

THE NEEDS OF CAREGIVERS OF ABANDONED CHILDREN

BY

MMAPULA EMILY KGOLE

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SUPERVISOR: DR C E PRINSLOO

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DECLARATION

I hereby declare that this mini-dissertation is my own work and all the sources being used are indicated and acknowledged.

SIGNATURE:

DATE:

ACKNOWLEDGEMENTS

- I would like to praise and thank the almighty GOD for this incredible journey for turning my breakdowns into my breakthrough and for me to stand on the brighter side of every problem that I am confronted with across my life.
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DEDICATIONS

- The study is dedicated to my courageous late sister, Mokibelo Damaris Kgole whom, when I remember, I suddenly have the strength to work very hard. She opened my eyes for taking this study as she always love me and was there for my little daughter, Refilwe who regard her as her mom also. Thank you very much you will also be with us and remembered, It was God's will that you left us although it is so difficult to accept that you are gone but in our mind you are still with us.
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- Thank you for the support and courage, I will always love you.

M E Kgole

ABSTRACT
THE NEEDS OF CAREGIVERS OF ABANDONED CHILDREN

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MMAPULA EMILY KGOLE

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SUPERVISOR: DR C E PRINSLOO

The main purpose of this study was to explore the needs of caregivers of abandoned children in the Waterberg District (Modimolle area), Limpopo Province. The objectives of the study were to investigate caregiving and abandoned children in South Africa through literature study and consultation with experts, to gather empirical data on the needs of caregivers of abandoned children and finally to make recommendations regarding the needs of caregivers of abandoned children to the Department of Health and Social Development for intervention programs in the Waterberg District of the Limpopo Province.

The study was guided by a research question which was formulated as follows: What are the needs of caregivers of abandoned children? The qualitative research approach was used since the researcher aimed to explore the personal experience with regard to the needs of caregivers of abandoned children. The findings will be utilized to make practical recommendations for intervention programmes to the Department of Health and Social Development in the Waterberg District.

The population for this study composed of caregivers of abandoned children in the Waterberg District, Modimolle area. Semi structured interviews was conducted with (10) caregivers. Data was analysed using the following steps: collecting and recording, managing, reading and memoing, describing, classifying, interpreting and visualizing. Finally conclusions were drawn and recommendations outlined for intervention programs to the Department of Health and Social Development

KEY WORDS

Needs

Caregivers

Abandon / Abandonment

Child

Abuse

Neglect

Adoption

Foster placement

Roles

Attachment

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CHAPTER 1

INTRODUCTION TO THE RESEARCH STUDY

1.1 INTRODUCTION

In South Africa today there are many children who are either without their parents or whose parents' whereabouts are unknown. The high unemployment rate and family disruption lead to many parents abandoning their children. According to Brink (2000:17) these parents cannot provide in their children's financial needs. In his in-depth study regarding child abandonment that was undertaken during 1999, he indicated that child abandonment remains an ongoing, largely hidden problem in most regions of the country.

Over the past decade, grandparents have increasingly been called upon to raise their grandchildren because of family disruption and parental abandonment, or incarceration. According to Grant (2000:17) this can be stressful for grandparents who may not get financial assistance. The Sowetan Newspaper (2005:21) reported on abandoned children and social workers appealed to the community to assist in tracing families/relatives of those abandoned children. Moshe (2005) also indicated on the Third Degree Program on ETV, that parents dying of HIV affect many children and hence they become orphans.

It is the researcher's experience that many children who are being abandoned are staying with family members, friends or relatives who show concern and interest in their well-being. There are also people that really love children and who are able to foster them even if those children are not one of their relatives or close members of the family. Caregivers do however need support from their family members and the community at large, because they might experience social and emotional problems within the society in which they live (Sherr and Hackman, 2002:158).

The purpose of this study was to investigate the needs of caregivers of abandoned children in their care, in the Modimolle area in the Limpopo Province. The motivation for the study stemmed from the following aspects. In the preliminary investigation it came to the fore that little information regarding this topic was available. Sherr and Hackman (2002: 158) also indicate that there is little information to provide an understanding of the motives or psychological circumstances of mothers who abandon their children. In her workload, the researcher has observed and identified caregivers who are caring for abandoned children. Because of the lack of knowledge of child development and the lack of support these caregivers are struggling. Therefore, the researcher was interested in exploring the needs of caregivers.

The issue of HIV/AIDS is becoming a problematic situation because it leaves many families and children without their close relatives. There are more children who are abandoned than those who are with parents (Brink, 2000:17). Louw, Edwards, Oor and Liebenberg (2001:1-2) indicate that HIV/AIDS is a pandemic that influences everyone in all spheres of life. Children are affected either because they themselves have HIV/AIDS or a family member or a friend has HIV/AIDS. AIDS related deaths lead to a large number of children in South Africa being orphaned and abandoned and they will need care and support during the years to come (Louw *et al.*, 2000:2).

The researcher observed that caregivers are playing an important role in the children's lives. They should be supported and empowered by the community. The researcher was motivated by the lack of knowledge with regard to the caregiver's needs regarding abandoned children. Fouché and Delport (2002:127) indicate that reviewing literature is aimed at contributing towards a clearer understanding of the nature and meaning of the problem that has been identified. Hence literature research lays the foundation for good research.

Bates, Pugh and Thompson (1997:245) and Dantile (1999:128) confirm that needs of caregivers include social, emotional and financial needs. Bates *et al.*,

(1997:245-256) further indicate that caregivers need preventative training, support and supervision, to be part of the team, support groups, respite care, therapy for the abandoned children, counselling, transport and a social grant. Caregivers need services that will help them to interpret children's behaviour (Higley, Albus and Nutter; 2002:541). However Toseland and Smith (1991:561) indicate that caregivers need to learn to take better care of them, and to balance their own needs with the needs of others. Caregivers frequently neglect their own needs to fulfil their care giving and family and work responsibilities. It can thus be helpful to remind caregivers of the importance of their own health and wellbeing, to themselves and to all those who depend upon them.

The researcher's first step in the literature study was through contact with the Academic Information Service of the University of Pretoria, which accessed reading materials by means of computer searches that included:

- National and international sources.
- Internet sources.
- Literature from different disciplines (Social work, Education, Law, Sociology and Psychology).
- Media (Television, Newspapers).

The researcher could not find research on the needs of caregivers, hence leading to the exploratory study. Further investigation and consultations with experts were done to gather more information regarding the research topic. Since limited material on the topic was found, sources dating from 1990 were included in the study.

Consulting experts is very important regarding the topic for the research study. All the consulted experts confirmed the large number of abandoned children in the area and that there is a lack of knowledge on the needs of the caregivers. The researcher has consulted the following experts in the Modimolle Area:

- 10 March 2004. Mrs. A. Mahoai, a professional nurse in primary health care. She visits children and abandoned children staying with their extended families around the area and on the farms to give them health programs and support. She confirmed the need.
- 9 February 2004. Mrs. J.F. Botha, Chief Social Worker, Department of Health and Social Development, Modimolle area. It is her responsibility to ensure that the Acts concerning the children are applied and that the children's best interest is put first. She was consulted for her knowledge on child and family services. She indicated the need for legalising the care giving situations.
- 11 February 2004. Ms. M.M. Mashaba, Manager of the Office of the Premier, Waterberg District. She is responsible for the coordination of services and programs including children. She was consulted for her knowledge on programmes offered to children who need care. She indicated that the ORC (Office on the Rights of Children) deals with children and their needs, specifically abandoned children.

Consulting with the experts confirmed that the caregivers play a very important role by caring for the abandoned children and that the study would be very important for their needs to be addressed.

1.2 PROBLEM FORMULATION

Abandonment refers to the voluntary relinquishing of control over children by their parents or guardian/s, whether by leaving them somewhere, selling them, or legally consigning authority to some other person or institution (Boswell, 1998:24). Grant (2000:17) indicates that over the past decade, grandparents have increasingly been called to raise their grandchildren because of family disruption often due to parental abandonment, death or incarceration. This might be stressful for the grandparents who may not get financial assistance. Child abandonment remains an ongoing, largely hidden problem with HIV/AIDS being a contributing factor to child abandonment (Brink, 1994:17-18).

Caregivers caring for the abandoned children at their own homes might experience social and emotional problems within the community or society in which they live. They need to be empowered and supported for them to stay positive and to be able to positively raise those children.

Caregivers need to be viewed by the community in the same way as parents who are showing interest and are concerned about the children in their care. Caregivers are doing an important job but because of the situation and environment in which they might find themselves, it might be difficult for some of them to cope with caring for abandoned children. Their specific needs are however not known, thus having an impact on the support that they are entitled to.

The problems that need to be addressed are that many people in South Africa, and specifically in the Modimolle area in Limpopo province, have the responsibility to take care of abandoned children. No study or research on the needs of caregivers was found. These caregivers have needs, but the needs cannot be addressed without a clear knowledge of what they are. An investigation on the needs will thus give a foundation from where programs, resources and support can be planned and implemented.

1.3 AIM AND OBJECTIVES OF THE STUDY

1.3.1 Aim

The aim of this study was to explore the needs of caregivers of abandoned children in their care in the Modimolle area, in the Limpopo Province Waterberg District.

1.3.2 Objectives

The following objectives were formulated for the study:

- To do an investigation on care-giving and abandoned children in South Africa through literature study and consultation with experts.
- To gather empirical data on the needs of caregivers of abandoned children.
- To make recommendations regarding the needs of caregivers of abandoned children to the Department Health and Social Development for intervention programs and to address the identified needs.

1.4 RESEARCH QUESTION FOR THE STUDY

Newman (1997:121) defines a research question as the relationship among a small number of variables that have one or a small number of causal relationships. Fouché (2002:101) indicates that a research question has to delve deeper into considerations that determine decision-making. The choice of a research question relates to the fact that this is an exploratory study. Based on the fact that this would be a qualitative study, a research question was applicable. For the purpose of the study, the researcher formulated the following question:

What are the needs of caregivers of abandoned children?

1.5 RESEARCH APPROACH

Fouché and Delport (2002:81) differentiate between the qualitative and quantitative approaches. In the quantitative approach data is obtained systematically and in a standardized manner whereas in the qualitative approach the data source is determined by the information richness of the setting.

Both Bloom, Fischer and Ormer (1995:9) and Richard and Grinnell (1997:14) define the qualitative approach as a set of philosophical ideas and empirical methods for identifying and describing some human experiences based on spoken or written words and or observable behaviour, whereas Bonnie and Robert (1996:106) state that the qualitative approach seeks to understand

human experience from the perspective of those who experience them. The qualitative method of research pursues deeper understandings of human experience, as well as observations of theories that are not reduced to numbers (Babbie, 2005:295).

For the purpose of the study the researcher used the qualitative approach because the study focused on the personal needs of caregivers of abandoned children in the Modimolle area, Waterberg District in Limpopo Province. The qualitative approach is flexible and provides more personal information from the respondents in order to understand the meanings that people attach to their everyday lives.

1.6 TYPE OF RESEARCH

Neuman (1997:230) indicates that applied research tries to solve specific problems or help practitioners accomplish tasks. Theory is less central to them than seeking a solution to a specific problem for a limited setting. De Vos (2002:45) sees applied research as a collaborative activity in which social reality is studied objectively with the aim of gaining a valid understanding of it.

The type of research was applied research as its focus was on the needs of caregivers of abandoned children in their care. The knowledge gathered in this study will be used to make practical recommendations for effective intervention programmes.

1.7 RESEARCH STRATEGY

Hornby (1995:1179) defines a strategy as planning and/or imagining any affair. According to Fouché (2002:272) a qualitative research strategy differs inherently from the quantitative research design in that it does not usually provide the researcher with a step-by-step plan or a fixed recipe to follow.

Fouché (2002:272) identifies the following five strategies of inquiry or tradition that could be used to design qualitative research:

- Biography.
- Phenomenology.
- Grounded theory.
- Ethnography.
- Case study.

The researcher, for the purpose of the study, used the phenomenological strategy. The phenomenological strategy aims to understand and interpret the meaning that subjects give to their everyday lives. The phenomenological strategy describes the meaning that the experience of a phenomenon, topic or concept has for various individuals. The researcher should enter the subject's "life world" or life setting and place herself in the 'shoes' of the subject (Leedy & Ormrod, 2001:153 and Fouché, 2002:273). The researcher interviewed 10 respondents who were identified and have experienced the particular phenomenon to collect data.

1.8 RESEARCH PROCEDURES, DATA COLLECTION AND ANALYSIS

For the purpose of the study the researcher utilized face-to-face interviews with an interview schedule. Face-to-face interviews involve interaction between the interviewer and the interviewee where the purpose is to understand the interviewee's situation as expressed in his or her own words (Greeff, 2002:297). The researcher prepared an interview schedule and used it to gather information from the respondents.

The semi-structured interview is a guideline for the interview and contains questions and themes that are important to the research. The questions ensure that all relevant topics are covered during interviews and that the same topics are covered with each respondent (Greeff, 2002:302). The semi-structured interviews were conducted with 10 caregivers. The main advantage of an interview schedule is that it can provide a relatively systematic collection of information and at the same time ensure that important information is not forgotten (Greeff, 2002:303).

This method was chosen because it allowed the researcher to probe for more specific answers and to repeat a question when necessary. The interviews had a better response rate because the researcher was present to conduct the interview questions, to observe the non-verbal behaviour and to assess the validity of the respondent's answers.

De Vos (2002:339) sees data analysis as the process of bringing order, structure and meaning to the mass of collected data. The researcher followed the following steps as they move in a cycle when analysing qualitative data:

- **Collecting and recording data**

This phase involves planning for recording data in a systematic manner that is appropriate and will facilitate analysis, before data collection commences. The researcher practiced and cultivated habits for labelling audiotapes, carried extra batteries for the recorder and selected quiet places for note taking.

- **Managing data**

The researcher organised data into file folders and computer files. The researcher also wrote a transcript of an interview conducted either typed or by hand.

- **Reading and memoing**

After the organization of the data, the researcher continued the analysis by getting a feeling for the whole database. The researcher immersed her in the details, tried to get a sense of the interview as a whole before breaking it into parts (Strydom & Delport, 2002:343). During the reading process the researcher listed on note cards the data available, performed the minor editing necessary to make field notes retrievable and generally "clean up" what seemed overwhelming and unmanageable.

- **Describing, classifying, interpreting**

This phase is regarded as the most difficult, complex, ambiguous, creative and enjoyable phase (Strydom & Delport, 2002: 344). The researcher

focussed attention on data collected; the process involved noting regularities in the setting or people chosen for the study. Classifying involved taking the text or qualitative information apart and looking for categories, themes or dimensions of information. Interpretation involved making sense of the information collected.

- **Representing, visualizing**

This is the final phase where the researcher presented the data - a packaging of what was found in the study. In this study interviews were conducted in the indigenous languages as most of the population within the Waterberg District (Modimolle area) are speaking these languages. An audiotape recorder was used to collect data and transcribe it to paper. The researcher translated data from the indigenous languages to English before analysis and analysis was done according to the steps mentioned above. The data is presented in chapter four of this research report.

1.9 PILOT STUDY

The pilot study is one way in which a prospective researcher can orientate herself to the project she has in mind (Strydom, 2002:210). The purpose of a pilot study is to improve the success and effectiveness of investigation and it must be executed in the same manner as the main investigation is planned.

1.9.1 Feasibility of the study

Feasibility has to do with whether the study can be undertaken. The study was feasible since there is a high rate of abandoned children living with a grandmother, grandfather, brother, sister, aunt or uncle as care-givers within the Modimolle Area. The research costs included transport, stationery costs, materials for compilation of the written study and typing costs. The study was manageable, as it was conducted at the researcher's area of operation during working hours, and the respondents were part of the researcher's workload within the Department of Health and Social Development in Modimolle area.

The researcher contacted the Head of the Department of Health and Social Development, Mrs. JF Botha, in the Waterberg District, Modimolle area Sub Office, who gave her the permission to proceed with the study.

1.9.2 Pilot test of interview schedule

For the purpose of the study the researcher used an interview schedule within a semi-structured interview. As a pilot test of the schedule, it was used with two caregivers who were not part of the main study and who were staying in the Modimolle area in the Waterberg District. The schedule was adapted before the main study.

1.10 DESCRIPTION OF RESEARCH POPULATION, DELIMITATION/ BOUNDARY OF SAMPLE AND SAMPLING METHOD

A population refers to the entire set of objects and events or group of people, which is the object of research and about which the researcher wants to determine some characteristics (Bless & Higson-Smith, 2000:84). The researcher's population consisted of both male and female caregivers of abandoned children living in the Modimolle area. Bonnie and Robert (1996:115) as well as Newman (1997:201) define a sample as a subset of individuals selected for study, from among people or objects within a defined population.

The researcher, for the purpose of the study, utilized purposive sampling as a subtype of non-probability sampling. Purposive sampling is based on the judgement of a researcher regarding the characteristics of a representative sample (Bless and Higson-Smith, 2000:92). This study was purposive or judgmental in that the sample was selected on the basis of the researcher's own knowledge of the population, its elements and the nature of the research aims.

Bless and Higson-Smith (2000:92) indicate that non-probability sampling refers to the case where the probability of including each element of the

population in a sample is unknown. Non-probability sampling produced the best results as the researcher used an exploratory study. The researcher's sample consisted of 10 caregivers, both male and female, of abandoned children, caring and showing interest towards the children, in the Modimolle area (Waterberg District).

The following criteria were used in the sampling process:

- Gender: both male and female caregivers.
- Age: 25 to 65 years.
- Geographical area: Modimolle area (Waterberg District).
- Caregivers of abandoned children.
- Their spoken language should be one of the following namely: Northern Sotho, Tswana, Tsonga and English.
- They should be caring for one or more abandoned children.

1.11 ETHICAL ISSUES

In every profession there is a code of ethics that guides the professionals to conduct themselves in an accepted manner.

1.11.1 Informed consent

The researcher should give the participants a clear idea of what participation entails to protect participants from unknowingly getting themselves into a situation where they wish to back out once into the research, but feel unable to do so (Bonnie & Robert, 1996:31).

Strydom (2002:64) indicates that obtaining informed consent implies that adequate information on the goal of the investigation, the procedures that will be followed during the investigation, the possible advantages, disadvantages and danger to which the respondents may be exposed to, as well as the credibility of the researcher will be rendered to potential subjects or their legal representatives.

In this study the researcher consulted with the caregivers of abandoned children and explained to them the purpose, goals and motivation of the study to obtain consent from them to be the participants for the study.

The researcher verbally explained the relevant ethical aspects to respondents during a pre-interview before the empirical study commenced and let the respondents sign an informed consent letter in which they agreed to participation. The respondents were informed that they could withdraw from the study at any time.

1.11.2 Protection from physical and emotional harm

Respondents or subjects can be harmed in a physical or emotional manner. One may accept that harm to respondents in the social sciences will mainly be of an emotional nature, although physical injury cannot be ruled out completely (Strydom, 2002:64).

Bless and Higson-Smith (2000:100) indicate that the research might involve stress, discomfort or even harm to the participants, which they may not be prepared to tolerate. On the other hand the “suffering” may lead to positive and more general social benefits, thus, by explaining positive and negative aspects, co-operation can be assured.

Neuman (1997:446) indicates that a researcher should anticipate risks before beginning research, including basic safety concerns (safe building, furniture and equipments).

For the purpose of the study, the researcher ensured that she did not cause any physical discomfort and injury to the research participants. The researcher was sensitive to any emotional harm and discomfort to subjects. Precautions were considered and the researcher weighed potential harm against potential benefit by not asking respondents to recall unpleasant events they were not comfortable with. If any emotional discomfort arose it

would be handled during debriefing sessions or the respondents would be referred to the social worker in the area.

1.11.3 Anonymity, privacy and confidentiality

For the sake of scientific progress, many people are prepared to divulge information of every nature on condition that their names and identity are not mentioned or disclosed to other people (Bless & Higson-Smith, 2000:100).

Neuman (1997:452) and Bless and Higson-Smith (2000:101) agree that confidentiality generally does not constitute a serious constraint in research, thus names of participants can be omitted altogether or respondents can be identified by numbers instead of names. The respondents must be convinced that it will be respected.

The researcher made sure that the respondents' identities were not disclosed or accessed by other people and that their identities were treated with respect and protected. Strydom (2002:67) defines privacy as "...that which normally is not intended for others to observe or analyse". Hornby (1995:920) sees privacy as the state of being alone and not being watched or disturbed.

According to Neuman (1997:452) the researcher may violate privacy only at the minimum degree necessary and only for legitimate research purposes. The researcher protected information on research subjects from public disclosure. The researcher was aware that it is important to safeguard the privacy and identity of the respondents and acted with the necessary sensitivity where the privacy of the subjects was relevant.

Strydom (2002:67) views confidentiality as a continuation of privacy, which refers to an agreement between people that limits other's access to private information.

Confidentiality and anonymity usually go together. Confidentiality without anonymity means that information is not made public, but the researcher

privately links individual names to specific responses. Anonymity without confidentiality also means that all details about a specific individual are made public, but the individual's name is withheld (Neuman, 1997:453). Since semi-structured personal interviews were used to collect the data anonymity is not applicable. The researcher however ensured that information given was treated confidentially. The data collected was used for the stated purpose of research and no other person had or will have access to the empirical data.

1.11.4 Competence of the researcher

Strydom (2002:69) indicates that the entire research project must run its course in an ethical correct manner. An obligation rests on the researcher towards all colleagues in the scientific community to report correctly on the analysis of data and the result of the study. The researcher has successfully completed the theory and practice for her Masters degree in Play Therapy.

The researcher has done a thorough study and took the values, norms and climate in the community into consideration before the research study commenced.

1.11.5 Deception of respondents

Strydom (2002:66) and Nkathini (2005:36) describe deception of respondents as "...deliberately misrepresenting facts in order to make another person believe what is not true and violating the respect to which everyone is entitled". Neuman (1997:376) also indicates that deception involves the researcher assuming a false role, name, and identity or may mislead respondents in some way.

The researcher, for the purpose of the study gave respondents clear information about her role, name and identity. The respondents were respected and the information given during the interview was treated confidentially.

1.11.6 Co-operation with collaborators

No collaborators were involved in this study.

1.11.7 Release of findings

Newman (1997:465) and Strydom (2002:71) indicate that once research is completed, a researcher's values shape where they disseminate their findings. The researcher is expected to report findings to the scientific community as accurately and objectively as possible to make sure that the report contains all the information necessary for readers to understand what is written. The research results are submitted in the form of a mini-dissertation according to specific guidelines set by the Department of Social Work and Criminology.

The researcher will inform caregivers of abandoned children who participated in the study about the findings in an objective manner without too many details or impairing the principle of confidentiality. The Department of Health and Social Development will also be informed about the findings.

1.11.8 Debriefing of respondents

Debriefing sessions help the respondents to get the opportunity after the study to work through their experience and its aftermath (Strydom, 2002:73). Debriefing sessions are one way in which the researcher can assist the respondents and minimize harm. The researcher handled termination and withdrawal of the research in a sensitive way. If further therapeutic intervention is needed, the respondents will be referred to the social worker working in the area.

1.12 DEFINITION OF KEY CONCEPTS

For the purpose of this study, it is important to define the following concepts:

1.12.1 Need

Soanes (2002: 563) define a need as something very important and essential. A need is a circumstance requiring some course of action (Bramford & Thompson, 1998:637).

According to the researcher a need is something that is needed or necessary to be done.

1.12.2 Caregivers

Caregivers are people who are really interested and have a loving heart and positive attitude toward children of their own and those that are being rejected by their families or relatives (Hornby, 1995: 168, 509).

Caregivers are persons who provide care for the young, sick and other (McKay, 1994:79-80). According to the researcher a caregiver can be any person related to or not related to the child. He or she shows interest and support towards children who are in need of care and takes care of the children.

1.12.3 Abandon

Abandon is a way of giving up and going away from a person, thing or place not intending to return (Hornby, 1995:1).

Abandonment refers to the voluntary relinquishing of control over children by their natal parents or guardian, whether by leaving them somewhere, selling them, or legally consigning authority to some other person or institution (Boswell, 1998:24).

The researcher sees the word abandon as a person running away from what she or he is supposed to be responsible for, in this study specifically leaving their children without proper care.

1.12.4 Child

A child is a younger person from birth to the age of a fully developed person; and can either be a boy or a girl (Hornby, 1995:192). The Convention on the rights of children (1997:26) and Child Care Act (1983:193) see a child as a person under the age of eighteen years.

In this research study a child can be any person under the age of eighteen years.

1.13 CONTENT OF RESEARCH REPORT

Chapter One

This chapter is mainly based on the general orientation of the study. It is divided into aspects such as problem formulation, motivation, aims and objectives of the study, research approach, strategy and procedures. The pilot study consists of feasibility of the study and pilot test of questionnaires or measuring instruments. The population, sample and sampling method are also included. Ethical issues and definitions of key concepts of the study were also noted.

Chapter Two

This chapter includes literature review on the caregiver's needs regarding abandoned children, abandoned children and care-giving, the role and responsibility of caregivers, placement and the influence of care-giving on the caregiver's own functioning and the social, emotional and financial problems they might experience.

Chapter three

This chapter includes empirical data, interpretation, analysis and presentation of data collected in the semi-structured interviews.

Chapter four

This is the final chapter, which focuses on the summary of the study, conclusions and recommendations.

1.14 LIMITATIONS OF THE STUDY

The following limitations were identified in this study:

- There was limited information on caregivers of abandoned children. It was difficult for the researcher to obtain resources on caregivers of abandoned children.
- It was difficult to get detailed information on the respondents.
- The qualitative research process was experienced as a lengthy process. It took the researcher time to transcribe the interviews. It also took the researcher a longer period and time to interpret and to analyse the empirical findings.

CHAPTER 2

CAREGIVING FOR ABANDONED CHILDREN AND THE NEEDS OF CAREGIVERS

2.1. INTRODUCTION

Abandon is a way of giving up and going away from a person, thing or place not intending to return (Hornby, 1995: 1). In South Africa today there are many children who are either without their parents or whose parents' whereabouts is unknown. High unemployment rate, family disruption and HIV/AIDS issues may lead to many parents abandoning their children. Monyela (2003) also indicated on SABC 3 that, there are many children who are being abandoned and some are also orphans due to the issue of HIV/AIDS pandemic. These children need caregivers who will raise them with love, care and support. According to Grant (2000: 17) caregivers need financial assistance.

Caregivers themselves possess the necessary expertise and hold many of the solutions to their own problems. They need to be considered as they are playing a major role in taking care of abandoned children. Hence every child in this world is everybody's business. Children are the future generation of tomorrow and they need to be guided through their years of growing up. In this chapter the researcher will use both '*he*' and '*she*' to refer to the male or female child and for the rest of the document the researcher will use '*she*' to refer to both sexes.

This chapter will look at abandonment, adoption and foster placement, family roles, issues and problems, characteristics of a caregiver, responsibilities, attachment, consequences and its impact. The needs of caregivers will also be discussed. The ABC of developing a sense of humour for caregivers and support will be included.

2.2 ABANDONMENT

Abandonment refers to the voluntary relinquishing of control over children by their natal parent or guardian, whether by leaving them somewhere, selling them, or legally consigning authority to some other person or institution (Brink, 1994: 18 and Boswell, 1998: 24). Panter-Brick and Smith (2000:161) and Sherr and Hackman (2002:153) indicate that abandonment isolates homeless children from their peers and assumes their greater vulnerability, and it also implies an irreversible change in relationships within the home.

Hornby (1995:1) sees abandonment as a way of giving up and going away from a person, thing or place not intending to return. According to Boswell (1998: 40) the point of abandoning a child, it would seem, would be to negate parental obligation and in most societies such ties are regarded as largely irrevocable.

Parents abandon their offspring in desperation when they are unable to support them, due to poverty or disaster, in shame, when they are unwilling to keep them because of their physical condition or ancestry (for example illegitimate or incestuous), or in self-interest of another child. Abandoned children are often rescued and brought up either as adopted members of another household or as labourers of some sort, or even fostered (Boswell, 1998: 428).

De Witt, Booysen, Dicker and Van Zyl (1995:137) indicate that abandoning can include the following:

- **Child abuse**

It is a continued and deliberate prejudice of children through either active or direct abuse, or through neglectfully withholding care.

- **Emotional abuse**

It is when a child's emotional and intellectual abilities are radically affected owing to either the action or omission of a person taking care of her. It occurs when a caregiver tries to modify the child's behaviour by belittling, berating, humiliating and rejecting her making her feel guilty and frightening her. Her self-image is disparaged at every opportunity; she is continually criticized and subjected to impossible demands.

Children who are being emotionally abused show signs like the following:

- They comfort themselves by rocking or sucking.
- They do not play.
- They have difficulty in playing.
- They are excessively passive and aggressive.
- They seldom smile.
- Their language development is retarded and their behaviour is negative.
- They are irritated.
- They avoid eye contact and continually seek the attention of all adults.

- **Neglect**

Gitterman (1991:346) and Boswell (1998:138) both indicate that child neglect results from parental act of omission, the parent fails to provide for a child's basic needs, making that the child actually suffering or be susceptible to harm or injury. The most common cause of child neglect is inadequate supervision that is leaving the child unattended and unsupervised. Others are failure to provide basic physical needs such as shelter, food, clothing, health care, abandonment and expulsion of the child from home.

2.3 ADOPTION AND FOSTER PLACEMENT

2.3.1 Adoption

Helton and Jackson (1997:140) define adoption as the process of individuals taking on the legal responsibilities for the care of a dependent child. This agreement gives the child the right of ownership to family resources and likewise gives the parent the responsibility for complete care of the child. The rights and responsibilities are identical to those already present in families in which the parents have given natural birth.

Noy-Sharav (2002:62) indicates that there is a growing tendency, especially in adoptions handled through private agencies, to minimize or even avoid assessment of prospective adoptive parents. It is highly important to assess for each couple, before the placement of a child, the kind of adopters-adoptee relations that are anticipated and in relevant cases the extent or type of pathology likely to develop.

2.3.2 Foster placement

Gitterman (1991:383) and Helton and Jackson (1997:139) indicate that foster care is designed to provide care and protection for children unable to live in their own homes or with other persons to provide care. These placements may include group homes, residential facilities, or other adults appointed by courts. Social workers must keep in mind that foster care is a necessity when families are in crisis and for some reason over the long term are unable to provide the required nurturance, governance and support. Therefore, foster care should not be perceived unilaterally as just an alternative to adoptions, although it involves a change of legal custody. It is distinguished from adoption by the fact that adoption involves a permanent change of legal guardianship as well as custody.

Bates, Pugh and Thompson (1997:237) and Surbeck (2003:114) indicate that placement provides opportunities for children to learn strategies that can help them enlarge their repertoire of skills to approach the challenges that will face them in life. Children who take control of unfamiliar situations and are allowed some way in doing this they may gain a positive sense of capacities.

Fowler (2003:190) outlines specific advantages for a child being brought up within the family:

- The parent can continue to play a significant role in the lives of the child.
- Existing relationships which have a positive impact on the emotional well-being of the child can be maintained.
- Positive attachment, including aspects of secure attachment to relatives, can be maintained.
- Contact with parents is maintained on a “natural” basis as part of the day-to-day living arrangements for the family.
- The child is brought up with knowledge and understanding of the birth parents, and has the opportunity to engage and interact with them.
- Cultural, ethnic, religious, subcultures and community links are maintained for the child.
- Extended family relationships are maintained.

There are however, considerations which must be made as part of any assessment of family members, and which should be balanced against the advantages:

- Relationships between family members are sometimes difficult, and this can have an impact on the care which can be provided.
- Parents can resent the placement of their child with a family member, and the potential for them to disrupt the placement should be assessed.
- Disagreement can arise over the care arrangements, and this can affect relationships within the family.
- The relative carers may not present the child with a positive image of one or both of the parents.

- If relationships between the parents and relative carers become strained or alienated, the child may be faced with having to make choices or will have divided loyalties, which would have an impact on his/her emotional well-being.
- Family relationships may become distorted, for example, a child who is being cared for by a grandparent may begin to see that adult as their parent, and the parent may be perceived as a sibling.

2.3.2.1 Essential trends of foster care

Helton and Jackson (1997:140) indicate that the trend in foster care is the addition of single individuals as foster parents. This trend is increasing due to the lack of enough two-parent foster homes. Single individuals may provide needed homes for hard-tolerance or hard to discipline youngsters. Hard to place children might include sibling groups, older children, biracial children, children with developmental disabilities and other special needs, and children with multi-emotional and behavioural problems.

2.3.2.2 The children

Bates, Pugh and Thompson (1997:241) indicate that many children placed nowadays have more difficult and disturbed patterns of behaviour that was hitherto the case. Many children coming into care are being accommodated with foster carers who have experienced abuse in the past, possibly in their own families. Carers are often unaware of the child's situation and lack information as to whether:

- There is the possibility of having been abused by someone the child knew and trusted, who was in caretaking role.
- The abuse began at an early age.
- It continued for a long period of time.
- The child may have tried to get help but may not have been believed or heard.

There are a number of reasons why children in foster placement may make false allegations:

- They may be in a placement in which they are unhappy.
- They may feel that they are not listened to by their social worker for example that may resent their request for a placement nearer their home. The child may feel not being “heard”.
- Unhappiness about social workers’ decisions or about their situation more generally, may be displaced onto the foster carers.

McFadden in Bates, Pugh and Thompson (1997:243) identifies 5 factors which are commonly found in situations where abuse is alleged.

- **Overloading by the agency**

This occurs either when foster carers are not looking after the number or type of children for whom they have been approved in terms of, for example, the age range, the sex or the degree of disturbance exhibited by the child or when the length of placement differs from that for which they have been approved. Short term placement may sometimes be stretched into long term ones without a full review of the needs of the child. Due to a shortage of resources, foster carers may be pressurized to accept such unwanted situations out of comparison for the child. Sometimes foster carers who have shown that they can cope with difficult behaviour are “rewarded” by the agency with even more difficult and stressful situations to deal with.

Under pressure, many foster carers may be reluctant to seek help for fear of being regarded as inadequate or incompetent. As a result, in their isolation, some of them have been totally overstretched and have harmed children they wanted to help and protect. Under severe stress they may react harshly to children’s soiling or aggression, or may “freeze them out” emotionally. These apparently “out of character” actions are, in many cases, more likely to result in physical or emotional abuse and are, in part, a result of social work agencies exploiting their foster carers and failing to support them adequately.

- **The characteristics of a child**

Agencies may fail to take into account the characteristics of the sexually abused child and the effect these may have on the foster family. Most foster children bring with them patterns of behaviour learned in their previous families and are therefore likely to repeat these in their new homes. These children have no boundaries; and they are unable to distinguish between positive and negative relationships.

- **Lack of matching**

When setting an appropriate placement, social workers, perhaps because of the pressure of work and shortage of placements, may fail to carefully match the carer(s) and the child together. The main factor to be considered in matching should obviously derive from the needs of the child.

- **Lack of support**

It has often been noted that, for a variety of reasons, social workers' efforts are channelled more towards the immediate danger to and protection of children than towards the children's welfare once they have been "rescued". There are often complaints from foster carers that social workers visit infrequently and often fail to respond to messages left to them. Consequently, when pressures build up, the isolation compounds the problems experienced by foster carers who lack other sources of professional support.

It should be acknowledged that carers care for children in the privacy and isolation of their own homes, and that both carers and workers collude in this isolation. This may especially be true of the male carer that is working. He may not attend meetings, trainings or support groups and he then becomes unwittingly excluded from discussions and decision making. Because of his isolation, he does not develop relationships with other male carers, nor does he benefit from their support or that of the worker. Carers are frequently left unsupported by their agency staff. Consequently, many foster carers who find themselves accused of abuse express bitterness about their treatment by

social work agencies. They feel that they have done their best in difficult circumstances only to be abandoned in their time of need by their workers.

- **Lack of training for foster carers**

Foster carers and caregivers need to be trained to cope with the difficult aspects of children's behaviour, especially when this is linked with previous abuse, for example, the boundary-seeking behaviour of carers. But, while aggressive behaviour is usually recognized as being potentially problematic, perhaps the most difficult behaviour is that which is sexually inappropriate or provocative. Male carers may experience sexual feelings which they do not understand or know how to deal with, and which they may be ashamed to admit. The absence of inadequacy of training, together with the relative isolation of many male carers, may contribute to a dangerous situation for both the child and the carers.

In addition to the training foster carers or caregivers need to be prepared for the possibilities that, at some point in their work, they may be accused of abuse. Therefore, their training should encompass departmental policy as well as an understanding of the actual procedures which will be used to investigate any allegations. Caregivers need to know where their support and supervision will come from, and need to know that the process will have an outcome which will be clearly communicated to all parties. Hence the child needs a full time mother to develop socially and psychologically (McKay, 1994:80).

2.4 FAMILY ROLES

Roles are set of behaviours expected of an individual (Helton & Jackson, 1997:181). Families dominated by roles are likely to be characterized by regimentation, gender orientation (male / female), specific expectations and a division of labour. Roles have been referred to as concerning both the status differential and the behavioural expectations that family members have for each other. Classic research on role orientation within nuclear families identified roles as fitting into two categories, instrumental and expressive. Men were identified with expressive roles, or roles related to raising group morale

and maintaining positive feelings (Helton & Jackson, 1997:34). Dantile (1999:12) indicates that the role of the family is also to provide emotional support and to assist the abandoned children and caregivers in activities of daily living.

2.5 ISSUES AND PROBLEMS WITH CAREGIVING

Helton and Jackson (1997: 120) indicate that one of the basic needs for children is safety. Safety has been defined as security in having one's physical needs met. Security also encompasses a feeling of protection and strong sense of wellbeing. As such the worker has the responsibility to provide guidance and emotional support enabling children to have a wholesome self-image. The worker has the ability to assess the environment and make appropriate decisions to determine the secure environment in which children must live, attend school and thrive emotionally. The worker's role is to describe issues and problems from the child's point of view. Children are capable of articulating and defining their own concerns if given the chance to do so. The worker has the responsibility to maintain the primary view and interpretation of the child's concern. This approach helps to maintain integrity for the rights of those children in need of assistance. This process thus involves a strong protective and respectful position regarding all services being provided to children.

2.6 CHARACTERISTICS OF THE CAREGIVER

Dantile (1999:39) sees a caregiver as any person looking after another, resulting in the caregiver losing personal freedom whereas Hornby (1995:168, 509) sees caregivers as people who are really interested and have a loving heart and positive attitude towards children of their own and those that are being rejected by their families or relatives.

Herth (1993:545), Hungerford (1996:23), Dantile (1999:41) and Chipman, Wells and Johnson (2002:508) see the following as characteristic of a caregiver:

- Educational level – Their educational level is a mixture, for example; never attended school, have either Matric, below Matric, a diploma or tertiary qualifications.
- Occupation – Unemployed, never worked, part time, self employed, pensioner, scholar, stopped working.
- Caring period – from birth until the adulthood stage.
- Gender, age, relationship to all persons, responsibility, role, involvement, status, concurrent losses, length of time care giving, level of fatigue, prior experience as caregiver, health status.

Caregivers may also have positive beliefs about life and they are committed in caring and giving support to the children with love (National institute of child health and human development; 2000: 202-203).

2.6.1 The caregiver's responsibilities

Dantile (1999: 39) indicates that caregivers start with mothers looking after children, or even youngsters looking after their parents right through to elderly people.

Porter (1999:255) and McCann (2000:1612) indicate the following responsibilities:

- To provide for the physical needs of children, good nutrition, comfortable environment, medical care, safety and protection.
- To provide an environment that is friendly, encouraging, supportive, cooperative and stimulating.
- To be competent.
- To assist children who are in need or who need help.
- To have reasonable expectations of children, in line with the task demands and the children's developmental levels.
- To protect children from harm themselves, other children and centre personnel.
- To listen to children and colleagues.

- To be fair.
- To take responsibilities for their own feelings, not blaming children for them.
- To take responsibility for own actions which detract from job satisfaction, for example, stress management.
- To engage in ongoing learning about their work
- To support colleagues.
- To consult with colleagues and reach agreement.
- To make an effort to be involved.
- To establish partnership with parents.

Canning, Harris and Kelleher (1996:735) indicate that caregivers' perceived responsibilities and associated limitation on self and family have been called the "burden" of care giving.

2.6.2 Care giving and its impact

Toseland and Smith (1991: 550) see care giving as "...a rewarding, yet demanding and stressful, experience. Caregivers are motivated by three factors; love and affection felt towards the individual, a sense of gratitude and desire to reciprocate care giving".

Rogers (1999:2) indicates that primary caregivers frequently experience psychological, social and physical losses that include deterioration of health, reduction or loss of employment, loss of personal freedom and privacy and deterioration of social relationships. She further indicates that caregivers regularly report fewer leisure opportunities and increased leisure constraints. Loss of personal freedom due to time constraints and burden is a common occurrence in the lives of caregivers. In her study she indicates that 80% of family caregivers provide care seven days a week and lowered life satisfaction and increased depression are more prevalent among caregivers than the general older population. Caregivers have to work harder - they have to 'care more' just to keep up (Schervish, Hodgkinson, Gates & associates; 1995:317).

2.7 CAREGIVING'S EXPERIENCE AND CONSEQUENCES

O'Brien, Massat and Gleeson (2001: 721) indicate that caregivers share similar demographics. Most tend to care for urban children and are families of colour, compared to non-related caregivers, are more likely to be single parents living in publicly subsidized housing, work outside the home, have lower incomes, experience more health problems and care for larger sibling groups. It was also indicated that caregivers report high levels of satisfaction and gratification from parenting related children; they also experience social, psychological, physical and economic costs. The burden of care giving is further complicated by the environment in which care giving is undertaken, when grandparents or other relatives assume primary responsibility for the care of a child, relationships with other family members change (Herth, 1993:538).

2.8 ATTACHMENT

Louw and Edwards (1994:513) refer to attachment as the emotional bonding that takes place between two individuals. Fowler (2003: 149) indicates that attachment involves observation of the child and parent through the entire period of assessment whereas Dozier, Stovall, Albus, and Bates (2001:1468) and Ritchie and Howes (2003: 498) see it as where the parent is available to the child positively, responsive, nurturing, caring and loving. Children are able to explore their world with confidence, achieving their full potential, have good self-worth and self examination, trust others and cope better with social and interpersonal situations.

Ritchie and Howes (2003: 498) examined program practices that inhibit or promote the development of secure attachment relationships between caregivers and children – caregiver stability, caregiver behaviour and classroom climates associated with positive child-caregiver relationship. Fowler (2003:149) sees them as four patterns of attachment with the parent/child relationship.

- **Secure attachment with caregivers**

In general child-caregiver attachment security is independent of child-mother attachment security. Each new caregiver has the opportunity to contract a different relationship than the child has previously experienced. However, when children come from difficult life circumstances they may bring new relationships, prior histories of acrimonious, conflictual, neglectful or unstable interaction and care giving. These children who have experienced difficult life circumstances often tend to act towards new caregivers as if they too will be untrustworthy partners.

Caregivers may have to be particularly sensitive and talented to conduct a secure attachment relationship with a child with prior difficult life circumstances. The likelihood of achieving a secure relationship is increased when the caregiver is rated as highly sensitive, consistently positive, and committed to the loving caregiver role.

- **Caregiver stability**

Ritchie and Howes (2003: 499) suggest that children who experience instability in caregivers are less likely to form positive relationships with caregivers. The prototype context for this concern is foster care and adoption rather than child care. Children who experience extremes of instability particularly as infants tend to have persistent problems with positive relationship formation, because childcare environments frequently involve multiple caregivers and high turnover rates which emphasises the negative impact of instability of caregivers in child care.

- **Ambivalent attachment**

Fowler (2003:149) sees ambivalent attachment as where the parent is unpredictable, inconsistent and neglectful in behaviour and response, sometimes welcoming and supportive and at other times negative and rejecting. Parents will be low on acceptance, sensitivity and availability and high on neglect. They frequently fail to empathize with the child's needs,

feelings and moods. Parents tend to respond to children when it satisfies their emotional needs rather than the child's emotional need. Love comes to the child in a totally unpredictable manner. The child is uncertain what to expect and is therefore likely to demand parental attention and reject it at the same time, never able to trust the parent's reaction. Children have poor self-esteem and self-confidence, place little value on them, feel helpless and appear dependent. Hyperactivity is a typical pattern.

- **Avoidant attachment**

Fowler (2003:149) sees it as where the parent is rejecting, hostile and intrusive. Although the parent may respond reasonably well when the child is behaving well and not causing them any difficulties, they will become distant, unavailable and rejecting if the child becomes distressed, needs attention or comforting. There is a deactivation of care giving behaviour, including "backing off" by the parent and resentment towards the child. The child is likely to show little emotional connection to the parent to become self-reliant, self contained and independent. The child will either become compliant (to avoid behaviour which may lead to rejection) or become a "loner". When separated from parents, the child will demonstrate little, if any distress.

- **Disorganized attachment**

Fowler (2003:150) indicates that disorganized attachment is where the parents are not exclusively hostile and rejecting, but at times their behaviour is frightening to the child and may be dangerous. Some parents may be unable to provide an emotional connection, committed to the child because of the impact of drugs, alcohol, substance abuse, unresolved trauma or mental ill-health. This emotional unavailability causes the child to become anxious, therefore wanting to go to the parent for comfort. However, the potential source of comfort is also the person who causes the anxiety. This is a problem the child is unable to resolve. Children typically become confused and distressed, restless. Agitated behaviour is evident within relationships. They present as disturbed, socially isolated and frequently aggressive.

2.9 NEEDS OF CAREGIVERS

Bates, Pugh and Thompson (1997: 245) indicate the following needs as needs of caregivers:

- Preventative training – Caregivers need to be prepared for the possibilities, that, at some point in their work, they may be accused of abuse. Therefore, their training should encompass departmental policy as well as an understanding of the actual procedures which will be used to investigate any allegations.
- Support and supervision – Caregivers need to know that the process will have an outcome which will clearly be communicated to all parties.
- Be part of the team – Caregivers should ensure that their feelings and opinions are valued.

Dantile (1999:128) indicates the following needs of caregivers:

- Therapy for abandoned children
- Counselling for caregivers
- Transport
- Disability grants
- Support groups
- Respite care
- Job creation projects

Caregivers need services that will help them to reinterpret children's behaviour (Dozier, Higley, Albus & Nutter; 2002:541). Toseland and Smith (1991: 561) conclude by saying caregivers need to learn to take better care of themselves, and to balance their own needs with their needs of others. Caregivers frequently neglect their own needs to fulfil their care giving, family and work responsibilities. It can be helpful to remind caregivers of the importance of their own health and wellbeing, to themselves and to all those who depend upon them. Caregivers should be encouraged to set aside regularly scheduled time for themselves so that they can maintain the physical stamina and have some time to pursue social and recreational activities.

2.10 THE ABC OF DEVELOPING HUMOUR FOR CAREGIVERS

Why do we need to laugh? “When confronted with threatening situations, animals have essentially two choices; to flee or to fight. Humans have a third alternative namely to laugh” (Parrish and Quinn, 1999:204). This is not to say that all situations which are threatening should be treated frivolously or even that we should scour painful moments in an efforts to identify humour. Humour and laughter are believed to trigger the body’s natural pain killers, “endorphins” which in turn enable humans to adapt to even the most overwhelming life situation.

Parrish and Quinn (1999:206-208) outline the ABC steps to provide caregivers to develop their humour as follows:

Step 1

It begins by choosing a safe place (a support group or a friend’s home) to share your care giving experience. Start by describing in detail a typical day for you. It is important that you include all the details which complete your day, even if it involves describing eating, toileting, and garbage responsibility. What you are doing here is painting your own picture of what your day is like, what your life is like. Once the flow of the story begins, ask yourself if there is something which you described that seems odd, offbeat or funny.

Step 2

Once you have identified a moment or event that in retrospect seems funny, go back to the place in time when you witnessed or actually participated in that specific moment and give it colour and depth by describing it in detail. Some people then return to the moment with less pain, anguish or paralysis and relive it freely stepping outside themselves to view the humour in the experience.

Step 3

Humour should not be used or intended in a mean, disrespectful, or degrading manner. Humour needs to be shared, but it should never be seized upon when it might belittle, hurt or antagonize someone. Alternately when we step back from difficult moments and the tasks of care giving it is easier to identify the ridiculousness in ourselves or the situation more readily. Only then can we enjoy a needed and hearty laugh. Laughter and humour helps caregivers survive difficult situation and most of all, painful moment in life.

2.11 SUPPORT PROGRAMS

It is important to build in a framework of social work support from the outset of the placement. The most effective method of support is a very traditional approach, whereby a social worker visits the family on a regular basis. Some families perceive these visits as their lifeline (Macaskill, 1993:161). According to Zlotnick, Wright, Cox, Te'o and Stewart-Felix (2000:109) social support is very important for family functioning and child development.

According to Dantile (1993:42) lack of social services and facilities present a problem, especially in rural communities and this increases the load of responsibility on the caregiver. Their role is also to provide emotional support and assist the abandoned children in activities of daily living. Hence Bass (1990:30) and Minkler and Roe (1993:107) indicate that most caregivers seem to benefit from the support group either formal or informal.

According to Rogers (1999:4) service providers have created educational and other support programs to teach caregivers to better cope with responsibilities to relieve the caregiver's burden and promote wellness. Although programs vary greatly from community to community, the components of caregiver education programs typically include education about care giving, assistance with problem solving, support groups and stress/health education. Several recommendations were given to service providers to improve programs that will include the following implication for recreation and leisure programs:

- **Recreation**

- Recognize the heterogeneity of needs among caregivers.
- No type of program is adequate. A variety of programs and services should be available within the community to meet the varying needs of caregivers.
- Not all intervention needs to be face to face. Service providers are challenged to take advantage of new technologies as part of their effort to reach caregivers.
- Provide adequate community based mental health services for caregivers.
- Initiate programs that will help caregivers to develop a positive relationship.

- **Leisure education**

According to Rogers (1999: 56) leisure education should be viewed as a proactive measure to prevent lowered life satisfaction, social isolation and other negative consequences of life without leisure. Leisure education programs are appropriate for caregivers who lack leisure in their lives, but are not showing specific leisure related behavioural problem such as depression or guilt. The goal of leisure education with caregivers includes:

- Recognition of the need to establish a balance between self and care giving responsibility.
- Exploration of former and new leisure interests.
- Identification of an “ideal” leisure lifestyle.
- Setting goals to reach the “ideal” lifestyle.

- **Leisure counselling**

Rogers (1999:7) sees it as a process that involves a trained leisure counsellor guiding an individual or small group through a process to identify and take action to meet leisure needs. Caregivers who have experienced substantial social, emotional or psychological deterioration related to care giving may need a more supportive approach than leisure education. Furthermore, leisure counselling that includes the caregiver and the care recipient may facilitate

opportunities for positive interaction between them and other family members during leisure. Programs can be held in community or clinical settings or in the home. The therapeutic-remedial approach to leisure counselling may be the most appropriate for caregivers. In this approach, the counsellor develops a close, empathetic relationship with the caregiver to focus on solving specific problems that are barriers to leisure. Caregivers may need very directive support due to the level of burden they experience. Leisure counsellors may need to be directly involved in the development of community contacts and arrangement of respite and other services that facilitate leisure.

Macaskill (1993:164) asserts that voluntary agencies ignore the positive aspects of self-help and encourage families to look for support solely through professional sources. Closing the door on self-help therefore constitutes a loss for family.

2.12 CONCLUSION

This chapter has also explained abandonment, and its effect on children and their caregivers. Adoption, foster placement attachment and the ABC of developing humour were also discussed. Needs of caregivers are very significant and if they are not addressed it will not be possible for the caregivers to have the strength and hope to continue caring for the vulnerable abandoned children in the community.

*“There won’t be a lost generation-no way!
The lord saw all of us southern grandmothers,
Tired and ready to retire to our porches.
But the Lord knew that there was only
one kind of person who could save
the children- southern grandmothers.
And so He pointed to each of us and he said,
“you and you and you – I’ve got one more jobs for you”
(Minkler and Roe; 1993:128)*

CHAPTER 3

PRESENTATION AND ANALYSIS OF EMPIRICAL FINDINGS

3.1 INTRODUCTION

The main purpose of this chapter is to present, analyse and interpret the research findings and to communicate the information that has been accumulated from the empirical findings. This research study was conducted in the Department of Health and Social Development in the Limpopo Province, Waterberg District, Modimolle. The main purpose of the study was to explore the needs of caregivers of abandoned children in the Modimolle area in the Waterberg District, Limpopo Province.

Face to face interviews with a semi-structured interview schedule was used to collect data. Greeff (2002: 297) states that face to face interviews involve interaction between the interviewer and the interviewee where the purpose is to understand the interviewee's situation as expressed in his or her own words. The semi-structured interviews were conducted with ten (10) caregivers. The respondents included male and female caregivers. Four male caregivers and six female caregivers were interviewed.

The questionnaire was divided into three sections, namely:

- Demographic information of caregivers
- Problems and needs of caregivers
- Support and coping mechanisms

3.2 PRESENTATION AND INTERPRETATION OF THE DATA

Data will be analysed according to the three sections mentioned above and data presentation will be discussed per question as in the interview schedule (See appendix 1).

3.2.1 DEMOGRAPHIC INFORMATION OF THE CAREGIVERS

3.2.1.1 QUESTION 1: Age distribution of respondents

TABLE 1: AGE OF RESPONDENTS (N=10)

Age of respondents	Number of respondents	Percentage
20-24 Years	0	0%
25-34 Years	1	10%
35-44 Years	4	40%
45-59 Years	3	30%
60 Years and above	2	20%
Total	10	100%

This study reveals that the majority of the respondents were older than 34 years. Fifty (50) percent of the caregivers were older than 44 years. This correlates with Grant (2000:17) who states that over the past decade, grandparents have increasingly been called to raise their grandchildren because of family disruption often due to parental abandonment, death or incarceration. Louw, Edwards, Oor and Liebenberg (2001:1-2) indicate that HIV/AIDS is a pandemic that influence everyone in all spheres of life with grandparents having to take the responsibility of caring for grandchildren.

3.2.1.2 QUESTION 2: Gender of respondents who participated in the study

TABLE 2: GENDER OF THE RESPONDENTS (N=10)

Gender	Number of respondents	Percentage
Male	4	40%
Female	6	60%
Total	10	100%

This study reveals that the majority of respondents who participated in the study are female caregivers. This is confirmed by Dantile (1999: 39) namely that care giving starts with mothers looking after their children or even young females looking after their parents through to elderly people.

3.2.1.3 QUESTION 3: Religious denomination

TABLE 3: RELIGIOUS DENOMINATION OF RESPONDENTS (N=10)

Religious denomination	Number of respondents	Percentage
Methodist Church	0	0%
Roman Catholic Church	2	20%
Lutheran Church	1	10%
International Pentecostal Church	0	0%
Zion Christian Church	2	20%
Other: Apostolic Faith Mission	5	50%
Total	10	100%

The findings indicate that the majority of the respondents belong to the Apostolic Faith Mission Church. The other respondents belong to the Roman Catholic Church, Zion Christian Church, and Lutheran Church. This table reflects that the respondents are all Christians.

3.2.1.4 QUESTION 4: The highest educational level of respondents

TABLE 4: EDUCATIONAL LEVEL OF RESPONDENTS (N=10)

Educational level	Number of respondents	Percentage
None	0	0%
Grade 1-3	1	10%
Grade 4-6	3	30%
Grade 7-9	3	30%
Grade 10-12	3	30%
Other: Specify	0	0%
Total	10	100%

The following responses were received from the respondents:

- “I have grade 2 and due to parents not working I dropped out of school”.
- “I dropped out of school doing grade 6”.
- “I have passed grade 4 and dropped out”.
- “I dropped out after I passed my grade 7”.
- “Due to financial constraints in my family I attended school until grade 8”.
- “I have attended school and I have Matric certificate”.
- “I dropped out doing grade 12”.
- “I have passed grade 4 and never went back to school”.

Main theme:

- The educational level of caregivers of abandoned children is very low.

Sub themes:

- Lack of knowledge regarding the importance of school.
- Not having the family support to further their studies.

Discussion

The findings indicate that the school attendance of respondents varied from grade two to grade twelve. None of the respondents have tertiary qualifications. There is a high level of illiteracy and training for caregivers is needed.

3.2.1.5 QUESTION 5: How many children of your own do you have?

TABLE 5: NUMBER OF OWN CHILDREN (N=10)

Number of children	Number of respondents	Percentage
None	1	10%
1	1	10%
2	1	10%
3	1	10%
4 and more	6	60%
Total	10	100%

Discussion

Nine (9) of the respondents have children of their own. Six (6) of the respondents have four (4) or more children of their own. This study shows that caregivers take care of the abandoned children while they have children of their own. The study also suggests that the total number of dependents in the caregiver's family has to be looked at before proceeding with the placement of an abandoned child who needs care and support as it might be stressful. Rogers (1999:2) confirms this aspect by stating that caregivers regularly report fewer leisure opportunities and increased leisure constraints, loss of personal freedom due to time constraints. The aspect is also confirmed by Schervish, *et al.* (1995:317) by indicating that caregivers have to work harder.

3.2.1.6 QUESTION 6: How many other children are in your care?

TABLE 6: NUMBER OF CHILDREN CARED FOR BY RESPONDENTS (N=10)

Number of children	Number of respondents	Percentage
None	0	0%
1	2	20%
2	5	50%
3	1	10%
4 and more	2	20%
Total	10	100%

Discussion

The table above indicates the number of children that are in the care of the respondents, excluding their own children. The findings indicate that caregivers are caring for the abandoned children as well as children of their own. This may indicate that the caregivers need support from relatives, friends and the community.

3.2.1.7 QUESTION 7: How are you related to the child/children?

TABLE 7: RELATIONSHIP TO THE CHILD/CHILDREN (N=10)

Relationship	Number of respondents	Percentage
Grandchild	6	60%
Relative	1	10%
Friend's child	0	0%
Neighbour's child	1	10%
Other: Specify	2	20%
Total	10	100%

Discussion

These findings reveal that the majority of the respondents are related to the children as they are their grandchildren. Two respondents are not related to the children and two respondents take care of the children of neighbours and relatives. The findings correlate with Brink (2000:17) who states that over the past decade, grandparents have increasingly being called upon to raise their grandchildren because of family disruption and parental abandonment or incarceration.

3.2.1.8 QUESTION 8: How and when was the child/children placed in your care?

This question asked the respondents how and when the child/ren were placed in their care. The findings reveal that the majority of the respondents indicated that the care giving commenced during the year 2003 after the children's parents passed away and the fathers of the children could not be found. Some respondents indicated that it was during 2004 when both parents of the children passed away and the other respondents indicated that the children were abandoned. All the respondents indicated that they were assisted by the department of Health and Social Development, Education, Justice and the South African Police Services to follow foster placement procedures until they receive their foster care grant.

3.2.2 PROBLEMS AND NEEDS OF CAREGIVERS

3.2.2.1 QUESTION 9: What problems have you experienced in caring for the abandoned child/children?

The following responses were extracted from the interviews with the respondents:

- "The only source of income is the foster care grant as I am unemployed".

- “I am unemployed and after receiving the foster care grant relatives and other community members influenced the children by telling them that their money is not utilized fruitfully and they should demand it”.
- “The community needs to be educated about care giving for abandoned children as it is not about receiving a foster care grant but about caring for a child in need of love, care and support”.

Main theme:

- Caregivers may offer to take care of abandoned children in order to receive a grant.

Sub themes:

- Unemployment
- Lack of financial support
- Low educational level

With this question the researcher wanted to explore the problems experienced by caregivers of abandoned children. The only source of income is the foster care grant as they are unemployed and after receiving the foster care grant relatives and other community members influenced the children by telling them that their money is not utilized fruitfully and they should demand it.

Discussion

The important thing about the findings is that in the Modimolle area (Waterberg district) the community needs to be educated about care giving for abandoned children as it is not about receiving a foster care grant but about caring for a child in need of love, care and support. According to McKay (1994: 79-89) and Hornby (1995:168,509) caregivers are people who are really interested in children and have a loving heart and positive attitude towards children of their own and those that are rejected by their families and relatives. They also provide care for the young, sick and other people in need. Taking care of children for the sake of receiving a social grant is not the correct motive.

3.2.2.2 QUESTION 10: What are your needs regarding the following?

- **SOCIAL NEEDS**

The following responses were extracted from the interviews with the respondents:

- “To have community awareness regarding abandoned children and caring for children”.
- “I need the community members to be involved in dealing with caring for abandoned children”.
- “To have support groups to discuss issues relating to our daily activities and the challenges we are faced with (x3).
- “To be trained on child development”.
- “To work together and give support to each other as caregivers”.
- “I need social support from relevant Government Departments like Social development and local municipality (x2).
- “I need uniform burial society for the caregivers and the children”.

Main theme:

- Caregivers feel that they are not supported. They need support from the community members as well as community structures. The need for support groups for caregivers was strongly emphasised.

Sub themes:

- Lack of social, emotional and financial support from the family, relatives and the community.
- Little knowledge on caregiving.

The findings reveal that it is very important for the social workers in the Waterberg District, Modimolle area to assist in the formation of support groups for caregivers. The respondents indicated that they need support groups, where they will discuss the challenges that they are faced with when caring for the abandoned children. They also need a uniform burial society and a

campaign to make the community aware of care giving for abandoned child or any child in need of care and support. They also need uniform burial society and an awareness campaign in educating the community about care giving and its importance.

- **EMOTIONAL NEEDS**

The following responses were extracted from the interviews with the respondents:

- “I need my family and friends to emotionally be with me and know how I am and feel on daily basis”.
- “I want to know how to handle an emotionally disturbed child”.
- “I need family and community support” (x3).
- “I need people to really understand how it is like caring for an abandoned child not related to you”.
- “I need group therapy“ (x2).
- “I need regular meeting with all caregivers who care for children in my community to discuss issues that affect us” (x2).

The majority of the respondents indicated that they are emotionally affected as they are faced with many challenges while taking care of the abandoned children who might also be emotionally unstable and need therapy to face reality. The respondents need emotional assistance by their relatives, churches and members of the community.

This study reveals that the respondents feel that their emotional needs are not met. The Department of Health and Social Development, the Department of Education, NGO’s, the community and other government departments have a major role to play to assist caregivers to meet their emotional needs. This aspect is confirmed by Bates, Pugh and Thompson (1997:245) and McKay (1994:80) who state that caregivers need preventative training, support and supervision to cope with the difficult aspects of children’s behaviour.

- **FINANCIAL NEEDS**

The following responses were extracted from the interviews with the respondents:

- “I need foster care grant to be increased as it is not enough“ (x6).
- “Foster care grant does not satisfy me as it does not meet the children’s needs”.
- “Children’s needs are very expensive, they need clothes, education and food and foster care grant should be increased”.
- “More money should be given to us not to only rely on foster care grant to care for the children”.
- “I am satisfied with the little money of foster care grant of R590.00”.

This question was asked to the respondents regarding their financial needs. The majority indicated that the foster care grant that they are receiving is not enough and should be increased or that there must be another form of income for caregivers of the abandoned children or people caring for children who are really in need of care and support.

The study reveals that nine respondents were not satisfied with the foster care grant they are receiving monthly. They want the money to be increased or to be given another income as they have other children of their own to look after. This aspect is contradicted by Toseland and Smith (1991:550) who indicate that care giving is “a rewarding, yet demanding and stressful experience. Caregivers are motivated by three factors; love and affection felt towards the individual, a sense of gratitude and desire to reciprocate care giving”. The motive for care giving should not be to receive a social grant.

3.2.3 SUPPORT AND COPING MECHANISMS

3.2.3.1 QUESTION 11: What kind of support did you receive?

The following responses were extracted from the interviews with the respondents:

- “I have received material support from the social workers in the form of food parcels”.
- “Social security workers assisted me to complete form in order to get foster care grant” (x2).
- “I and family received counselling and support from the Department of Health and Social Development” (x5).
- “I receive financial assistance from my family before getting the foster care grant”.
- “I have received support from the local churches, Justice and the Municipality”.

Main theme:

- The support system for caregivers is very important as they have social, emotional and financial needs. They have received support from social workers, the Department of Health and Social Development, family and churches.

Sub themes:

- Lack of support system may de-motivate caregivers.
- Care giving needs to be ‘everybody’s businesses.

Discussion

In this question the respondents were asked to indicate the kind of support they received. The respondents indicated that they received financial, social and material support from the Department of Health and Social Development

and Justice Department and they also received emotional and social support from their family members, the church they are attending and community members.

3.2.3.2 QUESTION 12: How are you coping with caring for the abandoned child/children?

The following responses were extracted from the interviews with the respondents:

- “It is hard to take responsibility; Church members and the local Municipality assisted us” (x2).
- “I usually go to church and pray with other family members” (x3).
- “I am working three days a week (piece jobs) apart from receiving foster care grant”.
- “I am really working very hard, doing piece jobs for the family to survive”.
- “I have passion and love for the children, as it helps to cope in even difficult circumstances”.
- “I am coping very well because my family members are there for me”.
- “I have faith, hope and strength”.

Main theme:

- Coping with and caring for abandoned children are hard and emotionally challenging. It is clear that social support by the family and the church helps the caregivers to cope with the care giving. The support systems should involve family, community members and various government departments.

Sub theme:

- A love and a passion for children helps but they still need social support.

In this question the respondents were asked on how they are coping when caring for abandoned children. The respondents indicated that they are going to their churches when confronted with difficult situations and to report to the social worker and municipality to assist or intervene. Others worked very hard to cope and for some family members and relatives were involved.

Discussion

This reveals that the respondents are using different kinds of coping mechanisms and also asks for help from other organizations or institutions to assist where possible. They also need to receive coping mechanism training.

3.2.4 CONCLUSION

This chapter focused on the analysis, interpretation and presentation of the empirical findings. The data was analysed according to the three sections of the interview schedule and a discussion was carried out per question as they occurred in the interview schedule. The research findings give information about the needs of caregivers and the major findings are as follows:

- The majority of the caregivers are older than 44 years.
- Female caregivers are more than male caregivers.
- Caregivers are Christians and their educational level is very low, most never furthered their studies.
- Caregivers are working very hard to care for the abandoned children while they have children of their own.
- Caregivers are caring for their grandchildren, children who are not related to them and children of neighbours and relatives.
- Children were placed in their care during the year 2003 after the children's parents passed away, and the fathers of the children are unknown. Some children were placed in 2004 when both parents of the children passed away and the others were abandoned.

- Caregivers were assisted by the department of Health and Social Development, Education, Justice and the South African Police Services to follow foster placement procedures until they received their foster care grants.
- The community needs to be educated about care giving for abandoned children as it is not about receiving a foster care grant but about caring for a child in need of love, care and support.
- Caregivers need support groups to discuss the challenges that they are faced with while caring for the abandoned children.
- They also need a uniform burial society and a campaign to make the community aware of care giving for abandoned children or any children in need of care and support.
- They are using different kinds of coping mechanisms and also receive help from other organizations or institutions to assist where possible. They also need to receive coping mechanism training.

The next chapter will then focus on the overview of the main objectives of the whole study by making conclusions and recommendations. The recommendations regarding the empirical findings can be used as guidelines for improving the effectiveness of social work services in the Waterberg District of the Limpopo Province.

CHAPTER 4

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In chapter one the general orientation of the study was described. The chapter was divided into aspects such as problem formulation, motivation, aims and objectives of the study, research approach, strategy and procedures. The pilot study consisted of discussing the feasibility of the study and the pilot testing of questionnaires or measuring instruments. The population, sample and sampling method are also included. Ethical issues and definitions of key concepts of the study were also explained.

In chapter two literature was reviewed on the caregiver's needs regarding abandoned children, and care-giving, the role and responsibility of caregivers, placement and the influence of care-giving on the caregiver's own functioning and the social, emotional and financial problems they might experience.

In chapter three empirical details and findings of the study on exploring the needs of caregivers of abandoned children were discussed. The main themes and sub themes were identified from the interview with respondents using an audio recorder.

Chapter four finally reviewed the whole study by making summaries, conclusions and recommendations regarding the needs of caregivers of abandoned children to the Department of Health and Social Development in Modimolle area, Waterberg District for intervention programs. The aim, objectives and research question will be tested in this chapter.

4.2 CHAPTER 1: INTRODUCTION TO THE RESEARCH METHODOLOGY

4.2.1 SUMMARY

The aim of the research was to explore the needs of caregivers of abandoned children. Chapter one is aimed to give an overview of the research procedure as well as the research methodology used during the investigation.

The researcher chose this particular topic for investigation due to the following reasons:

- The researcher in her workload observed and identified that caregivers of abandoned children are increasing, that some don't have the knowledge on child development and that there is also lack of support hence they are struggling.
- Many of these children are staying either with their family members, relatives, friends, neighbours and people not related to them who show concern and care to the children.
- Little information regarding this topic was available.
- HIV/AIDS affects all as it leaves children abandoned and some being orphaned or without their families or parents.

The problems that were identified with regard to the needs of caregivers of abandoned children could therefore be social, emotional and financial. They also have their own needs that need to be addressed. Once all their problems and needs have being identified, it will thus give a foundation to develop programs and support systems.

The aim of the study was to explore the needs of caregivers of abandoned children and the objectives were as follows:

- i. To do an investigation on caregiving and abandoned children in South Africa through literature study and consultation with experts.

- ii. To gather empirical data on the needs of caregivers of abandoned children.
- iii. To make recommendations regarding the needs of caregivers of abandoned children to the Department of Health and Social Development for intervention programs.

The research question was: **What are the needs of caregivers of abandoned children?**

The researcher used the qualitative research approach to the research study, as it is most effective in understanding the experience and meaning that the respondents attach to their everyday lives. The qualitative research approach also focuses on pursuing deeper understanding of human experience as well as observations of theories that are not reduced to numbers.

The researcher gathered the required data through face-to-face interviews using a semi-structured interview schedule. The researcher used non-probability sampling as there was no set list of caregivers of abandoned children. The researcher wanted to ensure that the respondents chosen met all the requirements needed for the research. The requirements that the respondents needed to fulfil were:

- Gender: both male and female caregivers.
- Age: 25 to 65 years.
- Geographical area: Modimolle area (Waterberg District).
- Caregivers of abandoned children.
- Their spoken language should be one of the following namely: Northern Sotho, Tswana, Tsonga and English.
- They should be caring for one or more abandoned children.

Lastly the ethical issues were discussed. The researcher needed to get informed consent where applicable and the respondent's details were kept confidential at all times. The researcher also had to ensure that there was no harm done to the respondents and this was successfully achieved by

informing the respondents of the possible outcome of participation. The respondents knew that they had the opportunity to withdraw from the study at any time. The respondents were also informed that the findings were to be published and they can have full access of the result once the study is completed. Finally the key concepts for the research project were defined.

4.2.2 CONCLUSIONS

The conclusions to this chapter will be stated below:

- The researcher maintains that this research project held value as there is still little research regarding caregivers of abandoned children.
- The information gained from this research study can greatly impact the social work field as it can give an understanding of the needs of caregivers while caring for the abandoned children.
- The objective of the research project was met in exploring the needs of caregivers.
- The qualitative research approach was used to gather data from the respondents. The researcher also realised that both the qualitative and quantitative research approach could have been appropriate to be used in this study to obtain their personal experiences as well as more concrete data with regard to the demographic profile of caregivers.
- The semi structured interview schedule worked well for this research study, for the researcher to be able to get the personal experience of the respondents through face-to-face interviews.

4.2.3 RECOMMENDATIONS

The researcher recommends the following:

Further research:

- Further research on the needs of both caregivers and abandoned children.
- Further research on the problems experienced by both caregivers and the abandoned children.

- Further research on how abandoned children react toward placement processes.

Research process and methodology:

- The qualitative research approach was more useful in the gathering of the required data for this research project, but it is recommended that both qualitative and quantitative can be used to give an even better result.
- The criteria for selecting the sample have to be set to include all cultural groups and to be representative of the population.
- It is recommended that the research findings be made available to the necessary professionals in the fields of practice where children are assisted and to those working with caregivers; regardless of caring for a child, an adult or the aged.
- Programs and resources should be developed to assist caregivers to cope with their daily situation and experience in life.

4.3 CHAPTER 2: CAREGIVING FOR ABANDONED CHILDREN AND THE NEEDS OF CAREGIVERS

4.3.1 SUMMARY

- A caregiver is a person looking after another person. Care giving may result in the caregiver losing personal freedom.
- Caregivers are people who are interested in and have a loving heart and positive attitude towards children of their own and those that are being rejected by their families or relatives.
- Caregivers provide care for the young, sick and other.
- Abandonment is the voluntary relinquishing of control over children by their natal parents or guardian/s, whether by leaving them somewhere, selling them or legally or consigning authority to some other person or institution.
- Caregivers need support from their family members and the community at large as they experience social and emotional problems in their lives.

- HIV/AIDS is a problematic situation; it leaves many families and children without their close relatives.
- HIV/AIDS is a pandemic that influences everyone in all spheres of life.
- Needs of caregivers are social, emotional and financial.
- Caregivers need preventative training, support and supervision, to be part of the team, a support group, therapy for the abandoned children, counselling and transport.
- Caregivers need services that will help to interpret children's behaviour.
- The high unemployment rate, family disruption and HIV/AIDS issues lead to many parents abandoning their children.
- Caregivers have positive beliefs about life and they are committed in caring and giving support to the children with love.
- Caregivers have the responsibility to provide for the physical needs of children, good nutrition, comfortable environment, medical care, safety and protection and also to assist children who are in need help, care and support.
- Care giving is a rewarding yet demanding and stressful experience and caregivers are motivated by three factors; love and affection felt towards the individual, a sense of gratitude and desire to reciprocate care giving.
- They experience psychological, social and physical losses that include deterioration of health, reduction or loss of unemployment, loss of personal freedom and privacy and deterioration of social relationship.
- The burden of care giving is further complicated by the environment in which care giving is undertaken, when grandparents or other relatives assume primary responsibility for the care of a child, relationships with other family members change.
- Caregivers need to learn to take better care of themselves and to balance their own needs with the needs of others.
- It is helpful to remind caregivers about the importance of their own health and wellbeing to themselves and to all those who depend upon them.
- Educational and other support programs should be developed to teach caregivers to better cope with responsibilities to relieve the caregiver's burden and promote wellness.

4.3.2 CONCLUSION

The conclusion for this chapter will be provided in point format below:

- There is little information on caregivers of abandoned children.
- Caregivers need support from their family members and the community at large as they experience social and emotional problems.
- Caregivers' needs are social, emotional and financial.
- Caregivers need preventative training, support and supervision, to be part of the team, support group, therapy for the abandoned children and counselling.

4.3.3 RECOMMENDATIONS

In light of the above conclusions the following recommendations are made:

- Care giving is very important and crucial in our society. Social, emotional and financial support should be given to all the caregivers of abandoned children that are in need of care and support.
- They are dedicated, committed and have a loving heart for children and they should be rewarded for their good work and efforts.
- All government departments, institutions and non-governmental organisations should team to positively encourage caregivers by offering support where possible.
- They need also to undergo training on child development as they are willingly looking after children who are not their own and some are also not related to them.
- Life still goes on and children are the future generation, they need to be given love, care and support holistically. Every South African citizen should contribute in supporting and caring for the children.

4.3.4 CHAPTER 3: EMPIRICAL STUDY

4.4.1 SUMMARY

The aim of this chapter was to present the findings of the research project that the researcher conducted. A qualitative approach was used where a semi-structured interview was conducted with the respondents. Once the data was gathered and the themes and sub themes were subtracted, the researcher found it helpful to present the demographic data in figure format as well.

Ten caregivers of abandoned children were interviewed and they were six female and four male caregivers aged from twenty five years to sixty years and above. The majority of the respondents were female caregivers and they are all Christians belonging to different religious denomination.

As it was stated in the findings in chapter three of this research project that caregivers are working very hard to care for the abandoned children while they have their own children. The study reveals that the total number of the respondents in the caregiver's family should be carefully looked at before proceeding with the placement of abandoned children that need care, love and support as it might be stressful and frustrating for the caregivers.

Caregivers experience problems: eight out of ten respondents need the community to be educated about caregiving for abandoned children as it is not about receiving a foster care grant but about caring for a child in need of love, care and support. Caregivers are people interested in caring for children and have a loving heart and positive attitude towards children of their own and those rejected by their families and relatives.

All of the ten respondents have their own needs, namely social, emotional and financial needs. Data regarding their needs will be presented in a table format below:

TABLE.8: THE NEEDS OF CAREGIVERS OF ABANDONED CHILDREN

NEEDS OF CAREGIVERS		NUMBER OF RESPONSES
SOCIAL NEEDS	Community awareness	1
	Caring community	1
	Support group	4
	Child development training	1
	Support from Government Departments	2
	Uniform burial society	1
EMOTIONAL NEEDS	Involvement of families and friends	1
	Handling of an emotionally disturbed child	1
	Family and community support	3
	People's understanding of caring for an abandoned child	1
	Group therapy	2
	Caregiver's regular meetings	2
FINANCIAL NEEDS	Foster care grant increase	6
	Children's needs not met by foster care grant	1
	Need another source of income apart from foster care grant	1
	Not satisfied by foster care grant	1
	Satisfied by foster care grant	1

The content of this table indicates the research data on what caregiver's needs are while caring for abandoned children. Both female and male caregivers have their own needs. Caregivers need support group to discuss the challenges in their daily life situation while caring for these children. A uniform burial society is also needed by caregivers.

The above table shows that out of ten respondents nine of the respondents were not satisfied with the amount of the foster care grant they are receiving;

hence they need the foster care grant to be increased. They also need the community to be alerted and be involved in care giving.

4.4.2 CONCLUSIONS

The conclusion for this chapter will be shown in a point form. The findings cannot be generalized due to the small number of the sample:

- The majority of the caregivers are older than 44 years.
- Female caregivers are more than male caregivers. They are Christians and their educational level is very low, most never furthered their studies.
- Caregivers are working very hard to care for the abandoned children while they have children of their own.
- Caregivers are caring for their grandchildren, children who are not related to them and children of neighbours and relatives.
- Caregivers were assisted by the department of Health and Social Development, Education, Justice and the South African Police Services to follow foster placement procedures until they received their foster care grant.
- The community needs to be educated about care giving for abandoned children as it is not about receiving a foster care grant but about caring for a child in need of love, care and support.
- Caregivers need support groups to discuss the challenges that they are faced with while caring for the abandoned children.
- They also need a uniform burial society and a campaign to make the community aware of care giving for abandoned children or any children in need of care and support.
- They are using different kinds of coping mechanisms and also receive help from other organizations or institution to assist where possible. They also need to be receiving coping mechanism training.

4.4.3 RECOMMENDATIONS

This research study was aimed at exploring the needs of caregivers of abandoned children in their care. With the knowledge gained from the study recommendations can be made to assist caregivers who are caring for abandoned children. Therefore the following recommendations will be made in point format below.

- The total number of the family should be looked at before proceeding with the placement.
- More staff should be hired to reduce the workload of social workers, so that more time should not be spend on individual cases but in the form of groups.
- Supervision should be conducted on a regular basis to give courage and support to caregivers.
- The researcher also recommends that an in-depth study on the needs of caregivers of abandoned children should be undertaken in the Department of Health and Social Development in the Limpopo Province.

General recommendations

- The Department of Health and Social Development in all the sub-district offices should organise workshops and training for the community about care giving.
- Caregivers also need to be trained on child development process.
- The District management should support the programme of the sub-district regarding care giving and their needs.
- Caregivers need preventative training, support and supervision to cope with the difficult aspect of children's behaviour.
- Every sub-district should have support groups for caregivers.
- A multi-disciplinary team should be formed to address the needs of caregivers in the various districts.
- There must also be a team to monitor the implementation of the programmes for caregivers.

4.5 EVALUATION OF RESEARCH QUESTION, AIM AND OBJECTIVES

4.5.1 Research question

The research question for this study was: **What are the needs of caregivers of abandoned children?**

The researcher concludes the following:

- The research question was answered. The respondents participated very well and gave information to the researcher after all the procedures were explained to them and that the information would be kept confidential.

4.5.2 Aim of the research

The aim of the research study was to explore the needs of caregivers of abandoned children.

The researcher concludes the following:

- The aim of the research was met as it was discovered that caregivers have their own needs apart from the needs of abandoned children.
- The researcher concludes that, as professionals we turn to forget the needs of caregivers and addresses that of the children; however it will have an impact on the caregiver's life situation.
- The researcher concludes that further research needs to be undertaken as there was little research on this topic.

4.5.3 Objectives of the research

The objectives of this research were the following:

- I. Do an investigation on care giving and abandoned children in South Africa through literature study and consultation with experts.

- II. Gather empirical data on the needs of caregivers of abandoned children.
- III. Make recommendations regarding the needs of caregivers of abandoned children to the Department of Health and Social Development for intervention programs.

The researcher concluded the following regarding the objectives of the research:

- A basic knowledge on care giving and abandonment was gathered through literature study and consultation with experts.
- The needs of caregivers of abandoned children were outlined.
- It will be very important to have thorough knowledge also of the needs of abandoned children.
- Conclusions and recommendation were made regarding the needs of caregivers that need to be addressed by various government departments and other relevant institutions or non-governmental organizations.

4.6 CONCLUSION

Caregivers are people who are really interested and have a loving heart and positive attitude towards children of their own and those that are rejected by their families or relatives. They however experience social, financial and emotional problems while caring for the abandoned children. This study was aimed at exploring the needs of caregivers of the abandoned children and to make recommendations regarding caregiver's needs to the Department of Health and Social Development for intervention programmes. Therefore caregivers have their own needs and the Department of Health and Social Development should work with other Departments/Stakeholders to initiate and create awareness campaigns on care giving and to address the needs of caregivers by developing a variety of programmes to support them.

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APPENDIX 1

INTERVIEW SCHEDULE: Topic: The needs of caregivers of abandoned children

Dear participants

I'm a social worker employed by the Department of Health and Social Development. I'm busy with postgraduate studies at the University of Pretoria doing research on the needs of caregivers of abandoned children at Modimolle area, Waterberg district. The area was chosen because the researcher have observed from her workload the high rate of abandoned children being placed in foster care either with their grandparents, relatives, sisters/brothers or other extended family members.

You are chosen to take part in this study due to the above-mentioned reasons and thank you for your willingness to participate in this research. You should be aware of the following:

- The information will be kept confidential
- There is no right or wrong answer
- The researcher will conduct the interview and fill in where necessary.
- Feel free to say whatever you want to say and the tape recorder being used is to assist the researcher to put in paper what have transpired during the interview
- The interview will only take 30 minutes of your time

You are welcome to contact me should you have any enquiries, or if you are interested in the result of the study. My telephone number is 014-7172261/1017 or 0827624890

Thank you

.....

Mmapula E Kgole

Social Worker (Reg no: 10-20710)

SECTION A: DEMOGRAPHIC INFORMATION ON THE CAREGIVERS

1. Age

20 – 24 years	
25 – 34 years	
35 - 45 years	
45 - 59 years	
60 years and above	

2. Gender

Male	
Female	

3. Religious denomination

Methodist	
Roman Catholic	
Lutheran	
IPCC	
ZCC	
Other: Specify	

4. Highest educational level

None	
Grade 1 – 3	
Grade 4 - 6	
Grade 7 – 9	
Grade 10 – 12	
Other: Specify	

5. How many children of your own do you have?

None	
1	
2	
3	
4 and more	

6. How many other children are in your care?

None	
1	
2	
3	
4 and more	

1. How are you related to the child (children)?

Grandchild	
Relative	
Friend's child	
Neighbour's child	
Other: Specify	

8. How and when was the child (children) placed in your care?

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SECTION B: PROBLEMS AND NEEDS OF CAREGIVERS

9. What problems have you experienced in caring for the abandoned child (children)?

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10. What are your needs regarding the following?

Social:

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Emotional:

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Financial:

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SECTION C: SUPPORT AND COPING MECHANISMS

11. What kind of support did you receive?

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12. How are you coping with caring for the abandoned children?

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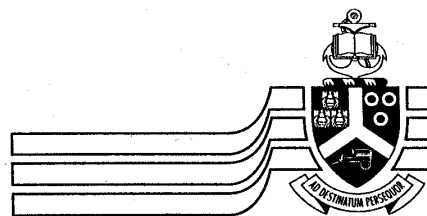
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Thank you for your participation
M.E Kgole

APPENDIX 2



University of Pretoria

Department of Social Work and Criminology

Tel. +27 12 420-2325

Fax. +27 12 420-2093

10 February 2006

CONSENT FORM

Participant's name:

Date:

1. Researcher's name and contact details:

Ms. M. E. Kgole is enrolled for the MSD (Play Therapy) degree at the Department of Social Work and Criminology, University of Pretoria. She has to do an empirical study as requirement for the degree.

Telephone number: 014 717 2261/1017

Cell phone number: 082 762 4890

2. Title:

The needs of caregivers of abandoned children.

3. Purpose of the study:

The aim of the study is to explore the needs of caregivers of abandoned children in their care in Modimolle area, which is situated in Limpopo province, Waterberg District. The researcher has observed and identified caregivers

who are caring for the abandoned children in her workload. Caregivers are playing an important role in the children's life. They should be supported and empowered by the community.

4. Procedures:

The procedures consist of a semi-structured interview, which will be conducted at the place of residence of the caregivers. The researcher will personally conduct the interview.

5. Risks and Discomfort:

There are no risks of participating in this study. However the caregiver may feel emotional during the time of the interview. If there are concerns, they can be conveyed to the researcher. Sometimes the caregiver may feel like talking about their personal experience. The researcher will ensure that the participant understands the aspect of confidentiality. If there are any discomforts, the respondent will be referred to the social worker in the area.

6. Benefits:

The subjects will benefit from participation in the sense that they will have the opportunity to share their needs and experiences in caring for abandoned children. They will contribute to a possible improvement in the support rendered to these caregivers. They will realize that they are not isolated and that their views are regarded as important.

7. Participant's rights:

Participation in this study is voluntary. No compensation for participation in this study will be given. You are free to withdraw from participating in this study at any time without prejudice.

8. Confidentiality:

In order to record the information from the participant, a tape recorder will be used throughout the study. It will be only the researcher who will listen to the tape and once the results have been documented the tape will be destroyed. The study will only disclose the participant's age. Any written material that the participant produces that may be used, in the report on the study, will exclude identifying details (such as names). The result of the study will be published as a mini-dissertation as required by the University of Pretoria. However no records by which you can be identified will be released unless required by law.

9. Right to access to the researcher:

The participants may access the researcher through these telephone numbers 014-7172261/1017 and 0827624890. They can also visit the researcher's office at Mandela drive, Limpala Building, Modimolle, Department of Health and Social Development.

I hereby give consent and willingly agree to participate in this study. I understand what the study is about, how and why it is being done. I will receive a signed copy of this consent form.

**Signed at on day
of 2006**

Signature of researcher:

Signature of respondent:

APPENDIX 3



**DEPARTMENT OF HEALTH AND SOCIAL
DEVELOPMENT**

WATERBERG DISTRICT

**TEL: +27(014) 717 2261
+27(014)717 1017
FAX: +27(014) 717 5308/1429
ENQ: Ms. J. F. BOTHA**

**Private Bag x1026
MODIMOLLE
0510**

**THE HEAD OF DEPARTMENT
UNIVERSITY OF PRETORIA
FACULTY OF HUMANITIES
DEPARTMENT OF SOCIAL WORK**

Sir/Madam

**RE: APPROVAL TO CONDUCT A RESEARCH PROJECT-(Ms. M. E.
KGOLE)**

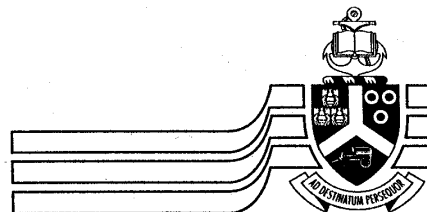
The above named person is employed as a Social worker by the Department of Health and Social Development. She has registered MSD Play Therapy with your institution, she has developed a research topic from her work load, and therefore she is granted permission to conduct her research with social work clients as this does not have an influence in her day-to-day rendering. Instead the Department will benefit from her project since it is relevant and work related.

Thanking You

J. F. Botha

Sub/District Manager

APPENDIX 4



University of Pretoria
Research Proposal and Ethics Committee
FACULTY OF HUMANITIES

6 March 2006

Dear Doctor Prinsloo

Project: The needs of caregivers of abandoned children
Researcher: M E Kgole
Supervisor: Dr C E Prinsloo
Department: Social Work and Criminology
Reference number: 2224710

Thank you for the application you submitted to the Research Proposal and Ethics Committee, Faculty of Humanities.

I have pleasure in informing you that the Research Proposal and Ethics Committee formally approved the above study on 23 February 2006. The approval is subjected to the candidate abiding by the principles and parameters set out in her application and research proposal in the actual execution of the research.

The Committee request you to convey this approval to Ms Kgole.

We wish you success with the project

Sincerely

Prof Brenda Louw

Chair: Research Proposal and Ethics Committee

Faculty of Humanities