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PERCEPTIONS OF THE ROLES AND RESPONSIBILITIES OF CAREGIVERS IN CHILDREN'S HOMES

Ditlhokwe Anna Mosia

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PERCEPTIONS OF THE ROLES AND RESPONSIBILITIES OF CAREGIVERS IN CHILDREN'S HOMES

by

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Dedication

I wish to extend my sincere love and gratitude to my family. To the special memory of my late father Rev. Jacob Sekobetlane Mminele, whose memorable hard work and dedication motivated me throughout my studies. To my mother Rebotile Pulana Mminele, my brothers and sisters, and most importantly to my husband Mereki Mosia as well as my precious children, Katiso, Khanya and Khotso for always supporting me and for their incredible understanding, patience and unconditional love.

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- Prof. David Levey, for his outstanding language editing of this dissertation.
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SUMMARY

This study contributes to existing, but limited research on institutional caregiving of vulnerable children. Institutional caregiving is an organized goal directed activity which occurs within a family-like system that aims to protect vulnerable children and optimize their emotional, psychological and physical developmental needs. The purpose of this study was to understand the perceptions that caregivers who work at children's homes have regarding their roles and responsibilities and thereby obtain an insight into their day to day experiences while executing their responsibilities. The primary research question that guided this study was: "How caregivers at children's home perceive their roles and responsibilities?"

A qualitative research approach was applied and it was guided by the interpretive paradigm to gain subjective and perceived realities that caregivers have regarding their roles and responsibilities. A case study research designed was used and a total of eighteen caregivers were purposefully selected to participate in the study. A focus group interview, a group collage and semi structured individual interviews served as data collection methods for the study. The study used the roles dimension of the McMaster Model of family functioning which is based on the System's theory as its theoretical framework.

Findings of the study were aligned with literature and revealed that the caregivers perceived their fundamental roles and responsibilities as that of providing food, shelter and a protective environment. Their perceived responsibilities also include catering to the children's emotional and health related requirements. It was interesting to note that in addition to their perceived roles and responsibilities, caregivers viewed their work environment as a child-focused environment and expressed the need to be acknowledged as professionals, be empowered with more caregiving skills, and be paid in accordance with their contribution. The study recommends that the unique needs and pressures of institutional caregivers be adequately studied and addressed in ways that will in turn facilitate quality caregiving.

Key concepts

Family
Caregivers
Children's home
Vulnerable children

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TABLE OF CONTENTS

Page

CHAPTER 1:
BACKGROUND AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION 1

1.2 RATIONALE 2

1.3 PURPOSE OF THE STUDY 3

1.4 RESEARCH QUESTIONS 4

1.5 CONCEPT CLARIFICATION 4
1.5.1 VULNERABLE CHILDREN 4
1.5.2 CHILDREN'S HOME 5
1.5.3 CAREGIVERS 5

1.6 THEORETICAL FRAMEWORK 6
1.6.1 SYSTEMS THEORY 6

1.7 META THEORETICAL PARADIGM 6

1.8 RESEARCH METHODOLOGY 7
1.8.1 RESEARCH APPROACH 7
1.8.2 RESEARCH DESIGN 7
1.8.2.1 Case study 7
1.8.2.2 Selection of participants 8
1.8.2.3 Data collection 8
1.8.2.4 Data analysis 10

1.9 QUALITY CRITERIA 10
1.9.1 TRANSFERABILITY 10
1.9.2 CREDIBILITY 11
1.9.3 DEPENDABILITY 11
1.9.4 CONFIRMABILITY 11

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Page

1.10 ETHICAL CONSIDERATIONS 12

1.11 OUTLINE OF CHAPTERS 13

---oOo---

Page

CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION 14

2.2 DEFINITION OF FAMILY 15

2.2.1 A FAMILY LIFE CYCLE 17

2.2.2 VULNERABLE CHILDREN AND THEIR EXPERIENCES IN CHILDREN'S HOMES 17

2.2.3 CHILDREN'S HOMES 20

2.2.4 CAREGIVERS WORKING IN CHILDREN'S HOMES 21

2.3 THEORETICAL FRAMEWORK: FAMILY FROM A SYSTEMS PERSPECTIVE 23

2.3.1 SYSTEMS THEORY OF CARE GIVING AND FAMILY FUNCTIONING 23

2.3.1.1 The macro system 24

2.3.1.2 The exo system 24

2.3.1.3 The meso system 25

2.3.1.4 The micro system 25

2.3.2 THE MCMASTER MODEL OF FAMILY FUNCTIONING 25

2.3.2.1 Roles functioning of family 26

2.4 ROLES AND RESPONSIBILITIES OF CAREGIVERS IN CHILDREN'S HOMES 28

2.4.1 INTERNATIONAL STUDIES 28

2.4.2 SOUTH AFRICAN STUDIES 31

2.5 CONCLUSION 32

---oOo---

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Page

CHAPTER 3
METHODOLOGY

3.1 INTRODUCTION 33

3.2 QUALITATIVE RESEARCH APPROACH 33

3.3. INTERPRETIVE META-THEORETICAL PARADIGM 34

3.4 CASE STUDY RESEARCH DESIGN 35

3.5 DATA COLLECTION 36

3.5.1 SELECTION OF PARTICIPANTS 36

3.5.2 DATA COLLECTION TECHNIQUES 38

3.5.2.1 Focus group interview 38

3.5.2.2 Group collage 39

3.5.2.3 Semi-structured individual interviews 40

3.5.2.4 Observations 41

3.5.2.5 Data documentation 41

3.6 DATA ANALYSIS AND INTERPRETATION 42

3.6.1 THEMATIC ANALYSIS 42

3.7 VALIDATION OF RESEARCH 44

3.7.1 TRANSFERABILITY 44

3.7.2 CREDIBILITY 44

3.7.3 DEPENDABILITY 44

3.7.4 CONFIRMABILITY 45

3.8 ETHICAL CONSIDERATIONS 45

3.8.1 INFORMED CONSENT 45

3.8.2 CONFIDENTIALITY 46

3.9 CONCLUSION 46

---oOo---

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Page

CHAPTER 4
RESEARCH RESULTS

4.1 INTRODUCTION 47

4.2 RESULTS OFTHE THEMATIC ANALYSIS 47

4.2.1 THEME 1: PROVISION OF RESOURCES 48

4.2.1.1 Subtheme: Provide basic care for vulnerable children 49

4.2.2 THEME 2: NURTURANCE AND SUPPORT 52

4.2.2.1 Subtheme: Provide warmth, comfort, reassurance and emotional support 53

4.2.3 THEME 3: DEVELOPMENT OF CHILDREN 56

4.2.3.1 Subtheme 3.1: Personal and social development 57

4.2.3.2 Subtheme 3.2: Educational and vocational development 60

4.2.4 THEME 4: MAINTENANCE AND MANAGEMENT OF FAMILY SYSTEMS 61

4.2.4.1 Subtheme 4.1: Management of health related functions 63

4.2.4.2 Subtheme 4.2: Behaviour control 65

4.2.4.3 Subtheme 4.3: Management of external boundaries relations 68

4.2.5 THEME 5: ROLE ALLOCATION OF CAREGIVERS 70

4.2.5.1 Subtheme 5.1: Challenges of caregivers 71

4.2.5.2 Subtheme 5.2:Coping mechanisms 74

4.3 INCLUSION AND EXCLUSION CRITERIA 76

4.4 CONCLUSION 76

---oOo---

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Page

CHAPTER 5
DISCUSSION OF FINDINGS AND CONCLUSIONS

5.1 OVERVIEW OF PREVIOUS CHAPTERS 78

5.2 FINDINGS OF MY STUDY 79

5.3 ADDRESSING MY RESEARCH QUESTION 80

5.3.1 PRIMARY RESEARCH QUESTION 80

5.3.2 SECONDARY RESEARCH QUESTION 83

5.4 STRENGTHS OF MY STUDY 85

5.5 LIMITATIONS OF MY STUDY 85

5.6 CONTRIBUTIONS OF MY STUDY 86

5.7 RECOMMENDATIONS FOR FURTHER RESEARCH 87

5.8 CONCLUSION 88

---oOo---

REFERENCES 89

APPENDICES 96

---oOo---

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LIST OF FIGURES

Page

Figure 2.1: The diversity of contemporary family structure 16

Figure 5.1: Summary of caregiver's roles and responsibilities 79

---oOo---

LIST OF TABLES

Page

Table 3.1: Phases of data collection 36
Table 3.2: Details of participants of the focus group interview 38
Table 3.3: Details of participants of the collage 39
Table 4.1: Visual presentation of themes of data sources 48
Table 4.2: Theme 1 – Summary 49
Table 4.3: Theme 2 – Summary 52
Table 4.4: Theme 3 – Summary 57
Table 4.5: Theme 4 – Summary 63
Table 4.6: Theme 5 – Summary 70

---oOo---

PHOTOGRAPH

Page

Photograph 3.1: Group collage as constructed by the participants 40

---ooOoo---

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CHAPTER 1

BACKGROUND AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

This chapter briefly provides the context of this study and my interest in the research subject. Having been exposed to ministerial functions and charity organisations, particularly those that work with HIV/AIDS orphans, I made an observation that there has been an increase in the number of orphaned children in South Africa. High levels of HIV/AIDS parental deaths as well as other social challenges such as desertion of children have brought about this increase. This observation is supported by an earlier study conducted by De Schipper, Risken-Walraven, and Geurts (2006), in which they found that this increase in orphan-hood made the roles and responsibilities of caregivers increasingly important in the lives of children, communities and countries. Caregivers frequently serve as primary minders to vulnerable children, confirming the importance of the role that child caregivers play in the lives of those children growing up in children's homes.

This study forms part of a broader study initiated in 2009 with the objective of identifying the factors that contribute to the psychosocial and emotional awareness (or lack thereof) of women who care for children in a children's home. The main objectives of that study were to: understand what support caregivers receive; investigate what the caregivers' coping responses are; understand their motivation and desire to care for vulnerable children as well as implementing an intervention/workshop to possibly enhance the emotional responses of caregivers. I anticipate that my current study will contribute to the broader study through investigating how caregivers at an institution outside Pretoria view their roles and responsibilities. The purpose therefore, in addition to identifying how they perceive their roles and responsibilities, is to examine possible differences between their perceptions and real life expectations of these roles, as described by literature.

An experimental study previously conducted by De Schipper *et al.* (2006) investigated the nature and the effects of care provided in childcare centres and its relationship to the welfare of children supports the relevance of undertaking this

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study. Their study mentions that the efficiency of caregiving roles is largely influenced by different factors such as the perceptions of caregivers regarding their roles and responsibilities; child-caregiver ratios, which usually affect the level of interaction that takes place between the child and the caregiver, and the quality of education, training and skills that the caregivers receive. Moreover, these aspects were also raised as concerns in a meeting that was held with the manager of the children's home where this study was conducted who shed some light regarding the child-caregiver ratios and training levels of caregivers, which at the time was their attaining matric. She further informed us that the ratio at the institution then was 12:1 (twelve children to one caregiver) while the required ratio is 5 to 6:1 (five or six children to one caregiver). De Schipper *et al*. (2006) found that the quality of interaction between the caregivers and children has an influence on the academic performance and emotional development of children. Furthermore, the younger the children, the lower the ratio should be as lower ratios were found to improve the quality of interaction, provide opportunities for more affection and support essential for the wellbeing and the development of the children's sense of self. De Schipper *et al*. (2006) further suggest that quality caregiver training is important in enabling caregivers to perform their roles effectively.

This study attempted to gain understanding concerning the extent to which caregivers in a children's home based in Pretoria perceive their roles and responsibilities. I therefore discuss the rationale behind this study and its intended purpose; the research questions and a discussion of the different concepts relevant to the study. A discussion of the theoretical framework, research paradigm and methodological approach follows. The ethical considerations of the study, as well as an outline of its chapters conclude this chapter.

1.2 RATIONALE

Research conducted in 2004 indicated that 3% of children between the ages of twelve and eighteen were orphaned by HIV/AIDS, becoming responsible for heading their households if not taken to children's homes (Brookes, Shisana, & Richter, 2004). Further information released by Statistics South Africa states that there has been a general increase in the number of orphans in South Africa from 1% in 1995 to 4,7% between 2002 and 2011. These numbers and trends have increased over

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the years as South Africa has experienced the increasing impact of HIV/AIDS related deaths. The majority of these vulnerable children are sent to children's homes and put into the care of caregivers who either work voluntarily or are employed by care institutions (Anderson, & Phillips, 2006).

Further research conducted by Operario, Cluver, Rees, MacPhail, and Pettifor (2008) confirms that vulnerability is on the increase in South Africa, taking into account only the increase in HIV/AIDS related deaths. It was estimated that the orphan population of South African children who are under 18 years of age would reach 5.6 million in 2015. A caregiving role replaces the parenting role for these children, posing various challenges. Amongst the accompanying challenges is that of the general family network becoming disrupted resulting in poverty, poor healthcare for children and trauma that is associated with emotional difficulties of these children. Furthermore, in most instances there is a lack of individualised parental supervision, resulting in vulnerable children not achieving their optimal performance levels in school. This has an impact on the status of their education and consequently affecting their ability to access future opportunities in life.

A preliminary review of literature on the roles and responsibilities of caregivers for this study indicated that minimal research has been done on caregivers who work in children's residential institutions and that little on this topic exists in the literature. Most of the research undertaken on this subject is based on caregivers who care for the elderly or those who are terminally ill. This lack therefore confirms the need to investigate whether the perceived role and responsibilities that caregivers perform are a form of parenting and if their roles and responsibilities are able to support optimal functioning of vulnerable children.

1.3 PURPOSE OF THE STUDY

The purpose of this study was to explore perceptions of caregivers working at children's homes regarding their roles and responsibilities as well as attempting to understand their day-to-day experiences, while executing these roles. The outcome of this study identifies perceived roles and responsibilities of these caregivers in relation to the expected roles and responsibilities as prescribed by legislation, and thereby identifies possible gaps and differences in practice and with other parts of the world. The information that is provided by caregivers regarding their perceived

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roles and responsibilities with regards to optimal care of children could possibly be used to further empower caregivers by developing better caregiving skills and by supporting them in the execution of their duties.

1.4 RESEARCH QUESTIONS

The following questions guide this current study:

❖ **Primary research question:**

- *What are the perceptions of the roles and responsibilities of caregivers in children's homes?*

❖ **Secondary research questions:**

- What do caregivers understand as their roles and responsibilities? How do they implement them?
- What sources of support are available or not available to help them cope with these roles and responsibilities?

1.5 CONCEPT CLARIFICATION

1.5.1 VULNERABLE CHILDREN

Vulnerable children are described by Sinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chindiwana, Nkomo, Tlou, and Chitiyo (2006) as children under the age of 15 and even 18 who have lost one or both parents through death or desertion. These children are in the main orphaned and they are usually cared for by different kinds of caregivers, both in communities and in children's homes. However, this study concentrates on children from the abovementioned circumstances, who reside in an institution based outside of Pretoria, South Africa that is responsible for caring for vulnerable children. They are mostly, but not exclusively, HIV/AIDS orphans.

The Child Care Act (2005) stipulates the following criteria for children who may be placed in children's homes: Children with no parents or guardians, children whose parents cannot be found, children who have been abandoned and who have no support, children whose behaviour is difficult to control by primary caregivers and

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children who are vulnerable and are exposed to physical, emotional or mental harm or abuse (Meintjies, Moses, Berry, & Mampane, 2007). In this study, we will refer to these children as vulnerable children.

1.5.2 CHILDREN'S HOME

Children's homes are also known as child-care centres or places of safety. These institutions were initially meant for temporary housing of children and they were to be used as "last resort" homes, intended for raising children so that the effect of social separation could be minimised. The initial aim was to use these places to provide temporary professional interventions and then return the children back into their families of origin or into communities (Operario *et al*., 2008).

In this study, the term "children's home" is used as most of these children will not be returned to their communities and might stay in the institution until adulthood.

1.5.3 CAREGIVERS

Taylor-Richardson, Heflinger, and Brown (2006) describe caregivers as people who care for vulnerable children, as described above. These children may as a result of trauma, possibly display emotional and behavioural difficulties. Research indicated that caregivers of vulnerable children viewed their responsibilities as being those of child minders, with some of them adding to their roles personal and private discussions with the children about socially acceptable behaviours, sex and HIV/AIDS, while others reported that they did not incorporate such discussions in their duties (Brookes *et al*., 2004).

An increase in the caregiving of vulnerable children in South Africa poses a complex and difficult challenge requiring appropriate and adequate resources that may be used to address the diverse problems that the children face (Desmond, & Gow, 2001). The role of caregiver may be accompanied by high levels of stress which may affect their ability to perform their daily duties, ultimately resulting in a negative impact on both caregivers and the children. This study therefore recognises that it is important for an institution employing them to gain an understanding of experiences, feelings and perceptions that the said caregivers have regarding their roles and

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responsibilities, in order to be able to effectively plan interventions and support for them.

1.6 THEORETICAL FRAMEWORK

1.6.1 SYSTEMS THEORY

I used Bronfenbrenner's Systems Theory as my theoretical framework for this study, focusing particularly on the roles dimension of the McMaster model (Epstein, Bishop, & Levin, 1978) of family functioning and the influence that the ecosystem has on it. The model advocates that the functioning of the family as a unit will undoubtedly have the biggest impact on the emotional and physical wellbeing of its members. Caregivers within a family assume certain roles in carrying out their responsibilities of facilitating the fulfilment of three fundamental tasks. The first of these involves basic tasks and the provision of fundamental needs such as food. Secondly, the roles concern the developmental tasks that relate to the challenges with which the family is confronted through the different stages of its development and the development of its individual members. Lastly, the roles concern the hazardous tasks involving the family's ability to deal effectively with crises and traumatic circumstances with which it might be confronted. A family that is unable to deal with these tasks is likely to experience significant maladaptive family functioning patterns (Moore, 2010).

Subsequently, I examined the influences of the macro, the exo and the meso systems on the roles and responsibilities of caregivers and on the functioning of a caregiving family as a unit. This view is particularly important while studying human behaviour because behaviour occurs in relation to the surrounding environment within which it occurs. There is a reciprocal interaction between the environment and human behaviour; therefore to understand behaviour one needs to understand its environmental context (Finestone, 2004).

1.7 META-THEORETICAL PARADIGM

This study used communication and dialogue to construct an understanding and interpretation of information obtained from data collection sessions with participants. Therefore, an interpretive approach was utilised in order to understand the social

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realities and the meaning that people give to the realities of their daily lives. Caregiving occurs within a social context and the data gathered on caregiver's roles and responsibilities was based on their subjective views. Together with the participants, my co-researchers and I used communication and dialogue to jointly construct an understanding and interpret information regarding their perception of their roles and responsibilities. This approach sought to reflect on and understand the knowledge and perceptions of the research subjects studied. As caregiving occurs in a social context, this approach explores perceptions, interpersonal rituals and social practices of research participants. It may therefore be said that the interpretive approach is based on the belief that "reality is socially constructed and that the goal of social scientists is to understand what meaning people give to their reality" (Russel, & Schutt, 2006, p.43).

1.8 RESEARCH METHODOLOGY

1.8.1 RESEARCH APPROACH

I found it appropriate to use the qualitative research approach, as this was the one best suited to assist me in answering my research question through gathering information regarding the experiences, perceptions, meaning and understanding that caregivers at a children's home have regarding their roles and responsibilities. Qualitative research focuses on making meaning of information gathered (Creswell, 2007). I collected data by interacting with participants, going to their place of employment and inviting them to tell their stories. The information was subsequently utilised in identifying key perceptions that caregivers have about their roles and responsibilities. A case study research method was then used in this study.

1.8.2 RESEARCH DESIGN

1.8.2.1 Case study

A case study design focuses on understanding the perceptions of a group of people about an issue (Payne, & Payne, 2004). This group of people should have clear boundaries and be based in one environment such as the participants in this study who are all caregivers at a children's home. A case study maybe conducted on a small scale and maybe used to gather and sort out ideas in order to develop insight

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into a phenomenon. The method searches for meaning of natural events in the collected data. This study follows the principles of a case study by focusing on understanding the perceptions of caregivers at a children's home in Pretoria regarding their roles and responsibilities and it pays attention to their individual and collective understanding of the latter (Payne, & Payne, 2004). A case study seemed to be the research method best suited to use the information from the participants' responses to understand the trends of the gathered data.

1.8.2.2 Selection of participants

This study made use of purposive sampling to collect data from all the eligible participants deemed to be typical participants from whom the required, relevant information, could be obtained (Ary, Jacobs, Razavieh, & Sorensen, 2006). The sample group for this study involved twelve caregivers employed at the children's home at the time. Although only seven of the twelve caregivers participated in the focus group interview, eleven participated in the group collage while two were interviewed using semi-structured interviews.

In view of the limited number of participants available during the focus group discussion, information was obtained only from those that fell within the targeted population: the caregivers and those that were available and willing to participate in the study. This meant that I had to use my "special knowledge and expertise about the group as a researcher to select subjects who represent this population" (Berg, 2001, p.32). Using this sampling method for my study provided me with the actual information needed, despite it compromising the generalisability of the study (Ferber, 1977).

1.8.2.3 Data collection

The data collection methods used for this study were the focus group interviews, group collage, individual interviews and observations, all of which are discussed below.

(a) Focus group interview

De Vos (2005) described focus group interviews as interviews that are mainly guided by the facilitator or researcher. Focus groups gather information, perceptions,

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experiences and concerns of research participants who display similar characteristics and who have had similar experiences. Information obtained from the focus group interviews conducted for this study was used for exploratory purposes to gather more information from the participants with regard to how they perceive their roles and responsibilities. I am of the opinion that information obtained from the focus group interviews provided important information regarding the participants' daily activities as they perceived them, as well as about their feelings, thereby contributing to the data for this research.

(b) Group collage

The use of a group collage projection technique provided additional information and confirms information obtained from the other data collection techniques that were used. The collage was compiled by eleven participants to further communicate and express their experiences and perceptions regarding their roles and responsibilities as caregivers and to create new meaning for themselves as a group. The group used narratives to tell their stories based on the collage that they developed. Themes were obtained and coded from these narratives to confirm and make meaning of the information. This process is referred to as triangulation in research; it verifies the accuracy of information that was collected through the use of different sources of data collection (Bush, 2007).

(c) Individual interviews

Two participants who were interactive and contributed the most in the group collage exercise were purposefully selected and requested to participate in individual interviews. I used interviews in this study as they are the most significant forms of qualitative data collection characterised by discussions and interactions between the researcher and the participant. Interviews have a central focus; additionally, they assist the researcher in obtaining descriptive information about the experiences of participants and attempting to understand the world from their perspective (Greeff, 2005).

(d) Observations

I recorded my observations of the group's non-verbal behaviour and interactions to provide additional data for this study in writing. The final process of collecting data was member checking: a process whereby I obtained feedback from the group that

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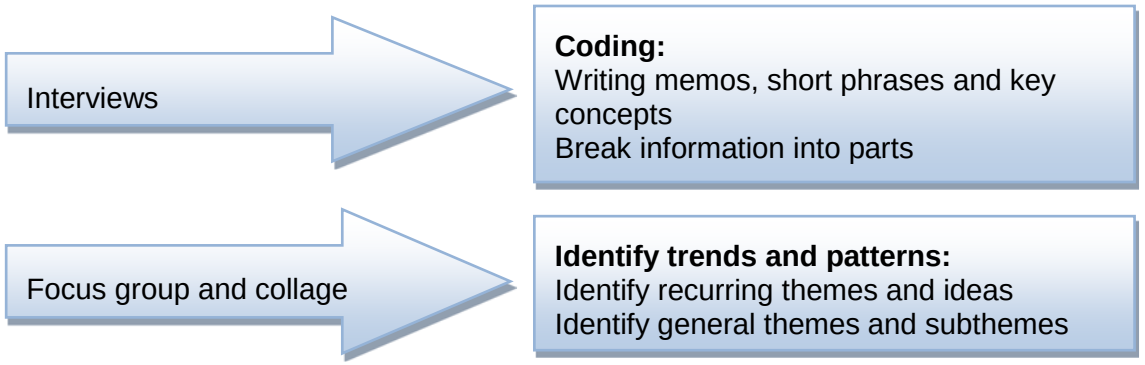
participated in the study regarding the accuracy of my data concerning the categories, interpretations and conclusions drawn. Information gathered from the various data collection techniques was further compared to confirm synergies of data. This process helped to eliminate possible misunderstandings and misinterpretations (Onwuegbuzie, & Leech, 2007).

1.8.2.4 Data analysis

(a) Thematic content analysis

Principles of the thematic content data analysis method were used; they are based on gaining an overview of the data collected, analysing it and identifying themes that arise from the information that was collected (Braun, & Clarke, 2006). Utilising this form of analysis, I followed the process of qualitative data analysis as outlined by De Vos (2005). I started by transcribing the data: I collected and organised it into themes, coding the data in order to develop categories of information consisting of themes and subthemes. I also considered the relationship between these themes (Hartley, 2004).

Data collected for this study was analysed in the following manner:



1.9 QUALITY CRITERIA

1.9.1 TRANSFERABILITY

I am of the opinion that the outcomes of this study might not lead to the same conclusions if it were to be conducted at another time or on a different group of caregivers. This implies that the research results cannot be generalised and transferred to other contexts without caution as these are based on the inner feelings

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and perceptions of a small group of persons who are all female, and cannot be considered to be a large enough sample (De Vos, 2005).

1.9.2 CREDIBILITY

Onwuegbuzie and Leech (2007) describe the process of determining the credibility of a study as a process of verifying that the information collected is a true reflection of what the research participants intended to communicate. I used both triangulation of research data and member checking to verify the categories, interpretations and conclusions drawn from information collected.

1.9.3 DEPENDABILITY

Dependability is a process of auditing using the audit procedures to check procedural dependability of data collection, data recording, data reduction and results obtained from the study. In this study, results of the study were based on information that was unique to the specific participants. This reinforces the view that it might not be able to be replicated although data was collected at the participants' place of work, observing them, using a variety of data collection methods to gather information from them and verifying the research findings (Flick, 2009).

1.9.4 CONFIRMABILITY

Confirmability refers to the degree to which the results of the study can be validated by others through rechecking the research data to judge its reliability, credibility and validity, thereby being able to be confirmed by another researcher. The objectivity of the study thus lies in the data that was collected for the study and confirmability can be done through conducting a data audit which (De Vos, 2005) refers to it as conformability. In addition the researcher needs to reflect and maintain a sense of awareness and openness to the study and its unfolding results to ascertain that one's own preconceptions do not affect the research outcomes (Thomas, & Magilvy, 2011). Data collected for this study was stored in the university's archives and will be made available for confirmability purposes.

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1.10 ETHICAL CONSIDERATIONS

The study was conducted with written informed consent of the children's home based in Pretoria. All the participants furnished signed informed consent forms to participate in the study and they were provided with all the relevant information regarding the purpose of the study. In addition, I obtained ethics clearance to conduct this study from the University of Pretoria

My professional conduct as a researcher ensured that the study adheres to integrity practices as prescribed in the research Code of Conduct of the University of Pretoria. I ensured, to the best of my ability, as a researcher, that participants were not exposed to any harm, emotional or physical. I put plans in place to refer participants for debriefing, should there be reason to believe that any aspects related to the study had affected participants to the extent that they were not able to continue with their daily lives.

All participants were provided with information regarding the process and the purpose of this study. No one was coerced into participating in the study and their free will to participate or not was respected. Access to information of the research findings was offered to participants.

As this study used group activities to gather data, I was not able to ensure anonymity and absolute confidentiality of the information obtained but I requested participants to maintain confidentiality and privacy. In publishing the research findings, I will however ensure confidentiality and anonymity of my participants from the public. All the information that is obtained for the purpose of this study will remain confidential.

Access into the research setting had already been sought for the larger study, but my continued, positive cooperation with key people in the setting remained important for me to have their continued cooperation. I remained honest and professional in my conduct as a researcher and ensured that the study maintained the positive image of the institution without compromising its findings.

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1.11 OUTLINE OF THE CHAPTERS

CHAPTER 1: Overview and background information

In this chapter, I describe the background information to the study and include a brief discussion of the relevant literature. The chapter includes a further discussion on the rationale for the study, the purpose of the study and the research questions. It concludes with an account of the methodology and the ethical considerations that are related to the study.

CHAPTER 2: Literature review

This chapter includes an overview of aspects of family functioning and different factors that play a role in family functioning in relation to vulnerable children and caregivers within a children's home environment. The chapter further reviews relevant literature on the roles and responsibilities of caregivers, nationally and internationally. It explores concepts, ideas and research findings that assist in understanding the roles and responsibilities of caregivers who work in institutions. The chapter concludes with the theoretical framework, based on the systems theory that serves as an interpretive framework to the study.

CHAPTER 3: Methodology

In this chapter, the detailed processes and research methodologies followed in conducting this study are discussed. It further highlights the research approach, the research design, the data collection and analysis process that was applied in this study.

CHAPTER 4: Presentation of research results

This chapter provides a presentation and discussion of the different data collected for this study. It was analysed using the thematic data analysis to identify keywords and group them to form themes. Lastly, there is a discussion of the detailed findings of the study and the interpretation of results.

CHAPTER 5: Discussion of findings and conclusions

The final chapter is the concluding chapter that integrates the study by discussing the main findings of the study in relation to the research questions and literature. The study's limitations, contribution to research and recommendations for further improving the roles and responsibilities of caregivers are discussed.

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CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents the literature regarding the roles and responsibilities of caregivers who work in institutions of care; I establish an understanding of these roles and responsibilities within the context of my theoretical framework. To provide a wider perspective and understanding of the role and the importance of caregiving within a family system, in relation to caregiving as it occurs within an institution, the first section of this chapter therefore considers the concept of family. The traditional, historical and modern definition of a family, as well as different factors that play a role in how families go through life as a unit are discussed in order to illustrate changes in family structures. The subsequent section briefly defines children's homes, vulnerable children, caregivers, and provides an understanding of the caregiver's experiences in these homes. The theoretical framework that forms an interpretive guide to this study follows in the next section. Finally, an in depth review of literature on research that was previously conducted, regarding the roles and responsibilities of caregivers, concludes the chapter.

Due to the increasing number of children who are obliged to grow up in children's homes, as highlighted by Operario, *et al*. (2008), the roles and responsibilities and the perceptions of those who care for vulnerable children becomes a subject that demands urgent critical examination. Caregivers in children's homes are the primary minders of a population of children who might never have an experience of living in any other family setting other than in a children's home. This implies that caregivers live with vulnerable children and function as a family system within these homes. Thus my framework regards the roles and responsibilities of the former as those of parents within the home system. My conceptual framework focused on the systems theory of family functioning and emphasises that people who live together imitate a family-like environment. This study relied on studies in literature that have used both the systems theory and the attachment theory to understand the roles and responsibilities of caregivers.

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The theoretical framework of this chapter thus serves as the interpretive guide to understanding the perceived roles and responsibilities of the said caregivers as well as the prescribed roles and responsibilities outlined by legislation in South Africa. The literature section formed the basis of understanding caregiving and the different roles and responsibilities of an effective institutionalised caregiving environment. The following section discusses the dynamics of family living.

2.2 DEFINITION OF A FAMILY

Traditionally, the family was defined as a "static household unit" comprising a husband, a wife and children living together, being intimate and committed to each other (Bould, 1993, p. 134). This definition implied that family members would find it difficult to maintain commitment and intimacy if they were residentially separated. Family members would have a relationship with each other; it would be the result of blood, marriage and legal arrangement or adoption. This definition meant that incorporation into families could only be through birth, adoption or marriage; separation could only occur through death. Emotional ties, such as those in heterosexual, lesbian and gay relationships, where people may live together, but do not necessarily always result in marriages, are not accommodated in this definition. This makes the definition of a family a complex and evolving concept that may only be looked at in terms of the roles and responsibilities that different members of the family play within the system (Bould, 1993).

As a result of the increases in HIV/AIDS, orphan-hood, divorce, illegitimacy of children, low fertility rates as well as the ability of those who are single to afford a home of their own, the concept and definition of a family has evolved over time. The new definition incorporates the fact that a family unit is a unit that takes care of people who cannot take care of themselves. Sometimes the government plays an important role in providing the needed care to those without families to care for them. Bonci (2008) used the diagram provided below to offer an expanded and inclusive definition of a contemporary family structure:

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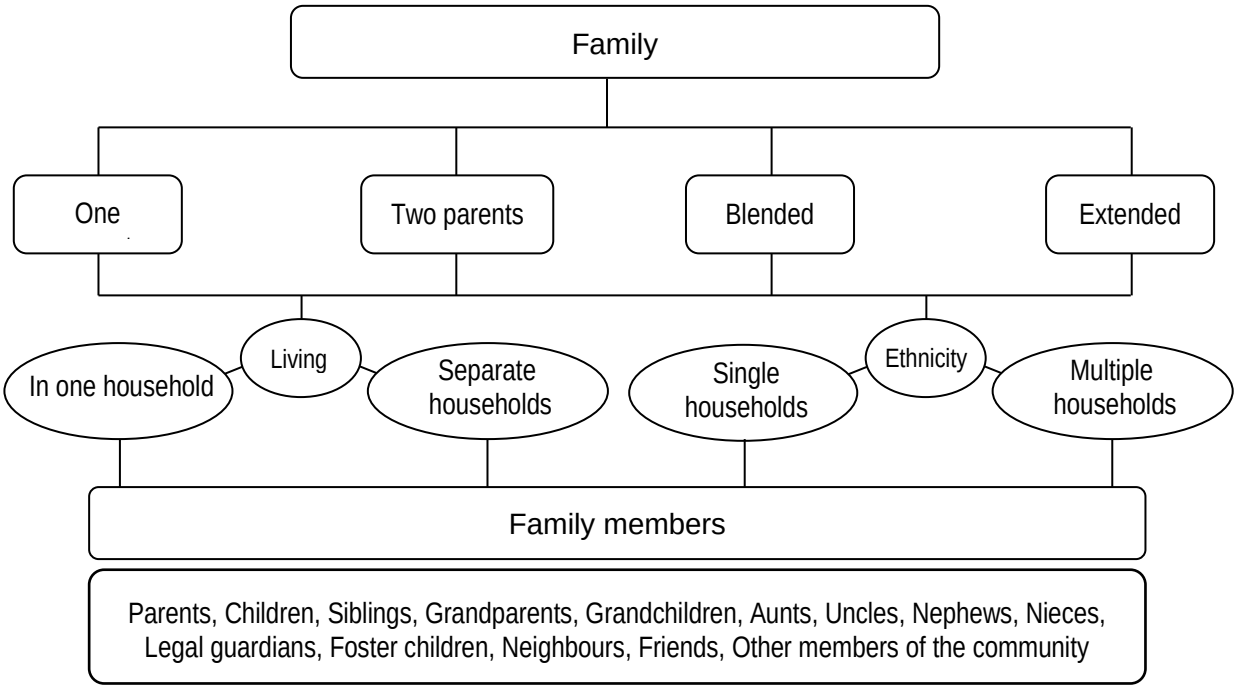

Figure 2.1: The diversity of contemporary family structures (Adapted from Bonci, 2008, p. 13)

The emphasis then becomes the definition of a normal family. Walsh (2003) describes normal family functioning as a "fit" between the family, its members and other social systems, the ability of the family system to carry out tasks that are essential for its growth, as well as the development and the wellbeing of the members of that system. Families function successfully if they are regulated by sets of rules, when different family members have specific roles and activities, but with adults performing the primary function of nurturing and protecting family members.

Keating (2008) states that in a family, there are particular people, usually adults, who care for children and have responsibilities in this regard. These responsibilities include caring for the children's well-being, looking out for their best interest; feeding them; clothing them and ensuring that there is shelter or housing for them. The said responsibilities also include obtaining medical treatment for the children and remaining informed regarding their health as well as other aspects of their life and wellbeing as well as making life decisions that affects them and are in their best interest. There is thus a great deal of value to be derived from the relationship between an adult who plays a parental role and a child. This relationship has both social and personal value and it contributes to the child's sense of self, thus making

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it important to discuss the stages and life cycle of family living and its importance to children's development.

2.2.1 A FAMILY LIFE CYCLE

It is important to understand the life cycle of the family in order to obtain a broad overview of the different developmental aspect and needs of family members. A family as a unit goes through different changes and phases just as the individual members of the family also go through transitions, their developmental tasks being influenced by biological, emotional, cognitive and physical developmental processes (Miller, Yorgason, Sandberg, & White, 2003). These cycles of development influence family members' identity and individuality and contribute to their emotional development. Those who have the responsibility of caregiving thus need to acquire an understanding of the different emotional and psychological needs of those for whom they care. This understanding will provide better quality and relevant caregiving (Miller *et al*., 2003).

In their description of the family, McGoldrick, and Carter (2003) concur that a family life cycle is a pattern by which a family relates and functions. This pattern, which is largely transmitted through generations of the family, is influenced by the family's history, developmental tasks of the family members as well as the socio-cultural factors within which the family lives and develops through time. It is thus important in this study to understand the life stages of the children who grow up in children's homes with regard to their ages, their emotional and psychological needs and how the perceived roles and responsibilities of their caregivers could contribute to their developmental needs. This understanding is of significance as the care that these children receive in children's homes is closely linked to the care that a child would receive from a family or from a parent (McGoldrick, & Carter, 2003).

2.2.2 VULNERABLE CHILDREN AND THEIR EXPERIENCES IN CHILDREN'S HOMES

Statistics indicate that many children live as unprotected members of communities and grow up without the care of one or both parents, making them vulnerable members of society (Pharoah, Richter, & Killian, 2011). This occurs due to reasons ranging from "family secrets and abuse, mobility within and across national and

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international borders, poor government oversight, protection that is either poor or non-existent, families weakened by war, disease such as HIV/AIDS, poverty and unemployment, inadequate or absent laws and policies, lack of support systems and interventions as well as the inability or lack of adults, communities and governments to be the advocates of ensuring basic needs and betterment of children's lives" (Johnson, Agbenyiga, & Behemka, 2013, p. 2).

Most vulnerable children are obliged to live permanently in the absence of parents or even a family system. They usually become vulnerable to abuse, including being called names, and to isolation, as they are required to take up adult roles and responsibilities that are inappropriate for their age early in life. Research conducted by Jarman and the International Labour Organisation (2012) reported that approximately 115 million children are employed as child labourers in the world: this employment includes slavery in some instances. In addition, the study found that a further 100 million children find themselves as primary sources of support for their families and their siblings, forcing them into becoming cheap labour for those who employ them.

As indicated above, social factors have brought an increase in the number of children who have to grow up in children's homes, living with caregivers, and as previously indicated, in South Africa in particular, an increase in HIV/AIDS orphans has been the biggest contributor to this change in family structures. Furthermore, children who end up living in children's homes have already experienced multiple stressors such as death, exposure to parental or sibling illness and domestic violence, abuse and usually poverty. Cluver, Gardner, and Operario (2007) provide a brief review of the experiences of children who grow up in children's homes and discuss the effects of the caregiving that they receive on their overall development. They point out that these experiences may result in mental health issues, behaviour problems, suicidal tendencies, depression, anxiety disorders and post-traumatic stress disorder.

Further research conducted by Thompson, Lindsey, English, Hawley, Lambert, and Browne (2007) mentioned that the mental health needs of vulnerable children are greater than those of children who grow up within family systems. This is mainly because children who mature in a family environment are more likely to receive mental health treatment and attention as a result of interventions initiated by their

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parents. Thus, families who have good social support and effective family functioning were found to be better equipped to recognise and initiate early intervention for mental health treatments for their children, while for vulnerable children this responsibility lies in the hands of caregivers who often have large numbers of children to care for (Thompson *et al*., 2007).

A study conducted by Dozier, Zeanah, Wallin, and Shauffer (2012) further questions whether the roles and responsibilities of caregivers play a sufficient parental role that facilitates and supports a protective environment for children. This question is driven by facts such as, that children who grow up in children's homes are usually subjected to strict daily routines that are rarely flexible, they receive basic schooling, girls are sometimes taught domestic work and the children are sometimes exposed to strong religious practices that are rigid. Furthermore, Neimetz (2011) confirms that these children receive non-individualised care due to high levels of child-caregiver ratios. Therefore, institutional care poses a challenge in the development of children due to the lack of individualised and reasonably flexible care and rules, especially for younger children who need more individualised attention and nurture.

Most care systems focus largely on providing basic care and addressing these children's basic needs for food and shelter while neglecting their need for academic, emotional and psychological development. Academically, these children have been shown to display low levels of academic performance resulting from high levels of absenteeism, educational underperformance, psychological and emotional difficulties (Taylor, 2006; Zetlin, Weinberg, & Shea, 2006). Poor academic performance sometimes occurs as a result of multiple schools as these children typically change accommodation and subsequently schools, but sometimes simply because they do not receive sufficient adult support with their school work, especially with regard to fluency in reading. The result of this is that these children ultimately find it difficult to transcend their experiences and are faced with living out a dysfunctional adulthood in which they frequently overcompensate for their poor academic performance through socially inappropriate behaviour, resulting in their being viewed as outsiders. (Taylor, 2006; Zetlin *et al*., 2006).

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2.2.3 CHILDREN'S HOMES

In view of the fact that children's homes have become the primary facilities which provide the care that traditional families would give to most children, It is important to furnish a description and background of a children's home as well as the history of the children's home initiative. This background provides a basis for a comprehensive understanding of the subject. The United Nations Convention on the Rights of Children held in 1989, advocated children's basic right to parental care, their right to social service and shelter, their right to protection from abuse, nutrition and medical care as well as decision making that is in their best interest. This paved the way for further acknowledgement of children's rights by the South African government, by means of the Constitution promulgated in 1996. The Children's Bill of Rights, April 1996, was then developed and formed a legal framework to elaborate on the concept of "best interest of the child". The bill made it possible for the government to introduce systems that would maximise its capacity to care for and protect vulnerable children in utilising children's homes and other mechanisms, such as foster homes (Jacobs, Shung-King, & Smith, 2005)

According to Operario *et al*. (2008), there are several reasons for the establishment of children's homes; there has been an increase in numbers of these homes in South Africa. The increase in HIV/AIDS related single or double orphan-hood characterised by the absence of one or both parents; poverty and abandonment of children are some of the documented reasons for this increase. It was also brought about by the lack of resources and adult caregivers in communities that are able to absorb children back into families after they have received intervention from rehabilitation institutions. Some of these institutions in South Africa do not comply with legislation, are not registered with the Department of Social Welfare and are not monitored and supported by the government (Meintjies *et al*., 2007).

According to the Child Care Act of 2005, the following criteria describe those children who should be placed in children's homes: those with no parents or guardians, those whose parents cannot be found, those who have been abandoned and who have no support, those whose behaviour is difficult for primary caregivers to control and children who are vulnerable and are exposed to physical, emotional or mental harm or abuse (Meintjies *et al*., 2007). The government is thus obliged to provide support and care to children whose parents and caregivers cannot support and care for

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them. This includes placing children in children's homes and ensuring that they receive support grants that will enable them to enjoy their rights to "care" in accordance with the South African Constitution. An ideal children's home should be safe, clean, functional, child friendly and make provision for accommodating children with disabilities (The Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa, 2010).

Despite the fact that the care provided within a children's home is the only, indispensable, source of care for most vulnerable children, historical research has found that facilities for residential care, such as children's homes, in some instances, have been inundated with reports of physical and sexual abuse as well as neglect of the children (Taylor, 2006). This largely occurs because the homes care for both the children who are brought to them through the justice system (as a result of criminal offences) as well as those who enter the homes through the social system (as a result of orphan-hood or parental neglect). These children are mostly labelled as "deprived and delinquent" by other children at school and sometimes by their society (Taylor, 2006, p. 26). In South Africa, therefore, the Blue Print, Minimum Norms and Standards for Secure Care Facilities (2010) stipulates that children need to be placed in homes that offer different care programmes, distinguishing between those who are placed for safety and protection (those who have committed crimes) and those who need care (orphaned children). This might in addition help to clarify the roles and responsibilities of caregivers, as they will be based on the needs of the children that they care for.

2.2.4 CAREGIVERS WORKING IN CHILDREN'S HOMES

Razavi, and Staab (2010) conducted a study in five countries, including South Africa, in an effort to come up with a comprehensive definition of a caregiver. The study equates the role of a caregiver with that of a service worker. Caregivers who were employed in institutions were found to be those individuals who are responsible for providing interpersonal relationships and nurturance to those they care for. They consist of a category of paid employees who are governed by structural and social policies, and volunteers who provide the service out of the satisfaction of helping other people. Volunteer caregivers were found to have high levels of job satisfaction and were more able to cope with their work circumstances. However, this

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study found that a large proportion of caregivers perceive their employment responsibilities as resulting in them doing the least amount of work required in order to fulfil their contractual duties of following prescribed procedures and practices. Furthermore, the study established that most caregivers care for children who are often sick or have psychological difficulties; thereby experiencing high levels of stress as a result of work overload and lack of adequate support from the institutions that employ them. A further source of caregiver stress emanates from the fact that they have had little or no access to training opportunities and find it frustrating that they are not able to enhance their skills and address the overwhelming nature of their work demands, resulting in exposure to high levels of burnout, stress, lack of motivation and job performance problems. They thus experience themselves as having minimal opportunity for mobility and career advancement and are confronted with economic insecurity (Razavi, & Staab, 2010).

The Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa (2010) acknowledge that institutional caregivers play a vital role in the long term health and wellbeing of vulnerable children. The child-caregiver relationship is important in facilitating the emotional and social development of children who might have been compromised by the lack of one-on-one parental care that typically emanates from the primary support network of a family. The following guidelines are therefore recommended in the employment of caregivers who work in institutional care centres in South Africa (The Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa, 2010, p 82-134). They should:

- Have access to applicable documented policies, procedures including disciplinary policies and be held accountable to the Child Ethical Code of Conduct
- Be subjected to documented recruitment procedures that stipulate that they should be in possession of a post matric certificate and possibly a degree or diploma; or care worker accredited training that is accompanied by registration with the South African Council for Social Service Professions
- Receive on-going formal training in basic secure care. Furthermore, each caregiver must have a documented and up-to-date job description that is regularly reviewed and updated, a training and capacity building plan as well as a performance management agreement

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- Have access to high standards of developmental supervision by a trained senior child caregiver
- Provide life skills and life space training programmes to the children that they care for
- Be trained in self-defence skills
- Each caregiver to be assigned a maximum of eight (1:8 ratio) children for a day shift and twenty (1:20) children for night shifts.

Furthermore, Razavi, and Staab (2010) found that more that 84% of caregivers were female and attributed this to the fact that care-giving and nurturing comes more readily to females as a natural instinct than to males. They play a vital role in the long-term physical, psychological, social, emotional, and educational wellbeing of the children for whom they care.

2.3 THEORETICAL FRAMEWORK: FAMILY FROM A SYSTEMS PERSPECTIVE

2.3.1 SYSTEMS THEORY OF CARE GIVING AND FAMILY FUNCTIONING

The reviewed literature closely relates the roles and responsibilities of caregivers to those of adults or parents within a family system whose roles and responsibilities are not only confined to the boundaries of the children's home but are also influenced by and interdependent on other systems that are outside the confines of the homes, referred to by Bronfenbrenner (1979) as person-context related. An understanding of these other systems, while studying human experiences, helps to provide an overview on how human experiences can be influenced by dynamics that are posed by the social context (Meyers, Sonji, Varkey, & Aguirre, 2002). In view of this, it is important to additionally understand both the larger social context and the immediate system of the children's home. This section therefore, as referred to earlier examines the perceived roles and responsibilities of caregivers as influenced by the macro, the exo, the meso and the micro systems within which they are carried out, as well as its internal and immediate functioning as a family. The McMaster model of family functioning (as originally described by Epstein *et al*., 1978) will then be incorporated in the micro system discussion to further provide an in-depth, interpretive framework in understanding whether the perceived roles and

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responsibilities of people who have assumed parental roles in a children's home allow optimal family functioning (Meyers *et al*., 2002).

An understanding of the social context within which caregivers execute their roles and responsibilities provides a platform for the holistic understanding of these roles. These systems are briefly discussed below.

2.3.1.1 The macro system (international perspective)

On the broader level, the roles and responsibilities of caregivers maybe viewed from an international perspective. This profession derived from the International Convention on the Rights of Children that prescribed that all children have the right to parental care. Initiatives from this convention set the benchmark in caring for vulnerable children and exerted a direct influence on the response of the South African government that honoured the call for children's rights by establishing and regulating children's homes from 1983. As indicated, the literature indicates that there is a global increase in the number of vulnerable children that automatically increases the need for institutions of care and caregivers. These international developments are also applicable to the South African context (Hammarberg, 1990).

2.3.1.2 The exo system (national perspective)

The exo system has a role to play in the responsibilities of caregivers, despite their not being directly involved in the system. In South Africa, The Blue Print on Minimum Norms and Standards of Secure Care Facilities (2010) has acknowledged the importance of caregivers and has documented standards and guidelines for their roles and responsibilities. This system governs the institutions that employs caregivers and provides a framework of interaction with the macro environment. However, literature from a South African study conducted by Nestadt, Alicea, Petersen, John, Myeza, Nicholas, Cohen, Holst, Bhana, McKay, Abrams, and Mellins (2013), raises questions of whether the environment of caregiving is supportive of these guidelines or not, as most children who were raised in institutional care were found to experience emotional, social, behavioural, physical or educational difficulties.

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2.3.1.3 The meso system (caregivers and the children's homes)

The meso system may be understood by means of a review of the interaction of two elements of the micro system, the caregivers and the institution within which they work. In order to gain insight concerning this system, it is necessary to understand the way in which caregivers regard their roles and responsibilities as outlined by the institutions within which they carry out these roles. A key element here is the interaction between caregivers and the institutions in so far as the latter influence the perceptions of the former, regarding their roles and responsibilities. The amount of support and communication provided by the institution management has a reciprocal influence on the effectiveness of care giving.

2.3.1.4 The micro system (caregivers' roles and responsibilities)

The micro system focuses on the caregivers and their roles and responsibilities and relates their responsibilities to the research question. The perceptions that they hold regarding their roles and responsibilities require a holistic perspective as they are aimed at achieving a goal of creating a family-like environment for vulnerable children. Therefore, there is a need to understand the environment that their roles strive to achieve. This was regarded within the context of the McMaster model of optimal family functioning. This model was used to further ascertain if the roles and responsibilities of caregivers, as they themselves perceive them, provide a family like environment to the children who live within the home as envisaged by literature.

2.3.2 THE MCMASTER MODEL OF HEALTHY FAMILY FUNCTIONING

The role functioning dimension of the McMaster model was used to explore whether the roles and responsibilities of caregivers facilitate optimal functioning in caring for children at the said children's home in Pretoria. This model is based on the systems approach that views a family as "a group of individual units acting as one" (Epstein, Ryan, Bishop, Miller, & Keitner, 2003, p.584). These individual units of the family are viewed as different interrelated parts; it is thus difficult to understand one part of these units in isolation from others. Similarly, one cannot understand the manner in which these units function by merely understanding each of the units. The structure and organisation of the family unit as a whole is an important aspect that determines the behaviour of the members of the family. The different interrelationships of

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members of the family, as well as their developmental patterns, influence the behaviour of its different members.

The McMaster model advocates that the functioning of the family as a unit undoubtedly has the biggest impact on the emotional and physical wellbeing of its members. As discussed in section 1.6.1, caregivers within a family have the responsibility to facilitate the fulfilment of three fundamental tasks: the basic tasks and the provision of fundamental needs such as food, the developmental tasks relates to the challenges that the family becomes confronted with through the different stages of the family's development and the development of its individual members. Lastly the hazardous tasks, that involves the family's ability to effectively deal with crises and traumatic circumstances that the family might be confronted with. The inability of a family to deal with these tasks is likely to result in significant maladaptive family functioning patterns (Moore, 2010).

Both Moore (2010) and Epstein *et al*. (2003) highlight six dimensions as identified by the McMaster model that maybe used to understand how the family as a unit addresses structural, organisational and transitional challenges that are imposed upon the unit. These dimensions involve: problem solving, communication, role functioning, affective responsiveness, effective involvement and behaviour control. This study focused on the role functioning dimension, as it attempts to understand how the caregivers at the said children's home perceive their roles and responsibilities.

2.3.2.1 Role functioning of families

All families have different and recurring roles and responsibilities that the different members of that family are required to fulfil, sometimes repeatedly to necessitate effective family functioning. Successful accomplishment of this latter task requires that each family member be allocated specific and clearly defined activities or roles and responsibilities. It is important that there is agreement and willingness by family members to perform the allocated roles as well as visible demonstration of actions directed towards performing those roles and responsibilities (Skinner, Stainhauer, & Sitarenios, 2000). The main roles and responsibilities, as defined by Epstein *et al*. (2003, p. 591), are:

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- Provision of resources: there is a need for a provision of basic needs such as money, food and shelter that provide a physical environment that offers warmth and comfort for the family members.
- Nurturance and support: The need for emotional comfort and warmth, which provides family members with assurance and support.
- Personal development: Skills for personal achievement are important; especially for children as such achievement helps them with their physical, emotional, social and educational development. These skills further assist in the development of vocational and career skills for family members.
- Adult sexual gratification: Adult sexual satisfaction is important for the family as a unit to function optimally, despite that in some instances little or no sexual activity still remain satisfying and not hampering the effective functioning of a family.
- Maintenance and management of the family system: roles and responsibilities that need to be performed within a family are important in the maintenance of certain family standards. The maintenance and management roles and responsibilities reside in the main with parents or adults who are caregivers. These adults need to provide leadership and make decisions, setting social interaction boundaries that involve extended relationships with other people and institutions. They need to maintain the rules of behaviour control and discipline, maintaining certain behavioural standards, management of household finances in terms of handling household bills and general household finances as well as fulfilling a primary care-giving function of health related matters that includes identifying any health problems and taking action to resolve them.

All members of the family, within a functioning structure, should be assigned roles, share responsibilities and deal with changes in family patterns that are caused by life events, tasks and functions that they are skilled at and mature enough to fulfil without feeling overburdened. Family members need to have a deep sense of responsibility and accountability to each other to ensure that roles and responsibilities are fulfilled. Furthermore, mechanisms should be put in place to monitor all the roles, and corrective action should be taken if functions are not fulfilled with full accountability. Minor deviations from these aspects should not lead to persistent conflict within the system (Epstein *et al*., 2003).

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In summary, a children's home is a place for vulnerable children and it may be viewed just like any other home and household in that it is affected and influenced by external factors that affect all other forms of households. Furthermore, caregivers who work in children's homes perform tasks that are somewhat similar to tasks of parents who are responsible for raising children in a household.

2.4 ROLES AND RESPONSIBILITIES OF CAREGIVERS IN CHILDREN'S HOMES

2.4.1 INTERNATIONAL STUDIES

Globally, and in particular in South Africa, currently orphans are absorbed into extended families with caregivers that are ageing and often impoverished, resulting in children's homes becoming the only viable option for raising children. The roles and responsibilities of caregivers have thus become increasingly important to the children themselves, the communities and the country at large because they serve as primary child minders of vulnerable children. They are expected to help children with their education and provide them with the support and encouragement to perform academically. Caregivers are further required to help children with their emotional, mental and physical health as well as general wellbeing, thereby building on their strengths and preparing them for re-integration into society (De Schipper *et al*., 2006).

Solomon, and George (1996) conducted a study to conceptualise the caregiving behavioural system. They viewed the roles and responsibilities of caregivers as patterns of behaviours that are carried out to achieve a specific goal. This goal is largely to raise children to become independent, functional adults and members of the communities within which they live. Roles and responsibilities of caregivers are a repertoire of flexible and adjustable behaviours of individuals within the caregiving system, with the aim of protecting the children they take care of. This study found that the behaviour of this system is largely influenced by the child-caregiver relationship and the level of attachment between the members of the system.

Tottenham, Hare, Quinn, McCarry, Nurse, Gilhooly, Millner, Galvan, Davidson, Eigsti, Thomas, Freed, Booma, Gunnar, Altemus, Aronson, and Casey (2010) conducted a study in the United States of America to identify the relationship between orphanage

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rearing and emotional difficulties: their research was closely linked to the attachment theory. In that orphanage caregiving occurs outside the boundaries of "normal family-like caregiving" the study established that children who grow up in orphanages tend to be emotionally disturbed (Tottenham *et al*., 2010. While acknowledging that children in orphanages have a history of emotional difficulties due to the circumstances from their families of origin, the manner in which caregivers carry out their roles and responsibilities was found to be lacking in emotional nurturing (Tottenham *et al*., 2010). This was because the roles of caregivers were being viewed as those of paid employees, who usually perform their duties on a rotational basis, and with high child-caregiver ratios. Thus, orphanage circumstances result in instability and continuous inconsistencies that often compromise the quality and the quantity of caregiving (Tottenham *et al*., 2010). These inconsistencies were demonstrated to be stressful to children, especially infants, and to have long lasting negative effects on their behaviour as a result of few opportunities for affection and limited academic and emotional support that are essential for the wellbeing and development of young children

In contrast, a study conducted at a Chinese orphanage by Neimetz (2011) focused on the benefits of creating a family-like environment at an orphanage, where caregiving assumed the traditional role of a family. A family-like living arrangement was created by putting actions in place in the children's home to structure the roles and responsibilities of caregivers to imitate the roles of parents in a family setting. The female caregiver was called the mother, while the male home manager was called the father of the home; they both became parental figures for the children, with their primary role being to provide for the children. Older children assumed roles and responsibilities of older siblings and family-like routines such as meal preparation times were followed and adhered to (Neimetz, 2011).

The main roles and responsibilities of the caregivers were to provide protection and maintain high levels of consistency with regards to behaviour and daily routines, including providing warmth, and closeness which includes sleeping with younger children at night and nurturing them (Neimetz, 2011). Thus, the caregivers' roles and responsibilities extended beyond the confines of the children's home as they made their role known to other systems in the community such as the school. Furthermore, caregivers were allowed to gently discipline the children just as parents

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would and assume additional responsibilities when another caregiver was not available to do so (Neimetz, 2011). The study concluded that children are able to thrive with physical bonding, consistent love and present care because the mother-child emotional closeness and the distribution of roles amongst members of the family resulted in positive benefits for the children and the caregiver (Neimetz, 2011).

In addition, Taylor-Richardson *et al*. (2006) emphasise that most of the important roles of caregivers require them to be equipped with necessary skills to enable them to care for vulnerable children who may possibly display emotional and behavioural difficulties as a result of trauma suffered in their homes of origin. The role of the caregivers may be accompanied by high levels of stress; that could affect their ability to perform daily duties and may have a negative effect on the caregiver and on the children (Taylor-Richardson *et al*., 2006).

The responsibility of caregiving can have negative physical and emotional effects on the caregivers, resulting in depression and sometimes burnout. Research conducted by Hlabyago, and Ogunbanjo (2009) found that in Africa particularly, caregivers are faced with lack of knowledge of their rights, the rights of those orphans that they care for, as well as lack of knowledge regarding state facilities that are available to support them. The study found that home based caregivers experience lack of emotional support and recommended that they be provided with on-going training on all aspects of support available to them from government, non-governmental and other organisations within which caregivers work. Lack of this necessary caregiving support and training results in confusion and distress among caregivers and demoralises them in the performance of their duties.

These studies were an important source of information that provided a benchmark for my study and assisted me in understanding whether there is a universal perception of the roles and responsibilities of care-giving and in identifying gaps in the field of care-giving. Moreover, information obtained from all the studies could be used to further empower caregivers and support them in the execution of their duties on a global scale.

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2.4.2 SOUTH AFRICAN STUDIES

The Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa (2010) prescribes that caregivers are primarily responsible for helping children to adjust to their new environment as soon as possible after they are placed in a children's home by the social welfare system. This responsibility includes attending to the children's day-to-day care and addresses their immediate needs in relation to food, clothing, toiletries, accommodation, and management of documents, such as assessment reports and birth information, including recording the children's admission to the centre and communicating with the children's family members regarding their admission of the child to the children's home. Additionally, caregivers are responsible for orientating children to the children's home by explaining the roles and responsibilities of the caregiver, and those of the home, as well as how the home functions and to explain the expectations that the home has of the children.

Furthermore, caregivers are responsible for reviewing, observing and writing updated reports of individual development plans and care plans of the children that they care for. They are responsible for assessing, monitoring and continuously addressing the children's emotional and physical needs and providing counselling where it is necessary or referring the children for professional intervention by social workers and other professionals when needed. Ensuring the children's safety and escorting them to external support services such as doctors' appointments and coordinating recreational programmes is a core responsibility of caregivers. In instances where there are family members available and where there is an opportunity for children to be absorbed back into the family unit, the caregiver has a responsibility to facilitate family visits and contacts with family members and to prepare children for disengagement from the children's home and re-incorporation into the family. At the core of these roles and responsibilities of caregivers, is the important practice of documenting all the reportable matters relating to the children's stay in the children's home (The Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa, 2010).

Levin, and Haines (2007) conducted a study in a South African children's home to investigate the level of communication interaction between children and caregivers as the latter perform their day-to-day roles and responsibilities. It was reported that even though caregivers were physically present and looked after the children, they

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were not communicators. They were unresponsive and sometimes ignored communication initiated by children, sometimes resulting in a display of negative behaviours by children, possibly as an attempt to attract attention from caregivers. This caregiving relationship did provide physical contact as the caregivers allowed children to sit on their laps and extended emotional gestures such as hugs and kisses, but there was little eye contact. In carrying out their roles and responsibilities, caregivers were not giving one-on one attention to the children. Lack of training in childcare was evident in the caregivers and there were no support systems in place to support caregivers and promote interactive caregiving. Furthermore, the research found that the above approach to caregiving resulted in developmental delays with respect to communication, speech and expressive use of English in the children, adding to the relevance of findings that came out of the research conducted by Tottenham *et al*. (2010) as well as that conducted by Levin, and Haines (2007).

2.5 CONCLUSION

In this chapter, I examined the literature and concepts that are related to caregiving closely. I defined the concept of family and factors that affect families in relation to institutional caregiving. Furthermore, I provided brief explanations of vulnerable children, children's homes and caregivers. The literature review shed information on the different caregiving practices internationally and in South Africa. I then concluded the chapter with a detailed discussion of my conceptual framework that forms an interpretive guide of my study. In the next chapter, I discuss the research methodology that I employed in this study.

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CHAPTER 3
METHODOLOGY

3.1 INTRODUCTION

It emerged, from the literature review conducted in Chapter 2, that there is minimal literature and research on caregivers who work in children's residential institutions, particularly in South Africa. Most of the related research that has been done concentrates on caregivers for the elderly or for those who are terminally ill. Against this background it is anticipated that this study will make a significant contribution to research by providing a platform for caregivers to discuss their perceptions of the roles and responsibilities of caregiving in a children's home.

In Chapter 3, I provide an account of the research process in which I engaged to conduct this study and discuss the research approach, paradigm perspective and the research design, followed by a discussion on data collection, data analysis and interpretation. The chapter concludes by discussing quality criteria and ethical considerations related to the process.

3.2 QUALITATIVE RESEARCH APPROACH

As the intention of this research was to explore the experiences, perceptions and feelings of caregivers at a children's home the qualitative research approach was deemed most suited for this study; it is a field of inquiry that uses different methods and approaches that studies phenomena in their natural settings. This approach may be used across different disciplines to study the meanings that people bring to the phenomenon being studied. The main purpose of conducting a qualitative study is to gain a better understanding of the topic being researched (Denzin, & Lincoln, 2011). The study offers an opportunity to enter into the world of caregivers to gain an in-depth perspective, explore meaning and gain an understanding of how they perceive and perform their roles and responsibilities.

Creswell's (2007) definition is comprehensive when it describes qualitative research as a study that is conducted in a natural setting aimed at gaining meaning about a

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specific topic. The researcher is a key element in collecting data, using multiple sources and techniques, later analysing and using it to establish themes and categories. Furthermore, the qualitative research approach may be used to investigate and gather information regarding a social, political or a historical phenomenon. It cuts across various disciplines, fields of study and subjects. It provides room for the researcher to interpret multiple perspectives and factors that are involved in the information heard and observed, allowing an emergence of multiple views about the phenomenon under investigation.

The research data collected using this approach provides an opportunity to study a social phenomenon and gain a comprehensive understanding of it. Data collection for this study was carried out through interacting with participants in their natural environment, their place of employment, and inviting them to tell their stories. This helped one to gather research data and to acquire a holistic understanding of the perceived roles and responsibilities of caregivers. Information was gathered in the form of words by means of interviews and focus group discussions and was used to identify themes and the relationship between them. These themes served as a basis for identifying key perceptions of caregivers about their roles and responsibilities (Creswell, 2007).

3.3 INTERPRETIVE META-THEORETICAL PARADIGM

Use was made of the interpretive meta-theoretical paradigm in this study as it is based on the assumption that people hold certain meanings about their world as shaped by their experiences, their history and their cultural backgrounds. The interpretive paradigm uses open-ended questions when collecting data in order to understand the patterns of subjective meanings that the participants have about their world (Creswell, 2009) and to obtain data on the perceptions and knowledge that individuals have, regarding their world experiences (Denzin, & Lincoln, 2005).

In Willis (2007), it is suggested that: the interpretive paradigm bases its argument on the concept that human behaviour is influenced by the subjective and perceived realities that people employ regarding their environment. A full picture of these perceptions is critical in understanding their behaviour when conducting social research. Qualitative data collection techniques such as case studies, observations and interviews are thus excellent methods of obtaining a better understanding of

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these realities and worldviews. These data collection techniques used in this study and are discussed in detail at a later stage in this chapter.

Following my reading of Ponterotto (2005), I was convinced that the interpretive paradigm was the most relevant paradigm for my study because participants were required to discuss their perceptions and experiences, thereby processing and identifying their reality. This was further supported by my research being conducted in an institution where participants draw information from their perceptions and interaction with their environment, as well as from each other and other people in the their work environment.

In conducting this study, I took into consideration that the researcher and participants jointly needed to use communication and dialogue to construct an understanding and interpretation of information. This allows for the generation of descriptive information, as also indicated by Russel, and Schutt (2006).

3.4 CASE STUDY RESEARCH DESIGN

A case study research method is relevant in qualitative research as it may be utilised in social science and educational research due to its ability to provide rich information and insight about the person or situation being studied. It focuses on describing and interpreting the gathered information and investigates the worldview of participants, allowing the researcher to have descriptive and explanatory insight into the research participants' worlds (Vanderstoep, & Johnson, 2009).

This type of research method is advantageous in that it does not manipulate the behaviour of participants, while allowing for collection of up-to-date information about the phenomenon that is being studied (Gray, 2009). However, case studies display the following limitations:

- It is not always accepted as a reliable, objective and legitimate method.
- The concepts of generalisability and transferability are central and refer to the extent to which the study's findings maybe applicable in a context different from the one in which the study was conducted. It is thus a disadvantage that these two concepts are applicable in this study as the information obtained might not be accepted as universally conclusive and

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cannot be assumed to be globally applicable to caregivers who work in other children's homes.

- Research results might not be able to be generalised from one specific situation to the other because research usually involves a small group of participants, as in this study;
- Conducting a case study may be time consuming as the researcher might collect large volumes of data and run the risk of including information which covers too many issues that are not relevant to the study (Gray, 2009).

It needs therefore to be mentioned that even though a case study method has the advantage of providing rich and descriptive information, the concepts of generalisability and transferability remain a challenge (Kitto, Chester, & Grbich, 2008). In order to mitigate my own biases, as cautioned by Kitto *et al*., (2008), I, as the main data collector and researcher in this study, worked under the supervision of an experienced researcher.

3.5 DATA COLLECTION

The following table summarises the process of data collection followed for this study:

Table 3.1: Sequential phases of data collection

Phase 1 Data collected	Phase 2 Data collected	Phase 3
1. Focus group interview (7 participants) 2. Observations 3. Field notes	1. Semi structured interviews (2 participants) 2. Group Collage (11 participants) 3. Observations 4. Field notes	1. Triangulation and member checking 2. Verified the collaboration of data by looking at common themes from data collected 3. Field notes

3.5.1 SELECTION OF PARTICIPANTS

The selection of participants of this study was influenced by a meeting held with the manager of the children's home who provided insight regarding the structure of the children's home and caregivers, the child-caregiver ratios and training levels of caregivers. She mentioned that the current ratio at the institution was 12:1 (twelve

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children to one caregiver) while the required ratio should be 5 to 6:1 (five to six children to one caregiver). Literature that was reviewed in Chapter 2 indicated that the lower the ages of children the lower the child-caregiver ratio should be because lower ratios were found to improve the quality of interaction, provide opportunities for more affection and the support essential for the wellbeing and development of the children's sense of self.

The caregivers represented the research population described by Strydom (2005) as all the individuals who possess a specific and similar characteristic and who are in the specific environment where the study is being conducted. The population at the children's home includes the manager of the home, twelve caregivers, cleaning staff and kitchen staff. They are all females between the ages of 22 and 50 years. A purposive sampling technique was employed to select participants. In doing so, I used my "special knowledge and expertise about the group to select subjects who represent the research population" (Berg, 2001, p.32).

The twelve caregivers employed at the children's home were all invited to participate in the study, they were eligible and to be typical participants from whom the relevant information required could be obtained, as outlined by Ary *et al.,* (2006). In view of the limited number of participants available, information was obtained only from those that fell within the targeted population, the caregivers. All the caregivers reside around Pretoria in various townships close to where the children's home is located; they have their own families, do not permanently live in the children's home and spend most of their off-duty time with their families.

In conducting this study, it was important for me to build rapport with all participants to ensure that they became comfortable interacting and sharing their perceptions with me. My ability to communicate with participants in the Sepedi language became an added advantage in building rapport. Following a detailed explanation and ensuring that the participants understood the purpose of this study, they were informed that participation in the study was voluntary and that they could withdraw from the study should they feel that they were not willing to participate any further.

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3.5.2 DATA COLLECTION TECHNIQUES

Utilisation of a case study requires employment of various data collection methods to ensure that a rich description and in depth knowledge of the phenomenon that is being studied is obtained (Vanderstoep, & Johnson, 2009). I therefore started the data collection process by conducting a focus group interview, followed by the group collage and subsequently by the semi-structured interviews while observing non-verbal behaviour in the participants throughout the processes. The data collection techniques that were used for this study are detailed below:

3.5.2.1 Focus group interview

Table 3.2: Details of participants of the focus group

Participants of the focus group	Age group					Years of experience at the institution
	20-29	30-39	40-49	50-59	60-69	
Caregiver 1			√			3 years
Caregiver 2			√			11 years
Caregiver 3		√				2 years
Caregiver 4			√			5 years
Caregiver 5			√			4 years
Caregiver 6				√		11 years
Caregiver 7			√			11 years

As stated, focus groups are used to gain an understanding of how people feel or think about a phenomenon. Participants in such groups are selected according to similar collective characteristics in relation to the research question that the study aims to answer. This feature of focus groups was typical of the participants in this study. Participants of such a group are encouraged to share opinions, perceptions and wishes, even if they do not always agree with each other's opinions (Greeff, 2005). In conducting a focus group for this study, I guided the discussion process by asking semi-structured questions and encouraging the participants to share their perceptions regarding the given topic.

Focus groups offer an advantage in that they are able to provide concentrated amounts of information produced through group interaction. The group environment

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provides participants with a social context that stimulates discussions and allows them to share information spontaneously within a group without the fear of being criticised. On the other hand, focus groups can be costly, requiring that all participants be in the same place at the same time. Furthermore, findings from focus groups cannot be projected to larger populations without proper consideration of the implications (Greeff, 2005).

3.5.2.2 Group collage

Table 3.3: Details of participants in the collage

Participants of the focus group	Age group					Years of experience at the institution
	20-29	30-39	40-49	50-59	60-69	
Caregiver 1			√			3 years
Caregiver 2			√			11 years
Caregiver 3		√				2 years
Caregiver 4			√			5 years
Caregiver 5			√			4 years
Caregiver 6				√		11 years
Caregiver 7	√					2 years
Caregiver 8		√				5 years
Caregiver 9		√				3 years
Caregiver 10			√			10 years
Caregiver 11					√	14 years

A collage is described as a life-story technique that may be used for narrating life experiences. Collages use different modes of expression that include both language and non-verbal communication. Collage making allows for a narrative social interaction that communicates what one thinks, and furthermore allows for dialogue (Van Schalkwyk, 2010). A group collage was compiled by the participants (as shown in the photo below) to further communicate and express their perceptions regarding their roles and responsibilities as well as to understand the meaning of these roles as individuals and as a group. The group constructed a collage on an A1 poster and used narratives to tell their story, based on the pictures that they chose. An introductory explanation and instructions for constructing the collage were discussed with the group in which each participant was requested to cut out pictures from magazines that described their roles and responsibilities, as they perceived these.

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Participants then used narratives to describe these.

Photograph 3.1: Group collage as constructed by the participants

3.5.2.3 Semi-structured Individual Interviews

Two of the eleven participants who seemed to be the most interactive and contributed the most during the collage exercise were purposively selected to participate in the semi-structured individual interviews. Such interviews are typical in conducting qualitative research and provide a unique opportunity for personal encounter that is more intimate than group discussions. In conducting these interviews, I held a discussion with two of the caregivers who participated in the group collage to elicit further detailed narratives by using broad and open-ended questions (Vithal, & Jansen, 2012). The use of open-ended questions is flexible and provides participants with an opportunity to elaborate on discussion points. Due to the fact that the use of information from the group collage projection technique alone would not be sufficient to draw conclusions regarding the subject of study, the use of semi-structured individual interviews provided additional descriptions of experiences and perceived realities, thereby confirming information obtained from the group collage discussion.

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3.5.2.4 Observations

A record of observations of the group's non-verbal behaviour and interactions provided additional data for this study. In doing this, I followed recommendations by Ballinger, Yardley and Payne (2004) and objectively recorded descriptions of the behaviours of the research participants during the focus group, collage and individual interviews.

3.5.2.5 Data documentation

In this study, data was documented using hand notes and an audio recording device. The process of data documentation comprised recording of information, editing and transcribing the information as well as constructing a new reality and meaning from the data (Flick, 2009). For this study, I sat through the focus group interview that was conducted for the broader study and asked questions that were relevant for answering my research question. In addition, I used observations and field notes to document information shared by the group of caregivers who participated in the focus group interview where collective information was gathered. The discussion that occurred during this specific interview was recorded with the consent of the participants and was also analysed for this study. I further facilitated the group collage discussions and, as mentioned, conducted semi-structured interviews. Audio recording devices and field notes were used to record information during all the discussions and photographs of the research setting were taken to provide a broader context for the study.

The use of an audio recording device ensured that information was accurately captured and that other information that was vital for the study would not be overlooked. The audio recorder helped to alleviate the pressure of note taking and allowed me to take short notes about key elements of the shared information. It allowed me to be less distracted, enabling me to spend more time interacting and maintaining eye contact with the participants. The use of an audio device further allowed for a more relaxed and free flowing discussion and interaction as recommended by Whiting (2008).

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3.6 DATA ANALYSIS AND INTERPRETATION

The process of data analysis as described by De Vos (2005, p. 334), is a method of bringing order, structure and meaning to all the information that has been collected by searching for general statements about relationships and categories of information. The following section describes the thematic data analysis and interpretation that was used to analyse notes which were collected from all the data collection exercises. The process of analysing data therefore followed the steps of qualitative data analysis.

3.6.1 THEMATIC ANALYSIS

Data obtained from this study was analysed following the thematic analysis technique which entails gaining an overview of the data that was collected, analysing it and identifying themes that arise from the information that was collected (Braun, & Clarke, 2006). Part of the analysis occurred at the research site as I collected the information through observations and notes that I took during the data collection processes. In analysing data for this study, I therefore summarised the information that I had collected through the collage discussion, one-on-one interviews, observations and focus group interview. All the information was subsequently analysed by generating, classifying, categorising and interpreting narratives of the participants to make meaning of the content. I followed the process of qualitative data analysis as outlined by De Vos (2005) which starts with transcribing and organising it into themes.

I thereafter identified key ideas and patterns of information from the data collected to answer my research question and sub questions. Patterns, based on evidence from the said data, were identified both during and after the data collection process. I wrote memos to make sense of the picture and patterns of information that emerged. Due to the nature of this study, I sought to gain an overview of the themes that emerged, generated categories of these themes and took note of their patterns. I then managed and analysed the collected data by organising it in an orderly format, coding it so that I could arrive at categories of information consisting of themes and possibly sub-themes and be able to identify the relationships between these themes. My understanding of the context and my interpretation of the general data collected played a vital role in understanding the context of the emergent themes and allowed me to incorporate the data into the research report of this study (Hartley, 2004).

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The process of analysing qualitative data follows several steps, as detailed below; these are not rigid or linear but informed the data analysis process followed for this study:

- **Step 1: Planning and recording data**

This step includes the recording and transcribing of information from interviews and group discussions.

- **Step 2: Collecting data and conducting a preliminary analysis**

Analysing data both during and after the collection process and gaining a general sense of the information before categorising it into themes.

- **Step 3: Organising the data**

Ensuring that all field notes are complete and transcribed and labelled with identifying information as well as ensuring that there is no need to collect additional data.

- **Step 4: Reading and writing**

Reading all transcribed information and getting the sense of it before separating it into parts and writing key components that emerge from the data.

- **Step 5: Coding data:**

Coding of categories and informational themes using key words and colour codes.

- **Step 6: Generating categories and themes**

Identifying recurring ideas and silent themes to form a broad opinion

- **Step 7: Testing the emergent understanding**

Evaluating the usefulness of the data in answering the research question.

- **Step 8: Searching for alternative explanations**

This is a look at other explanations for the data; it entails identifying and explaining linkages that emerge among the data.

- **Step 9: Interpretation and report writing:**

Making sense of the findings by providing a written account of the analysed data and past research that was conducted to formulate meaning (De Vos, 2005, p. 334).

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3.7 VALIDATION OF RESEARCH

3.7.1 TRANSFERABILITY

Transferability in research as explained by De Vos (2005), refers to the fact that research results cannot be generalised and transferred to other research settings. This applies to this study as the data that was collected is based on the inner feelings and perceptions of a small group of people, who are solely female caregivers and cannot be considered to be a large enough sample for transferability or generalisation purposes. The main purpose of this study was to gather information regarding the perceptions that the participants have, which implies that the outcomes of this study might not be consistent, as it might not lead to the same conclusions if it were conducted at another time or on a different group of caregivers.

3.7.2 CREDIBILITY

Credibility maybe described as trustworthiness, entailing a process of verifying the collected information and its correlation to the perceived reality of the participants. The collaboration of information on all the transcripts of the gathered data was confirmed using triangulation. This process, as well as the process of member checking was used to check that there were no errors in the transcripts and formed a significant part of ensuring credibility. This was achieved by verifying the categories, interpretations and conclusions drawn from the gathered data and identifying common themes and collaborating data; data was also coded to confirm and make meaning of the information obtained. Finally, I read a summary of my notes back to the participants after the collage exercise to verify whether my interpretation of information was a true reflection of the data provided by the said participants.

3.7.3 DEPENDABILITY

The term dependability in research refers to the extent of accuracy with which the researcher reported the research findings. This is a process of auditing, using audit procedures to check procedural dependability of data collection, data recording, data reduction and results obtained from the study. Data for this study was recollected *in situ*, at the participants' place of work, observing them, using a variety

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of data collection methods to gather first-hand information from them and verifying the research findings through triangulation. The results of this study may be considered to be dependable because they are based on information provided by the specific caregivers that is unique to them (Flick, 2009).

3.7.4 CONFIRMABILITY

Confirmability simply refers to the objectivity of the study. This objectivity can be obtained by re-examining the data collection and data analysis processes, with the aim of looking if there are any possible biases or distortions of the research findings. In this study, the raw data that represents the responses of the research participants was transcribed verbatim with direct quotes from participants; analysis notes as well as personal notes of the researcher serve as an audit trail of information that can be used. This data will be further stored for future use as evidence of how conclusions and interpretations were established and to ensure that my personal viewpoints and biases as a researcher were limited.

3.8 ETHICAL CONSIDERATIONS

Social science research conducted on human beings carries ethical responsibilities that the researcher needs to abide by in their quest for knowledge. I therefore bore a responsibility to adhere to ethical guidelines, both in the interest of my profession and that of those people who participated in the study. In adhering to ethical research principles, I ensured that my participants were provided with all the information regarding the research process and that the information that they shared with me remained confidential. These principles are discussed below:

3.8.1 INFORMED CONSENT

This study complied with the ethical principles of conducting research as outlined by Strydom (2005) and as confirmed by Gray (2009), that the notions of voluntary participation and no harm to participants of a study have to be incorporated in informed consent. Accordingly, the purpose of the research, the benefits, the limitations and the procedure (to be) followed in conducting this study was communicated to participants prior to commencement. The communication process was required to be comprehensive and be carried out in a language that was

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understood by all participants. Written informed consent forms were obtained from all participants of both the broader study and this study and ethics clearance to conduct this study was obtained from the University of Pretoria. Participants of both studies were provided with a verbal explanation of the investigation and the content of the written informed consent form was read to them. This provided the participants with an opportunity to make informed decisions on whether they wished to voluntarily participate in the study or not, as (Gray, 2009; Strydom, 2005) indicate.

3.8.2 CONFIDENTIALITY

Throughout the process of conducting this study, I adhered to the precepts of Creswell (2005), namely, of ensuring that all participants have the right to confidentiality, anonymity and privacy. I believe that the assurances of confidentiality had a positive effect and increased the response rate of participants as they seemed comfortable to share information with me. In keeping with this commitment, when writing this report, I replaced the names of the participants with numbers to protect their identities and to ensure that the information they divulged cannot be linked to the individuals concerned. This was particularly important in conducting this study, in that they shared sensitive information regarding their personal experiences and perceptions.

3.9 CONCLUSION

This chapter documented the methodology that I used to collect and analyse the data gathered for this study. Findings from analysed data were used to answer the research questions stated in Chapter 1. The following chapter is a presentation of the data analysis and the interpretation of the results.

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CHAPTER 4

PRESENTATION OF RESEARCH RESULTS

4.1 INTRODUCTION

This chapter reports the outcomes of my inquiry by presenting themes and sub-themes that emerged during the thematic data analysis. Quotations from unedited versions of the caregivers' actual words, as recorded in data transcripts which provide descriptive data, embodying the voices of caregivers, augment the discussion of the themes and sub-themes.

4.2 RESULTS OFTHE THEMATIC ANALYSIS

Five main themes and nine sub-themes were identified during the thematic analysis process. The themes are related to the perceptions of caregivers in the given respects. The chapter is therefore structured according to the five main themes that emerged:

- Provision of basic resources
- Provision of nurturance and support
- Development of children
- Maintenance and management of the children's home as a family system
- Role allocation of caregivers

Table 4.1 below provides an outline of the different themes and the data sources where data regarding the said perceptions was extrapolated:

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Table 4.1: Visual presentation of themes and data sources[1]

Themes	Data Sources				Observations
	Focus Group	Individual Interview 1	Individual Interview 2	Group Collage Projection	
Provision of basic resources	√	√		√	√
Nurturance and support	√	√	√	√	√
Development of children			√	√	√
Maintenance and management of family system	√	√	√	√	√
Role allocation of caregivers	√		√	√	√

4.2.1 THEME 1: PROVISION OF RESOURCES

This section commences by reporting on the results related to the caregivers' understanding of their primary roles and responsibilities in ensuring that children are provided with basic resources. This theme is the foundation of this section of my study, supported by the following sub-theme: provision of basic care for vulnerable children. The table below depicts a summary of theme 1, the sub-theme, categories of data and the data sources where data of the caregiver's perceptions were deduced, followed by their detailed discussion.

[1] Focus group interview will be summarised as FOC, the group collage projection technique as COL, individual interviews 1 and 2 as INT 1 or INT 2.

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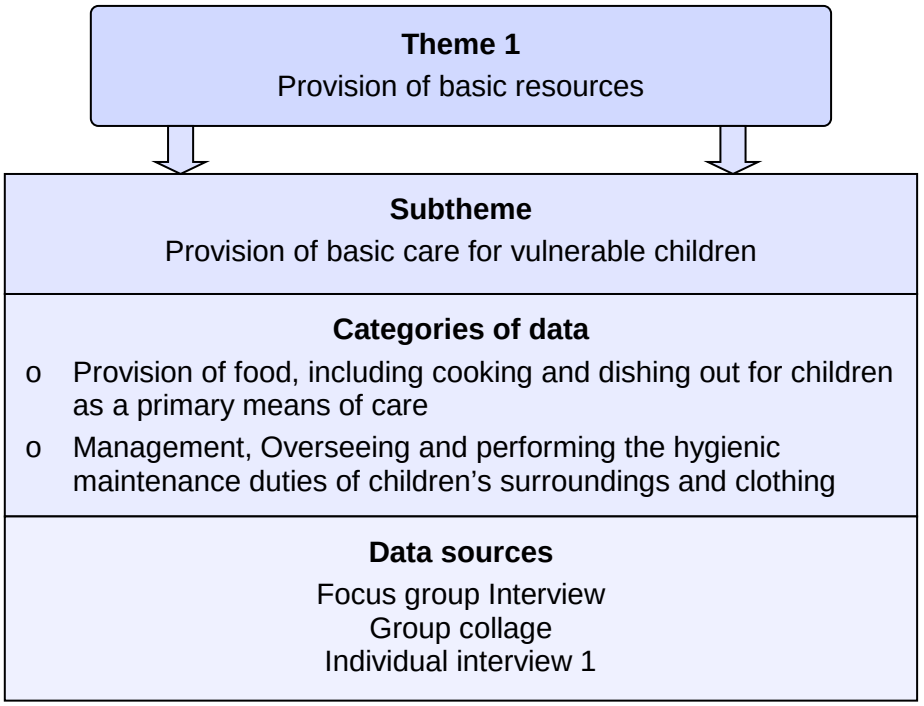
Table 4.2: Theme 1 – Summary



4.2.1.1 Subtheme: Provide basic care for vulnerable children

A study by Murray (2010) states that institutional care of vulnerable children in South Africa is carried out in the form of tasks that are shared between resident caregivers; who are mainly responsible for cooking, cleaning, laundry and general childcare of vulnerable children. Participants of this study explain care giving as planned, structured activities that are coordinated; these include daily routines for meals, cleaning up after meals and bathing. I present this perception that the caregivers of this study have regarding their basic and primary responsibility of providing food for vulnerable children and thereafter describe their roles regarding hygienic maintenance of children's surrounding environment that includes laundry duties. I provide supporting data extracted from research transcripts of how they execute these duties:

"We bath them in the morning, we give them breakfast" (FOC, line 461-462).

"We give them snacks and bath them in the afternoon" (FOC, line 466-467).

"They eat at five o'clock" (FOC, line 470).

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"At six o'clock we have to give them medicine and bath them until seven o'clock" (FOC, line 474-476).

(a) Provision of food, including cooking and dishing out for children as a primary means of care

Caregivers viewed their responsibility as that of preparing food for the children. The children's home management ensures that food is bought and is available for the caregivers to prepare and ensure that the children are fed. Although caregivers mentioned that there are people who are primarily employed to cook for these children, they often also have to cook in the absence of those staff:

"Cooking for them during the weekend, Yes; during the week there is someone cooking" (FOC, line 426 -427).

In addition, the process that they follow in executing these responsibilities varies with the ages of the children, as it seems as if they care for a range of children who are still infants as well as for children who are of school going age:

"I started to work with these children since they were still infants; I feed them, wash, prepare dummy bottles and pack them in the fridge. For school goers I also wash them, feed, wipe them after eating, make sure they are seated when eating, do their beds and supervise school goers before they leave for school, we also make sure that lunch boxes are prepared" (INT 2, line 2-7).

"I also make sure that they eat in the morning when they go to school". "We are the ones who is supposed to dish for them" (COL, line 234).

"This will enable them to concentrate and achieve the higher mark. This is because there is no way you are going to learn on an empty stomach. So, this is my responsibility to ensure that children eat" (COL, line 145-149).

It can thus be asserted that participants in this study view the provision of food and parental love as one of their main responsibilities and also understand the importance of good nutrition for children, particularly prior to a school day. It may therefore be concluded that caregivers view their role as that of ensuring healthy and productive lives for vulnerable children, through good nutrition.

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(b) Management, overseeing and performing the hygienic maintenance duties of children's surroundings and clothing

From the data, it emerged that participants view the hygienic maintenance of the children's surroundings as an additional responsibility that they oversee and perform at times when cleaners, who are employed by the children's home to perform this task, are not available to do so. Caregivers perform the function of cleaning as a secondary responsibility, because they mention that there are people who are employed primarily to clean. The caregivers' primary cleaning responsibility seems to be limited to packing up after specific activities such as eating and playing, particularly when the cleaners are absent from work or after hours when they have gone home. Furthermore, caregivers mentioned that they share these responsibilities with other caregivers or sometimes delegate to children but that they are ultimately responsible for managing and ensuring that the tasks are carried out effectively:

"If the cleaner is around cleaning remains their duty" (INT 2, line 11-12).

"At times where I see that someone is wasting time doing something, I make sure I am there to assist" (INI 1, line 25)

"We also teach them hygiene stuff on how to clean after themselves after eating. We also wash dishes with them so that they can learn how to do them" (COL, line 62-62).

Caregivers are further responsible for overseeing that the children's rooms are cleaned and surroundings are kept neat at all times:

"We pack their wardrobe and clean up where they play and sleep" (INT 2, line 10-11).

"We wash their toothbrushes and cup and also wash hair brush" (INT 2, line 17-18).

However, caregivers pointed out that they do not always have the children's cooperation and end up carrying out all the tasks themselves:

"I do everything. Sometimes we ask them to wash dishes and we do pots but when they refuse I do not force them" (COL, line 13-14).

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Participants mentioned that they do not receive training or orientation upon commencing the caregiving role at the children's home. They only sign a contract of employment; however, they view hygienic maintenance as something that they just know how to do. They believe that their female instincts allow them to carry out this task effectively, and they learn from each other, serving as one another's source of support.

4.2.2 THEME 2: NURTURANCE AND SUPPORT

According to Swick (2007), consistent parent-child nurturance helps children to develop a strong sense of security and love that ultimately results in the development of a strong sense of self in children. Children who experienced positive loving interactions with parental figures seem to show healthy patterns of living within their societies. Caregivers in this study are cognisant of the fact that they also need to play a nurturing role and they do this because they perceive it necessary. They perform this role as they would do in their families when they nurture their own children. The table below provides a summary of data that demonstrate that caregivers view their roles and responsibilities as that of providing nurturance and support to vulnerable children.

Table 4.3: Theme 2 – Summary

Theme 2 Nurturance and Support
Subtheme Provide warmth, comfort, reassurance and emotional support
Categories of data o Loving children as own – parental love and comforting them o Support children during important life events
Data sources Focus group Interview Group collage Individual interview 1

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4.2.2.1 Subtheme: Provide warmth, comfort, reassurance and emotional support

In this study, it is evident that caregivers view one of their main responsibilities as the provision of warmth, comfort, reassurance and emotional support to vulnerable children. This is particularly driven by their understanding that most of the children that they care for have missed out on parental care and nurturance and that they; as caregivers, have to assume parental responsibilities. I therefore provide data which demonstrate that caregivers ensure that they love vulnerable children as their own by simulating parental love and comfort as they know it. In addition, caregivers create a happy home-like atmosphere through cooperating with each other and supporting children during important life events.

(a) Loving children as own – parental love and comforting them

In the context of this study, caregivers used the words "…love children as our own" extensively and viewed their love for vulnerable children as their main motivation for being at work on a daily basis. Despite mentioning that they are not satisfied with some of their working conditions, they have worked for years in the children's home because they are motivated by their love for children:

"It is because if you love kids, that is why you come to work, Yes, I love taking care of them" (FOC, Line 1, & 5).

Furthermore, caregivers mentioned that they understand that vulnerable children need parental love that some of them have never experienced, even in their earlier years, and they provide this love to mirror that which they provide for their own children:

"We are trying to do things that will suit them the way you do with your kids" (FOC, line 656). *"So we have to treat them like the way we treat our own kids, if you are leaving them, spoiling them at the end they are going to be useless kids and then people will be laughing at us like you see the kids, ha, ha, they were just wasting their time"* (FOC, line 337-338).

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"Sometimes we feel that these children need parental love of having both parents when they are still growing up, these children wish to have known their parents" (COL, line 90&94).

"Even though they do not have their biological parents, we are there to show them that we are there for them – we show the love that they need" (COL, line 95-97).

Furthermore, caregivers perceive themselves as a source of comfort for vulnerable children. They comfort them by being present, talking to them and listening to their concerns:

"Sometimes when they cry, you comfort them, and show them that tender love you see. The other picture that I have cut, where a woman is carrying a baby in her hands, it just reminds me of how we work here" (COL, line 86-89).

Caregivers are cognisant of the benefits of some of the actions that they need to take to provide comfort to children:

"I once heard about the theory that when you feed a child you must maintain the eye contact so that the baby can get used to you" (COL, line 135-136).

It appears that the method of providing comfort that they use is limited to being in the same space with the children and does not include physical contact most of the time. Physical gestures are largely limited to younger children during meal times:

"We also spend some quality time with them" (COL, line 268).

"Sometimes you must just play with them, and make them happy as if they are your own children whereby you will be satisfied when they are happy. They must not feel scared when you come in, you must make them to feel free, and happy" (COL, line 73-77).

Caregivers call themselves Mamas while the children do the same as they are perceived to be mothers for the children. They mentioned that they view an important aspect of creating a family-like environment as the provision of emotional support

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through spending quality time with children during their play time, by reading stories to them, sharing their own life experiences and listening to their concerns:
"We spend some quality time with them" (COL, line 268).

"I love playing with them. Sometimes we play games, you see I love children" (FOC, line 11-13).

"You find that there is a child having a book in their hand, and they can't even read what's written in it. So, they come and we read for them, and I explain what it means in Sotho" (COL, line 216-218).

"Sometime we tell them success stories of local people, and some other times we cut them nails while sharing our life journeys with them. We make sure that what we are telling them is building not destructive things" (COL, line 269-272).

"Try to listen and understand what they are trying to say to you and help where you can" (COL, line 100-101).

"You must learn to listen to them. Some of them, even if you want to listen to them they are so difficult in a way that you can't handle them. So that is the challenge I have with the kids" (FOC, line 79-84).

In addition, some of the caregivers came to the children's home with prior experience of working with children, and their love for the latter motivated them to look for employment in an environment where they can continue to care for children:
"My mom's employer, she was coming to my mom's home. She said that I love the children and after that when I finished my matric, she asked me if I wanted to work with the children and what not. I said to her I wanted to work with the children. She took me to the college, my mom's employer, to do a course for Educare" (FOC, line 23-28, & 31-33).

Some of the caregivers continue to carry out child rearing responsibilities outside the children's home; one of them mentioned that:

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"Now I've realised that I've got this thing of working with kids because even at church I am a Sunday school teacher" (FOC, line 71-73).

(b) Support children during important life events

According to caregivers who participated in this study, one of their main perceived responsibilities is to support vulnerable children during one major important event in their lives, their graduation ceremonies, irrespective of the presence of other family members, in some instances.

"I also attend consultation meetings for the kids" (COL, line 251).

Showing pictures of children's graduation:

"Every year they graduate and I have to be there attend their graduations" (COL, line 252-253).

"I attend to show them support" (COL, line 255).

It appears that this support is limited to graduation ceremonies and does not extend to other important events such as sports activities.

4.2.3 THEME 3: DEVELOPMENT OF CHILDREN

Theme 3, as summarised in the table below, presents results that demonstrate the caregivers' perception of their tasks, roles and responsibilities, which they perform to support vulnerable children's personal and social development as well as their educational and vocational development. Dowling (2010) writes that the role of caregiving that includes recognition, support and acknowledgement of young children is important for their educational development. This form of caregiving further assists children to develop effective social skills and the inner strength for coping with life challenges.

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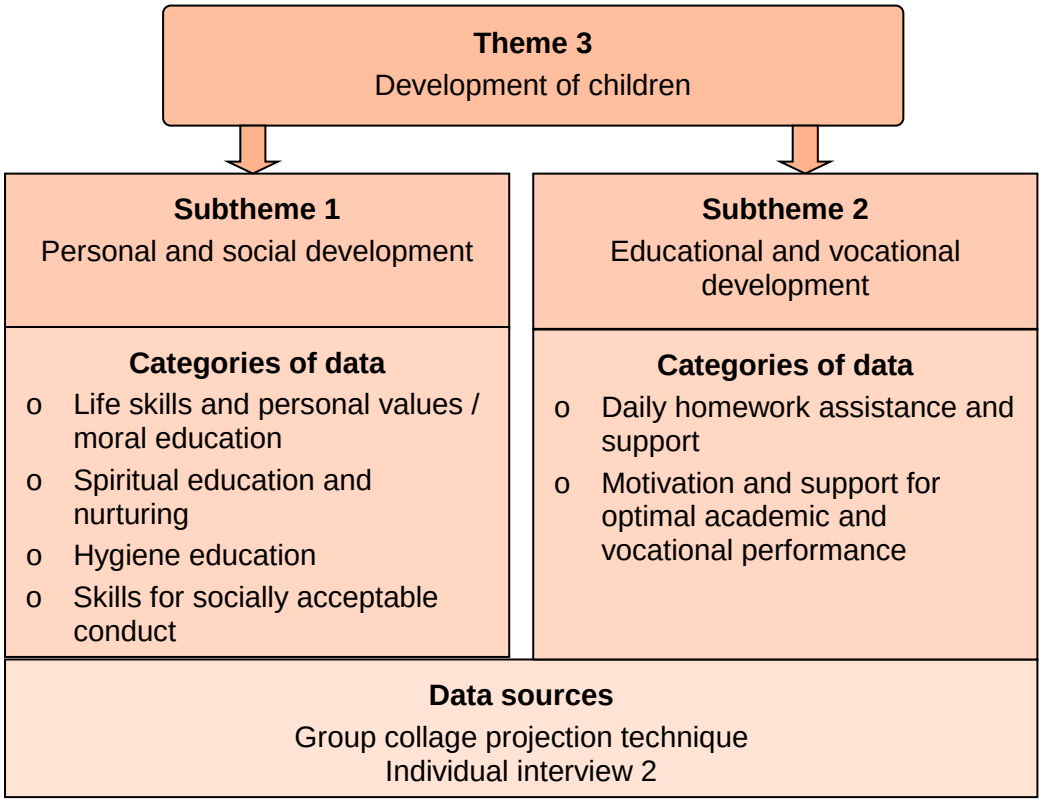
Table 4.4: Theme 3 – Summary



4.2.3.1 Subtheme 3.1: Personal and social development

Caregivers in this study view themselves as a source of personal and social guidance for the children for whom they care. Tasks related to guiding children in their educational, personal and social development reside mainly with them, and they view these as fundamental. They see themselves as primary educators who teach children life skills that include hygiene and spiritual education and guidance as well as acceptable skills for social interaction as demonstrated by the following extracts of data:

(a) Life skills and personal values/moral education

Caregivers impart their own personal values, norms and morals to children through communication:

"We educate them on general stuff about school, how to live outside the centre, life skills and encourage them" (COL, line 24-25).

"We try to teach them about life issues…we discuss things like…especially teenagers and you educate them as to this and that is not ok. Just how to

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behave as a young girl, what kind of friends and how do you choose those friends, you sit them down, not like in an aggressive manner, but in a nicer way, and try to talk to them. You have to teach them, because this is one of their developmental stages. You must try to show them that they are still young. Show them that they must not be involved in things like those, they must focus on going to school" (COL, line 27-36).

(b) Spiritual education and nurturing

As caregivers believe in God and view Christianity as a source of strength for them, they also view this aspect as an important task with which they need to empower the children. However, it seems as if caregivers do not take cognisance of the children's own spiritual background or even consider that of the children's families of origin. They mainly teach what they know and communicate the value of what they know and believe in:

"We teach them to value the word of God" (COL, line 57).

"There is a time where we teach them about church and how church operates. Church will teach them good deeds and keep them away from streets because in streets they will sniff drugs" (INT 2, line 62-64).

(c) Hygiene education

As caregivers spend most of the time with vulnerable children, they view hygienic education as their responsibility and do this by teaching children about hygienic functions that support optimal personal achievement. This form of education seems to occur on an informal and ad-hoc basis with groups of boys and girls separately:

"We also teach them on how to take care of themselves as girls... I always teach them how to dispose pads. And you also explain to them when they start with their menstrual periods, what happens in their bodies, and what are they supposed to do. Because some will laugh at the others saying they are bleeding because they love boys and stuff like that. So, our aim is to try and correct some of those things. This will also prevent them from feeling ashamed about the changes in their bodies. "When you have your periods, you must not be dirty and just leave your pad like that. We teach them that they must take it out if it's no longer comfortable and they must

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remove it nicely and throw it away. We don't want a situation whereby the school uniform is wet. Your periods are your secret" (COL, line 44-56).

"I frequently tell them that a woman has to be clean because she will smell bad. I also teach them how pads are used and how to take care of panties, when panties are dirty from menstruation they have to wash them not to give them to washing ladies. For guys, I advise them to start shaving, they are old now, mostly I tell them not to bath in presence of the young ones. When I am working night shift I awake older ones to wake up and bath or I start with the young ones. You find old one going to school with terrible hair, I tell them no, you cannot go to school with such hair. After eating, the older once wash dishes and young once dry them. They have to learn how to do this thing because they are old now. If we do not teach them we will be killing them" (INT 2, line 48-57& 59-61).

(d) Skills for socially acceptable conduct

Despite the lack of evidence of any formal training that caregivers receive in this task, they draw from their personal experiences and empower children to become socially accepted members of society:

"You must also educate them that if they decide to run to those who tell them that they love them; they are going to lose out on schooling. Then they will end up with a baby and that the baby will suffer as the father will run away, and as a young girl, you won't have a source of income, and the baby will suffer. Stay away from those who lie to you and say they love you. Just focus on your schooling" (COL, line 37-43).

"They must not let their friends influence them in doing things or being what other people want them to be. They must be who they want to be" (COL, line 59-61).

"I tell older ones to respect and act in a good way so that younger ones can learn from their good deeds" (INT 2, line 57-59).

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4.2.3.2 Subtheme 3.2: Educational and vocational development

Caregivers' activities include supporting children with activities that are related to successful educational and vocational development. They view themselves as homework assistants and as responsible for supporting and motivating children to reach optimum academic and vocational performance.

(a) Daily homework assistance and support

Amongst all the caregivers that participated in the study, two of them are specifically appointed to assist children with homework and to provide extra lessons in the subjects that children struggle with. The caregivers mentioned the following:

"I teach from grade 3 up to grade 7. Yes, I teach them spelling, reading, NS, Math, and everything they do at school" (COL, line 244-247).

However, the other caregivers continue to collaborate with one another in executing this task. They help children if the homework was not completed with the homework caregiver, as mentioned in the data below:

"She tells us to help a specific child, or the child say that I was doing homework with sister Tebogo and I did not finish please help" (COL, line 249-251).

"As for me I help them with their home works, teach them how to spell, read and write. I help them to be good readers at school. "We as mothers we also help them, when they are not done with their home works we help them out" (COL, line 238-140, & 244-245).

(b) Motivation and support for optimal academic and vocational performance

Motivating vulnerable children seems to occur in the form of caregivers mentioning their own personal achievements and those of other people in the community to the children:

"I tell them you know what, now I've passed by standard eight long ago. So you are not doing a favour unto me, otherwise you'll end up on the street" (FOC, line 320-321).

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"Sometimes we tell them success stories of local people" (COL, line 269).

Caregivers that participated in this study seem to show an interest in the academic and vocational success of the children that they care for. Similarly, as parents in a family environment do, they seem to take pride in the success of these children. They strive to create a supportive environment that allows for the children's success.

4.2.4 THEME 4: MAINTENANCE AND MANAGEMENT OF FAMILY SYSTEM

In this section, I provide data that relates to the caregivers' view of themselves as homemakers who bear the responsibility of a parent and are responsible for maintaining the children's home environment in the same way that they do with their own families. Caregivers strive to create a happy, home-like environment through co-operation and in this way view themselves as homemakers despite the fact that they themselves are not permanent residents of the children's home. They seem to automatically assume this role without any prescription from the management of the centre but out of their own initiative in relation to the basic duties that they are assigned to perform. This observation is supported by their discussions about their roles and responsibilities that are mostly performed in a collective "we" structure and is hardly individually centred, with the exception of one caregiver who mentioned that:

"Every time we had new people I was the one who was orientating them on their duties. I am happy to do this work and many of the Mamas who are working here I helped them to adjust to the situation" (INT 2, line 71-73).

They communicate with and support each other while they perform their duties as expressed below:

"I ask from my colleagues to advise me so that we can be on the same level" (FOC, line 317). *"I always volunteer, if there is too much work and other Mamas are asking for help I always help, I am always there for everyone. At time where I see that someone is wasting time doing something I make sure I am there to assist"* (INT 1, line 24-27)

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In a further effort to create a home-like environment, caregivers mentioned that they view the provision of emotional support as an important aspect of their roles and responsibilities. However, there is no evidence that they have the skills to provide this support. They mentioned that they are able to identify that a child is experiencing emotional difficulties because they know the children very well but there is no evidence of solution-focussed actions that they undertake to provide emotional support. This observation is derived from the following abstract from data:

"Because we're used to them, we know that these children, if she's like this, it's maybe she's sick, or something is wrong to her. So we know if like, let's say, she likes smiling, joking, but that day when she's just quiet, she doesn't want, you know something is wrong to her. The actions will tell you? Or today, she's too quiet because hey! Yes. Sometimes he doesn't want to talk, saying I don't want to talk, just slam the door, you see" (FOC, line 63-77).

The creation of a family-like environment seems to be limited to caregivers supporting each other in performing their basic duties, in the form of following uniform daily routines that they have created for themselves and as they learn from others who have been working in the institution over a longer period. The caregivers individually and collectively make efforts that will result in the continuation of providing care to children. These roles are however carried out amicably, despite personal differences that may exist amongst caregivers. The following statement in the collage interview suggested that there might sometimes be differences amongst caregivers:

"It seems like there is no love amongst us Mamas. People gossip about each other and I do not like situations where people lie about others by saying someone was bad mouthing about me. What I do in those situation I go ask the person who was referred to. I speak my mind, that's how I am" (COL, line 74-78).

From these comments, it appears that the creation of a family-like environment is carried out and limited to assuming someone else's duties when they are not available, and, in some instances, supporting one another through learning from each other.

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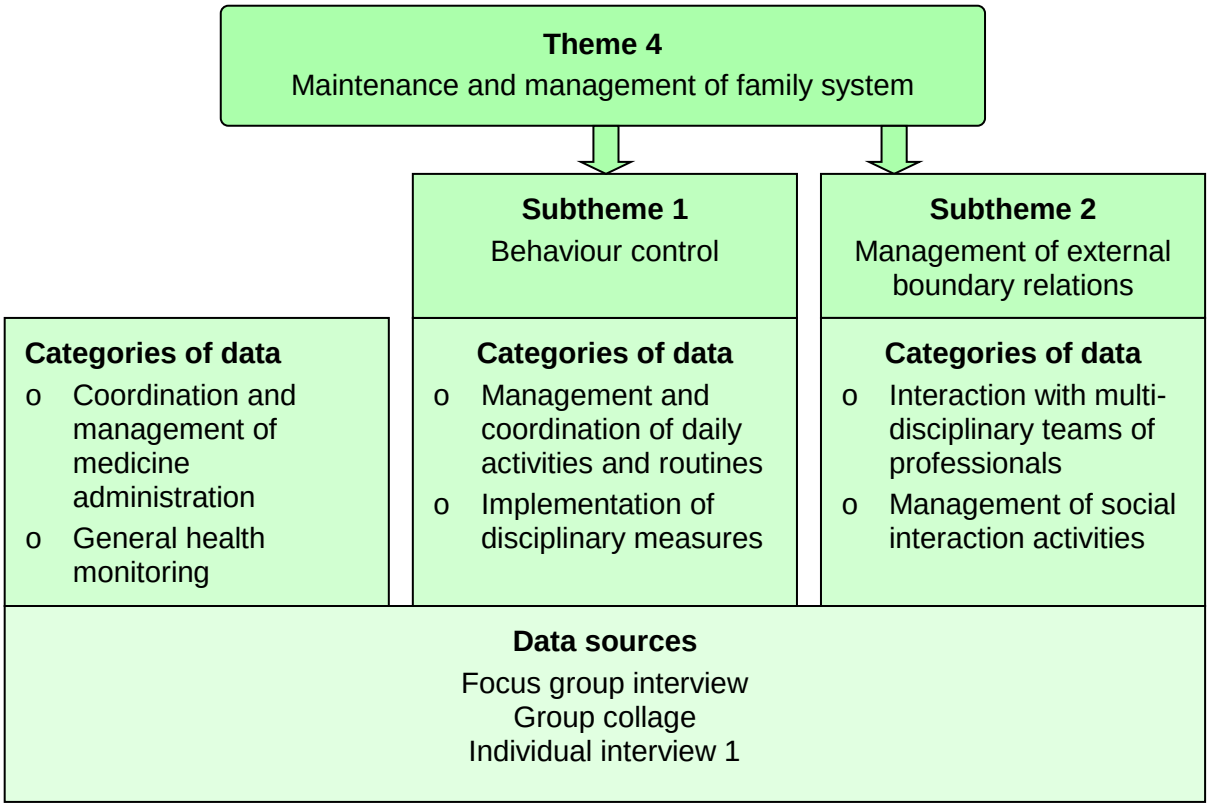
In addition, caregivers mentioned that they were responsible for managing all health related aspects of these children's lives. In addition they are responsible for managing and controlling the behaviour of children as expected by the institution that employs them. Furthermore, they view themselves as being responsible for actions that involve the management of external relationships that the children have with other people who are external tithe children's home.

Table 4.5: Theme 4 – Summary



4.2.4.1 Subtheme 4.1: Management of health related functions

The perceived roles and responsibilities that emerged under this sub-theme were the coordination, management and administration of medicine as well as monitoring of the health of these children.

(a) Coordination, management and administration of medicine

Most, but not all, of the children who live in the children's home where this study was conducted are HIV/AIDS orphans and some of them are themselves infected with the virus. A number of them have different medical and emotional conditions

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that were brought about by factors related to orphan-hood and need constant medical care. It thus remains the responsibility of caregivers to administer medication to all the children that need it:

"Here, my responsibility is to get to know the pills like ARVs from the nurses and they show to me how to give these children who are using these pills" (COL, line 166-167).

"Sometimes we go fetch medication and stay with them at the hospital" (INT 1, line 18).

However, the data provided below suggests that caregivers perform this task out of duty or as they have seen others perform it. This could be as a result of lack of proper orientation and the unavailability of specified job descriptions. Caregivers sometimes view this task as a favour that they are performing for the children, but not as their primary responsibility:

"For the first time when I started working with them, they had this tendency of not taking their medication. They just don't swallow it. And I come to a point where I am going to tell them the truth. Now I am going to face the truth because this is not fair. I am not doing a favour to these kids but I am killing them. I just told them that if you are taking your medication and throw it in your toilet, it's for your own benefit. I am not going to benefit anything, and it's for your life. You must make sure that you take those medications for your life, not for me. You are not doing it for me. Now I am doing a favour for you by giving the medication on time but you are not doing a favour to take the medication for yourself. It's for your own benefit" (FOC, line 286-301).

(b) General health management and monitoring[2]

Caregivers mentioned that they had all attended a first aid training course which puts them in a good position to be able to monitor the health of children and identify emergency situations:

[2] I stands for interviewer, P stands for person responding and All stands for all the caregivers responding at the same time.

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"Taking them to hospital, to doctors, give them the medication" (FOC, line 425-4260).

"If there is someone sick, we take them to the clinic and hospital" (FOC, line 463).

"At six o'clock you have to give them medicine" (FOC, line 474).

"Sometimes when the child falls sick and the nurse is not here during the weekends, we then take the child to the Doctor and we call the nurse and tell her so and so was sick" (COL, 188-189).

"But we start by observing how serious the problem is" (COL, line 192).

Furthermore, caregivers are responsible for administering medication to children with the support of the nurse who visits the children's home on a daily basis:

I: "So, the nurse just comes [3]" All: "Yes, every day"

I: "So, she comes and shows you the different children that you need to give these medication to, and as to how"

P: "Yes, but only in cases where the child is seriously sick. But if she comes with new medication for a sick child, she does explain as to how to give it to these children" (COL, line 168-174).

4.2.4.2 Subtheme 4.2: Behaviour control

Caregivers in this study view their roles and responsibilities as including the Management and coordination of children's daily activities and implementing disciplinary measures whenever necessary.

(a) Management and coordination of daily activities and routines

The caregivers' views are that as parental figures to vulnerable children, their roles and responsibilities are open ended; in addition to ensuring the provision of basic needs, they manage all the other daily activities of children:

[3] I stands for interviewer, P stands for participant.

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"What we try to do is to monitor them and ensure that they do not take their phones to school" (COL, line 200).

"In Christmas, they get presents just like any other family with a father and a mother in it. Whereby in some instances they must be made to belong, like having their sisters and their brothers. This is to enable them to see the importance of Christmas as time for the family" (COL, line 201-204).

Caregivers mentioned that they sometimes feel helpless in having to carry out some of these duties and expressed their views regarding the support that they receive from the manager of the children's home:

"We also take these children where ever they want to go…in what time they come, we have to be there with them" (COL, line 206-207).

"Whenever the transport did not come fetch them to school, I walk with them and later on I go fetch them" (INT 2, line 13-14).

"I feel helpless when the manager is there, she won't say let me go fetch the kids at school since she has a car, she just sit and watch me fetch them on foot" (INT 2, line 33-35).

"Sometimes it is hard and since we are mamas we have to do everything and I feel like the work load is too much but since it's my obligation I have to do it" (INT 2, line 29-31).

(b) Implementation of disciplinary measures

Because caregivers view themselves as parental figures for the children that they care for, they feel strongly that they need to be afforded the authority to implement disciplinary measures that will enable them to effectively control and manage the behaviour of children:

"I make sure that they behave and listen" (COL, line 198).

Caregivers view vulnerable children as naughty and expressed their frustration with the disciplinary measures that they are permitted to implement to modify their behaviour:

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"Discipline; these children are very naughty and we are not allowed to hit them, when you say one they say fifteen. It would be nice to be able to brutally discipline these children because some of them they behave in a painfully hurting manner" (COL, line 276-279).

Caregivers in this study believe that an effective means of behaviour control and punishment is to hit children and feel disempowered by the rules of the institution that prohibit them from doing so.

"These children are aware of the consequences of brutally disciplining children; they do whatever they like because they know that once the mother hit the child she will be fired from work" (COL, line 283-285).

"They have this tendency of doing it because like they know that I don't have the authority to beat them or whatever. So that is the challenge that I have, because sometimes it is difficult working with kids" (FOC, line 96-98).

"We do not beat them up so they take chances" (FOC, line 2550).

Caregivers mentioned that they talk to the children in an effort to guide and discipline them. They admit that they have been taught alternative methods of disciplining children such as the following:

"When the children upset me, I discipline them. I take the child and lock the child in the room. I'll put the child in the corner" (FOC, line 168-170).

"Here when they upset me, I discipline them, putting them in the corner, saying you are not going to play, you are going to sit here unless you will tell me you are sorry. Or if they fight, they make me angry; I say you go to that one and say sorry to him or her no playing" (FOC, line 194-199).

"Facing the wall, standing with one leg, taking my hands up, so punishment, no watching TV, they take this easily" (FOC, line 278-280).

"When the child does something strange you just ignore the behaviour, not the child" (COL, line 211-213).

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However, caregivers mentioned that even though they have been taught to use alternative methods of punishing children, they believe that these are ineffective, as supported by the following comments:

"We talk to them or punish them, but they are not effective" (COL, line 280-282).

"And then those punishments, they are used to them. Even if you say to them I am going to punish them, they say aaah, that is nothing. Two days, it's over" (FOC, line 264-267).

4.2.4.3 Subtheme 4.3: Management of external boundary relations

Caregivers view themselves as a link between the children and other parts of the society. They mentioned that they interact with other professionals on behalf of the children and manage and coordinate all social interactions that the latter have outside of the children's home.

(a) Interaction with multidisciplinary team of professionals

Caregivers interact closely with the social worker who works at the children's home. They inform him or her regarding the emotional well-being of children:

"We then tell the social worker that since this child heard about the passing away of their parents, they are not well" (COL, line 111-112).

There seemed to be inconsistencies amongst the caregivers as demonstrated by their response when asked if they report all the emotional difficulties of the children or if they also attempt to provide emotional support to children:

"Everything" (COL, line 113).

(Other group members disagree) "Not everything…there are some things that you can easily talk with the child, but if you have tried and the child keeps on doing the exact similar things, then you take that child to the social worker… You cannot just take a child to the social worker just" (COL, line 114-117).

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They interact daily with the nurse that works at the children's home and together, they have set down procedures that they follow in their interaction with the nurse. They take part in meetings with a multidisciplinary team of professionals who are responsible for the health of these vulnerable children, to discuss their health and to receive feedback on the health of sick children. The following statements describe what caregivers do:

"Sometimes one of us can attend a meeting with the Doctors and the dietician where they discuss the children's health" (COL, line 181-182).

"Sometimes when the child falls sick and the nurse is not here during the weekends, we then take the child to the Doctor and we call the nurse and tell her so, and so was sick, and we even write on the piece of paper" (COL, line 187-189).

"Sometimes we go fetch medication and stay with them at hospital" (INT 2, line 18).

It seems from the data that this task is carried out with collaboration between the caregivers and other professionals. They also seem to have put a system in place to ensure that information is shared amongst them at all times by *"having a record book"* and *"writing on a piece of paper"* (COL, lines 185, & 189).

(b) Management of children's social interaction activities

In an effort to perform their parental task, caregivers coordinate all social interactions in which the children have to be involved. The activities include management of visits by sponsors and children's visits to other institutions outside the children's home, as illustrated by the conversation below:

"We also take these children where ever they want to go…in what time they come, we have to be there with them" (COL, line 206-207).

"Sometimes we go fetch medication and stay with them at hospital. Sometimes we take them to academics, when there is no transport you have to catch a taxi and take them there and stay there up until they finish helping them. You cannot come back before a child get what they went there for" (INT 2, line 19-22).

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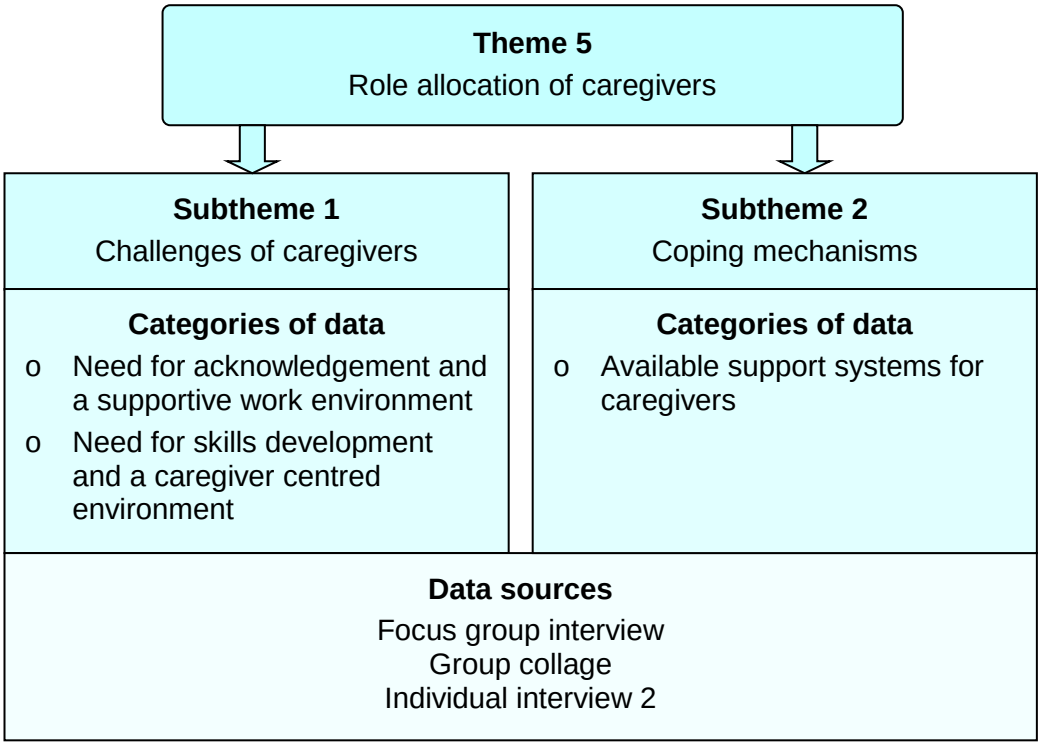
However, there seems to be very little action around this task as most of the related activities are centred on Christmas time; caregivers mentioned the following activities that occur during Christmas:

"Sometimes there are people who come and give these children presents, "they come with names of the recipient. And we take them to the Directors and they make sure every child goes home with their presents" (COL, line 205, & 212-213).

4.2.5 THEME 5: ROLE ALLOCATION OF CAREGIVERS

The basis of allocating role and responsibility in a system lies in assessing whether the people who are assigned to perform diverse tasks and functions possess the necessary skills and the authority to perform those tasks. It is thus important to ensure that assigned tasks are clearly defined and that they are performed to the satisfaction of all parties involved. Deviations from effective role allocations may lead to dissatisfaction (Epstein *et al*., 2003). In this section, I present data related to the challenges that caregivers experience in their quest to perform their perceived roles and responsibilities, and conclude the section by describing their coping mechanisms.

Table 4.6: Theme 5 – Summary



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4.2.5.1 Subtheme 5.1: Challenges of Caregivers

It is evident from the data that caregivers have concerns that they feel are not addressed, resulting in feelings of helplessness. However, they mentioned that they remain committed to their responsibilities and that their love for vulnerable children motivates them to persevere. Data relating to their need for skills development and a caregiver centred environment, as well as their need for acknowledgement and a supportive work environment for the caregiver, is presented below:

(a) Need for skills development and a caregiver centred environment

Caregivers expressed their need for training that will equip them to perform their roles and responsibilities more effectively. Their view was that the training that they receive is not sufficient and they attribute this to some of the challenges that they experience in performing their duties. According to Dowling (2010), people who work with children need to receive training and support that will equip them to be effective caregivers. Caregivers expressed the following concerns regarding their current training:

"It would be nice to have in-service training for us" (COL, line 292)

"We get these kinds of training after a long period of time, mostly after a year. It should at least be every month. At least after six months it will be fair because you might find out that they are costly" (COL, line 297-299).

An interesting observation that emerged during the interviews was that most caregivers had worked with children long before they started working at the children's home. Although they were not taking care of vulnerable children, they volunteered to care for other people's children while their parents had to go to work:

"My sister works at a crèche; I sometimes went to volunteer by helping her. I also find children interesting; I like how they do things and how they interact. That is when I started loving to work with children" (INT 1, line 8-10).

"Me, I was staying at home and I did love the children. The neighbours brought their children to our house, especially the grandmothers. The pensioners did go to get money for pensioners, and they did ask me,

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especially during the school holidays because I love the children. It was like a day care but I did not know whether I was going to be a caregiver or what. I was born like that" (FOC, line 6-11, & 13-15).

Furthermore, caregivers seem to be unhappy with the management of their conditions of employment in relation to leave and remuneration. This could also be attributed to the lack of information regarding the regulations under which they are employed. They expressed the following:

"Starting from your days when you want to take. Starting from the pay, we are not happy with the pay. When we want to go to leave, it's a problem, and sometimes they will refuse, you can't go to leave; sometimes they say its unpaid leave. We know there is the law that says it's unpaid, but for here it's not going like... disappointing" (FOC, line 105-112).

If you say my daughter is sick, they say you will take your annual leave. You end up not going on leave, because all your days are finished; are taken"{laughing} (FOC, line 119-121).

In addition, caregivers express concerns with the management style, which in their view does not support them and does not create a work environment that acknowledges their contributions in the children's lives. This view is reinforced by extracts from the following data:

"Ja, if, like she said, we don't have problems with the children, we like working with the children. But what is not good to us is the things which come from the Management. I think if the Management can listen sometimes to what we want from them, then everything can be alright. But then many of the times, the Management does not get what we want. So it's difficult. And here, we don't strike. Even if we want something they don't give us, we just come to work. We can't strike. If you strike, you are fired. So we just come, even if it's difficult, we just come" (FOC, line 151-162).

Furthermore, caregivers mentioned that they hold a meeting with the management once every month:

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"Today, we are just from the meeting we meet with them there" (FOC, line 166).

"We don't discuss the issues, they tell us. The Board members; they don't even come" (FOC, line 168-169).

{Everyone talks simultaneously} (FOC, line 170).
P: "If you talk, they say they don't want to hear about that. Yes, just stop it, I don't want to listen. So it's them telling us, not us to tell them. The agenda, they will give it to you, and they are going to talk about this. If you talk, then you are the enemy" (FOC, line 172-178).

(b) Need for acknowledgement and caregiver supportive work environment

Caregivers in this study expressed concern regarding the lack of acknowledgement from the children that they care for. In some instances, this results in physical abuse. They mentioned the following:
"Sometimes it is hurting because you are doing your best for them but some of them they don't see" (FOC, line 105-107).

"They don't respect all of us" (FOC, line 482).

"More especially, some of them they do not appreciate things, instead of appreciating, they will tell you a lot of hard words. Like "you are not my Mom" (FOC, line 100-103).

"They beat you up and then you are so useless, you can't do anything" (FOC, line 561).

"She scratch at me with a scissor we did have this thing she don't want to listen; actually" (FOC, line 564).

*"They call us names, Bitch, f**k you, go to hell, and they will say you will work for us. They used to tell us you are here to work for us"* (FOC, lines 564, 577, & 581-583).

They mentioned that the lack of acknowledgement results in the following feelings:

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"I am not doing the right job. Maybe um you are just becoming to judge yourself. And you'll always think sometimes you are doing the right thing but you are not sure, are they going to appreciate or whatever. So you are just doing things like being blind sometimes. You don't know what is right, whatever" (FOC, line 648-652).

4.2.5.2 Subtheme 5.2: Coping mechanisms

Caregivers mentioned that they realise that they sometimes experience stress, caused by the challenges stemming from work. They all use different support mechanisms to cope with the stress but also describe the symptoms of stress using the following expressions:

"When I'm stressed too much, then my high blood pressure comes. My headaches started to be, eish, I don't feel alright. But what can I..I just take my medicine" (FOC, line 709-712).

"Sometimes you don't feel the stress anymore so hey, I am used to it"{Laughing} (FOC, line 678).

(a) Support systems

The data indicates that caregivers use other professionals who work at the children's home as their support system; they view the management of the children's home as not being considerate of their needs and as not supporting them:

"We get support from social workers and sister, these are the only support systems that are in place for us to utilize" (FOC, line 309).

"So you do your job you just go into your room and you cry, you satisfy yourself that you let all out, do whatever is needed for that day" (FOC, line 160-163).

However, caregivers expressed their wish to be given an opportunity to support each other with the following data:

P: "No, they don't want to help us to take a meeting, to handle a meeting somewhere in the centre"

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I: "So as a group you don't have an opportunity to sit like this and talk, you don't do that? So you don't share your experiences?
P: "No"
I: But if you had an opportunity to do that, do you think that will help you in any way?
All: "Yes" (FOC, line 242-245).

"It is so difficult. I think maybe we need something like debriefing. You just go into your room, cry and after that I tell myself no I am going back there" (FOC, line 113-115).

In addition, caregivers use their spirituality as a source of support:
"And sometimes I've told myself that I am not doing it because I'm clever enough, but it is God's grace. Truly speaking it is God's grace because after a kid swears onto you and then you go back to her and loving, you know how difficult is it? It's really difficult but I just told myself that it's really God's grace to do all of those things to accommodate them, to give them what they need, to do everything for them each and every day" (FOC, line 123-132).

"When I'm at home I always pray to God. I say God, it is you who makes me to love the children, it is not by my grace, it's by your Grace, it is by your power. Give me love and strength to work with them" (FOC, line 200-204).

Others have their families as their support system:
*"I just go home and talk to my children and say, hey, you know at work maybe *** or *** just hurt me so just talk to my family, it helps me"* (FOC, line 164-166).

The overall view of the caregivers, as hinted above, seems to be that they lack the support of the management of the children's home.
"So here we don't have support, we don't have any support. That is a problem, then you must state, with you here, and it's not good" (FOC, line 261-263).

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"Our manager is so impatient, because she does not want to involve in our working business although it concerns the organisation, this makes me feel lack of support" (INT 2, lines 38-40).

Like when we used to go, here, they said we are the parents; see to it that you discipline them in which way. Don't wait for a Social Worker. So, but if you can discipline them, they say you are abusing them, so we don't know where to go" (FOC, line 781-783).

4.3 INCLUSION AND EXCLUSION CRITERIA

In this study, all information that referred specifically to the roles and responsibilities of caregivers were included in the discussion as directed by the research questions that I intended to answer. A wealth of information on the personal lives of caregivers that alluded to their state of emotional wellbeing was excluded. This gave indications that the children's home is not necessarily a home environment for them but mainly for vulnerable children. Furthermore, this study focussed on the roles function of the McMaster model of family functioning as its theoretical framework, thus excluding other dimensions of the model that could be used to review if the children's home where this study was conducted mirrors a home environment for the caregivers as well or if it provides that environment for the children only.

4.4 CONCLUSION

In this chapter, I reported the results that I obtained from this study by using direct quotations, illustrating the themes that emerged from the thematic data analysis. The results and findings indicated that caregivers perceive their roles and responsibilities as general carers of vulnerable children. They continue to perform these perceived roles and responsibilities to the best of their abilities despite the different challenges that they experience. Their inherent, persevering nature, love for children and the support that they receive from each other and from other professionals working in the children's home seem to be their main motivating factors, while caring for vulnerable children.

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In Chapter 5, I discuss the results as well as the findings of this study and make recommendations for future research.

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CHAPTER 5
DISCUSSION OF FINDINGS AND CONCLUSIONS

5.1 OVERVIEW OF PREVIOUS CHAPTERS

The purpose of this study was described earlier. Chapter 1 provided an introduction by discussing the problem statement and the purpose of the study, the conceptual framework and the methodological paradigm used. This was followed by the literature review in Chapter 2, which investigated literature focused on the roles and responsibilities of caregivers who work in institutions of care, with the aim of understanding these roles and responsibilities in the context of my theoretical framework. Chapter 3 focussed on the research process, the research design and the methodological perspective of this study. In the previous chapter, I outlined the results of this study by presenting themes, sub-themes and categories of data that emerged during the thematic data analysis process.

This chapter concludes the study by discussing the results, using the theoretical framework of the McMaster model of family functioning and the influence of the ecosystem on family functioning as the basis for making sense of the research findings. In addition, this chapter concentrates on the purpose of the study, in this way making sense of the research findings and answering the following primary research question:

What are the perceptions of the roles and responsibilities of caregivers in children's homes?

Subsequently, the secondary research questions of this study are addressed:

- *What do caregivers understand as their roles and responsibilities? How do they implement them?*
- *What sources of support are available or not available to help them cope with these roles and responsibilities?*

The chapter begins with a presentation of the central findings of the study and an examination of how these findings address the above research questions.

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Furthermore, I deliberate on the limitations of this study, its contribution to scholarship concerning institutional caregiving, as well as making recommendations for further research.

5.2 FINDINGS OF MY STUDY

Figure 5.1: Summary of roles and responsibilities of caregivers

The figure above summarises the findings of my study, thereby summarising the relationship of caregivers' perceptions regarding their roles and responsibilities. Caregivers view these as fundamental to the healthy functioning and development of vulnerable children; this perception concurs with findings of the study conducted by Razavi, and Staab (2010) which found that caregivers view themselves as service workers who are responsible for providing interpersonal relationships and nurturance to children, despite the lack of training in performing these duties. Similarly, caregivers in this study view their additional roles, beyond those of the provision of basic needs such as food, cooking, dishing out for children and overseeing the hygienic maintenance of children's surroundings and clothing, as based solely on their perceptions of what the job requires. Their perceptions of these extra roles are based on the fact that they never received any orientation, on- going formal, or

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on the job training or developmental supervision as prescribed by The Blue Print on Minimum Norms and Standards of Secure Care facilities in South Africa (2010).

Furthermore, findings indicate that caregivers in this study attempt to create a family-like environment in the children's home, similar to that described in the study conducted by Niemetz (2011) at a Chinese orphanage. In creating such an environment, caregivers in China were found to carry out their roles and responsibilities to accomplish most of the roles functions dimensions and tasks of healthy family functioning as described by Epstein *et al*. (2003) in the McMaster model of family functioning. In addition to providing resources, nurturing and supporting, maintaining the family system as well as managing the development of children, caregivers mirror the roles function dimension of the McMaster model by sharing responsibilities amongst themselves; following basic and common routines and structures, as well as allocating different tasks to children in their care. During this study it became evident that caregivers perform their roles and responsibilities in accordance with the prescriptions of the macro (international prescriptions) and the exo (national prescriptions) systems of caregiving. It also became evident that they perform their duties efficiently, despite the challenges that they experience, posed by the meso system, as well as their personal challenges.

5.3 ADDRESSING MY RESEARCH QUESTIONS

5.3.1 PRIMARY RESEARCH QUESTION

- ***What are the perceptions of the roles and responsibilities of caregivers in children's homes?***

The findings indicate that caregivers perform their roles and responsibilities to mirror the functions of a family as driven by their natural instinct and personal experiences as women and homemakers. They viewed their primary roles and responsibilities as ensuring that the children are provided with basic resources such as food and perform this role by ensuring that children are fed during meal times. Furthermore, their view is that they are responsible for overseeing the hygienic maintenance of vulnerable children and their surroundings. One could assume that their perceptions regarding their roles and responsibilities are influenced by their societal roles of women and mothers, as also established in the study that was conducted by Razavi,

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and Staab (2010). Similar assumptions concerning these roles are expected in most African cultures where women assume the roles of homemakers responsible for nurturing and caring for children while men assume the responsibilities of ensuring that resources are available to enable women to carry out these roles.

Provision of basic resources:

Caregivers view the provision of basic resources as their main responsibility and as a role that they spend most of their time performing. They view themselves as mothers to vulnerable children, using this term because they regard themselves as playing a motherly role to these children. Therefore they may be said to perceive themselves as being responsible for ensuring that children are fed and looked after at all times, including during play time. Although the caregivers are not responsible for buying food, they are responsible for its preparation and the feeding of these children. However, findings of this study did not provide an indication that caregivers provided one-on-one attention to children even when feeding them. This finding is in line with a study conducted by Levin, and Haines (2007) which found that even though caregivers at children's homes based in South Africa were found to have some physical contact with children and this occurred mostly during meal times, there was little individual attention given to them. In addition to feeding the children, caregivers oversee the children's personal and environmental hygienic maintenance. Caregivers in this study seem to be comfortable in performing this task as it replicates the basics of child caregiving as they perform it in their own personal lives for their families.

Nurturance and support:

Caregivers view themselves as the main sources of nurturance and support for the children that they care for as was also established in the study conducted by Razavi, and Staab (2010). One may deduce that this view is driven by the caregivers' understanding that most of the vulnerable children that are in their care might never experience parental love, care and nurturance, thereby impelling them to love vulnerable children as their own. In providing parental support, caregivers view emotional support and reassurance as an important aspect of their roles and responsibilities and as a motivation for them to perform their duties to the best of their abilities. They, in addition, carry out this responsibility by ensuring that they participate in some of the children's important life events and devote some time to

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spending quality time with the children. Caregivers seem to have knowledge of the benefits of nurturance for children despite feeling that their knowledge is limited and may be enhanced through on-the-job training and development.

Development of children:

Caregivers in this study view themselves as important contributors to the personal, social, educational and vocational development of the children that they care for. Vulnerable children, just like all other children who grow up in families, go through different phases of development and they need to develop in different aspects of their lives. Caregivers thus impart personal values and morals to children and use their own spiritual beliefs to teach them socially acceptable behaviours. Furthermore, caregivers provide support and guidance for educational and career development. They assist children with their schoolwork and motivate them to achieve optimum academic performance for future success. Caregivers demonstrated having an understanding of the social and educational developmental needs of children as suggested by Miller *et al.* (2003), who found that an understanding of children's developmental needs helps in the provision of better quality and relevant caregiving.

Maintenance and management of children's home as a family:

The caregivers viewed themselves as being responsible for managing and maintaining the children's home as a family system. This extends from managing and monitoring children's health and administering medication to those that need it, through to managing and coordinating the daily activities that include relationships with external social interactions as well as those with their families of origin. In addition, caregivers are responsible for managing and coordinating daily routines of children, including implementing disciplinary measures to the best of their abilities. However, this task seems to be performed with a degree of frustration, as caregivers do not possess sufficient skills to implement disciplinary measures nor do they believe that the current measures that they are expected to use are effective. This could be aggravated by their lack of understanding of the effects of corporal punishment on children, which is their preferred means of discipline. Caregivers further communicate with multidisciplinary teams of professionals regarding the physical and emotional health of vulnerable children as prescribed by The Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa (2010). However, the view of caregivers in this study is that their duties regarding

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the health of children are carried out as a favour for the children, implying that this task is not performed as a fundamental one. This perception is in contradiction to the role functioning dimension of the McMaster model of Epstein *et al*. (2003), and this might affect the healthy functioning of the caregiving system.

5.3.2 SECONDARY RESEARCH QUESTIONS

- ***What do caregivers understand as their roles and responsibilities? How do they implement them?***

Caregivers understand their roles and responsibilities as those of homemakers and basically implement these in the same manner as they do in their own families. In addition, newly employed caregivers perform these in the same way as they are performed by caregivers who have been working in the children's home for an extended time. The fact that all the caregivers at the children's home are females who have their own families and children comes as an added advantage for their understanding and implementation of these roles and responsibilities.

In addition, the social context within which they live influences these caregivers' understanding of such activities which are understood in the context of the roles that women, as mostly homemakers, have to assume in the global context. The caregivers understand that all children have the right to parental care and they provide it within the prescriptions of the International Convention on the Rights of Children (1989). However, caregivers in this study seemed to perform their other duties on a trial and error basis because they mentioned that most of the time they are not confident that they are working as expected, seeing that they do not receive any performance appraisals or developmental supervision. This may be attributed to their view that the caregiving institution employing them does not acknowledge their efforts: it only reprimands them for their mistakes but never acknowledges their areas of good performance. They however endeavour to continue to do their best, as mentioned earlier.

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- ***What sources of support are available or not available to help them cope with these roles and responsibilities?***

According to the participants in this study, institutional caregiving comes with a variety of daily challenges that they need to overcome. The lack of training and the lack of understanding of the requirements of caregivers' responsibilities seem to be a major aspect that causes dissatisfaction and lack of confidence. Caregivers hold the view that the institution that employs them does not understand their daily experiences and difficulties and therefore does not provide them with the support that they need as suggested in research conducted by Taylor-Richardson *et al*. (2006). The study found that in view of the stresses that caregivers experience in their daily duties, it is important that employing institutions understand their challenges and plan interventions to support them. These challenges have a negative effect on their ability to perform their roles and responsibilities effectively and the lack of training opportunities contravenes The South African Blue Print, Minimum Norms and Standards for Secure Care Facilities in South Africa (2010). My observation was that although they perform their roles and responsibilities as expected, they lack self-worth and confidence in their performance and feel devalued as a result.

Furthermore, in line with the study conducted by Razavi, and Staab (2010) that suggests that caregivers view themselves as employees and perform their roles and responsibilities within the required limits in order to fulfil their contractual duties, caregivers in this study view the children's home as their work environment and mention that they are demoralised by the fact that management at the children's home does not acknowledge their efforts. They added that the management is predominantly child-centred and not supportive of their needs, resulting in them performing their duties just so that they can retain their jobs. This is despite the fact that they mentioned that they are committed to giving care to vulnerable children and love what they do. They have thus resorted to looking towards each other and other professionals working at the children's home for support. However, they indicated that they would like a work environment that can at least provide them with an opportunity to voice their concerns and challenges, as they are currently not allowed to hold meetings or communicate with management in meetings, resulting in top-down discussions.

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5.4 STRENGTHS OF MY STUDY

The literature review process brought to light the reality that limited research has been conducted on institutional caregiving; with most literature on caregiving focussed on community based caregiving as well as caregiving of elderly and terminally ill people. My review of the topic may have been limited by this realisation; however, it justifies the need for further studies to be conducted in the field of institutional caregiving.

My study demonstrates the strengths of a qualitative research study in that it used different sources to collect data, which triangulated the data that were collected and increased the validity of my study. The data collected from the three sources that were used for this study constituted rich descriptions of the perceptions, experiences, meaning and understanding of caregivers regarding their roles and responsibilities. I used open-ended questions to gather the data, thereby gaining the opportunity to probe the participant's responses.

I consider the fact that data was collected from a small group of participants as a further strength of my study. The time that I spent with this small group allowed me to derive rich and detailed information whereby all participants had the opportunity to participate and contribute to the discussions. This made it easier for me as a researcher to observe the group's non-verbal communication.

5.5 LIMITATIONS OF THE STUDY

The following limitations of this study were observed:

- This study was conducted on a small group of solely female participants who work at a children's home that is based in Pretoria, thereby implying that the results should not be generalised without caution. The results are therefore gender specific and cannot be considered to refer to a representative sample of the population of all caregivers in South Africa, as it excludes male caregivers. A study that was conducted by Niemetz (2011) found that a caregiving environment that includes males who play the role of a father figure strengthens the creation of a family-like environment as both males and females become parental figures to the children. I found this to be an interesting finding that still needs to be explored to examine

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the similarities and differences between caregiving environments that include males and those that exclude them.

- The research population consisted of only black females and did not represent other cultures of the South African population.
- The study was conducted in one caregiving institution alone, therefore its findings cannot be generalised across all caregiving institutions in South Africa. However, these findings and recommendations maybe used as the basis for further research and contribution to the literature on this topic.

5.6 CONTRIBUTIONS OF MY STUDY

The results of this study contribute to existing literature on institutional caregiving in South Africa by informing literature on views and experiences of caregivers regarding their roles and responsibilities within the context of a children's home that is based in a township. The geographic location and context of the children's home where this study was conducted could be viewed as being similar to the majority of places where children's homes are located and where the challenges of orphan- hood are on the increase. The insights emerging from this study thus provide rich information on caregiver activities within the family systems theoretical framework, whereby vulnerable children could be provided with an opportunity to experience a family life. This should therefore contribute to expanding the literature on the growing need for institutional caregivers in South Africa that is brought about by the increase in the number of vulnerable children.

The outcomes of this study indicated that caregivers were interested in and committed to the role of caregiving, which most of them undertook even prior to being employed at the children's home. This finding therefore indicates the need for caregivers to be trained in caregiving skills and to be employed as professionals in this field. The training might provide them with a sense of importance and empower them to deal effectively with the diverse challenges that they are facing, and consequently, to be effective in facilitating the development of vulnerable children and fulfilling their roles and responsibilities beyond the prescribed procedures and practices.

Findings of this study could contribute to empowering institutions that employ caregivers to mobilise the support of caregivers and other community structures to

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establish collaborative relationships through communication. This approach will conform to the African cultural norms and values where decisions and responsibilities of child caregiving are shared and viewed as the joint responsibility of all adults. My view is that this will further guide management and caregivers by providing guidelines for professional communication standards within a cultural context where authority is expected to be respected but not feared.

5.7 RECOMMENDATIONS FOR FURTHER RESEARCH

In order to transfer findings of this study to different settings, it is recommended that similar research be conducted using a larger sample of caregivers within various caregiving institutions. Furthermore, research needs to be conducted with male caregivers as participants to explore gender differences in caregiving and to gain a perspective on males' perceptions regarding their roles and responsibilities as caregivers. This exploration could determine whether the existence of male caregivers can benefit the discipline issues arising for children where the former act as role models for boys and authority figures in a family setting.

Further research on the roles and responsibilities of caregivers from different cultural groups needs to be conducted to compare findings and establish whether the findings of this study are universal to all caregivers. The comparison of these findings could be used to better understand the different procedures and practices of a diversity of institutions in order to identify practices that are and those that are not successful.

In addition, the experiences of vulnerable children who grew up in children's homes should be explored to evaluate the effectiveness of institutional caregiving. There is a further need for the development of training programmes that will be standardised for the advancement of institutionalised care giving skills. Training programmes that include stress management, effective communication skills, child development and the needs of children at different stages of development and basic counselling skills may benefit caregivers. Furthermore, there seems to be a need for the development of guidelines for caregiving institutions as to the support needed for caregivers to be able to perform their roles and responsibilities effectively.

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5.8 CONCLUSION

The findings of this study indicate that the caregivers' views regarding their roles and responsibilities are largely aligned with most requirements of the caregiving activities as prescribed by literature and recommended by research conducted on the subject. These responsibilities remain an important cornerstone in the role of caregiving as there is an increasing need in society to care for vulnerable children. There is a further increased need for professional caregiving skills development that can be tailor-made for the South African context. It is thus important that caregivers are trained in the knowledge and understanding of the important role that they play and become equipped to deal effectively with the needs and challenges of vulnerable children, most importantly with respect to disciplining them. In addition, findings indicate that caregivers need continuous support and intervention programmes from the institutions that employ them.

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APPENDICES

APPENDIX A:

Declaration of originality, Focus group questionnaire

APPENDIX B:

Excerpts from transcripts

APPENDIX C

Ethics Clearance Certificate

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APPENDIX A

Declaration of originality, Focus group questionnaire

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DECLARATION OF ORIGINALITY

I, Ditlhokwe Anna Mosia (student number 29173656) hereby declare that:

“Perceptions of the roles and responsibilities of caregivers in children’s homes”

Is my own work and that all the resources that were consulted are included in the list of references.

_____

D. A. Mosia

2014

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Draft Focus Group Interview Questionnaire:

Introductory questions:

1. When did you start working as a care givers?
2. Tell me what made you decide on becoming care givers?
3. What did you know about being care givers when you started?
4. Were there specific events that led you to become care givers?
5. How would you describe yourselves in the lives of the children and each other?
6. Can each of you describe the person that you were before you became a care giver and the person that you are now
7. What does being care givers mean to you?

Intermediate Questions:

1. What are your general roles and responsibilities as care givers – as you understand them?
2. Tell me how you each go about your day to day duties as individuals and as a team – your typical day?
3. What are your responsibilities in relation to the children that you take care of?
4. In which ways do you show the children that you care about them?
5. What are the positive aspects of your roles as care givers?
6. How do these aspects make you feel about your role?
7. What are the negative aspects?
8. How do these aspects make you feel about your role?
9. How do you handle/deal with the negative aspects of your role?
10. What have you found to be helpful to you as individuals and as a group in executing your roles and overcoming these challenges

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Ending questions:

1. What are the different types of support systems that are in place to support you in your roles as care givers?
   - Personal level support systems
   - Work related support systems
2. How do you as a group support each other?
3. If you could, which changes will you introduce in your roles?
4. What do you know now about yourselves as care givers – Individually and as a team that you did not know before you became care givers?
5. Is there anything that we have not discussed in this session that you feel that we should have discussed?
6. Are there any questions that you would like to ask me regarding the interview or other parts of this research?

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APPENDIX B

Excerpts from transcripts

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Kesh		*Good morning again ladies, welcome. Thank you very much for making time again today to meet with us. I hope you are excited about this project like we are. Are you? Do you remember the last time we did the few questionnaires? Do you remember that? Okay. So today we have those questionnaires here and we'll go through it with you, but based on your responses in those questionnaires, we are going to talk to you. The students are just going to talk to you about what you do here as care workers. Therefore we have chosen only you because you work directly with the children. Alright? So we want to know about what it is you do with the children, how do you manage. When you have stress in your lives what do you do about it? Who helps you, who supports you. So it is a very open discussion, right, so we want you to relax, be comfortable and speak openly because this is confidential information. It means that we are not going to say your names according to who said what. So what you see here is a recorder, the students are just recording our conversation. They are making a recording of it for their purposes, for what they are doing for research. Right? The purpose is that we want to understand what challenges you are experiencing, what is hard for you, what is good for you in the job that you do, so we can help you further. That's the main reason for this. Okay. When I say it is confidential I mean that the information you give us we are going to use the information at the*	

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		University to help people in similar positions like you. However we do not put your name down in whatever we write. Okay So we will just say participant 1 or participant 2, we won't say it's Maria or Rachel or whatever you said. That is confidentiality. Okay everyone?	
Lolo		*I just want to mention that if there is anything that is being said that you don't understand, I am here to translate. If anybody says a word that you do not understand, or anything, or you feel that you will be able to express yourself better in another language you are welcome.*	
Kesh		*Okay, so you are welcome to speak whatever you are comfortable with speaking. And please free to talk, no one's going to judge you, no one is here to criticise you, no one's going to say that you are right or you're wrong. We just want to hear each of your views, okay? So when my students ask questions, anyone, you just feel free to talk like you're having a conversation and a discussion. There's no right and wrong answers.*	
		Chereen, you want to start with one or two of your questions.	
Cher		*One of the questions I want to ask you is what do you enjoy about your work, the work that you do with the children, the work at the center? What is it that makes it enjoyable? Why do you come to work every morning?*	

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Kesh		*Perhaps let's take a step backwards.*	
P1	1	It's because, if you love kids, that's why you come	Love
	2	to work. There are so many work which we can do	
	3	but because you love kids that is why we are here.	
Kesh		*She says because she loves kids. Anyone else? What do you think ...? What makes you get up every morning and come to work?*	
P2	4	For the kids.	
Kesh		*For the kids. What is it about the children that you love? Do you like to take care of them? Do you like to play with them?*	
P2	5	Yes, I like to take care of them.	Love
Kesh		*I am going to go back to Lolo's... yes, you can ask.*	
Lolo		*What did you do before you decided to become caregivers, before you decided to come and work with the children?*	
P3	6	Me, I was staying at home and I did love the	Love
	7	children. The neighbours brought their children to	
	8	our house, especially the grandmothers. The	
	9	pensioners did go to get money for pensioners,	
	10	and they did ask me, especially during the school	
	11	holidays because I love the children. I love playing	Love + Plays
	12	with them. Sometimes we play games, you see I	
	13	love children. It was like a day care but I did not	
	14	know whether I was going to be a caregiver or	
	15	what. It was I was born like that. My sister went to	

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	16	school and at that time she had three children,	
	17	and I was looking after them. I was going to	
	18	school but looking after their children. It was two	
	19	girls and one boy. I was loving them and	
	20	sometimes I would put water in a big bowl and we	
	21	were playing games like that, like swimming.	
	22	Every day in the morning I made their lunches and	
	23	put them there. And after that, my mom's	
	24	employer she was coming to my mom's home.	
	25	She said that I love the children and after that	
	26	when I finished my matric, she asked me if I	
	27	wanted to work with the children and what not. I	
	28	said to her I wanted to work with the children.	
	29	Before that I had a job as a domestic worker, they	
	30	had the children there, I went there to work. I	
	31	worked there for a year. And after that she took	
	32	me to the college, my mom's employer, to do a	
	33	course for educare. And after that, when I was at	
	34	school I was doing the practicals. Weekends,	
	35	Saturdays I must go and work with them and I	
	36	started working like that.	
Lolo		*And when did you start working here?*	
P3	37	Now it is three years. Before I came here, I was	
	38	working in Hazelwood, also as a caregiver.	experience as caregiver.
Lolo		*Anyone else?*	
Kesh		*That is wonderful, so you have a long track record of working with children.*	
P3	39	Yes.	

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Kesh		*Lots of experience.*	
P3	40	Yes. At that time I was19 years.	
Kesh		*You were 19 when you started?*	
P3	41 42 43	Yes, not when I started to work, when I started to work with the children. When they started to take the children to my mom's house.	
	44	*Yes.*	
P3	45 46	Yes, I was 19 years and looking after my sister's children.	
Kesh		*You have a lot of experience and you've got a qualification also.*	
P3	47	Yes, I've got a qualification, Educare.	
minah	48	*Alright.*	
Kesh		North Sotho 09:29	
P2 maria	49	Every Saturday (North Sotho).	
P4 dudu	50 51 52 53 54 55 56 57 58 59 60	I started working with kids in 2004. I was working for an organisation called Children (word unclear). I started to work with kids there because sometimes we do visits, you find out there is a need at home, so we just organised a group of kids so that we keep them busy after school. Some of them we were talking to them, sort of counselling. I can say that I'm a good counsellor, but I don't have a profession in counselling. Because there is a lot of kids that I have helped, even today, they have made my life better. I am	

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	406	that there are so many jobs outside. I can go and	
	407	work as a maid, you understand. But you find it	
	408	difficult to work as a maid. You say it's better that I	
	409	go there where there are so many kids and they	
	410	will irritate you. You are chasing one this side, the	
	411	other one will go that side. When you are coming	
	412	from this side, you will be running the whole day.	
P6	413	If maybe they are playing there, you go and play	
	414	with them, they go that side. If you go to them you	
	415	go that side but they do not want to. We have to	
	416	monitor them all the time but they do not want	
		that.	
P6			
	417	And sometimes they will tell you that, why do you	
	418	take care like we are small kids? We are big	
	419	enough, just leave us. And then you want to see	
	420	what they're doing, but they don't want. Some of	
	421	them say I'm not a child.	
P7	422	Sometimes they used to say, you Mama, leave us	
	423	to enjoy our childhood.	
Lolo		*So what are your main responsibilities when it comes to these kids? I hear that discipline is one of them? What other roles and what other responsibilities do you have when you come here every day?*	
P8			
	424	Taking care of them, cleaning them, feeding them,	
	425	taking them to the hospital, to doctors, give them	
	426	the medication, cooking for them during the	

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		weekends.	
Lolo		*Do you only cook for them during the weekends?*	
P8	427	Yes, during the week there is someone cooking.	
Lolo		*Do you help them with homework as well?*	Education.
All	428	Yes.	
Kesh		*And I hear also you are doing a lot of morals and values, you are teaching them those areas as well, discipline, how to grow up to be good citizens.*	Personal dev.
All	429	Yes.	
Lolo		*Do you offer them any counselling if they have a problem, if one of them is crying, they're emotional, they've had a bad day? Do you do anything like that, do you work on an emotional level with them?*	Emotional support
P5	430	Yes. If it is so difficult then the social worker will	support from social w.
	431	speak to them.	
Kesh		*So if a child is being emotional or is crying or is hurt about some deeper feeling, they're feeling sad or upset. How do you handle it? What do you do?*	
P6	432	Upset by someone?	
Kesh		*Yes.*	
P6	433	We call that kid and tell him to say sorry to her.	Type: Emotional support
	434	When he says sorry you feel much better.	

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Kesh		*And if a child is, for example, if you talk about family or they miss their parents who are not here any longer and they feel sad inside of them. So what do you do then?*	
P1	435 436 437 438	Ah but for that period (inaudible). You can't see the child complaining that you are using me because I don't have my parents. They have got no knowledge of it.	
Kesh		*But what I'm hearing is that the children here are much younger. Is it the same at Bakwena?*	
P4	439 440 441 442 443 444 445 446 447 448	For us it is difficult because now they are teenagers, you know. If you talk to them they will just today, tomorrow back to square one. And then sometimes if you are trying to sit down to talk to them they will just say (inaudible) you are not my mother. Sometimes you feel that you can help her but it is so difficult with the teenagers. More especially when she's got a boyfriend. She won't listen, really. She will just tell you that, you know, you have your own girl or boyfriend. (Inaudible)	
P4	449 450 451 452 453 454 455 456 457	I have this problem on February 14, Valentines Day. When they can back to me on Wednesday they said to me hello Mama. I said hi. You know what, it was on Friday we were coming. If you know that you don't have a Valentine just go to your room and close the door and leave us alone. I was like what may even happen. I had to shout what if maybe they are going to become serious. Did you hear us, today is that day. You see some	

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	458 of these things you can't handle with them, you 459 must to find a way to handle them. So it's so 460 difficult. (Inaudible)	
Lolo	*So, on a day to day basis, what do you do when you come here? What is your day to day routine? Tell us about that?*	
P6	461 We bath them in the morning, we give them 462 breakfast, if there is someone who is sick, we take 463 them to the clinics and the hospital. Things like that.	
Lolo	*And then you work until what time?*	
P6	464 From seven to seven.	
Lolo	*Then you wait for them to come back from school, or during the day, what happens?*	
P7	465 During the day, when they come from the school, 466 they have school homework. We give them 467 snacks and bath them in the afternoon.	
Lolo	*So what part of all that you do in a day do you find stressful? What part of your work is it that you don't like?*	
P7	468 We are playing and it's time for supper, when you 469 call them, the big ones don't want to come. They 470 continue to play. They eat at five o'clock and then 471 on TV there is something like Dragon Ball Z. The 472 big ones don't want to come in. They say Mama 473 we are sharp. They want to see that Dragon Ball Z 473 and stay until half past five and by that time you	

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	474 475 476	have to take the dishes and wash. After that, at six o'clock you have to give them medicine and then bath them until seven o'clock. So we have a problem.	
Bar		*It sounds like you guys talk a lot about the behavioural difficulties and getting the kids to listen and getting the kids to come for supper, all those things. It does sound like you do deal with a lot of different things here. How do you think you are able to continue working here? How do you think you are able to come back every day and say I am coming back to work? What do you think?*	
Lolo		*You said you like the children, but what gives you strength?*	
P8	477 478 479 480 481 482 483	Sometimes, like maybe I am working with Maria, and they listen to Maria. If Maria says hey, come here, they will come but if maybe I'm working with Lena they are not going to listen to us. Even if I can scream they will look at me like this and continue playing. It depends on the Mama's, they don't respect all of us.	
P5		North Sotho 44:25	
Lolo		*What makes you think they respect of will listen to others and not listen to others?*	
P8		North Sotho 44:34	

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Individual interviews

Interview 1

Q: So you are saying that you have been working as a caregiver for 5 years now?

A: Yes

Q: what did you know about becoming a caregiver before you started working?

A: I knew I have to take are of children, feed them, bath them and also play with them

Q: so you knew what was expected of you before you started?

A: yes, except for taking children to the doctor or clinic. I thought that doctors come to the shelters and help children.

Q: what motivated you to become a care giver?

A: the thing is I worked in a shop for 19 years and when the contract finish I did not want to work or see myself working in a shop again.

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My sister works at a crèche; I sometimes went there to volunteer by helping her. I also find children interesting, I like how they do things and how the interact. That's when I started loving to work with children

Q: in terms of all other responsibilities mentioned are there any others that they did not mention and are there any responsibilities that do not belong to you?

A: no I do everything

Q: as an individual in terms of responsibilities, how do you take care of them?

A: sometimes, we ask older kids to wash dishes and we do pots. But when they refuse I do not force them whereas others force them. As for me I do not force them, I just let them go because they make us fight with them. Sometimes only one come and wants to help and in let them

Q: what is positive aspect about your job?

A: is to do my job perfectly

Q: what is negative about your job?

A: Sometimes you feel like sitting but since children are sometimes uncontrollable, they go up and down, and having to monitor them is too much strenuous.

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Q: is it all of them who you monitor or certain ages?

A: it's all of them, they love going to place where they are not allowed to go.

Q: how do you handle negative aspects of your job?

A: I force to, because if I could lock the door I was going to do it. They are like this; they do not want to play where mama is next to them. They prefer being away from mamas

Q: what have you found as beneficial to you as an individual?

A: I always volunteer, if there is too much work and other mamas are asking for help I always help, I am always there for everyone. At time where I see that someone is waiting time doing something I make sure I am there to assist.

cooperation of caregivers

support for one another.

Q: is there anything else that you want to add with regard to everything that we have mentioned so far?

A: there is nothing much but another thing that I am supposed to do is to conform to rules and regulations. For example like now its 1 pm, we need to cook for the children there is no way I can say I do not want to cook.

Q: how do you feel about being obliged?

A: according to our job prescription, we are not allowed to dispute any protocol and again I have signed a contract which binds me to

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	conform. **Q:** do you have any question, clarity or something? **A:** no **Q:** if you can mention your duties, what is it that you do as an individual? **A:** I cook during weekends, care for the children, feed them, bath them, sometimes help with home works, after eating snack, I also check monitor them when they play so that they will not get hurt of hurt each other. If I am working nightshift I make sure that the following morning they get porridge. "Thank you so much"	

	Interview 2: **Q:** you are saying that you are 50 years old and you have been working for this organisation for 14 years now?	

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A: yes

Q: What are your individual responsibilities?

A: I started working with these children when they were still infants. I feed them, wash, prepare dummy bottles and pack them in the fridge. For school goers, I also wash them, feed, wipe them after eating, make sure they are well seated when eating, do their beds and supervise school goers before the leave for school we also make sure lunch box are prepared.

Q: who prepares lunch boxes?

A: nightshift mamas do that. When they are gone to school we remain with the younger once and feed them too, wash dishes, and at 8h30 we wash their dishes, pack the wardrobe and clean up where they play and sleep, and if the cleaner is not around cleaning remains our duty.

Q: what else do you do?

A: whenever the transport did not come fetch them to school, I walk them and later on I go to school to fetch them. I also look after them when they play and teach them.

Q: what do you teach them?

A: I teach them songs and games

Q: what else do you do in terms of responsibilities?

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A: if it two of us, we wash their tooth brushes and cup and also wash hair brush. Sometimes we go fetch medication and stay with them at hospital. Sometimes we take them to academic, when there is no transport you have to catch a taxi and take them there and stay there up until they finish helping them. You can not come back before a child get what they went there for.

Q: what do you find interesting about your job?

A: working with kids is very interesting and I do not like to work in a situation where I am pushed to work fast or something, I like doing my work at my own pace. I do my work with care and dedication. I also do not like t complain to the managers about the children, I make sure I solve problems we are having person ally since I also have my own biological children who are even old.

Q: what are negative aspects of this job?

A: sometimes it is hard and since we are mamas we have to do everything and I feel like the work load is too much but since it's my obligation I have to do it.

Q: how do you feel?

A: it feels so bad.

Q: do you feel like you ca do something about it or you are just helpless?

A: I feel helpless, when manager is there, she wont say let me go

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fetch kids at school since she has a car, she just seat and watch me go fetch the on foot.

Q: do you feel like she gives you support that you need?

A: No, because it is our duty to go fetch children at school she does not care if there is transport or not, she takes it as our obligation.

more support from manager

Q: is her support only based on fetching children at school?

A: our manager is so impatient, because she does not want to e involved in our working business although it concerns the organization, this makes me feel lack of support. Sometimes when children are going out or we are having visitors she will tell us late them make us run around trying to make sure that things are done accordingly. Another thing is mostly a child comes here and they do not tell us about the child health because when I take the child to the doctor we become fools because we do not know who the child is and their health statuses. We need to know this thing so that we can account for these children.

lack of support from manager -Communication

Q: are there any other responsibilities that you do which you did not mention?

Personal dev. – hygiene.

A: as for teenager you need to supervise them. I frequently tell them that a woman has to be clean because she will smell bad. I also teach the how pads are used and how to take care of panties, when panties are dirty form menstruation they have to wash them not to give them to washing ladies. A for guys, I advise them to start

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shaving, they are old now, mostly I tell them not to bath in presence of the young ones. When I am working night shift I awake older ones to wake up and bath or I start with the young ones. As mamas our teachings are different, you find old one going to school with terrible hair, I tell them no ,you can not go to school with such hair. I tell older once to respect and act in a good way so that younger ones can learn forms their good deeds. After eating, the older once wash dishes and young once dry them. They have to learn how to do this thing because they are old now. I we do not teach them we will be killing the.

Personal dev.
social dev.
Personal hygie
Ben. control
Assign roles

Q: in terms of teens what other things do you do for them?

A: there is a time where we teach them about church and how church operates. Church will teach them good deeds and keep them away from streets because in streets they will sniff drugs. We also advice them about how to be successful and show them practical examples of successful young people so that they can be inspired. We also need to know if children have to do certain things at school.

Personal dev.
spiritual dev
Personal devel
careers + life

Q: are you the once who are informed if there is a programme at school?

A: yes, they inform us through letters saying certain children will come back home late because they will be busy doing certain things or activities. If the child comes back home without a letter we get worried.

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Q: is there any other thing that you do as mama to help these children?

A: every time we had new people I was the one who was orientating them on their duties. I am happy to do this work and many of the mamas who are working here I helped the to adjust to the situation.

Q: is there any other ting you would like to share?

A: it seems like there is no love among us as mamas. People gossip about each other and I do not like that. I do not like situations where people lie about others by saying someone was bad mouthing about me. What I do in those situation I go ask the person who was referred to. I speak my mind, that's how I am.

Q: can u speak in management meetings?

A: no, we have never got any invitation from them. We are also worried about this situation, why can't they invite at least one of us so that she can hear what they are talking about. They sometimes have a meeting with a social worker and the cleaning lady; they exclude us as mamas while talking about the children who we know more/best about than they do.

Q: is there anything we did not touch on?

A: its about discipline, they are growing and they need to be told the truth. As for me when children get hard headed, I let them do it and

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	I: Ok mothers, can we talk now? What do the pictures you have just pasted mean to you? Especially with regards to the roles and responsibilities as you see them? Let's start by what you see as your roles and the responsibilities, and then, when we are done we can talk about what is lacking, we will talk about the sources of support and how you cope… But for now, let's talk about the roles and the responsibilities. How do you perceive your roles and responsibilities, especially looking at this poster? Anyone who wants to talk is free to talk…	
1	**P1:** The love for the children, the understanding for children and for	Love for children
2	ourselves (one another).	
3	Understanding of each other	Relationship amongst caregivers
	I: What do you mean understanding for each other? Are you referring to you as women or…	
4	**P2:** In terms of understanding, we have to know each other, as to	Relationship amongst caregivers
5	how is this other one and the other one?	
	I: So, the understanding is for you as women?	
6	**P3:** There are some things which you need to know about the other	Support amongst caregivers
7	person you working with… this will enable us to know when one of	
8	us is not feeling good.	
9	**P4:** And also, another thing is that, these children when they have	
10	grown, they can easily come and report one of us, if we were talking	
11	about the other person.	
12	We have to love one another as mothers of this centre. This will also	Love among caregivers
13	make us to love these children. And also, when we fight or we	
14	angered by these children, I can easily got to one of my colleagues	
15	and talk to them. But when I am angry, one of the children might	

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come and try to play with me, and I will end up pushing that child away because I am angry.

P5: Caring, education and sharing things. How to help these children grow and develop them.

P6: Sometimes you find that there is something that I know I and the other one doesn't know… so we share whatever knowledge we have, if one of us doesn't know it.

P6: Education.

I: What do you mean by education?

P: We educate them on general staff about school, how to live outside the centre, life skills and encourage them.

P: We teach them the word of God.

I: Do you only motivate them in terms of school related issues?

P: We try to teach them about life issues…we discuss things like…especially teenagers and you educate them as to this and that is not ok.

I: So, what kind of topics to you discuss with them?

P: Just how to behave as a young girl, what kind of friends and how do you choose those friends, You sit them down, not like in an

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aggressive manner, but in a nicer way, and try to talk to them.

P: You have to teach them, because this is one of their developmental stages. You must try to show them that they are still young. Show them that they must not be involved in things like those, they must focus on going to school

Edu. development

P: You must also educate them that if they decide to run to those who tell them that they love them, they are going to lose out on schooling. Then they will end up with a baby and that the baby will suffer as the father will run away, and as a young girl, you won't have a source of income, and the baby will suffer. Stay away from those who lie to you and say they love you. Just focus on your schooling.

Physical edu.

P: We also teach them on how to take care of themselves as girls... I always teach them how to dispose pads. And you also explain to them when they start with their menstrual periods, what happens in their bodies, and what are they supposed to do. Because some will laugh at the others saying they are bleeding because they love boys and staff like that. So, our aim is to try and correct some of those things. This will also prevent them from feeling ashamed about the changes in their bodies...

P: When you have your periods, you must not be dirty and just leave your pad like that. We teach them that they must take it out if it's no longer comfortable and they must remove it nicely and throw it away. We don't want a situation whereby the school uniform is wet. Your periods are your secret.

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P: We teach them to value the word of God.

P: And also peer pressure

I: What about peer pressure?

P: They must not let their friends influence them in doing things or being what other people want them to be. They must be who they want to be.

social boundaries

P: We also teach them hygiene staff, on how to clean after themselves, after eating. We also wash the dishes with them, so that they can learn how to do them

clean

I: Let's talk about the pictures. I want everyone to tell me about the picture that you have pasted and what does it mean.

P: I like the way in which these women are smiling. They are showing signs of love, unity, and it then shows that whenever one of us has made a mistake, or offended by someone, they must approach that person and try to solve it amongst themselves, without going to the other women and tell the others. You must come and show me that I have wronged here, and as a human being I will see it and then we will laugh and be happy at the end.

love + unity among caregivers

conflict resolution among caregivers

P: That picture is mine. Just that when you come to work, you must not always be angry and shout at these children. Sometimes you must just play with them, and make them happy as if they are your own children whereby you will be satisfied when they are happy. They must feel scared when you come in, you must make them to feel free, and happy. Sometimes you can just crack a joke and the

Bch. control + anger Mngmnt.

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78	children must laugh. As a human being, you must leave whatever	
79	happened at home and focus on the children. Just wish that as	
80	women working with these children, can find a way of playing with	
81	these children. It's not going to be long, and soon you will be going	
82	home, so, one must enjoy their time with these children.	
83	**P:** Mine is over there… It shows us that we must always love these	Love children
84	children.	
	I: So, these are the things that you do with the children?	
85	**All:** Yes we do	
86	**P:** Sometimes when they cry, you comfort them, and show them that	comfort + Love children.
87	tender love you see.	
88	The other picture that I have cut, where a woman is carrying a baby	
89	in her hands, it just reminds me of how we work here. Sometimes	
90	we feel that these children need the parental love…of having both	Parental love
91	parents when they were still growing up. So, sometimes it is hurtful	
92	when you see a child pointing at a stranger passing by the road, and	
93	the child would be saying there is my father. Such things make you	
94	feel like these children wish to have known their parents.	
	I: In that manner, how do you then see your roles and the responsibilities to these children?	
95	**P:** We are there for them. Even though they do not have their	
96	biological parents, we are there to show them that we are there for	Present love
97	them. We show the love that they need.	
	I: How do you the comfort them?	
98	**P:** I may say when we bath them, dress them, feed them, and play	Physical caregiving

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APPENDIX C

Ethics Clearance Certificate

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UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Education

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	**CLEARANCE NUMBER :** UP 10/03/01
DEGREE AND PROJECT	MEd Perceptions of the roles and responsibilities of caregivers in children's homes
INVESTIGATOR(S)	Ditlhokwe Anna Mosia
DEPARTMENT	Educational psychology
DATE CONSIDERED	18 March 2014
DECISION OF THE COMMITTEE	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 Prof Liesel Ebersöhn

DATE 18 March 2014

CC Jeannie Beukes
Liesel Ebersöhn
Dr Funke Omidire

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

1. 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.

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