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THE LIFE EXPERIENCES OF CHILDREN IN CHILDCARE INSTITUTIONS

By

ZANDILE OLGA SHABANGU

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SUPERVISOR: DR.M.MOLETSANE

DECLARATION

I declare that **THE LIFE EXPERIENCES OF CHILDREN IN CHILDCARE INSTITUTIONS** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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Z.O. Shabangu (Miss)

DEDICATION

I would like to dedicate this dissertation in loving memory of my grandfather, Mr. A.M. Dlamini, who believed that education is an important thing in one's life and advised me from an early age to always reach for the stars.

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ABSTRACT

The study is aimed at understanding the life experiences of children living in childcare institutions and to gain insight into what impact these experiences have in their lives and everyday functioning. I also anticipate that findings of the study will make a contribution in the Department of Health and Social Development, social workers, childcare institutions and other stakeholders who work with children in order to plan and implement programs that will enhance the children's lives. The research project will be qualitative in nature with the use of the interpretivist approach and the stigmatisation theory as its theoretical background.

The study revealed that children in childcare institutions view their environment as normal besides the absence of their parents, there were mixed feelings however about whether they find it as pleasant or unpleasant. One thing that stood out and was positive for them being in a childcare institution was that they have access to privileges which they would not have access to if they were living with their families.

KEYWORDS

Childcare institution

Stigmatisation

Residential Care

Identity

Attribution

Coping

Self-esteem

Self-concept

Stigma

Adolescence

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CHAPTER 1
ORIENTATION TO THE STUDY

1.1   INTRODUCTION

Childcare institutions are facilities where children are placed by the government after certain formal court procedures have been followed (Berridge & Brodie, 1998). The Department of Health and Social Development plays a role in the procedure of placing a child in an institution. There are different types of childcare institutions, for example, children's homes, children's villages, places of safety, children's shelters and schools of industry. My study will focus on children's homes because it is where I currently work and where my curiosity about the topic emerged. Children are placed in different institutions depending on their circumstances and interaction with the Department of Health and Social Development. A child who has been sexually abused would be removed immediately from where he or she has been a victim of a crime and sent to a place of safety for protection while the crime is being investigated. A child would be placed in a childcare institution when the trial has been finalised and he or she cannot be placed back into their place of origin for prevention of being victimised again.

The main aim of childcare institutions is to provide a safety net for children at risk, to provide a shelter for children whose foster care placement has collapsed and also accommodate children with behavioural problems (Berridge & Brodie, 1998). Children develop behavioural problems due to lack of affection and rejection from the parents (Manso & Alonso, 2009). Childcare institutions provide for short-term emergency care, treatment of emotional problems and provision of a stable homelike environment in situations where the child needs to be in care over a long period of time (Johansson, Andersson & Hwang, 2008). Johansson et al (2008) mention that, in residential care the emphasis is more focused on treating behavioural and emotional difficulties than in providing care.

The experiences and challenges of a child in a childcare institution need to be taken into consideration. But for this to transpire more insight into their situation has to be investigated and this is where my research topic aims to make a contribution. Children in care need to be understood (Manso & Alonso, 2009). Once there is insight into their experiences perhaps there will be an opportunity to provide them with a platform to be better citizens and to give a meaningful contribution to society when they are placed back into their communities. Both physical and social stigmas are linked to institutionalised

children and these children are aware of the negative public stereotypes bestowed upon them by society (Berridge & Brodie, 1998). By making a meaningful contribution to society, through the results of this research, society can have a different positive perception about children in childcare institutions and perceive them in a much more affirmative light. The children experience social disconnectedness due to being treated negatively by society. Residential care is no longer only about custodial care and protection but it is also about a treatment plan for each child placed in it (Johansson, Anderson & Hwang, 2008).

The voice of children in childcare institutions is rarely taken into consideration because they are labelled as ill-disciplined. That might not transpire if they could be given a chance to express their opinions and experiences. Something constructive could come from this expression to improve their conditions and change the way the public views them. The residential placement of children can contribute to the positive development of some children with behavioural problems and/or emotional disturbances (Knorth, Harder, Zandberg & Kendrick, 2008). There has not been much focus on the opinions and experiences of children in childcare institutions for the purpose of improving the services offered to children in care. It is important to be enlightened with regard to their life experiences in institutions.

1.2   RATIONALE

The reason for doing this study is to gain insight into the life and experiences of children who live in childcare institutions. My interest for this topic was evoked by my experiences while working as an intern psychologist in a childcare institution. I observed how the institutionalised child was treated differently by visitors in the institution and also noted the different treatment they received at school. One of the tasks during my internship year was to work at a school as an intern educational psychologist and while on the school premises the children who knew me from the children's home avoided interaction with me. That made me wonder why they acted this way. When we met at the institution they were friendly towards me. I wanted to question what causes them to distance themselves from anyone connected to the children's home when they are in a public domain. Could this behaviour be a result of stigmatisation?

A person observing from a distance might think that residing in a childcare institution is an unpleasant encounter and they may feel that children in these places need to be avoided. I heard an account where a

school that is in close proximity to a particular childcare institution has children from the institution attending school there. However, that particular school does not want to be associated with that childcare institution. It raised the question in my mind of 'How are the children from the institution treated by the school and the other learners?'

Being in a childcare institution is viewed as a form of punishment for the wrong the child has done (Berridge & Brodie, 1998). Most of the time, when one hears people talking about a child who stays in an institution, it is always mentioned that the child is naughty and that they have earned themselves the position of being in a childcare institution. The feelings of the child in an institution are rarely taken into consideration and the adults in that child's life are rarely questioned about the role they play in the child's life which could have contributed to the child's placement in the institution (Knorth, Harder, Zandberg & Kendrick, 2008).

Most people in society seem to share this way of thinking and I used to have the same perception until I received the opportunity in my internship year to work at a childcare institution. From that point on, my perceptions about children in childcare institutions changed. I used to have some negative perceptions about them and their behaviour but once I got to know some of them and listened to their stories my perceptions shifted. Carl Rogers, in his person centred approach, mentions the importance of giving people the opportunity to express themselves and to teach others about their life experiences.

1.3   PROBLEM STATEMENT

Children in childcare institutions are faced with different challenges such as working against the stigmas that they are rebellious and untrustworthy. Children in care, however, show an improvement in psychosocial functioning as opposed to the negative attitude society links them to (Knorth, Harder, Zandberg & Kendrick, 2008). Although these children are said to have improved psychosocial skills they do, however, still experience psychosocial problems. This is not the case though with older children, children from two parent families and children in care who have frequent contact with their families (Attar-Schwartz, 2008).

Attar-Schwartz (2008) further mentions that a higher rate of psychological, psychiatric, academic and behavioural problems as well as poorer social relationships are all likely outcomes for children that have

been institutionalised. He further indicates that boys in such institutions are more likely to present with challenges with regard to academic performance, to have emotional problems and behavioural difficulties because they tend to lack the ability to express their emotions in comparison to their female counterparts (Attar-Schwartz, 2008). The longer a child stays in an institution, the less aggressive they become and therefore present with fewer behavioural and social problems (Attar-Schwartz, 2008). If this is the case then why do they experience ridicule from members of the society? A study by Shin (2005) shows that children in childcare institutions are, in most cases, suffering from depression, anxiety and loss of behavioural and emotional control.

Institutionalised children are at higher risk of mental illness due to child abuse experiences, neglect and termination of relationships with biological parents without any warning (Shin, 2005). Lack of preparation for independent living and multiple family problems also play a role in possible mental health difficulties. All of these negative experiences lead them to cognitive delays and have a negative impact in age-appropriate behaviour, academic performance and in forming and maintaining positive social relationships and personal identity (Shin, 2005).

In addition to stigma, they are faced with situations where they have to fight against prejudice, discrimination, stereotyping and exclusion. According to Bunn, Solomon, Miller and Forehand (2007), these children are also faced with situations where blaming and "othering" is involved. Children in childcare institutions experience dislocation from their families, cultural background and, in addition to these experiences they are marginalised by everyday society (Meintjes, Moses, Berry & Mampane, 2007). This leads to the children not being able to develop secure long lasting attachments. Meintjes et al (2007) state the following as challenges faced by children in childcare institutions: threatens children's normal developmental processes by not allowing the children opportunities for individual attention and forming and maintaining attachment with adults. Childcare institutions also appear to fail when it comes to transferring important life-skills to children leading to children being ill prepared to cope with life when they leave care (Meintjes, Moses, Berry & Mampane, 2007). This ill-preparedness, in turn, predisposes the children to antisocial behaviour and problems with 'reintegrating' themselves into society.

The childcare institution system frequently fails to respond to children's individual needs and characteristically prioritises the needs of the institution (Meintjes, Moses, Berry & Mampane, 2007). It

exposes children to overcrowding and lack of privacy. It frequently exposes children to increased illness, a lack of access to medical care, and/or education. Children in childcare institutions are at risk of sexual and physical abuse by residential care staff and older children. In extreme circumstances, it has resulted in trafficking of children. The childcare institution system operates as a 'magnet' in poor neighbourhoods. Residential care settings are used by poverty-stricken caregivers as an "economic coping mechanism", resulting in children being placed there because of lack of access to resources as opposed to a lack of suitable care (Meintjes, Moses, Berry & Mampane, 2007).

1.4   RESEARCH QUESTIONS

My research questions are highlighted in this section.

Main research question

- What are the life experiences of children living in childcare institutions?

By means of the main research question, I will gain insight into the day-to-day experiences of the participants.

Sub questions

- What are children in childcare institutions' personal experiences of living there?
- What are children in childcare institutions' personal experiences in relation to stigma?
- What would children in childcare institution like to change about being in childcare institution?
- How do the children in a childcare institution view their future?

1.5   PURPOSE OF THE RESEARCH

The purpose of my study is to understand the life experiences of children living in childcare institutions and to gain insight into what impact these experiences have on their lives and everyday functioning and, in particular, how these experiences then shape the identity formation of adolescents. My topic will assist in giving the children an opportunity to be heard and the platform to air their views to anyone who will be interested in the results of the study; including the people working with the children in the institution and their schools. I also anticipate that the findings of the study will make a contribution to the Department of Health and Social Development, social workers, childcare institutions and other stakeholders who interact with children in planning and implementing programs that will enhance the children's lives. The research project would like to address gaps, add knowledge and add the voices of

individuals to the topic at hand (Creswell, 2002). The results are also aimed at improving practice. With this information, institutions can improve their effectiveness in serving children and enhance their lives. The outcome can also be utilised to inform important policy issues especially where the Department of Health and Social Development is concerned (Creswell, 2002).

The participants will benefit from the study by attainment of self-knowledge and gaining insight into their environment. They will possibly experience personal growth and can form a support system for other children in the institution if those children experience similar difficulties with regard to stigmatisation in a childcare institution.

1.6   ASSUMPTION

Based on the literature I have consulted, I assume that living in a childcare institution has a negative effect on children and makes it difficult for them to fit into society. Children living in childcare institutions experience life in a negative way as mentioned by Knorth, Harder, Zandberg and Kendrick (2008). I assume that they experience stigmatisation from the general public. They are not awarded an opportunity to illustrate who they are and express how they feel. Alternatively they are compartmentalised into a fixed set of expectations assumed to represent children in an institution (Berridge & Brodie, 1998). The placement of a child in a care institution is said to be challenging and this memory according to Taylor (2006) can remain with them for a lengthy period of time. They experience a range of emotions such as fear, anger, excitement, depression and relief (Taylor, 2006). They also feel vulnerable.

1.7   CLARIFICATION OF CONCEPTS

The concept section is aimed at providing clarification of the terminology used in the study and for the comprehensive progress of the investigation.

1.7.1   CHILDCARE INSTITUTION /RESIDENTIAL CARE

A childcare institution is a welfare facility, which either primarily or incidentally provides fulltime room, board and watchful oversight to six or more children below the age of 18 (Berridge & Brodie, 1998). A reform school, school of industries or a children's home are established under section 29 or children's home registered under section 30 of the South African Childcare Act (Meintjes, Moses, Berry

& Mampane, 2007), are places where children are placed for short or long periods of time instead of their own homes (Thoburn,1988). It is any non family-based group setting which provides a therapeutic programme as appropriate to the targeted children's developmental and other needs (Meintjes, Moses, Berry & Mampane, 2007). It is a system put in place to care for children who are in need of care, have been neglected, abandoned or those who are in conflict with the law (Meintjes, Moses, Berry & Mampane, 2007). Some children end up in the system because of being infected with or affected by HIV/AIDS. The institutions follow two types of set ups or ways of living, namely dormitory style or household style. In this study, the participants are in a childcare institution due to being orphans, neglect and abuse.

1.7.2   STIGMATISATION

The Attribution-As-Cause theory will be the backbone of the study since it explains how and why people are stigmatised. The attribution theory was developed from the theories of Fritz Heider, Edward Jones, Keith Davis and Harold Kelley who were all social psychologists. Attribution theory is about how people make causal explanations and about how they answer questions beginning with "why?" The theory deals with the information people use in making causal inferences and in what they do with this information to answer causal questions.

Stigmatisation is the act of devaluing certain members of society. The Oxford dictionary describes stigmatising as treating people as if they are not important and making them feel bad about who they are (Hildyard & Wolfe, 2002). Stigma exists when people distinguish and label human differences and when dominant cultural beliefs link labelled persons to undesirable characteristics such as negative stereotypes. It also involves categorising people to accomplish some degree of separation of 'us' from 'them'. This causes the categorised person to experience status loss and discrimination that leads to unequal outcomes (Deacon, Stephney & Prosalendis,2006).

There are different types of stigma and these are the abomination of the body which is made up of different deformities of the body including sickness, blemishes of individual character which stems from known history of socially deviant behaviour and the last form of stigma is inheritable which is referred to as tribal stigma of race, nation and religion (Kattz, 1981). In this study, the participants are stigmatised by members of society. Stigma will be explored in Chapter 2.

1.7.3 ADOLESCENCE

The participants in this study are adolescents hence it is important for me to define this concept. Adolescence is the developmental stage between childhood and adulthood and begins around the age of 11 or 13 and can end between ages 17 and 21 (Louw, Van Ede & Louw, 2002). Louw, Van Ede and Louw (2002) further state that the age of adolescence is best demarcated by looking at physical development, psychological development and socio-cultural norms. At this stage, the identity and personality of the child is shaped and established. If the adolescent experiences negative comments about their identity and they are being shunned because of a certain characteristic that is not acceptable or is frowned upon by society then they will grow without the self confidence that they need to obtain in order to establish a healthy identity, personality and self-esteem. Further information of the impact of stigma experienced in adolescence will be discussed in the literature review chapter.

1.7.4 NEGLECT

The participants in this study are in childcare institutions due to neglect. Some children were emotionally and some physically neglected. Emotional neglect is defined as acts or omissions by the caregiver that could cause the child to develop behavioural, cognitive, emotional or mental disorders and exposure to family violence are difficult forms of maltreatment to define because of their lack of visible injuries (Hildyard & Wolfe, 2002). Physical neglect is a failure to meet the physical needs adequately of children, permitting criminal behaviour, abandonment and educational neglect with medical neglect, failure to supervise leading to sexual abuse and failure to provide necessary treatment for a child (Hildyard & Wolfe, 2002).

1.8 LITERATURE REVIEW

The nature of children living in childcare institutions (according to my observation) experience life in a negative way and this reflection is supported by Knorth, Harder, Zandberg and Kendrick (2008). Children appear to experience stigmatisation from the general public. They are not awarded an opportunity to illustrate who they are or express how they feel. Alternatively they are compartmentalised into a fixed set of expectations assumed to represent children in an institution (Berridge & Brodie, 1998). The placement of a child in a care institution is said to be challenging and this memory according to Taylor (2006) can remain with them for a lengthy period of time. They feel vulnerable and experience a range of emotions such as fear, anger, excitement, depression and relief (Taylor, 2006).

The nature of children who are in childcare institutions are usually those who are orphaned, physically deprived, emotionally disturbed or socially disadvantaged (Payne & White, 1979). The aim of childcare institutions is to mitigate the effects of deprivation which are, amongst others, emotional, social and intellectual deficiencies (Payne & White, 1979). Children in these institutions experience different effects according to their gender as mentioned by Attar-Schwartz (2008). Boys in childcare institutions tend to present with more externalising behaviours such as aggression, delinquency, acting out, antisocial tendencies and violence because they tend to lack the ability of restraint when compared to girls (Payne & White, 1979). Girls are more likely to present with internalising difficulties such as somatic complaints, withdrawal tendencies, anxiety and depressed behaviour (Attar-Schwartz, 2008). Attar-Schwartz (2008) also mentions that older children in childcare institutions tend to experience more psychosocial difficulties when compared to their younger counterparts.

Children from childcare institutions tend to feel angry when someone feels sorry for them according to Kahan (1979). Children in childcare institutions seem to lose their identity because there is little interaction, if any at all, with their families or the public because they are sometimes stigmatised. Their lives become fragmented hence the confused personal identity, loss of self-regard and loss of confidence in the future (Kahan, 1979). Children in childcare institutions have the need to acquire information about their backgrounds and contact information about their families like anyone else. Being in a childcare institution the children experience enormous challenges such as being disconnected from supportive adults which would most probably make their lives more productive and develop them into self-sustaining adults (Avery & Freundlich, 2000).

Avery and Freundlich (2000) mention that children who age in childcare institutions are likely to experience homelessness, unemployment, unplanned pregnancy and substance abuse. One of the reasons that children end up in residential care is neglect and, as a result, they tend to have impaired social development. They may develop aggressive behaviour as adaptive survival skills in an institutional setting. This is especially so for children who come from dysfunctional families.

Some children who are placed in childcare institutions are from dysfunctional families. A dysfunctional family is a family, in which conflict, misbehaviour and even abuse on the part of individual members of

the family occur continually and regularly, leading other members to accommodate such actions (Taylor, 2006**).** Taylor (2006) further mentions that children who grow up in dysfunctional families and have not experienced anything better are likely to think that such an arrangement is normal. Dysfunctional families are primarily a result of co-dependent adults, and also affected by alcoholism, substance abuse or other addictions of parents (Taylor, 2006). Parents' untreated mental illnesses, defects or personality disorders, or the parents emulating their own dysfunctional parents and dysfunctional family experiences may also contribute to a dysfunctional family (Avery & Freundlich, 2009).

Dysfunctional family members have common symptoms and behavioural patterns as a result of their common experiences within the family structure (Taylor, 2006). This tends to reinforce the dysfunctional behaviour either through enabling or perpetuation. Children in dysfunctional families adopt different roles within that system. They can either assume the parentified child role where they take responsibility of the family or they can become the problem child, just to name a few (Taylor, 2006). The problem child normally ends up in an institution because they tend to be the one adding to the dysfunctionality of the family (Taylor, 2006).

Sometimes dysfunctional families can lead to the abandonment or neglect of children. In a family setting, abandonment refers to intentional and substantial desertion, permanently or for a period of time, without legal excuse and without consent of one's duties arising out of a status such as that of husband and wife or parent and child. Child abandonment is often recognised as a crime, in which case the child is usually not physically harmed directly as part of the abandonment. Neglectful parenting is often noted in dysfunctional families. This is when a parent is uninvolved in the child's life. This parenting style can rear a child who is socially incompetent and lacks self-control (Santrock, 2006).

Due to the high rate of HIV/AIDS, children are becoming orphans and end up taking up the role of child-headed households. When these children are discovered by community or social workers they also end up in a childcare institution to protect them from several kinds of risks. This is the case with some of the participants in this study.

1.9.   THEORETICAL FRAMEWORK

- **ATTRIBUTION-AS-CAUSE THEORY**

The Attribution-As-Cause theory was developed within social psychology as a means of dealing with questions of social perception. For instance, if a person is aggressively competitive in his/her behaviour, is she/he this kind of person, or is she/he reacting to situational pressures? If a person fails a test, does it always mean that he or she has low cognitive ability, or was the test difficult (Kelley, 1973)? According to the Attribution-As-Cause theory, a discrediting attitude can include the person's physical make up, social behaviour or anything that cultivates in others or the observer strong feelings of repugnance, disdain and fear (Kattz, 1981). This is then referred to as stigmatising an individual. According to the Attribution-As-Cause theory, people are stigmatised based on the information the observer has about that individual (Baron & Byrne, 2003).

The Attribution-As-Cause theory mentions that a person can be stigmatised because of internal or external attributes. External attributes can include their social functioning or the environment they live in and people can be stigmatised because they belong to a particular group. External attributions according to Kattz (1981) stem from ethnocentrism or displaced aggression which results from a person expressing animosity that arises from other causes and possibly not related to the victim of stigma. Internal attributes can include their personality traits, motives and intentions (Baron & Byrne, 2003). Sometimes the cause of stigma is not due to the person's deviated attributes according to the observer but is based on general standards that are created and accepted by a society which regards these people or person as deviant (Baron & Byrne, 2003) .

According to the Attribution-As-Cause theory the questions concerning the causes of observed behaviour and the answers of interest are those given by the man on the street hence Heider in Kelly (1973) refers to the Attribution-As-Cause theory as "naïve" psychology. Kelley (1973) mentions that the Attribution-As-Cause theory describes the processes of events, behavioural and emotional consequences of those explanations. The theory is important for the study because it will give clarity on issues around the research problem which is the experiences of children living in childcare institutions and how they experience stigma in their environment and other systems they function in. It is also relevant for the study to give clarity on why the children experience stigma and how the stigma phenomenon develops. The Attribution-As-Cause theory states that cognitive-perceptual tendencies can strengthen the link

between the recognition of a negative characteristic and the rejection of the person possessing that characteristic (Kattz, 1981). This means that it is possible for someone not to experience stigma if they think in a particular way. People experience stigma as a result of their attribution processes and if these can change then stigma can be eliminated. Is this the way to go to help children in childcare institutions to deal with stigma?

The Attribution-As-Cause theory gives guidance in studying why people behave the way they do which will shed light on why children in childcare institutions experience stigma and if the cause for stigmatising is known then certain measures can be employed to mitigate it. The Attribution-As-Cause theory will further assist in explaining the process of events that lead to children in childcare institutions to be stigmatised which includes the behaviour and emotional consequences of being stigmatised. The Attribution-As-Cause theory will be discussed further in chapter 2, which is about literature review conducted for the study.

1.10   RESEARCH METHODOLGY
1.10.1 RESEARCH DESIGN

My research study will be qualitative in nature. As stated by Rossman and Rallis (2003) qualitative researchers seek answers to questions in the real world by actively gathering their material from the world around them. The aim is to gather data for analysis so that new understandings of reality can be created. Qualitative research is a broad approach to the study of social phenomena. It is naturalistic and interpretivist in nature. It draws on multiple methods of inquiry. The methods of data collection are usually interactive and humanistic. Techniques frequently used include interviewing, observing, gathering documents and human culture. In qualitative research the type of data that is collected is naturalistic meaning that it must not be coded, summarised, categorised or otherwise reduced while it is collected (Willig, 2001). Qualitative data collection methods are designed to minimise data reduction.

 According to McMillan and Schumacher (2001) qualitative research attempts to do the following:

- Achieve an in-depth understanding and detailed description of a particular aspect of an individual or a case history or a group's experience(s).
- Explore how individuals or group members give meaning to and express their understanding themselves.

- Find out and describe in detail social events and to explore why they are happening, rather than how often.

- Explore the complexity, ambiguity and specific detailed processes taking place in a social context.

This approach states that a situation can only be understood and explained by the individuals experiencing it and we, as researchers, can only interpret the findings (Cohen, Manion & Morrison, 2000).

The study will focus on the children's personal experiences and personal views of their presence in the childcare institution in relation to stigma. A qualitative study is one where the research approach is subjective and is aimed at describing the life experiences of the participants and give meaning to those experiences (Burns & Grove, 2005). According to Burns and Grove (2005), it is a way to gain insight through discovering meaning in the research findings. It aims at exploring the depth of a particular phenomenon. The logic behind qualitative research is that there is not one but many realities and these realities are based on different perceptions as experienced by different people and that these perceptions change over time (Burns & Grove, 2005).

The study will use the case study research perspective. Case study research is concerned with examining a unit in its real life context. The unit can be a family, a person or organisation. This can also include studying a small number of participants. Case study research allows the researcher the opportunity for an in-depth study of the participants (Burns & Grove, 2005). Case studies investigate and report the complex dynamic and unfolding of events, human relationships and other factors in a unique instance. A case study also gives the opportunity for the reader to understand how ideas and abstract principles can fit together (Cohen, Manion & Morrison, 2000). Cohen, Manion and Morrison (2000) mention the following factors as the hallmarks of case study research:

- It is concerned with a rich and vivid description of events relevant to the case.
- Blends description of events with the analysis of them.
- Focuses on individuals with the aim of understanding their perceptions about a particular phenomenon.
- The researcher is integrally involved in the case.
- Portrays the richness of the case in writing up the report.

Case studies aim to portray what it is like to be in a particular situation. It aims to catch the close-up reality and in-depth description of participants' lived experiences of a particular phenomenon. Cohen, Manion and Morrison state that case study research allows the participants an opportunity to speak for themselves rather than to be largely interpreted, evaluated or judged by the researcher (2000).

1.10.2   RESEARCH PARADIGM

The research paradigm selected for this project is the interpretivist approach. This paradigm is used when the researcher wants to describe and interpret people's feelings and experiences in human terms rather than through quantification and measurement (Terre Blanche & Durrheim, 2002). Interpretivist social science can be traced back to German sociologist Max Weber and German philosopher Wilhem Dilthey. These two philosophers believed in the empathetic understanding of the daily life experiences of people in historical settings (Neuman, 1997). They believed that social science must study meaningful social interaction or social interaction with purpose (Neuman, 1997). They felt that we must learn the personal reason or motives that shape a person's internal feelings and guide decisions to act in particular ways (Neuman, 1997).

Interpretive social science is related to hermeneutics which is a theory of meaning that originated in the nineteenth century (Neuman, 1997). Interpretivist researchers study meaningful social action and not just external observable behaviour. Social action is the action to which people attach subjective meaning; it is activity with purpose or intent (Neuman, 1997). Interpretivists believe that social reality of a person is based on how they define it. They also believe that common sense is important to understand people.

Interpretivists state that the basic nature of human beings is constantly engaging in the process of creating flexible systems of meaning through social interaction (Neuman, 1997). The aim of the interpretivist researcher is to discover what actions mean to the people who engage in them. They test hypotheses by using set procedures through logical deduction and collecting data. According Neuman (1997) interpretivists consider an explanation to be true when it stands up to replication and if it allows others to understand deeply or to enter reality of those being studied.

Researchers working with the interpretivist approach believe that people's subjective experiences are real and should be taken seriously. Interpretivists also believe that we can understand other's experiences by interacting with them and listening to what they say (Terre Blanche & Durrheim, 2002). Unlike positivists, interpretivists seek to understand phenomenon than to explain it.

1.10.3 SAMPLING

The method of sampling that will be used is purposive sampling which is a non-probability sampling procedure; the sample will be representative of a specific population (Cohen, Manion & Morrison, 2000). Purposive sampling is a method of choosing participants for a qualitative research study. It is sometimes referred to as judgemental or selective sampling (Burns & Grove, 2005). The aim of purposive sampling which is sometimes referred to as judgemental or selective sampling is the conscious selection of participants by the researcher according to certain elements, events or incidents to include in the study (Burns & Grove, 2005).

The sampling method is aimed at selecting participants that will provide rich information for the study. Purposive sampling is said to be the best method to use to gain insight into a new area of study and to reach an in-depth understanding of the research topic because the researcher selects the participants who will provide information on the phenomenon being studied.

The participants will be two adolescents; one of them 13 years old and the other one 18 years old. They also need to be participants who are at school and have family that they visit frequently outside the institution. The data will be collected from the participants who understand English because it is the common language in the childcare institution. However, if the participants at some point feel like expressing themselves in their mother tongue they will be allowed to do so. The interviews will be conducted in English and any language the researcher or participant understands.

The participants to be selected in this study will be those who can express themselves in English and those who have been living in the children's home for more than a month, in order to give their personal experiences of living there. They will be selected first by their age and their background history of neglect and them coming from dysfunctional families. Interviews will take place at their respective

residential places or anywhere they will feel comfortable. The participants will be consulted in due time to establish where they would like to be interviewed.

1.10.4   DATA COLLECTION

Data collection is a term used to describe the process of preparing and collecting of information as part of a particular project. This information is kept on record and is used to make decisions about the research question (Burns & Groove, 2005). Semi-structured interviews, observation, field notes and document study will be used to collect data. Data collection in qualitative research is aimed at creating a comprehensive record of the participants' words and actions (Willig, 2001) to make sure that as little as possible is lost in data analysis. The comprehensive recording of information in data collection leads to large volumes of data which can be difficult to manage.

- **SEMISTRUCTURED INTERVIEWS**

Semi-structured (sometimes referred to as in-depth) interviews are designed to gain a detailed picture of the participant's beliefs, perceptions and accounts of a particular topic (Strydom, Fouchẻ & Delport, 2002). During the semi-structured interview the researcher needs to concentrate on what the participant is saying while monitoring if they are covering the topic at hand (Strydom, Fouchẻ & Delport, 2002). Participants will be given an opportunity to talk about their experiences as they see them with minimal guidance from the researcher. In a semi-structured interview the participant is given the interview schedule to read and the opportunity to decide which question they want to answer first. Semi-structured interviews are more suitable where the topic of research is more personal (Strydom, Fouchẻ & Delport, 2002). The participant should be considered the expert and be allowed the opportunity to tell their story.

Semi-structured interviews are organised around areas of particular interest while still allowing considerable flexibility in scope and depth. The researcher is able to follow up particular interesting avenues that emerge and the participant is able to give a fuller picture. The researcher may have a set of predetermined questions but the interview is guided by the schedule rather than dictated by it (Greeff, 2005).

The semi-structured interview predetermines topics and questions but also leaves the researcher with "some space for following up interesting topics when they arise" (Rugg & Petre, 2007). The semi-

structured one-to-one interview is usually used to gain a detailed picture of a participant's beliefs about or perceptions or accounts of a particular topic (Greeff, 2005). In a semi-structured interview the researcher prepares a questionnaire which is referred to as an interview schedule or guide (Strydom, Fouchẻ & Delport, 2002). During the semi-structured interview, a certain amount of deviation from the topic is allowed but the researcher has to determine how much deviation will be allowed and not every question needs to be because it might be answered during the deviation session (Strydom, Fouchẻ & Delport, 2002).

In this study, semi-structured interviews will be conducted on an individual basis. All interviews will be conducted through the medium of English. All terminology used in the data collection process will be simplified to the level of the participant. Questions will be formulated so that they are not leading or suggestive. Participants' reactions such as becoming aggressive or emotional, refusal to answer the questions, using profane language, swearing or cursing etc. will be noted immediately.

- **OBSERVATION OF NON-VERBAL BEHAVIOUR**

The non-verbal observations are to be recorded as they are described and not evaluated by the researcher according to the phenomenological approach (Burns & Grove, 2005). Non-verbal observations are observations of non-verbal behaviour presented by the participants throughout the interview. Observation is an important part of research; it assists the researcher to gain an in-depth insight into the manifestation of reality (Strydom, Fouchẻ & Delport, 2002). The researcher aims to gain feelings, impressions and the experiences of circumstances according to the participants.

Participant observation involves a systematic description and analysis of behaviour and talk in real-world settings. A researcher records, for example, speech, interpersonal interaction and non-verbal behaviour. These are usually recorded as a collection of field notes that provide a basis for later analysis (Whitely & Crawford, 2005; Willig, 2001). I will constantly be observing the participants' non-verbal behaviour in order to understand their experience from the individual's point of reference.

- **FIELD NOTES**

Field notes contain an in-depth account of the respondents and anything else that took place during the data collection process that might have an impact on their responses. They also contain the actual

discussions and communication, attitudes, perceptions and feelings of the observers (Strydom, Fouche & Delport, 2002). Cohen, Manion and Morrison (2002), on the other hand, mention that field notes can be written at different levels such as being descriptive, ongoing verbatim or categorised. Field notes can also be in the form of themes pre-determined by the researcher.

- **DOCUMENT STUDY**

Document study will be implemented by reading through the potential participants' files to help the selection process. The information from the document study will also be used in the data analysis and interpretation stage of the study.

1.11   DATA ANALYSIS AND INTERPRETATION

The data will be interpreted in line with the research questions by noting the patterns and themes, following up on unexpected results and checking results with participants. This entails studying the common and woven themes derived from the content analysis which will provide meaning to the experiences of the participants. Data analysis is the process of working with the collected information. It involves deciding what to do with it and how it will be processed and analysed. In this process the data is manipulated to come up with information that will answer the research question. Data analysis also includes information on how data will be verified, cross-checked and validated (Cohen, Manion & Morrison, 2000). Data analysis involves organising, accounting for and explaining data. The researcher makes sense of the data using the participants' definitions of the situation by noting patterns, themes, categories and regularities. In qualitative research data, analysis begins when the data collection begins (Cohen, Manion & Morrison, 2000). The researcher needs to be weary not to leave out important data at this stage because it will have an impact in the validity of the study.

The data analysis method that will be used is that of Giorgi. Giorgi's method recommends that it is important to see things as a whole even though there are individual elements to the phenomenon (Burns & Grove, 2005). He states that it is important to identify the relationships of units to each other and to the whole. Giorgi's method consists of 5 theoretical steps (Burns & Grove, 2005):

1. Reading of the entire disclosure of the phenomenon to obtain a sense of the whole.
2. Re-reading the same thing in a purposeful manner to find meaning and to discover the essence of the phenomenon being studied, this ends up with a series off meaning units or themes.

3. Examining the previously determined meaning units for redundancies, clarification or elaboration by relating meaning units to each other and to a sense of the whole.

4. Reflecting on the meaning units and extrapolating the essence of the experience for each participant. During this process each unit is transformed into the language of psychological science when relevant.

5. Formalising a consistent description of the structure of the phenomenon under study across participants by synthesising and integrating the insights achieved in the previous steps.

The data will be managed by identifying different themes and doing cognitive mapping for each participant. This choice of data analysis was chosen because it suits the way I learn and make sense of information and it is a way that helps me to gain insight to new information. Cognitive mapping is visual representation of the information provided by the participant. It is a way of representing the conceptualisations and interpretations of the participant by the researcher as an alternative to transcribing (Burns & Grove, 2005). The researcher maps the ideas of the participants onto a single page using codes or concepts and relationships amongst concepts while listening to the taped interview repeatedly. The interview is not transcribed and the mapping is performed within 4 days of the interview. For a 45 minute interview the researcher should allow 3 hours for cognitive mapping (Burns, 2005). The following are guidelines of cognitive mapping according to Burns, 2005:

- Generate field notes immediately after the interview and have them available for the cognitive mapping process.
- Use a large sheet of paper and a black pen to facilitate photocopying.
- Listen to the tape without stopping to write comments and rewind tape.
- Start mapping.
- Consider data cognitively and allow time for thought and formulate codes to establish relationships and recording non-verbal data.
- Keep verbatim quotes from the tape separately and indicate where they emerge on the map.
- Annotate the map to indicate connections and respondent or researcher input.
- As a second level analysis, develop a macro map that combines content from all the individual cognitive maps to initiate theory building from the analysis.

Data interpretation is a process that involves finding meaning and drawing conclusions from the data that has been arranged and organised in a particular manner. In the case of this study, the purpose of data interpretation is to make meaning out of the themes that have emerged from the data analysis process which ended up with themes. This is the written account of the phenomenon using thematic categories from the researcher's data analysis process (Terre Blanche & Durrheim, 2002). The data will be interpreted in line with the research question and by noting of patterns and themes, following up on unexpected results and checking results with participants. This entails studying the common and woven themes derived from the content analysis which will provide meaning to the experiences of the participants.

1.12 QUALITY CRITERIA

Validity is the extent at which our research describes measures or explains what it aims to describe measure or explain. Validity in qualitative research is ensured by the extent of flexibility and open-endedness which allow for validity issues to be addressed (Willig, 2005). The research participants are given an opportunity to challenge the researcher's assumptions about the meaning and relevance of concepts and categories. To ensure validity data collection in qualitative research, it occurs in a real life setting and lastly, reflexivity ensures the research process is scrutinised through out the data collection and that the researcher constantly reviews their role (Willig, 2005).

As mentioned by Merriam (1988) in Creswell (2002), the intent of qualitative research is not to generalise findings, but to form a unique interpretation of events. McMillan and Schumacher (2001) describe extension of the findings as enabling others to understand similar situations and apply these findings in subsequent research or practical situations. In this study, extension of the findings may be applicable to other children in childcare institutions and the findings may have relevance to creating better living conditions such children.

To ensure the trustworthiness of the data, the researcher will provide a rich and detailed description so that the participant's experience of the phenomenon of experiences in a childcare institution will elicit in the reader the feeling that they understand what it would be like to experience the phenomenon themselves. This will allow readers to vicariously experience the challenges that children in institutions

encounter and provide a lens through which readers can view the participant's world. There are four main criteria used to judge the trustworthiness of qualitative data (William, 2002)

- **CREDIBILITY**

William (2006) defines the credibility criterion as establishing that the results of qualitative research are credible or believable from the perspective of the participant in the research. From this perspective, the purpose of qualitative research is to describe or understand the phenomena of interest from the participant's eyes; the participants are the only ones who can decide on the credibility of the results.

- **TRANSFERABILITY**

Transferability is the extent to which the results can be generalised or transferred to other contexts or settings. The qualitative researcher can increase transferability by doing an in-depth description the research context and the assumptions that were central to the research. The person who wishes to "transfer" the results to a different context is then responsible for making the judgment of how sensible the transfer is (William, 2006).

- **DEPENDABILITY**

The idea of dependability emphasises the need for the researcher to account for the ever-changing context within which research occurs. The researcher is responsible for describing the changes that occur in the setting and how these changes affected the way the researcher approached the study (William, 2006).

- **CONFIRMABILITY**

Confirmability refers to the degree to which the results could be confirmed by others. According to William (2006) there are a number of strategies for enhancing confirmability and they are:

1. The researcher can document the procedures for checking and rechecking the data throughout the study.
2. Another researcher can take a "devil's advocate" role with respect to the results, and this process can be documented.
3. The researcher can actively search for and describe any *negative instances* that contradict prior observations.

4. After the study, one can conduct a *data audit* that examines the data collection and analysis procedures and makes judgements about the potential for bias or distortion (www.socialresearchmethods.net/kb/contents.php).

1.13. ETHICAL CONSIDERATIONS

Ethics is a set of moral principles that are suggested by an individual or group, are subsequently widely accepted, offer rules and behavioural expectations about the most correct conduct towards experimental participants (Strydom, Fouchė & Delport, 2002). Ethics also serve as a standard the researcher uses to evaluate their conduct. Ethics are a very important part of the research process. When doing research it is of vital importance that voluntary participation for all the members is emphasised and if a participant feels the need to drop out in the middle of the research they must be allowed to do so. Informed consent will be required for all participants who will be part of the research process. Before the research starts the participants will be gathered in one place and I will explain to them what activities they will be engaging in the research process and the reason why I am doing this research will be made known to them.

The important part of ethics is to ensure that, during the research process, no harm should occur to the participants and those who will be involved in the research project must give their consent before they engage in any part of the research project (Strydom, Fouchė & Delport, 2002). Deception of participants is also ethically incorrect; deception involves withholding information or offering incorrect information to ensure participants or subjects decide to answer or behave in a certain way while they would have decided otherwise if the information was available to them. The participant's privacy, anonymity and confidentiality must be taken into consideration. Release and publication of findings also need careful consideration and must comply with ethics.

After the research project is complete, debriefing sessions need to be arranged for the research participants. In these sessions the participants will get the opportunity to work through their experiences and here the researcher will get the opportunity to minimise harm (Strydom, Fouchė & Delport, 2002).

Terre Blanche & Durrheim (2002) emphasise the importance of ethics in research and they divide them into three main principles i.e. the principle of autonomy which covers the researcher seeing and treating

the participants as individuals, voluntary participation and the freedom to withdraw from the research project when they want to and to ensure the anonymity of the participants.

The principle of non-malfeasance has to do with the ethical consideration of not harming the participants or any other person during the research. The researcher needs to consider potential risks of the research and plan how they will be dealt with (Terre Blanche & Durrheim, 2002). The last ethical principle they refer to is that of beneficence. Research should be done with people who will benefit from it and if it will not directly contribute to the participants then it must be a contribution to the society (Terre Blanche & Durrheim, 2002). It is ethically correct to carry out activities that the researcher is competent in otherwise appropriate experts should be consulted for assistance. After the research has been completed, a report should be written and published. In the case of publishing the findings, the rights and anonymity of the participants need to be carefully considered. Researchers should not falsify or fabricate data and need to point out limitations of their findings (Terre Blanche & Durrheim, 2002).

1.14. CONTRIBUTION TO THE STUDY

During the literature review for the study, the limited literature concerning the subject being studied was evident. There are a few articles written on the topic and there were no books recently published on the topic. There was a significant gap within the literature relevant to this study. It may be challenging to base findings on previous literature. But on the other hand, this study makes a big contribution towards a new body of knowledge.

The information obtained in this study will be a contribution towards raising awareness on the experiences of institutionalised children and reducing the stigma that seems to be attached to children from childcare institutions in the hope of improving their lives and making their stay in these places pleasant if they are found to be unpleasant. The results of the study will also be used to enrich their personal growth and development in the form of psychotherapy sessions should the need arise while the research project is being conducted.

1.15 LIMITATIONS

The small sample that is used in the study makes it difficult to generalise the findings. The familiarity of the participants to the researcher may influence the interview process and cause challenges which can have an influence on the data collection process.

1.16 CONCLUSION

The lack of information with regard to this topic poses a great concern of the number of children that end up in childcare institutions particularly because of the HIV/AIDS pandemic. The least we can do is to provide them with an environment that will enrich their lives and make them feel a sense of acceptance and belonging when interacting with members of the community. I was moved to find out that, in the South African context, there is limited information where this topic is concerned and I would like to contribute to the topic. Some of these children are in childcare institutions not because of their doing but they are being sidelined. Regardless of that, why do they have to bear the brunt? Maybe a future study can look at the main reason why children end up in childcare institutions.

Children in childcare institutions are faced with challenges and are stigmatised which I think are issues that can be addressed if the correct information is given to the public and if certain things are changed to support these children in the institutions. What is relevant is that we need to find ways to improve the lives of these children and provide them with the opportunity to be productive and functional members of our society.

1.17 OUTLINE OF CHAPTERS

CHAPTER 2: In this chapter, the available literature regarding the experiences of children living in a childcare institution and literature about stigma will all be included in the discussion. Further information will also be added on the theoretical frame work of the study which is the Attribution-As-Cause theory.

CHAPTER 3: This chapter discusses the qualitative research design and methodology which was applied in order to obtain in-depth information on the experiences of children living in a childcare institution.

CHAPTER 4: In chapter 4 data analysis and interpretation will be covered.

CHAPTER 5: This last chapter addresses conclusions, recommendations and limitations of the study which could make a contribution towards making the experiences of children living in a childcare institution understood.

CHAPTER 2

CHILDREN IN CHILDCARE INSTITUTIONS AND STIGMA: LITERATURE REVIEW

2.1   INTRODUCTION

The study, entitled the experiences of children living in childcare institutions, is aimed at exploring the experiences of such children in relation to stigma. The focus will be on teenagers because they are in a position to express their views to some extent forthrightly compared to children in a younger age group. Adolescents, according to the model of Erik Erikson, are in a state of transition and are embarking on developing their adult identity. They are very sensitive to peer pressure and the need to fit into a particular group. Due to these circumstances, they tend to express and experience stigma more deeply compared to adults or younger children (Deacon, Stephney, & Prosalendis, 2006). It is therefore important to understand how children experience and respond to stigma so that the necessary measures can be put in place to reduce its impact on their development, health and wellbeing.

2. 2   CHILDREN IN CHILDCARE INSTITUTIONS

Children living in childcare institutions (according to my own observation) experience life in a childcare institution in a negative way and this reflection is supported by Knorth, Harder, Zandberg and Kendrick (2008). They are not awarded the opportunity to illustrate who they are and express how they feel. The main reasons that children end up in childcare institutions are neglect, abandonment and abuse (Meintjes, Moses, Berry & Mampane, 2007). In South Africa, childcare institutions have two systems running concurrently. They deal with children in need of care and children who are accused and convicted of crime. Childcare institutions follow different styles of living; these are dormitory style set-up or household style set up. Are there any positive outcomes in children living in a childcare institution? Palareti and Berti (2009) mention that, according to extensive research, "there is consistent evidence that the incidence of emotional, social, behavioural and educational problems found in children who experience out-of-home placement is substantially higher than that in the general population".

International organisations such as UNICEF according to Meintjes, Moses, Berry and Mampane (2007) have a concern that placing children in childcare institutions is not all good. They state that it has the following negative connotations:

- Children's normal developmental processes are threatened due to lack of individual attention and attachment to adults.

- Critical life skills are not transferred to the children in this setting which makes it a challenge for the children to cope with life after leaving the facility.

- The children are dislocated from their communities therefore leading to the loss of cultural identity which makes it difficult to reintegrate into society when they leave the childcare institution.

- The lack of reintegration marginalises these children and leads to stigma and discrimination.

- Some institutions fail to attend to individual needs of the children focusing on the needs of the institution first.

- It exposes the children to lack of privacy and overcrowding.

- Children are at risk of physical and sexual abuse by residential care staff and older children.

- Residential care facilities can be used by poor caregivers as a facility to overcome their financial difficulties.

Living in a childcare institution has a negative impact on children who are placed there. The experience of being in a childcare institution can lead to the child being stigmatised by society because they end up being marginalised by society as mentioned by Meintjes, Moses, Berry and Mampane (2007). The information above gives light as to why children who live in a childcare institution can be stigmatised which is a positive contribution to the study.

2.3   TYPES OF CHILDCARE INSTITUTIONS

According to South African law, childcare facilities are subdivided into different categories depending on the functions they have and the children they serve and the categories are as follows (Meintjes, Moses, Berry & Mampane, 2007):

- *Children's home*. This is any facility put in place to receive, care, protect and bring up more than six children excluding their parents. The facility does not include any school of industries or reform school.

- *Institution* refers to a reform school, school of industry or children's home established under section 29 or 30 of the South African Childcare Act of 1983. It is a place that a child is sent to by a court if they have committed a certain offence and they are underage to go to jail.

- *Place of care* is a building or premises used for profit or otherwise to receive, protect and partially care for children excluding their parents on a temporary basis. It is a place where children who experience a crisis are sent to while proper arrangement for placement are made for them by the social worker and other parties involved. For example, a shelter for street children.

- *Place of safety* is a place established under section 28 of the Childcare Act which receives children and the owner of the place is willing to receive them. This place could be someone's home. This is also a place that provides temporary placement for children who have no other place to go to. The maximum term of placement in this environment is 6 months to a year.

- *Reform School* is a facility that receives and trains children who have been convicted of criminal activities. Children are sent to a reform school for purposes of rehabilitation because they are underage to be sent to prison.

- *Shelter* refers to a building or premises maintained or used for the reception, protection and temporary care of more than six children in especially difficult circumstances. Instances such as the experience of physical abuse reported by neighbours over the weekend can lead to a child being removed immediately and placed in a shelter until all the parties needed to work on the case are present to do so.

Children in childcare institutions will form the sample for this study. The kind of institution they reside in is called a children's home. Before they were placed in the children's home they stayed in a place of safety then they went through an admission process which includes a psycho-educational assessment. The psycho-educational assessment is carried out to screen and find out if they will be able to fit into the programmes that are run in the childcare institution so that they will benefit from being placed in the facility.

The children are placed in different category homes according to their background information and reports from a social worker. "By law, a court inquiry is required in order for children to be placed in any of these facilities. Based on a series of criteria which define a child in legal terms as being 'in need of care' the court may order that he/she be placed in a residential facility of some kind" (Bilson and Cox, 2007). A child is placed in an institution based on the reasons that caused them to be removed from their original residence (Bilson & Cox, 2007).

2.4   REQUIREMENTS TO REGISTER AS A CHILDCARE INSTITUTION

The South African law states that it is illegal to care for unrelated children without court orders or legal emergency-placement orders. Any care arrangement housing with more than six children being looked after by a caregiver who is non-related to them is entitled by law to register as an official facility with the Department of Health and Social Development and this institution needs to further conform to certain standards as stated in the South African Child Care Act (1996) . When the facility is registered it needs to state the maximum number of children that may be cared for at the facility at any given time and the legal age-range. If it fails to follow the set procedure as per the South African Child Care Act (1996) then it will be closed down (Meintjes, Moses, Berry & Mampane, 2007).

In addition to registration as a residential facility with the Department of Health and Social Development, the facility is entitled to apply for a government subsidy of its services to support it financially and this is paid per child. In addition to the previously mentioned facilities there is a new legislation which talks about new childcare institutions such as child and youth care centers. A child and youth care centre is a place that provides residential care for a maximum of six children and runs a residential care program suitable for the children in the facility (Meintjes, Moses, Berry & Mampane, 2007). A child and youth care centre is not a partial care facility or not a boarding school. It is not a drop in centre or a hostel /boarding school which is built for tuition purposes but a place that provides residential care for a maximum of six children. Child and youth care centres are required by law to provide therapeutic programmes aimed at catering for the developmental and emotional needs of the residents.

The new act also makes provision for a new childcare facility called Cluster Foster Care placement. This makes provision for the placement of children in need of care and protection with people that are not

their biological parents (Meintjes, Moses, Berry & Mampane, 2007). Cluster Foster Care placement is designed according to the foster care programme that is run by a social, non-governmental organisations, that is a group of people acting as guardians for the children and being monitored by a child protection organisation or monitored by the Department of Health and Social Development. Both international policy and South African policy view residential care as the last resort placement option for children. This opinion was developed after the observation of information from research that yielded the negative impact on children who are in childcare facilities (Meintjes, Moses, Berry & Mampane, 2007).

Meintjes et al (2007) mention that, in South Africa, children in childcare facilities are mostly between the ages of 6 and 18. Some of the children continue to live in the childcare facility even when they are older than 18 years because they do not have any other place to go to. They also mention that there are an equal number of boys and girls in the facilities and an even split of boys and girls according to the age ranges (Meintjes, Moses, Berry & Mampane, 2007). Both sexes are evenly represented in the childcare institutions. It was discovered that there is a wide range of reasons for children to end up in a childcare facility. The range of reasons includes as stated by Meintjes et al (2007) the following:

- being infected or affected by HIV/AIDS,
- experience of abuse and/or neglect,
- abandonment and
- poverty

A childcare institution can take on one of two types of living arrangements that is the dormitory style or the house-hold style set up. The dormitory style set up is when groups of children are placed according to age and they are sharing living space where as the household style is usually sibling groups or a certain age range which are sharing living space (Bilson & Cox, 2007). Household-style set-ups are either stand-alone units in a neighborhood or clusters of different sizes and commonly described in official discourses as a 'cottage system' or 'children's village'. Childcare facilities can have a mix of both styles of living arrangements. The participants in this study live in dormitory style set up where children around the same age group share living space. Children in childcare institutions are at risk of being stigmatised by community members. What is stigma and what impact does it have on an individual?

2.5   STIGMA

Bunn, Solomon, Miller and Forehand (2007) define stigma as a process where by individuals with devalued physical, behavioural or medical attributes experience prejudice, discrimination, stereotyping and exclusion (Bunn, Solomon, Miller & Forehand, 2007). Stigma can be defined as blaming and an "othering" response. It is a cognitive justification for an emotional reaction to fear and it allows people to distance themselves from the victims (Deacon, Stephney & Prosalendis, 2006). Kattz (1981) mentions that the word stigma originated from the ancient Greeks, who used it to refer to bodily marks or brands that were used to expose infamy or disgrace for example that person was a slave or a criminal. In the present day, the word is used more to refer to disgrace than to bodily evidence. Kattz (1981) indicates that the word stigma is used to denote an attribute that is discrediting, that reduces the possessor in our minds into a tainted and discounted thing from a whole usual person (Kattz, 1981). This discrediting is context dependent; one may be discredited in a particular setting only to be accepted in another setting. Stigma is a mark of disgrace associated with certain circumstances, quality or person.

The extent, effects and nature of stigma and discrimination varies according to culture, socio-economic situation and regional factors and stigma can play a role in encouraging social inequality (Deacon, Stephney & Prosalendis, 2006). Deacon, Stephaney and Prosalendis (2007) state that there are two different types of stigma namely: Secondary Stigma which is associated with other things such as practices and objects and the second type of stigma is Courtesy Stigma which is imposed on people because of their association with a certain group of people (Deacon, Stephaney & Prosalendis, 2007).

The stigma phenomenon has different facets to it and will be discussed in detail in the section below. Kattz (1981) distinguishes between three different types of stigma one being the abomination. This refers to people being stigmatised due to different deformities of the body they present with such as sickness. The other form of stigmatisation involves blemishes of individual character and this stems from the known history of socially deviant behaviour. The last form of stigma is inheritable which he refers to as tribal stigma of race, nation and religion (Kattz, 1981). These different types of stigma show that children in a childcare institution may be stigmatised for different reasons. The types of stigma will help in establishing why the participants are being stigmatised if they do experience stigma in any part of their lives.

Children growing up in childcare institutions have a propensity to lose confidence in parental care and tend to lose trust in authority figures fearing that they will be abandoned or rejected (Kahan, 1979). Kahan (1979) also states that children in childcare institutions have an impression that society does not accept them which could lead them into behaving badly because they already know that whatever they do, society will have a negative attitude towards them regardless. This kind of attitude from society could then lead them into having a damaged identity (Kahan, 1979). They tend to feel apprehensive when mixing with other people since they have the feeling that other people see them as being different. People tend to feel sorry for them when they hear that they are from a child care institution while for them, being in a child institution could be some of the most pleasing days of their childhood (Kahan, 1979).

Deacon, Stephney and Prosalendis (2007) talk about layered stigma which refers to what they call double or triple oppression. This is when an individual suffers from stigma following the fault lines or perceptions of society, that is, they are stigmatised because of their race, social status or their financial status in society (Deacon, Stephney & Prosalendis, 2006). Due to the different circumstances, there are multiple reasons of being stigmatised. Deacon, Stephney and Prosalendis (2007) surprisingly mention that stigma does serve psychological and social functions such as dealing with differences even though it is negative. Stigma is a form of defence from fear and vulnerability. Stigmatising is also seen as a form of control and a form of power exerted on another person seen as powerless or inferior. Blood, Blood, Tellis and Gabel (2003) define stigmatised individuals as those possessing or perceived to possess some attribute or characteristic that conveys a social identity that is devalued in a particular social context. Stuber, Meyer and Link (2008) concur with the abovementioned statement and state that a person's motivational systems and their psychological orientation can modify and shape their experience of stigmatisation and their psychological wellbeing.

2.6   STIGMATISATION PROCESS AND THE ATTRIBUTION-AS-CAUSE THEORY

The Attribution theory is concerned with the need to search for causes of certain events. Attribution is seen as a way of explaining the causes of events, hence allowing people to reach a certain understanding with regards to a particular phenomenon. This understanding will be used in other situations in the future to prevent the occurrence of stigma (Rees, Ingledew & Hardy, 2005). It will give information on

the reasons why children living in a childcare institution experience stigma. The process of stigmatisation begins with a judgmental approach to another person that arises from our values, prejudices and taboos. The victim of stigma is perceived to be different in some way that conflicts with our deep-felt values and prejudices (Kelley, 1973). Kelley (1973) further mentions that this makes us uneasy and that we find the situation undesirable and disturbing. Our norms, principles and standards are offended by that person's difference (Kelley, 1973). Since our norms, principles and standards are offended we react by attaching a negative social label of disgrace, shame, prejudice or rejection to the person we perceive as different to us. The stigmatised person becomes significantly discredited in our eyes because of the characteristic that offends us.

Kattz (1981) states that stigmatisation is a process that can be explained using the Attribution-As-Cause theory. The Attribution-As-Cause theory says that there are certain qualities which are negative that have power to discredit in the eyes of others the moral being of the person who is suffering from stigma (Kattz, 1981). Stigmatising conditions develop when a perceived negative attribute is held by either the stigmatised individual or by other individuals (Blood, Blood, Tellis & Gabel, 2003). They continue to mention that the line between perception and stigma is often blurred when discussing and defining stigma. Blood et al (2003), mention that it is a person's belief in this negative attribute that causes them to be stigmatised.

This discrediting attitude can include the person's physical make-up, social behaviour or anything that cultivates in observers strong feelings of repugnance, disdain and fear (Kattz, 1981).The model further states that cognitive-perceptual tendencies can strengthen the linkage between recognition of a negative characteristic and rejection of the person possessing that characteristic. Kattz (1981) continues to mention that the attribute-as-cause model posits that, if someone is different enough from others on any capacity they be considered as outsiders and rejected (Kattz, 1981).

The Attribution-As-Cause theory will assist in shedding more light as to where stigma originates from and it will help in supporting the findings of the study. The information of the theories will also be useful in determining how issues of stigma can be avoided or dealt with in relation to the findings on the experiences of children living in childcare institutions. The theory serves as guidance for the study to point out which aspects pertaining to stigma should be focused on during the study. The Attribution-As-

Cause model focuses on the psychological processes involved when people make judgements about others' behaviour after making certain observations (Rees, Ingledew & Hardy, 2005). Rees, Ingledew and Hardy (2005), state that there five dimensions to attribution and these include locus of causality, controllability, stability, globality and universality. Locus of causality refers to whether the cause is inside or outside the person (Rees, Ingledew & Hardy, 2005). Controllability has to do with the fact that the cause is controllable or not. Stability is concerned with whether the cause can be generalised across time. Globality has to do with whether the cause can be generalised across different situations and universality is concerned with whether the cause can be generalised to other people (Rees, Ingledew & Hardy, 2005). Rees et al (2005), mention that attributions do not happen in a vacuum but occur in a social context and are influenced by particular social factors. If theses attributions are made in public they can be refuted and challenged, making it possible for them to be changed (Rees, Ingledew & Hardy, 2005). This is what the study is aiming to do concerning the experiences of children living in childcare institutions in relation to stigma.

2.7   CONSEQUENCES OF STIGMATISATION

Stigma can have negative effects without resulting in unfair discrimination, for example, when people avoid social interaction for fear of losing their status or being discriminated against. It can also result in a low self-concept (Deacon, Stephaney & Prosalendis, 2007). Stigma and discrimination can exacerbate the material and psychological problems children face; it can prevent proper access to education and well-being. Children according to past research can avoid potentially stigmatising situations such as social interaction and educational opportunities because they expect or internalise stigma (Deacon, Stephaney & Prosalendis, 2007).

A person who is being stigmatised can eventually engage in self-stigmatisation, suffer status loss and can also engage in active discrimination. Stigma can impede the emotional, physical and material wellbeing of children, especially teenagers (Deacon, Stephaney & Prosalendis, 2007). Stigmatisation can result in status loss, related discrimination, internalisation and social withdrawal according to Deacon, Stephaney & Prosalendis (2007). The relationships between the different types of stigma can have a negative impact on the quality of life of the individual by reducing it. Stigmatisation can lead to a poor quality of life and poor health (Stuber, Meyer & Link, 2008). Stigmatisation can lead to constricted social networks, depressive symptoms and hyper-vigilance in the anticipation of negative treatment

chronically activating social stress responses leading to impaired interactions between marginalised and non-marginalised people.

Stigma changes the way people view themselves as the person being stigmatised has feelings of anguish, shame, doubt, rejection, self-doubt, guilt, self-blame and inferiority. They also engage in social withdrawal which is refraining from intimate contact with others and socialising with others. If they do not withdraw from social contact they tend to overcompensate for their perceived shortcomings. When someone gives them something they feel indebted to that person (Stuber, Meyer & Link, 2008). People from groups that are perceived as stigmatised can sometimes be insensitive to cues of being stigmatised and can become desensitised to stigma. This is a concerning statement in that a person may be stigmatised and not be aware of that stigma (Major, Quinton & Schmader, 2003). Could that be the case with children living in childcare institutions? Stuber, Meyer & Link (2008), mention that, at times, people may say that they are being stigmatised while the negative feedback could be the result of a plausible outcome. Children in childcare institutions may think they are being stigmatised while the people could be reacting to their unpleasant behaviour. Attributing negative outcomes to stigma could be a way to protect their self-esteem. Theoretically attributing negative behaviour to stigma would protect the individual's self-esteem. This attribution depends on the situation and the person's personality characteristics (Stuber, Meyer & Link, 2008).

2.8   ADOLESCENCE, IDENTITY FORMATION AND STIGMA

Personality development is one of the important tasks that an adolescent has to master. It includes identity formation, the self-concept and emotional development. Identity has to do with one's awareness of themselves as an independent person with a certain position in society. When the adolescent has developed their identity they need to have discovered who they are, what is important to them and what direction they want to take in life (Louw, Van Ede & Louw, 2002). If an adolescent is stigmatised, could these questions be answered correctly if they are answered at all? Louw et al. (2002) mention that the important themes in identity formation are gender roles, relationships, marriage, religion, politics, own value system, independence from parents, social responsibility and work roles (Louw, Van Ede & Louw, 2002). To develop their own identity adolescents need to master the following tasks according to Erik Erikson's theory:

- achieve ego-synthesis- which means they need to form a continuous and integrated self-image regardless of the changes they are going through physically and otherwise,

- form a socio-cultural identity which means their traditions must be part of who they describe themselves to be,

- form gender role identity and this involves acknowledging and accepting that they are male or female, and

- form a career identity which means they need to be realistic about what they can and cannot achieve in terms of making a career choice.

Erikson's theory gives us information on the different challenges that a person faces at each developmental stage. According to Erikson, adolescents have to work towards identity formation as opposed to identity confusion. If they are exposed to negative feedback such as stigmatisation they are likely to experience identity confusion, since stigma is seen to have a negative impact on self-esteem. This can lead to identity fore-closure or the development of a negative identity. Identity confusion is defined by Louw et al (2002) as being indecisive about who you are and what role you play in society that you in live in. When they experience identity confusion they lack the ability to amalgamate their various roles and when they are confronted by conflicting value systems they lack the aptitude to make decisions (Louw, Van Ede & Louw, 2002). This could result in them developing anxiety, apathy or hostility towards roles or values and this can cause them to be viewed as rebellious.

Identity confusion can propagate either identity foreclosure or negative identity. Identity foreclosure means that when the adolescents experience identity confusion they resort to making a series of pre-mature decisions about their identity based on what other people think they should be. They use their external locus of control to make their decisions. Negative identity, on the other hand, is when an adolescent develops an identity completely different to their cultural values and norms (Louw, Van Ede & Louw, 2002). As the adolescent develops their identity, there are certain factors that influence that process which has an impact on how their identity is developed. These factors are cognitive ability, the influence of parents, which is the parenting style they implement as well as cultural-historical influences.

The description of the development of identity in adolescence shows that the experiences a child has in a childcare institution can have a negative long-term impact on their identity formation and self-esteem. Those who manage to overcome and develop a healthy identity regardless of their life experiences in a childcare institution, how do they manage that? Knowing the different aspects of identity formation in the adolescent developmental phase will assist in determining what impact the experiences of the research participants have affected their identity formation.

2.9   HOW CAN CHILDREN COPE WITH STIGMA

How children cope with stigma depends on their different emotional and cognitive stages of development. They make use of emotional regulation which is defined as flexible use of regulatory mechanisms such as activation control which refers to the ability to initiate and maintain behaviour that is not pleasurable, attentional control that is attention focussing or shifting, planning, problem solving and moderately using inhibitory control. Teenagers tend to resort to emotion focused coping (Deacon, Stephaney & Prosalendis, 2007).

Coping abilities differ according to the child's age and changes according to the child's cognitive and emotional development. Adolescence, being the most critical stage for identity formation where children have a greater need for conforming to a certain norms pertaining to their peer group, means that the adolescent experiencing stigmatisation is affected negatively. Adolescents being stigmatised are in a position to experience more conflict when compared to younger children (Deacon, Stephney & Prosalendis, 2006).

This impact occurs because teenagers see their peers as role models and their parents lose this position in their lives. Dependence on peers at this stage is a positive shift for them because this is where they gain a strong inner locus of control and also develop a mature identity (Deacon, Stephney & Prosalendis, 2006). According the above mentioned point, stigma limits the opportunity for the adolescent to develop a mature identity because of their low-self concept as they do not have the inner strength to give them self-confidence (Deacon, Stephney & Prosalendis, 2006). Deacon et al (2007) say that children use a wide range of coping mechanisms and emotion regulation activities which can be unconscious at times to cope with stigma. They use purposeful and unconscious attempts to directly regulate their emotion such as denial, acceptance or avoidance. They may also resort to problem solving or emotionally-driven

behaviour such as aggression (Deacon, Stephney & Prosalendis, 2006). Elsenberg in Deacon et al (2007) defines coping or emotion regulation as the "flexible use of regulatory mechanisms, relatively high use of constructive modes of regulation such as activational control; which has to do with controlling unacceptable behaviour, attentional control, planning, problem solving and moderately high use of inhibitory control"(Deacon, Stephney & Prosalendis, 2007).

Peer support is important for teenagers to cope with stigmatisation and environmental factors and family roles are also contributing factors on how they cope. If adolescents are being stigmatised this can take them away from the peer group and when in isolation, they have no coping skills since their developmental stage relies on the peer group to cope. This isolation places them at a higher risk of developing a low self-esteem. Deacon et al (2007) mention that adolescents are more likely to use emotion focused coping and avoid negative thoughts. Emotion focused coping has been associated with greater distress as compared to the use of problem-focused coping or dual focused coping (Deacon, Stephney & Prosalendis, 2006). The way a child experiences life in a childcare institution can impact on how they cope with stigma.

2.10   CONCLUSION

Childcare institutions need to be registered following the guidelines of the Childcare Act to ensure that the children who reside there are kept in a safe environment to protect them and prevent them from being at risk. Children in a childcare institution are faced with different experiences with regard to stigma. These experiences can have a negative impact in their lives, especially the ones in the adolescent stage. At the adolescent stage they go through personality development and identity formation, if they do experience stigma these processes can be affected.

Some of these children have the ability in the form of positive coping mechanisms to overcome the negative experiences and become upstanding members of society. The qualitative research approach was applied to gather information on the experience of the children in a childcare institution which will be discussed in detail in the following chapter, which is chapter 3.

CHAPTER 3

THE QUALITATIVE RESEARCH DESIGN

3.1 INTRODUCTION

The previous chapter has, by the means of a literature study, discussed the different aspects related to the study to provide an in-depth understanding of what this study is concerned with. In the previous chapter the issue of stigma was discussed, how it affects children in a childcare institution and how the children react and cope with it. For further understanding of the study, childcare institutions were defined. This chapter then discusses the methods adopted for the study to collect information that will be used to answer the research questions. It will discuss the research design, research method, ethical measures taken into account for the study, trustworthiness of the research findings, data collection methods and the data processing methods which will be used to obtain meaning from the raw data collected.

3.2 RESEARCH METHODOLOGY

3.2.1 RESEARCH DESIGN

This study is qualitative in nature and therefore will apply qualitative research strategies to answer questions and reach conclusions. As stated by Rossman and Rallis (2003), qualitative researchers seek answers to questions in the real world by actively gathering their material from the world around them. Research tends to take place in naturalistic settings. Researchers aim to gather data to be analysed so that new understandings of reality can be created. Qualitative research is a broad approach to the study of social phenomena. It is naturalistic and interpretivist in nature. It draws on multiple methods of inquiry. The methods of data collection are usually interactive and humanistic. Techniques frequently used include interviewing, observing, gathering documents and human culture.

Qualitative research aims to achieve an in-depth understanding and detailed description of a particular aspect of an individual, a case history or a group's experiences. This research method believes that a situation can only be understood and explained by the individuals experiencing it and researchers can only interpret it. The study will take an interpretivist approach which focuses on describing the experiences of the participants as they live them.

Qualitative research is subjective in nature and is aimed at describing the life experiences of the participants and aimed at giving meaning to those experiences (Burns & Grove, 2005). It is a way to gain insight through discovering meaning in the research findings; it explores the depth of a particular phenomenon. The logic behind qualitative research is that there is not one but many realities and these realities are based on different perceptions as experienced by different people and, as such, these perceptions change over time (Burns & Grove, 2005). I chose the qualitative research design in this study because, after reading about the different kinds of research designs that are available, I came to the conclusion that the qualitative research design will allow me the opportunity to obtain in-depth information which, after data analysis, will give me a better understanding of the experiences of the children living in childcare institutions.

3.2.2 CASE STUDY

According to Strydom, Fouchĕ and Delport (2002), a case study is an exploration or an in-depth analysis of a single or multiple cases over a certain period of time. The case being studied can refer to a process, activity, event, programme, an individual or multiple individuals over a period of time. Where multiple case studies are involved, it is referred to as a collective case study. There are three main types of case studies namely:

- Intrinsic case study-this has to do with gaining a better understanding of the individual case, the aim of this type is to describe the case being studied (Strydom, Fouchĕ & Delport, 2002).
- Instrumental case study-is used to elaborate on a theory or to gain a better understanding of a social issue. It serves as a facilitating tool for the researcher to gain insight about the social issue (Strydom, Fouchĕ & Delport, 2002).
- Collective case study-aims to further the understanding of the researcher about a social issue or the population being studied.

Case studies assist in establishing cause and effect; they observe effects in real contexts recognising that context is the determinant of both causes and effects. Case studies are designed to illustrate a more general principle (Cohen, Manion & Morrison, 2000).

3.2.3 INTERPRETIVIST APPROACH

The research paradigm selected for this project is the interpretivist approach. This paradigm is used when the researcher wants to describe and interpret people's feelings and experiences in human terms rather than through quantification and measurement (Terre Blanche & Durrheim, 2002). Interpretivist social science can be traced back to German sociologist Max Weber and German philosopher Wilhem Dilthey. These two philosophers believed in the empathetic understanding of the daily life experiences of people in historical settings (Neuman, 1997). They believed that social science must study meaningful social interaction or social interaction with purpose (Neuman, 1997). They felt that we must learn the personal reasons or motives that shape a person's internal feelings and guide their decisions to act in a particular way (Neuman, 1997).

Interpretive social science is related to hermeneutics which is a theory of meaning that originated in the nineteenth century (Neuman, 1997). Interpretivist researchers study meaningful social action and not just the external observable behaviour. Social action is an action to which people attach subjective meaning; it is activity with purpose or intent (Neuman, 1997). Interpretivists believe that the social reality of a person is based on how they define it. They also believe that common sense is important to understand people.

Interpretivists state that the basic nature of human beings is constantly engaging in the process of creating flexible systems of meaning through social interaction (Neuman, 1997). The aim of the interpretivist researcher is to discover what actions mean to the people who engage in them. They test hypotheses by using set procedures through logical deduction and collecting data. According to Neuman (1997), interpretivists consider an explanation to be true when it stands up to replication and if it allows others to understand deeply or to enter the reality of those being studied.

Researchers working with the interpretivist approach believe that people's subjective experiences are real and should be taken seriously. Interpretivists also believe that we can understand others' experiences by interacting with them and listening to what they say (Terre Blanche & Durrheim, 2002). Unlike positivists, interpretivists seek to understand phenomenon rather than to explain it. This approach was selected for my study because the aim of the study is to allow the participants the freedom to share their experiences and air their views about living in a childcare institution without being restricted or

forced into a particular frame of mind or line of thought. The interpretivist approach allows people to be free to air their views on issues without being judge and frowned upon since they believe that there are many truths.

3.3 SAMPLING AND SELECTION OF PARTICIPANTS

3.3.1 PURPOSIVE SAMPLING

The aim of purposive sampling (sometimes referred to as judgemental, selective or theoretical sampling) is the conscious selection of participants by the researcher according to certain elements, events or incidents to include in the study (Burns & Grove, 2005). In this method of selection the judgement is made on the basis of available information or the researcher's knowledge about the population that the sample will be drawn from.

The sampling method is aimed at selecting participants that will provide rich information for the study. Purposive sampling is said to be the best method to use to gain insight into a new area of study and to reach an in-depth understanding of the research topic because the researcher selects the participants who will provide information on the phenomenon being studied.

3.3.2 SELECTION OF PARTICIPANTS

I obtained a list of teenagers that live in the village and from that list I arranged the names of the children into two categories of male and female. The two categories were placed in two different small boxes; from these boxes I randomly selected two names from each category which left me with one girl and one boy who participated in the study. The participants, after signing the consent forms, were subjected to an open-ended interview which was between a minimum of 1 hour to 2 hours.

The participants lived in the childcare institution I worked at. There was no conflict of interest nor any power relations at play because I have not worked closely with them before, either in therapy or learning support. The interviews were our first point of contact besides the session where I discussed with them their role in the study.

If any doubt arose with regards to confidentiality and how much information they are free to reveal to me during the interview, they were reminded that, on the consent form, we discussed that they had the

right not to share information that they were not comfortable sharing. Due to the above mentioned facts, there was no dual role in the research project. A healthy relationship was developed and maintained with the participants throughout the research project. The participants were given feedback on the findings and the researcher referred back to them when there was something unclear in the interviews.

3.4   DATA COLLECTION

Four data collection methods were used in the research project namely: semi-structured interviews, observations, document analysis and field notes. Semi-structured interviews are interviews aimed at obtaining in-depth information about the phenomenon being studied from the interviewees. The interviewer asks the questions and then follows up on the responses of the interviewee giving them an opportunity to give information that they are comfortable to share. The interviews were recorded on a digital voice recorder which was given to a professional to transcribe. Further information during the data analysis was obtained from the social work files of the participants. Some observations were made during the interviews which were noted down on paper. These included the emotional reactions of the participants and their tone of voice.

Data collection is a term used to describe the process of preparing and collecting of information as part of a particular project. This information is kept on record and is used to make decisions about the research question (Burns & Grove, 2005). There are different forms of data collection that can be used. For this research project, the methods of semi-structured interviews and observation were used. The data collection strategy included individual semi-structured interviews and observations of verbal and non-verbal behaviour with the participants. Data collection in qualitative research is aimed at creating a comprehensive record of the participants' words and actions (Willig, 2001) to make sure that as little as possible is lost in data analysis. The comprehensive recording of information in data collection leads to large volumes of data which can be difficult to manage.

3.4.1   SEMI-STRUCTURED INTERVIEWS

Semi-structured sometimes referred to as in-depth interviews are designed to gain a detailed picture of the participant's beliefs, perceptions and accounts of a particular topic (Strydom, Fouché & Delport, 2002). During the semi-structured interview the researcher needs to concentrate on what the participant is saying while monitoring if they are covering the topic at hand (Strydom, Fouché & Delport, 2002).

Participants were given an opportunity to talk about their experiences with minimal guidance from the researcher. In a semi-structured interview, the participant is given the interview schedule to read and the opportunity to decide which question they want to answer first. Semi-structured interviews are more suitable when the topic of research is more personal (Strydom, Fouchẻ & Delport, 2002). The participant should be considered the expert and be allowed the opportunity to tell their story.

Semi-structured interviews are organised around areas of particular interest, while still allowing considerable flexibility in scope and depth. The researcher is able to follow up particularly interesting avenues that emerge and the participant is able to give a fuller picture. The researcher may have a set of predetermined questions, but the interview is guided by the schedule rather than dictated by it (Greeff, 2005).

The semi-structured interview predetermines topics and questions but also leaves the researcher with "some space for following up interesting topics when they arise" (Rugg & Petre, 2007). The semi-structured one-to-one interview is usually used to gain a detailed picture of a participant's beliefs about perceptions or accounts of a particular topic (Greeff, 2005).

In a semi-structured interview, the researcher prepares a questionnaire which is referred to as an interview schedule or guide (Strydom, Fouchẻ & Delport, 2002). During the semi-structured interview, a certain amount of deviation from the topic is allowed but the researcher has to determine how much deviation will be allowed and not every question needs to be because it might be answered during the deviation session (Strydom, Fouchẻ & Delport, 2002). The semi-structured interview schedule consists of two types of questions i.e. main questions and these are a hand full of questions to begin and guide the conversation. The second type of questions are probes and these are used when the researcher notices the lack of detail, depth and clarity or to request further examples and evidence (Strydom, Fouchẻ & Delport, 2002).

3.4.2 OBSERVATION OF NON-VERBAL BEHAVIOUR

The non-verbal observations were recorded as they were i.e. described and not evaluated by the researcher according to the phenomenological approach (Burns & Grove, 2005). Non-verbal

observations are observations of non verbal behaviour presented by the participants throughout the interview. Observation is an important part of phenomenological research as it assists the researcher to gain an in-depth insight into the manifestation of reality (Strydom, Fouchẻ & Delport, 2002). The researcher aims to gain feelings, impressions and the experiences of circumstances according to the participants.

Participant observation involves a systematic description and analysis of behaviour and talk in real-world settings. A researcher records, for example, speech, interpersonal interaction and non-verbal behaviour. These are usually recorded as a collection of field notes that provide a basis for later analysis (Whitely & Crawford, 2005; Willig, 2001). I will constantly be observing the children's non-verbal behaviour in order to understand their experience from the individual's point of reference.

3.4.3   DOCUMENT STUDY

A document study was conducted to obtain the participant's background information for purposes of selection and data analysis. This information gave guidance during the data analysis and interpretation of the raw data; it also served as a tool during the selection process of the potential research participants.

Document study has its advantages and disadvantages. One of these advantages is that it does not cost the researcher much. Strydom, Fouche' and Delport (2002) mention that is important because you can gain a lot more information since the person is more likely to make a confession about certain things such as when you conduct an interview or when you do a survey. The contents of the document are also not affected by the activities of the researcher; the researcher does not have to make personal contact with the respondents (Strydom, Fouche'& Delport, 2002). The researcher is, however, warned to be careful of incidents where the documents being studied are incomplete and they also need to be careful of biasness. Some documents can influence the researcher's objectivity because they were not meant for research but other purposes such as making money (Strydom, Fouche' & Delport, 2002). Linguistic skills of the researcher are important in document study because they need to obtain meaning from the document. If the researcher does not understand the language the document is compiled in, it can lead to a negative influence on the documents and their researchability (Strydom, Fouche' & Delport, 2002). In document study, another important factor that the researcher must take note off is the date on the

documents and where these documents originated from. This will have an impact on whether they can be used for the study on not.

3.4.4   FIELD NOTES

Field notes were used to document the observations of the interviewer during the interviewing process. Writing proper file notes can take time and can occur even after the interview has ended. Strydom, Fouchė and Delport (2002) suggest that an easier process to taking field notes involves recording what you see and hear and to also expand on the field notes immediately. It is important for the researcher to make accurate field notes in a systemic manner as soon as the observation session has ended. The more time passes between the sessions and the making of field notes, the less accurate the data will be (Strydom, Fouchė & Delport, 2002).

While writing the field notes, Strydom, Fouchė and Delport (2002) stress the importance of the researcher keeping the objectives of qualitative research in mind. This will help keep the researcher on track with the study and to decide what is important for the study. The researcher, while taking field notes, needs to be weary of not missing some observations from the participant due to writing down the field notes. This is one of the disadvantages of taking field notes.

The ideal field notes should contain an in-depth account of the respondents, the events taking place at the time as well as the observer's attitude, perceptions and feelings. With maximum field notes, Strydom et al mention that the researcher can maintain control over the situation (2002).

3.4.5   THE ROLE OF THE RESEARCHER

The role of the researcher was to guide the interviewees and to help them refocus if they happened to go off course during the interview. The interviewees were treated with respect. The researcher used the information recorded from the interviews verbatim. This will help in reaching an in-depth understanding of how the interviewees felt.

3.5   THE METHOD OF DATA GATHERING

Three data collection methods were used in the research project namely: semi-structured interviews, observations and background information from the participant's social work files. Semi-structured

interviews are interviews aimed at obtaining in-depth information about the phenomenon being studied from the interviewees. The interviewer asks the questions and then follows up on the responses of the interviewee giving them an opportunity to give information that they are comfortable to share. The interviews were recorded on a digital voice recorder which was given to a professional to transcribe. Further information during the data analysis will be used from the social work files of the participants. Some observations were made during the interviews which were noted down on paper as the emotional reactions of the participants were observed and their tone of voice was also part of the observations made.

The semi-structured interviews will be held with each participant on an individual basis. All interviews will be conducted through the medium of English. All terminology used in the data collection process will be simplified to the level of the participant. Questions will be formulated so that they are not leading or suggestive. Participants' reactions such as becoming aggressive or emotional, refusal to answer the questions, using profane language, swearing or cursing etc. will be noted immediately.

The children speak English in the institution so this is the language that will be used to conduct the interviews. However, if the interviewee wants to express themselves in their mother tongue, they will be allowed to do so. The researcher knows more than one of the official South African languages and will ask for clarity from the interviewee if the need arises during the interview.

3.5.1   VERBATIM ACCOUNTS
Verbatim accounts of the of the in-depth interviews were recorded using a digital voice recorder, professionally transcribed and typed as Microsoft Word 2003 documents.

3.5.2   LOW INTERENCE DESCRIPTORS
The researcher prompted interviewees for more information to enhance trustworthiness. Follow-up of interviews will be employed to ensure accuracy and common understanding between the researcher and the interviewees. Two interviews were conducted individually; they were conducted in the morning where the interviewees were allocated one hour each but had an allowance to go over the hour by thirty minutes if the need was there. The interview consisted of similar questions.

3.5.3   ELECTRONICALLY RECORDED DATA

All in-depth interviews were recorded using a digital voice recorder. A professional transcriber was employed to enhance the trustworthiness of the research.

3.6   TRIANGULATION METHODS

Triangulation is the use of two or more methods of data collection in the study of some aspect of human behaviour. Triangulation is very important for the study to ensure that the data collected is presented as accurately as possible by the researcher hence multiple resources are employed to ensure that there is accuracy in the findings. Cohen, Manion and Morrison (2000) talk about the different types of triangulation which are:

- Time triangulation. This is when effects of social change and process are taken into consideration through the use of cross-sectional and longitudinal approaches.
- Space triangulation. This aims to overcome the limitation of studies conducted within one culture or subculture.
- Combined levels of triangulation.
- Theoretical triangulation is the use of all theoretical interpretations that can be possibly applied in the study.
- Investigator triangulation, this is the use of more than one observer in a research setting.
- Methodological triangulation is the use of two or more research methods in a study. It is used in examining complex concepts.
- Data triangulation refers to an instance where two or more researchers from different research training backgrounds study the same phenomenon.

Creswell describes triangulation as the process of corroborating evidence from different individuals, types of data and data collection methods. The researcher examines the data collected and finds evidence to support the themes. Triangulation assists the researcher to present findings that are accurate and credible (Creswell, 2002).

3.7 TRUSTWORTHINESS

To ensure the trustworthiness of the data, it is important that the researcher will be able to provide a detailed description of the participant's experience of being in a childcare institution and leave the reader with the feeling that they understand what it would be like to experience the phenomenon themselves (Creswell,2002). Trustworthiness will allow readers to vicariously experience the challenges that children in institutions encounter and provide a lens through which readers can view the participant's world. If the reader understands the experiences of the participant then the aim of the study will be fulfilled which is to allow the participants to air their views and experiences. There are four main criteria used to judge the trustworthiness of qualitative data (William, 2002). In the qualitative report, under the discussion of what exactly is validity, Winter (2000) mentions that there is no exact definition of the term but it is a valid account of the phenomenon being studied. It is an accurate representation of the findings (Winter, 2000). To ensure trustworthiness the following criteria will be applied:

- **CREDIBILITY**

Credibility is also referred to as the truth value criteria and the opposite of internal validity in quantitative research is described as the establishment of the results of a qualitative research study as credible from the perspective of the interviewee. The interviewee is regarded as being in a better position to judge the credibility of the results. The purpose of qualitative research is to describe or understand the phenomena of interest from the participants' eyes; the participants are the only ones who can decide on the credibility of the results (William, 2002).

- **TRANSFERABILITY**

The applicability criteria, is another term used to refer to transferability. This is the opposite of external validity which is found in quantitative research. This is the extent to which the findings of the qualitative study can be generalised or applied to other scenarios. Transferability can be increased by doing an in-depth description of the research context and the assumptions that were central to the research (Winter, 2000).

- **DEPENDABILITY**

The dependability criteria, which the quantitative researchers refer to as consistency, emphasises the need for the research to account for the constantly evolving circumstances where the research is taking

place. Dependability requires the researcher to report on these changes and how they impact on the study. The researcher will give an account of any changes that took place in the environment while the study was in progress (Winter, 2000).

- **CONFIRMABILITY**

The neutrality criteria, referred to as the objectivity criteria by quantitative researchers, talks about the degree to which the results can be confirmed or corroborated by others. This is where the interviewees will be involved as they will be given their transcribed interviews to confirm if what is there is what they meant to say and will be requested to make changes where they feel the need to do so (Winter, 2000).

3.8   ETHICAL MEASURES

Ethics is a set of moral principles that are suggested by an individual or group, are subsequently widely accepted and offer rules and behavioural expectations about the most correct conduct towards experimental participants (Strydom, Fouchẻ & Delport, 2002). Ethics also serve as a standard the researcher uses to evaluate their conduct. Ethics are a very important part of the research process. When doing research, it is of vital importance that voluntary participation for all the members is emphasised. If a participant feels the need to drop out in the middle of the research they must be allowed to do so.

All the participants will be taken care of in terms of safety. None of the children will be placed at risk and it will be ensured that no harm will come to them while they are participating in the research process. If any serious issues from the children are uncovered, they will be referred to the appropriate people for help with their consent.

The important part of ethics is to ensure that, during the research process, no harm should occur to the participants and those who will be involved in the research project must give their consent before they engage in any part of the research project (Strydom, Fouchẻ & Delport, 2002). Deception of participants is also ethically incorrect as it involves withholding information or offering incorrect information to ensure participation of subjects while they would have decided otherwise if the information was available to them. The participants' privacy, anonymity and confidentiality must be taken into consideration. Release and publication of findings also need careful consideration and must comply with ethics.

On completion of the research project, debriefing sessions will be arranged for the research participants. In these sessions the participants will get the opportunity to work through their experiences and here the researcher will get the opportunity to minimise harm (Strydom, Fouchė & Delport, 2002). Terre Blanche & Durrheim (2002) emphasise the importance of ethics in research and they divide them into three main principles i.e. the principle of autonomy which covers the researcher seeing and treating the participants as individuals, voluntary participation and the freedom to withdraw from the research project when they want to and to ensure the anonymity of the participants.

The principle of non-malfeasance has to do with the ethical consideration of not harming the participants or any other person during the research. The researcher needs to consider potential risks of the research and plan how they will be dealt with (Terre Blanche & Durrheim, 2002). The last ethical principle they refer to is that of beneficence. Research should be done with people who will benefit from it and if it will not directly contribute to the participants, then it must be a contribution to society (Terre Blanche & Durrheim, 2002). It is ethically correct to carry out activities that the researcher is competent in otherwise appropriate experts should be consulted for assistance. After the research has been completed, a report should be written and published. In the case of publishing the findings, the rights and anonymity of the participants need to be carefully considered. Researchers should not falsify or fabricate data and need to point out limitations of their findings (Terre Blanche & Durrheim, 2002).

3.8.1 INFORMED CONSENT

Informed consent will be required for all the participants who will be part of the research process. Before the research starts, the participants will be gathered in one place and I will explain to them what activities they will be engaging in the research process and the reason why I am doing this research will be made known to them.

After selecting the participants through purposive sampling, I will then approach each potential participant and explain the research project to them and ask them if they would like to be part of the study. They will be given the option to participate or not to participate. I will then give them the consent forms to read through and give them the opportunity to ask questions where they may not understand.

3.8.2 DECEPTION FREE

Deception of participants is also ethically incorrect; deception involves withholding information or offering incorrect information to ensure participation of subjects while they would have decided otherwise if the information was available to them. The participants will not be deceived in any way.

3.8.3 ANONYMITY AND CONFIDENTIALITY

The participants' privacy, anonymity and confidentiality must be taken into consideration. Release and publication of findings also need careful consideration and must comply with ethics. The identities of all those who will be participating in the research process will be kept confidential and their participation will be kept anonymous.

3.9 DATA ANALYSIS AND INTERPRETATION

Data analysis involves working with data, organising it, breaking it down, synthesising it, searching for patterns, discovering what is important and what is to be learned and decide what to tell others (Cohen, Manion & Morrison, 2000). The data will be interpreted in line with the research question and by noting of patterns and themes, following up on unexpected results and checking results with participants. This entails studying the common and woven themes derived from the content analysis which will provide meaning to the experiences of the participants for the purpose of processing data collected through the in-depth interview. The method of Giorgi found in Burns & Grove (2005) will be applied to do data analysis and interpretation and this involves the following steps as mentioned previously in chapter one:

- Reading through the transcribed data and identifying themes.
- Reading the background information of each participant.
- Making meaning from the transcribed information, themes and finding links in the information.
- Reading of the entire disclosure of the phenomenon to obtain a sense of the whole.
- Re-reading the same thing in a purposeful manner to find meaning and to discover the essence of the phenomenon being studied, this ends up with a series off meaning units or themes.
- Examining the previously determined meaning units for redundancies, clarification or elaboration by relating meaning units to each other and to a sense of the whole.
- Reflecting on the meaning units and extrapolating the essence of the experience for each participant. During this process each unit is transformed into the language of psychological science when relevant.

- Formalising a consistent description of the structure of the phenomenon under study across participants by synthesising and integrating the insights achieved in the previous steps.

On completion of the previous activity in relation to data analysis, a cognitive map will be generated for each participant. The reason for a cognitive map for each participant was chosen to manage the data and it is a method that suits the learning style of the researcher.

Interpretation of the findings involved attaching significance to what was found, making sense of the findings, offering explanations, drawing conclusions, making inferences and considering meanings (Cohen, Manion & Morrison, 2000). This is a complex and reflexive process. Interpretation tells a story that includes the participant's understanding, commonsense understanding and theoretical understanding of the data (Cohen, Manion & Morrison, 2000).

3.10   CONCLUSION

In this chapter the qualitative research design has been discussed and the research method was further discussed as well as the topic of ethics was all taken into consideration for the research project. The data collection strategies were also described as well as the trustworthiness and data processing. In chapter four, the focus will be on the analysis and interpretation of data collected from the interviewees.

CHAPTER 4

DATA ANALYSIS, INTERPRETATION AND FINDINGS

4.1   INTRODUCTION

The previous chapter discussed the qualitative research design comprising of the research method applied in this study, the ethical measures put in place for the study, trustworthiness, data collection and data processing measures. This chapter will focus on reporting the findings of the study as well as data analysis and interpretation.

4.2   DATA ANALYSIS AND INTERPRETATION

According to Cohen, Manion and Morrison (2000), data analysis begins with the researcher taking a wide angle lens in gathering data, then sifting the data while reviewing and reflecting on it. The data analysis process goes from the wide to the specific. Data analysis can be presented in a series of 7 steps which are (Cohen et al., 2000):

1. Establishing units of analysis of the data and indicating how these units are similar to and different from each other.

2. Creating a domain analysis by grouping units into domains, clusters, groups, patterns, themes and coherent sets to form domains.

3. Establishing relationships and linkages between the domains. Linkages can be established by identifying and confirming cases and through seeking underlying relationships.

4. Making speculative inferences. The researcher, at this stage and based on the data information at hand, has to form explanations for the different themes and their causes therefore generating hypotheses that will lead to theory generation.

5. Summarising. The main features of the study that have emerged are accounted for.

6. Seeking negative and discrepant cases. Give an account of results that fail to support original assumptions including those that supported the assumptions.

7. Theory generation.

Data interpretation is a process that involves finding meaning, drawing conclusions from the data that has been arranged and organised in a particular manner. In the case of this study, the purpose of data interpretation is to make meaning out of the themes that have emerged from the data analysis process.

This is the written account of the phenomenon using thematic categories from the data analysis process (Terre Blanche & Durrheim, 2002).

4.3   DATA INTERPRETATION PROCESS

The interviewees are a male and female adolescent who currently reside at a childcare institution where the study was implemented. The data collected was analysed by carefully identifying emerging themes. These themes are in relation to their life experiences in a childcare institution. This refers to their personal experiences and their experiences in relation to stigma.

THEMES AND SUB-THEMES

Table 4.1 Experiences of children in a childcare institution

Theme:1 Childcare institution Environment	Theme:2 Personal experiences of being treated differently	Theme:3 Privacy	Theme :4 Multiple institutions
Sub-themes 1.Coping and normalising the situation 2.Basic needs 3.Achievement of goals	Sub-themes 1.Self-concept/Self-esteem 2.Privileged 3.Disclosing to peers	Sub-themes 1.Independence 2.Interaction with peers	Sub theme 1.Adapting to change

According to Table 4.1 the four main themes are: **Childcare institution environment, Personal experiences of being treated differently and Privacy and Multiple institutions**. Under each theme there are subthemes which will be discussed the subsequent section.

4.3.1   CHILDCARE INSTITUTION ENVIRONMENT

The environment in this study represents the childcare institution itself. It relates to how the children experience being there and what they gain from being in a childcare institution. Participant 1 mentions that living in a childcare institution can be frustrating. She expressed this by saying '*I feel so stuck…everywhere I feel stuck.*' '*I'm always here, I can't even go and visit my friends….*' According to Meintjes, Moses, Berry and Mampane (2007), the childcare institution environment is one that fails to respond to the individual needs of children and it focuses on meeting its own needs. Being in a childcare institution threatens the normal development of children by not allowing them individual attention and the opportunity to form and maintain attachments with adults (Meintjes, Moses, Berry & Mampane, 2007). Under this main theme of the childcare institution environment three sub-themes emerged.

The sub-themes are:

- Coping strategies and normalising the situation.
- Basic needs.
- Achievement of goals.

These sub-themes are discussed below:

- ### COPING STRATEGIES AND NORMALISING THE SITUATION

Normalising the situation of living in a childcare institution was referred to as being "normal". They did not directly mention any coping skills but from their responses they kept on referring to living in a childcare institution as being a normal experience as if they were trying to convince themselves that it is a normal experience. Viewing it as normal (in my perspective) is a coping mechanism they have turned to. They seem to be trying to find a way to live comfortably within their circumstances. Participant 1 said: '*…without your parents, but it is nice*'. When asked if she enjoys staying there, she said '*not that much*'. Coping is the ability to deal with threats and their emotional consequences. Participant 2 mentioned the following about being in a childcare institution: '*It's normal*'. '*I'm not really sure cause….okay... I'd just tell them it's like living with parents but it's just not your real parents…you just get treated the same as your parents would treat you who cares about you and all that. It's almost the same thing*'. He seemed content with his life in the childcare institution.

Both Participant 1 and 2 agree with the above mentioned view that staying in a childcare institution is a normal experience only without parents. The participants did not express their feelings about living

without their parents. This could be because they have lost trust in their parents. This is mentioned by Kahan (1979) that children growing up in childcare institutions have a propensity to lose confidence in parental care and tend to lose trust in authority figures fearing that they will be abandoned or rejected. The feelings of the child in the institution are rarely taken into deliberation and the adults in that child's life are rarely questioned about the role they play in the child's life which could contribute to the child's placement in the institution (Knorth, Harder, Zandberg & Kendrick, 2008).

- **BASIC NEEDS**

Maslow's Hierarchy of Needs theory (van Niekerk & Prins, 2001) mentions that, for people to reach their true potential in life, there are certain needs that must be fulfilled in a particular order starting from those at the lowest level.
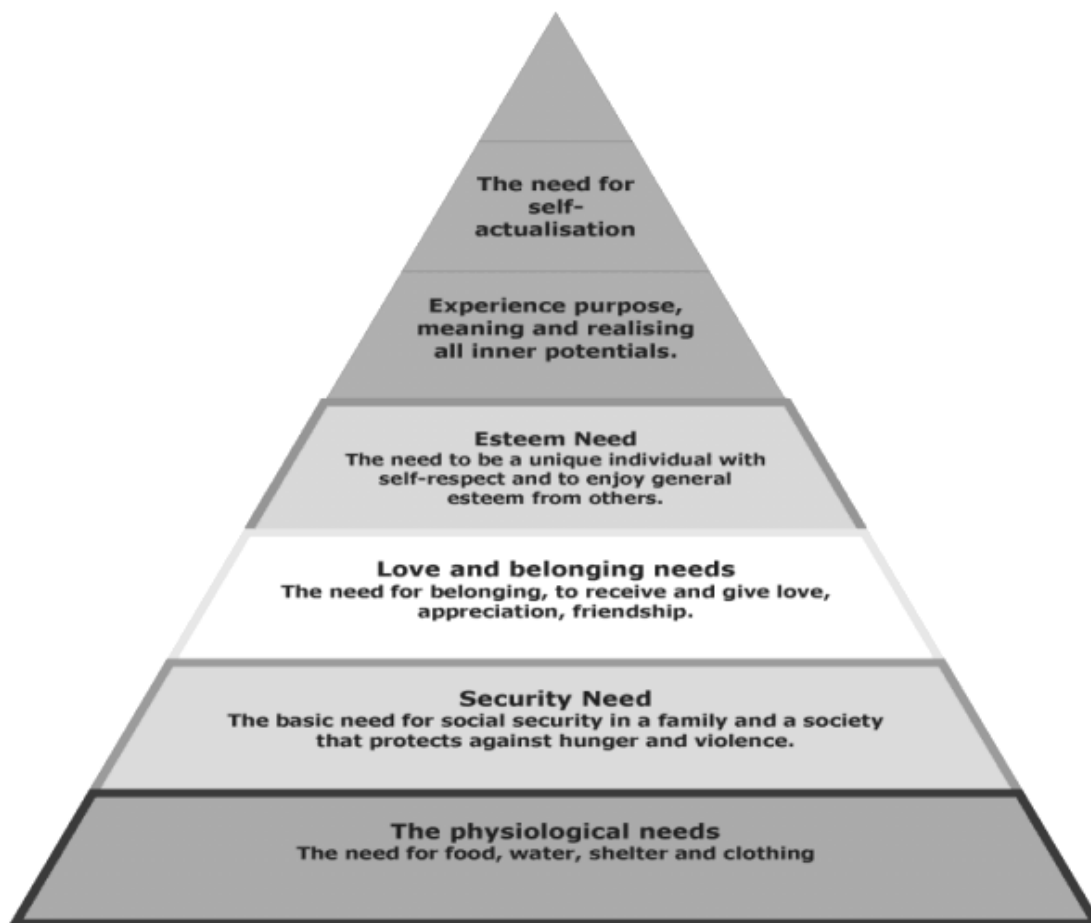
Figure 1 <u>**Maslow's Hierarchy of needs**</u> (van Niekerk & Prins, 2001)

Maslow's theory states that people are motivated to fulfil higher order needs only when their basic needs have been met. As people progress up the pyramid, their needs become more psychological than physical (van Niekerk & Prins, 2001). This progression is the same for children in childcare institutions. Participant 1 relates that they do have enough food to eat at the childcare institution *'some of them would want to bring you lunch because they think you don't get enough lunch…'*. Participant 2 also reiterates that they do have food at the childcare institution *'... because you get a bed to sleep on, food to eat…go to school...'*. Level 1, which is at the bottom, is one for physiological needs and these include enough food to eat, shelter and clothing. When these needs are met, the second level is that of safety and security needs and this relates to the need to feel safe in a childcare institution environment (Berg & Theron, 2000). The second level in Maslow's Hierarchy of Needs with regard to the responses from both participants seems to have also been met as there are rules at the institution to provide them with security. Participant 1 stated the following about rules: *'you are allowed to go with your friends but you must bring an invitation and then you must give them time and then your friends must come and fetch you and bring you back. They can't take you to your friend; your friend must fetch you and bring you back'.* Level 3 is about love and affiliation needs and this relates to the need for spending time with their peers. Level 4 is the esteem needs level which relates to the need to feel appreciated and significant. The last level is that of self-actualisation level which Maslow also refers to as the being needs. The being needs include goodness, truth, unity, beauty, elegance, playfulness, awareness of life and meaningfulness (Berg & Theron, 2000). The basic needs seem to be met by the current institution and they did not have these basic needs met when they were at home. From the document analysis, Participant 1 was placed at the childcare institution due to neglect, alcohol abuse and the nomadic lifestyle of the parents who would frequently leave the children unattended or with a non-related family member to care for them. So by being in the childcare institution her basic needs are met.

Participant 2 mentioned that he is grateful to have food to eat, clothes and is able to go to school, *"you get a bed to sleep on, food to eat and you go to school"*. Participant 2 also shows that his basic needs at the childcare institution are being met. Participant 2 was placed at the childcare institution because he ended up at the childcare institution after being found in need of care by social workers. His mother willingly left him at a shelter under false pretences claiming that the biological mother had left him under her care and had never returned to take him back.

- **ACHIEVEMENT OF GOALS**

The only reason that Participant 1 somewhat enjoys staying there is that she knows she will be able to complete her studies and finish school. She said, *'I'll tell them they must be lucky to stay in a children's home and they must appreciate what they have because other people don't have what we have and they must just try to finish school.'*. Both participants had the same goals in terms of staying at the childcare institution which will allow them the opportunity to finish school.

4.3.2 PERSONAL EXPERIENCES OF BEING TREATED DIFFERENTLY

This theme has to do with how the participants feel about being in a childcare institution, their personal experiences and their experiences in relation to being stigmatised. As mentioned in Chapter 2, according to Erik Erikson in Louw, Van Ede & Louw (2002), the stage of adolescence is one where the person is faced with forming their identity. One either goes through this stage having achieved identity formation or the negative side of it which is identity confusion. If a teenager experiences stigmatisation, they are at risk of suffering from identity confusion. This can lead to them either having identity foreclosure or a negative identity. Children in childcare institutions want to be treated like other children. Participant 1 made the following about this point: *'....like a normal person. The way they treat other people' I want them to treat me like that...'* They need to be given some skills to deal with situations where they experience stigma.

Literature has also shown that children living in childcare institutions do actually enjoy living there. They find it a privilege because (compared to their original living arrangements of unpleasant circumstances) it is more pleasant. Participant 1 said the following about it *'...for me it's not bad to stay in a children's home…' 'They feel sorry for you and I don't like that...'.* Kahan (1979) mentions that people tend to feel sorry for children living in childcare institutions when, in actual fact, for them being in a childcare institution could be some of the most enjoyable days of their childhood years (Kahan, 1979). Participant 2 did not express anything that was related to stigma.

The subthemes are: Self concept/self-esteem, Stigmatisation, privileged and disclosing to peers.

- **SELF-CONCEPT/SELF-ESTEEM**

Participant 1 did not outright mention the word stigma but the incidents she related fit the concept of being stigmatised. Staying in a childcare institution has a negative impact on the child's self-esteem. Participant 1 stated the following; *'...Not all the neighbours know…they treat you so special and they always give you things' '...at my school they don't know...in High School if they know they laugh at you'.* If one has to hide and be shy with regard to talking about where they come from, from their peers then it tells me that they are not proud of themselves and their background. Participant 1 uses the word *"shy"* when asked what she would say to other children about living in a childcare institution. She mentioned '*when some of her peers at school who know that she stays in a childcare institution would bring her lunch because they think you do not get enough food at the institution'.* This makes her feel inadequate and has a negative impact on her self-concept. This is how she feels about this behaviour by her peers towards her: Participant 1 *'... at my school they don't know…just my friends know' 'I don't like the way some of them treat you…some of them would wanna bring you lunch cause they think you don't get enough lunch'.* A person being stigmatised can eventually engage in self-stigmatisation and active discrimination (Deacon, Stephney & Prosalendis, 2006). This is unhealthy for adolescents because they need interaction with their peers to be able to cope with stigma. If they isolate themselves from their peers, they stand the risk of developing a low-self-esteem.

Participant 1 mentioned that her peers who know that she stays in a childcare institution feel sorry for her and she does not like that. Participant 1 does not think she would share the information with everyone that she stays in a childcare institution because she thinks they would laugh at her, so to protect her self-esteem this information is reserved for those who are close to her.

- **STIGMATISATION**

When a person experiences stigma it changes the way they view themselves and they do not see themselves as equal to their peers. This attribution of being different is the cause of them feeling stigmatised. The Attribution-As-Cause theory suggests that people experience stigma due to the attributions they make about particular experiences. In other words, if they can change their attributions then they would not experience stigma and they need to learn to make positive attributions about their circumstances. The person who is being stigmatised has feelings of shame, anguish, doubt, rejection, self-doubt, guilt, self-blame and inferiority (Stuber, Meyer & Link, 2008). These feelings can have a

negative impact on the child's self-esteem and self-concept therefore negatively affecting them developing a healthy identity as is expected of them being adolescents according to Erik Erikson's stages of development in Louw, Van Ede and Louw (2002). Stigma does, however, serve a positive purpose as Stuber et al (2008) mention that "if a person attributes negative behaviour to stigma then they are protecting their self-esteem".

Participant 1 said: *'...They feel sorry for you and I don't like that...'* By hiding this information from others she engages in self-stigmatisation. Stigma can lead to hyper-vigilance in the anticipation of negative treatment; this can lead to one constricting themselves from socialising with others and leading to impaired social interactions (Stuber, Meyer & Link, 2008). Participant 1 could be hyper-vigilant to stigma to the point of restricting herself from interacting with her peers and sharing her experiences about living in a childcare institution.

Participant 1 mentions that she has not experienced any bad treatment in relation to stigma but goes on to relate an unpleasant incident where she was the centre of attraction in class and her classmates were asking her questions about living in a childcare institution.

Participant 2 did not seem to be affected by stigma; he mentioned that everyone he interacts with treats him normally. People from groups that are perceived to be stigmatised can become insensitive to cues of being stigmatised and become desensitised to stigma.

- **PRIVILEGED**

When asked what she would say to other children about living in a childcare institution, Participant 1 mentioned that she would tell them that it is a privilege to stay there and that they must remain there and *"try to finish school"*. Participant 1 said that she enjoys being in a childcare institution because she gets to do things that she would not be able to do if she was living with her biological family. She mentioned that she would advise other children that living in a childcare institution and in her words *"get to do things other people at your school can't get to do"*, *"must be lucky to stay in a children's home, must appreciate what they have because other people don't have what we have"*.

The participant seemed to have mixed feelings though about living in a childcare institution. She later mentioned that even though she finds it *"nice"* staying there, she does not enjoy it that much. She, however, talked excitedly about other privileges that come with staying in the childcare institution such as special extra curricula activities like "marimba". Participant 2 also mentioned that he appreciates that he is able to engage in extracurricular activities and is able to go to school which he counted as one of the privileges of being in a childcare institution.

- **DISCLOSING TO PEERS**

The data analysed from the interviews showed that Participant 1 had a difficult time telling her peers that she lives in a childcare institution. She said *'...at my school they don't know...Just my friends my friends know...'.* She mentioned that she only told her close friends. This reluctance to share this information according to her came from an experience where one of her previous teachers shared with her classmates without her consent that she was staying in a childcare institution. The fear of her not being able to share with her peers that she lives in a childcare institution is part of what is called layered stigma or self-stigmatising behaviour. This can be good even though it sounds negative; it is a form of defence from fear and vulnerability.

This classroom experience put her in a position where she found herself being exposed and vulnerable at the hands of her fellow classmates who asked her questions about what it is like being in a childcare institution. Why would these questions make her uncomfortable if she was at ease about being in a childcare institution? Perhaps she is experiencing stigma and she just does not know what it is or she does not understand how to handle it.

4.3.3 PRIVACY

Participant 1 mentioned that she lacks privacy and does not like this because they need to share their living space with other members of the same sex or the opposite sex. Lack of privacy and personal space are some of the negative connotations posed by living in a childcare institution. The children also tend to experience overcrowding (Meintjes, Moses, Berry & Mampane, 2007). Participant 1 mentioned the following concerning privacy: *"I don't like staying in the house with boys that you don't know, you don't have your own privacy……you only get your own room when you are 16...the boys just come into your room when they want to...".* If they are living in a house with boys, then it is an even bigger

problem with privacy because the boys sometimes get into their room unexpectedly. She would like to have her own room which she mentioned you can only get when you are 16 years old as per the rules of the childcare institution.

Even though the children are given rules in respect of respecting each other's privacy they tend to break the rules. I can attribute this to the fact that because they do not see the childcare workers as their biological parents and they do not see reason for respecting those rules. In a childcare institution, a child is allowed their own room at the age of 16 otherwise they have to share a room with members of the same sex and share a house with the members of the opposite sex.

The subtheme that will be discussed below is: Independence/ interaction with peers.

- **INDEPENDENCE/INTERACTION WITH PEERS**

Being in a childcare institution comes with certain restrictions and certain rules have to be adhered to otherwise there are consequences. In a childcare institution being a teenager can prove to be a challenge since they have limited interaction with peers outside of school. Literature informs us that teenagers have an external locus of control and that in order for them to cope with life they need interaction with their peers. This means that rather than restricting their interaction with peers besides them seeing them at school there needs to be a way for them to be with their friends outside school hours. Participant 1 said this about this issue: *"I feel stuck, everywhere I feel stuck"*, *"Just to go to the mall with any friends like I used to do at home would be nice"*, *"You are allowed to go to your friends but must bring an invitation...friend must fetch and bring you back"*. Participant 2 did not share the same experience with participant 1 in terms of feeling stifled and restricted.

Some level of independence needs to be awarded to adolescents in childcare institutions, but with certain consequences and responsibilities. This will allow them to develop like other adolescents who are not in childcare institutions. For example, they should be given an opportunity to go out and spend time with their peers but with a certain time limit. Curfews can be put in place for them as this would happen if they were staying with their families. If adolescents are given the opportunity to interact with their peers they develop a stronger inner locus of control as opposed to developing an outer locus of control. By interacting with their peers they learn social skills and are able to develop and maintain healthy

relationships which are skills they will need as adults. Childcare institutions also seem to fail when it comes to transferring important life-skills to children, leading to children being ill prepared to cope with life when they leave care (Meintjes, Moses, Berry & Mampane, 2007). This ill-preparedness and lack of proper social skills predisposes the children to antisocial behaviour and problems with 'reintegrating' themselves into society. They are marginalised by society and this exposes them to experiences of stigma and discrimination. If these opportunities to interact with their peers are not presented to them what kind of adults are they expected to become?

4.3.4   MULTIPLE INSTITUTIONS

Both Participants 1 and 2 have been in several childcare institutions before being placed at the current institution. Participant 1 mentioned that she only remembers that she did not like the change of institutions because that meant that you have to familiarise yourself with new people every time. Participant 1 said '*it's not nice when you have to change cause you have to learn new people….new people all the time new people….*' Participant 2 has been to two other childcare institutions before being at the current one. When asked how it was for him moving from one to the next, this was his response *'I don't really know because I was really young. I don't remember'.* The sub-theme which will also be discussed below is: Adapting to change.

- **ADAPTING TO CHANGE**

Moving from one institution to the next seems to be a difficult task for children in childcare institutions and it seems to happen several times. Both participants have been moved from one institution to the next but have experienced it differently as the impact of moving has not affected them the same way. Participant 1 seems to have been negatively affected by it. For instance, she mentioned that *'you need to learn new people every time'.* The above statement, however, also has a negative component to it as the participant did not seem happy when expressing herself and using a low tone of voice. On the other hand, Participant 2 appears not have been negatively affected by it. Literature shows that people present with distress in different ways. While Participant 2 does not appear to have been negatively affected, it is possible that later he may present with externalising behaviour such as aggression. Participant 2 could also have acquired a coping mechanism which played an important role in how he adjusts in new environments such as emotion focused coping skills. Deacon, Stephney and Prosalendis (2006) mention that adolescents are more likely to use emotion focused coping skills as opposed to solution focused

coping. Participant 1 shows not to have had any coping skills which could have benefitted her in adapting to the new environment each time she moved to a new childcare institution.

Apart from the positive and negative types of coping a person can also engage in emotion based coping or action based coping. Emotion based coping includes discussing your stressor with a friend, sleeping or engaging in relaxation activities. Action based coping includes planning your way out of the circumstances, suppressing what is bothering you or confronting the problem. As children in childcare institutions live without their parents or relatives, when they experience life in an institution the children need to employ some kind of coping mechanism to survive (Deacon, Stephney & Prosalendis, 2006).

4.4   DISCUSSION OF FINDINGS OF THE STUDY

The study shows that children in childcare institutions do experience stigmatisation and that they also tend to present with layered stigma which has to do with a person restricting themselves from interacting with others because they are protecting themselves from perceived potential stigma. They could also be possibly ignorant to stigma or insensitive to it. The question that arose from this point is that would it be the right thing to do to raise awareness on stigma to children who live in childcare institutions? There also appears to be reservations about disclosing to peers that they live in a childcare institution. There is fear of being ridiculed if their peers know that they are staying in a childcare institution. Children in childcare institutions like to be treated as normally as other children who are not staying in a childcare institution. They do not like it when people feel sorry for them.

Children in childcare institutions have mixed feelings about being there. At times they find it to be a normal environment that presents them with privileges that they would not possibly have access to if they were with their families. Both participants seemed to have a positive outlook to the future with one of their goals being to finish school. They acknowledge that their basic needs of food, shelter and clothing are met by the childcare institution. To be able to cope in the childcare institution they engage in the normalising process and refer to the childcare institution as a normal environment aside from the fact that there are no parents there. There was a concern around privacy. They feel that in the institution they do not have privacy; they need to share their living space with members of the opposite sex. In a childcare institution a child can only have their own room at the age of 16. There was a complaint of not being able to spend enough time with their peers outside of school hours.

This interaction with peers is an important part of adolescence which helps them in developing as adults and while interacting with their peers they learn to form and maintain attachment (Louw, Van Ede & Louw, 2002). They learn social skills which will play an important role in adulthood. If these children are not allowed this opportunity, what will happen to them when they grow up and leave the childcare institution? Children who grow older and leave a childcare institution end up being homeless, being drug dependent and have children too early (Avery & Freundlich, 2000). This could possibly be the result of poor relationship and interaction skills that can be mitigated if they are allowed the interaction with their peers as teenagers. The one thing that I did not think would be an important factor and of concern to children in childcare institutions is that of changing institutions. It appears that moving from one institution to the next has an impact on them which is somewhat negative. They seem to find it a challenge to adapt to a new environment and I feel that this process needs to be facilitated with a short orientation programme to help the children settle into the new environment.

Protecting your self-esteem instead of directly confronting the behaviour that is threatening your self-esteem is not an advisable direction to take as a person needs to be realistic about their behaviour. According to the literature in chapter 2 of the study and from the data analysis and interpretation process, children in childcare institutions do experience a form of stigma called layered stigma. This type of stigma is caused by the perceptions society has about a certain group of individuals. The stigma could make them to engage in behaviour that will present them as protecting their self-esteem and being defensive.

If the attitude of some of the children at school, through campaigns that raise awareness on the experiences of children in childcare institutions, can be shifted, then classroom incidents such as the one experienced by Participant 1 could be avoided. Kattz (1981) mentions that for people to be stigmatised it begins with one person spreading a misconception about a particular group of people. People are stigmatised not because they display attributes that are deviate from generally accepted standards but because numerous individuals regard these people as deviant (Kattz, 1981).

4.5   CONCLUSION

This chapter presented the findings of the qualitative study based on data collection from the interviewees. The findings pertain to factors around the personal experiences of children living in a childcare institution and the stigma that surrounds that experience. The last chapter provides conclusions, recommendations and the limitations of this research. Chapter 5 will discuss final conclusions derived from the study and delve into the findings of the study. It will also look at the research questions and sub-questions to find out if they were answered. Recommendations for further study will be given and the limitations of the study will be put into perspective.

CHAPTER 5
CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

5.1   INTRODUCTION

The previous chapter presented the findings of the research based on analysis and interpretation of data collected from the interviewees. This is related to the experiences of children living in a childcare institution, how they personally experience living there and how they experience it in relation to stigma. In this chapter, I will discuss final conclusions from the collected data and present the discussion of the research questions. At the conclusion of this chapter I will then discuss the strengths, limitations and the contributions of the study and revisit the assumptions that I made in chapter 1.

5.1.1   OVERVIEW OF THE FINDINGS IN RELATION TO THE THEORETICAL FRAMEWORK

The findings of the study show that the participants' experiences of living in a childcare institution are different. They indicated mixed feelings about staying there. This is possible because, according to the Attribution-As-Cause theory, our perceptions are influenced by the attributions that we make towards certain incidents. In other words, we have a choice to either form negative or positive attributions. The Attribution-As-Cause theory was developed within social psychology as a means of dealing with questions of social perception which is what stigma and stigmatisation are all about (Kelley, 1973). The participants experienced it differently because their attributions were different when it came to validating other people's behaviour towards them. The presence and lack of coping skills also seemed to play a role in each participant's experience of being in the childcare institution. The first participant seems to be hypervigilant towards people's behaviour towards her while Participant 2 seems to be oblivious to stigmatisation. The second participant does not seem to be aware of any form of stigmatisation, and if he does, he did not express it during the interview.

5.2   DISCUSSION OF PRIMARY RESEARCH QUESTIONS

The primary research question is **'What are the life experiences of children living in a childcare institution?'** According to the findings, the participants have mixed feelings about living in a child care institution and at some point they experience it as being a normal setting which only differs from staying at home as their parents are not present. They enjoy staying there because they have access to things

which they would not have access to if they were at home with their families. They view living in a childcare institution as being a privilege that should be cherished because their basic needs are met and both mentioned that if they stay there their goal is to finish school. For one of the participants, however, even though she mentioned that she likes staying there, she seemed to have mixed feelings about it. At times she states that it is nice to stay there but later on during the interview she mentions that she feels stuck sometimes as she tends to become frustrated with the childcare institution environment. According to the information collected from the participants, living in a childcare institution implies a mixture of negative and positive feelings.

Other facets of the experience of living in a childcare institution were further discussed in the form of sub-questions with the aim for getting an in-depth understanding of the participants' experiences.

5.3   SUB-QUESTIONS

5.3.1 'What are children in childcare institutions' personal experiences in relation to stigma?

- **Personal experiences**

The findings of the study show that both participants experience living in a childcare institution differently. Participant 1 has mixed feelings about living there. Sometimes she appreciates it but she feels that there are a lot of restrictions. She is, however, grateful for being there because she mentions that she gets her basic needs fulfilled. To her, it is an opportunity to achieve her goal of completing school. She mentioned that even though she finds it "nice" staying there, she does not enjoy it that much. The only reason that she somewhat enjoys staying there is that she knows she will be able to complete her studies and "finish school". She also talked excitedly about the other privileges that come with staying in the childcare institution such as special extra curricula activities like "marimba".

Participant 1 mentioned that she does not like the lack of privacy because they need to share their living space with other members of the same sex or the opposite sex. Lack of privacy and personal space is one of the negative connotations posed by living in a childcare institution and the children also tend to experience overcrowding (Meintjes, Moses, Berry & Mampane, 2007). If they are living in a house with boys then it is an even bigger problem with privacy because the boys sometimes get into their room unexpectedly. She would like to have her own room which she mentioned you can only get when you are 16 years old as per the rules of the childcare institution. Just like any adolescent the participant

mentioned that she would sometimes like to have the freedom to go out with her peers to the mall because that is what she liked to do before she was placed in the institution. However the rules of the institution, according to her, only allow her to go out with friends only when they send her an invitation to come and visit her and with that invitation the friends need to commit to fetching and dropping her off after the visit. She seems to feel restricted and trapped by the rules of the institution and even used the words "I feel so stuck". Even though the participant enjoys staying in a childcare institution, she does have a sense of restriction and a somewhat limited freedom of choice. When asked what she would say to other children about living in a children's home she mentioned that she would tell them that it is a privilege to stay there and that they must remain there and "try to finish school". Apparently the older children in the village bully the younger ones into doing their chores for them, such as asking the younger ones to iron their uniforms and polish their shoes for them. The childcare workers are sometimes not aware of this behaviour because when they come into that particular place where they are supposed to do the chores the older children pretend as if they have been working all along. The kind of children who are in childcare institutions are usually those who are orphaned, physically deprived, emotionally disturbed or socially disadvantaged (Payne & White, 1979). The aim of children's homes is to mitigate the effects of deprivation which are amongst others emotional, social and intellectual deficiencies (Payne & White, 1979).

Participant 2 had a somewhat different experience of living in a childcare institution. He mentioned that living in a childcare institution is normal and it is a pleasant experience because he has the opportunity to get involved in sports which is an opportunity that would probably not be available to him if he was not staying in this institution. He said he is grateful for being there because he has a bed to sleep on, food to eat and he also has the opportunity to go to school so his basic needs are catered for. To him, staying in a childcare institution is a privilege that he is grateful for. He also mentioned that it is like living with your parents; the only difference is that the childcare workers who look after you are not your real parents.

- **Experiences in relation to stigma**

According to the information she gave during the interview I have gathered due to reading literature for this study that she does experience stigma but she is not aware that she is experiencing it. Major, Quinton and Schmader (2003) suggest that some people are not aware that they are being stigmatised

but rather they think that they are treated in a normal acceptable manner. They mention that other members of stigmatised groups are relatively insensitive to cues of stigmatisation (Major, Quinton & Schmader, 2003). Participant 1 mentioned that when she visits her family, neighbours and community members treat her in a special way by offering her gifts such as money for school and sweets. Most of the neighbours according to her know that she stays in a children's home and treat her in a special way when she visits (Stuber, Meyer & Link, 2008). At school, however, things are a bit different as not everyone knows that she stays in a children's home. That information is only reserved for her close friends. Asking her why this was the case she mentioned that other girls who stay in the village are being ridiculed at school because they live in a children's home. She implied that, if she disclosed that information to other people at school besides her friends, she would be the victim of ridicule like the other girls.

A certain teacher and his wife who was also a teacher at her school happened to approach her one day and told her that they knew that she was from a childcare institution but they would not give her any special treatment but would treat her like the other children. She mentioned that this conversation made her feel good. The participant stated that she has not had any bad experiences related to stigma or her living in a childcare institution but she has experienced negative treatment from older children living in the village.

Participant 2 does not seem to be experiencing any stigma. He said that he does not feel different because he is treated the same way as other children living with parents. He feels that the childcare workers treat him the way one's biological parents would treat one.

5.3.2 'What would children in a childcare institution like to change about being in a childcare institution?' Participant 1 said that the one thing she would like to change about being in a childcare institution is the issue of privacy. She would like the older children to live separately from the younger ones and the different sexes also not to stay in the same house. Privacy seems to be an important factor to the participant which she feels she does not have at the moment. The other thing that she would like to change is the visiting opportunities with her peers outside of school hours.

The Participant 2 said he would not change anything about living in a childcare institution because he enjoys staying there. He had concerns though about the treatment from the childcare workers who sometimes when experiencing challenges in their own personal lives tended to treat them negatively and get angry with them for no reason. He says that he wishes that the childcare workers would inform them that they are experiencing some personal problems so that they, as children, are aware of it and then do not bother them.

5.3.3 What prospects do they have about their future? In relation to her future the participant mentioned finishing school several times in the interview, which means she would like to complete her high school education and most probably study further. Participant 2 also felt strongly about finishing school. Their future looks positive and they looking forward to finishing their high school education but seem to not have yet decided on what they want to do after high school.

5.4   CONCLUSIONS
5.4.1   CONCLUSIONS FROM THE LITERATURE STUDY

The literature study which is covered in chapters 1 and 2 shows that, overall, living in a childcare institution is not a completely unpleasant experience. However, it is important for the child to have good coping skills in order to deal with any stigmatising behavior. The literature study also shows that children living in childcare institutions have improved psychosocial functioning as opposed to the negative perception held by society concerning them. Having said this, they do still experience psychosocial problems and are prone to psychological, psychiatric and behavioral problems as well as poor social relationships.

Older children in childcare institutions tend to experience more psychosocial difficulties in comparison to their younger counterparts. Boys in childcare institutions are said to be more likely than girls to present with difficulties in academic performance, emotional difficulties and behavior difficulties because they tend to lack the ability to express their emotions in comparison to their female counterparts. Girls present with internalising behaviours such as somatic complaints, withdrawal tendencies, anxiety and depressive tendencies. This shows that the different genders experience living in a childcare institution differently. Previous studies show that a child who stays in a childcare institution

longer presents with less aggressive behaviour and fewer behavioral and social problems (Knorth, Harder, Zandberg & Kendrick, 2008).

The aim of childcare institutions is to mitigate the effects of deprivation which include amongst others emotional, social and intellectual deficiencies. Children in care institutions experience dislocation from their families and communities; they are dislocated from their cultural background and this dislocation can lead them to having difficulty developing secure lasting long-term attachments. These experiences threaten a child's normal development.

Childcare institutions are said to fail in transferring important life-skills and social skills to children therefore leaving them vulnerable to stigma when they interact with members of society. This ill-preparedness predisposes these children to antisocial behaviour and difficulties in reintegrating themselves into society. Children in care lose their identity because of this dislocation from their societies. They tend to develop a fragmented personal identity, loss of regard and confidence in themselves and their future. They end up with a distorted self-concept. The neglect which is part of reasons why they are removed from their homes creates an impaired social development.

A child in a childcare institution can be a victim of stigma due to their difficulty reintegrating themselves into society and simply because society marginalises them for being in a childcare institution. The Attribution-As-Cause theory mentions that stigma is a result of people being ridiculed for a particular characteristic they possess. Stigma surprisingly does have a positive component; it has psychological and social functions. It is important in dealing with differences amongst individuals and it is a form of defense against fear and vulnerability. The way a person reacts to stigma depends on their motivational and psychological orientation. It depends on their attributions to their circumstances which are confirmed by the Attribution-As-Cause theory. It is a person's belief in a negative attribute that causes them to be stigmatised. The person's cognitive-perceptual tendencies strengthen their ability to recognise certain characteristics and rejection linking it to being stigmatised.

Children who are stigmatised tend to avoid social interaction and their self-concept is affected negatively. It can change the way they view themselves leaving them with feelings of anguish, shame, self doubt, guilt, self-blame and inferiority. People can attribute negative outcomes of their behavior to

stigma in order for them to protect their self-esteem. Stigma is also said to encourage material and psychological problems in children therefore preventing them access to educational opportunities while also affecting their wellbeing. Children are aware of stigmatising situations and have the ability to avoid these situations. It is, however, also possible for people to be insensitive to cues of being stigmatised or to become desensitised to stigma. This attribution is also influenced by the person's personality characteristics. Children deal with stigma depending on their emotional and cognitive level of development. Adolescents are said to use more of emotional regulation skills to deal with it. Peers are also an important part for them to deal with stigmatising behaviour. Stigma then limits their opportunity to develop a mature identity because of their low self-concept; they withdraw themselves from their peers and lack the confidence to approach them.

5.4.2   CONCLUSIONS FROM THE QUALITATIVE STUDY

The qualitative study shows that for a child living in a childcare institution the important factors that contribute positively or negatively towards their experience are the environment, experiences of being stigmatised, privacy and moving from one institution to another. In terms of the environment, the child in the institution has a feeling of being restricted and stifled by the rules of the institution. There was also a concern with regard to privacy in the institution which they feel as limited; they would like their own space.

The qualitative study also revealed that children in a childcare institution view their environment as normal besides the absence of their parents. There were mixed feelings about whether they find it as pleasant or unpleasant. The thing that stood out and was positive for them being in a childcare institution was that they have access to extracurricular activities which they would not have access to if they were living with their families. By being in the institution, they see it as a privilege which will allow them the opportunity to complete their high school education. Lastly, it became apparent that children in childcare institutions do not appreciate it when people feel sorry for them as it makes them feel inadequate.

5.5   LIMITATIONS OF THE STUDY

There was a lack of information in the form of literature for the literature review to support the study. Only two participants were involved in the study. Therefore the information obtained from this study

cannot be generalised. It was case study research so the results need to be understood in the context in which the data was collected.

The data collected for this study relied heavily on the verbal responses of the participants. This implies that data may have been misinterpreted or misconstrued due to language or comprehension constraints. Cultural differences between the participants and I may have contributed to a certain level of interpretation. Data collection took place over a short period of time thus we cannot assume that participant responses would remain constant over time. Lastly, researcher effects may have come into play during data collection since the researcher was fairly familiar with the participants. The participants may have responded in a manner in which they thought would be appropriate in the eyes of researcher.

5.6   RECOMMENDATIONS
5.6.1 RECOMMENDATIONS FOR CHILDCARE INSTITUTIONS

A childcare institution in a community can operate as an attraction for neighbourhoods and therefore function as an economic coping mechanism. Children can be placed in a childcare institution due to their lack of access to resources as opposed to lack of suitable care. Childcare institutions need to put an orientation program in place to assist in orientating new admissions to childcare institutions. They need to be facilitated to familiarise themselves with the new environment and this process will help them to deal with changes.

From the literature review, I was made aware of the fact that children in an institution are not adequately prepared for the time they will need to go back to society and they need to be taught the necessary skills to survive in an environment outside of the institution. This lack of skills can lead them into engaging in risky behaviour such as substance abuse and to develop dependency issues because they lack the skills to be independent.

The ideal children's home should have children of different sexes staying in separate houses with interaction during supervised group activities so that they can still be socialised in interacting with members of the opposite sex.

5.6.2 RECOMMENDATIONS FOR THE DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

The Department of Health and Social Development can be at the forefront of running the campaign to raise awareness on children living in childcare institutions. By raising awareness to the community, this will probably change the perceptions of the community members towards the child from a childcare institution. As mentioned earlier in the study it is difficult for the children from childcare institutions to reintegrate themselves to society and such a campaign can make things easier for them.

5.6.3 RECOMMENDATIONS FOR FURTHER RESEARCH

Suggestions for further research include doing a study on the impact of being in a childcare institution for children of all ages. Further investigation around the issue of stigma still needs to be done to uncover what impact it has on the identity formation and self-concept of children in childcare institutions.

5.7 STRENGTHS OF THE STUDY

Data collection was done from multiple collection points therefore helping with data triangulation. Case study research was conducted which provided an opportunity to obtain rich, detailed data. Participants were from different cultural backgrounds allowing for rich data to emerge.

5.8 ASSUMPTIONS

One of my assumptions at the beginning of the study was that living in a childcare institution has a negative effect on children and makes it difficult for them to fit into society. This assumption proved to be a true according to the data collected from the participants. I also assumed that they experience stigmatisation from the general public and they are compartmentalised into a fixed set of expectations assumed to represent children in an institution (Berridge & Brodie, 1998). Both the abovementioned assumptions were proven to be true from the information collected in the interviews. The placement of a child in a care institution is said to be challenging and this memory, according to Taylor (2006), can remain with them for a lengthy period of time.

5.9 CONTRIBUTIONS OF THE STUDY

It was a challenge to base findings on previous literature because there was not a lot of literature on the topic and this study will make a contribution towards a new body of knowledge. The information will

further contribute to raising awareness on the experiences of children in childcare institutions and reducing the stigma that surrounds children from childcare institutions.

This new knowledge will hopefully improve the children's lives and make their stay more bearable. The results of the study will also be used to enrich their personal growth and development, in the form of psychotherapy sessions should the need arise while the research project is being conducted. The results, with the consent of the participants will be shared with the participants' therapist to help with their personal growth.

5.10   CONCLUSION

The chapter has provided conclusions, recommendations and the limitations of the study. Conclusions have been drawn from the literature study, the qualitative inquiry and from the synthesis of literature and qualitative study. Recommendations have been made for various role players regarding the experiences of children in childcare institutions and their experience of stigma.

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ADDENDUM A

ASSENT FORM

Dear _____

This form tells you about the part you will play in the study and what you may or may not agree to do if you don't want to. Research is done with permission from the University of Pretoria (UP) with the help of my supervisor Dr. Mokgadi Moletsane. My final report of the information I will get from this study will be submitted as part of an assignment to compete my studies at the University of Pretoria so that I can get my degree certificate in Educational Psychology.

You are encouraged to ask any questions at any time about the study and the methods that I am using. I will do the following to make sure you are safe while the study is going on:

1. Your real name will not be used and you will choose a name you like to be written in the study.

2. The completed interviews (tape recordings and transcriptions) will not be shown to anyone else apart   from my supervisor and me.

3. Your participation in this research is because you want to, you can stop doing it anytime you want and leave. When you deiced to leave you will not be punished for doing that and the information you have given to me, the researcher will be given back to you.

Please sign this form if you understand everything written above and if you still do not know exactly what the research study is about feel free to ask me to explain everything to you again. Thank you very much for being part of the study.

Researcher obtaining permission:

_____   _____

Zandile Shabangu   Date

****

I, _____, understand that my parent/s or caregiver/s has given permission (said that it's ok); for me to take part in a project done by Zandile Shabangu. I am taking part because I want to. I have been told that I can stop at any time I want to and nothing will happen to me if I stop.

_____   _____

Student's Name   Date

_____

Signature

I have explained to the above named individual the nature and purpose, benefits and possible risks associated with participation in this research. I have answered all questions that have been raised and I have provided the participant with a copy of this form.

_____   _____

Zandile Shabangu   Date

Student Researcher

ADDENDUM B

CONSENT FORM

Dear Ms. X

As part of a research study aimed at studying the experiences of children in child care institutions, and from looking through their background information, _____ has been identified through this sampling process as a child who fits the criteria of the study and your consent for his/her participation is hereby requested.

At the end of the research project, you are entitled to, on request, receive a summary of the research results.

Thank you for granting permission for the child to participate in this research study.

If you have any questions please feel free to contact me.

Thank you

_____
Ms. X
Director
Date: _____

Researcher obtaining consent:

_____
Zandile Shabangu
Date: _____

ADDENDUM C

LETTER OF CONSENT TO CHILDCARE INSTITUTION

Dear Ms. X

My name is Zandile Shabangu and I am conducting research for the purpose of obtaining a Masters Degree in Educational Psychology at the University of Pretoria. My research aims to study the experiences of children in childcare institutions. It is of concern that the majority of children in childcare institutions have not been given the platform to talk about their experiences of being in an institution. This reason, therefore, confirms the need for the study on the abovementioned topic. Currently, in South Africa, there is little information regarding the experiences of these children. The aim of conducting this research at your institution is to add to the South African knowledge base. The results obtained from the study will be shared in summary form to your institution and will be made accessible to the Child Welfare Society, schools and other stakeholders interested in the outcomes to improve the livelihood of children in childcare institutions.

I would like to invite six children from your institution to participate in this study and also request permission for me to access their background information as this will assist me in confirming their suitability for the study. The background information will be presented as anonymous to protect the privacy and confidentiality of the participants. Semi-structured interviews will be conducted and voice recordings and note taking will be done to collect the data. By doing this research, I hope to gain an understanding of their experiences and will provide the results of the research project to your institution to be used to the advantage of all the children on the village.

Participation is voluntary and no child will be advantaged or disadvantaged in any way for choosing to participate or not to participate in the study. The children's responses will be kept confidential; no information that could identify the child will be included in the research report. After the data analysis and interpretation all recordings will be stored in a safe place at the University of Pretoria. The research material will only be seen by my supervisor and myself and will be processed by myself. The child may refuse to answer any questions they would prefer not to, and they may choose to withdraw from the study at any point.

The research will be conducted after school hours when the child is available. Interviewing time period will depend on how fast the child responds to the questions and on how much information they are able to give. However a maximum of 2 hours has been allocated for each interview. The interview will be in an office setting for the sake of privacy and confidentiality.

Research will be conducted with ethical approval of the University of Pretoria (UP) under the supervision of Dr. Mokgadi Moletsane. My final report on this data will be submitted as a dissertation of limited scope for my Masters degree in Educational Psychology.

The purpose of my study is to understand the life experiences of children living in childcare institutions and to gain insight into what impact these experiences have in their lives and everyday functioning.

I hereby confirm that I will adhere to the following conditions:

1) The child's real name will not be used at any point of information collection, or in the final write up of the data.

2) Only I as the researcher will have access to the raw data. The child's name will not be used.

3) The child will also be required to participate in an interview which will be recorded.

4) The child's participation in this research is voluntary. He/she has the right to withdraw at any point of the study, for any reason, and without any prejudice.

5) If any emotional issues are raised by the research process the child will be referred for psychological assistance.

You are encouraged to ask any questions at any time about the nature of the study and the methods that will be used. Your suggestions and concerns are important to me; please contact me at any time at the telephone number listed below.

Thank you for giving me the opportunity to conduct this research study at Epworth.

Researcher obtaining consent:

_____

Zandile Shabangu

Date: _____

Consent granted:

_____

Ms. X

Director

Date : _____

ADDENDUM D

<u>SCHEDULE OF QUESTIONS FOR THE INDEPTH INTERVIEW</u>

- How do you experience living in a childcare institution?
- What would you change or improve about the childcare institution?
- What positive experiences have you had about childcare institution?
- If there was one thing you would change about living in a childcare institution what would it be? Why?
- Do you experience any different treatment from people on the village or outside the institution for example at school and at home?
- How does the different treatment make you feel?
- How would you like to be treated?
- What advice would you give to someone else who lives in a childcare institution?
- What challenges do you face living in a childcare institution and how do you cope with them?
- How long have you been in a childcare institution?
- What was your experience and feeling on the first day you were admitted and a while after you stayed there?
- If you were given the opportunity to tell other children about children's homes what would you tell them? Why?
- Have you stayed at any other childcare institution besides the current one you stay in? How did you experience it there?
- What impact does staying in a childcare institution have on you?
- Is there anything else you would like to share or add?

ADDENDUM E

INTERVIEW TRANSCRIPTS

RESPONDENT 1		
NAME	**COMMUNICATION (VERBAL / NON-VERBAL)**	**COMMENTS AND CODE**
Answer	No its lika a normal home buth it's without your parents but it's nice … it's just that you don't have your parents around you.	
Zandi	So now you enjoy living in the children's home?	
Answer	Not that much	
Zandi	You love it, do you love it?	
Answer	Not that much but I know if I stay here I'll finish school.	
Zandi	Okay	
Answer	That's one thing	
Zandi	And what's one thing you don't lik, if there is one thing you don't like about living ina children's home?	
Answer	I don't like staying in the house with boys that you don't know, that's all.	
Zandi	Is that all? You don't like sharing with boys?	
Answer	A house with them …because you don't have your own privacy. What I don't like….no everything else is fine.	
Zandi	Everything else is fine? It's just that you don't like sharing your space with boys?	
Answer	Yes	
Zandi	You don't have privacy; you don't have your own room.	
Answer	Only I think when you are 16, only then you can stay in your own room. But the boys just come into your room when they want to…	
Zandi	Ooh…okay they don't knock?	
Answer	Yeah, they don't knock, they just come in.	
Zandi	But isn't there supposed to be rules around that? That they must knock first?	
Answer	Yeah, but then they don't listen to the aunties.	

Zandi	And how long have you been in children's home?	
Answer	Me?	
Zandi	Yes…	
Answer	Is that this one or all of them?	
Zandi	With any other children's home, how many children's home have you been to?	
Answer	Three	
Zandi	Three?....okay	
Answer	Yes, I used to live there since I was small. First I started in Brakpan, there …where I stayed. In Babskoon, that other home I don't know how old I was, but when I went to Kids Haven I was 4.	
Zandi	Okay…	
Answer	And when I was turning 5 and then I came to ……………. when I started grade One I started primary school here then I went out last year and now I'm back this year.	
Zandi	Okay so how many have you been to?	
Answer	Three	
Zandi	Three? Okay how has it been for all?	
Answer	It's not nice when you have to change cuse then you have to learn, you must uhm….	
Zandi	Learn new people?	
Answer	Yes, new people, all the time new people but ……………. is the home that I have been staying in for the longest time.	
Zandi	For the longest okay…Since you were small you have been in children's homes. Do you remember how old you were when you went to the first one?	
Answer	I know when I came to ……………….. I was 6 turning 7 that year. At Have I stayed for two years. I think I was four or five. But I think I stayed or started when I was three years old to go to a home.	
Zandi	Okay and would you go back to visit?	

Answer	My parents? Anytime.	
Zandi	And how was it when you went back home?	
Answer	It was nice because I'm with my parents and my family, but then the problems that I started there and then we had to come back.	
Zandi	Okay and then the people… your neighbours… did they know you were staying in the children's home?	
Answer	No, not all of them…okay yeah maybe.	
Zandi	And how did they…?	
Answer	What? Know that I'm staying in a children's home?	
Zandi	Yes…when you went back home to visit…how did the neighbours treat you?	
Answer	They treat you so special and they always give you things. Yeah they treat you special.	
Zandi	Those who knew you were from children's home?	
Answer	Yeah	
Zandi	You were staying there?	
Answer	Where?	
Zandi	I'm saying the people who know that you from a children's home, they would give you nice things?	
Answer	Yeah…say now I come back, they give me money for school and sweets and things. Me and my brother and my sister but now she doesn't stay here.	
Zandi	And then at school if they know you are from a ………	
Answer	At my school they don't know, just my friends know. In High School they laugh at you. You see that other girl that stays here…Charmaine and Lee Ann they always laugh at them and say these kids are from…………. But they all don't know just my friends, my friends from Primary school all of them knew. But in High school not all of them know…maybe all grade 8's but not the grade 9's.	
Zandi	And how do they treat you those who knew?	
Answer	I don't like the way some of them treat you they…some of them would	

	wanna bring you lunch cause they think you don't get enough lunch.	
Zandi	They feel sorry for you?	
Answer	Yeah…they feel sorry for you and I don't like that.	
Zandi	So that's the only thing? They would want to give things?	
Answer	Yes.	
Zandi	Okay… there is no bad treatment you have experienced?	
Answer	No.	
Zandi	And you choose not to tell everyone?	
Answer	I don't know, they will laugh at me.	
Zandi	You think there is anything to laugh about?	
Answer	No, but then they ask you questions all of them. I remember when I was in primary school when the teachers talk, we got to LO. LO is all about what can I say….	
Zandi	LIFE ORIENTATION	
Answer	Yeah…and then when the teachers ask me how it is like and then I have to answer and the whole class starts asking questions so I don't know how to answer.	
Zandi	What questions do they ask you?	
Answer	They say what food do you eat there? Do you have a TV there? Do you have beds? Or do you sleep on …. Yoh… I don't know…they used to ask me questions…what food do I eat and is my bed…(sigh)	
Zandi	Comfortable?	
Answer	Yes…but for me it's not bad to stay in a children's home.	
Zandi	How would you like them to treat you?	
Answer	Like a normal person. The way they treat other people. I want them to treat me like that.	
Zandi	Does your teacher know?	
Answer	Yeah	

Zandi	And does she treat you like the other children?	
Answer	No…my…when I went I have a Sir and I have a teacher also they like…they like married, and they called me afterward and they said they heard I stay in …………… children's home, they said they are going to treat me like the other kids, the way they treat other people.	
Zandi	That makes you feel good.	
Answer	Yeah…	
Zandi	If you were to talk to children…other children who stay in children's home, what would you advice? What would you tell them? What would you like them to know?	
Answer	I'll tell them that they must be lucky that they stay in a children's home and then they must appreciate what they have because other people don't have what we have and then they must just try to finish school.	
Zandi	Okay… and have there been any bad experiences in any of the children's homes you have stayed in?	
Answer	What? Like someone doing something to me?	
Zandi	Yes	
Answer	No	
Zandi	Or someone treating you bad?	
Answer	Yeah we used to … here in ……………… with the big girls, they make us clean the toilets for them or otherwise they hit us. We must iron their school T-shirts, polish their shoes, when it's their time for doing chores then they tell us to clean for them and when the aunty come we have to act like we sitting down and they were cleaning up and then when the aunty goes they say stand up and clean but when my sister grew up then they didn't do that to me anymore cause my sister will tell them that they mustn't do that.	
Zandi	So you say your friends know about it and don't treat you different?	
Answer	No	
Zandi	Is there anything else you would like to tell me?	

Answer	About staying in a children's home?	
Zandi	Yes	
Answer	Bad or Good?	
Zandi	Any…	
Answer	Okay the good things is you get to do things other people at your school can't get to do like marimba, we used to do dancing we used to do karate, drama, we do bible study and all the things that other kids don't usually get to do. And the bad is for me…the bad thing is I feel so stuck, everywhere I feel stuck.	
Zandi	In what way?	
Answer	I'm always here. I can't even go visit my friends or something we not allowed to go. If we go to the shops we go with the aunty or we go with someone bigger than us … yeah that's better but then you only get to the shops when you are 16 years old.	
Zandi	You can't walk to the shops on your own?	
Answer	No… but I don't want to … I'm scared. I wanna walk with other people but then that's also a nice thing that we get to go to the shops and then….	
Zandi	That sometimes you get to do things on your own?	
Answer	That my friends does.	
Zandi	Going to parties?	
Answer	No, no, okay yeah parties but not like parties like in bad parties where they do drugs and drink. And just to go to the mall with any friends like I used to do at home it's nice.	
Zandi	You miss doing that?	
Answer	Yeah	
Zandi	Okay when are you allowed here to go visit?	
Answer	To your friends?	
Zandi	Yeah.	
Answer	You are allowed to go to your friends but you must bring an invitation and then you must give them the time and then your friends must come and fetch you and bring you back. They can't take you to your friend. They want your friends to fetch you and bring you back.	

Zandi	Sounds like you enjoy staying here…	
Answer	Yeah	
Zandi	Is there anything else you want to share with me?	
Answer	No	
Zandi	Okay last question. If you were given the opportunity to tell other children?	
Answer	I would tell them that it's nice I enjoy it, they mustn't be shy to stay in a children's home and ….	
Zandi	They mustn't be embarrassed.	
Answer	Yes, and I don't know what else.	
Zandi	Oh yeah, If there is one thing you would change about being in a children's home…what would you like change?	
Answer	I would say the big girls has to stay in one house, the boys has to …. Okay it is like that in Asteria and Akasia, like all the big girls has to stay together and the big boys has to stay together. I'd like that because then you have your own privacy. You can walk around with your nightie, you don't even have to wear a gown because it's only girls. That's the thing we always have to wear a gown. Always when we in the house because it has boys and even in summer in the night and it's so hot.	
Zandi	That's…thank you for your time.	

RESPONDENT 2		
NAME	**COMMUNICATION (VERBAL/NON-VERBAL)**	**COMMENTS AND CODE**
Zandi	So …uhm…tell me, how do you experience living in a children's home?	
Answer	Its normal	
Zandi	Okay … that's all?	
Answer	Yeah…	
Zandi	It's fun?	

Answer	Yeah…you can say that especially with the sports…yeah.	
Zandi	Okay…if there was anything you would change or improve in here what would it be?	
Answer	Don't think I'll change anything.	
Zandi	You like things the way they are?	
Answer	Yeah … because you get a bed to sleep on you get food do things go to school and come back.	
Zandi	And then tell me what positive experience have you had in terms of staying here?	
Answer	Okay… wait …I don't really understand the question.	
Zandi	Anything good you have experienced here.	
Answer	Yeah… when the composer of the wrestling came and then I went there then nobody stopped me, the office didn't stop me telling me not to go there, they allowed me to do it. That was really nice of them.	
Zandi	So there is nothing you would change about this place. As someone staying in a children's home do you experience any different treatment from people who know that you live in a children's home?	
Answer	No	
Zandi	You don't? Even at school?	
Answer	No	
Zandi	When you go?	
Answer	It's normal.	
Zandi	It's normal. Okay and is there any advice you would give someone who stays in a children's home?	
Answer	Must listen to the aunties and…	

Zandi	Have you had any challenges? Any difficulties staying here?	
Answer	Maybe when the aunties are like also having their stress also they came with their anger or something. You ask them something then they just get angry at you, stuff like that but then it's normal.	
Zandi	So that's the only negative thing?	
Answer	Yeah	
Zandi	How would you like them to treat situations like that?	
Answer	Maybe just tell us like they not feeling well today…back off a little bit. Whatever you ask it and they you go. Something like that.	
Zandi	How long have you been in children's home?	
Answer	It's… this is my 6th year.	
Zandi	Sixth year?	
Answer	Yeah	
Zandi	Is this the only place you've been?	
Answer	I've been in a place of safety.	
Zandi	Okay…	
Answer	For one year.	
Zandi	For one year? And then?	
Answer	They moved me into here.	
Zandi	So…you've been to two. What was your experience there compared to staying here?	
Answer	I don't really know because I was really young. I don't really remember.	
Zandi	Okay…how old were you?	

Answer	I think I was 7 or 6 then.	
Zandi	So you don't remember…right …if you were given the opportunity to talk to other children about staying in a children's home what would you tell them. Why would you tell them that you want them to know that?	
Answer	I'm not really sure cause …okay…I mean I'd just tell them it's like living with parents but it's just not your real parents. It's … you get treated the same as your parents would treat you who cares about you and all that. It's almost the same thing.	
Zandi	So you don't experience any different treatment to other children. You feel that you being treated the same way.	
Answer	Yeah…	
Zandi	And does it have any impact on you as a teen. It's just normal.	
Answer	No	
Zandi	Is there anything else you would like to add?	
Answer		

Stacey Kaye
P. O. Box 263,
Pietermaritzburg,
3201

Telephone: 082 855 3111
E-mail: starnight23@gmail.com

Date: 23 September

CERTIFICATE OF ENGLISH EDITING

To whom it may concern

This is to certify that the mini dissertation titled "The Experiences Of Children In A Childcare Institution" to be submitted by Zandile Shabangu of the University of Pretoria for the purposes of degree conferral has been edited for grammar, spelling and referencing.

Yours faithfully,

_____
S. Kaye
B. A. Hons (English Studies), UKZN

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education

Ethics Committee

18 June 2010

Dear Miss Shabangu

REFERENCE: EP09/11/13

Faculty of Education

Ethics Committee

Your application was carefully reconsidered and discussed during a Faculty of Education Ethics Committee meeting on 9 June 2010 and the final decision of the Ethics Committee is: Your application is approved This letter serves as notification that you may continue with your fieldwork. Should any significant changes to the study occur after approval was given, it is your responsibility to notify the Ethics Committee immediately. Please note that this is not a clearance certificate. Upon completion of your research you need to submit the following documentation to the Ethics Committee:

1) Investigator(s) Declaration that you adhered to conditions stipulated in this
letter (D08/01).
2) Investigator(s) Declaration for the storage of research data and/or documents
(Form D08/02).
3) Supervisor's Declaration for the storage of research data and/or documents
(Form D08/03).

On receipt of the above-mentioned documents you will be issued a clearance certificate. Please quote the reference number EP09/11/13 in any communication with the Ethics Committee.

Best wishes,

Prof Liesel Ebsersohn
Chair: Ethics Committee
Faculty of Education

18 June 2010
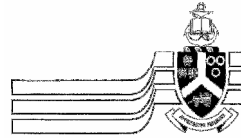
UNIVERSITY OF PRETORIA

FACULTY OF EDUCATION

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	**CLEARANCE NUMBER :** EP09/11/13
DEGREE AND PROJECT	MEd: Educational Psychology The life experiences of children in childcare instituations
INVESTIGATOR(S)	Ms Z.O. Shabangu
DEPARTMENT	Department of Educational Psychology
DATE CONSIDERED	30 August 2010
DECISION OF THE COMMITTEE	APPROVED

Please note:

For Masters applications, ethical clearance is valid for 2 years

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

CHAIRPERSON OF ETHICS COMMITTEE   Prof L Ebersohn

DATE   30 August 2010

CC   Dr M Moletsane
                                                                          Ms Jeannie Beukes

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

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

Please quote the clearance number in all enquiries.