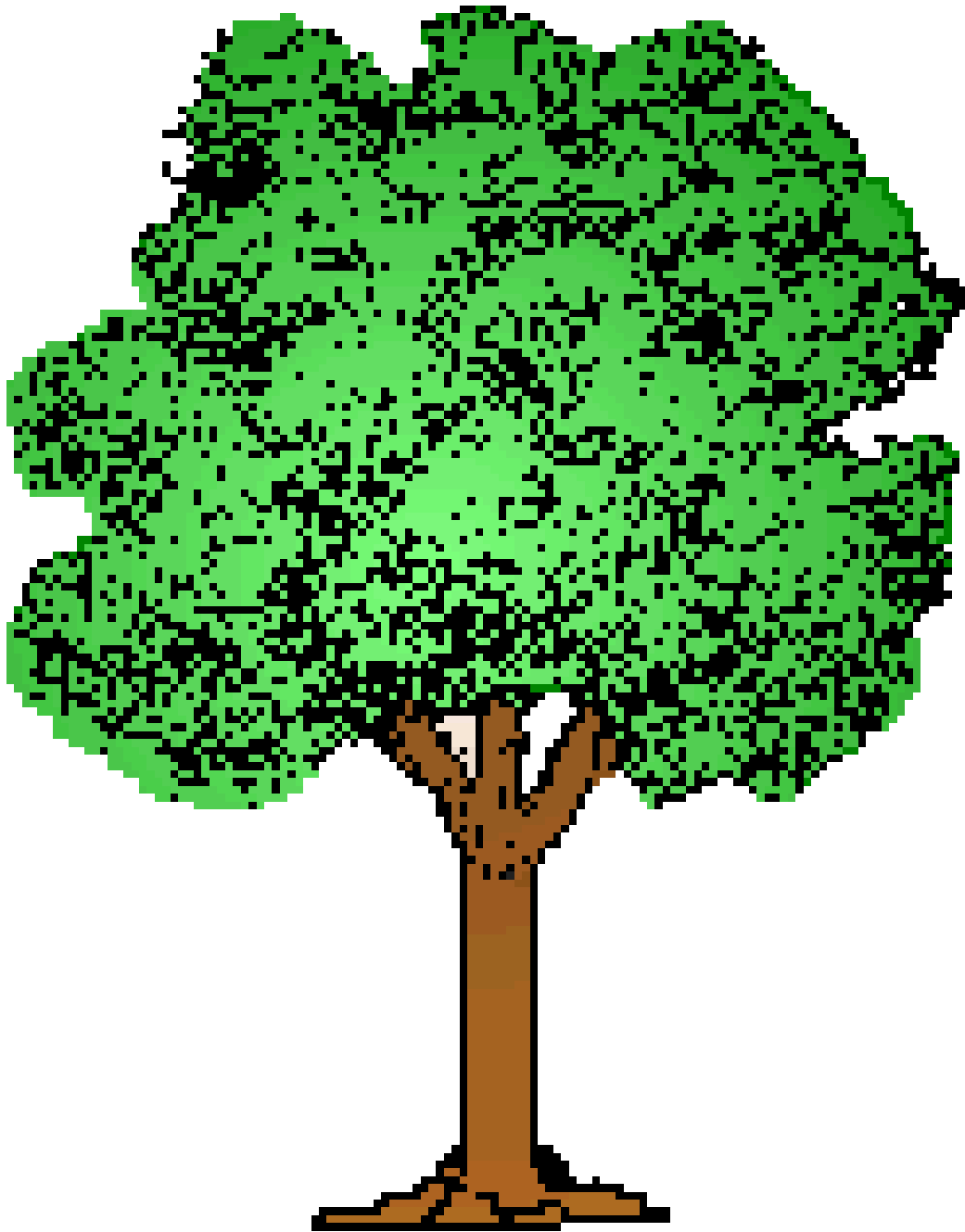
rabbit



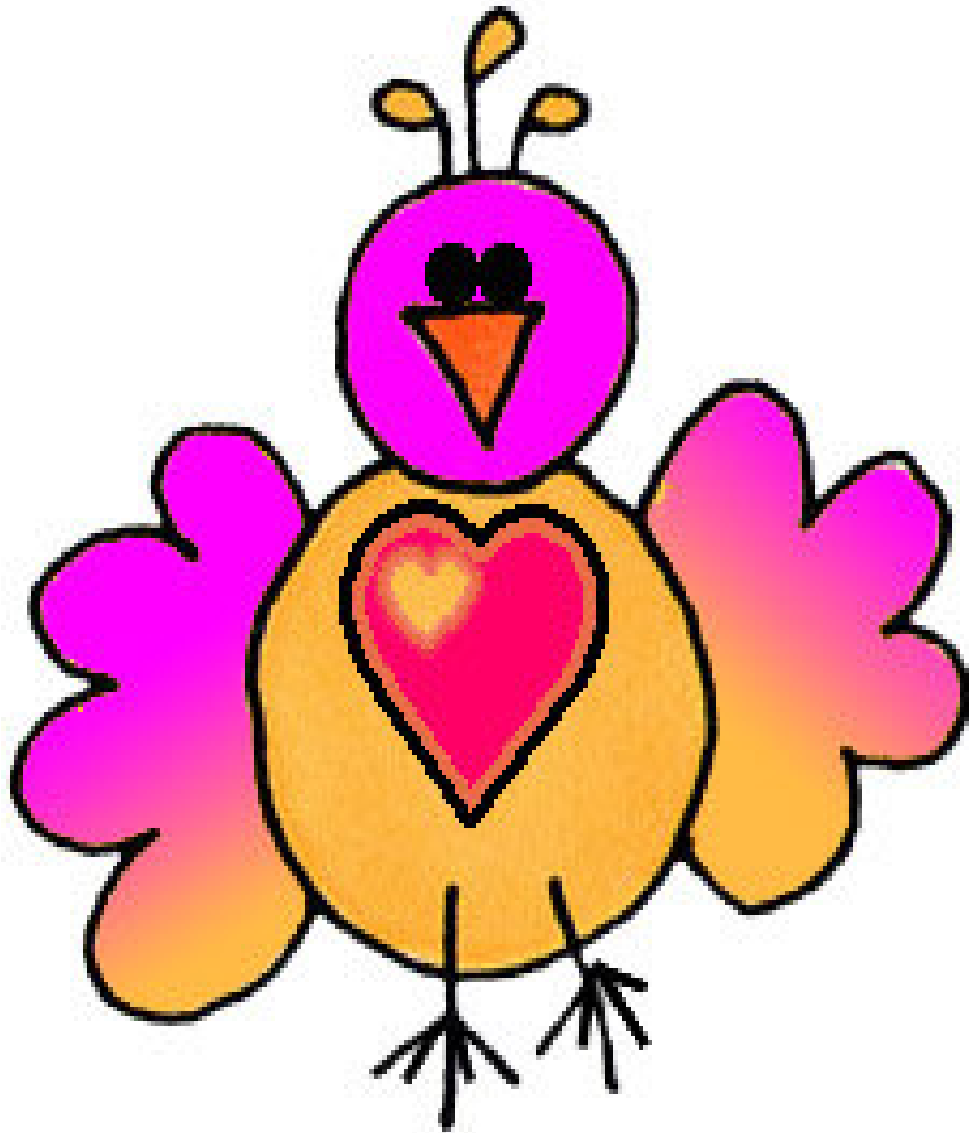
elephant



duck



tree



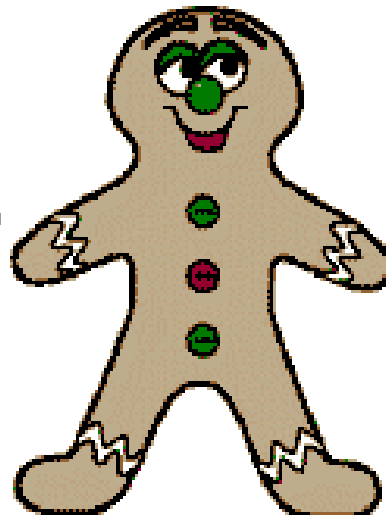
bird



Appendix C

Refer to session 8.

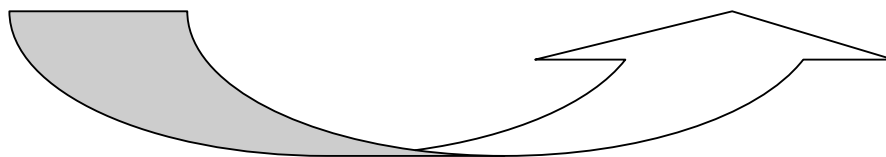
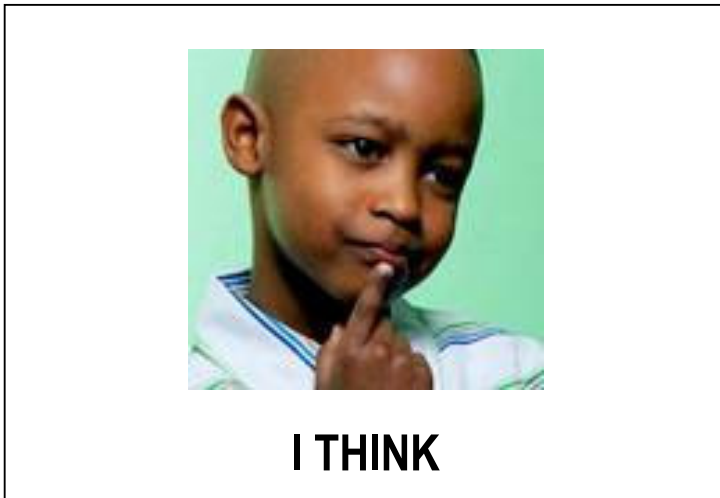
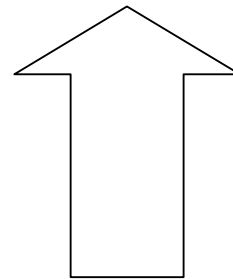
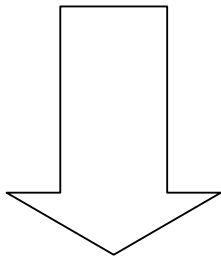
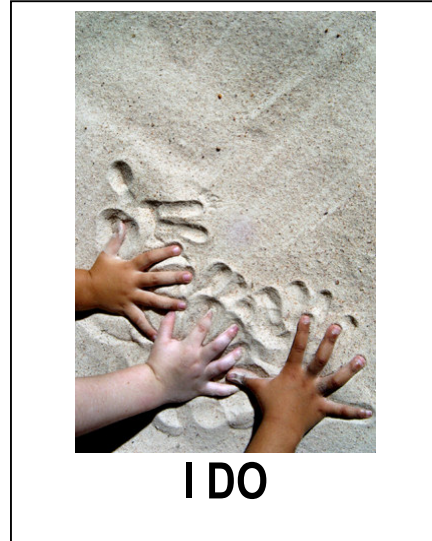
Ideas for decorating the gingerbread man.





Appendix D

Refer to session 10.





Appendix E

Refer to sessions 11, 12 and 13.

Happy song

1. If you're happy and you know it, clap your hands (clap, clap, clap)
If you're happy and you know it, clap your hands (clap, clap, clap)
If you're happy and you know it, and you really want to show it,
If you're happy and you know it, clap your hands (clap, clap, clap)

2. If you're sad and you know it, hug a friend (hug, hug, hug)
If you're sad and you know it, hug a friend (hug, hug, hug)
If you're sad and you know it, and you really want to show it,
If you're sad and you know it, hug a friend (hug, hug, hug)

3. If you're angry and you know it, stamp your feet (stamp, stamp, stamp)
If you're angry and you know it, stamp your feet (stamp, stamp, stamp)
If you're angry and you know it, and you really want to show it,
If you're angry and you know it, stamp your feet (stamp, stamp, stamp)

4. If you're scared and you know it, tell someone (tell, tell, tell)
If you're scared and you know it, tell someone (tell, tell, tell)
If you're scared and you know it, and you really want to show it,
If you're scared and you know it, tell someone (tell, tell, tell)



Appendix F

Refer to sessions 10 and 11, Activity 1.





Appendix G

Refer to session 10 and 11, Activity 2.





Appendix H

Refer to session 10 and 12, Activity 1.





Appendix I

Refer to session 10 and 12, Activity 2.





Appendix J

Refer to session 13, Activity 1.





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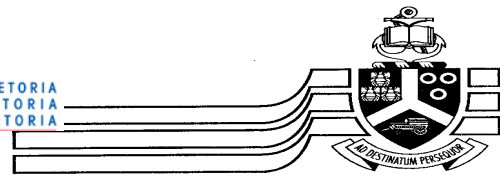
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APPENDIX B

Permission to conduct research and informed consent

- Ethical clearance of the Kgolo-Mmogo project
- Ethical clearance of the Ethics Committee of the Faculty of Education, University of Pretoria
- Informed consent of volunteer care workers



Soutpansberg Road
MRC-Building
Room 2 - 19

Private Bag x 385
Pretoria
0001

Number : 144/2005

Title : Promoting Resilience in Young Children of HIV-infected women in South Africa.

Principal Investigators: Prof Irma Eloff; Prof Brian Forsyth

Co Investigators : Dr A de Villiers, Prof B Jeffry, Dr L Ebersohn, Dr R Ferreira, Prof M Visser, Dr J Makin: Serithi Project; Kalafong Hospital University of Pretoria anelize@kalafong.up.ac.za.

Sponsor : **None**

VAT No : **No**

Study Degree : **No**

This Protocol has been considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 26/10/2005 and found to be acceptable.

| | |
|------------------------|---|
| Mr P Behari | B.Proc. KZN; LLM – Unisa; (Lay Member) |
| *Advocate AG Nienaber | (female) BA(Hons) (Wits); LLB; LLM (UP); Dipl. Datametrics (UNISA) |
| *Prof V.O.L. Karusseit | MBChB; MFGP (SA); M.Med (Chir); FCS (SA): Surgeon |
| Dr M E Kenoshi | MB, ChB; DTM & H (Wits); C.E.O. of the Pretoria Academic Hospital |
| Prof M Kruger | (female) MB.ChB.(Pret); Mmed.Paed.(Pret); PhD. (Leuven) |
| Dr N K Likibi | MB.BCh.; Med.Adviser (Gauteng Dept.of Health) |
| *Dr F M Mulaudzi | (female) Department of Nursing, |
| *Mrs E.L. Nombe | (female) B.A. CUR Honours; MSC Nursing – UNISA (Lay Member) |
| *Snr Sr J. Phatoli | (female) BCur (Et.Al) Senior Nursing-Sister |
| *Dr L Schoeman | (female) Bpharm, BA Hons (Psy), PhD |
| Prof H.W. Pretorius | MBChB; M.Med (Psych) MD: Psychiatrist |
| *Prof J.R. Snyman | MBChB, M.Pharm.Med: MD: Pharmacologist |
| *Dr R Sommers | (female) MBChB; M.Med (Int); MPhar.Med; |
| Prof TJP Swart | BChD, MSc (Odont), MChD (Oral Path) Senior Specialist; Oral Pathology |
| *Prof C W van Staden | MBChB; Mmed (Psych); MD; FTCL; UPLM; Dept of Psychiatry |

DR R SOMMERS; MBChB; M.Med (Int); MPhar.Med.
SECRETARIAT of the Faculty of Health Sciences Research Ethics Committee - University of Pretoria



UNIVERSITY OF PRETORIA
FACULTY OF EDUCATION
RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

DEGREE AND PROJECT

INVESTIGATOR(S)

DEPARTMENT

DATE CONSIDERED

DECISION OF THE COMMITTEE

CLEARANCE NUMBER :

EP09/04/02

MEd Opvoedkundige Sielkunde

Exploring the experiences of volunteer care workers facilitating an intervention programme with vulnerable pre-school children.

Maryke Duvenhage

Opvoedkundige Sielkunde

20 August 2009

APPROVED

Please note:

For Masters applications, ethical clearance is valid for 2 years

For PhD applications, ethical clearance is valid for 3 years.

CHAIRPERSON OF ETHICS COMMITTEE

Dr S Bester

DATE

20 August 2009

CC

Dr R Ferreira

Prof I Eloff

Ms M Finestone

Ms Jeannie Beukes

This ethical clearance certificate is issued subject to the following conditions:

1. A signed personal declaration of responsibility
2. If the research question changes significantly so as to alter the nature of the study, a new application for ethical clearance must be submitted
3. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.



7 February 2009

INFORMED CONSENT

Dear _____

I am currently a M.Ed student in Educational Psychology, for which purposes I am conducting a research study. My research forms part of the broader Kgolo-Mmogo project, in which you fulfil the role of volunteer care worker. The focus of my research is on the experiences of you, as volunteer care workers, in facilitating an intervention program with 3 to 5-year old vulnerable children.

You are hereby invited to participate in my study. During the research process, I will observe five of the intervention sessions you facilitate with one group of children. During these observations, I will make field notes and also use a camera to supplement my notes. In addition, I will conduct a focus group discussion with you and the other participating care workers, focusing on your experiences as facilitators of an intervention programme. I also plan a follow-up focus group for the purpose of member checking – a process by which I will convey my understanding of your experiences as stated during the initial focus group discussion, and request you to indicate whether or not I had understood you correctly. The focus group discussions will be recorded with a dictaphone, whereafter the content will be transcribed verbatim in order for me to analyse.

Throughout the research process, I will adhere to the ethical principle of privacy, thereby respecting your confidentiality and protecting your anonymity at all times. When reporting on the findings of my study, I will remove any identifying information, thereby protecting you from being identified. You may also withdraw yourself or your contribution from the research process at any time, should you wish to do so.

The results from my study could contribute to existing literature on the experiences of volunteer care workers when working with vulnerable children. It could be useful to professionals and other volunteer care workers in understanding these experiences better, and possibly provide some support and guidance to practising care workers. The findings of my study may be published in professional journals or presented at professional conferences, but my records will not be revealed at any time, unless required by law.

If you are willing to assist me, kindly complete the section below. If you have any inquiries during the research process, you are welcome to contact me or my supervisors.

Thank you in advance.

Mrs Maryke Duvenhage
Researcher
082 490 6950

Dr Ronél Ferreira
Supervisor
083 258 7747

Prof Irma Eloff
Co-supervisor
073 283 4897

Ms Michelle Finestone
Co-supervisor
082 623 3575

I understand my rights as a research participant and I voluntarily consent to participate in this study. I hereby consent that photographs may be taken and that the focus group discussions may be recorded with a dictaphone and I understand that my identity will be protected throughout the research process and product. I also understand my right to withdraw at any time, should I wish to do so.

Participant's signature: _____ Date: _____



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

APPENDIX C

Field notes



COLOURS FOR THEMATIC ANALYSIS OF FIELD NOTES

Foreseen versus real scenario

- More than anticipated
- Implying diverse responsibilities

Positive experiences

- Experiencing meaningfulness
- Self-development
- Feelings of pride, excitement and joy

Challenges

- Dealing with negative emotions
- Conflict management
- Becoming more flexible
- Dealing with stress

Importance of continuous support

- Importance of training and a structured manual
- Value of regular debriefing
- Support by colleagues

Field notes

10 Februarie 2009

Die care workers en Jorina is so vriendelik en reik graag uit. Dit voel lekker om daar te kom. Mens voel sommer dadelik deel van die groep. Jorina is 'n warm en hartlike mens, wat graag gesels. Die opset is oulik en hulle is goed ingerig. Die gebou is net vreeslik warm en veral in die warm somer kan dit 'n uitdaging raak.

Die intervensieprogram behels duidelik meer as wat die fasiliteerders aanvanklik gedink het.

The intervention programme clearly entailed more than what the facilitators initially thought it would entail.

More than anticipated

Alhoewel hulle met die kinders speel, is die fasilitering van die sessies baie meer gestruktureerd as wat hulle verwag het, en maak hulle gebruik van die handleiding as riglyn vir die fasilitering van die sessies.

Although the facilitators play with the children, the facilitation of the sessions are much more structured than what they expected, and they make use of the manual as a guideline for facilitating the sessions.

More than anticipated

Die fasiliteerders lyk moeg na die sessie, maar dit is so duidelik dat hulle dit baie geniet om met die kinders te werk. Hulle raak egter emosioneel baie betrokke en vertel van die effek wat die kinders op hulle het. Hulle is soms baie bekommerd oor van die kinders en sukkel om af te skakel na 'n dag se werk.

The facilitators look tired after a session, but it is so clear that they enjoy working with the children. However, they tend to become emotionally

Dealing with stress

involved and told me about the effect the children has on them. They are sometimes very worried about some of the children and have difficulty switching off after a day's work.

Dealing with
negative emotions
Dealing with stress

Oppad uit het ons die mamma met die herpes en haar dogtertjie gekry. Hulle het so gretig gelyk om daar te wees, al was hulle so laat.

17 Februarie 2009

Ek geniet die sessies baie. Dit is lekker om te sien hoe die program waaraan ek en Susan ure gewerk het, geïmplimenteer word. Ek voel regtig trots op die manier waarop die care workers die program implimenteer.

Rose is duidelik die sterker leier – dalk hou dit verband met hulle kultuur aangesien sy ouer as Margaret is – en sy neem die leiding met die sessie. Tog sit Margaret nie net terug nie en alhoewel sy 'n meer passiewe rol inneem, kom sy met sekere aktiwiteite sterk oor. Dit is byvoorbeeld duidelik dat die 'puppet shows' haar sterkpunt is en sy leef haar heeltemal in die stories is. Hulle is so entoesiasies oor elke dingetjie wat hulle saam met die kinders doen. Hulle doen ook geweldig baie moeite om seker te maak die kinders verstaan die aktiwiteite en moedig hulle aan om deel te neem en hulle beste te probeer.

Die fasilitering van die intervensieprogram het ook 'n verskeidenheid verantwoordelikhede tot gevolg – verantwoordelikhede wat die care workers nie verwag het nie.

Implying diverse
responsibilities

The facilitation of the intervention programme led to a variety of responsibilities – responsibilities that the care workers did not expect.

Die care workers moet in staat wees om die aktiwiteite van die dag vinnig en effektief te verander wanneer hulle sien dat 'n betrokke kind nie die aktiwiteite sal kan voltooi nie.

Becoming more

The care workers have to be able to change the activities for the day quickly and effectively when they see that a particular child will not be able to complete the tasks.

flexible

Die care workers se betrokkenheid by die program dra ook by tot die ontwikkeling van sekere interpersoonlike vaardighede soos hulle verhoudinge met familie en vriende.

The care workers' involvement in the programme contributed to the development of certain interpersonal skills, such as their relationships with friends and families.

Self-development

24 Februarie 2009

Sjoe, maar it was vandag warm gewees! Baie drukkend, en ek is seker dit het laatmiddag gereën in Mamelodi. Ek hoop nie die care workers het nat gereën nie! Dit was vandag weereens verstommend hoeveel moeite die care workers doen om die kinders te help. Hulle het soveel geduld en gee net nie op nie! Die kinders geniet die sessies en mens kan sien dat hulle al meer vertrouwd raak met die emosies. Ek kom ook agter dat hulle nou al meer gewoond is aan my, en nie meer so skaam en skugter optree nie.

Rose en Margaret het op die oog af 'n goeie verhouding en vul mekaar goed aan. Hulle maak 'n oulike span.

Die fasiliteerders maak baie staat op die ondersteuning van die ander care workers.

The facilitators rely greatly on the support of the other care workers.

Hulle noem ook dat die debriefing sessies met hulle supervisor en die navorsingkoördineerder uiters waardevol is en dat hulle baie daarby baat vind.

They also mention that they regard the debriefing sessions with their

Support by

supervisor and the research coordinator as extremely valuable and they gained a lot from it.

colleagues
Value of regular
debriefing

Die care workers voel soms, veral aan die begin van die projek, dat hulle verantwoordelik is vir die kinders se negatiewe houding teenoor die intervensie.

The care workers occasionally feel, especially at the onset of the project, that they are responsible for the children's negative attitudes towards the intervention.

Self-development

Gesprekke met hulle supervisor en die navorsingkoördineerder het hulle ook gehelp om te beseft dat dit nie die geval is nie, en dat hulle dus nie verantwoordelik is vir die kinders se houdings nie.

Discussions with their supervisor and the research coordinator also assisted them in realising that this was not the case, and that they are therefore not responsible for the children's attitudes.

Self-development
Dealing with stress

3 Maart 2009

Die care workers se betrokkenheid by die intervensie blyk nie net iets te wees wat hulle geniet nie, maar ook iets wat waarde tot hulle lewens byvoeg.

The care workers' involvement in the intervention not only seemed to be something they enjoy, but also something that adds value to their lives.

Experiencing
meaningfulness

Hulle voel hulle maak 'n verskil in die lewens van ander mense en voel dus hulle beteken iets.

They feel that they make a difference to the lives of other people and they therefore experience meaningfulness.

Experiencing
meaningfulness

Hulle lyk so trots en gelukkig wanneer hulle met die kinders werk en veral wanneer hulle sukses beleef.

They look so proud and delighted when they work with the children and especially when they experience success.

Feelings of pride,
excitement and joy

Ook wanneer die kinders openlik deelneem aan die sessies en dit geniet, kan mens sien dat die fasiliteerders trots en tevrede voel, en dit ook geniet.

Self-development

Also when the children participate openly and enjoy the session, one can see that the facilitators are feeling proud and pleased, and they also enjoy the sessions.

10 Maart 2009

Laaste sessie. Ek gaan hulle mis. Ek is tevrede met die veldhouding tussen my en die care workers, maar dit voel soms vir my asof ek weerstand vanaf Margaret kry. Ek wonder hoekom. Die observasies van die 5 sessies was werklik 'n baie besondere ervaring. Dit het my horisonne verbreed en behalwe dat ek nou baie beter weet wat die Kgolo-Mmogo projek behels, weet ek ook meer van MIV/VIGS en die stigmas wat daaraan kleef.

Die fasiliteerders noem dat hulle betrokkeheid by die program hulle meer bewus gemaak het van die behoeftes van ander mense, veral die emosionele behoeftes.

Self-development

The facilitators mention that their involvement in the programme has made them more aware of the needs of other people, especially the emotional needs.

Hulle is dus meer ingestel op ander se emosies.

Self-development

They are therefore more focused on the emotions of others.

Die fasiliteerders beleef hulle rol as fasiliteerders as baie stresvol en uitputtend, maar tog baie bevredigend.

Dealing with stress

The facilitators perceive their role as very stressful and tiring, but nonetheless rewarding.

Hulle erken dat hulle nie die werk kan doen sonder die hulp en



ondersteuning van hulle kollegas, sowel as hulle supervisor en die navorsingkoördineerder nie, maar noem ook dat hulle ook maar soms lekker kan vassit met die ander care workers.

Support by
colleagues

They admit that they will not be able to perform their duties without the help and support from their colleagues, as well as their supervisor and the research coordinator, but they also mention that they often have quarrels with the other care workers.

Value of regular
debriefing
Conflict
management

Hulle noem dat hierdie program hulle ook geleer het om konflik beter te hanteer.

Conflict
management

They mention that this program has taught them to handle conflict more effectively.



APPENDIX D

Extracts from reflective journal

COLOURS FOR INITIAL THEMATIC ANALYSIS OF REFLECTIVE JOURNAL

| | |
|--|-------------------------------------|
| Informal interaction, playing and having fun | Pink |
| Structure and manual (value thereof) | Bright green |
| Looking after children, focussing on general developmentally appropriate behaviour | Light orange |
| Informative | Turquoise |
| Personal change and growth, expansion of knowledge and insight | Light blue |
| Exposing children to new experiences, out of the ordinary behaviour | Purple (more colours) |
| Children's resistance and reluctance; lack of trust | Red |
| Own emotions | Gold |
| Inability to separate professional and personal life | Brown (more colours) |
| Effect on own family | Violet |
| Pressure | Pink (more colours) |
| Desire to assist children | Plum |
| Providing physical and emotional comfort | Green |
| Openness to surprises | Lime |
| Logistical challenges | Pink (Bold) |
| Variety in groups | Bright green (Bold) |
| Lack of / value of knowledge and experience | Light orange (Bold) |
| Difficulty level of activities in manual | Turquoise (Bold) |
| Believing in children and their abilities | Light blue (Bold) |
| Enjoyment | Purple (more colours) (Bold) |
| Importance of support of colleagues and supervisors | Red (Bold) |
| Physical discomfort caused by interaction with children / colleagues | Gold |
| Sufficient compensation | Brown (more colours) (Bold) |
| Conflict with colleagues | Green (Bold) |
| Training | Lime (Bold) |

Thematic analysis of reflective journal

5 Februarie 2009

Ek het vandag 'n afspraakie by Ronel gehad om beplanning te doen vir die tyd wat voorlê. Ek moet die volgende doen:

- ☺ Maak met Michelle afsprake vir die 5 observasies (verhoudingstigting NB), en begin so gou as moontlik
- ☺ Reël ook met Michelle oor die fokusgroepbespreking
- ☺ Nooi Michelle uit om my voorlegging van 20 Februarie by te woon
- ☺ Kry die numering reg in my voorlegging
- ☺ Kry die uitstaande bladsynommers van die De Vos-boek
- ☺ Werk solank aan die vrae vir die fokusgroepbespreking, asook die etiese klaring en hoofstuk 3
- ☺ Ronel gee ook vir my die naam en nommer van iemand wat vir my die fokusgroepbesprekings kan transkribeer – Mary-Anne Makgoka (082 785 0257)

10 Februarie 2009

Vandag was my eerste observasie-besoek aan die *care workers* en dit was wow. Ek was vanoggend nie baie lus nie, want ek herstel nog van 'n aaklige brongitis en ek moes werk vandag, so my dag was lank. Dit het amper soos die Tutela-dae van ouds gevoel – werk of assesseer, en wanneer jy eintlik wil begin afskakel vir die dag en huis toe gaan, moet jy Tutela toe piekel...of nou Mamelodi toe in hierdie geval. Ja, dit was in

Mamelodi. Die Kalafong-groepe is nou klaar en daarom moes ek Mamelodi toe ry. Ek was aanvanklik bietjie senuweeagtig hieroor – ek ken mos nie Mamelodi nie, maar Mari-Lise het saamgery, en tot my verligting is die dienssentrum eintlik in die buitewyke van Mamelodi. Ek het glad nie bang gevoel nie – wat my eintlik die meeste gespanne gemaak het, was die simpel taxis wat soos varke ry!

In elk geval, ek het vanoggend vir Michelle gebel om die aanwysings te kry en te bevestig dat ek gaan. Sy het ook vir my Jorina (die maatskaplike werker) se nommer gestuur. Nadat ek vir ML opgelaai het, het ons gou 'n vinnige pitstop by Mackie D's gemaak en het ek sommer gou vir Jorina gebel om te sê ons is op pad en sy kan ons teen 14:30 verwag. En daar trek ons.

Michelle se aanwysings was baie volledig en ons het die plek maklik gekry. Vandat Jorina ons buite ontvang het, was ek oorweldig deur haar hartlikheid en opgewondenheid. Terwyl ons so stap na die lokaal toe, hou sy ons op hoogte van hoe dit met die projek gaan en wat alles aangaan – baie interessante inligting.

My verbasing was groot toe 2 van die care workers – Margaret & Catherine – my onthou! Hulle het tot uitgevra hoe dit met Christian gaan! Ek en Susan het begin 2007 die opleiding met hulle gedoen en ek het regtig nie gedink hulle sal my onthou nie! Dit is vir my 'n duidelike aanduiding dat daar reeds 'n fondasie vir 'n goeie verhouding is. Ongelukkig is Catherine nie meer by die 3 tot 5-jariges nie omdat die 6-10 groepie te groot raak en sy daar benodig word. Die nuwe *care worker* by die 3-5's is Rose.

Catherine gaan egter nogsteeds deel van my steekproef wees omdat sy wel die program met die 3 tot 5-jariges gefasiliteer het. Nadat ons almal ontmoet het (die 6-10's se *care workers* ook)

het Jorina ons op 'n toer deur die gebou geneem (Sjoe, maar daardie sinkdak maak die plek warm!). Sy verduidelik vir ons hoe hulle fondse werk, wie borge skenk, en al die belangrike dingetjies wat die projek vlot laat verloop. Daarna het ons in die (effens) koeler voorste vertrek gaan sit en het sy vir ons vertel van die groepies, die dinge wat al daar gebeur het, mamma's en kinders wat hulle harte raak en hoe **trots sy op die care workers is oor hoe hulle moeilike situasies hanteer**. Volgens haar het hulle al **so baie geleer en gegroei** sedert hulle by die projek betrokke geraak het. Sy het ons ook vertel dat meeste van die care workers ook HIV-positief is – iets was ek nie geweet het nie en wat natuurlik my verwagtinge van hulle ervaringe heeltemal verander. As gevolg van hulle HIV-status kan hulle “relate” met die mammas en verstaan hulle die mammas se vrese en bekommernisse soveel beter. Hulle het dan ook seker hulle eie vrese as hulle sien hoe mammas agteruitgaan en sieker word, en besef dat dit moontlik vir hulle voorlê. Ek hoop regtig dat hulle openhartig met my sal gesels – al is dit nie oor hulle eie status nie, maar dat ek darem 'n dimensie hiervan in die vertellings van hulle ervaringe optel. Omdat ek graag soveel as moontlik van hulle persoonlike gevoel in die vertellings van hulle ervaringe wil optel, dink ek dat ons die eerste fokusgroepbespreking nie in Februarie moet hou nie, maar eers in Maart. Ek wil hulle genoeg tyd gee om aan my gewoond te raak en my te vertrou, en hopelik deel hulle sommer baie!

Jorina deel interessante brokkies van mammas en kinders wat met die gesamentlike sessies aanvanklik nie saam kan speel nie, maar later heerlijk saam planne maak en speel. Van 'n seuntjie (sy boetie is in die 3-5-groepie) wat aanvanklik net op die trappies buite gesit het en nie wou deelneem nie. Die *care workers* het hom nie geforseer om deel te neem nie, maar ook vir hom tekengoed, 'n

Personal change and growth,
expansion of knowledge and
insight

Openness to surprises

sappie en chippies gegee. Hierdie seuntjie is HIV-positief en eintlik baie siek, en op grond van die kriteria vir die kinders in die groepe behoort hy nie deel van 'n groep te wees nie, maar *die care workers en Jorina het gevoel dat hy dit so nodig het*. Sy selfbeeld was blykbaar so swak en hy was 'n skaam, skugter kind. Geleidelik het hy elke week bietjie nuuskierig nader geskuif, totdat hy nou 'n volwaardige groeplid is. En dit gaan sommer baie beter met hom! Hy, sy ma en sy boetie kry elke week vars groente en vrugte om huis toe te neem.

Dan is daar die mamma met herpes – haar gesig lyk baie sleg, maar soos sy self sê, ons weet nie hoe die res van haar lyf lyk nie! Tog lag en gesels sy en neem sy deel aan die groepie.

Ons het ook gesels oor die nie-blankes se kultuur en die geweldige stigma wat daar (steeds) aan HIV/VIGS kleef. Ook hulle vrees om te “disclose” aangesien hulle moontlik deur hulle families en vriende verwerp en verstoot gaan / kan word. Verder vertel Jorina ons dat 'n nie-blanke mamma wat haar babatjie met 'n bottel melk gee, verdink word daarvan dat sy HIV-positief is, en daarom sal sy liever, ten spyte van haar status, haar babatjie borsvoed. Hoe hartseer is dit nie! Ook verwag die staat dat mense die kliniek in hulle gemeenskap besoek ter wille daarvan dat die dienste eweredig versprei word. Maar juis omdat HIV-positiewe persone dan hulle ARV's by die kliniek in hulle gemeenskap moet kry, is hulle bang hulle loop iemand raak wat hulle ken, en daarom gaan haal hulle nie die ARV's nie. En ook het van die mamas wat na die groepies toe kom, nog nie hulle status aan hulle families en vriende, en nie eens aan hulle “partners” bekend gemaak nie. En hierdie “partners” gebruik nie kondome nie, en so word nie virus net verder versprei. Ek dink

Desire to assist children

nie ons besef aldag hoe groot probleem hierdie in ons land is nie!!

Na ons gesprek met Jorina het die mammas en kinders begin opdaag. Eers kry elkeen 'n bietjie sap, en daarna gaan hulle na die onderskeie groepies. In ons groepie was aanvanklik net een seuntjie. Die ander groeplid, 'n dogtertjie, het opgedaag toe ons na die groepsbyeenkoms oppad uit was.

Ek was absoluut verstom oor die Rose en Margaret se **entoesiasme en ywer!!** Waar kry hulle die energie vandaan? **Hulle gee alles ter will van die kinders!** Ons het die *obstacle course*-lessie gedoen en hulle het eers hersieining van die vorige lessies oor My Body gedoen. Al het hulle in hulle taal gepraat, kon ek goed volg waaroor dit gaan. Met die obstacle course doen hulle (sover moontlik) **alles saam** – oor die tafel, onder deur die stoele, gryp 'n bal en hardloop...alles om hom te help om deel te neem en te leer uit die aktiwiteit, en dit was duidelik vir hulle ook **baie lekker en hulle positiewe ingesteldheid en entoesiasme** is aansteeklik. As dit nie was vir my swangerskap nie, het ek saam met hulle die *obstacle course* gedoen en ook gespring en gehop. Mens kon sien hoe baie hulle die **interaksie** met die seuntjie geniet en **al was hy skaam** (moontlik omdat ons daar was), het hy dit ook baie geniet. Nadat hulle rondgespring het en poot-uit was, het hulle saam met hom elk 'n prentjie van hulleself geteken – ook deel van die My Body-afdeling. Hulle het dit verlede week gedoen, maar toe was hy afwesig. Ook dit het hulle met **entoesiasme gedoen**, en hulle het hom die hele tyd **geprys en aangemoedig**. Hy het pragtig deelgeneem en so mooi geteken.

Ek is so beindruk met Rose en Margaret! **Hulle gee al hulle energie** vir die groepie en dit lyk regtig asof hulle bereid is om al hulle inhibisies te verloor net om die **doelwitte van die sessie te**

Enjoyment

Desire to assist children

Desire to assist children

Enjoyment

Desire to assist children

Children's resistance and reluctance; lack of trust

Enjoyment

Believing in children and their abilities

Enjoyment

Desire to assist children

bereik. Hulle was sommer jonk van gees en lewenslustig. Ek haal my hoed af vir hulle!

12 Februarie 2009

Ek was vandag by Ronél om Prof Irma se terugvoer te kry en sy klink baie positief! Dit voel so lekker! Sy het 'n paar baie sinvolle voorstelle gemaak, maar nie veel verander aan my voorlegging nie. Sy het oral mooi kommentaar geskryf en plakkertjies geplak en ek voel sommer trots op myself!

17 Februarie 2009

Vandag was ek weer Mamelodi toe. My kop was so seer en ek het amper vir Jorina gebel en gesê dat ek liever nie gaan kom nie, maar toe besluit ek om tog te gaan. Voor die sessie het ek en Rose en Margaret gesit en gesels oor ditjies en datjies – dinge wat ek seker nie onder normale omstandighede as belangrike gesprekspunte sal beskou nie, maar omdat ek graag met hulle 'n vertrouensverhouding wil vestig, was dit belangrik om oor Valentysdag en hulle families en kinders te gesels. Interessant was dat Margaret die gesprek geïnisieer het – asof sy behoefte gehad het om haar Valentysdag met my te deel. En Rose het net so lekker saamgepraat.

Weereens was ek verstom oor die *care workers* se **ingesteldheid en hulle toewyding**. Hulle verstom my! Dit was so warm, veral in daardie sinkdakgebou, maar hulle doen die lessie met **100% passie, oorgawe en entoesiasme**. Ek het bietjie met hulle gesels oor moontlike redes waarom die 3-5-jariges se groepie so klein is teenoor die 6-10-groepie wat altyd groter is. Hulle klink bietjie onduidelik oor waarom hulle dink ons groepie is kleiner – miskien het hulle nog nie baie daarvoor gewonder nie. Wat Rose wel genoem het is dat daar dikwels

Enjoyment

Desire to assist children

kinders in die 6-10 groepie is wat jonger boeties of sussies het wat HIV-positief is, en dus nie aan die kriteria vir ons groepie voldoen nie. Hiermee het hulle (en ek) 'n probleem want hulle voel dat hierdie kinders net so baie by die program kan baat.

Altwee ons groeplede was vandag daar – XXX, die Sotho-sprekende dogtertjie en YYY, die Zulu-sprekende seuntjie. Die *care workers* se taalvermoë het my ook verras – behalwe vir hulle puik Engels teenoor my, **kommunikeer hulle met soveel gemak in beide Sotho en Zulu**, en dus kan altwee kindertjies hulle maklik verstaan. XXX is baie skaam en **dit het haar 'n rukkie geneem om aan my gewoond te raak**, maar teen die einde het sy al hoe nader begin skuif en kort-kort vir my geglimlag.

Ek was flou aan die einde van die sessie en my kop wou bars, maar ek was so bly dat ek wel gegaan het! Vanaand gaan ek sommer vroeg in die bed klim.

24 Februarie 2009

Hoe lekker was dit nie om weer vandag Mamelodi toe te gaan nie. Die *care workers* is net ongelooflik. Hulle het **soveel geloof in die kindertjies en moedig hulle heelyd aan om hul bes te probeer**. AAA neem die leiding, maar BBB is net so betrokke en sit nie vir 'n oomblik terug nie. **Hulle twee het 'n baie mooi verhouding en hulle vul mekaar goed aan**. Ek wonder of AAA leiding neem omdat sy van nature 'n sterk(er) leier is, of dalk omdat sy ouer is en dit in hulle kultuur so werk.

Iemand het koek geskenk vir vandag, en ons en die kindertjies het elkeen 'n stukkie gekry. Die *care workers* leer vir die kindertjies maniere deur hulle te laat wag tot almal 'n stukkie, asook bietjie sap gekry het, voordat hulle kan begin eet. Die

Desire to assist children

Children's resistance and reluctance; lack of trust

Believing in children and their abilities

Importance of support of colleagues and supervisors

kinders weet teen die tyd al da dit is hoe dit werk, en hulle wag so geduldig.

Ek is regtig moeg vanaand, maar ek het dit so baie geniet vandag.

3 Maart 2009

Vandag was my tweede laaste besoek aan Mamelodi. Dit voel of ek nog so baie het wat ek wil sien en vra by Mamelodi, maar die tyd is nou vinnig besig om uit te hardloop. Ek het soveel waardering vir *care work* as 'n beroep en ek sou nog graag meer daarvan wil uitvind by die *care workers*. Ek sal ook wil weet hoe hulle by Kgolo-Mmogo beland het. Dalk kan ons tydens die fokusgroepbespreking daaroor gesels. Ek sien uit na die fokusgroepbesprekings en ek hoop van harte dat ons 'n goeie verhouding gevestig het sodat ek genoeg data sal kan kry.

Die *care workers* wil graag die kinders leer om mededeelsaam te wees, en daarom gee die *care workers* vir die kinders een boksie Smarties wat hulle moet deel. Dis te oulik om te sien hoe die kinders weet hulle moet deel, en dit wel doen, maar tog seker maak die ander een kry nie meer nie. Die *care workers* het dit so mooi hanteer en vir hulle verduidelik dat hulle moet deel, en gewys hoe hulle dit moet doen.

10 Maart 2009

XXX en ZZZ – dogtertjie van mamma in Mamma-groep (Boetie in 6 – 10-groep)

XXX onthou mooi van emosies

Rose **neem weer leiding**

Aktiwiteit oor “kwaad” aangepas en vervang met papier en kryte-aktiwiteit – werk baie goed

Desire to assist children

Openness to surprises

Baie bly oor elke maatjie – YYY wat laat gekom het
Moeilik vir kinders om gelukkige gesigte te maak - sit in ry –
sukkel om te wys hulle is gelukkig
XXX bou verlede week se legkaart vinnig en maklik – binne 5
minute
Rose voel dit is onregverdig as kinders uitgesluit word.

Prys kinders deurgaans en so bly as hulle iets regkry

Slegte weer verlede week – in die reën huis toe

Baie drukkies en liefde deurentyd

Desire to assist children

Believing in children and their
abilities

Logistical challenges

Providing physical and
emotional comfort

11 Maart 2009 – Fokusgroepbespreking

Vandag was die groot dag! Ek het lekker muffins gebak vir die geleentheid en hulle het dit baie waardeer. Dis vreemd hoe gespanne ek was oor vandag – miskien omdat ek weet ek het net hierdie een kans om hulle ervaringe te hoor, en as ek die gesprek nie reg lei nie, kan ek dalk daar wegry sonder enige betekenisvolle inligting. Wel, dit het toe baie goed gegaan. Michelle was darem ook daar om seker te maak hulle verstaan wat ek van hulle verwag. Verder het ek hulle die afgelope paar weke voorberei en aan hulle verduidelik wat ek van hulle verwag. Hulle kon dus al daarvoor gaan dink en ek is seker dit het bygedra tot die groot klomp inligting wat ek van hulle gekry het.

Ek is so dankbaar dat Ronél my aangeraai het om die videokamera vir *back-up* te neem, want toe pak my diktafoon op! Gelukkig het ek dit vinnig genoeg agtergekom, en geen data verloor nie. As ek nie die videokamera daar gehad het nie, was dit natuurlik 'n ander storie.

Die *care workers* het regtig waardevolle inligting gedeel en die gesprek het lekker gevloei. Hulle is werklik drie wonderlike mense en ek het soveel respek vir hulle. Wat sterk na vore gekom het, is die feit dat hulle gedink het hulle gaan net **met die kinders speel**, asof dit 'n crèche is, maar toe bevat die handleiding soveel **inligting** en is dit **baie meer gestruktureerd as wat hulle verwag het**. Hulle meld ook dat die program hulle **eie lewens baie verander het**, veral met betrekking tot **interpersoonlike verhoudinge en kommunikasie**. Verder noem hulle dat die program hulle **selfkennis** verbreed het.

Die *care workers* het 'n aantal uitdagings genoem op grond van hulle betrokkenheid by die intervensieprogram. Hulle beleef die beroep as stresvol en hulle het dikwels persoonlike mislukkings ervaar, veral wanneer die kinders **huiwerig was om die care workers te vertrou**. Hulle het ook genoem dat **logistieke uitdagings**, soos vervoer en reënweer, hulle werk beïnvloed het.

Ten spyte van die uitdagings noem die *care workers* dat hulle **geweldig baie genot put** uit hulle rol as *care workers*. Hulle meld dat hulle interaksie met die kinders hulle **emosioneel raak**, en gevolglik noem hulle dat hulle **baat vind by die gereelde ontlastingssessies met hulle supervisor en die navorsingskoördineerder**. Hulle noem ook dat hulle **sal baat vind by gereelde opleiding**.

Ek het so baie inligting om nou te gaan analiseer, maar ek is geweldig opgewonde oor al die inligting. Vandag was definitief 'n sukses gewees.

Informal interaction, playing and having fun

Informative

Structure and manual (value thereof)

Personal change and growth, expansion of knowledge and insight

Children's resistance and reluctance; lack of trust

Logistical challenges

Purple (more colours) (Bold)

Inability to separate professional and personal life

Importance of support of colleagues and supervisors



18 April 2009 – *Member checking*

Vandag was nog 'n groot dag. Ek was baie opgewonde om my voorlopige temas met die *care workers* te gaan deel. Ek was vandag aansienlik minder gespanne – miskien omdat ek beter geweet het wat om te verwag.

Soos ek verwag het, het die *care workers* alles beaam wat ek genoem het. Daar het nie nuwe temas na vore gekom nie, maar ek dink my huidige temas kan meer verfyn word.

Vandag was minder opwindend as die fokusgroepbespreking aangesien ek maar eintlik net wou bevestig wat hulle vir my genoem het. Dit was ook vandag 'n korter sessie. Dit was egter 'n baie noodsaaklike sessie en ek is tevrede met hoe dit verloop het. Nou lê Hoofstuk 4 voor...



APPENDIX E

Thematic analysis of focus group discussion

COLOURS FOR INITIAL THEMATIC ANALYSIS OF FOCUS GROUP DISCUSSION

| | |
|--|-------------------------------------|
| Informal interaction, playing and having fun | Pink |
| Structure and manual (value thereof) | Bright green |
| Looking after children, focussing on general developmentally appropriate behaviour | Light orange |
| Informative | Turquoise |
| Personal change and growth, expansion of knowledge and insight | Light blue |
| Exposing children to new experiences, out of the ordinary behaviour | Purple (more colours) |
| Children's resistance and reluctance; lack of trust | Red |
| Own emotions | Gold |
| Inability to separate professional and personal life | Brown (more colours) |
| Effect on own family | Violet |
| Pressure | Pink (more colours) |
| Desire to assist children | Plum |
| Providing physical and emotional comfort | Green |
| Openness to surprises | Lime |
| Logistical challenges | Pink (Bold) |
| Variety in groups | Bright green (Bold) |
| Lack of / value of knowledge and experience | Light orange (Bold) |
| Difficulty level of activities in manual | Turquoise (Bold) |
| Believing in children and their abilities | Light blue (Bold) |
| Enjoyment | Purple (more colours) (Bold) |
| Importance of support of colleagues and supervisors | Red (Bold) |
| Physical discomfort caused by interaction with children / colleagues | Gold |
| Sufficient compensation | Brown (more colours) (Bold) |
| Conflict with colleagues | Green (Bold) |
| Training | Lime (Bold) |

Focus group discussion – 11 March 2009

RESEARCHER: Okay ladies, the first thing that I would like to know – if you think back two and half years ago, what did you expect? When you first heard about this project, and when you became involved in this project, specifically now working with 3 to 5-year olds, what did you expect? What did you think it was going to be like, before you started?

PARTICIPANT 1: We thought we are going to **play** with them; we're not going to teach them. If they're struggling with something or if maybe they don't have, or maybe to **play, like to play**, like maybe with this **manual**, because we have so many activities in this manual, and before we didn't know we are going to use this **manual** ... because as we blacks we don't like the puppets and like the obstacle course; we didn't know it. We thought we were just going to **play as normal**.

Informal interaction, playing
and having fun
Structure and manual (value
thereof)

Informal interaction, playing
and having fun

RESEARCHER: Okay, you didn't think it's going to be a **structured manual** that you need to follow every week, okay? Anything else that you expected before you started? Even you, **PARTICIPANT 2**, although you haven't been here that long or from the beginning, but I'm sure you've had some expectations? So, what did you expect?

Structure and manual (value
thereof)

PARTICIPANT 2: I thought was going to be like in a **crèche** and I need to **look after children** in a crèche. So, I thought I was going to **teach them how to talk**, *mama, daddy, rice*, but I found that this was different; I found that it has a **lot of information** and **education** for the little ones and for myself, because since I started here I **changed a lot of things in my life**, more than I thought I would,

Looking after children,
focussing on general
developmentally appropriate
behaviour
Informative
Personal change and growth,

more than I expected

RESEARCHER: Okay, that's very good. We will get back to that.

PARTICIPANT 3: What I expected from this project since from the onset, when I came here, I expected to ... more like **playing with children** and **taking care of them** and giving them the things they are **not used to getting at home**, and teaching them the different things that they **don't normally do at home**, like, for example, **how to express their emotions, like being sad or scared or angry**, and probably ... so we managed to do that and it was difficult for us to see the children, most of the children when coming to the group, some of the children **refused to participate** and because ... The first time when they saw us at first, it was so **difficult for them to approach us**, they did not **trust** us. It was difficult to cope with that situation because if you see a little child sitting in the corner there, **refusing to participate** and not gaining **trust** on you, you become **so sad**. This made one feel so **sad** because when I got home I would have my **focus on the child** and **bottle my emotions inside** and **react differently to my partner or kids** at home. When your kids ask for something you would **snap at them** and say things like "shut up, I can't do this for you", because my mind would be **so focussed on the child I was working with**. I would be preparing myself for the next session, **hoping to find solutions of coping with the situation** as I wanted to **be able to help the children**.

RESEARCHER: From the beginning, did you think that it was going to be that difficult to gain their trust?

PARTICIPANT 3: Ja, at first it was difficult. It was difficult for us because, like I said, when they came in they were a little bit **shy**

expansion of knowledge and insight

Informal interaction, playing and having fun

Looking after children, focussing on general developmentally appropriate behaviour

Exposing children to new experiences, out of the ordinary behaviour

Children's resistance and reluctance; lack of trust

Own emotions (sadness)

Inability to separate professional and personal life

Effect on own family

Inability to separate professional and personal life

Pressure

Desire to assist children

Children's resistance and

and refusing to participate, and like, for instance, some were crying for their mothers. They didn't want to stay with us, so it was so difficult for us to get through to them.

reluctance; lack of trust

RESEARCHER: Did you think it would be easier; did you expect it would be easier, or did you know before you started that it was going to be difficult for them to trust you?

PARTICIPANT 3: No.

RESEARCHER: So, you knew that it was going to be difficult?

PARTICIPANT 3: Yes, I knew that because we're working with little children not knowing you, it is difficult, seeing you for the first time, it won't be ... how can I put it ... it won't be an easy thing because you didn't know me, I didn't know you. We didn't gain their trust, but I will try as time goes on. They would regularly see my face and I would go on and on, teaching and just comforting one when they're crying, let's play 1,2,3, etc, and giving them the support and love and comfort and play with him outside, give him the toys so that he can be comfortable in the room, so that everything goes smoothly.

Children's resistance and reluctance; lack of trust

Providing physical and emotional comfort

COORDINATOR: Let me take you one step further. What was your experience before you started with the group? Where are you going to start from? It was difficult, and some of it was easy, but where did you start from? What was your experience before you started with the group?

PARTICIPANT 2: Before I started with this group I thought I had it all. I thought I can take charge of any child because I used to have

children to look after and manage them and do whatever we do so that they can come to me and know me and love me. It was easy after a long time because I knew what I expected from a child - the child would cry for three days, and after three days I expect to see a change, but then after that a few a sessions with the group here I got a child and realised that **you can never say you know everything about children**, because we had a little girl here who just **refused to tell me, talk to us**. We did everything, gave her sweets, dolls, picked her up, took her for walks in the park, but at the end of the day she just **refused**, and that was **stressful**, because **I felt that I was failing, we were failing**, because we had to keep her in this class so that we can teach her how to go about life, and also give the mom a space to learn in the mothers' group. So, we were very much **disappointed** about that, but we couldn't do anything else. She just cried, kicked us, holding her hands and head. And the funny part of it is that when she runs to her mum she would just go and sit there or in the brother's class. She would just sit in the brother's class and be fine. But as soon as we are there and she sees us, she would start screaming as if we have done something to her. We would ask ourselves: **"What did we do? Did we not treat her right?"**

RESEARCHER: So it felt like a **personal failure**?

PARTICIPANT 2: Yes, and a lot of **anxiety**, because I wanted to make sure that the child knows that I love her and that I want to give her good stuff and not bad stuff, but, well, she ended the session and **went to the brother's class**. Later on, when we talked to her, she was hearing everything, but as soon as we say "Let's go" she would **scream**. So, I realised that **you can't know everything and you can't pass every test you come across**.

Openness to surprises

Children's resistance and reluctance; lack of trust

Own emotions (failure, inadequacy)

Own emotions (failure, inadequacy)

Own emotions (failure, inadequacy)

Own emotions (anxiety)

Children's resistance and reluctance; lack of trust

Personal change and growth, expansion of knowledge and insight

RESEARCHER: So, even with all your experience,

PARTICIPANT 2, working with children for many years, it was difficult?

PARTICIPANT 2: Ja, *now I know that some child that came in here was troubled.*

Personal change and growth,
expansion of knowledge and
insight

PARTICIPANT 1: To me, also, I thought it was going to be ...

PARTICIPANT 2: Ja, and on top of that it is *stressing.* ...

Own emotions (stress)

Interruption due to technical problems with dictaphone

RESEARCHER: Okay – experience – what did you do before you started being in the Kgolo-Mmogo project? I know that you were busy with the kids, **PARTICIPANT 2.** Also, you told me you were working with old people for a while; you were with the elderly – we will get to that now. **PARTICIPANT 1,** what did you do before you joined Kgolo-Mmogo?

PARTICIPANT 1: I was at home. I used to watch TV every day. When I wake up I clean. After cleaning I have my breakfast. That was my everyday routine, sitting down on the sofa watching TV and movies and obviously at the time I was looking after my child. At the time she was not attending Day Care. I was taking care of my child. I was afraid to take him to Day Care because I thought he was not a normal child like other children. I was worried that maybe he will get hurt or something will happen to him, so I used to keep him to myself and did not allow him to play with other children. I would lock ourselves in the house until it was time for

me to prepare supper and then we would go to sleep.

RESEARCHER: Okay, so you **did not have experience** except for looking after your own child, I think that is good experience, I know. No other experience of looking after other children?

Lack of knowledge and experience

PARTICIPANT 1: I used to take care of my siblings at home, but after Day Care not for a long time. I used to spend a few hours with them.

RESEARCHER: And that was playing with them and looking after them?

PARTICIPANT 1: Ja, **playing**.

Informal interaction, playing and having fun

RESEARCHER: And you expected this to be similar to that?

PARTICIPANT 1: Ja, it was very **easy, and she knew me** and she understood me at the time. She is my brother's child. Everything was easy and I didn't expect that it would be like this, because here we have **different types of children because some are vulnerable**, you see, and **we don't know how to handle the situation**.

Children's resistance and reluctance; lack of trust

Variety in groups

Lack of / value of knowledge and experience

RESEARCHER: **PARTICIPANT 3**, and you ... your experience before the project?

PARTICIPANT 3: From my experience to Kgolo-Mmogo? I was just doing housework, the house thing, cleaning the house, and after that doing the garden and watching movies and playing with my son. After doing that I would just go back to go and care for my

father and visit the neighbours and be with them, have fun and have discussions about our life styles. I **didn't have a lot of knowledge about raising a child or taking care** of a child because at first when I was with my child ... at first I used to potty train him, I used to spank him a lot ... I **realised that it was not a good thing that I was doing**, because this would make him angry and sad; it was not a good thing for him. When I came to this project, I **learnt a lot** ... that in terms of **handling the situation** you mustn't spank the child. You must **communicate** and handle the situation and try to show him the way, the right way of how is he going to handle things on his own, how he is expected to behave, and not spank him. Just thinking in that direction ...

Lack of / value of knowledge and experience

Personal change and growth, expansion of knowledge and insight

Personal change and growth, expansion of knowledge and insight

RESEARCHER: Okay, and you, **PARTICIPANT 2**, what did you do before Kgolo-Mmogo?

PARTICIPANT 2: Before Kgolo-Mmogo I worked at an old-age home as I told you, with those people. I was working in the frail-care department. It was also a new experience for me because at first I was hired as a domestic, so later on my seniors saw how dedicated I was, how I handled the old people. They gave me the new job. So, I started working with old people, I would bathe them, feed them. **It was good because you treat them just like your children; they become your children**, and you must be able to see if she is full or not. At times, you will also notice if she's been naughty. This is what I experienced. It was a good experience for me, because now I know how to deal with old people. From now on, I will be able to take care of the older people in my family because of the experience I got there, and it was very good for me because it started my new career. That's why when I was at home I thought I can take on this new career with the crèche and Child

Lack of / value of knowledge and experience

Welfare. So, it picked up **my experience with a crèche working with children**, so I did it at home taking care of other people's children, and it's good because it's when the mothers come and find that the child didn't want to eat at home but now the child is eating, they shower us with praise and say: "Mama, we don't know how you got this right because at home he doesn't eat". I say to them that I just show the child how to eat and say: "Now you're going to eat by yourself", and the child starts eating. And if he doesn't do that I just leave him and say: "Okay, you will starve for the day", and then after a while the child comes around and starts eating. The next time there's no problem anymore. When we sit, we sit and eat and then, when the moms come, they are so happy that the child is now eating. I had my hands full with a lot of kids and that is why I feel I can take on any child before I came here, but **after this I know that you sometimes find the difficult ones**. After this one, we had an experience with one in Mamelodi. She was just angry. She would just **kick and be angry**. Well, we struggled for a while with her, but with my experience and maybe with her being someone who was ready to learn and accept me after she experienced that "here I am home, I am not being beaten" I could tell that she's been beaten at home; **I could sense** that she has experienced something that is not nice because she was always defending herself. Whenever you tell her, she would scream and be angry, so **I realised that there's something wrong**; perhaps we must treat her special, let her be, make her ... we do the right thing; if she doesn't want to listen we just let her be, and if she doesn't want to participate I would say: "Okay, Baby, you can just sit and watch", and then, after a while, she came back herself and said: "Morning, Granny." "Morning," I said, "I'm fine." Then, at the end of the session, she was our best student because we addressed her problem – me and the other staff members and our

Lack of / value of knowledge and experience

Openness to surprises

Children's resistance and reluctance; lack of trust

Personal change and growth, expansion of knowledge and insight

supervisor – and we found out that yes, she did have a problem at home, and then I was so proud of us because we were able to notice that there's something wrong with the child before anyone told us. We didn't just assume that the child is being naughty. We were able to see that there is something wrong with the child and then we reported that there is something wrong with the child.

Own emotions (pride)

When we get something right we become so proud because we know that we did the right thing and we helped this child, because now she can get help.

Own emotions (pride)

Desire to assist children

RESEARCHER: Do you think that your experience with children, before you started, did help you in the situation?

PARTICIPANT 2: Yes, it helped because from the experience I know that when a child comes in in the morning, I look at the child and say: "Morning, Baby. What is wrong? Are you feeling right today?" You will be able to see that the child is not fine; even if the child says that they are fine, you will notice that today there's something wrong.

Lack of / value of knowledge and experience

RESEARCHER: Okay ladies, now that I know what your expectations were, how was this different? Like you said, **PARTICIPANT 1**, that it was a lot more structured. You thought that it was going to be a lot of play and fun and looking after them. How was this then different from what you expected? You also thought that it was going to be play and fun, **PARTICIPANT 3**; you thought that trust was going to be a problem – how did you find this? Was it as you expected it to be, or how was it different from your expectations?

Structure and manual (value thereof)

Informal interaction, playing and having fun

Looking after children, focussing on general developmentally appropriate behaviour

Children's resistance and

PARTICIPANT 2: To me it was different in a sense that I had to

reluctance; lack of trust

use a manual like I'm teaching grown-ups or 6 to 10-year olds. So, it was different. I thought: "Will these children cope with this manual; emotions? Will they understand emotions, more especially the emotions, and then the spiritual part of it, ja?" I thought it's going to be difficult for 3 to 5's, but we later experienced that there are 3 to 5's, like this 5-year old we had yesterday. I think even at 3 she could understand, because you could see how she's forward for a 5-year old, and so we experienced that in the group, that there's nothing impossible with children. Some of our 3-year olds can answer this manual perfectly and you did wonder yourself ... you would just ask a question and they would give you the correct answer, and you ask: "Do you understand; do you know who's God?" The other one answered and said: "I know God is Jesus." So, you can see that they know that God and Jesus is one and the same thing. Ja, it was so good for us because we thought that we are not only teaching only, she does really understand. And this girl also gave us ... it also goes with the family values, because she also gave us a good answer about the spiritual part of this. She said that when she is ill she can pray to God, and if Mommy is ill she can pray for Mommy, and we were surprised because we could see how she is, how can she get that right. So, that's why I told the coordinator that we can't always scrap everything out of them because of one child. Most of the groups the children could cope with the things that we have in the manual. It's just one or two who had difficulty.

RESEARCHER: Yes, because some of the things were just too difficult for them

PARTICIPANT 2: Ja, like the one that we said that we must think about the puppet show, but for now it is good because I could see

Structure and manual (value thereof)

Difficulty level of activities in manual

Variety in groups

Believing in children and their abilities

Openness to surprises

that the first group and this group, they can understand and follow us.

RESEARCHER: So, you think that this manual is helpful?

PARTICIPANT 2: Yes, **very much so**, and for a child like a 5-year old who is already in pre-school, I think that the teachers can also realise that this child is advanced because of this teaching, because in the 6 to 10's they always give this report from the teachers that: "Now, what are you doing in Kgolo-Mmogo because we see the difference in the children?"

Structure and manual (value thereof)

COORDINATOR: Maybe, **PARTICIPANT 1** and **PARTICIPANT 3**, you can answer this. Remember how you started out without a manual, okay? And, as time goes by, you got a manual. How did it change for you ... for you doing the groups and facilitating the groups? What changed for you?

PARTICIPANT 1: Ja, at first I felt that because the **children are not the same** ... so before, we had difficult children. Some of the children were very easy for us ... so when coming to this manual, they were also the very same children ... **some of them very active and some of the children were slow** ... so for those who were very active, some could understand the activities and the manual, but for those who were slow you had to give them time so that they can concentrate, and show them that you have to do this, not that, but at the end ... because at first we had difficulties teaching them some of the things ... but we would give them time and at the end they were able to understand and enjoy the activities.

Variety in groups

Variety in groups

RESEARCHER: And before you had the manual, was that even more difficult to teach them?

PARTICIPANT 1: Ja, because sometimes we play, play and then we would get tired and didn't know what to do. So, some were falling asleep and they were bad and they would and eat and sleep because we didn't know what to do, but when we got the manual we knew that today we are going to teach them this and that.

Informal interaction, playing and having fun
Structure and manual (value thereof)

RESEARCHER: And you, **PARTICIPANT 3?**

PARTICIPANT 3: According to me, I realised that in such a way that helping the children to understand us, we would not force them to participate in terms of doing their activities for the day. We would let the child sit on the corner by themselves and give them space to regain her faith and the trust on us, because at first it was so much difficult for us to handle such a child ... a child who was withdrawing and wanted to isolate themselves and being alone there while the other kids are just participating and doing activities for the day. But this manual ... according to this manual I've learnt a lot so that I can teach the children or to help them how to participate and gaining the trust and giving them love, and in terms of how to gain the trust on us by knowing each other, by playing, by giving them hugs, and as time goes on, we see that there was a lot of changes. When coming to the group, they were so excited and having fun, they would come and say: "Yes, Rosie!" They were excited, kissing and hugging and smiling and participated so much, and they were so energetic, and it was such fun for us, and this manual helped us a lot.

Structure and manual (value thereof)
Structure and manual (value thereof)
Children's resistance and reluctance; lack of trust
Structure and manual (value thereof)
Children's resistance and reluctance; lack of trust
Providing physical and emotional comfort
Structure and manual (value thereof)

RESEARCHER: So, you think that it's a tool that empowered you?

PARTICIPANT 3 and PARTICIPANT 1: Ja

RESEARCHER: And helped you in terms of what you need to do today, and sometimes, like you said, some of the kids just didn't want to do that but then you still had this as a guideline?

PARTICIPANT 2: Yes, because if he doesn't want to participate, we just let him be. If he wants to cry, we just comfort the child according to the guideline that we use in the manual.

Structure and manual (value thereof)

PARTICIPANT 1: Because down there we have lots of toys. If they don't want to do something we do not force them. We just give them dolls at the time. At a later stage, she will come back to us and then we continue because maybe she's looking at other children doing something else. She would leave the dolls and join the other children in the group.

PARTICIPANT 3: We do not force the child to come and participate. We give her the time and space to gain trust on us. That's how we managed the situation.

RESEARCHER: We have spoken now more about the practical experiences, how the manual has helped you, and your experiences while you were doing this. Now, please tell me about your personal experiences. Now, I know these are more sensitive issues, but I want to know how you felt personally. **PARTICIPANT 3,** you said now, with the little boy that is difficult, you would go home and take it out on your child or partner? How did this affect you personally as a person, or change you? **PARTICIPANT 2,** you also said that it changed your life? How?

PARTICIPANT 2: When you came across a case like that and you get home, I can't sleep – I just go and keep revising and asking myself what is happening to this child, what is giving her this attitude, how can I help her? That is **when you get depressed**. **You feel sad** that someone is experiencing something that you **do not know and you cannot find a solution to the problem**, how to help. Ja, it's a burden on us sometimes ... such cases like this one who is always crying and **doesn't want to come to us**. We try to solve it and give her this and that, try to show the best love that we have ... and she doesn't come through ... that is a burden to all of us.

Inability to separate professional and personal life
Own emotions (sadness)
Own emotions (inadequacy, powerless, frustrated)
Children's resistance and reluctance; lack of trust

RESEARCHER: Are you talking about the one in Mamelodi that was abused, or the one here?

PARTICIPANT 2: Yes, her case, the one in Mamelodi, and the one who was crying here. She wasn't abused; she just didn't want to come to our class, but if she can be in the 6 to 10's or with the mother, it's fine. So, you've got this one whereby we ask ourselves **what are we doing that is wrong that makes her not want to come to class**.

Own emotions (failure, inadequacy)

RESEARCHER: So, it's a personal feeling: "What am I doing wrong?"

PARTICIPANT 3: Ja, or: **"Am I too bad for this child?"** or ... ja ...

Own emotions (failure, inadequacy)

RESEARCHER: Okay. Remember the one time when we were doing the emotions ... when we were doing sad and I also asked you how do you handle it if a child ... if you pick up that there's something going on that makes the child uncomfortable? When

that happened ... when a child did reveal something disturbing and when you realise that you need to take this further, and report that to your supervisors, how did that make you feel? You've also experienced the same, **PARTICIPANT 1**?

PARTICIPANT 1: Ja, I was so emotional about that child. What I noticed about that child is that every day she was so vulnerable when she came to the group. So, what I noticed is that maybe the anger came from the mother, because the mother had another baby girl. So, I was thinking maybe that she was always taking care of the little one and neglecting the other one because she has to feed her. When we were busy with activities, she didn't want to listen. She would go to the baby and say: "Are you okay?" She would take the bottle out of the bag and feed the baby. So, I thought that maybe because the mother is always giving her the task of looking after the little one at home ... so for me it was so emotional. How can the mother do that to her own child? But we talked about it ... the three of us ... we talked about it and we also explained to our supervisor and she said we will have to follow up on that, but there was no change for quite a long time. She was always acting like that – vulnerable, not wanting to talk to us, always busy with the child, feeding the child, busy with the child every time ... and she was only three years old, very small ... always thinking for the child.

RESEARCHER: So, you think you need to have ... as a person who has experienced that ... you need to have friends and colleagues to share with, and also other people here that can help you ... you can share that ...

PARTICIPANT 1: Because if I don't share it they would tell me to

Own emotions (sadness)

Personal change and growth, expansion of knowledge

Own emotions (sadness)

Importance of support of colleagues and supervisors

Children's resistance and reluctance; lack of trust

Importance of support of colleagues and supervisors

go home, then I will think about it the whole night. I will then look at my child and wonder what was going on in that girl's house. It was very emotional.

Inability to separate professional and personal life
Own emotions (sadness)

RESEARCHER: PARTICIPANT 3?

PARTICIPANT 3: To me it was a stressful situation because ... like, for example ... like sis **PARTICIPANT 2** has said ... like our little girl who didn't want to come to our session all the time ... It was so stressful for me, I was asking myself: "What have I done to this kid, why does she not want to gain trust in me?" I was thinking that I didn't do my best and that I was a failure at the end of the day, or maybe I was a bad person towards her. I was so emotional and I thought maybe I have done something wrong on the child, but as time went on I realised that this child needs her brother, who was in 6 to 10-year olds, and she focussed more on the brother. This really bothered me because she didn't gain a lot of knowledge like the other children who were coming to the groups. This was worrying me a lot. I was focussing on her ... whenever she came, I would say: "Come to us." She would refuse until the session was about to end – at the end of the day when the group is ending she would come to us, but when we picked her up and tried to get her to the group she would refuse. That was giving me a lot of headache, I was asking myself: "What have I done to this child?" and it's something very difficult for one to handle such a situation.

Own emotions (stress)
Own emotions (inadequacy; failure)
Children's resistance and reluctance; lack of trust
Own emotions (sadness; inadequacy, failure)
Personal change and growth, expansion of knowledge and insight
Children's resistance and reluctance; lack of trust
Physical discomfort caused by interaction with children

RESEARCHER: Do you still feel like that ... if something like that was to happen to you now in the group, do you still feel that "maybe I did something wrong, or maybe I handled this child maybe in the wrong way," or was it only in the beginning that you felt that way? Do you still feel ... say you have a child who doesn't

want to come to class ...?

PARTICIPANT 3: Not anymore, because we went through that.

We **shared, and our supervisor told us** that it wasn't our fault. We must do the best we can, and if a child doesn't understand, we mustn't blame ourselves, because we have done the best that we can do.

Importance of support of
colleagues and supervisors

RESEARCHER: So, again we see the **value of having somebody to talk to, to discuss this with ...**

Importance of support of
colleagues and supervisors

PARTICIPANT 1: Ja, and again, what I have noticed is, all these children that we are talking about, the three of them, I think it's XXX, XXX and XXX, the three of them ... two of the mothers were pregnant, and **I think** that's where the child began to act like this, because he felt that the mother is no longer giving the love they used to before, because the mother is now concentrating on her life, the coming of the newborn, because there was a child that she was expecting, and told her that she is no longer going to be her little girl. There's a new baby coming on the way. She said that she felt that she was no longer her mother's baby girl.

Personal change and growth,
expansion of knowledge and
insight

RESEARCHER: Insecure?

PARTICIPANT 2: Ja, and I'm also glad that **we noticed that**, because all the time she was okay in the group, but suddenly something changed, and then I said: "Okay, we will observe it." Two weeks, three weeks down the line, then I said: "This is not right," and then I asked her: "What is wrong?" She told me that "I am angry because Mommy promised to take me to a new school, and now she's not taking me there, that's why I'm angry." Then I

Personal change and growth,
expansion of knowledge and
insight

asked her if there was anybody mistreating her at the school. I asked her why does she want to go to a new school. She said the teacher beats her up. I said: “Okay, we will look into it, my baby. Don’t cry,” I said. Then I asked the mother: “What was happening with the school business, because the child is no longer performing well in class, and when we ask her she cries.” The mum explained that they are going to take her to a new school, but now it’s June. “We only went there for registration; she will start next year.” She thought that she was going to start now. We were then able to understand what was happening. So we told her that “you are going to the new school; Mommy says you are going to start there next year. When you went there you went for registration and not for starting school,” and then she became better. Next time, we continue: “XXX, what is wrong with you?” She is crying, she doesn’t want to participate, and I ask her: “What’s wrong; what’s happening to you; is Mommy beating you at home; who is giving you trouble at home?” She says: “My daddy.” I ask: “Why? What did your daddy say to you?” She says: “Daddy says I am no longer Mommy’s little girl because Mommy is going to have a new child; ‘I don’t love you anymore.’” I understood and told her that “I am going to talk to your daddy, and he is no longer going to do that to you, because we love you and Daddy loves you. I don’t know why he said that to you, but we will talk to him.” I reported this to our supervisor and told her that the child can’t do anything; she is always crying; she doesn’t want anything to do with class. I don’t think it’s because she doesn’t want to learn. There’s something wrong, and there’s something that Daddy said to her ... this and that. She then asked me if I wanted to talk to the mother and I said: “Yes, I don’t mind talking to the mother, but I would like you to stress the fact that it is wrong to say the newborn baby is going to be better than her. They must teach her to love this baby, so that

Desire to assist children

Desire to assist children

Personal change and growth,
expansion of knowledge and
insight

Importance of support of
colleagues and supervisors

Personal change and growth,
expansion of knowledge and
insight

they can have peace when the baby comes, and that it is hurting her seriously.” And then the counsellor told the mum and daddy to stop that, but she was already hurt, even after telling her that “Daddy is now going to love you,” and they took her shopping and all that she couldn’t come back easily until the end of the session, but she was happy when the mama gave birth, because she came to the session with the brother and she said: “I’m happy my mother brought a child”, and then we were happy because she was no longer angry with the baby. And she liked children. That day, she did everything we told because “Daddy says I’m no longer a child.” But after we talked to the mum to tell the daddy not to do that, when the baby was born she was happy. That made us happy.

Own emotions (happiness)

Own emotions (happiness)

RESEARCHER: So, it makes you happy when that happens, and it makes you sad when they are sad, because it does have a big impact on your mindset.

Own emotions (happiness)

PARTICIPANT 1: Yes, because that day when she came with the brother we were so happy, because she came in running. She showed us her homework. She got a lot of rights. She was so happy.

Own emotions (happiness)

Believing in children and their abilities

PARTICIPANT 2: Because she was a bright child, but after this disturbance she was just not herself anymore.

Personal change and growth, expansion of knowledge and insight

PARTICIPANT 1: And these children ... I noticed they are very clever, unless something disturbs them, then they withdraw.

Believing in children and their abilities

PARTICIPANT 2: They can say things like “Daddy doesn’t love me, Mummy doesn’t love me.” Do you remember, yesterday the little boy and girl said that to me ... when I asked them what makes

them sad ... they said to me: “Mummy makes me sad”, and when I asked why she told me that “Mummy beats me”, and when I asked why did Mummy beat her up, she said: “I stole food”, but then you can see that they understand that “if I do something wrong I must be punished.” I'm also very happy with them because they gave good answers to the questions.

Own emotions (happiness)

RESEARCHER: Do you want to add on, **PARTICIPANT 3**, any other experiences? How it made you feel?

PARTICIPANT 3: For me it was so sad to see that child crying every day and losing her performance like as usual when coming to the project. She was so intelligent and when coming to doing activities, like for example doing the sad face, the emotions and some other stuff, she was so intelligent and was very much excited and very quick to answer the questions. She did not cry as much as before, but as time went on, when I realised that the child didn't want to participate, it was because the mother was pregnant and the father was telling the child that “you are no longer my little girl”, and this made the child angry and sad. This is not a good thing, and we approached the mother and talk to her in terms of telling the father that he mustn't talk to the child like that. He must give support and courage so that if the new baby is born the little girl must bond with the newborn baby and love the newborn, and she must have the ability to do the activities as usual for the project.

Own emotions (sadness)

Believing in children and their abilities

RESEARCHER: Was it possible for you then to link what she was feeling then ... to link to what we have here in the manual, because that was something that you said now, it made her angry? We saw now – the past two weeks – that it is sometimes difficult for them to think of something that makes them angry or sad or

scared. Was it possible for you to link that?

PARTICIPANT 3: Yes, because when I asked her ... when I saw her attitude and ask her: “Who is making you angry”, she told me that “Daddy is making me angry”, I saw that from her expression that she is angry and she is sad and then she could say: “I’m sad because Daddy said these things to me.” So, then we could help; we knew where the problem was.

RESEARCHER: Okay, the next thing that I want us to talk about is the value of this project; the value of your interaction with the kids. How did this change you in a positive way? What value did this add to your life?

PARTICIPANT 2: A great deal. You know, you just feel excited to be here and to be able to know that there are some people that are living in such difficult circumstances. Before, we didn’t know that there are people who go without food; there are children that are being abused. I never thought that was happening; I would read about it in newspapers and I thought that this is just stories. Papers like to sell stories that attract people. Now I know and I’m aware. So, as soon as I see a child changing, I just want to dig in and know what is happening to this child.

RESEARCHER: So, it made you more aware?

PARTICIPANT 2: Yes, more aware of other people’s situation and difficulties, and it strengthened me to know that I must always be aware and watch out for things that you don’t think might happen. For instance, if your child says “I’m sick” you just say: “You’re lazy. Wake up. Go to school.” Just try to find out why the child is

Own emotions (happiness)
Personal change and growth,
expansion of knowledge and
insight
Personal change and growth,
expansion of knowledge and
insight
Desire to assist children

Personal change and growth,
expansion of knowledge and
insight

sleeping all the time. It gives you a sense of awareness, this project. I am so **happy** about Kgolo-Mmogo because it is **helping a lot of people who didn't have hope and help.**

Own emotions (happiness)

Desire to assist children

RESEARCHER: I just wish we could help more people.

PARTICIPANT 2: Yes, we always wish Kgolo-Mmogo could do more.

RESEARCHER: PARTICIPANT 2, I also want to know now, while we're talking about this – although this manual was developed for the 3 to 5-year olds – are there also things in this manual that you learnt – new things, new ways of doing things, of looking at situations?

PARTICIPANT 2: I've **learnt a lot** through this manual. I didn't know that you can teach a 3 to 5-year old about his feelings. I thought that a child can't feel, a child can't behave like I can behave sometimes. You just don't slap the baby and then he cries and it's over, and then I became surprised after giving this thing and a child is angry, doesn't want to talk. I felt that he is just a child; he must listen to me and cannot just stop talking to me because I spanked you, but now I know that I must just treat a child the very same way I want to be treated. The very same thing I feel the child also feels.

Personal change and growth,
expansion of knowledge and
insight

RESEARCHER: PARTICIPANT 3, what about you? What value, or what benefits did you get from this, from facilitating this programme?

PARTICIPANT 3: Shoo, a lot. It gave me so much **energy, love**

Own emotions (happiness)

and, again, the experience that I didn't have, and like ... I don't know how to put it ... like before, since I've been in the project I've learnt a lot of things, like if the child comes to you and they are looking sad, *you will know how to approach and handle the child and teach them* and being able to give him that *support and the love that I must be able to show to the child*. I must not ignore the child – for example, not talking to the child who has come into the group. When I was at home, like my son coming to me and I'm *having this in my mind* that I was in this project, and facing a similar situation of a child. For example, there was a certain child, XXX ... I didn't mention this child, the boy ... he was so bully and he was problematic. He didn't want to participate and do as other kids were doing by listening to us. *According to this manual* and the project, I am so *grateful* because we managed to help the little boy so that he was able to express his feelings and emotions to his mother. I don't know how to put it in an appropriate manner. Just like the boy who was no longer bullying the other children. For example, when we were giving him tea or food, he didn't want to take the food or wait for his turn to get the food. He would just grab the food and throw the food on your face. Well, we were surprised because we kept on asking ourselves: "Why is the child behaving like this?" We then approached the mother. The mum was able to tell us that the father is a bully, he likes to fight, so that is why the boy is behaving the way he is. It was something like that.

COORDINATOR: And how did it help you at home?

PARTICIPANT 3: It *helped a lot because I realised* that my own son was behaving in the same way. I would then ask myself: "Why is my son behaving in this way? I have a boy who behaves the

Desire to assist children

Inability to separate professional and personal life

Structure and manual (value thereof)

Own emotions

Personal change and growth, expansion of knowledge and insight

same at school. What is wrong?" This was so **frustrating** for me. I realised that the whole thing is caused by not talking to the child in the right way, or teaching the child how to go about when he has problems, giving him a channel of solving his problem appropriately. So, this project **helped me a lot as a parent**. It taught me **parental skills and communication skills and how to cope with different problems; how to handle parental problems** at home when a child is behaving in a certain way; how to deal with the child. I now handle the situation differently. I do not shout, scream or spank the child anymore. I now talk to my son nicely and say: "XXX, don't do this." If the child doesn't want to listen to me and withdraws towards me and goes to the father, I just ignore him and just let him come around. I just carry on with what I am doing. I just watch and observe him. At the end of the day, I realised that my boy doesn't want to be shouted at or spanked. That was the most important thing he doesn't like. I am very **grateful** to this project. It helped me a lot, personally.

Own emotions

Personal change and growth, expansion of knowledge and insight

COORDINATOR: PARTICIPANT 3, just for interest sake, did his behaviour change?

PARTICIPANT 3: Ja.

COORDINATOR: Is the bullying still there?

PARTICIPANT 3: No, he has changed a lot. I'm no longer shouting at my son or beating him up. I just ask him nicely without shouting. It was so difficult for me, and I was so angry and asking myself what is going on, and I would become so **emotional** and **tell myself that I have done something wrong** to my son. Perhaps I was not supposed to do what I did. At first, when I was starting to

Own emotions

Own emotions

potty train him ... sjoo, I was so hard on him. I was always fighting with the father. He would say don't do this to the child, and I would shout at him and say: "It is my duty because you are not doing anything! It is my duty; you're not taking care of the child! If he wee-wee I am the one who must clean up!" And, at the end of the day, I must go there and prepare food for the two of them. It was so difficult for me; I couldn't handle the situation, but as time went on this project really assisted me. I am very grateful to the project.

Own emotions

PARTICIPANT 2: And also another thing, it taught us a lot about ... so we can understand and know when you talk that you are happy or angry with me, because you can always say "Good girl", and you say "Yes, you're a special baby", and she knows whenever she needs something special she will come and sit next to me. She can then ask for a sweetie. That is good to know that as I give her praises and hugs she comes closer to me and she can talk to me freely.

Providing physical and emotional comfort

RESEARCHER: They need that and they need communication. They don't need shouting, and sometimes spanking is necessary, but not all the time.

PARTICIPANT 2: Yes, not all the time, but in a good way. Not just spanking.

RESEARCHER: You've seen so many children and they all have different personalities, and every one of them needs to be handled differently, because for some of them it's enough just to say no. Some of them you will have to do a little bit more.

PARTICIPANT 2: Ja, and sit and talk until they can understand.

RESEARCHER: And you, **PARTICIPANT 1**, what value or benefit did you get from this?

PARTICIPANT 1: This project really helps me a lot because it gives me the **knowledge and it taught me to be observant**. At first I didn't care. So, now I know that if this person is angry I have to act like this, and when this one is scared I have to act like this, and on my side I was a type of person who used to bottle things inside when I am angry, and then when I explode ... but now I'm trying my best to come right.

Personal change and growth,
expansion of knowledge and
insight

RESEARCHER: So, are you saying that some of the skills in the manual that we actually developed for the little ones actually assist you?

PARTICIPANT 1: Yes, for these feelings.

RESEARCHER: Ja, especially the emotions, because our bodies we know ... those are the things we were told when we were little kids, but when it comes to emotions, that's something that we just push away.

PARTICIPANT 1: Ja, because if a **child is angry I know now that I have to comfort the child and hug her** and give her a sweet. So, I expect now that they know me; they will have to do like this and I become open and no longer goes with my anger at home. It ends here right here. They know me – I used to bottle things but now **I'm happy** because of this manual and this project.

Providing physical and
emotional comfort
Personal change and growth,
expansion of knowledge and
insight
Own emotions (happiness)

RESEARCHER: It's good.

COORDINATOR: What I'm hearing is that you are also psychologists now, and you reflect on reasons why. That's what changed. I can see and hear from what you're saying.

PARTICIPANT 2: Now I'm a psychologist, so I know if I look at her: "I can see what you are thinking."

RESEARCHER: "You can't hide anything from me now."

PARTICIPANT 2: Coordinator, let me "skinder" about you. I usually look at you and say she's seeing right through my head. But it's good.

RESEARCHER: Ja, it's good. Okay.

PARTICIPANT 1: It's really good, yes, and I'm really happy about the project. Own emotions (happiness)

RESEARCHER: And the challenges? What would you want differently? What was very difficult? What would you change?

PARTICIPANT 1: From the manual?

RESEARCHER: Not just the manual. Anything.

PARTICIPANT 2: What can we change?

RESEARCHER: What would you change? We are not discussing negative things here, but was the training enough? Was the training adequate? How often did you have sessions with the

coordinator and your supervisor to discuss problem situations and your own feelings? Was that enough? Anything ...?

PARTICIPANT 2: I think it's enough, but we only need more moola so we can have massages and just feel nice about yourself.

Sufficient compensation

COORDINATOR: We went to a spa a while back.

RESEARCHER: Two years back. I think it's time to go again.

PARTICIPANT 2: Yes, I think it is time. Sometimes we are so tired and stressed, but it is good after relaxing a little bit and forgetting about it a little. You just say thanks to God: "I was there to help the situation." That is the best thing about it.

Physical discomfort caused by interaction with children / colleagues

Desire to assist children

COORDINATOR: Maybe you also have to describe what you're doing the rest of the week that keeps you busy and make it stressful ... but not so much stressful, but keep you busy. What would that be?

PARTICIPANT 1: Every Monday we pray for the project, for everything, and then there is a time when we have one-on-one talks with our supervisor, and sometimes our coordinator will call us and share something with us.

Importance of support of colleagues and supervisors

COORDINATOR: Okay, and the rest of the time, you're not just sitting here two hours giving the sessions. Come on, that's where all the fighting comes in.

PARTICIPANT 2: The fighting goes into the whole stress thing. Some days you go ... when you had a problem with your

Conflict with colleagues

colleague, you think about it the whole night and think: “Should I speak to her in the morning or can I kill her?” (laughs).

PARTICIPANT 1: But when you come all the people are smiling and you feel guilty. Look at this one, yesterday, when we were talking about this and I was angry when I went home, but now she is smiling. Then you are forced to give a smile back, because if you don't smile when people are smiling at you it becomes odd.

PARTICIPANT 2: For me, it's always difficult to be angry all the time, because I'm very spiritual. So, whenever I go to the bathroom I pray and say: “Love your neighbour like you love yourself”, and then I just say “God”, and then I just take it out on something. And then, when I come back to work I'm okay again. Sometimes you do have those days with ourselves and among ourselves, but because we're God's children ... because we've got counsellors, we can cope with that.

COORDINATOR: But you work in a group of how many people?

PARTICIPANT 2: Shoo, characters, many characters, a lot of people.

COORDINATOR: Tell me a bit more, what happens now ... not about the children that you see ... The group ... about the other care workers. What happens?

PARTICIPANT 1: You're talking about the group?

COORDINATOR: You don't have to talk about conflict, but specific stresses for everyone that you have to inform them to do

Inability to separate
professional and personal life

Own emotions
Inability to separate
professional and personal life

certain things?

PARTICIPANT 2: Ja, it's sometimes disturbing. Yesterday, I was talking with her, I said: "**PARTICIPANT 3**, prepare for the session, the paper, the puppets and the stuff that we're going to use." She didn't do it and when I was asking her: "What are we going to do?" she said: "Today, you don't love me; today, you don't love me." Yes, **but I was angry**, because I told her several times: "**PARTICIPANT 3**, think of the puppets, think of the things that we're going to use." And the next thing, she was sitting in the kitchen reading, and I said: "And now, what's happening?" And then I had to do that myself because **PARTICIPANT 3** has already forgotten about what I requested, because you see sometimes that stresses me.

Conflict with colleagues

PARTICIPANT 1: Because sometimes really we don't do our jobs; we **don't communicate** very well. You keep asking someone to do this and that for you, and you just sit, and at the end of the day I say to myself ... if I was just sitting here. All that was going to be on top of my shoulder. So, at times you say thanks because you reminded me.

Conflict with colleagues

RESEARCHER: Ja, it's about co-operation and working together.

PARTICIPANT 1: Ja.

COORDINATOR: More logistics since working as a group. It's not just about your small group; it's also working and being part of a bigger group. It takes some skills.

PARTICIPANT 2: Ja, and **patience** - a lot of patience. If you lose

Conflict with colleagues

that you will kill someone because someone can make you angry, and you will look at the person and realise that she doesn't even know that she is the one who made me angry. She will go to **PARTICIPANT 1** and say: "Why is she angry?" But she is the one who made me angry because you thought she knew she made me angry.

PARTICIPANT 1: And sometimes when you are on leave, when you think about this group you will phone each other and ask: "How are you doing?" – and we miss them.

Importance of support of colleagues and supervisors

RESEARCHER: Linking on that, so you grow very attached to one another. What about the kids when you finish the sessions? How does it feel?

PARTICIPANT 2: It's sad. You always tell one another ... they just want to continue. You just wish they can continue, but we can't do it. At the end of the sessions we are friends with the children, friends with the mums, and it's so painful for some. It's because you know that they needed this little support. They needed it so much, and it also gives us grief that we can't be part of that anymore.

Own emotions

Desire to assist children

PARTICIPANT 1: Ja, it's sad when the group is coming to an end, because some of them, they depend on this group. So, when you tell them that the group will be ending in a few weeks, the children then look sad. So, they always ask: "Is it possible that you can come again?" But we always tell them that they can come if maybe they are around the hospital ... they can come for a cup of tea or coffee.

RESEARCHER: I don't have to ask you if you **enjoyed** it, but I can see it on your faces. But I can also see, especially yesterday, you looked **tired** afterwards, and then it's a normal way. It's natural. It's **draining** to work with kids all the time.

Own emotions (happiness)
Physical discomfort caused by interaction with children / colleagues

PARTICIPANTS 3: Ja.

RESEARCHER: So, they take out a lot. It makes you tired, but it also energises you a lot.

PARTICIPANT 2: Yes, and when it's good, like yesterday. We were dancing, we were singing, you were **tired** but **happy**. But if it's with an angry child or a child who doesn't want to participate – oh, then you are more than tired.

Physical discomfort caused by interaction with children / colleagues
Own emotions

PARTICIPANT 1: And it gives you **power and energy** – oh, ja, yesterday!

RESEARCHER: So, do you think the training is enough?

PARTICIPANT 2: No, **we can have some more if you can.**

Training

RESEARCHER: What type of training? Okay, first, training with regards to the manual is one thing, but then also skills training – how to handle difficult situations ... difficult children, because you have the experience as you go along. You get more and more experienced, but is it ever enough?

PARTICIPANT 2: Yes, and more and more difficult situations. That is why we **need to have more teachings on how to deal with the issues.**

Training

RESEARCHER: But would you say that people in a work like this, in a job like this, they need training and they need, maybe, training on a regular basis as need situations arise?

PARTICIPANTS: Yes.

RESEARCHER: Because we don't know in the beginning what is going to happen, we don't know that we're going to have a difficult child who is going to do this and that, and a sad child is going to behave like this. So, as the difficult situations arise, maybe?

PARTICIPANT 2: Maybe once a year if we can have **teachings.**

Training

RESEARCHER: Any other suggestions, things that you would like to do or sessions that you would like to have? How often do you have debriefing sessions with your coordinator and supervisor, where you discuss the difficult situations? Is it just when you experience difficult situations, or do you have it on a regular basis, like on Mondays?

PARTICIPANT 2: Yes, we have those **once a week, and with our coordinator once a month.**

Importance of support of colleagues and supervisors

COORDINATOR: And then you have one every Wednesday.

PARTICIPANT 2: Yes, every Wednesday.

RESEARCHER: Okay, anything else that you would like to share? Any other experiences, or values or challenges?

PARTICIPANT 1: Ja, in this project we had a child who didn't give us any problem, and she was the only child. She behaved well until the end of the session. She was behaving. She was always happy.

RESEARCHER: So what happened there?

PARTICIPANT 1: Ja, she was the only child.

PARTICIPANT 2: She says it's a good child throughout the sessions.

COORDINATOR: We're only talking about the difficult cases, but this one was an easy child.

PARTICIPANT 3: Ja, we also had a good one. He never gave us any problem, and he was the only child in the group that didn't give us any problem.

PARTICIPANT 1: I would like to change my salary. I would like my salary to be lifted a bit – double ...

Sufficient compensation

RESEARCHER: Triple ...

PARTICIPANT 2: Coordinator, how are we there about the salary tripling?

COORDINATOR: Let's talk about it next year.

PARTICIPANT 2: We will talk about it next year. I will ask Obama.

COORDINATOR: That's one thing I would say from this group is the sense of humour. That is also part of the helping and going through the process, and willingness to accept help.

RESEARCHER: Crucial factors.

PARTICIPANT 2: Ja, we are trying to be a good family despite of everything.

RESEARCHER: Wonderful. Thank you so much. My head is zinging ...

PARTICIPANT 1: The facilities. Sometimes we are from Mamelodi. There is a taxi that is coming to pick us up. If we are stressed, there's music in the taxi and it helps with the stress.

PARTICIPANT 2: Ja, and the days when we experienced that we were so depressed, but when we got to the taxi there was this music. It helped with the stress.

Logistical challenges

Physical discomfort caused
by interaction with children

Own emotions



APPENDIX F

Thematic analysis of member checking focus group discussion

COLOURS FOR THEMATIC ANALYSIS OF MEMBER CHECKING

4.3.1 Theme 1: Foreseen versus real scenario

4.3.1.1 Sub-theme 1.1: More than anticipated

4.3.1.2 Sub-theme 1.2: Diverse responsibilities

4.3.2 Theme 2: Opportunity to develop valuable skills

4.3.2.1 Sub-theme 2.1: Enhancing their own interpersonal and parenting skills

4.3.2.2 Sub-theme 2.2: Successful conflict management

4.3.2.3 Sub-theme 2.3: Being flexible

4.3.2.4 Sub-theme 2.4: Dealing with stress and challenges

4.3.3 Theme 3: Experiences on a personal level

4.3.3.1 Sub-theme 3.1: Experiencing meaningfulness

4.3.3.2 Sub-theme 3.2: Self-growth

4.3.3.3 Sub-theme 3.3: Positive value

4.3.3.4 Sub-theme 3.4: Dealing with negative emotions

4.3.4 Theme 4: Importance of continuous support

4.3.4.1 Sub-theme 4.1: Importance of the manual

4.3.4.2 Sub-theme 4.2: Importance of training

4.3.4.3 Sub-theme 4.3: Value of regular debriefing

4.3.4.4 Sub-theme 4.4: Support by colleagues

4.3.4.5 SUB-THEME 4.5: FINANCIAL SUPPORT IN THE FORM OF INCENTIVES

Focus group discussion (Member checking) – 16 April 2009

RESEARCHER: The other thing is also that, like you said before, there are so many people out there who can benefit from this, and that's on the one side. That's what we have - the people with all the needs and who can benefit from what you guys have to offer. And on the other side, you are here, sitting and ... what if this is all done, and you have all the skills, but how do you bring it together ... that you can bring all your knowledge and your skills to the people who actually need it? Because, like you said before, it's not only the kids that come to the groups, and the mothers that come to the groups who need this. There are other people who need this.

PARTICIPANT 2: Yes, **much more people.**

Experiencing meaningfulness

RESEARCHER: There are people who haven't disclosed, and they don't want to come, and they don't want to go to the clinics, and they don't actually know what they are missing.

PARTICIPANT 1: **Even our family ... you see, so at least here maybe we can know there's treatment or something that will come up, like something they teach you that if you see something ...**

Enhancing their own interpersonal and parenting skills

PARTICIPANT 2: **Ja, you can help somebody in your family.**

Enhancing their own interpersonal and parenting skills

PARTICIPANT 1: **You can help somebody in your family,** but not say exactly that they must do this and that ... try to help them.

skills

RESEARCHER: I just hope and pray that something's going to come up where you can use your knowledge and skills to help

more people.

PARTICIPANT 2: We hope so too; we are all praying about it everyday.

RESEARCHER: I'm sure something will come up.

PARTICIPANT 1: And the re-infection ... Re-infection will continue. The re-infection is in the increase because here are the mothers. We explained to them about the condom use.

RESEARCHER: So they get the knowledge, they can go out and they can also tell other people, so that's a big problem, re-infection is a big problem in the community.

PARTICIPANT 2: Ja, that's why people die so much, because of re-infection.

RESEARCHER: And that's also because they don't disclose. Some of them don't even tell their partners.

PARTICIPANT 1: Ja, and they continue to make babies. So, at least this programme, it teaches them and it opens their eyes, their minds, so they know that they are not doing the right thing. We should at least disclose ... if this guy loves me, he will stick with me. If he doesn't love me ...

RESEARCHER: ... or they wear a condom ... and that's a big problem. There are a lot of people who can benefit from this. So, we just have to hope and pray that something comes so that you can still apply all your knowledge and skills. Okay ladies, after last

time I sat down and I looked at everything that was said and everything that you guys said. We laughed quite a lot; there was a lot of laughing and it was good. And then I looked at it and read it a few times, and some themes came out – some prominent themes – and I could link quite a few things that you said to the themes. So, what I’m going to do now ... I’m just going to tell you this is what I found, and I want you guys to tell me either yes, that is true, or no, you didn’t hear us right. That is all we’re going to do. I’ve got my paperwork here. Okay, first thing that came to me that was quite prominent to me ... that stood out was that what you experienced was quite different from what you expected? Remember, you all said you were expecting to just to look after the children ... it’s like a crèche, like playing with them ...

Positive value

PARTICIPANT 2: Yes, like playing, feeding them.

More than anticipated

RESEARCHER: Yes, the basic needs, but in the end it was much more than that.

More than anticipated

PARTICIPANTS: Yes, yes.

RESEARCHER: So, it was a structured; it was a lot more structured than what you planned, and on every level of the child’s development you did more than what you expected, and I think especially on the emotional level the programme entailed more than what you initially expected. That was the one thing that stood out for me. Something that goes with that is that, because of that, because we’re expected to do so much more, because the programme was so much more than what you expected, that meant that it was also expected of you to do so much more. So, it wasn’t just sitting here and watching the kids play in the corner; it

More than anticipated

Diverse responsibilities

More than anticipated

Diverse responsibilities

was being actively involved the whole time, being there with the kids, in body, spirit, mind and everything.

PARTICIPANTS: Yes, yes.

PARTICIPANT 1: Yes, the manual also.

More than anticipated

RESEARCHER: Yes, all the time, going back to your manual, making sure you're sticking to the manual, looking at the manual for guidelines.

Importance of the manual

PARTICIPANT 2: Yes, making sure we're doing the right thing.

RESEARCHER: Looking at the manual for guidelines how to handle the difficult children ... all of that was more than what you expected.

Importance of the manual

More than anticipated

PARTICIPANTS: Yes, yes.

RESEARCHER: So, even in the beginning you might have thought that I'm just going to be a picture on the wall and the kids are going to play.

PARTICIPANT 2: Yes, and that I can do my other stuff.

RESEARCHER: Yes, and you soon realised that no, that is not the case. "I have to be here, my mind has to see and I have to know what's going on ... pick up on all the problems ..."

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: Ja, and even in the child's life ... from here ... at home, we started to find out things about them ... if she's behaving like there maybe something is wrong at home, and we gained that experience from working with the mothers and the children.

Enhancing their own interpersonal and parenting skills
Experiencing meaningfulness
Self-growth

RESEARCHER: And you didn't think in the beginning that it was going to be like that.

PARTICIPANT 2: No, it wasn't our problem. Our problem was to come here and look after the kids and feed them, but now it is so different, because whenever you see a little soul you want to know what happened, how did you get this, and you will even go to the mother and ask what happened, because you would not be satisfied until you are told by the mother.

More than anticipated

PARTICIPANTS: Yes, yes.

RESEARCHER: Ja, so it was a lot more than what you expected.

More than anticipated

PARTICIPANTS: Yes, yes.

RESEARCHER: But in a good way, it was positive ...

PARTICIPANT 2: It was positive.

RESEARCHER: It wasn't like I'm going to sit in there and just watch them, and now you have to go and work in the garden outside. It was a good way. It was more than what you expected. So, do you agree? Is that true?

PARTICIPANTS: Yes, yes.

RESEARCHER: Okay, that's one thing that came out through our whole session last time. That is the one thing that stood out. Okay, now, the other thing that was very clear to me is that this ... and you saw it like that ... you experienced this whole programme, this whole project, as **an opportunity to develop skills.**

Opportunity to develop valuable skills

PARTICIPANTS: Yes, yes.

RESEARCHER: And also, again **you might have thought at the beginning that it wasn't going to be: "I'm not going to learn anything, or a lot – maybe a little bit, but not much ..."** But in the end this was **an opportunity, and you have all grown personally, emotionally ... you've gained so much knowledge and insight into how to deal with kids, how to deal with your own kids, your own family, people in the community. So, it has helped you on that level. It's an enormous amount of help – more than what we will ever understand, because ...**

More than anticipated

Opportunity to develop valuable skills

Enhancing their own interpersonal and parenting skills

PARTICIPANT 2: ...it has changed us. You know if you go around in the streets and you just see that this person might be positive ... you already feel like **you can open up to the person and tell them: "I can help you."** But with the regulations and all that, you just **carry that with you and become sad about it, hoping that I hope she finds help. It changed us totally, completely. You don't just look at a person and make remarks why is the person like this and that, or why is the person looking like this. You cannot do that. Already you want to help the person; you know what is happening in the person's life.**

Enhancing their own interpersonal and parenting skills

Experiencing meaningfulness
Self-growth

RESEARCHER: That is a skill that you developed.

PARTICIPANTS: Yes, yes.

PARTICIPANT 1: We **don't discriminate; we don't put labels on them**. Before we came here, if you were very thin and coughing, one would say: "Ja, next week, she is going, she is left with three days, she will be dead." But **now we know; we feel pity for them**.

Enhancing their own
interpersonal and parenting
skills
Self-growth

PARTICIPANT 2: Ja, we feel sorry for them.

RESEARCHER: You see, that is a very important skill, and a life skill that you developed, and it does not only relate to people who are HIV positive ... anybody who is suffering.

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: No, to anybody, even when we see it is about poverty or you can see that, **you just feel that I would like to help this person** – no more negative thoughts: "He is lazy; he doesn't want to work." You just think like he is a human being; **I must render my help to this child**.

Enhancing their own
interpersonal and parenting
skills
Experiencing meaningfulness

RESEARCHER: And also, it's not only a **skill of helping** that you've developed. I've picked up that also conflict management, the **skill of handling conflict** ... you've developed that skill within yourself,

Self-growth
Successful conflict
management

PARTICIPANT 2: Patience

PARTICIPANTS: Yes, yes.

| | |
|---|--|
| <p>RESEARCHER: Yes, patience. And being open to surprises, or being flexible. Sometimes you plan something and then, when the child arrives and he's not in the ...</p> | <p>Being flexible</p> |
| <p>PARTICIPANT 2: ... like the things you thought you would find and you just have to turn around ...</p> | |
| <p>PARTICIPANT 1: And the most important is to love this job, because if you don't have love for what you are doing ...</p> | <p>Experiencing meaningfulness</p> |
| <p>PARTICIPANT 2: ... and for the ones you come in contact with ...</p> | <p>Experiencing meaningfulness</p> |
| <p>RESEARCHER: It's very important that you say that, because that's one of the things that I'm also going to talk to you about, because it also came out. Okay, so my second theme then is skills. You developed skills in every aspect of your lives, so we are talking about the conflict management, being flexible, dealing with the stress, because it is a stressful job.</p> | <p>Successful conflict management Being flexible</p> |
| <p>PARTICIPANT 1: Yes, yes, stress.</p> | <p>Dealing with stress and challenges</p> |
| <p>RESEARCHER: And you also ... I think PARTICIPANT 3 ... you especially mentioned it was very difficult for you in the beginning to go home and to focus on your family. You tend to take your problems home, and now it is better. So, somewhere along the line, you developed ... and all of you developed that skill of learning to separate my professional life and my personal life.</p> | <p>Dealing with stress and challenges Enhancing their own interpersonal and parenting skills</p> |
| <p>PARTICIPANTS: Yes, yes.</p> | |

RESEARCHER: And that's a valuable skill that you're going to use every day for the rest of your life. It is very valuable. Okay, and also your parental skills, your [parenting skills](#) ... I think that also even for you, **PARTICIPANT 2**...I think that also developed. You know [how to deal with your kids, how to handle them, how to not spank them when they wee-wee everywhere, communicate with them](#) ...

Enhancing their own interpersonal and parenting skills

PARTICIPANT 2: "Why did you do this?!" But now we know.

PARTICIPANT 1: Ja, because [we used to take our problems home, but ... but now, if I have a problem I know that before I go out of this building I have to talk to someone.](#)

Enhancing their own interpersonal and parenting skills

RESEARCHER: That's very valuable. I think also, although your kids can't say it to you now, your family members ... probably they don't know how to say it, but they also see the difference in how you ...

Dealing with stress and challenges

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: Yes, you can see, because [the relationship now is much better; they can come closer to you better than before.](#)

Enhancing their own interpersonal and parenting skills

RESEARCHER: Definitely. So, also in that area it improved your life because we need that; we need love and support from our family and friends, and if we can handle problems better ...

PARTICIPANT 2: ...and you also feel good about yourself – ["Now I'm treating my family in the right way, and they accept me the way I want them to."](#) – because if you're harsh to your children or your

Enhancing their own interpersonal and parenting skills

grandchildren, they just run away from you.

RESEARCHER: Yes, that's true, very true. Okay, also regarding the life skills that you developed was the one thing about the logistics, the challenges of this job also – not just the logistical challenges, but challenges in general ... you learned how to deal with those challenges, what is the right way of doing things. Like you said now, **PARTICIPANT 1**, that you are not going home until this is sorted. You have to sort this out, and that was a challenge in this job – a whole bunch of different personalities working together on one project and you have to get along.

Dealing with stress and challenges

Successful conflict management

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: Yes, even how to approach people. You just don't say: "Hi." You just find a way of putting it nicely: "Is there something wrong with you today? What is happening? You don't look happy." You see, instead of saying: "Why are you dressed like this; you're untidy." But now we can't do that anymore. We can't; we're just so sensitive.

Enhancing their own interpersonal and parenting skills

RESEARCHER: Yes that's the thing. That's sensitivity towards others that has developed, and it was always there. You would not have volunteered for this job if you didn't have that sensitivity within you, but this just brought it all.

Enhancing their own interpersonal and parenting skills

PARTICIPANT 2: We didn't know, but now we can see it coming through.

Self-growth

RESEARCHER: Absolutely. Okay, and then you will see that the things are very related, so they actually overlap. Okay, the next

one is on the value on the personal level. That brings me to what you were saying now about your love for this job and love for children. That's the one thing that really stood out for me throughout our session the last time. And also now I've observed you with the kids, the passion that you have for your job, for the kids, the love, the desire to help, the sensitivity, the patience.

Experiencing meaningfulness

PARTICIPANTS: Yes, yes.

PARTICIPANT 1: And the willingness.

Experiencing meaningfulness

RESEARCHER: The willingness to be there, to help even sometimes you're also tired, and you're also hungry, and you want to go home now, but ...

Experiencing meaningfulness

PARTICIPANT 2: ...but you feel that I must get through this first before I can go home.

PARTICIPANT 1: If I was not working in this job ... maybe if someone or my child come with me, with everyday, I have to teach 1-2-3-4-5 ... if he doesn't understand I will say: "I've been teaching you everyday but now I'm tired." But now we know that we have to take time until we see the good results.

Experiencing meaningfulness

RESEARCHER: But if you did not have the love for children and the passion for people within you, you would not take the time to help them. You would say to them: "You know what? I don't feel like helping you now. Just go." But it's because of that ...

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: ...or we would just write a false report, but if we can't get something right, we just can't take it. We also report to our supervisor: "You remember we've been trying this and that, but we don't see a progress." And she will come with other ideas, or the coordinator will come and brief us so that we can get the thing right. If we get it right then we are happy! It feels good!

Value of regular debriefing

Experiencing meaningfulness

PARTICIPANT 1: On the manual for 3 to 5-year olds ... because we have to assess them for three weeks, but we don't sometimes because we thought that three weeks is not enough for the child to answer all the questions, so we have to take time until she gets it right ...

Experiencing meaningfulness

PARTICIPANT 2: Even after the class we continue with the questions and answers of the assessment.

Positive value

PARTICIPANT 1: Ja, we want to be sure.

Experiencing meaningfulness

RESEARCHER: Patience! You see, I know with a little 2-year old you just have to have patience. You can't do this job if you just don't have patience and don't take time, because they are not on the level that we are on ...

PARTICIPANT 2: Yes, because she doesn't understand why you keep on telling him to do this like this. He just feels tired and say: "They're boring me." But we have to continue until she gets it right.

Experiencing meaningfulness

RESEARCHER: And I've never seen anyone of you being cross with the child, or shouting at the child, or being irritated or annoyed, or ... just never, and that's wonderful. It's because of the passion that you have for this job, and the love you have for these

Experiencing meaningfulness

kids. And I think also, it's maybe you feel for them, you know – you understand what they're going through; you can imagine what it must be like.

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: And we're so proud of ourselves because XXX mum told me that at the crèche the teacher asked her: "What is happening to your daughter these days? She's so clever; she's changed a lot." And then she told them that she goes to the other crèche with the granny. "Oh, it's granny's school," and the mum was so proud. She is so happy. She is so proud and so happy, because she also couldn't cope with her, and now we told her and gave her puzzles to do with her.

Positive value

Experiencing meaningfulness

RESEARCHER: So, now something has changed ...

PARTICIPANT 2: And we also told her to play with her games and all that. Now they are all so close, because she is so ...

RESEARCHER: It's so good, because the relationship is better between them. Remember, from the beginning we saw the relationship wasn't good ...

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: The mama was just doing the things that we used to do and that we told her to do. And we told her: "You can't say: 'You are stupid'", or something like that, and then the child just draws back like she was, but now she's open. And even she is not fluent. She always struggles to speak, but she will get to the

Self-growth

Enhancing their own

interpersonal and parenting

skills

answer and she will give correct answers.

RESEARCHER: Ja, that's good news. I get goose bumps. I'm so happy about that, especially for XXX ...

PARTICIPANT 2: Yes, more especially about her, and now she can smile, she can play, she is so free now. *We're happy about it.*

Experiencing meaningfulness
Positive value

RESEARCHER: You know what, this difference ... the difference that we see in her now ... that's going to change her for the rest of her life, because now she believes in herself. She knows: "I can do this."

PARTICIPANT 2: Yes, and when she grows up she will remember: "You know at crèche I was like this", but after the granny school she will wish to see us and bond in that way, and in that way *we will know that we've done something right for somebody.*

Experiencing meaningfulness
Positive value

PARTICIPANTS: Yes, yes.

RESEARCHER: In her life, that's the thing. It's not just now. The difference that you're making is not just for the few weeks that you spend with the children; it's for life.

PARTICIPANT 1: *We are doing the best*, not just for XXX, but for the whole group. Even the other children you can see there's lots of changes and improvement.

Experiencing meaningfulness

RESEARCHER: It's wonderful. Well, I remember you said to me at the first discussion ... you said that it often happens with the 6 to

10-year olds that you get feedback from the teachers that they can see an improvement in the children, but this is now the first time that it comes from a 5-year old, and a child like that, and especially for XXX.

PARTICIPANT 2: Yes, and we saw her; we personally saw how she struggled, but now she's getting good reports.

Experiencing meaningfulness

PARTICIPANT 3: And that, to us, makes us proud to see the child's performance improving. The improvement is more higher than previously. It makes one very proud. It makes us proud, and the more the child improves and learns and having those ... using the knowledge that we gave to her, and the love and the care we give to the child ... it is so important to see that ... the difference. If you see a child withdrawing, being shy and not improving, it becomes so stressful to you, but this ... nowadays, if you see the improvement of the child, like for example XXX, she is so much very clever, for example doing the puzzles. I can say she is a bomb right now; she is so intelligent. I am surprised ...

Experiencing meaningfulness

Positive value

Dealing with stress and challenges

RESEARCHER: She struggled that first time; she couldn't do it ...

PARTICIPANT 3: She is a clever child now. Even the mum, she is so proud of her child ...

RESEARCHER: But don't you think, **PARTICIPANT 3**, she had that within her all the time, but she just wasn't believing in herself? She didn't believe in herself. Would you say, now that she's a clever child now ... but if she's a clever child now, then she was a clever child before ...?

PARTICIPANT 2: She didn't get the help to take this out of her.

RESEARCHER: And the confidence, but now because you believed in her and you encouraged her ...

Self-growth

PARTICIPANT 3: And the trust. We gave her the trust towards her. That is why she was able to participate, and be free and relaxed, and no more shyness, and be withdrawn.

Experiencing meaningfulness

RESEARCHER: And also, the acceptance when she's in your company. She knows that she's been accepted for who she is. So, even if she doesn't get it all right, she's not going to be judged. Nobody is going to shout at her. She will just try again

Experiencing meaningfulness

PARTICIPANT 1: Ja, just being patient and being tolerant and tried to help her.

Enhancing their own interpersonal and parenting skills

RESEARCHER: That's a wonderful thing to know that you've made such a big difference. That is so good.

PARTICIPANTS: Yes, yes.

RESEARCHER: Ja, she's not the only one that is also good. You made a difference in all of their lives.

PARTICIPANT 1: Yes, especially the 3 to 5-year olds ... most of them. There was one child ... she was like that ... and XXX was much better than her ... she was so withdrawn and crying, and every answer she was giving was "Marabastad." "How old are you?" She would say: "Marabastad." But as time went on, we taught her until she came right. So, the mother was very proud of

Experiencing meaningfulness

that.

RESEARCHER: This feels good ...

PARTICIPANT 1: Especially the 3 to 5-year olds ... we are doing a great job. Experiencing meaningfulness

PARTICIPANT 2: Because they are very young.

RESEARCHER: Yes, that's the thing.

PARTICIPANT 2: And maybe it takes time for them to adjust to the situation and understand what you want them to do.

RESEARCHER: And at that age – 3 to 5-year olds – they are like sponges. They are taking in a lot, they absorb everything, good and bad. So, the more good we can invest the better.

PARTICIPANT 2: So, if you start with the good ones it's much better.

RESEARCHER: So, when you get to the 6 to 10-year olds, most of it is already there. The foundation is there; so we build on that.

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: Ja, they already understand, so we just build on that, or correct what they are doing wrong.

PARTICIPANT 1: And they need time, patience. You have to observe and you have to see that, maybe, it's time for the child to Self-growth

go to the toilet. You have to be **observant**.

Self-growth

PARTICIPANT 2: I usually look at them and say: “Do you want to go to the toilet?” They say: “Yes, Granny.” And I say: “Why don’t you say so?” **There will be a sign ...**

PARTICIPANT 1: **The actions tell you that they need to go to the toilet.** Self-growth

RESEARCHER: Okay, wonderful. So, that is the value on the personal level; that passion that you have; the positive value. I think also that you’ve realised the potential within you for growth. Going back to that now, because you said that quite a few times ... mainly about the way you used to handle your child at home and all that, and how you do it now. So, that also, again on a personal level, now it has changed too. It is wonderful; amazing. **Nobody ever thought that it was going to be like that.** When we developed that programme it was just for the kids. **We never thought about how it’s going to ...**

More than anticipated

PARTICIPANT 1: ... **going to benefit us in our lives.**

More than anticipated

PARTICIPANT 2: It benefits the mothers also, because when they get home they see the difference and think that “Oh, my God, I never thought my child can be like this.”

RESEARCHER: Like XXX’s mum ...

PARTICIPANT 2: Yes, **we’re helping all of us.**

Experiencing meaningfulness

Enhancing their own

PARTICIPANT 1: It **also helps us on our own children’s side,**

interpersonal and parenting

because I will say she is at Day Care; I don't have time to play with her or time to teach her. But when she comes from the crèche, I have to look what he has been doing the whole day. If she doesn't know how to spell her name, I get a pen and practice with her.

skills

RESEARCHER: There's a lot of information in that manual that is very useful for you as well. Like you said in the beginning, that mother who doesn't have time to spend with the child 15 minutes ... for the little one, 15 minutes, maybe, once a day or twice a day ... that's what you need.

Importance of the manual

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: And if you do it continuously you will see the difference.

RESEARCHER: Yes, definitely. The thing is, people forget that a child, especially at this age – young children, 3 to 5-year olds – they learn even if they are just sitting and looking at their environment.

PARTICIPANT 2: We are also pleased with the mothers, because the group in Mamelodi, XXX's mum's group, they are also open. We are so happy with them, because whenever you show them, or we had a session where they had to cuddle the 3-year olds and sing lullabies to them, they couldn't do that. And then I asked them why, because the children are still very young, they are still babies: "Don't you remember what you sang for her when she was three months old?" They said no, they are old. They must go and play. I said: "No, as from now on, you start doing that with your children. Play with them, sing, tell them they are beautiful, they are lovely

Positive value

and you love them.” And they admit that: “Yes, we don’t do that”, and they were thankful. At the next session, we asked them: “How was your week?”, and they said it was good, and they told us that they are thankful for the session. They were able to see that they were doing something wrong to their kids by not taking time to be with them. **They are so happy, and this makes us proud. We are also helping the mothers.** Positive value

RESEARCHER: And they are willing, and they want to be helped and learn.

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: Yes, that is a very good group of mothers. They are doing the things they did wrong and what they know they said: “This we did like that”, and they would tell us if something was new to them. They were very happy, and they are going to continue doing that.

PARTICIPANT 1: Before, they used to choose for their children, like say to them you must eat cheese and polony. Now, they let the children choose what they want to eat. They ask what to prepare for lunch. They also do it together.

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: And they were so happy, and told us that they saw the difference of doing things with our children, because now they are not fighting and arguing all the time, because you give them a chance to say what they feel.

RESEARCHER: That's wonderful. You must remember now, for those moms now, if you cuddle a child, if you hold the child when there's peace, it's just so much easier for that child to come to you when you are fighting or when something is wrong with that child. Because the child knows, "I can go to my mummy anytime; she is going to hold me; she is going to sing me a lullaby, and cuddle me and hug me and kiss me" ... so that makes it easier for the child to go to the mum whenever they have a problem at school or with friends.

PARTICIPANT 3: Like, for example, right now, according to my son ... I got from the report ... the teacher told me that my son is no longer participating, his participation is low, and when you ask him a question he cries a lot and he is a little bit shy. And according to this project, it gives me more knowledge to work hand in hand with the teacher. Right now, I'm so grateful about this project, because I was able to assess my own child – what was wrong with him. I was no longer worried. I was able to know what was wrong with him, and that made me able to know what makes him shy and what makes him cry when the teacher is asking him questions. I asked him why does he cry when the teacher is asking him a question. He said to me: "Mama, that teacher ... I'm not going to give him answers, because he comes with a stick." So, I realised that this is what is making him shy to respond ...

PARTICIPANT 2: ...he is afraid that if he says something wrong he will get a stick ...

PARTICIPANT 3: ...I also see that on my side, if I took a stick or a belt while talking to him, he cries and cries. This also hurts me. What have I done to my child, because it is not a good thing? I

Self-growth
Enhancing their own
interpersonal and parenting
skills

Enhancing their own
interpersonal and parenting
skills

then gave the report to the teacher and ask him not to do it again, because my son told me If I ask him a question and he doesn't get it right, and he starts to cry, he wants to give the answers ... The teacher told me too that the child is very much intelligent, but he was very much concerned about the shyness and why he is crying nowadays, but right now he is okay.

RESEARCHER: So, he was shy and afraid.

PARTICIPANTS: Ja, he was afraid of the stick.

RESEARCHER: And you know, you said it before, spanking doesn't work for your child. So, that's why you work hand in hand now with the teacher and tell the teacher: "You know what; it's good if you want to discipline my child. It is fine, but no spanking." It's good, and if you don't have this knowledge he will just continue.

Enhancing their own
interpersonal and parenting
skills

PARTICIPANTS: Yes, yes.

PARTICIPANT 3: He will just continue, smack the child, or you will get angry towards the teacher: "What is the teacher doing to my child?", and it is not the teacher's fault at the same time. Meanwhile, the teacher is doing the wrong thing by spanking the child because the child is still young. You can't spank the child every time the child is doing something wrong. Just be patient, give him love, give it time, take time and try to give him a resolution, and he must understand what you are trying to do.

Enhancing their own
interpersonal and parenting
skills

PARTICIPANT 1: **PARTICIPANT 3** did the right thing because, maybe, tomorrow the child will refuse to go to school, and you never know what will happen. So, I am pleased about the child

Enhancing their own
interpersonal and parenting

because he was open and talked about it. What if he never told the mother ...

skills

Self-growth

RESEARCHER: And the problem is sorted now, and then he knows: “Now that I ... even if my answer is wrong”, he will still try.

PARTICIPANT 2: Yes, and that nobody is going to smack him.

RESEARCHER: Because that’s the thing if they are afraid when they see the stick.

PARTICIPANT 2: “If I say something she’s going to spank me.” So, the children just become numb and afraid.

RESEARCHER: Very good, **PARTICIPANT 3!**

PARTICIPANT 1: Yes, she did the right thing by explaining to the teacher also ...

PARTICIPANT 2: Ja, and don’t go fighting to the school. Some mothers do not go to the school, but they go there to fight. They don’t go to solve the problem; they just want to beat the teacher up.

Enhancing their own interpersonal and parenting skills

RESEARCHER: Now you are a team – you and the teacher and your child – and it makes you feel good as a parent.

Enhancing their own interpersonal and parenting skills

PARTICIPANT 2: Ja, the teacher won’t be afraid to tell **PARTICIPANT 3** if something is wrong with the child.

PARTICIPANT 1: And maybe the teacher also ... maybe she

realises that she has been doing something wrong by using the stick on other kids as well, she no longer uses that stick.

PARTICIPANT 2: It's not just this one ... maybe the whole class is afraid of the stick.

RESEARCHER: And it makes you feel, also as a parent, that you're in charge. You know what is going on, you understand your child, you understand the situation, and you are doing it in the right way. And maybe even a stick was just there to threaten them ...

PARTICIPANT 1: Yes, I don't think she was using it, but the children will just be afraid because they feel that he is going to smack me...

RESEARCHER: Okay. I think you also learnt ... other personal values that you learnt from this is to ... was to deal with your negative emotions. It came out quite a lot that you felt that ... like failures in the beginning and the child doesn't trust you. The child doesn't want to co-operate, and you took it very personally. "Why did I do wrong? Am I bad?" And how you learnt throughout the process and the project to deal with that, and you realised that it's not me ...

Dealing with negative emotions

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: ... as long as you know that you've done your best. If things don't go your way you just say: "I've tried my best."

Experiencing meaningfulness

RESEARCHER: That's a very important thing, because it's happening in life all the time. We experience: "What did I do

Dealing with negative

wrong? Am I a failure?" But it's not always up to me. I'm just saying that as long as you do what you can. Okay, and then the last thing was the value of the importance of support, how you all said that support on many levels – .the manual, the sessions with the coordinator, the debriefing, the support of your colleagues, the training before, and also the need for training maybe on a more regular basis, just to keep up to date, the needs on how to handle the kids, and anything that comes up. But the overall theme was the value of support. You will not be able to do this ... the three of you on your own ... start your own thing outside. You won't be able to do it; you need support, and how you've all realised the value of that.

emotions

Importance of the manual

Value of regular debriefing

Importance of training

Support by colleagues

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: Yes, doing things with others, asking for advice. Asking is very important.

Support by colleagues

PARTICIPANT 1: Because you can't do things on your own; you have to ask for advice.

Support by colleagues

RESEARCHER: Okay, wonderful. Anything else that you want to share, that you want to tell me about your experiences? Anything else that you think I should mention in my findings?

PARTICIPANT 2: I think my experience with Kgolo-Mmogo is that it gave me more passion to learn more. As I'm sitting here I wish I can go further and further with my studies, to know more about a child, learn more about children, to learn more about HIV so that I can continue teaching others, and knowing more about it so that I can know how to deal with my people.

Importance of training

Experiencing meaningfulness

Self-growth

Positive value

RESEARCHER: The desire for more knowledge ...

PARTICIPANT 2: Yes, and the desire for more learning.

Experiencing meaningfulness

RESEARCHER: Yes. You know why that is; because you see that what you learn makes sense, to want to go and apply that, and you want to learn more because you see the effect that your knowledge has on these people, on the kids and the mummies, and then you want to learn more and more. It almost feels to me as if without you even knowing it, this job was maybe a dream or a goal for you all your life. You never knew it.

Experiencing meaningfulness

PARTICIPANT 2: Yes, it wasn't visible, yes.

PARTICIPANT 1: It was a calling.

Experiencing meaningfulness

PARTICIPANTS: Yes, yes.

RESEARCHER: Yes, but once you are in the situation, you realise that "this is where I belong."

Experiencing meaningfulness

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: I had this dream ... I didn't know what was going to happen in future but I always have this dream. I would go into the place where I used to work before ... I used to work in a factory, but I would see myself teaching the people in the factory. Always, I would have this dream, and when it came I realised that "Okay, this was my dream". The dream would continue even when I wasn't working at the factory. It always continued with me,

Experiencing meaningfulness

stayed with me until I came here. Now the dream has disappeared. So, it means that God somehow was showing me that you have to take this route, but I wasn't aware of it.

RESEARCHER: Yes, I really feel that, and I can see that you are so at home in this job. This is where you really belong.

PARTICIPANT 1: A second home. And also to the mums ... they benefited because most of them, after the sessions ... you will meet them in the malls. Everywhere they will say to you: "Why don't you call us again; we need the classes."

Experiencing meaningfulness

PARTICIPANT 2: And the knowledge ...

Self-growth

RESEARCHER: And something that doesn't mean anything to them, they won't miss it if it doesn't help them. It's because they benefited from this.

PARTICIPANTS: Yes, yes.

PARTICIPANT 2: And another thing that came out of this is that the previous group that finished now, they started a club themselves. They remained together and started a club. They are going to meet once a month, just to enjoy themselves and share experiences. They are so grateful. They say we started something that we didn't think existed, to be one.

RESEARCHER: So, it's almost like a support group?

PARTICIPANT 2: Yes, it's a support group, but in a different way. But once a month surely they meet. They discuss their problems,



their experiences, and they enjoy themselves afterwards.

PARTICIPANT 1: And they wish to come back here, but it's impossible, because once you've completed the course you only come for interviews ... and it's hard for them.

PARTICIPANT 2: Ja, they must give other children a chance. You must only come for interviews now. So, and it's hard for them.

RESEARCHER: Good for you!



APPENDIX G

Visual data of observed intervention sessions

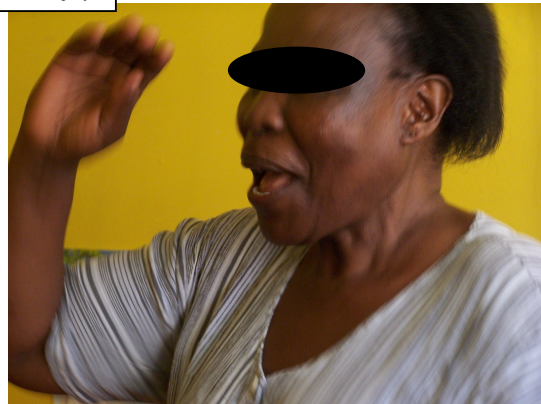


Visual data of observed intervention sessions

Session 2 - 17 February 2009



Feelings of pride,
excitement and joy



Experiencing
meaningfulness





Feelings of pride,
excitement and joy



Implying diverse
responsibilities



Feelings of pride,
excitement and joy



Feelings of pride,
excitement and joy





Session 3 - 24 February 2009



Experiencing
meaningfulness



Experiencing
meaningfulness





Experiencing
meaningfulness



Feelings of pride,
excitement and joy



Experiencing
meaningfulness





More than anticipated



More than anticipated





Experiencing
meaningfulness



More than
anticipated



Experiencing
meaningfulness



Implying diverse
responsibilities



Session 4 - 3 March 2009

Feelings of pride,
excitement and joy



Experiencing
meaningfulness





Experiencing
meaningfulness

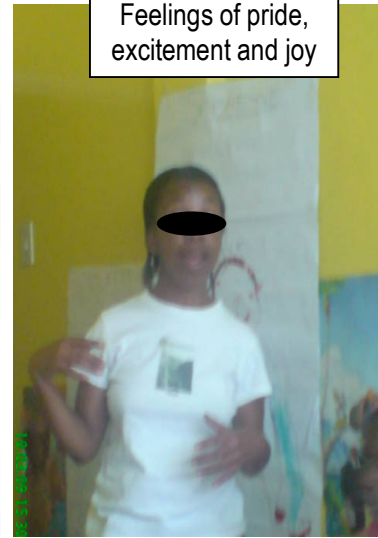


Session 5 - 10 March 2009

Experiencing
meaningfulness



Feelings of pride,
excitement and joy



Feelings of pride,
excitement and joy

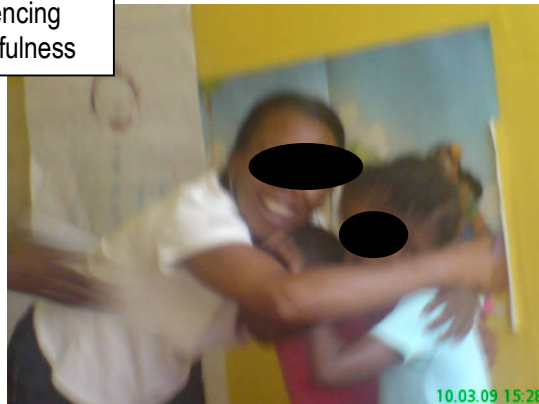




Feelings of pride,
excitement and joy



Experiencing
meaningfulness



Feelings of pride,
excitement and joy

