

**ADAPTING A TEACHER INTERVENTION
PROGRAMME FOR USE WITH COMMUNITY
VOLUNTEERS**

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**Adapting a teacher intervention programme for use with
community volunteers**

by

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MAGISTER EDUCATIONIS IN EDUCATIONAL PSYCHOLOGY

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I dedicate this dissertation to my mother,
Rumbidzai Jaison.

Thank you for being my anchor of love,
hope and perseverance throughout this journey.

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UNIVERSITY OF PRETORIA DECLARATION OF ORIGINALITY

I, Cleopatra Nyarai Chambati, declare that the dissertation, which I submit for the degree Magister Educationis at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

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Cleopatra Nyarai Chambati

Date

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The author, whose name appears on the title page of this thesis, has obtained, for the research described in this work, the applicable research ethics approval. The author declares that she has observed the ethical standards required in terms of the University of Pretoria's *Code of Ethics for researchers and the policy guidelines for responsible research*.

Cleopatra Nyarai Chambati

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ABSTRACT

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The purpose of this study was to explore how a teacher intervention programme could be adapted for use with community volunteers. This study forms part of the broader Supportive Teachers Assets and Resilience (STAR) and Supporting Home Environments in Beating Adversity (SHEBA) research projects. The rationale for undertaking this study emanated from previous research findings by Ferreira and Ebersöhn (2012), indicating the possibility of adapting a teacher intervention and implementing it in contexts other than schools. The context of volunteer care work was identified as one possible context that could benefit from the initial teacher intervention.

I followed a Participatory Reflection and Action (PRA) approach and used an interpretivist lense. Following a case study design, for phase one of the data collection process, three female participants (one teacher, one principal and one volunteer care worker) participated in a focus group discussion. For the second phase of data collection, 30 participants (27 teachers, one principal, one vice-principal and one care worker) were involved in PRA-based activities, focusing on their experiences of the STAR teacher intervention in previous years. In addition to the PRA-based data collection and documentation strategies, I relied on observation, visual techniques, field notes and a research diary. Following data collection, I completed inductive thematic analysis.

Findings of the study indicate that the teacher intervention programme could be adapted for use by community volunteers, but that the core principles of the initial teacher intervention had to be maintained. More specifically, participants indicated the importance of an adapted intervention being embedded in asset-based principles,

including discussions on relevant policies and work-related skills, as well as involving regular monitoring and evaluation processes. In terms of suggested changes to the teacher intervention, findings indicate participants' view that body mapping as a potential care and supportive tool should be revised in terms of implementation procedures, that more work-related skills should be added to discussions, and that additional relevant policies should be included in an adapted volunteer intervention programme.

KEY TERMS:

- Adapting an intervention
- Asset-based approach
- Intervention programmes
- Orphans and vulnerable children
- Participatory Reflection and Action (PRA)
- School-community
- SHEBA intervention
- STAR intervention
- Teacher intervention programme
- Volunteer care workers

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CHAPTER 1

BACKGROUND AND OVERVIEW OF THE STUDY

1.1 INTRODUCTION

Literature increasingly emphasises the role of community volunteers in community-based partnerships (Campbell, Gibbs, Maimane & Nair, 2008; Gatt, Ojala & Soler 2011). Social challenges such as the HIV and AIDS pandemic, poverty, increasing numbers of orphans and vulnerable children, coupled with the scarcity of health professionals in Sub-Saharan Africa, are among some of the major reasons why community volunteers have become integral specifically in the lives of orphans and vulnerable children (Ferreira & Ebersöhn, 2011; Campbell *et al.*, 2008).

Despite the fact that research reveals the important role that community volunteers may play in supporting vulnerable communities (Akintola, 2010; Campbell *et al.*, 2008), existing studies primarily emphasise the health and well-being of the volunteer worker (Campbell *et al.*, 2008). An organisation that however specifically focuses on training of volunteer care workers is the *Regional Psychosocial Support Initiative* (REPSSI). REPSSI namely focuses on knowledge and skills, and on intervention programmes that could inform and equip community volunteers to fulfil their role in communities and schools (Chakanyuka, Vilakati & Ferreira-Meyers, 2015; REPSSI Psychosocial wellbeing series, 2009) yet, such training initiatives are very limited.

It may be assumed that community volunteers offer their services because they possess the necessary skills and know-how to assist vulnerable communities. However, it is often not the case that volunteer care workers are sufficiently skilled to assist (Mutambara & Mutambara, 2012). Many people are motivated to volunteer due to lack of employment, to gain skills or due to a spiritual calling (Lombard & Claassens, 2006; Akintola, 2010). In this regard, research reveals a need for South African child and youth care support programmes to be transformed in order to meet the needs of vulnerable people not only due to them being infected with or affected by HIV and AIDS (Scott, 2009), but to support vulnerable children that have been affected by other social or contextual challenges, such as poverty, abuse and neglect, to mention but a few.

Ebersöhn, Eloff and Swanepoel-Opper (2010) state that volunteers are central to a community-based approach to supporting vulnerable communities. This implies that

community volunteers form a crucial part of community collaboration among various members and/or sectors of society, such as parents, schools, the police, hospitals and businesses. According to Akintola, Hlengwa and Dageid (2013), the impact of HIV and AIDS in South Africa places a severe burden on the health system. To this end, the South African government was prompted to shift care and responsibilities to community members, schools, primary school teachers and volunteers (Akintola *et al.*, 2013). Volunteers are therefore recruited to work within schools. According to the REPSSI Psychosocial Wellbeing series (2009), schools are an excellent central point to offer care and support within a community. It is within the school context that a school-community made up of teachers, parents and community members can be developed (REPSSI Psychosocial Wellbeing series, 2009).

Within the school context, volunteer workers may be responsible for projects by for example vegetable gardens and nutrition schemes. Volunteer workers can also provide access to social services, by for example facilitating easy access to social grants. Outside the school context, volunteer care workers can form an essential link between the school and the community, as they can potentially provide home care and support to orphans and vulnerable children, as well as to people living with HIV and AIDS (Akintola *et al.*, 2013).

Having had personal experience as a volunteer teacher, I noted the value of offering my services in assisting students to learn English as a second language. My role as a volunteer availed me the opportunity to mutually benefit the school as an additional English language teacher and at the same time enhance my skills to teach a new curriculum. These personal experiences motivated my interest in understanding volunteerism and to explore various contexts in which volunteers may offer their services.

In addition to my experience as volunteer teacher, my studies in Educational Psychology have raised my awareness to the importance of professionals in this field to facilitate community based support initiatives. This may imply that educational psychologist take hands with community members or community volunteers to reach more vulnerable individuals. The Health Profession Act (Act No. 56, 1974), identifies the scope of an educational psychologist among other things to involve conducting research as well as development and providing training in educational-based programmes.

This study focuses on the way in which an existing psychosocial support intervention, the Supportive Teachers, Assets and Resilience (STAR) (refer to Appendix G) intervention, was adapted for implementation in the context of volunteer care work. STAR was initially developed for the school context, to be employed with teachers (Ferreira & Ebersöhn, 2012). The intervention focuses on the way in which teachers can promote resilience in high-risk school-communities, by providing school-based support. Following the initial phases of the STAR intervention, participants suggested that the STAR intervention should be adapted for use with community volunteers.

Similarly, other organisations have thought of possible alignment between interventions with teachers and with volunteer care workers. To this end, REPSSI adapted a volunteer care work intervention for psychosocial support to be used by teachers (Chakanyuka *et al.*, 2015). In this regard, formal institutions such as the University of KwaZulu-Natal and the University of Swaziland have collaborated with REPSSI in order to offer a formal programme for training caregivers and awarding them with a Certificate in Community-Based Work with Children (Chakanyuka *et al.*, 2015).

1.1.1 CONTEXTUAL BACKGROUND

As stated before, this study forms part of the broader STAR and subsequent follow-up Supporting Home Environments in Beating Adversity (SHEBA) intervention studies. The STAR intervention gradually evolved to include a number of postgraduate studies (Ebersöhn, 2008; Ferreira, 2006; Loots, 2000; McCallaghan, 2007; Mnguni, 2006; Odendaal, 2006) resulting in a longitudinal intervention study (Ebersöhn, Ferreira & Mnguni, 2008; Ferreira, Ebersöhn & Odendaal, 2010). Researchers initially partnered with teachers in one primary school in a resource-constrained community in the Eastern Cape. The specific aim of the initial Participatory Reflection and Action (PRA) partnership was to investigate how teachers could promote resilience by initiating psychosocial support projects, initially with HIV and AIDS as core adversity. The focus was gradually broadened to include adversity synonymous with high-risk communities in South Africa.

Following its initial phases, STAR was replicated in three schools in two additional South African provinces (Ebersöhn, 2006; Ebersöhn, 2007; Ebersöhn & Ferreira, 2011; Ferreira & Ebersöhn, 2012; Loots, Ebersöhn, Ferreira & Eloff, 2009; Oliver, 2009). During the dissemination research phase, teachers were trained to replicate STAR (until 2007) with teachers in neighbouring schools, resulting in STAR being

implemented in 11 schools in three of South Africa's provinces (Ferreira & Ebersöhn, 2012).

As is common in intervention research, continuous phases of reflection, monitoring and evaluation of STAR have occurred over the years. These reflections led to the exploration of other contexts to which STAR, in an adapted format, could potentially be relevant (Ebersöhn & Ferreira, 2011). As already mentioned, STAR participants specifically suggested that the intervention may have utility for use by volunteers. Against this background, the current study focuses on the adaption of the STAR intervention for application in the context of volunteer care work. Based on the data I obtained, the STAR intervention was adapted in 2011 and implemented in the said context during 2012 and 2013.

1.1.2 RATIONALE FOR UNDERTAKING THE STUDY

From a personal stance, my study flows from my own experiences as a volunteer worker. During my years of university study, I also developed a personal interest in the asset-based approach (Kretzmann & Mcknight, 1993; Ebersöhn & Eloff, 2006) which underlies the STAR and SHEBA interventions. A major part of my interest in the approach emanates from associating the asset-based approach to similar and not so ancient practices that occur in African settings during harvest, funeral or wedding festivities, when people gather their strengths, capacities and resources for the common benefit of all.

In support of my personal interest, my initial review of literature on the topic indicated limited literature in the South African context on intervention programmes that could equip community volunteers with essential knowledge or skills to support vulnerable communities (Akintola, 2010; Cherrington *et al.*, 2010). Acquiring basic knowledge and competency when dealing with HIV and AIDS, are some of the things that were initially foreseen as potential benefits for community volunteers who participate in an adapted STAR intervention (Ebersöhn & Ferreira, 2011). These skills were predicted as potentially valuable to community volunteers who offer their services, usually without receiving basic training (Campbell *et al.*, 2008; Lund, 2009).

Scott (2009) emphasises that South African child and youth support programmes need to be challenged to address the critical needs of vulnerable or young people. In order to address such critical needs (e.g. caring for and supporting orphaned children) volunteers may however require supportive skills, which could potentially form part of an intervention focused on the context of volunteer care work. In addition, as

volunteers may (from 2014) register with the Department of Social Development, the ongoing need to investigate evidence-based ways of training volunteers in South Africa remains prevalent.

1.2 PURPOSE OF THE STUDY

The purpose of this study is to describe how a teacher intervention (STAR) was adapted for use with community volunteers. This research may add to the existing knowledge base on volunteer interventions. The current broader purpose is to build evidence-based knowledge that can contribute to volunteer interventions in high-risk school-community settings.

1.3 RESEARCH QUESTIONS

The study was guided by a primary research question and four related secondary questions.

1.3.1 PRIMARY RESEARCH QUESTION

The primary research question is:

How can STAR (a teacher intervention programme) be adapted for use with community volunteers?

1.3.2 SECONDARY RESEARCH QUESTIONS

To answer the primary research question, the following secondary research questions were addressed:

- *How can a teacher intervention benefit (or not) community volunteers?*
- *What should be added, changed or retained in the existing STAR teacher intervention programme to make it relevant for the context of volunteer care work?*

1.4 CONCEPT CLARIFICATION

In this section, I explain the concepts that are central to this study.

1.4.1 VOLUNTEER CARE WORK AND COMMUNITY VOLUNTEER

The concepts “child and youth care worker”, “community volunteer” and “volunteer care worker” can be used as synonyms (Scott, 2009; Duvenhage, 2009). For the purpose of this research, the term “community volunteer” is used, indicating the role of volunteers in vulnerable communities, and aligning with other studies in the SHEBA project. This specific term was selected in consultation with the participants of the SHEBA project, against the unique background and context in which they function.

The South African Schools Act, 1996 (Act No 84 of 1996) acknowledges the use of voluntary work in schools. The Act emphasises that voluntary work should promote the best interest of schools, which mainly relates to the education of learners. The South African Statistical Survey of 2011, indicates volunteer work as forming a crucial part of the South African labour force, with more than 300 000 volunteers working in schools.

“Volunteer work is traditionally understood as work that is unpaid, freely chosen and of benefit to the society” (Mündel & Schugurensky, 2008, p.49). This description clearly highlights an aspect of a community volunteer as someone who commits to offering service free of charge to benefit society. In support of this view, Anglin (2006) emphasises that volunteer work is characterised by commitment, integrity and dedication. Volunteer work therefore calls for individuals who are willing to commit and dedicate their time, skills and values to make a difference in society without expecting any form of payment.

In support of this description, Akintola (2010) defines volunteering as committing time and energy to provide a service that will benefit an individual or the community without expecting financial or material gain. Volunteer work thus entails people not only volunteering their labour, but also their time, thus committing themselves to be of benefit to an individual or a community at large.

For the purpose of this research, a community volunteer is viewed as a person who is willing to render services without payment, to the benefit of society at large, and to schools in vulnerable communities in particular. As such, community volunteers for this study refer to volunteers who function in the communities where the STAR participating schools are situated. These volunteers are characterised by their involvement at the schools.

1.4.2 TEACHER INTERVENTION PROGRAMME

According to Gini (2004), a teacher intervention programme should focus on preventing and reducing challenges in the school system (or school-community). This implies that a teacher intervention programme typically involves teachers or people associated with a formal, informal or non-formal teaching system.

As such, teacher intervention programmes are aimed at preventing or addressing challenges within the school or surrounding community. Teachers are key role-players in such programmes (Reinke, Stormont, Herman & Newcomer, 2013). The STAR intervention programme (Ferreira & Ebersöhn, 2012) is an example of a teacher intervention programme.

1.4.3 STAR INTERVENTION

The STAR intervention was developed to be implemented with teachers in 2003, and embraces the concept of resilience as being contextual, cultural and process oriented. STAR initially aimed at investigating how teachers could support children and the wider community in dealing with HIV and AIDS-related challenges in and outside the school context (Ebersöhn & Ferreira, 2011; Ferreira & Ebersöhn, 2011).

STAR is thus a school-based intervention which emphasises capacity development in order to facilitate the successful negotiation of high-risk environments with the notion of collaboration and partnership. The intervention involves four two-to-three-day Participatory Reflection and Action (PRA)-driven intervention sessions during which participants are involved in various activities in identifying challenges, assets and potential resources, and subsequently planning and implementing school-based support initiatives, such as vegetable gardens, information centres and counselling services (Ferreira & Ebersöhn, 2012).

1.4.4 ADAPTING AN INTERVENTION

Adapting an intervention can be defined as the process of modifying an existing programme for use in another specific context, in order to influence a particular situation or improve the programme impact (Wingood & DiClemente, 2008; Rotheram-Borus, Swendeman & Becker, 2014). According to Veniegas, Kao and Rosales (2009), adapting an intervention means modifying activities or the delivery methods in such a way that it does not conflict with the core elements or the theoretical framework of the initial intervention. In this study, the STAR intervention

was adapted to be implemented in the context of volunteer care work, in the form of the SHEBA intervention.

Jack, Kirton, Birakurataki and Merriman (2011) describe an intervention programme as a series of fundamental activities or skills that need to be tailor-made for a specific community in relation to the environmental setting, needs and responsibilities. In support of this view, Fraser and Galinsky (2010) describe an intervention as simple or complex purposively implemented change strategies for an individual, family or community. The STAR intervention programme was specifically developed to promote resilience and be implemented with teachers. In adapting the STAR intervention, the specific purpose was adjusted to develop an intervention that could be implemented in the context of community volunteers.

1.5 PARADIGMATIC LENSES

I relied on the asset-based approach as theoretical framework, PRA as methodological paradigm, and interpretivism as meta-theory. In the following subsections, these choices are briefly introduced. More detailed discussions follow in Chapter 3.

1.5.1 THEORETICAL FRAMEWORK

The asset-based approach focuses on systems, ecosystems and contexts; not only on physical and tangible assets within various systems and contexts, but also on strengths and resources (Hegel, 2003). Kretzman and McKnight (1993) define the asset-based approach as a theory that focuses on the utilisation of existing resources, assets, skills and abilities to address challenges. In addition, Ferreira and Ebersöhn (2010) maintain that the asset-based approach is related to resilience. The link between resilience and the asset-based approach implies that individuals are able to draw on existing strengths in coping with crises that may occur, thereby employing so-called asset-based coping (Ferreira, 2013).

This study adopted Ferreira and Ebersöhn's (2010) working assumption of the asset-based approach, which states that individuals will be motivated to realise and preserve a state of flourishing by means of strategies such as awareness/reflexivity, identification, accessing, mobilisation/self-regulation and sustaining. In relying on this belief, I applied the asset-based approach as a lens in undertaking the study and interpreting the results of the study.

As part of this approach, data collection was conducted with the notion that participants possess strengths and are capable of mobilising resources. Furthermore, the STAR intervention was taken as consisting of positive components that may potentially facilitate positive change in contexts other than schools, in an adapted format.

1.5.2 METHODOLOGICAL PARADIGM

I followed a Participatory Reflection and Action (PRA) methodological approach (Chambers, 2008) in exploring how the STAR intervention could be adapted for use in the context of volunteer care work. I used a PRA design, aligning this study with the broader STAR and SHEBA projects. Action research is considered as social inquiry involving communities and other organisations that are collaborative in nature and may contribute to change in society (Creswell, 2008). Action research involves action, evaluation and reflection (Koshy, 2010).

1.5.3 EPISTEMOLOGICAL PARADIGM

I employed an interpretivist paradigm in conducting the research. De Vos, Strydom, Schulze and Patel (2011) view interpretivism as a social paradigm and interactive, as it aims to understand people through observation. In utilising this lens, I aimed to understand and interpret the views of the STAR participants to adapt the intervention for use in the context of volunteer care work. I thus relied on the experiences of the participants to guide the process of adapting the intervention.

In addition, I gained insight into the study through use of multiple data collection methods. In turn, I yielded rich and thick descriptions by making use of the interpretivist approach (Nieuwenhuis, 2007). I interacted with STAR participants through a focus group discussion, PRA-based activities and member checking to gain an understanding of their socially constructed and holistic views of how the STAR intervention could be adopted for implementation in the context of volunteer care workers (Nieuwenhuis, 2007).

1.6 ASSUMPTIONS UNDERLYING THE STUDY

In conducting the study, I held a number of underlying assumptions. Firstly, I assumed that the participants were knowledgeable about the STAR project as they have been participating in the STAR project over recent years. In addition to this assumption, I assumed that the participants would be able to identify aspects of the

STAR intervention that would or would not work in the context of community volunteers through their own experiences of the intervention.

In using the interpretivist paradigm, I assumed that the STAR intervention would be best understood and interpreted in the participants' social environments (Punch 2009; Niewenhuis 2007). Hence the first phase of data collection took place at a school in the Eastern Cape where some of the participants are involved. Throughout, I also assumed that the STAR intervention could be adapted and subsequently applied in a context other than that of a school, more specifically in the context of volunteer care work.

1.7 OVERVIEW OF THE RESEARCH METHODOLOGY

This section includes an overview of the research design, selection of participants, data collection and documentation strategies, as well as data analysis and interpretation. More detailed discussions are included in Chapter 3. As an introduction, Figure 1.1 summarises the research process.

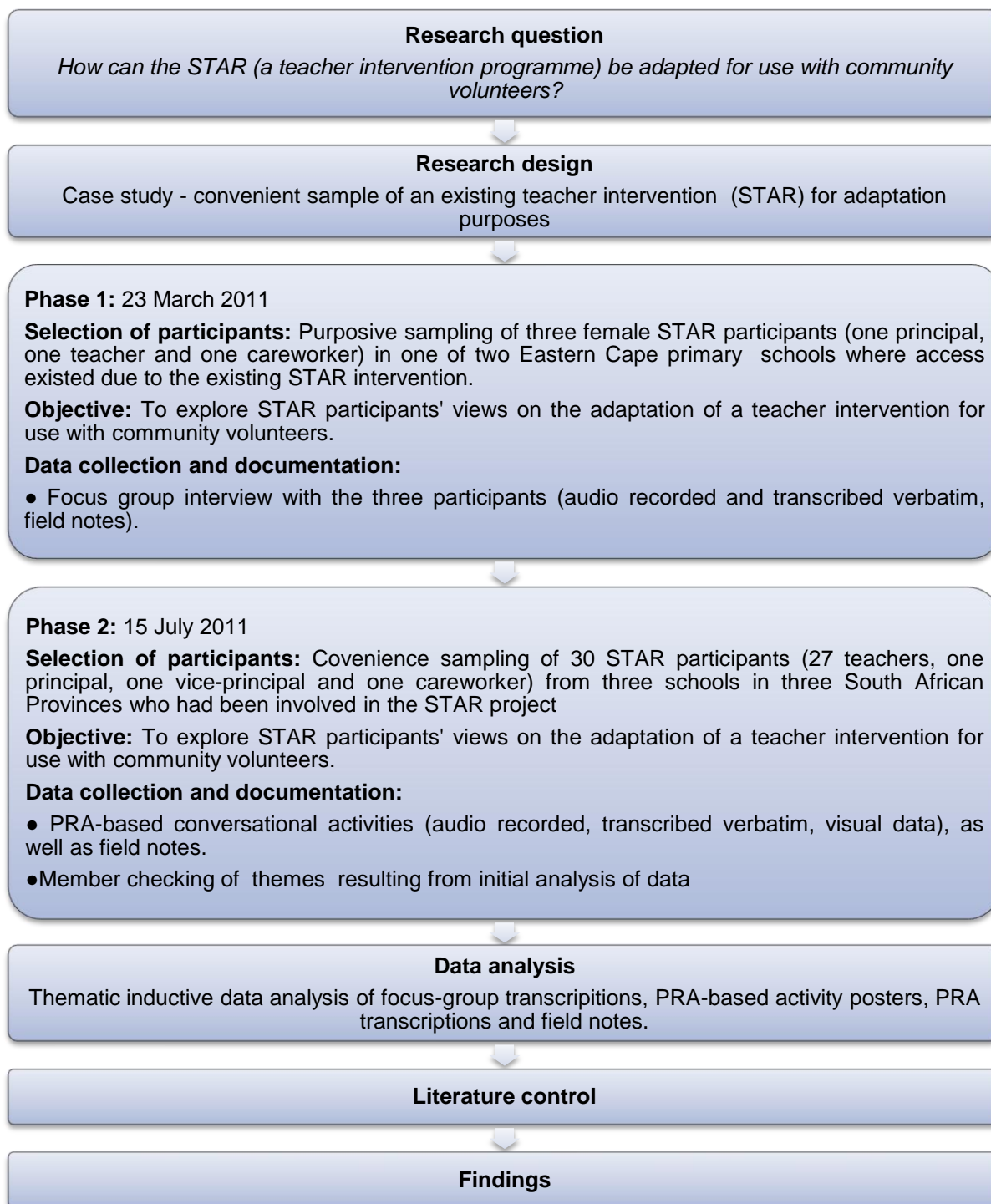


Figure 1.1: Summary of research process

I implemented a case study design (Niewenhuis 2007) and collected data during March and July 2011. During the March 2011 field visit, I co-facilitated a focus group discussion with three participants in order to explore whether or not the STAR intervention may be adapted for use with community volunteers. In July 2011, I facilitated follow-up PRA-based discussions and activities in order to further explore how the adaptation could be done. At this stage, I also conducted a member checking

activity following initial data analysis. As indicated, a more detailed discussion of the research methodology follows in Chapter 3.

1.8 ETHICAL CONSIDERATIONS

In conducting my research, I adhered to the guidelines of the Ethics Committee of the Faculty of Education of the University of Pretoria. I ensured that research participants were informed about the nature of this study and the process of providing consent was explained to them before they signed the informed consent forms (Silverman, 2010; Litchman, 2010). In obtaining informed consent, I discussed the expected roles with the participants, as well as the activities and risks involved in participating in the research. Participants could choose whether or not to participate in the study and I informed them of their right to withdraw at any time should they wish to do so. I did not coerce or deceive any participants into participation in the research study (Creswell, 2009).

Throughout this study, I ensured that the research participants were not harmed in any way (Litchman, 2010). I did not reveal any personal information that may have potentially deformed participants' characters. Data have been safely stored in order to protect the research participants. Information provided to the research team has been treated as confidential throughout (Litchman, 2010). In order to maintain confidentiality, I removed names from transcriptions. Data can thus not be traced back to individual participants (Merriam, 2009 & Punch, 2009). A detailed discussion of the ethical guidelines that I followed follows in Chapter 3.

1.9 QUALITY CRITERIA

In my attempt to maximise trustworthiness, I relied on various quality criteria strategies. I relied on crystallisation by collaboratively working with participants throughout the research process, on member checking and peer debriefing (Maree & van der Westhuizen, 2007). I employed multiple data collection methods, namely a focus group interview, observation, and PRA-based activities documented in the form of field notes, transcriptions and a research diary.

In addition, I relied on thick and rich descriptions in presenting my study and findings in this mini-dissertation (Creswell, 2009). This strategy ensured credibility as the findings may be transferable to similar contexts of research, based on the detailed descriptions I have included. In further enhancing credibility, I thoroughly checked

transcripts to ensure that they did not contain any possible mistakes made during transcription (Creswell, 2009).

In striving towards dependability, I relied on peer debriefing and member checking where I could check and cross-check research findings to ensure that these were 'reliable' (Cohen, Mannion & Morris, 2007). During the research process, I also kept a research diary in which I documented steps of the procedures and also reflected on the research process itself (Creswell, 2009). I discuss more strategies I relied on for the sake of trustworthiness of the study in Chapter 3.

1.10 OUTLINE OF CHAPTERS

This mini-dissertation consists of five chapters, as outlined below.

CHAPTER 1: BACKGROUND AND OVERVIEW OF THE STUDY

The first chapter provides background and an overview of the study. The chapter includes introductory literature, my rationale and purpose for undertaking the study, clarification of key concepts and an introduction to the selected paradigmatic approaches I followed. I briefly outline the research methodology, and introduce the ethical considerations and quality criteria I considered. I also provide an outline of the chapters of the mini-dissertation.

CHAPTER 2: LITERATURE REVIEW

In the second chapter, I provide background on STAR as teacher intervention. I discuss existing literature related to community volunteers, and the training of community volunteers. I explore ways of adapting existing intervention programmes, and contemplate the potential application of the STAR intervention to the context of volunteer care work, relating the content of the STAR intervention to the purpose of volunteerism. Before concluding the chapter, I unpack the theoretical framework of the study and explain how I applied this to the study.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

In the third chapter, I provide a detailed account of the research design and methodological processes of the study. I discuss the selected data collection and documentation methods, as well as the data analysis and interpretation I completed, providing justification for my selection of methods. My discussions are done against the background of the research questions and purpose of the study.

CHAPTER 4: RESULTS AND FINDINGS OF THE STUDY

In this chapter, I present and discuss the research findings. After presenting the results in terms of the themes and sub-themes I identified during thematic analysis of the data, I relate these to existing literature, as included in Chapter 2. I focus on both connections and contradictions between the findings of this study, and those captured in existing studies.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

In the final chapter, I come to conclusions based on the findings of the study. I rely on the findings to address the research questions formulated in Chapter 1, I reflect on the challenges I experienced during the study and foreground possible contributions. Finally, I formulate recommendations emanating from this study.

1.11 CONCLUSION

In this chapter, I provided background to the research study, introduced the research topic and formulated research questions. I stated the rationale and purpose of the study, and clarified the key concepts I used. I briefly stated my selected paradigmatic approaches, introduced the research methodology, and referred to ethical principles I adhered to while conducting the study.

In the following chapter, I explore literature related to my field of interest. I discuss volunteerism, the responsibilities of community volunteers, and challenges and benefits of volunteer work. I also focus on existing intervention programmes for community volunteers and conclude with an explanation of the theoretical framework of the study, which served as a background to the empirical study that I discuss in Chapter 3.

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CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, I describe STAR as a teacher intervention programme and explain the background to its adaptation for use in the context of volunteer care work. I then explore how community volunteers are generally trained and which support-based intervention programmes currently exist that can equip community volunteers for their task. I also contemplate how such intervention programmes may be sustained.

I then discuss existing literature on volunteer care work, specifically referring to the South African context. I define volunteer care work, the responsibilities of volunteers, the benefits of their work context and the challenges community volunteers typically face. In the final section of the chapter, I present the theoretical framework I relied on in undertaking this study. To this end, I describe how the asset-based approach applies to my research study.

2.2 ADAPTING THE STAR INTERVENTION PROGRAMME FOR APPLICATION IN THE CONTEXT OF VOLUNTEER CARE WORK

In this section, I describe the STAR intervention programme in more detail. I also discuss ways in which teacher intervention programmes may be adapted for application in other contexts. I subsequently provide examples of existing training programmes for community volunteers, as backdrop to the STAR intervention that was adapted to potentially provide such training and/or support.

2.2.1 STAR AS A TEACHER INTERVENTION PROGRAMME

The STAR intervention has been implemented in the teacher context since 2003, involving 12 schools across South Africa (Ebersöhn, 2008; Ferreira, 2006; Ferreira & Ebersöhn, 2012; Loots, 2000; Mbongwe, 2012; McCallaghan, 2007; Mnguni, 2006; Odendaal, 2006). Since 2003, 74 teachers have participated in the project. Based on the positive outcome of STAR in the school context, participating teachers voiced the application with community volunteers in an adapted version as potential future direction, hence the focus of this study.

The STAR intervention was developed as part of a participatory intervention research study. It focuses on how teachers can potentially enhance resilience among vulnerable children and their families, by initiating supportive projects in the schools or communities where they work. The STAR intervention is framed within positive psychology theory and rests on the asset-based approach. It is based on the notion of enabling teachers to plan and initiate supportive projects by identifying and mobilising resources in the immediate environment (Ferreira & Ebersöhn, 2012).

As such, STAR is conceptualised as a strength-based approach that enhances the likelihood of psychosocial support in vulnerable contexts through collaboration and partnerships, by means of the identification and mobilisation of resources by participants (Ebersöhn & Ferreira, 2011). In the application of the adapted STAR intervention with community volunteers, the underlying aim is similar to the aim initially intended with STAR, yet in a different context.

Even though the STAR intervention was initially developed and implemented in one primary school in the Eastern Cape, it was subsequently replicated in additional schools, based on the positive outcomes observed in the initial participating school. During the dissemination phase of the project, STAR was facilitated or partially facilitated by STAR participants from the initial school with neighbouring schools in the area (Ferreira & Ebersöhn, 2012; Ferreira, Ebersöhn & Odendaal, 2010).

2.2.1.1 Phases of the STAR intervention

The STAR intervention is implemented in four phases, with each phase consisting of three sessions that are conducted over two to three days each over a period of a year. Refer to Appendix G to view the STAR intervention.

Phase one of STAR focuses on gaining insight into the school-community, its challenges, potential resources, and perceptions about HIV and AIDS-related vulnerability (Ferreira & Ebersöhn, 2012). This phase is made up of three consecutive sessions that are two and a half hours long each. Sessions take the form of PRA-based workshops and focus group discussions, or a combination of these.

During phase one, participants explore the community by means of mapping activities and then adding photographs to compiled maps in order to demonstrate their perceptions of the school-community. After mapping the school-community, participants use small pictures of cows, calves and snakes (traditional symbols in indigenous cultures in South Africa) to categorise the components included in their

maps as challenges (snakes), resources/assets (cows) and potential resources (calves) (Ferreira & Ebersöhn, 2012).

In previous studies, teachers were able to identify several challenges, assets, and potential assets within their communities during this phase. Some of the challenges that are often identified include poverty, unemployment, multiple sex partners, teenage violence and child abuse. Assets that are typically identified relate to family, friends, community members, organisations such as hospitals, as well as faith-based organisations.

Phase two of the STAR intervention consists of three consecutive sessions. The aim of this phase is to facilitate a process whereby teachers take responsibility, identify supportive projects that may address the needs or challenges they identified, and formulate action plans to introduce these projects in the school-community (Ferreira & Ebersöhn, 2012). Again, all sessions are conducted by means of PRA-based workshops and focus group discussions, or a combination of these.

As such, phase two entails a process whereby existing assets are mobilised in the school-community, in order to address some of the challenges faced by the school-community (Ferreira & Ebersöhn, 2012). As part of this process, participants are sensitised in terms of existing knowledge and skills they can rely on in dealing with challenges relevant to the community and their unique context. For this purpose, participants engage in group discussions on addressing challenges and ways of doing this during PRA-based workshops. Feedback by smaller groups of participants within the larger group follows (Ferreira & Ebersöhn, 2012).

In **phase three**, the focus and aim falls on monitoring and evaluating the progress of the projects initiated by participating teachers, and making changes to action plans where required. This phase comprises three consecutive sessions of two to three hours each. Following phase two, the phase continues with mobilising available assets and resources through continued implementation of school-based support projects, for example, a vegetable garden or a school library (Ferreira & Ebersöhn, 2012; Loots, 2011). As in the other phases, all sessions take the form of PRA-based workshops and focus group discussions, or a combination of these (Ferreira & Ebersöhn, 2012).

In addition to revising action plans for supportive projects, awareness is raised on policies related to inclusive education and HIV and AIDS during phase three, in order to equip teachers with knowledge that could inform the supportive initiatives they

drive. Teachers also develop an HIV and AIDS school plan for each participating school (Ferreira & Ebersöhn, 2012; Ferreira, Ebersöhn & Botha, 2013).

The aim of **phase four** of the STAR intervention programme is to continue monitoring and evaluating the progress of the supportive projects implemented by participating teachers. Teachers are also introduced to additional skills they can utilise in support of vulnerable children and community members (Ferreira & Ebersöhn, 2012). This phase is made up of three consecutive sessions of two to three hours each. Reflection is central to all PRA-based workshops and focus group discussions that transpire.

Besides reflective activities, phase four thus includes activities whereby teachers acquire practical skills such as memory box making and body mapping. For this purpose participants actively engage in memory box making and the construction and utilisation of body maps (Ferreira & Ebersöhn, 2012). Finally, participants reflect on the potential value of their participation in the STAR project, as well as its value for the school community at large (Ferreira & Ebersöhn, 2012).

2.2.1.2 School-based supportive projects stemming from STAR

According to Ferreira and Ebersöhn (2012), participating teachers in the STAR intervention have seemingly been equipped and motivated to confidently make a difference in their communities following their participation in STAR. It has been observed that teachers gain new knowledge and become more positive as the intervention progresses. Over the years, teachers have initiated several school-based projects in support of vulnerable learners and their families.

All the schools (rural, peri-urban and urban) that have participated in the STAR intervention, have identified projects related to feeding and the nutrition of learners and community members in need (Ebersöhn & Ferreira, 2011; Ebersöhn & Ferreira, 2012). All schools, for example, started vegetable gardens, making use of vegetable produce from their gardens to supplement food provided by the Department of Basic Education's feeding scheme.

Teachers and schools have furthermore been providing psychosocial support to vulnerable community members in the form of, for example, food parcels and medical assistance (Ferreira & Ebersöhn, 2012). Produce from vegetable gardens have been given away in the form of food parcels to learners and community members/families in need of food. Teachers have also been providing assistance to individuals for

accessing social grants, as a way of supporting vulnerable learners and their families (Ferreira & Ebersöhn, 2011).

As a way of promoting resilience, teachers in one school have promoted health and social development services by establishing a school-based clinic. These teachers have been disseminating information on HIV and AIDS-related issues. In another school, teachers have established links with the local clinic and hospital, supporting voluntary counselling and testing (Ebersöhn & Ferreira, 2011; Ferreira & Ebersöhn, 2012). Hence, schools have become resource centres for HIV and AIDS information. In turn, parents have become more willing to disclose their HIV status. Home visits have also been conducted in support of vulnerable households.

Other positive outcomes of the STAR intervention include initiatives whereby teachers have obtained donations for vulnerable households. Parents have become involved at school by volunteering their assistance where needed. In addition, teachers have continuously mentioned the value of both personal and professional growth that have occurred as a result of their participation in the STAR project (Ferreira & Ebersöhn, 2012).

Aftercare services for learners at school, is another school-based supportive project that has been established as a result of the STAR intervention. This provides learning support and extra-mural activity opportunities to learners. In a school in Mpumalanga, teachers established a weekend school programme where learners can participate in sport activities with neighbouring schools (Ebersöhn & Ferreira, 2012). In addition, teachers provide counselling and career guidance at the weekend facility.

2.2.1.3 Potential application of STAR to other contexts

Monitoring and evaluation as key component of the STAR intervention implies ongoing research. This is a critical aspect of the intervention programme that may inform its application in other contexts (Campbell *et al.*, 2008; Cherrington *et al.*, 2011). Monitoring and evaluation has been conducted during every site visit by the research team since the project commenced in 2003 (Ferreira & Ebersöhn, 2011).

As part of the monitoring and evaluation sessions, the context of volunteer care work was identified by participating teachers on several occasions, as a possible area that could benefit from such an intervention. In addition to the need identified by the STAR participants, a strength-based intervention implies the potential value of equipping

community volunteers (or other health professionals) with knowledge and skills to utilise when supporting vulnerable communities (Ferreira & Ebersöhn, 2012).

2.2.2 ADAPTING AN INTERVENTION PROGRAMME

Literature highlights the need to adapt successful community-based intervention programmes to suit other contexts rather than to formulate new intervention programmes (Cherrington *et al.*, 2010; Wingood & DiClemente, 2008). The STAR intervention is an example of a successful intervention programme within the teacher context, that can potentially be applied in other contexts after making the necessary changes.

In adapting the STAR intervention I combined the steps identified by Veniegas, Kao and Rosales (2009) and Wingood and DiClemente (2008) in their respective models of adapting intervention programmes. Figure 2.1 provides an overview of the pre-implementation and implementation steps and phases identified from the two models. In collaboration with the core STAR research team and teacher participants, I implemented these steps to adapt the STAR intervention for the context of community volunteers (Veniegas *et al.*, 2009; Wingood & DiClemente, 2008). I implemented all steps involved in the pre-implementation phase of programme adaptation, as well as the first step of the implementation phase.

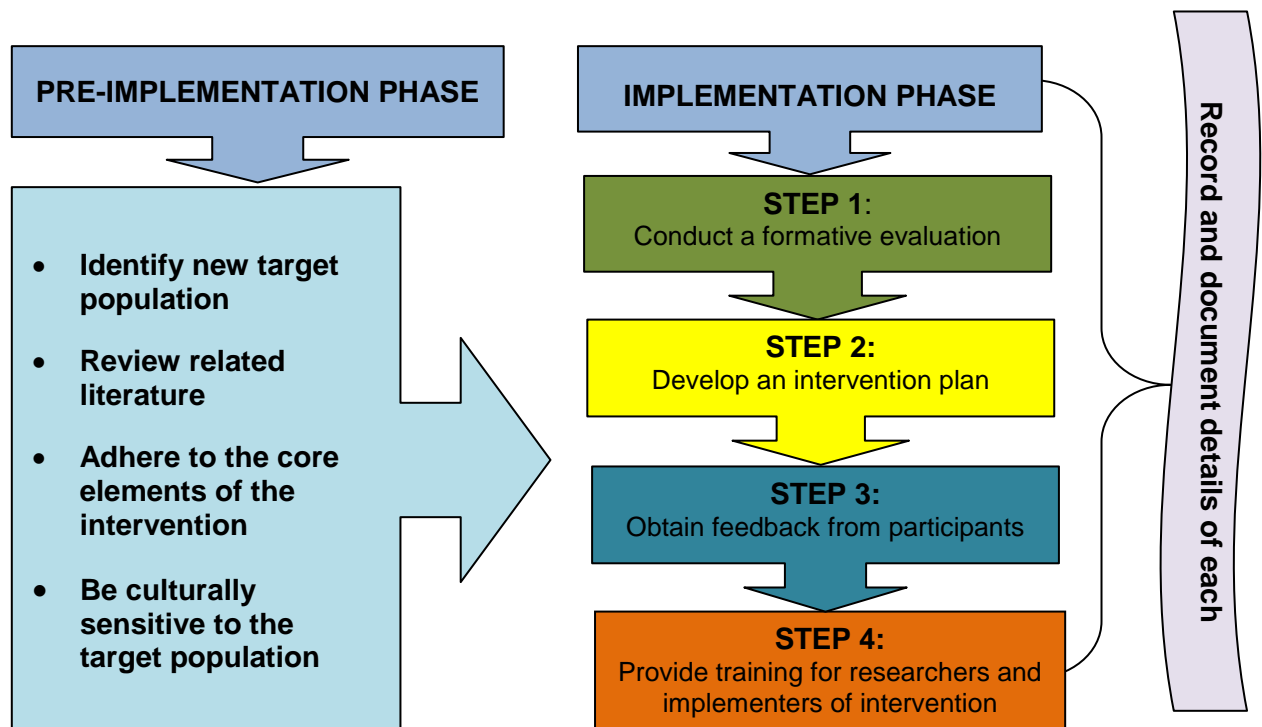


Figure 2.1: Steps followed to adapt the STAR intervention (Adapted from Veniegas *et al.* [2009] and Wingood & DiClemente [2008])

To this end, the core aspects of the STAR intervention had to inform the adapted intervention. However, Veniegas *et al.* (2009) also mentions that an adapted intervention may include modifications and core elements determined by the new target population. Despite such changes, it is also important that not all core elements of an initial intervention be altered completely to modify an existing intervention instead of developing a new one. These guidelines were kept in mind throughout.

When adapting an existing training or intervention programme, a number of factors need to be considered. According to Cherrington *et al.* (2010), when adapting an intervention programme, it is important to remain flexible and give participants the autonomy to be creative during the trial period. Hence, when adapting the STAR intervention it seemed important to involve community volunteers as the adapted intervention focuses on this audience. By involving some community volunteers, they could determine the suitability of the intervention for the context of volunteer care work. In this study, I therefore involved one community volunteer (in addition to the 27 teachers, 1 principal and 1 vice-principal) to participate in the research, for the sake of adapting the STAR intervention for use in the context of volunteer care work.

According to the ADAPT-ITT model of Wingood and DiClemente (2008), innovative pre-testing methodology can be used as a way of involving the new target population at a central location to respond or provide feedback on the intervention. Focus group discussions are suggested as suitable ways of determining the content of an adapted intervention programme that will be relevant to a new population (Wingood & DiClemente, 2008). In this study, STAR participants (both teachers and selected community volunteers involved in participating schools) who have been participating in the project over years, formed part of this core group of participants who identified ways of adapting the STAR intervention programme.

According to Veniegas *et al.* (2009), the initial step in adapting an intervention involves a formative evaluation in order to define the target population for the adapted version, as well as related cultures and behaviours, and the risk factors involved. Similarly, Wingood and DiClemente (2008) point out that assessment forms a crucial part of any adaptation process, to identify ways of adapting the intervention, as well as to assess whether or not an intervention has any behavioural or psychosocial risk for a target population (Wingood & DiClemente, 2008).

In exploring how the STAR intervention could be adapted for use in the context of volunteer care work, I conducted a focus group discussion and facilitated PRA-based

activities with, among others, community volunteers. This enabled me to gain insight into the context and expectations in relation to the specific context.

The next crucial step in the pre-implementation phase of adapting an intervention involves the reviewing of literature related to the intervention programme, and deciding whether or not to adapt the intervention (Wingood & DiClemente, 2008). For this purpose I reviewed various articles and publications pertaining to the STAR project and literature pertaining to the community volunteer context. Based on this information and with guidance from my supervisors, it was decided to adapt the STAR intervention for use in the context of volunteer care work due to the participatory nature of the research process and possible modifications indicated by the STAR participants, in terms of an alternative context.

Next, it was important to modify the key characteristics of the STAR intervention programme without changing the core elements (Veniegas *et al.*, 2009). This implies that, in adapting the STAR intervention, activities of the training programme could be tailor made to suit the context of community volunteers without changing the core purpose of the intervention. As such, an adapted version of STAR would uphold the aim to make individuals aware of existing strengths and resources in themselves and the community that they may mobilise to address the challenges they face.

The final step of the pre-implementation phase relates to the need of remaining sensitive to the cultural needs of the community for which an intervention is being adapted (Jack *et al.*, 2011; Wingood & DiClemente, 2008). This implies that an intervention programme should be sensitive and flexible, and adapted for the unique needs of a specific community. In this study, I continuously considered the information obtained from the participants, being mindful that some aspects of the STAR intervention that worked well for teachers may not work well for community volunteers.

For the implementation phase, the first step involves a formative evaluation. As stated earlier, I identified and involved participants familiar with the STAR intervention for this purpose, obtaining feedback and ideas from them to adapt the intervention. Veniegas *et al.* (2009) state that, during the course of adapting an intervention, it is important to record every step of the pre-implementation and implementation phases to enable monitoring and evaluation of the sustainability of the adapted intervention programme.

Wingood and DiClemente (2008) concur with Veniegas *et al.* (2009) that this is a very important need to document the development of an adaptation plan. The model also advocates for quality assurance procedures and process evaluation measures such as informed consent. In conducting this study, I applied these guidelines, by documenting the process, conducting member checking, attending to credibility and doing quality assurance by, for example, obtaining informed consent.

Steps two, three and four of the implementation phase of programme adaptation did not form part of this study. In following Wingood and DiClemente's (2008) proposal for experts to be involved in adapting an intervention as formulated by participants, the core research team (Ferreira and Ebersöhn) adapted the STAR intervention following this study. In addition, Wingood and DiClemente (2008) emphasise the importance of training of facilitators of adapted intervention programmes. This step followed the adaption of the intervention, and was executed by the core research team.

2.2.3 EXAMPLES OF EXISTING INTERVENTION/TRAINING PROGRAMMES FOR COMMUNITY VOLUNTEERS

A variety of intervention programmes have been developed and implemented in various community settings around the world including a few examples in South Africa. Even though the training of volunteers is not necessarily the purpose of such interventions, research indicates that volunteer care workers are often active participants in intervention programmes (Glenton, Scheel, Pradhan, Lewin & Hodgin, 2010), resulting in them gaining knowledge and skills. Jack *et al.* (2011) describe intervention programmes as a compilation of fundamental activities or skills that may support a specific environmental setting, taking into account the community's needs and responsibilities.

In Nepal for example, a volunteer care worker programme known as the *Female Community Health Volunteer (FCHV) programme* has been implemented since 1988. Community volunteers receive an initial 18-day training course, as well as refresher sessions on maternal and child healthcare activities. After training, the community volunteers spend about five hours per week doing volunteer care work in the community. This primary healthcare programme is seen as a key contributor to childhood mortality and the decrease in morbidity that has been achieved over the last two decades in Nepal. The community volunteers are not paid any salaries but receive some stipends for the work they do after being trained (Glenton *et al.*, 2010).

Similarly, in a project in Uganda (subsequently replicated in India), community volunteers working with cancer patients undergo a six-day non-residential training course that covers the fundamentals and ethics of palliative care, HIV and cancer, practical aspects of home nursing care (bed-bathing, wound care, infection control, nutritional advice), communication skills, end-of-life care, emotional support for carers, and bereavement support (Jack *et al.*, 2011). Jack *et al.* (2011) state that this community volunteer programme has a positive impact on patients, families and hospice teams, and is a model worthy of consideration by other developing countries. The programme includes ongoing education, support and supervision provided by hospice teams in the form of monthly meetings, where volunteers review difficult cases, gain advice and identify areas for additional education (Jack *et al.*, 2011). This example emphasises that training programmes along with monitoring, evaluation and supervision seem to be essential components of successful service delivery by community volunteers.

The Community Health Worker Model (Cherrington *et al.*, 2010) provides another example of an intervention training programme that has proven to be successful in promoting health and reducing adverse health outcomes in vulnerable communities in the United States of America. The programme involves both paid and unpaid community volunteers. The purpose is to empower the community by training community members (volunteers), who in turn work in the community in ways that are understandable and acceptable by the community. Research on the *Community Health Worker Model* indicates that this intervention training programme can be successful when implemented by both paid and unpaid volunteers working together (Cherrington *et al.*, 2010).

In South Africa, the training of community volunteers often takes the form of peer education. In terms of peer education, community volunteers may acquire essential skills to provide community service (Seymour, Almack, Kennedy & Froggatt, 2010). One example of such a peer education training programme is described by Seymour *et al.* (2010) where volunteers deliver community-based peer education on care planning and associated end-of-life concerns and educational needs among older adults and their care providers. Trained community volunteers fulfil the role of peer educators to their colleagues and facilitate training with them as part of a three-day programme (Seymour *et al.*, 2010).

In addition to receiving training or community volunteers participating in intervention programmes, the need remains to sustain existing intervention programmes.

Campbell *et al.* (2008) propagate the idea of leaders and community members valuing intervention programmes with community volunteers so that sustainability can be achieved. In this regard, Jack *et al.* (2011) believe that most of the sustained intervention training programmes in developing countries are centred around empowering communities through participation in identifying the communities' problems and working collaboratively towards solving these. This may be a way of supporting community members to take ownership in addressing the challenges they face. The approach to involve people on ground level aligns with the initial phases of the STAR intervention, which were adapted for the purpose of this study.

In such initiatives, community volunteers are considered as experts of their social settings and as stakeholders who can take ownership of their own training programmes (Campbell *et al.*, 2008). Despite training programmes providing a powerful tool for enhancing the knowledge and skills of community volunteers, volunteers need to become aware of the fact that they are essential assets in the process due to their knowledge of the social settings.

2.3 THE CONTEXT OF VOLUNTEER CARE WORK IN SOUTH AFRICA

Various scholars have made an attempt to define volunteer work. The *International Labour Organisation* (2011) views volunteer work as unpaid, non-compulsory work that individuals perform in organisations or outside their households.

According to Statistics South Africa's Volunteer Activity Survey (2010), volunteer work is a crucial and renewable resource for both social and environmental problem-solving. Volunteer work is viewed as a way of making fundamental contributions towards improving quality of life (Volunteer Activity Survey, 2010). Volunteer work therefore involves aspects of solidarity, public benefits and commitment to the environment and social welfare (Gil-Lacruz & Marcuello, 2012).

Nicholis and Raltson (2011) regard volunteering as a leisure activity which is characterised by some freedom of participation and the ability to discontinue the activity at any given point in time. This activity is considered as flexible in comparison to paid work. In addition, volunteering can be considered as an alternative route to employment as it provides events and social networks to people to look forward to and plan their lives around, outside the context of the primary family.

Rochelle and Shardlow (2012) view volunteer work as long-term, planned, pro-social behaviour that tends to benefit strangers. Community volunteers are thus believed to

play an important role in the delivery of a diverse range of services. Volunteer work is typically provided in organisations such as voluntary associations, non-profit organisations, churches, schools, hospitals and foundations (Rotolo, Wilson & Hughes, 2010).

Existing literature categorises volunteer work as an important component of a number of community-based intervention programmes that have been implemented throughout the world (Peacock, Issel, Townsell, Chapple-McGruder & Handler 2011). Community volunteer workers go by many names, for example lay workers, community links, voluntary care workers, volunteer workers and health volunteers (Brown & Hendriks 2004; Grayer, Cape, Orpwood, Leibowit & Busewicz 2008; Miller & Garret 2009).

From a global view of measuring economic value, community volunteers are currently being viewed as a road map for the future in providing fundamental services to communities and individuals (Salamon, Sokolowski & Haddock, 2011). It can be concluded that most countries view community volunteers as inexpensive yet essential components of both the present and future in providing fundamental services to communities. In this regard, Rotolo, Wilson and Hughes (2010) point out that community volunteers form an important part of the United States of America's population, representing a high percentage of the labour force that provides essential services in the country. Similarly, Morrow-Howell, Hong, McGary and Blinne (2012) purport that volunteering has received high levels of scholarly attention in the last decade because of the recognition of the value to society and the individual.

South African literature indicates the need for more context-based empirical studies on volunteer work. Most of the available research on volunteering appears to centre on sports, education and the health sector (Surujlal & Dhurup, 2008; Campbell *et al.*, 2008). As such, this research study may add to existing literature on community volunteer work in South African vulnerable communities.

2.3.1 PROFILE OF A COMMUNITY VOLUNTEER IN SOUTH AFRICA

Lund (2010) states that community volunteers in South Africa are primarily women of varying races. Few men take up the role of a community volunteer in South Africa. This trend also applies to other western countries, where the majority of people who volunteer their services are women, mostly middle aged or older (Jack *et al.*, 2011).

Mutambara and Mutambara (2012) describe community volunteers as individuals with unique feelings, motives and ambitions. This implies that community volunteers will have distinct characteristics that make them suitable candidates for volunteer work. These feelings, motives or ambitions include feelings of empathy, the need to help others and the motive to develop one's personal skills. Closely aligned, Miller and Garret (2009) view community volunteers as people characterised by feelings of compassion, patience and the desire to help others. This means that community volunteers tend to feel for other people and put others first before thinking of themselves. This in turn, results in them experiencing the need to work with people and render their services and skills to serve others. This trend specifically applies to the South African context, due to the challenges associated with the HIV and AIDS pandemic, resulting in the need for human resources and care (Akintola, 2010).

Miller and Garret (2009) also highlight that community volunteers have a sense of responsibility and the need to give back to the community. This implies that community volunteers may be characterised as selfless and willing to share the resources they have with the community. They may take ownership of matters into their own hands, as they potentially consider themselves as 'change agents' of their communities.

Akintola (2010) states that, due to high levels of unemployment in South Africa, some people tend to volunteer just to get some form of remuneration. This implies that the need to be employed may be the driving factor in poverty-stricken communities rather than the characteristics of an individual to have an affinity for volunteer work. This is typical in South Africa where employment opportunities are scarce and people tend to volunteer to earn a stipend. As such, the profile of a community volunteer in South Africa may differ from one in first world countries. In South Africa, like in other developing nations characterised by high rates of unemployment, lack of employment and high poverty levels, volunteering is often considered as a form of employment especially pertaining to the payment of stipends (National Development Agency, 2012; Akintola, 2010).

Volunteering in South Africa is furthermore regarded as a way of enhancing employability (Nicholis & Raltson, 2011). According to findings by Akintola (2010), volunteer care workers often believe that volunteering will provide them with skills and channel them towards being employed. In this way, volunteering acts as a buffer of hope to care workers who believe that one day they may be employed despite the scarcity of jobs.

Volunteers in developed countries are often trained, and have a particular belief system. However, in developing countries such as South Africa, most community volunteers do not receive formal training in terms of skills or knowledge to perform the tasks they take on (Campbell *et al.*, 2008). It is thus evident that most of the people who volunteer in South Africa do not necessarily possess the skills that are required for volunteer work. Only a small percentage receive some training before commencing with their volunteer work (Akintola, 2010).

2.3.2 TASKS PERFORMED BY COMMUNITY VOLUNTEERS IN SOUTH AFRICA

As the tasks of community volunteers are seldom clearly defined, they may fulfil a variety of responsibilities. In addition to organisations treating community volunteers differently (Cherrington *et al.*, 2010), community volunteers' responsibilities may vary based on the needs of the communities they support (Surjlal & Dhurup, 2010). As a result, volunteers may engage in an array of activities. Jack *et al.* (2011) state that community volunteers assisting in United Kingdom hospices will, for example, fulfil the following common tasks: do shopping, patient care, bereavement services, creative activities and gardening.

It thus seems evident that a community volunteer's role is flexible and will be influenced by the needs relating to the context in which he or she works. This is especially true in South Africa, where the functions of a community volunteer differ according to the needs of the community. Community volunteers often assist with gardening projects, home-based/palliative care of HIV and AIDS patients, orphans and school-based initiatives.

Miller and Garret (2009) consider community volunteers as being in a position to provide essential support, particularly in times of need such as during and after natural disasters or health pandemics. In addition, Grayer *et al.* (2008) point out that volunteers can offer support to patients/clients in marginalised communities that cannot easily access health professionals. In South Africa, a high percentage of people live in high-density areas and cannot afford access to health facilities. Volunteer care workers in South Africa can however bridge the gap between such facilities and needy people in their communities (Campbell *et al.*, 2008).

Campbell *et al.* (2008) view community volunteers as agents of change within the community. This is based on the stated view that community volunteers typically support access to healthcare, community participation and provision of resources within communities. Some of the community volunteers who were involved in this

study worked as such agents of change in the community at the time of data collection, as they participated in vegetable gardens at the different schools that formed part of the STAR project when the study commenced.

Peacock *et al.* (2011) concur with Campbell *et al.* (2008), stating that community volunteers are generally effective in providing support for health concerns. The authors link this trend to community volunteers having close ties with the communities they serve, more specifically by having trusting relationships with their clients. In South Africa's health sector, community volunteers often work as the mouthpiece of health professionals, thereby offering support to vulnerable people on this level.

Community volunteers may also provide physical support to vulnerable community members. This is, for example, evident when community volunteers assist during natural disasters such as Hurricane Katrina (Miller & Garret, 2009), doing relief work with victims. Other forms of physical support include home visits and supporting families facing challenges within the community, for example when a volunteer conducts a home visit to monitor a child-headed family or HIV and AIDS patient (Campbell *et al.*, 2008).

In addition to providing physical support, community volunteers may render emotional support to the community during times of adversity. Generally, with disasters or pandemics, the emotional well-being of people is affected negatively. Campbell *et al.* (2008) point out that community volunteers can however provide support to HIV-affected family members through counselling. They can also provide emotional support to families or children grieving the death of relatives, or to individuals who are exposed to abuse.

In South Africa, volunteer work is relied upon to provide various services such as home-based care to HIV and AIDS patients and looking after orphans within vulnerable communities (Akintola, 2010). In this regard, literature indicate that the increased number of community volunteers in South Africa and Africa at large can be related to the HIV and AIDS pandemic and the need for home-based care (Campbell *et al.*, 2008; Akintola, 2011; Schneider, Hlophe & van Rensburg 2008).

Closely related, Jack *et al.* (2011) state that community volunteers can provide psychosocial and spiritual support within their communities. Broadly speaking, this implies that community volunteers can enable community/family members to adjust to changes or development within their communities, for example a family adjusting to the reality of a family member being infected by HIV. On a spiritual level, community

volunteers from faith-based organisations tend to provide spiritual support based on religion as a way of providing comfort to community members facing challenges. Bereavement is one of the processes that naturally follow after loss of loved ones and that can also be addressed with grieving individuals by community volunteers.

In South Africa and other developing countries, volunteer care work however does not only seek to address HIV and AIDS-related challenges, but also challenges related to the unemployment crisis. This has led to some volunteers receiving a kind of remuneration or incentive known as a stipend which can range from R500 to R1 500¹ per month, while others receive non-monetary incentives such as bicycles (Glenton *et al.*, 2010).

In the South African context, community volunteers are viewed as part of the workforce due to the scarcity of jobs and the need for human resources within the various working sectors. However, community volunteers in South Africa tend to work in challenging circumstances with limited resources, as emphasised by Akintola (2010). This was also evident in this research study, as all the participating community volunteers work in communities where there is a significant scarcity of resources, with a large percentage of children getting a meal at school due to lack of sufficient food provision in the home setting.

2.3.3 MOTIVATING FACTORS TO DO VOLUNTEER WORK IN SOUTH AFRICA

Volunteer work is associated with benefits on both a personal and community level (Nenga, 2012; Rochelle & Shardlow, 2012; Rotolo *et al.*, 2010). A long-term benefit indicated by McLoughlin and Wilson (2007) is the 'feel good factor' that community volunteers may experience. This factor comes about when community volunteers experience a sense of satisfaction based on the support they provide to others, in turn resulting in increased motivation.

Such potential social recognition relates to so-called personal motivation for becoming a volunteer, as stipulated by Miller and Garret (2009). These authors distinguish between two main motivating factors for people to become volunteers, namely altruistic (e.g. caring for others) and personal (e.g. to gain skills or experience) motivation. Swart, Seedat and Sadar (2004) point out that youth in South Africa often volunteer in order to be socially recognised by their communities. In this way,

¹ The remuneration stipend of R500 - R1 500 per month is the equivalent of 37.65 USD – 112.95 USD (United States Dollars) per month.

volunteering is viewed as providing a sense of status and belonging within the community.

Altruistic motives concern the personal desire to assist others in reaching their goals or overcoming the challenges they face (Swart *et al.*, 2004). The second main motivating factor concerns personal motivation, which lies in an individual or the self experiencing some personal benefit through or in volunteering, such as enhanced self-esteem, or learning and exercising new skills. McLoughlin and Wilson (2007) highlight that volunteer work will furthermore result in personal benefits, such as the development of skills and acquisition of knowledge that may be required in their work environment. Similarly, among non-working community volunteers, a sense of entitlement is often experienced.

A related personal benefit of doing volunteer work entails a change in volunteers' status when they undergo training. Research by Jack *et al.* (2010) with women community volunteers indicates that the women experienced a positive change in their personal status in the communities and developed leadership skills following their training. In support, Nicholis and Raltson (2011) argue that community volunteers may gain professional value as volunteering can potentially enhance the chance of volunteers to be employed. Volunteering also provides people with elements of social inclusion such as social contacts, and stable personal relationships.

Remuneration in the form of stipends can form part of a personal benefit package when working as community volunteer. Due to a scarcity of jobs in developing countries such as South Africa, many community volunteers rely on the financial incentives they receive. Morrow-Howell *et al.* (2012) purport that a stipend may potentially result in the perception by others that volunteers' services are valued and appreciated. In addition, community volunteers may receive non-monetary incentives such as bicycles, uniforms or free healthcare in recognition of the services they provide in the community (Akintola, 2010; Glenton *et al.*, 2008). These benefits or incentives do not apply to all community volunteers, with some volunteers becoming less motivated and feeling underappreciated (Campbell *et al.*, 2008).

In addition to the potential source of income (however limited) volunteer care workers in South Africa seemingly believe that they may access opportunities to employment following volunteer work (Nicholis & Raltson, 2011). Established networks with government departments such as hospitals, schools and non-profit organisations they

may be affiliated with, are often viewed as potential avenues to permanent employment (Swart *et al.*, 2004). In this regard, many volunteers in South Africa view volunteering as a formal occupation, as also experienced in this study during discussions with the volunteers who participated.

Community-related benefits of volunteer work include the possibility of people learning how to interact with their communities. Through volunteer work, both volunteers and community members can develop skills, values and a sense of empowerment (Rochelle & Shardlow, 2012). This implies that volunteer work can result in a sense of belonging as it may provide community volunteers with a role to fulfil in shaping the community.

In this regard, Nenga (2012) points out that through volunteering, people become involved in their communities. Volunteering provides free manpower and typically supports the health and physical functioning of the community (Rotolo *et al.*, 2010). Community volunteers can also assist researchers and non-governmental organisations (NGOs) in their communities to provide and facilitate essential support to communities such as accessing effective health services (Campbell *et al.*, 2008). In addition, youth as community volunteers may be transformed into productive and responsible human beings while gaining value in the labour market.

Volunteering may thus provide for community integration and the curbing of a shortage in human resources such as doctors and nurses. As such, community volunteers tend to fill a gap in terms of the lack of human resources, while also generating knowledge that organisations and governments may need, specifically in developing countries, to provide fundamental services to communities. It also became evident in this study, as community volunteers were co-researchers in generating knowledge on how the STAR intervention could potentially be used in the context of volunteer care work.

Aspects such as religious values, cultural values, contextual factors and personality are, however, key factors that are believed to affect these two main categories. Surjlal and Dhurup (2010) confirm that the motivation to volunteer will vary according to the demographic and dispositional characteristics of a community volunteer, as well as the nature of the opportunity. Attitudes, beliefs and personality generally underlie the motivation to volunteer. In Akintola's (2010) study, some volunteers in South Africa, for example, mentioned that their motive for volunteering was that they viewed helping and caring for others as an extension of God's work.

2.3.4 CHALLENGES ASSOCIATED WITH VOLUNTEER WORK

Despite volunteer work being personally rewarding for community volunteers, individuals and communities, volunteerism also implies some challenges (Campbell *et al.*, 2008). Campbell *et al.* (2008) point out that community volunteers often lack adequate skills and knowledge to work with and support individuals and communities. To this end, limited training programmes are offered to volunteer workers. Furthermore, community volunteers may experience a lack of support services that could help them improve the work they do. In addition to training received on work-related tasks, volunteers typically do not receive any training on managing their own well-being and caring for themselves.

In terms of their responsibilities, Claassens and Lombard (2005) conducted a study in South Africa among volunteers from faith-based organisations, indicating that volunteers often lack clearly defined job descriptions and roles to fulfil. Subsequently, community volunteers may end up being overloaded with work. Without sufficient support structures in place they may feel overworked. As a result, they may end up experiencing burnout during the course of their volunteer work.

Emotional overload is thus specifically linked to the nature of volunteer work and the potential lack of sufficient support within the work system (Campbell *et al.*, 2008). In South Africa and other developing countries, such lack of efficient support and emotional overload due to an intense workload may result in burnout. In this regard, Mutambara and Mutambara (2012) propagate the idea of managers supervising and supporting community volunteers.

In addition to experiencing work burnout, being a community volunteer is not always financially rewarding. This may be due to the fact that different organisations treat community volunteers differently. In some organisations community volunteers are trained before commencing with any work, while in others, community volunteers work blindly, with very little knowledge or experience of the services they are required to render. On the same basis, some organisations tend to pay community volunteers (usually a stipend), while others choose not to (Cherrington *et al.*, 2010).

2.3.5 TRAINING RECEIVED BY COMMUNITY VOLUNTEERS IN SOUTH AFRICA

As stated earlier, only limited numbers of community volunteers are professionally trained for the services they render. Nenga (2012) propagates extensive training of community volunteers in developing organisation specific vocabulary, technical

knowledge and skills. However, a study conducted in South Africa by Claassens and Lombard (2005), indicates that the community volunteers at a faith-based organisation involved in their study did not receive any form of training. As part of the findings of this study, it was indicated that community volunteers required quality training in addition to good leadership, specifically in terms of the nature of the work they specialise in.

Training can be either formal or informal, and can enable community volunteers to be joined in knowledge (Nenga, 2012). However, the training conducted with community volunteers in South Africa (if it takes place) is usually informal in nature. Even though literature indicates that a number of training programmes exist with regard to health services such as home-based care of HIV and AIDS patients, little is mentioned about how community volunteers are trained in schools, churches and other organisations (Campbell *et al.*, 2008; Miller & Garret 2009; Cherrington *et al.*, 2010). Research indicates that many volunteers engage in volunteer work without any training (Campbell *et al.*, 2008), despite several intervention programmes that may offer training.

One form of training that is common in the South African context is peer education (Campbell & Cornish, 2011), whereby volunteers train each other. This mode of training is mainly used in the health sector, advocating positive behaviour change among peers. Such training is based upon trust and the notion that it is much easier to learn from a peer than from an 'outsider'. Despite this potential advantage, the question remains as to what the effect and benefits of peer training are when compared to more formal structured forms of training.

REPSSI provides one example of a non-governmental organisation in South Africa that has developed a number of training programmes to train volunteers, teachers, caregivers and the community on how to provide psychosocial support to orphans and vulnerable children (REPSSI Psychosocial Wellbeing series, 2009). The organisation has developed training programmes on parental skills, as well as psychosocial support tools such as the tree of life and kids clubs that are specifically utilised by volunteers and caregivers working within school-communities.

In addition, REPSSI advocates for formal structured training for caregivers and volunteers (Chakanyuka *et al.*, 2015). Both the University of Swaziland and the University of KwaZulu-Natal provide such training (Chakanyuka *et al.*, 2015). The training programme equips volunteers and caregivers with knowledge on how to work

in a school community and support learners facing adversities. As such, volunteers that undergo the training are awarded a certificate in community-based work with children and youth. The certificate programme has since been adapted to a diploma in psychosocial support for educators as well.

Non-governmental organisations such as Black Sash, the Charity Aid Foundation and Save the Children also view volunteers as central to their organisational objectives. These organisations are known to provide their own variety of training courses for volunteer care workers that are affiliated with their organisations. However, there is no evidence documented on the nature of the training programmes that are conducted by the organisations.

Cherrington *et al.* (2011) indicate that researchers are responsible to train community volunteers when involved in joint projects. Other professionals and organisations that are generally viewed as responsible agents for training, include teachers, nurses, doctors, non-governmental organisations and faith-based organisations, psychologists and social workers (Lund, 2010; Campbell *et al.*, 2008; Cherrington *et al.*, 2011).

As the goal of this study was to adapt a teacher intervention programme (STAR) for use in the context of volunteer care work, the adapted intervention was subsequently implemented with community volunteers, taking the form of training in some sections of the intervention. According to Cherrington *et al.* (2010), community volunteers should be trained before commencing with service provision, building on and adding to their existing knowledge and skills to enable them to best support the community. Training programmes of community volunteers thus need to be tailor-made to suit the needs of the particular community. It is also important that community volunteers know the community they function in, and for example know how to do a SWOT analysis (strength, weakness, opportunities and threat analysis) in support of their work.

In this study, the STAR intervention, among other topics, involves an identification of challenges and resources in schools, which is followed by the formulation of action plans that may address challenges. In this way, participants in the STAR intervention (or adapted version thereof) also gained insight into their school-communities as part of the programme.

2.4 THEORETICAL FRAMEWORK OF THE STUDY

In line with the broader STAR project, I relied on the asset-based approach as theoretical framework (Eloff, 2006; Ferreira & Ebersöhn, 2011).

2.4.1 UNDERLYING PRINCIPLES OF THE ASSET-BASED APPROACH

The asset-based approach is defined as a transdisciplinary approach that is flexible and can be applied in various contexts. It is a strength-based approach that makes use of assets, resources, and capacities to deal with challenges and provide support (Eloff, 2003; McDonald, 1997). It is referred to as the 'half-full-glass' approach to intervention or 'a capacity-focused alternative' (McKnight & Kretzmann, 1997).

The asset-based approach illuminates skills, knowledge, resources and potential within communities with the aim of promoting capacity, interconnectedness and spatial capital (Glasgow Centre for Health Population, 2012). This implies that the asset-based approach views communities as self reliant and as containing the capacity to address challenges, with outsiders merely facilitating the process (Ferreira & Ebersöhn, 2012). In exploring how the STAR intervention could be adapted for implementation with community volunteers, amongst other things, I aimed to obtain participants' perceptions on the suitability of applying the asset-based approach during an intervention with community volunteers.

The asset-based approach is viewed as a suitable framework for community-based development. To this end, the approach is conceptualised by Kretzmann and McKnight (1993) as an asset-based community development process. Hence, I set out to utilise the asset-based approach as a community-based development component in the context of community volunteers. I concur with Kretzmann and McKnight (1993) who believe that communities, despite being poor or rich, are fully equipped with already existing resources, skills, knowledge and gifts that can be identified, mobilised and utilised to address challenges within the community.

Similarly, Ebersöhn and Eloff (2006) signify the asset-based approach as an 'internally focused' approach to community development. Hence, in undertaking this study, I believed that the asset-based approach could inform my research, being community-based in nature and relying on the knowledge and strengths of participants to drive the adaptation of STAR, for application with community volunteers.

2.4.2 PHASES OF THE ASSET-BASED APPROACH

The asset-based approach consists of three main phases, namely the identification of assets, mobilisation of assets and management of mobilised assets for the sake of sustainability (Ebersöhn & Eloff, 2006).

Asset identification involves the process of identifying resources and capacities through an activity known as asset mapping (Loots, 2011; Chambers, 2008). Ferreira and Ebersöhn (2012) indicate that this stage of the approach is typically conducted by community members when doing an intervention on community level, with researchers or outsiders facilitating the process or activity. The purpose of this stage is to make community members aware of the assets available to them that can be utilised for community development. Eloff and Ebersöhn (2006) view assets as skills, talents, gifts, resources and capacities that are shared with individuals, families, schools, organisations and the community.

The second phase of the asset-based approach involves **asset mobilisation**. This stage is typically conducted by community members as experts of the communities they live in, with researchers acting as facilitators that guide the process (Ferreira & Ebersöhn, 2012). During asset mobilisation, community members explore practical ways of accessing identified assets and resources. Mobilisation of assets involves practical planning, implementation of the plans to utilise assets and resources, and forming partnerships and relationships with identified organisations for the sake of community development (Eloff & Ebersöhn, 2006; Glasgow Centre for Population Health, 2012).

The final phase of the asset-based approach involves sustaining the identified and mobilised assets. This phase generally implies managing and utilising gathered assets and resources to benefit and provide longevity to community development work (Chambers, 2008; Kretzmann & McKnight, 1993; Eloff & Ebersöhn, 2006). **Asset management** is the responsibility of individuals and communities taking ownership so as to sustain implemented actions and enhance enablement and creativity (Loots, 2011; Eloff & Ebersöhn, 2006; Ferreira, 2006). In sustaining mobilised assets, Eloff and Ebersöhn (2006) emphasise that the role of facilitators evolve to that of supporter, networker and collaborator, with the aim of enabling the community and its members.

2.4.3 THE ASSET-BASED APPROACH AS UNDERLYING PHILOSOPHY OF THE STAR INTERVENTION

The asset-based approach forms a pivotal part of the STAR project (Ferreira & Ebersöhn, 2012; Loots, 2011). In adapting the STAR intervention to the context of community volunteers, the theoretical framework that forms the basis of the initial intervention should be maintained in follow-up projects, such as the one with community volunteers. Similar to teachers, community volunteers also work in vulnerable communities. As such, I viewed the asset-based approach as appropriate theoretical framework for this study. The possibility of applying the asset-based approach in the adapted intervention was also explored during data collection.

Community development has always been at the centre of the STAR project and aligns with the asset-based approach. Similarly, in the adapted version of the intervention, the focus falls on collaboration, and empowerment of community volunteers, while conducting research. Through the follow-up intervention, community volunteers may also become aware of the asset-based approach, learning to identify assets within their communities, mobilise these assets and sustain the initiatives they introduce into the communities they work in (Loots, 2011; Eloff & Ebersöhn, 2012).

In utilising the asset-based approach, Ferreira (2006) argues that it is important for the researcher to define his/her role as that of collaborating with community members in facilitating the phases implied by the asset-based approach. In this study, I considered myself as a collaborator and facilitator, with the research participants being equal partners in generating knowledge (Ferreira & Ebersöhn, 2012).

Kretzmann and McKnight (1993) regard the asset-based approach as a way of building communities from the inside out or as a way of building communities from the bottom up. In the same way, the STAR intervention seeks to equip/empower teachers within their context of work. This implies that teachers utilise assets that already exist and are locally available to them for use, when planning and initiating supportive projects. In the same way, an adapted STAR intervention may result in community volunteers utilising the assets and resources available to them, in support of vulnerable community members.

2.5 CONCLUSION

In this chapter I explored and examined the possibility and way of adapting the STAR intervention programme for application in the context of volunteer work. After

discussing adaptation of existing intervention programmes, I focused on examples of training and intervention programmes for community volunteers, highlighting the need for more intervention programmes in South Africa throughout. I subsequently explored existing literature related to community volunteer work, specifically in the South African context. I concluded the chapter with an explanation of the theoretical framework that underpins the study, being the asset-based approach.

In the next chapter, I discuss the research process and empirical study I conducted. I explain my selected research design and the methodological strategies used in alignment with the research purpose. I describe the data collection, documentation and analysis I completed, and report on the ethical guidelines and criteria for trustworthiness that guided me in undertaking this investigation.

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CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In the previous chapter, I included a literature review pertaining to volunteer care work. More specifically, I discussed literature, on training and intervention programmes for community volunteers. I also explored ways of adapting existing intervention programmes for other contexts. Lastly, I explained the theoretical framework underpinning my study.

This chapter focuses on the research design and methodology that I applied. I explain the choices I made in terms of the purpose and focus of the study situated within the broader STAR project. Furthermore, I discuss the ethical considerations and quality criteria I applied in conducting the study.

3.2 PARADIGMATIC PERSPECTIVES

I followed a PRA methodological approach, embedded in interpretivism as meta-theory.

3.2.1 METHODOLOGICAL PARADIGM: PARTICIPATORY REFLECTION AND ACTION (PRA)

As introduced in Chapter 1, I followed PRA as a methodological paradigm to explore how a teacher intervention programme (STAR) could be adapted for use in the context of volunteer care work. PRA branches out from action research (Ebersöhn, Eloff & Ferreira, 2010), which Gay and Airasian (2003) define as a systematic inquiry to collect and study data that can help to understand and improve practice. Similarly, Cohen *et al.* (2007) view action research as a disciplined inquiry in which a personal attempt is made to understand, improve and reform practice, and combine action and reflection in the research process.

Swants (2008) defines PRA research as a multidisciplinary, multi-form of many perspectives that create practices of intentions, meanings, goals and values that are expressed in the form of behaviour and action. In conducting this study, I aimed to explore how the STAR intervention (a teacher focus) could be adapted for implementation in the context of volunteer care work. PRA is viewed as a democratic

inquiry process, which is collaborative in nature, and changes organisations and communities (Marshall & Rossman, 2011).

According to Ferreira and Ebersöhn (2011), PRA is an activist approach during which people directly affected by a phenomenon are encouraged to participate in overcoming challenges they face, and finding solutions to the questions. Through the use of a PRA design, participants were actively involved in creating meaning related to their experiences of the STAR intervention, with the purpose of extending this intervention to the context of volunteer work.

I regard a PRA approach as appropriate for this study, and I specifically involved people who have been part of the broader STAR project. Using PRA as methodological paradigm implied continuous reflection, followed by action that eventually lead to reflection again (Ebersöhn *et al.*, 2007). In employing this research paradigm, I regarded the participants as experts in generating knowledge (Ferreira & Ebersöhn, 2011). PRA also promoted their participation (Ebersöhn *et al.*, 2010).

In collecting and documenting data, I made use of concrete visual methods during which small groups of participants had to visually demonstrate their views, and explain these to the broader group. As such, one of the advantages I relied on in making use of this methodological approach is that it allowed for collaboration between the participants and myself as researcher, and supported them to work together in mapping their ideas. By following a PRA approach participants felt empowered (Marshall & Rossman, 2011), due to them fulfilling an active role in this research project.

Ebersöhn *et al.* (2010) describe PRA as a paradigm relying on concrete, visual, and colourful methods, activities and materials based on the notion that visualisation typically promotes participation. The various selected techniques of data collection in this study, as well as the PRA approach thus implied the potential of promoting participation and critical reflection by the research participants. As such, I undertook a social inquiry that is participative, collaborative and reflective in nature in exploring how a teacher intervention could be adapted for implementation with community volunteers.

In following a PRA approach, I also kept potential challenges in mind, implied by this choice. One possible challenge in following this approach relates to earning the trust of the participants (Cohen *et al.*, 2007). As a way of gaining the participants' trust, I initially spent ample time establishing rapport, and also informally engaged with them

at the colloquium where I facilitated PRA-based activities. I also recognised the participants as equal partners throughout the research process (Ferreira & Ebersöhn, 2011).

Another potential challenge in following this research paradigm is that findings to the research can typically only be applied in selected communities (Ebersöhn *et al.*, 2010). In following a PRA methodological approach that is qualitative in nature, I aimed to provide rich descriptions of the study and research process so as to allow the study to be reproduced in similar contexts or for reference to be made to other studies (Punch, 2009).

3.2.2 META-THEORY: INTERPRETIVISM

Interpretivism is a social paradigm that aims to understand the perceptions and experiences of people (De Vos, 2011). Cohen *et al.* (2007) highlight that the interpretivist paradigm thus seeks to understand the subjective world through human experience. In support, Litchmann (2009) states that interpretivism emphasises the analysis of meaning that people confer to their own actions and experiences. As such, this meta-theory seeks to explore and understand the subjective meaning made by participants. Interpretivism is thus suitable to address the aim of the current study, namely to explore the perceptions of STAR participants in terms of adapting the teacher intervention programme to the context of volunteer care work.

In utilising the interpretivist paradigm, I relied on two of the assumptions identified by Punch (2009), as well as Nieuwenhuis (2007). First, I assumed that in undertaking this study, reality should be interpreted and understood from within the participants' social environment. Hence during the first phase of data collection, the focus group and observations were conducted at the school and community where the STAR participants are based. During this phase of the study, I explored the perceptions and experiences of three STAR participants in order for the primary research team to be able to adapt the intervention and implement it with community volunteers. The broad aim was to gain meaning from the participants' experiences (Punch, 2009). The PRA-based activities (Phase 2) followed on the initial exploration, further deepening my understanding of the participants' views.

Secondly, Cohen *et al.* (2007) regard the interpretivist paradigm as subjective in nature. In conducting this research, I explored the subjective experiences of STAR participants and sought their knowledge and opinions so as to adapt the intervention for application in the context of volunteer care work. In support, Nieuwenhuis (2007)

views the ultimate aim of interpretivist research as gaining insight into the way that participants experience a certain phenomenon.

A challenge associated with making use of the interpretivist paradigm is that as a researcher I was subjectively involved in the whole research process (Cohen *et al.*, 2007). In ‘dealing’ with this possible challenge I made use of a research diary (Appendix F). In the journal I reflected on my thought process during the research and indicated possible influences and bias in doing things. I also engaged in regular reflective discussions with my supervisors and had debriefing discussions following field trips.

3.3 RESEARCH METHODOLOGY

In this section, I discuss the research design, the criteria I used in selecting the case and participants, and the data collection and documentation strategies I utilised. I then describe how I analysed and interpreted the collected data.

3.3.1 RESEARCH DESIGN

I used a case study research design. Niewenhuis (2007, p.75) defines a case study as “... a comprehensive (holistic) understanding of how participants relate and interact with each other in a specific situation and how they make meaning of a phenomenon under study.” In support, Curtis, Murphy and Shield (2014) define a case study as an instance or a bounded unit that is not singular in form, but rather multiple and diverse. The case, an existing teacher intervention to adapt for use with community volunteers, was conveniently selected for this study. In exploring how a teacher intervention could be adapted to the context of volunteer care work, I sought to gain an in-depth understanding of the perceptions and experiences of STAR participants in learning and implementing the intervention.

A case study design is associated with qualitative research and utilises multiple sources and provides multiple perspectives (Niewenhuis 2007; Cohen *et al.*, 2000). Hence, in the current research, I utilised multiple data collection and documentation techniques such as a focus group, PRA-based activities, observations and visual techniques so as to yield detailed and multiple views of the case participants’ views.

In utilising a case study research design, I thus formed an integral part of the research as a researcher (Cohen *et al.*, 2000). I obtained a first-hand account of the participants’ experiences and perceptions of the STAR intervention and how the

teacher intervention could be adapted to be suitable for the context of volunteer care work. I formulated a narrative account of the participants' experiences and perceptions. Hence, I became part of the research process together with the research participants.

Being the researcher as well as being part of the research implied a certain challenge, as it was possible to allow my own subjective thoughts and opinions to permeate the research (Cohen *et al.*, 2000). As a way of overcoming the challenge, I kept a research diary throughout the research process in which I reflected my subjective thought processes so as to remain conscious of them and minimise a biased influence.

Another challenge in utilising a case study research design, is that the findings of the research cannot be generalised to a wider population (Niewenhuis, 2007; Cohen *et al.*, 2000; Curtis *et al.*, 2014). However, my aim with this research was to provide an in-depth, qualitative narrative of how a teacher intervention programme could be adapted to the work context of community volunteers. In so doing, the findings and conclusion of this study may only be transferable to similar contexts.

3.3.2 SELECTION OF PARTICIPANTS

Johnson and Christensen (2012) emphasise the importance of using suitable sampling procedures when selecting participants. In addition, Bryman (2004) emphasises the importance of a sound correlation between the research questions and sampling methods employed by researchers. As discussed in Chapter 1, I relied on both purposive and convenient sampling. I namely conveniently selected the case due to being part of the broader STAR research team, and doing my research within an existing funded project. The selection of participants is discussed in more detail in sections that follow.

3.3.2.1 Purposive selection of participants for a focus group

As highlighted in Chapter 1, I purposively selected three female participants (one teacher, one principal and one volunteer care worker) for the focus group discussion. Christensen and Johnston (2012) view purposive sampling as a process whereby the researcher specifies the characteristics of the population of interests, and then select individuals who meet those characteristics. The objective of the focus group discussion was to explore the adaptation of a teacher intervention (specifically the

STAR intervention) for use with community volunteers. The following selection criteria applied:

- Participants had to be related to one of the two Eastern Cape primary schools where STAR has been implemented over the recent years.
- Participants had to be involved in the STAR project.
- Participants could be teachers, school principals or volunteer care workers.

3.3.2.2 Convenient selection of participants for PRA-based activities

Thirty STAR participants (27 teachers, one principal and one vice-principal and volunteer care worker) were conveniently selected for PRA-based data collection activities. Maree and Petersen (2007) view convenience sampling as a selection method based on participants being easily and conveniently available. Some of the advantages of making use of convenience sampling include that it saves time and money. However, Punch (2009) states that when making use of convenience sampling, the credibility of information obtained in the research project could be questioned. As the participants in this study have been participating in the STAR project for several years, this possible challenge did not have an effect on the current study.

Similar to the focus group, the objective of the PRA-based activities was to explore with STAR participants the adaptation of a teacher intervention for use with community volunteers. The following selection criteria were applied:

- Participants had to attend the STAR 2011 colloquium.
- Participants had to possess knowledge of the STAR intervention as they had to form part of, or were associated with the STAR intervention project (from 2003 onwards).
- Representatives of STAR-participants from three South African provinces (Gauteng, the Eastern Cape and Mpumalanga) had to form part of the selection of participants.

3.3.3 DATA COLLECTION

As stated in Chapter 1, I collected data during two field visits, first at a primary school in the Eastern Cape in March 2011 and later at a colloquium in Mpumalanga in July 2011. I also included a member checking activity during the second field visit. In the

following sections, I explain the data collection techniques in more detail. In line with the selected approach and research design, I used the following data collection and documentation techniques: a focus group discussion, PRA-based activities and observation.

3.3.3.1 Focus group discussion

I co-facilitated² a 40-minute focus group discussion at a primary school in the Eastern Cape in March 2011, with a school principal, a teacher and a community volunteer of the area as participants (Photograph 3.1). The three participants were also STAR participants at the time, and part of the group of STAR participants who initially voiced the idea that volunteer care workers may benefit from the STAR programme after it had been adapted. I audio-taped the focus group discussion and subsequently transcribed it verbatim (refer to Appendix C), for the purpose of data analysis.



Photograph 3.1:
Focus group discussion with a teacher, principal
and volunteer care worker (23/03/11)

Silverman (2004) considers focus groups as suitable for collecting qualitative data, when engaging a small number of people in an informal group discussion focused on a particular topic. The purpose of the focus group discussion was to explore whether or not, and how the STAR intervention could be adapted to implement it in the context of community care work. In co-facilitating the focus group discussion, I relied on the assumption that group interaction would be productive, potentially broadening the range of responses and activating otherwise forgotten experiences about the potential value of the STAR intervention programme (Nieuwenhuis, 2007). As the three participants were familiar with one another and with my supervisors, who co-facilitated

² Co-facilitated by Prof. Ronél Ferreira and Prof. Liesel Ebersöhn.

the discussion with me, they participated spontaneously and seemingly shared their views without reservation.

The following questions guided the focus group discussion:

- How can the STAR intervention be of benefit (or not) to community volunteers?
- Which sections of the STAR intervention should remain when it is facilitated with community volunteers?
- What should be added or changed to the STAR intervention to make it more applicable to the context of volunteer care work?

These guiding questions supported me in answering the primary research question of how a teacher intervention (STAR) could be adapted for implementation with community volunteers. In being guided by these questions I was able to address one of the recognised challenges of group interviews, namely that a focus group discussion may result in a long aimless conversation (Cohen *et al.*, 2003). I was thus able to optimise group forces and dynamics during the discussion (Nieuwenhuis, 2007). In addition, I could ensure that all participants shared their views when answering the questions posed to them. As only three people participated, I could rely on prompting and probing to ensure contributions by all participants (Nieuwenhuis, 2007).

3.3.3.2 PRA-based data collection

I made use of a PRA-based activity for follow-up data collection purposes, during the second phase³ of data collection at a colloquium with 30 STAR participants. Swants (2008) states that PRA requires a researcher to work with specific people, in a specific context. In this study, I specifically worked with participants that have formed part of the broader STAR project, who I conveniently and purposely selected.

PRA is defined as a democratic inquiry process, collaborative research, research that results in changing communities, and as organisation through empowerment (Marshall & Rossman, 2011). In this regard, Chambers (2008) views PRA as a research approach that empowers participants through group-visual synergy, group

³ The second phase of data collection took place during the said colloquium with 30 of the STAR participants on 15 and 16 July 2011.

motivation and democracy. It involves visual and tangible expression methods such as mapping, modelling and diagrams (Chambers, 2008).

As stated in Chapter 1, participants worked in small groups of six to eight for the PRA-based activity. They were grouped according to the schools that have formed part of the STAR programme. I requested participants to map their ideas on posters, aligning these with the principles of PRA-based activities to focus on concrete, visual activities and materials based on the notion that visualisation will promote participation (Ebersöhn *et al.*, 2007). Participants were asked to reflect on their experiences of the STAR intervention programme.

More specifically, I requested participants to identify aspects of the STAR programme that they found valuable and that could be adapted for implementation with community volunteers. Secondly, I asked participants to map aspects that could be added to the intervention programme that would make it more suitable for implementation with community volunteers. Lastly, the research participants had to identify and list aspects of the STAR intervention that could be excluded from an intervention programme for volunteer care workers, being viewed as not suitable for that context. Photograph 3.2 shows one of the groups writing down their ideas while discussing the guiding question of the PRA-based activity.



Photograph 3.2:
Participants during a PRA-based activity on their experiences of the STAR intervention programme (16/07/11)

After small-group discussions and capturing their ideas on posters, the various groups reported their discussions to the larger group. The PRA-based activity took approximately one and a half hours to complete. Following this activity (three discussions), I conducted thematic analysis and compiled a mind map, clustering the ideas generated by the participants in terms of possible categories. For this purpose I

used both sets of analysed data (focus group discussion in March 2011 as well as PRA-based activity of July 2011) to identify themes and sub-themes. I used a poster to present this to the participants on the next day of the colloquium, for member checking purposes. Photograph 3.3 illustrates how I conducted member checking, asking the participants for any additional ideas or corrections they wanted me to make to my analysis (Nieuwenhuis, 2007).



Photograph 3.3:
Member checking (16/07/11)

3.3.3.3 OBSERVATION

According to Bryman (2004) observation enables implicit features in the social life to be revealed as a result of observers' continued presence. In support, Nieuwenhuis (2007) argues that observation is an essential data collection tool for qualitative researchers, that provides an insider perspective or view of what is taking place. Closely aligned, Litchman (2010) emphasises that observation can assist a researcher to understand the complexity of human behaviour and/or interrelationships amongst groups.

Angrosino and Rosenberg (2011) view observation as important data collection technique and state that observation must be conducted rigorously. The context of research forms part of the interaction setting that the field worker assumes a membership role in negotiation and collaboration also form part of the interaction of the context as the field worker assumes the role within the setting as observer with the participants (Angrosino & Rosenberg, 2011; Angrosino & May de Pérez, 2000). I thus relied on observation-as-context-of-interaction in support of the other data collection strategies I employed (Angrosino & May De Pérez, 2000). Angrosino and May De Pérez (2000) argue that observation of human interaction is only meaningful

when done in the context or situation it occurs in. Hence I observed and interacted with participants as I collected data for the research study. I formed part of a focus group and PRA-based activities so as to observe the research participants while interacting with them. It is important to acknowledge that observations in the study may be subjective as they were specifically based upon my perceptions as field worker of the settings and interactions in the research context.

I utilised observations throughout the research process. During the focus group interview I for example observed the research participants' interactions, body language and non-verbal facial expressions (McMillan & Schumacher, 2001). I documented my observations in the form of field notes in my research diary (refer to Appendix F and section 3.3.4.1). I also conducted observation during the PRA-based activity and member checking session to identify group dynamics and note how knowledge was generated. In terms of the challenges related to observation, the possibility of making subjective, inaccurate observations and missing out on important details in the research process always exists (Strydom, 2011). As a result I specifically focused on observing the participants and filtering my thought process by means of reflections and regular discussions with my supervisors.

3.3.4 DOCUMENTING THE DATA

A discussion on data documentation and how the data were captured for the purpose of data analysis and interpretation, follows below.

3.3.4.1 Field notes and a research diary

I used a research diary for the purpose of reflection and documenting observations (refer to Appendix F) made during the focus group discussion, PRA-based activity and member checking session. Throughout the study, I captured my personal thoughts and experiences in a research diary for this purpose. I also made field notes based on my observations during the research process. I took into consideration that my role as researcher is critical in data collection and that it is therefore important to document my observations and experiences in the research field as part of my field notes and reflections, and in my research diary (Litchman, 2010).

Field notes capture writing material, time and place, and are developed by the researcher or a field worker (Patton, 2002). They can be descriptive in nature, are dated and record basic information of what has been observed, as well as personal insight gained by the researcher. Furthermore, initial analysis and working

hypotheses of field workers can be captured in field notes (Patton, 2002; Cohen *et al.*, 2007). Following these guidelines, I made field notes of what I observed during the research, as well as my reflections and personal thoughts prior to and during the research process.

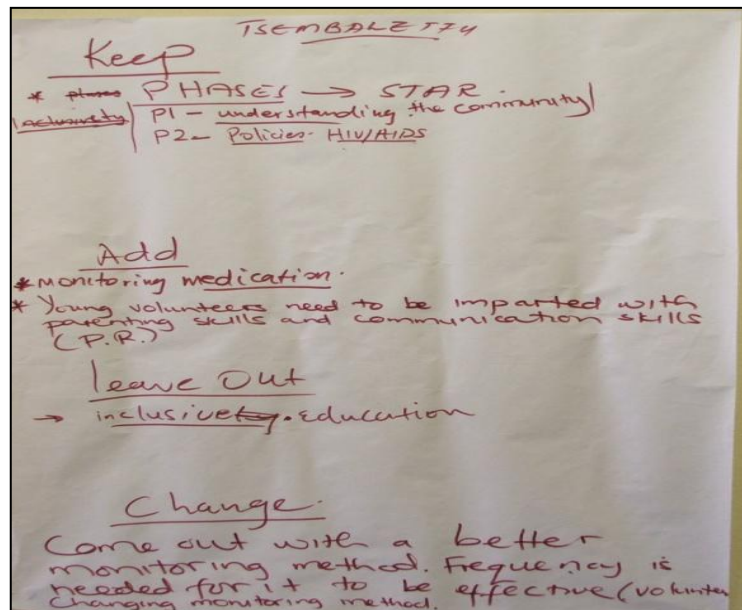
McMillan and Schumacher (2001) point out that field notes can provide detailed descriptions of and reflections on events, as well as on the behaviour of participants and the researcher during the research process. I specifically relied on field notes to capture the observations I made during the focus group interview, PRA-based activities and member checking session. In addition, I made use of a research diary to keep track of my subjective thoughts throughout the research process (Gay & Airasian, 2003).

One advantage of using a research diary and field notes is that it enabled me to order my thoughts and gain a deeper understanding of the observations I made during the research process (McMillan & Schumacher, 2001). However, a potential challenge I faced in using field notes and a research diary, was that it mostly captured my subjective view of the research process (Punch, 2009). It is important to note that subjectivity in qualitative research may occur. As a qualitative researcher it was however essential that I remained conscious of my subjective thoughts (Cohen *et al.*, 2003). In doing so, I documented my thoughts and opinions during the research process and continuously reflected on what could have influenced my thinking – both in my research diary and during reflective sessions with my supervisors.

3.3.4.2 Visual techniques

During PRA-based activities, data are typically collected through visual techniques. Visual data are not only data that are captured by camera, but include any other data that are observed and can be captured (Silverman, 2004). Besides photographs taken during this research study (Appendix E), the PRA-based activities involved the creation of posters, which form part of visual data. Both photographs and visual data that were created during the PRA-based activities thus form part of the visual data of this study (Cohen *et al.*, 2003).

Visual instruments of posters, photographs and mapping allowed for the participants to generate their own knowledge (Chambers, 2008). In addition, visual techniques were useful in capturing non-verbal behaviour and to preserve rare moments that could otherwise have been lost. Photograph 3.4 provides an example of a poster created by the participants that forms part of the study's visual data.



Photograph 3.4:
 Visual data created by the participants during PRA-based activities (15/07/11)

In making use of visual data, I faced the possible challenge of intruding in the participants' lives within a given context (McMillan & Schumacher, 2001). I therefore obtained permission from the participants to take photographs before the study commenced, after explaining the reason for images to be captured. As photographs have always been taken of the participants, as part of the STAR project, this did not turn out to pose a challenge. Another potential challenge in making use of visual data relates to a photograph potentially being misinterpreted as it may represent multiple meanings (Silverman, 2005). As a way of overcoming this potential challenge, I followed my conceptualisation and data analysis of visual data with brief explanations of what the photographs captured. As such, I communicate my interpretations of visual data throughout this mini-dissertation.

3.3.4.3 Audio recordings and transcriptions

I audio-recorded the focus group discussion, PRA-based activity and member checking session, (Nieuwenhuis, 2007). Using a dictaphone, I thus made recordings of the participants' verbatim responses. In making use of audio recordings, verbal data could be captured (McMillan & Schumacher, 2001; Creswell, 2010). I then transcribed the verbatim responses of the focus group and member checking session for the purposes of data analysis. This allowed me to revisit the transcribed data at later stages, when needed.

3.3.5 DATA ANALYSIS AND INTERPRETATION

I conducted inductive thematic analysis of the various data sources. Braun and Clarke (2006) define thematic analysis as a useful and flexible method of identifying, analysing and reporting data that involves minimal organising. In addition, rich data can be provided, focusing on detail. In addition to analysing the transcripts, I analysed my field notes, visual data obtained during PRA-based activities and my research diary.

I followed Creswell's (2014) six steps of inductive thematic data analysis, namely:

- organising and preparing data for analysis
- reading and looking at the data
- coding
- generating descriptions, categories or themes for analysis
- providing a qualitative narrative
- interpreting the data

During the first step of data analysis I thus organised and prepared the data for analysis. First, I immersed myself into the data in order to become familiar with the data set. I familiarised myself with all data collected and documented from the focus-group discussion, observations and PRA-based activities. As part of this first step of data analysis, I transcribed the recordings I made during the focus group discussion (Appendix C), turning audio-recording into written text.

I then read through all the data to familiarise myself with the data set (Creswell, 2008). This formed the second step of the data analysis. During this step I relied on a research diary (Appendix F) to reflect on my thought patterns and to gain a better understanding of the data. (Creswell, 2014). Cohen *et al.* (2007) emphasise that qualitative data analysis involves, among other things, explaining the data in order to make sense of the data in terms of the participants' definitions and perceptions.

The third step of data analysis as stipulated by Creswell (2014) involves coding of the data. I coded the data by looking for specific words and potential categories that could be identified (Creswell, 2010; Terre Blanche & Durrheim, 2002). I then proceeded to the fourth step of data analysis, namely searching for arising themes, as well as any examples of new social knowledge that could potentially emerge from the data I

collected. I colour-coded the data as a way of grouping and clustering the various codes.

Following these steps, I conducted member checking, with the aim of confirming or rectifying the identified themes, sub-themes and categories. For member checking, I thus summarised the participants' ideas in a mind map (see Appendix E3). Participants confirmed my analysis as being representative of their contributions.

Creswell (2014) states that step five of thematic inductive analysis involves an advanced description or discussions of the ideas and themes that were identified. In Chapter 4, I discuss the findings of the study. I further relate the study's findings to existing literature. Finally, step six of thematic inductive analysis entails an interpretation of the analysed data. In Chapter 4, I present my interpretations. I thereby link findings from the different data collection techniques, namely focus group discussions, observation, field notes and PRA-based activities, to one another. In Chapter 5, I come to conclusions in terms of the findings of the study.

3.4 ETHICAL CONSIDERATIONS

In this section, I discuss the ethical considerations that guided me during this research process.

3.4.1 WRITTEN INFORMED CONSENT AND VOLUNTARY PARTICIPATION

I obtained informed consent from the participants prior to commencing with the study (refer to Appendix A). For this purpose, I ensured that research participants were informed about the nature and purpose of the study (Silverman, 2010; Litchman, 2010). During the process of obtaining informed consent, I also explained what would be expected of participants in terms of their roles and activities.

Creswell (2008) describes an informed consent form as a statement signed by participants before they participate in research that guarantees them certain rights. Taking this into account, I reminded participants that they could withdraw from the research at any time if they wished to do so (Flewitt, 2005). This implies that I did not coerce participants into participation in the research (Creswell, 2008).

3.4.2 PRIVACY AND PROTECTION FROM HARM

Seale, Gobo, Gubrin and Silverman (2004) highlight the importance of not doing harm (non-maleficence) when conducting research. This implies that no participants in my study were exposed to any form of harm (physical or emotional). As a way of protecting the participants from harm, I explained to them that they had the right to withdraw from the research (McMillan & Schumacher, 2001). I also made the participants aware of their rights when I explained the concept of informed written consent to them (Cohen *et al.*, 2007).

During the focus group discussion, the PRA-based activities and member checking session, I was constantly aware that participants could disclose sensitive and potentially distressing information (Creswell, 2008). I respected participants' right to privacy and I did not entice or elicit them to disclose any distressing information. I also considered the possibility of debriefing participants if any distressing or emotionally sensitive information were to be disclosed (Patton, 2002). Throughout the research process, I remained honest, empathetic, and respectful, not violating any human rights or exposing participants to any physical or emotional risk (Patton, 2002; McMillan & Schumacher, 2001; Creswell 2008).

3.4.3 CONFIDENTIALITY AND ANONYMITY

Bryman (2004) states that in order to protect participants from harm, findings need to be published with care. The participants in this study however indicated that they preferred their identities to be shown in photographs. Even though I included identifying information in Chapter 4 where I integrate photographs in my discussions, the participants indicated that they did not regard this as harmful. They were seemingly proud of their contributions and to be associated with the study. This can possibly be ascribed to their extensive involvement in the STAR research project.

Considering the participants' viewpoint, the exposure of faces does not constitute a breach of confidentiality or anonymity within the context of this study. Through member checking, participants were also able to verify my analysis of recorded findings from the focus group and PRA-based activities (Schurink, Fouché & De Vos, 2011).

3.4.4 TRUST

I maintained the trust of the participants by not deceiving them and continually focusing on a sound relationship of trust with them. I will not deceive participants by representing my research as something other than what it is (Bryman, 2004). During the process of obtaining written informed consent, I explained the nature of the research to the participants, namely that it was aimed at exploring their experiences of the STAR intervention, how this teacher intervention programme could be adopted to facilitate with volunteer care workers, and how they could contribute.

Cohen *et al.* (2007) mention that trust is furthermore acquired from participants through member checking, when they validate the results. Throughout the project, I focused on maintaining relationships of trust within the context of the research process when collecting and documenting data (Cohen *et al.*, 2007). For this purpose, I was open in my communication with the participants and also engaged in informal discussions with them, building respect and trust.

3.5 RIGOUR OF THE STUDY

In this section, I discuss the strategies I implemented in striving towards ensuring a rigorous study. I discuss my attempts in aiming for credibility, transferability, dependability, confirmability and authenticity.

3.5.1 CREDIBILITY

Bryman (2004) views credibility as a trustworthiness criterion that implies that research has been conducted in good practice and that accurate research findings are presented to the social world. In conducting this research, I used various strategies of data collection and documentation (focus group discussion, observation, PRA-based activities, visual data, field notes and a research diary) in an attempt to obtain credible findings. I compared and analysed the data obtained from multiple data sources in implementing crystallisation, in an attempt to validate the data I obtained (Gay & Airasian, 2003; Creswell, 2009).

I relied on thick rich descriptions to convey the findings of this study (Creswell, 2009). I also conducted member checking as a way of rendering my findings as credible (Cohen *et al.*, 2003). Participants were thus able to confirm or elaborate on findings before I finalised the analysis process. Another strategy that I relied on was debriefing

(Terre Blanche & Durrheim, 2002) with my supervisors and peers. I also recorded information in my research diary throughout the research process.

3.5.2 TRANSFERABILITY

According to Bryman (2004), transferability is oriented to the contextual uniqueness and significance of the phenomenon being studied. It is a qualitative criterion that implies the extent to which findings can be applied to other contexts or populations (Seale, 1999; Babbie & Mouton, 2001; Durrheim & Wessenaar, 2002). In this research the context is that of community volunteers.

In attempting to obtain transferable findings, I provide thick rich descriptions of the research context and research process in this mini-dissertation (Bryman, 2004; Merriam 2002). I include detailed information to elicit a vivid account of the context and interactions during the study (Silverman, 2001). For this research study to be applicable to other contexts, I also made use of purposive and convenience sampling, describing the criteria I relied on. In so doing, I aimed to increase the potential of the information gained through this study to be replicated in similar contexts.

3.5.3 DEPENDABILITY

In qualitative research, dependability refers to the extent to which the findings of a study are consistent in terms of the research context (Seale, 1999; Cohen *et al.*, 2007; Creswell 2009). In this regard, Merriam (2002) views dependable research as research that has been conducted in an ethical manner. In striving towards dependability, I employed peer debriefing and member checking (refer to Appendix D) in order for the findings to be cross-checked by peers and participants (Cohen *et al.*, 2007).

During the research process, I also kept a research diary where I documented as many of the steps and procedures as possible and where I reflected on the research process itself (Creswell, 2009). Bryman (2004) points out that in establishing dependability, it is important that records of all phases of the research process are kept. I thus kept a record of all processes throughout the study.

I triangulated the data collected and documented through the use of multiple sources of data (focus group discussion, observations and field notes in a research diary, visual techniques and PRA-based activities) (Cohen *et al.*, 2007). Triangulation, according to Cohen *et al.* (2007), will corroborate, elaborate or illuminate a study.

3.5.4 CONFIRMABILITY

Confirmability implies that I acted objectively and was not biased in interpreting the findings of this study (Cohen *et al.*, 2003; Delport and Fouche, 2011). As a way of adhering to this criterion, I kept a research diary (refer to Appendix F) where I reflected and was made aware of any subjective thoughts or actions that may have had an impact on the research findings. Making use of multiple methods enhanced objectiveness and confirmability of the findings (Nieuwehuis, 2007). Furthermore, debriefing with peers and my supervisors also contributed to confirmability.

In further support, I include direct quotations of the participants' views in Chapter 4. In so doing, I allowed the voices of the participants to be heard (Creswell, 2008). I also validated and triangulated my findings through the use of multiple data collection techniques (Patton, 2002).

According to Seale (1999), member checking is another way of providing confirmability in a qualitative study. Through member checking, participants were able to confirm or reject my initial analysis of the data obtained. As such, the subjective bias of me as researcher has been limited (Cohen *et al.*, 2007).

3.5.5 AUTHENTICITY

The aim of authenticity is to ensure that a study provides a fair representation or various perspectives of the participants (Mertens, 2010; Guba & Lincoln, 2005). In the presentation of data for this research study, I provide various perspectives and include direct quotations of participants' thoughts and views regarding their experiences of the STAR intervention programme, and to what extent it can be adapted for the context of volunteer care work (see Chapter 4). My research diary also includes my own perceptions and thoughts through reflections.

In ensuring that the research study is authentic, I aimed to accurately describe the findings of the study (Cohen *et al.*, 2007). Again, member checking was applied to authenticate the data collected and documented by means of the focus group discussion, observation, field notes, research diary and PRA-based activities (Seale, 1999; Creswell, 2014).

3.6 CONCLUSION

In this chapter, I discussed the research design and methodological process of the study. I explained the data collection and documentation techniques and the methods I employed for analysing and interpreting the data. I also outlined the ethical considerations and quality criteria adhered to in the study.

In the next chapter, I discuss the results and present the research findings. Throughout, I relate the results to existing literature when interpreting the findings.

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CHAPTER 4 RESULTS AND FINDINGS OF THE STUDY

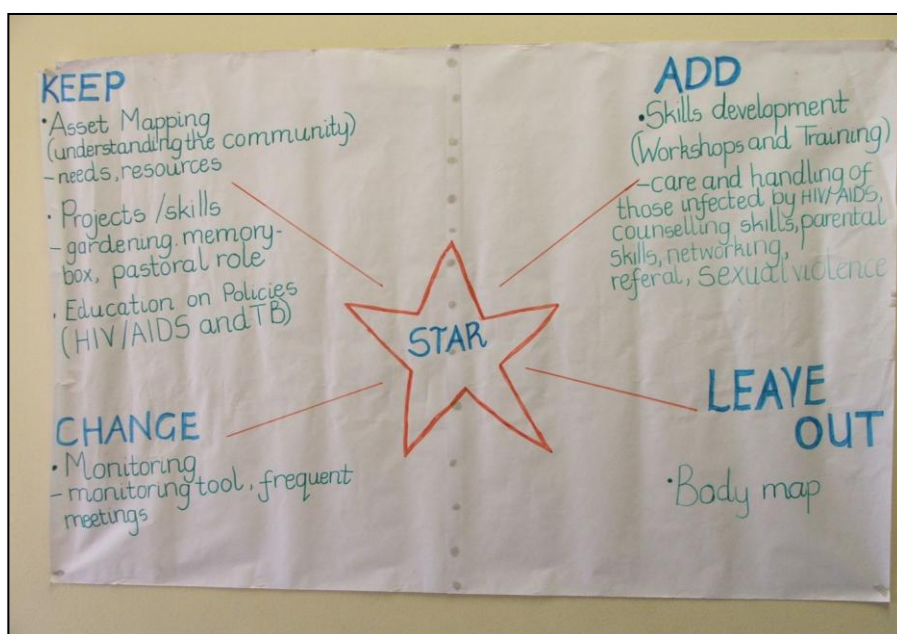
4.1 INTRODUCTION

In Chapter 3, I discussed the research design and methodological process of the study. I also explained how I conducted data collection and documentation, as well as data analysis and interpretation. I presented the quality criteria I adhered to and the ethical guidelines I followed during this study.

In this chapter, I present the results and findings of the study. I discuss the themes and sub-themes identified, referring to the different data sources in presenting the results. I subsequently relate these to existing literature, thereby indicating the findings.

4.2 RESULTS OF THE STUDY

Following initial inductive thematic analysis (Appendix C, D, E and F), I identified four main themes, as captured in Photograph 4.1 (poster used during member checking session with 30 STAR-teacher participants at the 2011 STAR colloquium, in July 2011).



Photograph 4.1:

Overview of the main themes and sub-themes (photograph of PRA poster captured in Limpopo, at the 2011 STAR colloquium, 16/07/2011)

Even though I discussed the components to be changed in the STAR intervention, those to be added and those initially identified to be omitted as separate categories when conducting member checking, these three possibilities lapsed into one theme following the discussions that took place as part of the member checking session. During these discussions, it became clear that participants' recommendations for changes and additions to the intervention basically took STAR components as the starting point, but requesting more of what was already included in the intervention.

When discussing components that could be omitted, participants re-considered their initial ideas and subsequently decided that these components should also be adapted and included in the adapted intervention, rather than leaving them out completely. Following these discussions and follow-up analysis of the data obtained during member checking, the final results of this study are captured in two main themes, each consisting of related sub-themes. A detailed discussion of the themes and sub-themes follows the summary provided in Figure 4.1.

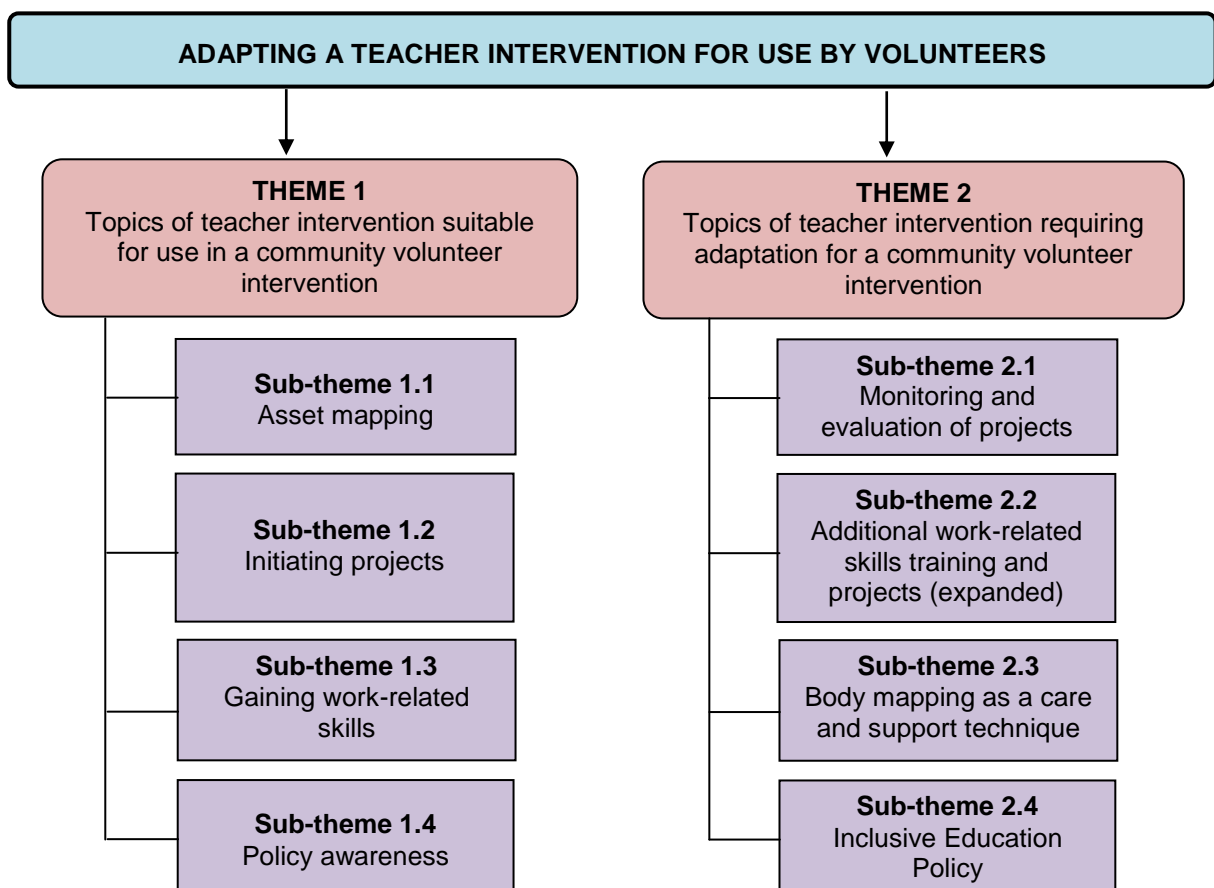


Figure 4.1: Summary of themes and sub-themes

4.2.1 THEME 1: TOPICS OF TEACHER INTERVENTION SUITABLE FOR USE IN A COMMUNITY VOLUNTEER INTERVENTION

Participants indicated several components and topics covered in the teacher intervention programme as also suitable and useful for the context of volunteer care work. They namely identified the following topics (sub-themes for the purpose of data analysis and interpretation) that should be kept as part of the adapted intervention:

- asset mapping (Phase 1, session 2 and 3 of the STAR intervention)
- gaining work-related skills (throughout all phases of the STAR intervention)
- initiating projects (Phase 2, session 2 and 3; and Phase 3, session 1 of the STAR intervention), and
- policy awareness (Phase 3, session 2 and 3 of the STAR intervention).

In Table 4.1, I present the criteria that guided me in identifying the sub-themes related to Theme 1.

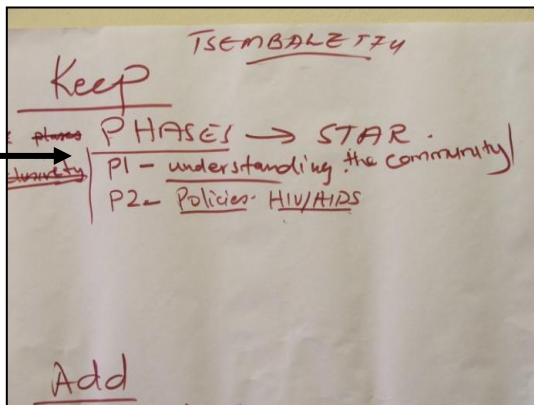
Table 4.1: Inclusion and exclusion criteria for Theme 1

THEME 1: Topics of teacher intervention suitable for use in a community volunteer intervention		
SUB-THEMES	INCLUSION CRITERIA	EXCLUSION CRITERIA
Sub-theme 1.1: Asset mapping	Any reference to asset or community mapping and understanding the community, as included in the STAR intervention.	Reference to the community without an indicated understanding of the community by means of mapping activities.
Sub-theme 1.2: Initiating projects	Any reference to initiating supportive projects as part of the STAR intervention.	Reference to other projects that do not form part of the STAR intervention.
Sub-theme 1.3: Gaining work-related skills	Any reference to obtaining skills that form part of the STAR intervention.	References to skills that fall beyond the scope of the STAR intervention programme, or knowledge received e.g. policies.
Sub-theme 1.4: Policy awareness	Any reference to being informed about policies or discussing policy documents during the STAR intervention.	Reference to skills or activities that formed part of the STAR intervention programme.

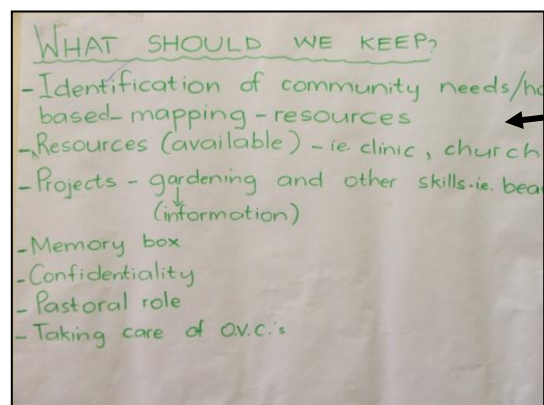
4.2.1.1 Sub-theme 1.1: Asset Mapping

During both phases of the study (in the focus group discussion, PRA-based activities and member checking), participants indicated asset mapping as an essential component of any intervention programme. According to the participants, asset maps provided them with an understanding of the nature, challenges and resources of their community of work, hence their view to maintain this in an intervention for the context of volunteer care work. During the focus group discussion, a community volunteer explained: *"...I think we need to keep it because it helped us. Even for those educators that are not part of this community but that only come to work here, when we do the actual mapping, it helped to give them the idea of what is good, what is bad, what are some of the things we can improve on. I should think we need to keep that, because at least it gave us that kind of a connection with our community, to actually realise what is it that is in our community that we can make use of"* (FGD⁴, P⁵1, p2, lines 48-53).

In support, during the PRA-based activities, participants identified asset and community mapping as important components that should form part of an intervention programme with community volunteers. Participants from Tsemba Letfu⁶ for example referred to Phase 1 of the STAR intervention (understanding the community) as an important component that should remain, as captured in Photograph 4.2. Similarly, participants from Masizakheni indicated this component as important (depicted in Photograph 4.3).



Photograph 4.2:
Poster compiled by Tsemba Letfu (PRA poster captured in Limpopo, at the 2011 STAR colloquium, 15/07/2011)



Photograph 4.3:
Poster compiled by Masizakheni (PRA poster captured in Limpopo, at the STAR colloquium, 15/07/2011)

⁴ FGD refers to focus group discussion.

⁵ P refers to participant.

⁶ STAR participating schools referred to themselves in terms of their self-selected group names during the STAR intervention projects.

Community and asset mapping was not only identified as essential for gaining knowledge about the community. As stated earlier, it was also viewed as important to identify challenges or needs, as well as resources in the community. In this regard, one participant stated: *“I should think we need to keep that, ... to actually realise what is it that is in our community that we can make use of, what is it that we need to do away with, what is it that is a challenge in our community...”* (FGD, P1, p1, lines 48-51).

Unlike most teacher participants of the STAR project who live and work in their communities, participants mentioned that community volunteers do not usually work in the communities they live in. One of the participating community volunteers explained the potential value of compiling community maps against this background: *“...they must know the community they are working with. It is important to know the community”* (FGD, P1, p3, lines 71-72). In support of these contributions, I noted in my field notes: *“Asset mapping seemingly enabled the STAR participants to become aware of the challenges within their communities and to identify and mobilise resources to address these challenges”* (Field notes, 15/07/2011).

I also reflected as follows in my research diary:

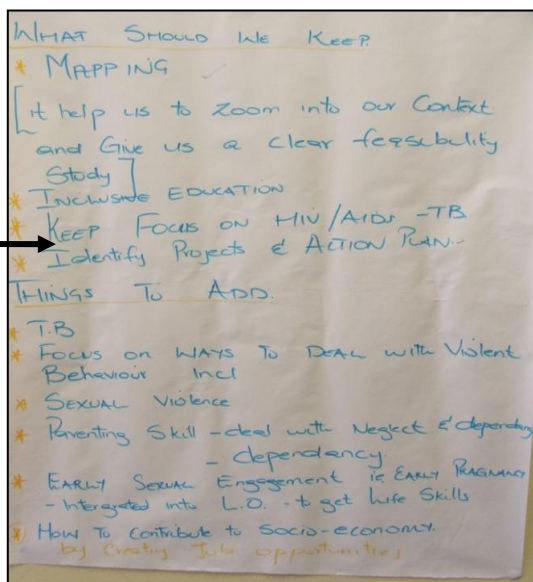
The participants were well aware of their community and the challenges. Through the projects they conducted, I observed that they mobilised resources so as to address the challenges that they faced (Research diary, 15/07/2011).

During the member checking session, asset mapping was confirmed as a core activity to be included in an intervention aimed at volunteers. In addition to asset mapping, when prompted about the suitability of using symbols of a snake, cow and calf for mapping activities (as done in STAR) participants during the focus group discussion regarded the symbols to be useful for the context of community volunteers: *“Keep it. It’s a starting point”* (FGD, P2, p10, line 279).

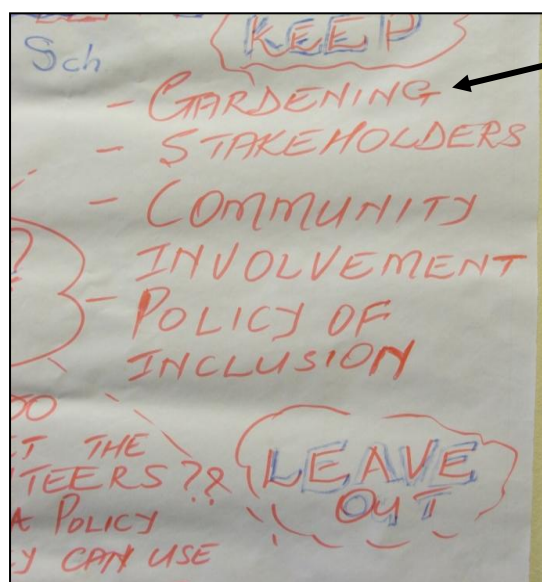
4.2.1.2 Sub-theme 1.2: Initiating projects

In addition to the emphasis on asset/community mapping, participants viewed the acquisition of skills and implementation of supportive projects as important components of the STAR intervention programme that should also be included in an intervention with community volunteers. Based on my observations in the research field, I noted the following: *“I identified several projects such as vegetable gardens*

and feeding schemes had been initiated by the various schools with the STAR participants in the various participating schools” (Field notes, 16/07/2011). In support of my observations, during the PRA-based activities it became evident that the participants viewed projects as an important component of the STAR intervention programme, that could be transferred to the context of community volunteers (Photographs 4.4 and 4.5).



Photograph 4.4: Poster identifying projects as important to keep (PRA poster captured in Limpopo, at the 2011 STAR colloquium, 15/07/2011)



Photograph 4.5: Poster highlighting a gardening project to be kept (PRA poster captured in Limpopo, at the 2011 STAR colloquium, 15/07/2011)

During the member checking session, participants once again reiterated that the planning and implementation of projects should remain as part of an intervention programme developed for the context of community volunteers. One of the participants referred to examples: “... we should keep projects and skills, especially the gardening that has been happening in the schools. Some of these projects are vegetable gardens” (MC⁷, P1, p1, lines 17-18).

During school visits that formed part of the field visits I undertook, I observed at some of the projects that the participants had implemented vegetable gardens at their schools. I captured my observations of the projects and the participants’ associated feelings in my field notes: “The participants seemed very proud of their vegetable gardens and the feeding scheme and were proud to parade what they had accomplished” (Field notes, 15/07/2011).

⁷ MC refers to member checking

I reflected on my experiences in the field, in my research diary:

I was amazed and held great respect of the hard work that the participants put in their initiated projects. The participants seemed to value how and what they had learnt in terms of skills for initiating projects and mobilising resources (Research diary, 15/07/2011).

According to the participants, the projects they had initiated promoted community involvement. During the focus group discussion, a participant for example said that: *“... it’s doing something towards their community”* (FGD, P1, p15, line 439). I similarly noted in my field notes: *“...these school-based projects appeared to be beneficial to the various schools, e.g. where food produced from the garden was used to provide food for the learners and members of the community. Community members were reportedly in turn also involved in volunteering their services, for example in school gardens”* (Field notes, 16/07/2011).

During the focus group discussion, a participant mentioned yet another example of a possible project that could be initiated to help community volunteers to support schools. She referred to the community or community volunteers assisting with aftercare for learners: *“...kind of community support, whereby if we are not able to look after my kids from two o’clock ... Because our kids are not safe, we don’t have people to look after them.... I am looking at whereby we have a group of women who during the day... after school, they will have those groups where they will take kids”* (FGD, P1, p15, lines 431-434).

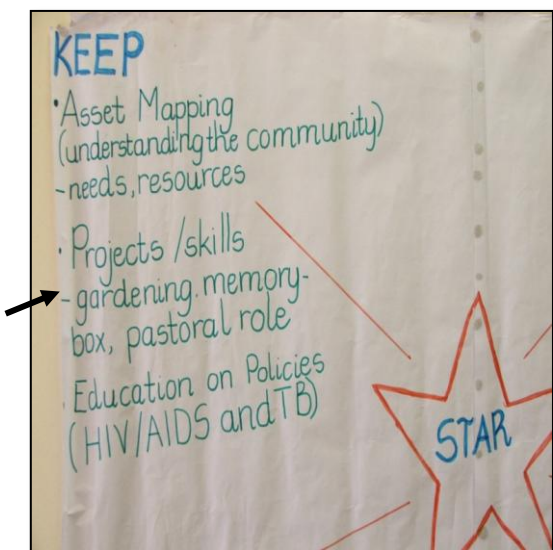
Another example of a potential project that could be initiated in the school-community by community volunteers involved cleaning the environment. The same participant elaborated: *“Looking at it from the school side, we are having a challenge of the environment. I am looking around at focusing at cleaning the environment. Maybe at a later stage they can change to income-generating”* (FGD, P1, p15, lines 424-426).

4.2.1.3 Sub-theme 1.3: Gaining work-related skills

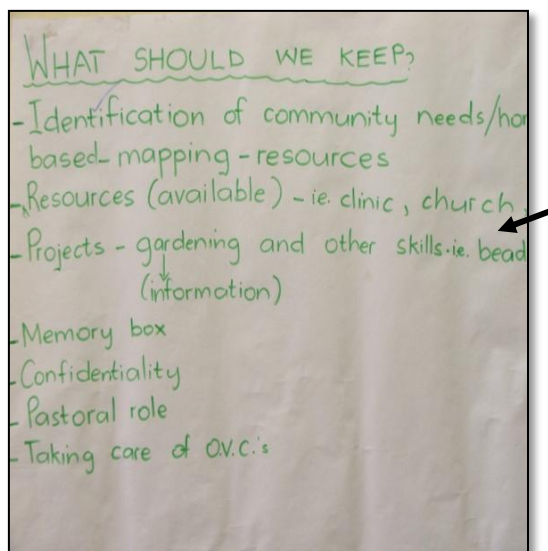
Participants identified the gaining of skills as important for community volunteers when facilitating an intervention in this context. More specifically, the skills and counselling tools that they acquired in support of vulnerable children during participation in the STAR intervention, were identified as essential skills for community volunteers to obtain, particularly memory-box making. During the focus

group discussion one participant clearly stated: *“I think it should be kept.”* (FGD, P1, p16, lines 467-468).

During PRA-based activities, this view was confirmed by the participants. In further support, during the member checking session, participants agreed that the acquisition of skills is important. Some of the skills identified were supportive skills such as the use of memory-box making and the skills associated with initiating projects. Photographs 4.6 and 4.7 depict the participants’ view on the importance of skills acquisition as part of an adapted intervention programme for community volunteers.



Photograph 4.6:
Member checking poster highlighting skills as important to keep (15/07/2011)



Photograph 4.7:
Poster indicating the need to keep skills acquisition (PRA poster captured in Limpopo, at the 2011 STAR colloquium, (15/07/2011)

In addition, the same participant highlighted the need for a skills audit to identify the skills that community volunteers possessed at the time of an intervention, and then equip them with additional skills during an intervention process. The participant explained: *“... before we can actually go on to identifying projects, we need to be sure we have got the right people on board, we have equipped them with the skills so they feel the need of participating”* (FGD, P1, p13, lines 371-373). In this regard, I noted in my field notes: *“Other than the participant mentioning the need to keep gaining of skills as part of the intervention for community volunteers, the participant was in a way pointing out that community volunteers do possess skills of their own that need to be identified initially so as to form a skills bank. In addition to the skills they already possess, the intervention must further equip the community volunteers with other skills”* (Field notes, 16/07/2011). I also reflected in my research diary:

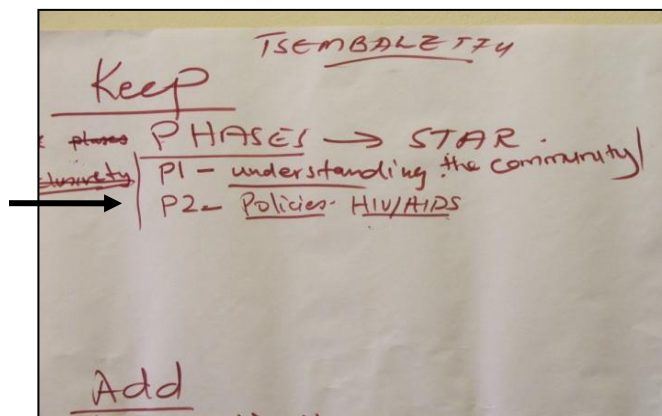
I found it interesting that there was the need to identify the skills that the community volunteers already possess. Hence the purpose of the intervention is not only to equip community volunteers with skills but also for them to identify and utilise skills they already have (Research diary, 15/07/2011).

During the focus group discussion, a participant similarly emphasised that while community volunteers would possess certain skills, the challenge would lie in the implementation of these skills. The participant mentioned that: “... *the skills are there but to make use of those skills*” (FGD, P3, p13, lines 391). As such, participants indicated the need for training community volunteers on how to implement both initially identified skills, and additional skills acquired through the adapted STAR intervention.

4.2.1.3 Sub-theme 1.4: Policy awareness

The fourth sub-theme that relates to components of the STAR intervention that were viewed as important to include in an intervention with community volunteers, concerns policies relevant to the context of community volunteers. In my field notes, I captured the view of the participants: “*Participants seemingly wanted to adopt similar education-related policies for the intervention with community volunteers as well as additional policies that could specifically inform community volunteers in terms of their work*” (Field notes, 15/07/2011).

In support of my observation during the focus group discussion, a participant mentioned how volunteer care workers are governed with policies similar to those that apply to teachers: “...*they are using the same employment policies like Basic Conditions of Employment Act. They are using the same policies. There are no specific ones for volunteers*” (FGD, P1, p8, lines 213-215). Similarly, during the PRA-based activities and member checking session all groups identified the discussion and implementation of policy documents as essential components and background to an intervention planned for community volunteers. Photograph 4.8 captures the indication of this suggestion by one of the groups.



Photograph 4.8:

Indication by Tsemba Letfu to keep discussions on HIV and AIDS policies as part of an adapted intervention (PRA poster captured in Limpopo, at the 2011 STAR colloquium, 15/07/2011)

4.2.2 THEME 2: TOPICS OF TEACHER INTERVENTION REQUIRING ADAPTATION FOR A COMMUNITY VOLUNTEER INTERVENTION

The second theme is comprised of aspects of the STAR intervention programme that the participants identified as aspects that required change or modification when developing an intervention for implementation with community volunteers. Four sub-themes were identified, namely monitoring and evaluation of projects, additional work-related skills training and projects, body mapping as a care and support technique, and discussions on *Education White Paper 6, Special Needs Education* regarding inclusive education policy (Department of Education, 2001). In Table 4.2, I outline the criteria that guided me in identifying this theme and the related sub-themes.

Table 4.2: Inclusion and exclusion criteria for Theme 2

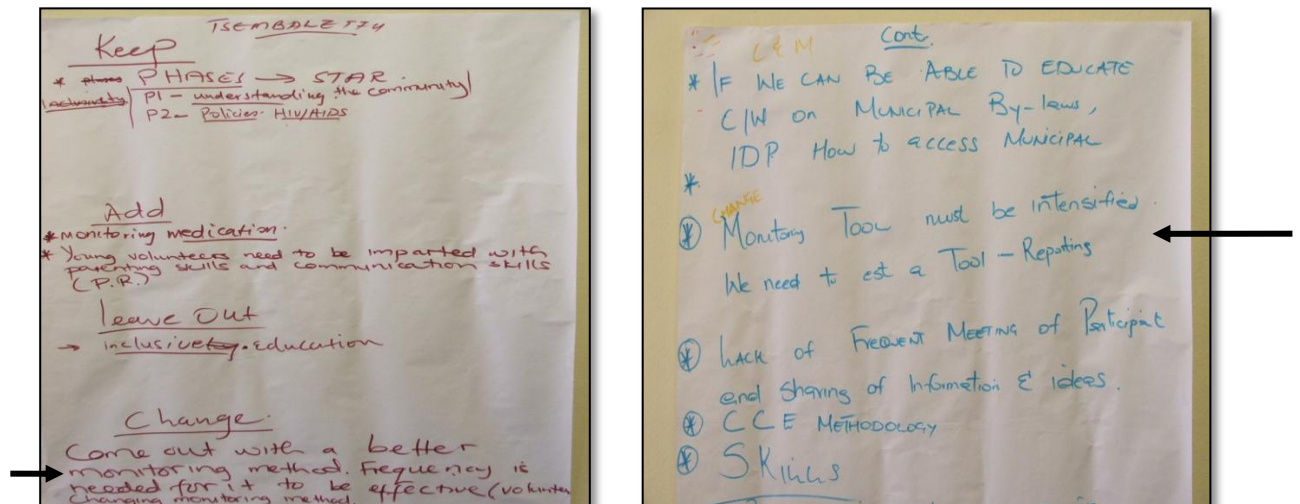
THEME 2		
Topics of a teacher intervention that requiring adaptation for community volunteer intervention		
SUB-THEMES	INCLUSION CRITERIA	EXCLUSION CRITERIA
Sub-theme 2.1: Monitoring and evaluation of projects	Any reference to modifying/changing/checking/monitoring aspects of initiated projects.	Reference to the word monitoring without an indication of reviewing the progress of the projects initiated as part of the STAR intervention.
Sub-theme 2.2 Additional work-related skills training and projects (expanded)	Reference to additional projects and skills that would add to the initial version of the intervention when implementing it with	Any reference to existing projects and skills that form part of the STAR intervention, or to projects that require changes.

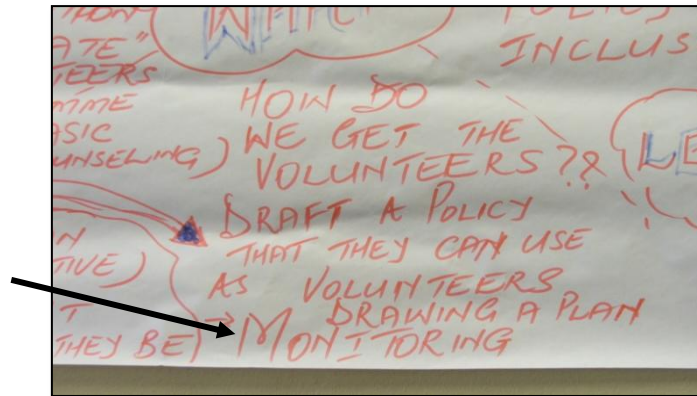
	community volunteers.	
Sub-theme 2.3: Body mapping as support technique	Any reference to body mapping and suggested changes for an intervention programme planned for community volunteers.	Reference to body mapping without referring to modification of the technique.
Sub-theme 2.4 Inclusive Education Policy	Data related to discussions of parts of Inclusive Education Policy as part of an adapted intervention programme.	Any reference to Inclusive Education Policy, or to other policy documents, but without referring to discussions on selected content of policies.

4.2.2.1 Sub-theme 2.1: Monitoring and evaluation of projects

Monitoring and evaluation is central to the STAR intervention, conducted throughout during every site visit, as well as during follow-up visits after the intervention had been implemented (Ferreira & Ebersöhn, 2012; Ebersöhn & Ferreira, 2011). During data collection it became evident that the participants valued the monitoring and evaluation of the projects stemming from the STAR intervention. During the focus group discussion, one participant mentioned in this regard: *“I like monitoring and evaluation...I would like to meet up. It keeps you on the right track”* (FGD, P1, p15, lines 457-458).

Similarly, during the PRA-based activities and member checking session, participants indicated the need for increased frequency of monitoring and evaluation sessions as part of an adapted intervention, in order to monitor the progress of initiated projects. During the PRA-based discussions participants thus indicated the need for more frequent visits/ meetings so as to monitor the progress of the intervention more regularly and projects that have been initiated (Photograph 4.9, 4.10 and 4.11).





Photographs 4.9, 4.10 and 4.11:

Posters indicating the need for an ongoing process of monitoring and evaluation (PRA posters captured in Limpopo, at the 2011 STAR colloquium, 15/07/ 2011)

In my research diary, I reflected on this view as follows:

The participants feel the need to see the facilitators more often, constant communication and monitored as part of the intervention programme. Perhaps it makes them feel safe or they feel dependent on the facilitators of the intervention programme (Research diary, 15/07/2011).

I similarly noted in my field notes: “*STAR participants appeared to feel the need to be monitored during the intervention and that the researchers more frequently visit the sites*” (Field notes, 17/07/2011). During member checking, participants confirmed their need for more frequent visits by facilitators, as well as for inter-school meetings where participants could exchange ideas with other participants on what is working and what not, within their schools. Hence the participants seemingly valued monitoring and evaluation sessions, and requested that more of these sessions should be included in an intervention with community volunteers.

4.2.2.2 Sub-theme 2.2: Additional work-related skills training and projects (expanded)

In addition to the skills and projects that form part of the STAR intervention and that were viewed as important to keep as part of an adapted intervention (Sub-theme 1.2: Initiating projects and Sub-theme 1.3: Gaining skills), participants indicated the need to include additional skills and projects when adapting the intervention for the context of volunteer care work. During the focus group discussion one of the participants said in this regard: “*if there are more skills to be added, they should be added*” (FGD, P1,

p16, lines 467-468). Another participant confirmed this view: *“Some more skills...”* (FGD, P2, p16, line 469).

Examples of additional skills that could be discussed as part of an intervention with community volunteers included skills such as parenting skills. In elaborating on this view, a participant explained: *“Maybe include parenting there because that is one skill which is a challenge for caregivers”* (FGD, P1, p17, line 489-490). Another participant stated: *“They don’t go to school on how to look after kids. It’s a big challenge to most of the parents...”* (FGD, P2, p17, 491-492).

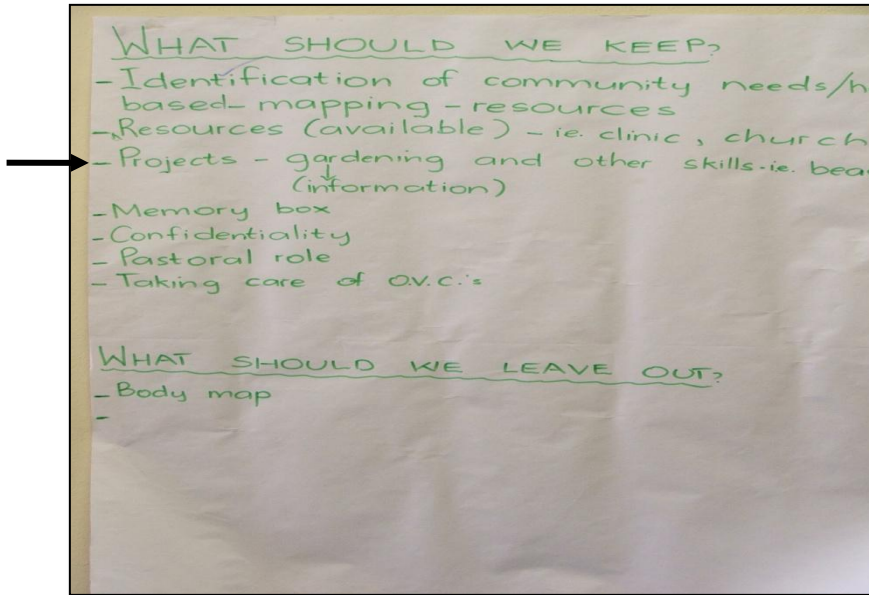
In support of this recommendation, the importance of adding additional skills and projects to an adapted intervention was confirmed during member checking. During this session, one of the participants again referred to the possibility of adding parenting skills to an intervention for volunteer care workers: *“When our group talked about parental skills we talked in relationship to those volunteer workers who are young because there is no age limit to volunteers so we said that some of those may not be parents yet. So they need to know how to handle some of the learners”* (MC, P3, p3, line 75-78).

In this way, participants highlighted the potential value for learners at school if community volunteers were to acquire skills as part of an intervention presented to them. Other skills that were identified as possibilities to add to an adapted intervention, include skills on care and support of vulnerable children (taking care of children after school) and job-related skills such as how to read a contract.

I reflected on this recommendation and participants’ comments in my research diary:

It appears that participants experienced the STAR intervention’s projects and skills as valuable (Research diary, 15/07/2011).

I similarly noted in my field notes: *“It seems that the topic on projects and skills was not only suitable for community volunteers, but also required to be modified. Hence the apparent need for additional projects and skills for the adapted intervention for the context of volunteer care work”* (Field notes, 16/07/2011). This view was furthermore captured during PRA-based discussions depicted in Photograph 4.12, indicating one of the group’s notes compiled during the PRA-based discussion. This particular group specifically valued skills related to caring and supporting people infected with and affected by HIV and AIDS.

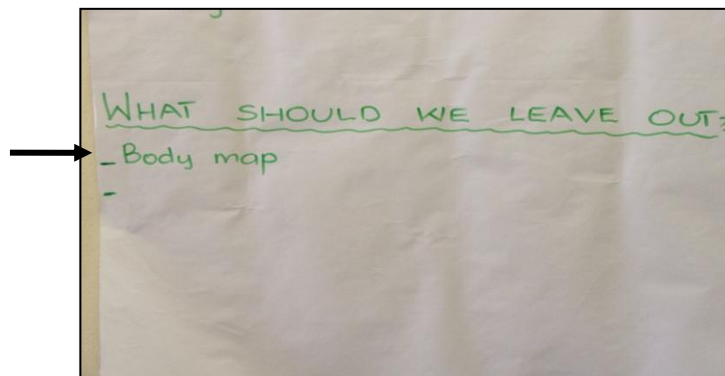


Photograph 4.12:

Possible skills to be added to an intervention for community volunteers (PRA poster captured in Limpopo, at the 2011 STAR colloquium, 15/07/2011).

4.2.2.3 Sub-theme 2.3: Body mapping as care and support technique

During the PRA-based activities and member checking session a group of participants seemed concerned about the possibility of including a discussion on body mapping (Phase 4, session 2) in the adapted intervention. They raised concerns about the suitability of such a discussion with community volunteers, as depicted in Photograph 4.13. However, some other participants did not share this view or concern.



Photograph 4.13:

Poster indicating the view that body mapping should be excluded from an intervention planned for community volunteers (PRA poster captured in Limpopo, at the 2011 STAR colloquium, 15/07/2011)

Based on the various views of the participants, I explored this in more depth during the member checking session. Following further exploration, participants shared their view that body mapping as supportive tool did not benefit them that much and hence that it could be excluded from an intervention developed for the context of volunteer care workers. One of the participants explained:

“Body mapping goes with disclosing. It’s not easy for a person in the community to disclose his/her status to a person in a community they disclose to us and then it’s not easy too for a person to disclose status to the health volunteer....because those...those health volunteers comes from the community. Do you understand what I mean? It’s not easy to disclose your status even; it took time to disclose to us. Do you understand what I mean? So it would not be easy for a person to disclose their status to health volunteer” (MC, P4, p5, line 139-145).

As such, it became clear that the group of participants not supporting body mapping as component of an adapted intervention held the view that body mapping was time-consuming, requires trusting relationships and would not be suitable when presenting an intervention to community volunteers. Some of the participants associated their view of body mapping not being suitable for volunteers to implement, with the disclosure of an HIV and AIDS status, and the time and required trust implied by this. In addition to participants not viewing the nature of body mapping as suitable, they seemingly also held the view that training was required to implement body mapping successfully.

One of the participants reported on the challenges they had experienced in relation to training, more specifically in terms of introducing volunteers to this technique: *“We are the first school to have volunteers. And we introduced it to, the, this program to the volunteers and we are stuck. We are stuck in every way of training them”* (MC, P6, p5, line 135-138). In my research diary, I noted these reported challenges: *“Participants seemed to have faced challenges in making use of body mapping. It appeared contradiction was encountered during member checking on whether or not to exclude or include body mapping”* (Field notes, 17/07/2011).

As already stated, not all participants however shared this view including body mapping as part of an adapted intervention. For example, a participant who held a different view to the one included above, came up with some solutions how body mapping could remain and form part of an adapted intervention:

“...obviously, the body mapping is not a once off thing it’s eh... it’s a counselling process. It’s a process so obviously you are not going to do it the first time and also it depends on the readiness of the person because you can’t force it on anybody who is not ready and I would suggest, don’t take it out it must be in, but look for ways of introducing it to the group so that you start small and you start with the people that have disclosed already and the others are going to be comfortable...” (MC, P1, p7, lines 214-220).

Similarly another participant commented: *“So what I am saying is that no matter how difficult the body map we must try ways and means and encourage.”* (MC, P6, p9, line 260-261).

Participants thus shared contradictory views about including or excluding body mapping as part of an intervention planned for volunteers. After further discussions, participants agreed that if body mapping were to be included in an adapted intervention, it required modification to be used in a sensitive and less intrusive way by community volunteers, than initially intended with body maps: *“So that’s why I said it would be better maybe if she could have or I could have given her a paper and asked her to draw herself and say why don’t you draw yourself and write instead of to lay down and busy drawing her taking that drawing”* (MC, P4, p7, lines 180-184).

Participants thus came up with possible ways of including body mapping without the technique being implemented in an intrusive way. I reflected on the challenges voiced by the participants in my research diary in the following way:

Though body mapping is a counselling tool too, participants experienced challenges to use it. They may have to alter the counselling method or to modify the tool (Research diary, 15/07/2011).

4.2.2.4 Sub-theme 2.4: Inclusive Education Policy

Even though the participants agreed that policies on HIV and AIDS, as well as other relevant policies should be included in the adapted intervention, they seemingly held contradictory views on the relevance of discussing Inclusive Education Policy with community volunteers. On the one hand, some participants held the view that a discussion on Inclusive Education with volunteers would not serve any purpose. They explained: *“I think inclusive education cannot help those helpers because the helpers*

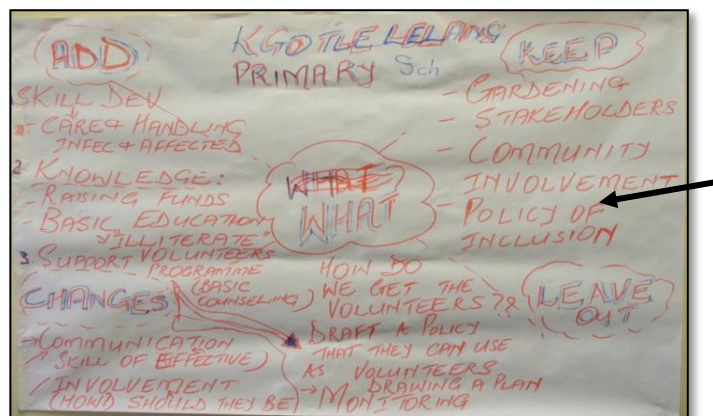
don't know anything about education. As teachers we know inclusive education and we know how to help the learners” (MC, P8, p11, lines 316-318).

This view confirms that some STAR teacher participants apparently held the view that the Inclusive Education Policy is specifically meant for teachers and professionals within the education sector, and that volunteer care workers are not qualified to optimally utilise the policy on inclusion. I reflected on this view in my research diary:

I sensed that some participants viewed Inclusive Education Policy as specifically meant for and to be interpreted by teachers. I felt a sense of entitlement by teacher-participants (Research diary, 15/07/2011).

On the other hand, however, some participants held the view that community volunteers would gain from discussions on Inclusive Education Policy and that it should be included in an adapted intervention. According to this group of participants, all people can gain from being informed about the Inclusive Education Policy, as captured in the following contribution: *“Inclusive education is something that is going to be there within our education system. And those kids that we are dealing with in our classes are and they belong to the parents and the communities. Now for me that is why we said in our group it should be in so that parents know exactly what's happening within the schools and the policies of the department and that is why inclusive education has to be in” (MC, P1, p8, lines 276-281).*

In support, Photograph 4.14 captures a poster made during the PRA-based activity, indicating the view that discussions on the Inclusive Education Policy should be included in an intervention for community volunteers.



Photograph 4.14:

Poster indicating the view that discussions on Inclusive Education Policy are important (PRA poster captured in Limpopo, at the 2011 STAR colloquium, 15/07/2011)

Upon further exploration of this seemingly opposing view, participants however confirmed the view that volunteers did not need to have knowledge of all aspects covered in the Inclusive Education Policy, but that it was important for them to have knowledge of some aspects of the policy. As a result, participants indicated that this part of the intervention had to be adapted for use in the context of community volunteers. One participant explained:

“In fact for us now inclusion has moved beyond disability. Inclusion means everything that we do we kick a learner away from school be it a societal effect, be it something that is within the child. So it would be nice to keep it. And then people know because once you say inclusion people tend to think you are talking about children having special needs and in fact it’s been found out that it’s not really about special needs but it’s about how people have needs and how those needs are tackled or addressed” (MC, P9, p10, line 291-298).

I noted the following as part of my field notes: *“It seems that some of the teacher participants are of the opinion that policy on inclusive education is specifically for teachers. On the other hand some of the teacher participants believe that aspects on inclusivity should extent to everyone including community volunteers”* (Field notes, 17/07/2011).

In addition to the Inclusive Education Policy, participants also held the opinion that other policies relevant to the context of volunteer care work, should be added to an adapted intervention. One of the participants stated: *“I think we should go and do some kind of...research. Home-based care, maybe I can find out who is actually controlling this. And what are the services around volunteers”* (FGD, P1, p8, lines 229-233).

4.3 FINDINGS OF THE STUDY

In this section, I discuss the research findings by relating the results I obtained to the literature put forward in Chapter 2. I highlight correlations and contradictions, referring to the research themes and sub-themes I presented in the previous section. I then discuss new insights stemming from the research findings of this study.

4.3.1 COMPONENTS OF THE STAR INTERVENTION TO BE INCLUDED IN AN INTERVENTION FOR COMMUNITY VOLUNTEERS

In exploring whether and how the STAR intervention could be adapted for use with community volunteers, it became clear that the participants held the view that the STAR intervention could indeed be adapted for the said context. Existing research highlight the need to adapt community-based interventions such as the STAR intervention rather than to develop or re-formulate new ones (Cherrington *et al.*, 2010; Wingood & DiClemente, 2008). This confirms the possibility of adapting the STAR intervention from application in a teacher context to implementation in the context of volunteer care work. In this study, participants agreed that the STAR intervention was suitable to be adapted and modified for another context.

They indicated asset mapping initiating supportive projects, skills acquisition, and being informed about relevant policies as important components of the STAR intervention that needed to also be included in an intervention for community volunteers.

4.3.1.1 The importance of asset mapping to understand and support a community, when implementing the asset-based philosophy

In the current study, participants emphasised the potential positive outcomes of compiling an asset map of their community of work. As Ferreira and Ebersöhn (2011) explain, the STAR intervention was conceptualised from a strength-based approach, promoting psychosocial support in vulnerable contexts where participants identify and mobilise resources within the specific community they work in. As such, findings of STAR studies indicate how participants have learnt and implemented principles of the asset-based approach in supporting vulnerable children and their families, by among other things, compiling asset maps to understand the specific community (Ferreira & Ebersöhn, 2012; Ebersöhn & Ferreira, 2011; Loots, 2011; Ebersöhn, 2008; Ebersöhn & Eloff, 2006; Ferreira, 2006; Loots, 2000; McCallaghan, 2007; Mnguni, 2006; Odendaal, 2006).

Similar to Kretzmann and Mcknight (1993), participants in this study held the view that asset mapping, as part of the asset-based approach, could enable community volunteers to identify existing resources, skills, knowledge and gifts which could then be utilised and mobilised to address challenges faced by the community. In addressing challenges within the community, asset mapping implies the advantage of

making the resources and assets within the community visible and ready to be accessed (Ebersöhn & Eloff, 2006).

In addition, through asset mapping, challenges can be pinpointed in terms of where they may be emanating from, making it possible to address challenges from their sources of existence (Kretzmann & Mcknight, 1993). Campbell *et al.* (2008) similarly state that, due to skills and professional shortages within developing nations like South Africa, the need exists for community volunteers to address challenges within communities on ground level. Hence, asset mapping can be seen as a significant first step in identifying challenges, as well as possible assets and resources, with the aim of addressing identified challenges.

This idea aligns with the findings of a study conducted by Jack *et al.* (2011) in the United States of America, indicating a need for community volunteers to be empowered through intervention programmes, to address the needs of their communities. As such, asset mapping can be viewed as an essential activity for volunteer care workers to understand their communities. This may in turn result in them feeling empowered to access resources that are locally available within their communities (Ebersöhn & Eloff, 2006).

Similar to the findings of this study, literature also indicates asset mapping as an essential strength-based approach principle that is utilised mainly within the helping profession work context (Gretchen & West, 2010; Lightfoot, McClearly & Lum, 2014). Lightfoot *et al.* (2014) state that asset mapping yielded positive outcomes of income-generating networks in a project for vulnerable women in Ethiopia and in a number of HIV and AIDS interventions. Gretchen and West (2010) acknowledge the use of asset mapping in community projects in Australia, stating that it builds social networks and empowers communities.

4.3.1.2 Guiding community volunteers to plan and initiate supportive projects

In this study, participants viewed community volunteers as capable of planning and implementing supportive projects as part of an adapted intervention in support of vulnerable communities. To this end, STAR teacher participants referred to the projects they had initiated such as vegetable gardens, soup kitchens, aftercare centres and library facilities (Ebersöhn, 2008; Ferreira, 2006; Ferreira & Ebersöhn, 2012; Loots, 2000; McCallaghan, 2007; Mnguni, 2006; Odendaal, 2006).

Initiating projects was found to be beneficial in all existing STAR studies, as it enabled teachers to work with and address existing challenges in the school-communities where they work. As a secondary outcome, participants were able to develop a sense of ownership in their communities. This finding correlates with other existing studies also indicating that support to and provision of the necessary skills to community volunteers on initiating supportive projects, may enable them to fulfil their role as change agents within the communities they support (Campbell *et al.*, 2008; Jack *et al.*, 2010).

In a study by Campbell *et al.* (2008), for example, participation in health projects enabled community volunteers to gain general skills in project planning, management and leadership. Such participation in projects in turn built the community volunteers' confidence and their capacity to address challenging issues within their own lives, as well as in their communities of work (Campbell *et al.*, 2008).

Findings of this research study furthermore confirm the findings of Campbell *et al.* (2008) indicating adapted interventions as a possible way of moving forward in vulnerable contexts, where volunteers can potentially initiate supportive projects in their communities of work. Current findings also indicate the need for community volunteers to initiate such projects in addition to those already identified and initiated by teacher participants within existing STAR studies. Based on a study by Cherrington *et al.* (2010) in the healthcare sector, it is anticipated that community volunteers may initiate projects that can promote health.

4.3.1.3 Acquisition of skills as central to supporting vulnerable communities

In a context such as South Africa, many people volunteer because they are unemployed, and not because they have the necessary skills for the work they volunteer for (Akintola, 2010; Campbell *et al.*, 2008). Based on existing literature, it can be concluded that people may also volunteer with the purpose of gaining skills (Mutambara & Mutambara, 2012; Akintola, 2010). In correlation with the findings of studies by Jack *et al.* (2011) and Glenton *et al.* (2010), I found that participants viewed the training of community volunteers as important, more specifically, for them to acquire skills that will enable them to provide physical and emotional support (support skills) in their communities of work. This view aligns with what teachers have been doing as a result of being involved in the initial STAR intervention programme (Ferreira & Ebersöhn, 2012).

The findings are furthermore confirmed by Glenton *et al.* (2010), who indicate that community volunteers who actively participate in an intervention programme will gain both knowledge and skills to, for example, provide primary healthcare (Glenton *et al.*, 2010; Cherrington *et al.*, 2010). Other skills that may be acquired as a result of being involved in an intervention, include communication skills, ways of providing bereavement support, and practical ways of providing home nursing and care (Jack *et al.*, 2011).

Jack *et al.* (2011) conclude that intervention programmes should involve a compilation of fundamental activities or skills that may support a specific environmental setting, taking into account the community's needs and responsibilities. Studies such as the one by Jack *et al.* (2011) in the health fraternity therefore provide examples of how community volunteers may experience feelings of empowerment through ongoing education, support and supervision within their work context.

Existing literature indicates the need to train community volunteers before they start working with communities (Campbell *et al.*, 2008; Miller & Garret 2009; Cherrington *et al.*, 2010; Nenga, 2012). Various studies reveal the different forms of training that can be provided to teachers in South Africa such as informal training, peer education and formal training through intervention programmes (Glenton *et al.*, 2010; Jack *et al.*, 2011; Cherrington *et al.*, 2010, Seymour *et al.*, 2010). However, despite the various forms of training referred to in existing literature, little is known about the nature of training suitable for community volunteers, specifically in South Africa. Hence, the adapted STAR intervention may potentially serve as an intervention with community volunteers that can equip them with essential knowledge and skills required in their work context.

Despite the need for training, it is evident in literature that volunteer care workers typically receive limited training before starting their work (Claassens & Lombard, 2005). In response, the adapted STAR intervention could provide a form of training to community volunteers who support vulnerable communities. Findings of this study confirm the need for community volunteers to be trained as part of an adapted STAR intervention. In this regard, STAR participants confirmed that they had benefited by taking part in STAR, more specifically in acquiring skills.

In existing STAR intervention studies, participating teachers have gained various useful practical skills such as basic lay counselling techniques and how to utilise memory-box making in an informal support setting. These skills were perceived by the

participants of this study as important to form part of an adapted intervention, for potential implementation with community volunteers. Findings of this study furthermore indicate that additional skills could be added to further enrich an adapted intervention programme for community volunteers. Additional skills that were identified as potentially beneficial to community volunteers include parenting skills, care and support skills such as taking care of children after school, and job-related skills such as how to read a contract.

Various other studies have similarly identified skills that could form part of intervention programmes for community volunteers (Glenton *et al.*, 2010; Cherrington *et al.*, 2010; Jack *et al.*, 2011). According to existing literature, skills and knowledge acquired through intervention training imply the benefit of potentially reduced mortality rates and promoting health by addressing critical needs within the community (Campbell *et al.*, 2008; Cherrington *et al.*, 2010; Glenton *et al.*, 2010).

Despite studies by Nenga (2012), Rochelle and Shardlow (2012), Rotolo *et al.* (2010) and Akintola (2010) indicating both personal (increasing chances of employability, gaining skills) and community (addressing challenges, providing primary health care) reasons for community volunteers to volunteer, limited literature is available on training or intervention programmes equipping community volunteers with essential skills required for working in the South African context (Campbell *et al.*, 2008).

However, a number of non-governmental organisations, such as REPSSI (Chakanyuka *et al.*, 2015), and Save the Children (Save the Children Annual Report, 2009), Black Sash and the Charity Aid Foundation (The instituted of Advancement Annual Report, 2004) are 'known' to support community volunteers and provide training within the organisations. The findings of this study however contradicts this trend, as the community volunteers associated with this study (and the broader STAR project) seemingly received limited to no formal training before they commenced their work.

4.3.1.4 Importance of having knowledge of relevant policies

Participants in this study regarded it as beneficial for community volunteers to gain knowledge on relevant policies as part of an adapted intervention. This finding correlates with other studies similarly indicating the need to equip community volunteers with essential knowledge related to their field of work (Nenga, 2012, Campbell *et al.*, 2008; Miller & Garret 2009; Cherrington *et al.*, 2010).

Even though existing studies that had been conducted with community volunteers do not specify the knowledge that community volunteers require before commencing their work, the need for ongoing training is emphasised (Jack *et al.*, 2011). In studies conducted by Jack *et al.* (2011) and Campbell *et al.* (2008), equipping community volunteers with essential knowledge relevant to their work context is highlighted. This aligns with the findings of the current study, indicating the need for community volunteers to receive training on the policies that they make use of in their work context.

Despite literature emphasising the need for training, research within the volunteer care work context does not indicate specific policies or acts that apply and should be included in training. Legislation and policies such as the Basic Employment Act of 1996, the Children's Act 38/2005 and the White Paper 6 on Inclusive Education Policy were however found to be suitable options in this study. Knowledge about such policies relate to studies by Campbell *et al.* (2008), Miller and Garret (2009), and Cherrington *et al.* (2010), who emphasise the value of community volunteers being knowledgeable within their field of work.

4.3.2 ASPECTS OF THE STAR INTERVENTION REQUIRING ADAPTATION FOR IMPLEMENTATION WITH COMMUNITY VOLUNTEERS

The findings of the current study indicate certain aspects of the STAR intervention as essential for both teachers (as part of STAR) and community volunteers (as part of an adapted intervention). Related literature on adapting an intervention programme indicates that even if adapting an intervention, the core principles of the intervention will remain the same (Wingood & DiClemente, 2008; Veniegas *et al.*, 2009).

Similarly, in adapting the STAR intervention for community volunteers the core principles of the intervention did not change, resulting in both interventions relying on the asset-based approach as underlying philosophy (Ferreira & Ebersöhn, 2012; Ebersöhn & Ferreira, 2011; Eloff & Ebersöhn, 2006). Regarding aspects of STAR that required an adapted version when implemented with community volunteers, my findings relate to increased levels of monitoring and evaluation, additional skills to form part of the intervention, using body mapping as supportive technique, and having knowledge of the Inclusive Education Policy.

4.3.2.1 Monitoring and evaluation on a more regular basis

In the current research, continued monitoring and evaluation steps as part of an adapted intervention programme for the context of volunteer care work, was highlighted, as practiced with all STAR schools (Ferreira & Ebersöhn, 2012; Ferreira & Ebersöhn, 2011). Participants however indicated that monitoring and evaluation should take place more regularly in an adapted version of the intervention programme, than in the STAR project. This finding correlates with existing literature identifying monitoring and evaluation as essential ongoing components of all intervention programmes (Jack *et al.*, 2011; Cherrington *et al.*, 2010).

In a health sector study by Jack *et al.* (2011), the need for constant supervision and discussion of community volunteers' case work with hospice teams was identified. This need is similar to the one for higher levels of monitoring and evaluation, as found in the current study. In so doing, community volunteers may receive regular feedback, obtain advice and identify additional areas of growth if needed. As such, both the current study and the study by Jack *et al.* (2011) highlight the importance of regular monitoring and evaluation, which can potentially sustain increased levels of knowledge and skills.

4.3.2.2 Additional skills and projects required for community volunteers

According to the findings of the current study, more discussions on relevant skills could benefit the adapted intervention for community volunteers, in addition to the discussions already included in the STAR intervention programme. As STAR participants viewed the skills they acquired as beneficial in their work context, they indicated that more skills could benefit community volunteers. In correlation with this finding, health studies by Jack *et al.* (2011) and Campbell *et al.* (2008) emphasise the need to equip community volunteers with the critical skills they require for their work contexts. Skills identified in these studies include communication skills, and home nursing-care skills (bed bathing, emotional support of carers, and nutritional advice). In the current study, participants identified parenting skills as an additional skill to be added to the adapted intervention for volunteer care workers.

The difference in specific skills that were identified in this study, when compared to the studies of Jack *et al.* (2011) and Campbell *et al.* (2008), can possibly be ascribed to the fact that many of the participants in the current study are teachers, and that the adapted intervention was aimed at community volunteers assisting in the school environment. Another possible reason relate to the participants being aware of

parents' uncertainty regarding their own parenting skills. These potential reasons are however mere hypotheses and require further investigation.

In addition to skills acquisition being viewed as important, projects were considered as central, according to the participants in this study. The need was voiced for promoting and providing additional projects when involving community volunteers. For example, aftercare clubs were identified as potential additional projects that could form part of an adapted intervention. In this regard, Campbell *et al.* (2008) point out that the need exists for community volunteers to support and sustain communities. Hence, identifying and initiating school-community projects is one way that community volunteers can sustain the supportive work they do.

4.3.2.3 Introducing body mapping as care and support technique

The findings of the current study indicate that STAR teacher participants had experienced body mapping as a supportive technique or counselling tool both positively and negatively in the past. A group of the participants held the opinion that body mapping as a support tool is too intrusive to use with vulnerable 'clients', making them feel uncomfortable. These participants indicated that community volunteers would experience the same challenge and that this topic should rather be excluded from an adapted intervention programme. However, some other participants held the opinion that community volunteers could benefit from using body mapping as a supportive tool and that the topic should form part of an adapted intervention.

Agreement was subsequently reached that body mapping should form part of the intervention, but that alternative ways of utilising this technique in less invasive ways, should be discussed for example when involving people living with HIV and AIDS. Despite the contradictory view of whether or not body mapping as a care and support technique is suitable for an adapted intervention with community volunteers, participants agreed that discussions on counselling tools as part of the intervention, were essential in their work context.

It is evident from existing studies that volunteers are often challenged to address critical needs in society (Scott, 2009). One such a need relates to the HIV and AIDS pandemic which is central to many South African communities, specifically those where community volunteers typically provide support. However, gaps in literature currently exist in this area, as it is not clearly stated how community volunteers provide such support. Body mapping provides one possibility for community volunteers to use when supporting those living with HIV and AIDS. As indicated by

the findings of this study, body mapping as a support tool was however viewed as a new technique within the school-community, implying a number of challenges when making use of it.

In this regard, existing literature indicates the need to equip community volunteers with skills that they can apply when supporting vulnerable communities. According to Ferreira and Ebersöhn (2012), STAR participants gained knowledge and skills to deal with the challenges within their unique work contexts as part of the intervention. Similarly, other authors support the need for community volunteers to be equipped with essential skills that they can apply in the work context (Akintola, 2010; Campbell *et al.*, 2008; Jack *et al.*, 2011).

As already stated, counselling techniques are seen as essential in the South African context characterised by the effects of the HIV and AIDS pandemic, poverty and general health challenges (Campbell *et al.*, 2008). By including body mapping as a potential skill for such support to be provided, the need for skills training could potentially be addressed. This is however a hypothesis that requires ongoing research.

4.3.2.4 Being informed about existing policy on Inclusive Education

According to the findings of the current study, an adapted intervention with community volunteers had to include discussions on policies relevant to the work context of community volunteers (refer to section 4.3.1.4). Similarly, existing literature indicates that community volunteers often lack the necessary knowledge to flourish in their work context (Campbell *et al.*, 2008) and propagates the idea of volunteers being informed. In this regard, policy interpretation and implementation is viewed as crucial knowledge that STAR participants gained and implemented when working with vulnerable children and families (Ferreira & Ebersöhn, 2012).

However, contradictory views about the inclusion of discussions on the Policy of Inclusive Education in an adapted intervention were initially raised. Some of the participants perceived this policy as specifically developed for teachers and not relevant for community volunteers. Other participants believed that community volunteers could benefit from an understanding of certain principles of the Inclusive Education Policy. Following some discussion, participants agreed that community volunteers could indeed benefit from gaining insight into sections of the policy.

In support of this finding, similar studies (for example Chakanyuka *et al.*, 2015) indicate that community volunteers can benefit from understanding and implementing the Policy on Inclusive Education when they work in school-communities. These findings furthermore align with some of the identified benefits of an individual opting to do volunteer work, such as gaining knowledge and skills (Akintola, 2010). As previously mentioned, interpretation and implementation of policy can thus be seen as added knowledge from which community volunteers may benefit while being part of an adapted intervention.

4.3.3 NEW INSIGHT BASED ON THE FINDINGS OF THIS STUDY

New insights stemming from findings of this study relate to the potential value of community volunteers being informed about policies, more specifically school-related policies while working in a school context. Furthermore, some new insights emerged in terms of supportive techniques and the potential use of body mapping by community volunteers.

4.3.3.1 Importance of policy awareness when doing volunteer care work

Existing literature emphasises the need for community volunteers to attain essential knowledge pertaining to their field of work (Jack *et al.*, 2011; Cherrington *et al.*, 2010). However, research does not clearly indicate what exactly this essential knowledge entails. Based on the findings of this study, knowledge on the interpretation and implementation of relevant policies by community volunteers was identified as essential in equipping community volunteers with the application of relevant policies within their specific work context. Findings of this study more specifically indicate that community volunteers may benefit from knowledge on how to read work contracts and policy documents in terms of policies that relate to the work they do, such as the Policy on Inclusive Education and the Child Act.

In addition to being knowledgeable in terms of policies that relate to the work of community volunteers, this study also specifically identifies aspects of the Inclusive Education Policy as potentially beneficial to community volunteers when working in school contexts. Inclusive Education as a policy is thus viewed as an essential policy that should not only be known by teachers, but also by community volunteers working with children in school settings. It may thus be valuable if community volunteers (or for that matter any people working with children in school settings, other than teachers) are educated regarding the aspects of inclusiveness of orphans and vulnerable children within the school-community. Through such education on relevant

policies, community volunteers may in turn potentially be empowered and also empower children regarding their basic human rights, child protection concepts and knowledge regarding children encountered in their profession (Chakanyuka *et al.*, 2015)

Existing literature does not indicate the Inclusive Education Policy as relevant to the context of community volunteers. By being identified as an essential policy for volunteers working within the school-community context, new knowledge is added to the existing knowledge base on essential policies and their value for the volunteer care work fraternity. Similar to other relevant policies, the Inclusive Education Policy may empower community volunteers to deal more effectively with vulnerable children within the school-community context. It may also provide them with a deeper understanding of their role in advocating the human rights of children in general, as well as within the context of school-community work.

4.3.3.2 Adapted use of body mapping as care and supportive technique

As stated earlier, the need exists for community volunteers to be equipped with essential skills to work within vulnerable communities (Campbell *et al.*, 2008; Jack *et al.*, 2011; Seymour *et al.*, 2010). However, specific tools or techniques that can be used by community volunteers are seldom indicated.

Hence the use of body mapping in an adapted form as a supportive counselling technique by community volunteers within the school-community context provides new insight into both the fields of body mapping and care, and supportive techniques that may be used by volunteers. Body mapping was initially intended to be used as a psycho-therapeutic counselling tool by counsellors with their clients. This therapeutic tool was initially specifically used with terminally ill patients go through the various phases of accepting and coping with their condition. When applying body mapping a client typically lies down on a sheet of paper and has his/her body traced on the paper, after which experiences, emotions and changes within the body is discussed (MacGregor, 2009; Ferreira & Ebersohn, 2012).

A research study by McCallaghan (2007) describes how body mapping was utilised by teachers (STAR teacher participants in the current study) in an alternative way, in fulfilling their pastoral role in the school-community context. McCallaghan (2007) found that, despite teachers being aware of the theoretical nature of body mapping, the practical application of the technique was experienced as challenging by them.

Hence in this research study, the STAR teacher participants voiced the opinion that, should body mapping be utilised as a care and support technique by community volunteers, some changes were required in terms of the proposed format of application. Participants of this study namely suggested that, instead of having a client lie down on a sheet of paper on the floor, and tracing down the whole body, the body could for example be drawn on smaller scale (on a standard A4 paper) so that the process would be less invasive.

This suggestion was based on the challenges the STAR teachers experienced first-hand while implementing body mapping as part of the STAR intervention. In this way, suggestions for an alternative approach to applying the body mapping technique and alternative settings than initially intended when body mapping was conceptualised, add to existing literature on this topic. This possibility however requires further investigation.

According to the findings of this study, an alternative approach in conducting body mapping may therefore be acquired as supportive skill by community volunteers. In addition to the alternative approach to implementing the body mapping technique, new knowledge is added to existing theory on supportive skills that can be applied by volunteers working with vulnerable people. This possibility poses an opportunity for further investigation into the use of body mapping by community volunteers with other individuals or groups of people, children or adults.

4.4 CONCLUSION

In this chapter, I presented the results of the study in terms of the themes and sub-themes identified during thematic inductive data analysis. I corroborate my discussions by referring to data collected during the various field visits. Following presentation of the results, I discussed the findings of the study, situating the results within existing literature. I then discussed new insights based on the findings of this study.

In the following and final chapter of the mini-dissertation, I revisit the research questions formulated in Chapter 1. I draw final conclusions, summarise the changes that were made to the STAR intervention following the findings I obtained, and make recommendations for training, practice and future research studies. I also reflect on the potential contribution and limitations of this study.

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CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In Chapter 4, I presented the results of the study in terms of the themes and sub-themes I identified. I then situated the results against the literature discussed in Chapter 2, thereby presenting the findings of the study.

In this chapter, I conclude by providing a brief overview of the previous chapters of the mini-dissertation. I present my conclusions in terms of the research questions formulated in Chapter 1. I subsequently discuss possible contributions of the study, the challenges I faced, limitations of the study and recommendations for practice, training and future research.

5.2 OVERVIEW OF THE PREVIOUS CHAPTERS

In **CHAPTER 1**, I introduced the study and provided the necessary contextual background by situating this study within the preceding STAR and follow-up SHEBA research projects. I explained the rationale for undertaking the study and stated its nature and purpose. I formulated the primary research question as: *“How can STAR (a teacher intervention programme) be adapted for use with community volunteers.”* I clarified the key concepts used in the study and briefly introduced the paradigmatic approaches, research design and methodology I utilised. I also highlighted the assumptions with which I approached the study. After introducing the selected data collection and documentation strategies, as well as data analysis and interpretation strategies, I briefly stated the ethical considerations and quality criteria that guided me.

In **CHAPTER 2**, I explored existing literature related to the topic of the study. First, I discussed the STAR intervention and its potential applicability to the context of volunteer care work. I then explored relevant literature in relation to volunteer care work with specific focus on South Africa, how community volunteers are trained and which examples of support-based interventions within this work context exist. I conceptualised volunteer care work, discussed volunteer care workers’ responsibilities, benefits in the volunteer care work context and the challenges that

community volunteers typically encounter. I concluded the chapter by explaining the asset-based approach as theoretical framework that guided the study.

In **CHAPTER 3**, I explained the research design and methodological processes applied in this study. After discussing the selected paradigmatic approaches (interpretivism and PRA), I explained the research design and criteria implemented for selection of the case and participants. I discussed the data collection and documentation strategies in detail, namely focus group discussions, observation, PRA-based activities, field notes and a research diary. Throughout, I related these strategies to the purpose of the study and the research questions. I also provided a description of the process of data analysis and interpretation I completed. Lastly, I discussed the quality criteria and ethical considerations that I strove to adhere to in the study, reporting on the strategies I employed.

In **CHAPTER 4**, I presented the results of the study in terms of the two main themes and related sub-themes identified when inductively analysing the data. In discussing the themes and sub-themes, I referred to contributions by participants, as well as my field notes and observations following data collection sessions. The two main themes relate to topics of the STAR intervention viewed as also suitable for an intervention with community volunteers, and topics of the STAR intervention that need to be changed or modified for the context of volunteer care work. I next presented the findings of the study, situating the results against the background of existing literature explored in Chapter 2.

5.3 CONCLUSIONS

In this section, I revisit the research questions formulated in Chapter 1 (refer to section 1.3). I commence by discussing the two secondary research questions, and then draw conclusions relating to the primary research question that guided this study.

5.3.1 SECONDARY RESEARCH QUESTIONS 1 AND 2

1. *How can a teacher intervention benefit (or not) community volunteers?*
2. *What should be added, changed or retained in the teacher intervention to make it relevant for the context of volunteer care work?*

Based on the findings of this research and similar studies, it is evident that what can potentially benefit community volunteers will naturally be recommended to form part of an intervention for this specific context (refer to section 4.3.1). This entails that

similar findings were yielded for the two secondary research questions of this study. I can therefore conclude, as in other studies (refer to section 4.3.1.1), that community volunteers can benefit from utilising asset mapping to understand and support their communities of work.

Findings of the current study suggest that community volunteers can be equipped to identify, mobilise and utilise resources within their work context (refer to section 4.2.1.1, sub-theme 1.1; section 4.2.1.2, sub-theme 1.2). Following participation and training through an adapted teacher intervention, I posit that community volunteers may be empowered as they become self equipped and self reliant to utilise assets and resources within their work context. These processes rely on insight into the principles of the asset-based approach, which forms the basis of the STAR intervention. Similarly, research validates the successful use of asset mapping in HIV and AIDS interventions and its use in Australia, as well as in projects to empower and build social networks with the aim of enabling communities (Kretzmann & Mcknight, 1993; Gretchen & West, 2010; Lightfoot *et al.*, 2014).

In addition to asset mapping, policy awareness was identified as another process that community volunteers could benefit from through an adapted teacher intervention. Research findings (refer to section 4.3.1.4) indicate a need for community volunteers to be equipped with essential knowledge that is relevant to their work context. Through the findings, policy awareness was foregrounded in this research, even though literature pertaining to community volunteers does not specifically point out the different policies that are relevant to the work of community volunteers.

Correspondingly, participants in this study identified policy awareness as a valuable skill and a source of knowledge (refer to section 4.2.1.3, sub-theme 1.4; section 4.3.1.4). Hence, participants postulated that community volunteers could benefit from being informed about policies that form part of the teacher intervention, as well as other policy that are relevant to their work context. Policies other than the Inclusive Education Policy that were identified as important to include in an adapted intervention, was the policy on Children's Rights, HIV and AIDS and TB policy, and the Sexual Offences Act. STAR participants specifically emphasised the need for community volunteers to learn how to read and interpret policies as part of an adapted intervention. This aspect therefore also formed part of the SHEBA intervention that was developed following this study

The participants in this study identified the process of gaining work-related skills and initiating projects as important. Research findings (refer to sections 4.3.1.2; 4.3.1.3; 4.3.2.2) relating to work-related skills acquisition and initiating projects emphasise these as fundamental needs for community volunteers in their work context. Research also emphasise that in developing countries such as South Africa there is a need to equip community volunteers with essential skills since most volunteers tend to lack the skills required for the work context. As such, it was found that there is a need to increase the work-related skills of community volunteers and expand projects for an adapted intervention.

Skills that form part of the existing teacher intervention include community or asset mapping (identifying resources, potential resources and challenges), the interpretation and implementation of policy, the use of care and supportive techniques or an introduction to pastoral skills (memory box and body mapping), and the skills to plan and initiate projects. Additional skills that could be introduced to benefit community volunteers, include the ability to read and interpret work contracts, and informing others about parenting skills. In addition to more skills being introduced, the participants indicated that more projects should be initiated, and that existing projects such as vegetable gardens and beadwork should be expanded.

Participants furthermore indicated that the process of initiating supportive projects should remain and form part of an adapted intervention for community volunteers (refer to section 4.2.1.2, sub-theme 1.2). STAR participants were able to initiate various projects such as vegetable gardens, the provision of nutritional kitchens and establishing a library. By initiating such projects, they were reportedly able to address challenges faced within their school contexts, after planning how to mobilise and utilise available resources, and subsequently initiating projects. This followed exposure to discussions on how to mobilise and utilise the resources available to them, I therefore conclude that community volunteers can potentially be empowered to work and solve potential challenges within their work contexts, following participation in an adapted intervention.

This research furthermore indicates the need for some changes to the processes of monitoring and evaluation when adapting the teacher intervention for the context of volunteer care work (refer to section 4.2.2.1, sub-theme 2.1). Participants in this study highlighted the need for more regular monitoring and evaluation visits by the research team to monitor progress of the adapted intervention programme and implementation of supportive projects. Based on these findings, I recommended that

when adapting the STAR intervention for the context of volunteer care work, a regular monitoring plan should be developed to form part of the intervention programme for community volunteers. In concurrence with findings of this research, literature on community volunteers in the health sector (refer to section 4.3.2.1) also found that increased monitoring and evaluation was beneficial, as it provided structure and professional growth within the work context.

Next, participants in this study indicated that body mapping as a potential lay counselling tool should be adapted to be more suitable for use in the context of volunteer care work (refer to section 4.2.2.3, sub-theme 2.3). Despite the perceived challenges related to using body mapping as a care and support technique, participants indicated that the technique may be beneficial to community volunteers if adapted to make it less intrusive. Based on the participants' views, I argue that, a distinct need was identified to re-think the format of body mapping as part of an adapted intervention. Other researchers globally, indicate body mapping as a fundamental counselling technique that has proven successful in both teacher interventions and the healthcare fraternity (refer section 4.3.3.2).

5.3.4 PRIMARY RESEARCH QUESTION

- *How can STAR (a teacher intervention programme) be adapted for use with community volunteers?*

As is evident from the previous answer, and has been found in other Southern African countries, there appears to be synergy between interventions adaptable for teachers and community volunteers to provide support in high-risk schools. This case study provides empirical explorative evidence of how a teacher intervention programme could be adapted for use by volunteers. The findings regarding this process, as well as the need for skills training, mirror international research on volunteer interventions (refer to section 4.2.1.3; section 4.2.2.2, sub-theme 2.2). The finding that policy awareness should be included in a volunteer intervention does however require further investigation (refer to section 4.2.1.3, sub-theme 1.4).

5.4 POTENTIAL CONTRIBUTIONS OF THE STUDY

The adapted volunteer intervention (SHEBA) adds an example of a training programme or intervention for community volunteers to better equip them for their field of work. This example may be adapted in future or it may be used in support of volunteer training.

Adapting the STAR intervention also provides an example of how an existing intervention may be adapted to suit other work contexts. The current research study places specific focus on successful intervention programmes and steps to adapt these to other contexts. In so doing, the study provides a frame of reference for such adapted support-based interventions.

Furthermore, the current study adds to the existing body of literature on volunteer care work, and the needs and expectations of community volunteers. It provides a specific focus on the South African context, indicating what volunteer care work entails in this context, and how available training programmes within the volunteer care work context may be extended. The adapted intervention may potentially be used by practitioners in the helping professions as a way of training community volunteers, or to adapt this version for similar contexts. It may thus be utilised as a basis for the development of other intervention programmes.

Finally, the current study captures literature on the STAR intervention programme and the asset-based approach. As such, this study forms part of the existing broader ongoing STAR project (Ebersöhn, 2008; Ebersöhn & Ferreira, 2011; Ferreira, 2006; Ferreira & Ebersöhn, 2012; Loots, 2000; McCallaghan, 2007; Mbongwe, 2012; Mnguni, 2006; Odendaal, 2006; Ebersöhn & Odendaal, 2010) and adds to the knowledge generated from this broad project. In aligning with the asset-based approach, its aim is to initiate positive change within communities by making use of local and easily accessible resources within the community.

5.5 CHALLENGES AND LIMITATIONS OF THE STUDY

In conducting the study, my role and position in the research resulted in a number of positive outcomes. I was able to follow a hands-on approach with data collection and documentation. However, my position also pointed to the limitation of my own subjective thoughts potentially influencing the findings of the study. As a way of overcoming this potential limitation, I kept a research diary during the course of the study in which I reflected on my thoughts. This enabled me to remain conscious of my own thoughts and potential effects on the study.

As an English second language speaker engaging in research with participants who are also English second language speakers, I faced the potential challenge of participants not being able to fully or clearly express themselves. I therefore relied on the non-verbal messages and other sources of data such as visual data techniques as a way of overcoming this potential challenge.

Due to the nature of the research and the limited number of participants in the study, the findings of the study may not be generalised to other contexts. However, in applying the interpretivist paradigm, the aim was to rather provide thick and rich descriptions that are unique and focused on adapting the STAR intervention, than to obtain generalisable findings.

Another potential limitation was not involving more volunteers and STAR participants to ask about their needs and expectations. As a result, the project leaders had follow-up discussions with volunteers before finalising the SHEBA intervention.

5.6 RECOMMENDATIONS

Based on the findings of this study, I make some recommendations for practice, training and future research.

5.6.1 RECOMMENDATIONS FOR PRACTICE

Based on this study, the SHEBA intervention was developed and implemented with community volunteers during 2012 to 2013. Volunteer care workers could thus gain skills, knowledge and an understanding of what support in vulnerable school-communities entail. People in the helping professions, such as psychologists, nurses, and social workers, as well as the police services may benefit from the underlying theory and training proposed by this intervention. This sector of professionals may benefit from being trained and gaining skills, knowledge and an understanding of vulnerable contexts, and how to plan and provide suitable support. This in turn may enhance work ethics and practice within the helping professions sector.

This research may also benefit faith-based organisations, non-profit organisations and community members in terms of what volunteer work entails and how best partnerships can be developed so as to collaboratively mobilise resources and initiate supportive projects to address challenges within communities. Similarly, SHEBA participants and others in helping professions may benefit from being informed about the principles underlying the asset-based approach, implying the ability to identify and mobilise assets within their contexts of work. They may thus identify challenges within the community where they work and make plans to address challenges. Other than addressing challenges, community volunteers can potentially initiate income generating projects that may in turn become useful to the community at large.

5.6.2 TRAINING

Professionals such as psychologists, field workers, counsellors and nurses may benefit from being trained and training others through the STAR or SHEBA intervention programmes. Such professionals can incorporate the findings of the current study when training other professionals such as auxiliary nurses and social workers.

I recommend that volunteer care workers receive training through the SHEBA intervention so that they can in turn train their peers. I also recognise the need for teachers and community volunteers to share their experiences of utilising skills and knowledge acquired through participation in the respective interventions. This could lead to the possibility of identifying additional potential contexts to adapt the STAR and SHEBA interventions.

5.6.3 FUTURE RESEARCH

The following recommendations for further studies within the broader STAR and SHEBA projects, theoretical framework of the asset-based approach, and volunteer care work context may add to the existing knowledge base:

- Descriptive studies on parents' uncertainties in terms of parenting.
- Exploratory studies on the experiences of volunteer care workers following the implementation of the SHEBA intervention with them.
- Longitudinal studies to explore how the STAR and SHEBA interventions can be adapted to additional contexts.
- Case studies on the outcome of the SHEBA intervention in the context of volunteer care work.
- Case studies on the experiences of volunteer care workers providing support in vulnerable communities.
- Exploratory studies on alternative approaches of the application of body mapping as a care and supportive technique.

5.7 CONCLUDING REMARKS

This study was guided by the following primary research question: "*How can STAR (a teacher intervention programme) be adapted for use with community volunteers?*" I

thus aimed to explore how the STAR intervention could be adapted for the context of volunteer care work. To this end I explored and described which aspects of the STAR intervention needed to change or be modified, and which could be added to an adapted intervention.

Based on the findings of this research and as stated earlier, I can conclude that a teacher intervention can successfully be adapted for another context such as that of volunteer care work. Adapting a teacher intervention for a new context entailed maintaining the core principles of the initial teacher intervention embedded in asset-based principles, relevant policies, and skills, as well as monitoring and evaluation processes. It involved modifying body mapping as a potential counselling tool, as well as including additional discussions on relevant skills for volunteers.

Following this study, the adapted community volunteer intervention (SHEBA) was implemented with 36 community volunteers from 2012 to 2013. The purpose of the broader STAR and SHEBA projects involves a focus on the way in which teachers (and community stakeholders such as volunteers) may support resilience in vulnerable communities.

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LIST OF REFERENCES

- Akintola, O. (2010). What motivates people to volunteer? The case of the volunteer AIDS care givers in faith based organisations in KwaZulu-Natal South Africa. University Press. *Health Policy and Planning*, 26, 53-62.
- Akintola, O., Hlengwa, W. M., & Dageid, W. (2013). Perceived stress and burnout among volunteer caregivers working in AIDS care in South Africa. *Journal of Advanced Nursing*, 69(12), 2738-2749.
- Anglin, J.P. (2006). Child and youth care: A unique profession. *Journal of Child and Youth Care*, 23(11), 2-4.
- Angrosino, M. & Rosenberg, J. (2011). Observations on observation. Continuities and challenges. In K. Denzin & Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research* (4th ed., pp. 467-478). Los Angeles: Sage
- Angrosino, M. V. & de Pérez, K. A. Mays (2000). Rethinking observation: From method to context. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of Qualitative Research* (2nd ed., pp.673-702) Thousand Oaks: Sage.
- Babbie, E., & Mouton, J. (2001). *The practice of social research*. Oxford: Oxford University Press.
- Berg, B. L. (2001). *Method of social science* (4th ed.). London: Allyn and Bacon Publishers.
- Braun, V. & Clarke, V (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Brown, J. & Hendriks, H. J. (2004). *Understanding HIV/AIDS through the dark lens of poverty* (pp. 404-415). Dept Practical Theology and Missiology, University of Stellenbosch, Stellenbosch.
- Bryman, A. (2004). *Social research methods* (2nd ed.). New York: Oxford University Press.

- Campbell, C., & Cornish, F. (2012). How can community health programmes build enabling environments for transformative communication? Experiences from India and South Africa. *AIDS and Behaviour*, 16(4), 847-857.
- Campbell, C., Gibbs, A., Maimane, S., & Nair, Y. (2008). Hearing the community voices: grassroots perceptions of an intervention to support health volunteers in South Africa. *The Journal of Social Aspects of HIV/AIDS*, 5(4), 162-177.
- Chakanyuka, S., Vilakati, N., & Ferreira-Meyers, K. (2015). Contribution of the certificate in community-based work with children and youth towards the development of human resources among marginalised groups in Swaziland. *Journal of Educational Policy and Entrepreneurial Research*, 2(2), 78-89.
- Chambers, R. (2008). *Revolutions in development inquiry*. London: Earthscan.
- Cherrington, A., Ayala, G. X., John, P. Elder, J. P., Arredondo, E. M., Mona Fouad, M., & Scarinci, I. (2010). Recognizing the diverse roles of community health workers in the elimination of health disparities: from paid staff to volunteers. *Ethnicity and Disease*. 20, 189-194.
- Claassens, E., & Lombard, A. (2005). Management of volunteers in faith-based organisations. *Practical Theology in South Africa*, 20(1), p. 1.
- Cohen, L., Manion, L., & Morrison, K. (2000). *Research methods in education* (5th ed.). London: Routledge Falmer.
- Cohen, L., Manion, L., & Morrison, K. (2003). *Research methods in education* (5th ed.). London: Routledge Falmer.
- Cohen, L., Mannion, L., & Morrison, K. (2007). *Research methods in education* (6th ed.). London: Taylor & Francis Group.
- Creswell, J. W. (2003). *Research design: qualitative, quantitative, and mixed methods* (2nd ed.). California: Sage Publications.
- Creswell, J. W. (2008). *Research design: qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage Publications.
- Creswell, J. W. (2011). *Designing and conducting mixed method research*. California: Sage Publishers.

- Curtis, W., Murphy, M., Shields, S., & McGinty, S. (2013). *Research and education* (1st ed.). United Kingdom: Routledge.
- Delpont, C. S. L. & Fouché. C. B. (2011). The qualitative research report. In De Vos, A. S., Strydom, H., Fouché, C. B., & Delpont, C. S. L. (eds). *Research at grass roots: A primer for the social science and human professions* (pp. 3-26). Pretoria: Van Schaik Publishers.
- DEPARTMENT OF EDUCATION (2001) *White Paper 6: Building an Inclusive Education and Training System* (Pretoria, Government Printer).
- Dhurup, M., & Surujlal, J. (2008). Retaining sport volunteers: An exploratory study of volunteer motives. *African Journal for Physical, Health Education, Recreation and Dance*, 14.
- Durrheim, K., & Wassenaar, D. (2002). *Putting design into practice, writing and evaluating proposals*. Cape Town: University Press.
- Duvenhage, M. (2009). *Exploring the experiences of volunteer care workers facilitating an intervention programme with vulnerable pre-school children*. Masters dissertation. Pretoria: University of Pretoria.
- Ebersöhn, L. (2006). *A school-based project supporting communities to cope with HIV&AIDS*. Pretoria: ABSA Foundation Research Report.
- Ebersöhn, L. (2007). *Voicing perceptions of risk and protective factors in coping in a HIV&AIDS landscape: reflecting on capacity for adaptiveness*. *Gifted Education International*, 23(2), 149-159.
- Ebersöhn, L. (2008). *STAR Teachers supporting vulnerable children in the context of HIV&AIDS*. Research Report for Foschini Group. Pretoria: University of Pretoria.
- Ebersöhn, L. (2013). Building generative theory from case work: the relationship-resourced resilience model. *Cross-Cultural Advancements in Positive Psychology*, 4, 97-121.
- Ebersöhn, L., Eloff, I. & Swanepoel-Opper, A. (2010). 'Memory boxes' as tool for community based volunteers. *The Journal Education as Change*, 14(1), 73-84.

- Ebersöhn, L., Eloff, I. & Ferreira, R. (2007). First steps in action research. In K. Maree. (Ed). *First Steps in Research* (pp. 124-141). Pretoria: Van Schaik Publishers.
- Ebersöhn, L., Ferreira, R. & Mnguni, M. (2008). Teachers' use of memory-box-making to provide psychosocial support in their pastoral role. *Journal of Psychology in Africa*, 18(3), 465-475.
- Ebersöhn, L., & Eloff, I. (2006). *Life skills and assets* (2nd ed.). Pretoria: Van Schaik Publishers.
- Ebersöhn, L., & Ferreira, R. (2011). Coping in a HIV & AIDS- dominated context: Teachers promoting resilience in schools. *Health Education Research*, 26(4), 596-613.
- Ebersöhn, L., & Ferreira, R. (2012). *Coping in an HIV/AIDS-dominated context: teachers promoting resilience in schools. Health Education Research*, 26, 596-613.
- Eloff, I. (2003). Understanding the asset-based approach. In: I. Eloff & L. Ebersöhn (Eds.). *Life skills and assets*. Pretoria: JL van Schaik Publishers.
- Ferreira, R. & Ebersöhn, L. (2011). Formative evaluation of the STAR intervention: improving teachers' ability to provide psychosocial support for vulnerable individuals in the school community. *African Journal of AIDS Research*, 10(1), 63-72.
- Ferreira, R. & Ebersöhn, L. (2012). *Partnering for resilience*. Pretoria: Van Schaik Publishers.
- Ferreira, R. (2006). *The relationship between coping with HIV&AIDS and the asset-based approach*. PhD Thesis. Pretoria: University of Pretoria.
- Ferreira, R. (2013). Asset-based coping as one way of dealing with vulnerability. *Cross-Cultural Advancements in Positive Psychology* (pp 355-374). Springer Netherlands.
- Ferreira, R., & Ebersohn, L. (2012). *Partnering for Resilience*. South Africa: Van Schaik Publishers.

- Ferreira, R., Ebersöhn, L. & Odendaal, V. (2010). Community-based educational psychology intervention to enhance teachers' support competencies in the HIV&AIDS realm. *Education as Change*, 14(3), 101-111.
- Ferreira, R., Ebersöhn, L., & Botha, K. (2013). Using participatory action research to develop an HIV and AIDS school plan. *South African Journal of Education*, 33(4).
- Ferreira, R., Ebersöhn, L., & Odendaal, V. (2010). Teachers becoming lay practitioners of school community psychology. *Education as Change*, 14(sup1), 101-111.
- Gatt, S., Ojala, M. & Soler, M. (2011). Promoting social inclusion counting with everyone: Learning communities and INCLUD-ED. *International Studies of Education*, 21(1), 33-47.
- Gay, L. R. & Airasian, P. (2003). *Educational Research: Competencies for analysis and applications* (6th ed.). New Jersey: Pearson Education.
- Gil-Lacruz, A. I., & Marcuello, C. (2012). Voluntary work in Europe: Comparative analysis among countries and welfare systems. *Social Indicators Research*, 114(2), 371-382.
- Glasgow Centre for Population Health (2012). *Putting asset-based approach into practice: identification, mobilisation, and measurement of assets*. Briefing Paper 10. Concept Series: www.gcph.co.uk/assets/0000/3433/GCPHCS10forweb_.pdf
- Glenton, C., Scheel, I.B., Pradhan, S., Lewin, S., & Hodgkin, S. (2010). The female community health volunteer programme in Nepal: Decision makers' perception of volunteering payment and other incentive. *Journal of Social Science and Medicine*, 70, 1920-1927.
- Grayer, J., Cape, J., Orpwood, L., Leibowitz, J., & Buszewicz, M. (2008). Facilitating access to voluntary and community services for patients with psychosocial problems: a before-after evaluation. *BMC Family Practice*, 9(27), 1-8.
- Hong, S. I., & Morrow-Howell, N. (2010). *Health outcomes of Experience Corps: A high commitment of volunteer program*. *Journal Social Science & Medicine*, 71, 414-420.

- Jack, B. A., Kirton, J., Birakurataki, J., & Merriman, A. (2011). 'A bridge to the hospice': The impact of a Community Volunteer Programme in Uganda. *Palliative Medicine*, 25(7), 706-715.
- Johnson, B., & Christensen, L. (2011). *Educational research: quantitative, qualitative and mixed approaches* (4th ed.). California: Sage Publications.
- Koshy, E. (2011). *Action research in healthcare*. Los Angeles: Sage Publications.
- Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. ACTA Publications: Chicago.
- Kretzmann, John P., & McKnight, John L. (1997). *Capacity Inventories: Mobilizing the community skills of local residents*. Chicago, IL: ACTA Publications.
- Lichtman, M. (2006). *Qualitative research in education: A user's guide*. Thousand Oaks: Sage Publications.
- Loots, M. C. (2011). *Teachers' implementation of an asset-based intervention for school-based psychological support*. PhD thesis. Pretoria: University of Pretoria.
- Loots, T., Ebersöhn, L., Ferreira, R., & Eloff, I. (2010). *We find ways of getting through the hurdles: Addressing barriers resourcefully as teachers*. National Symposium on HIV&AIDS and Education Research, 13-14 September, Nelson Mandela Metropolitan University, Port Elizabeth, South Africa.
- Lund, F. (2010). Hierarchies of care work in South Africa: Nurses, social workers and home-based care workers. *International Labour Review*, 149(4), 495-509.
- MacGregor, H. N. (2009). Mapping the body: tracing the personal and the political dimensions of HIV/AIDS in Khayelitsha, South Africa. *Anthropology and Medicine*, 16(1), 85-95.
- Maree, K., & Van der Westhuizen, C. (2007). *Planning a research proposal*. In K. Maree (Ed.), *First Steps in Research* (pp. 24-46). Pretoria: Van Schaik Publishers.
- Marshall, C. & Rossman, G. B. (2011). *Designing qualitative research*. London: Sage Publications.

- Mbongwe, B. B. (2012). *Power-sharing partnerships: Teachers' experiences of participatory methodology*. PhD thesis. Pretoria: University of Pretoria.
- McCallaghan, M. (2007). *Die gebruik van liggaamsporette deur opvoeders in die vervulling van hulle pastorale rol*. Ongepubliseerde MEd-verhandeling. Pretoria: Universiteit van Pretoria.
- McDonald, L. (1997). Building on the strengths and assets of families and communities. *Families in Society*, 78(2), 115-116.
- McKnight, J. L., & Kretzmann, J. P. (1997). Mapping Community, Chapter 10 Capacity. *Community organizing and community building for health*, 157.
- McLoughlin, D., & Wilson, R. (2007). Painting the roses red: Volunteering in the community. *New Review of Academic Librarianship*, 13(1-2), 71-78.
- McMillan, J. H., & Schumacher, S. (2006). *Research in education: Evidence-based inquiry* (6th ed.). Boston: Pearson.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation* (2nd ed). San Francisco: Jossey-Bass.
- Merriam, S. B. (Ed.). (2002). *Qualitative research in practice: Examples for discussion and analysis (The Jossey-Bass Higher and Adult Education Series)* (1st ed.). San Francisco, CA: Jossey-Bass Inc.
- Mertens, D. M. (2010) *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Miller, M. K., & Garrett, S. K. (2009). *Improving disaster volunteer safety through data collection and skills matching*. USA: Department of Industrial Engineering.
- Mnguni, P. (2006). Vascular lesions associated with HIV: pictorial review. *SA Journal of Radiology*, 10(4), 14-17.
- Morgan, J. (2009). *Mainstreaming psychosocial care and support within early childhood development for practitioners working with children and families affected by HIV and AIDS, poverty and conflict*. Psychosocial Wellbeing Series. Johannesburg: REPSSI.

- Mouton, J. T. (2003). *How to succeed in your Master's and Doctoral studies: A South African guide and resource book*. Pretoria: van Schaik Publishers.
- Mündel, K., & Schugurensky, D. (2008). Community based learning and civic engagement: Informal learning among adult volunteers in community organizations. *New Directions for Adult and Continuing Education*, 2008(118), 49-60.
- Mutambara, J., & Mutambara, S. (2012). Fostering motivation in the engagement of volunteer workers: an analysis of volunteers in humanitarian organisations in Zimbabwe. *Journal of Emerging Trends in Economics and Management Sciences*, 3(6), 872-881.
- Nenga, S.K. (2012). Not the community, but a community transforming youth into citizens through volunteer work. *Journal of Youth Studies*, 15(8), 1063-1077.
- Nichols, G., & Ralston, R. (2011). Social inclusion through volunteering: The legacy potential of the 2012 Olympic Games. *Sociology*, 45(5), 900-914.
- Nieuwenhuis, J. (2007). Introducing qualitative research. In K. Maree (Ed.). *First Steps in Research* (pp. 46-68). Pretoria: Van Schaik Publishers.
- Odendaal, V. (2006). *Describing an asset-based intervention to equip educators with HIV&AIDS coping and support competencies*. MEd Dissertation. Pretoria: University of Pretoria.
- Olivier, H. (2009). *'n Fenomenografiese ondersoek na verhoudinge binne die bategebaseerde benadering*. Ongepubliseerde PhD. Pretoria: Universiteit van Pretoria.
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Peacock, N., Issel, L. M., Townsell, S. J., Chapple-McGruder, T., & Handler, A. (2011). An innovative method to involve community health workers as partners in evaluation research. *American Journal of Public Health*, 101(12), 2275.
- Punch, K. F. (2009). *Introduction to Social Research: Quantitative and Qualitative Approaches*. London: SAGE Publication.

- Reinke, W. M., Stormont, M., Herman, K. C., & Newcomer, L. (2014). Using coaching to support teacher implementation of Classroom-based Interventions. *Journal of Behavioral Education, 23*(1), 150–167.
- Republic of South Africa (1996). *South African Schools Act (Act 84 of 1996)*. Pretoria: Government Printer.
- Rochelle, T. L., & Shardlow, S. M. (2012). Involvement in volunteer work and social participation among UK Chinese. *International Journal of Intercultural UK Relations, 36*, 728-738.
- Rotheram-Borus, M. J., Swendeman, D., & Becker, K. D. (2014). Adapting evidence-based interventions using a common theory, practices, and principles. *Journal of Clinical Child & Adolescent Psychology, 43*(2), 229-243.
- Salamon, L. M., Sokowski, S. W., & Haddock, M. A. (2011). Measuring the economic value of volunteer work globally. Concepts, estimates and roadmap to the future. *Annals of Public and Cooperative Economics, 82*(3), 217-252.
- Save the Children Annual Report (2009). *Revitalizing Newborn and Child survival*. www.savethechildren.org/atf/cf/...10ae.../stc-annual-report-2009.pdf
- Schneider, H., Hlope, H., & Van Rensburg, D. (2008). Community health workers and the response to HIV/AIDS in South Africa: Tensions and prospects. *Health Policy and Planning, 23*(3), 179-187.
- Schurink, W., Fouché, C. B., De Vos, A. S. (2011). Qualitative data analysis and interpretation. In De Vos, A. S., Strydom, H., Fouché, C. B., & Delpont, C. S. L. (Eds). *Research at grass roots: A primer for the social science and human professions* (pp. 397-423). Pretoria: Van Schaik Publishers.
- Scott, J. R. (2009). *A Community-based model of supervision for child and youth care workers employed in the Isibindi Model of Care in South Africa*. Doctoral Thesis. South Africa: University of South Africa.
- Seale, C. (2000). *The quality of qualitative research*. London: Sage Publishers.
- Seale, C., Gobo, G., Gubrium, J. F., & Silverman, D. (2004). *Qualitative research practice*. London: Sage Publications.

- Seymour, J. E., Almack, K., Kennedy, S., & Froggatt, K. (2011). Peer education for advance care planning: volunteers' perspectives on training and community engagement activities. *Health Expectations*, 16(1), 43–55.
- Silverman, D. (2005). *Doing qualitative research* (2nd ed.). London: Sage Publications.
- Silverman, D. (2010). *Doing qualitative research* (3rd ed.). London: Sage Publications.
- Silverman, D. (Ed.). (2004). *Qualitative research: Theory, method and practice* (2nd ed.). London: Sage Publications.
- Strydom, H. (2011). Information collection: participant observation. In De Vos, A. S., Strydom, H., Fouché, C. B., & Delpont, C. S. L. (Eds.). *Research at grass roots: A primer for the social science and human professions* (pp. 328-339). Pretoria: Van Schaik Publishers.
- Surujlal, J., & Dhurup, M. (2008). Volunteers' perceptions of the benefits derived from volunteering: An empirical study. *South African Journal for Research in Sport, Physical Education and Recreation*, 30(1), 105-116.
- Swart, L., Seedat, M., & Sader, F. (2004). *Community volunteerism in safety promotions and implications for sustained participation*. Institute for Social Science and Health, University of South Africa, Pretoria.
- Statistics South Africa. (2010). *Volunteer Activities Survey*. Statistical Release P0211.3. www.statssa.gov.za/publications/P02113/P021132010.pdf
- The institute of Advancement Annual Report (2004). *Inyathelo. Supporting sustainable advancement*. http://www.inyathelo.org.za/images/pdf/annual-reports/annual_report_2004.pdf
- Veniegas, R. C., Kao, U. H., & Rosales, R. (2009). Adapting HIV prevention evidence-based interventions in practice settings: an interview study. *Implement Sci*, 4(1), 76.
- Wingood, G. M., & DiClemente, R. J. (2008). The ADAPT-ITT model: a novel method of adapting evidence-based HIV Interventions. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 47, S40-S46.

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APPENDICES

Appendix A
Informed consent

Appendix B
Research schedule

Appendix C
Analysis of focus group discussion transcription

Appendix D
Analysis of member checking transcription

Appendix E
E1 Visual data
E2 PRA visual data (posters)
E3 Member checking poster

Appendix F
Field notes and research diary

Appendix G
STAR intervention manual

Appendix H
SHEBA intervention manual

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Appendix A

Informed consent

INFORMED CONSENT

DUPLICATION OF STAR INTERVENTION IN THE CONTEXT OF VOLUNTEER CARE WORK

23 March 2011

Dear Sir/Madam

You are invited to participate in a research project aimed at exploring the duplication of the STAR intervention you participated in during the period 2007 to 2010, in contexts other than schools.

Your participation in this research project is voluntary and confidential. You will not be expected to reveal any information that will allow your identity to be established. However, you are free to indicate the choice of being identified in future publications on this project.

For the purposes of the study you will be requested to participate in informal conversational interviews (which will be audio-recorded and transcribed), focusing on the initial STAR project, more specifically in which manner it could be adapted for application in the context of volunteer care work. The findings of this research will be used to inform future intervention initiatives with volunteer care workers.

If you are willing to participate in this study, please sign this letter as a declaration of your consent, i.e. that you participate in this project willingly and that you understand that you may withdraw from the research project at any time. Under no circumstances will your identity be made known to others, except if you indicate this choice.

Yours sincerely

Ronél Ferreira & Liesel Ebersöhn

Participant's signature.....

Date:.....

I would like my identity to be known in written work and photographs

YES	NO
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Appendix B

Research schedule

APPENDIX B

RESEARCH SCHEDULE

DATE	ACTIVITIES	PARTIPANTS
23/03/2011	Co-facilitation of a two-hour focus group discussion A semi-structured discussion	3 STAR participants (1 teacher, 1 volunteer care worker and 1 principal).
15/07/2011	Co-facilitation of a two hour PRA-based session	30 STAR teacher participants (27 teachers, 1 principal, 1 vice-principal and 1 volunteer care worker.)
16/07/2011	Co-facilitation of a two hour member checking	30 STAR teacher participants (27 teachers, 1 principal, 1 vice-principal and 1 volunteer care worker.)

Appendix C

Analysis of focus group discussion

APPENDIX C

THEMATIC INDUCTIVE DATA ANALYSIS: INITIAL THEMES
THEME 1: Topics of teacher intervention suitable for use in a volunteer intervention
Sub-theme 1.1: Asset Mapping
Sub-theme 1.2: Initiating projects
Sub-theme 1.3: Gaining work-related skills
Sub-theme 1.4: Being informed about relevant policy
THEME 2: Topics of the STAR intervention that could be changed or adapted
Subtheme 2.1: Monitoring and evaluation of the initiated projects
Sub-theme 2.2: Additional work related skills training and projects
THEME 3: Topics to omit when adapting the STAR intervention for implementation with community volunteers
Sub-theme 3.1: Using body mapping as supportive technique
Sub-theme 3.2: Inclusive Education Policy

Appendix D

Analysis of member checking session

Transcription of member checking in Limpopo

Date: 16 July 2011 (STAR colloquium 2011)

Cleopatra: Morning ladies and gentleman.

Participants: Hi there.

Cleopatra: Halo...

Cleopatra: So what I did last night was to take up all the idea that you wrote your groups and I put them together and I group them into major idea and I put the sub ideas at the bottom of each idea that I thought, I clustered them. So you will see that some of your ideas are represented that one big idea that I thought you were saying. So you will have to agree with me if that's what you were saying or not. OK. So we started of with what are the things that you should keep? And I sensed and I picked up that **asset mapping** was one major of the things that

Asset mapping

should go to volunteer care workers, **In terms of understanding the community and in terms of identifying the needs and the resources that are in the community.** [Interruptions... people entering the room] Welcome ladies.... OK.

Asset-based principles

The other thing that I sensed that you were that **we should keep projects and skills, especially the gardening that has been happening in the schools. Some of these projects are vegetable gardens** should also be transferred to volunteer care workers. **The skill of memory box making and the pastoral role should also go to volunteer care workers.** The other major thing that came out was that of **education on policies especially in terms of HIV/AIDS and TB...** [Interruptions].

STAR projects

Supportive tools

Thank you. And then we went on to the theme, what is it that we should add? The major idea that came out is that came out that came out in all idea was there need for **more skills development** that's in terms of workshops and training. **Another that idea that was care and handling those infected by HIV/AIDS, counselling skills, parental skills, networking, referral and sexual violence.**

Education on STAR policies/Policy awareness

Additional skills

Participants: Mmm...

Cleopatra: Then we went on what is that we need to change in the programme for volunteer care workers? There was a major idea that came out was that of **monitoring, the need for a monitoring tool and also frequent meetings.** In terms

Monitoring

of, what we should leave out? It seems as if...we sensed that there was nothing should be left out. We sensed that what is in place is working and should be transferred to volunteer care workers. But there was one group that mentioned one and so we thought we should add it. This was to leave out body mapping. So it was quite interesting for me and I would like to hear more on why we should leave out body mapping. There were other themes that we thought were also quite interesting that came out. There was one contradictory theme. There were two groups that came up with contradictory ideas one was saying that we should keep inclusive education policy as something that should be transferred to volunteer care workers and the other group that was saying we should leave out the Inclusive Education Policy. So it was keeping Inclusive Education Policy versus leave out Inclusive Education Policy. This was quite interesting and would like to hear more about that. There were other ideas that I thought were significantly important. These were the need of basic education of illiterate volunteer care workers. The skill to learning how to take care of orphans and vulnerable children. I sensed that you were saying that there is need to teach illiterate volunteer care workers there need to be taught and to be equipped with skills of knowing how to take care of orphans and vulnerable children.

Participants: Mmm [nodding in agreement]

Cleopatra: OK, so I don't know that if there is something that I did not write that you think that it is vitally or equally important, or there is something that you feel that I didn't sense it correctly and maybe we need to add some more to it. Perhaps about body mapping if there is someone who would like to say why we should leave out body mapping so that we can understand more about the idea.

Participant 1: For me on the addition part, I think, in our group we have put in education about sexual activity because you will be dealing within the communities whose kids are starting at 11/12 years to be sexual active. And parents need to be taught how to deal with that and how to prevent that. So I think that's one of the skills that you have left out of the heading.

Cleopatra: Mmm...Thank you very much!

STAR relevant for community volunteers

Change/leave out body mapping

Relevance of inclusive education to community volunteers (Policy awareness)

Education of community volunteers

Additional skills

Additional knowledge and skills

Researcher 1: Would it be possible, principal Bule, to say that, we have sexual violence there, maybe if we say something like sexuality education so that under that we can sexual violence, early sexual activity, sexual identity and many things under sexuality education.

Participants: Mmm [nodding in agreement]

Cleopatra: Thank you!

Participant 2: I would like to add that, we said that parental skills, So, Parental skills are very broad. That sexual education so that eh... is part of parental skills.

Cleopatra: Oh, OK. Alright. I just put it under skills development; I thought that it was relevant there.

Group: Mmm

Cleopatra: OK, alright. Yes

Participant 3: When our group talked about parental skills we talked in relationship to those volunteer workers who are young because there is no age limit to volunteers so we said that some of those may not be parents yet. So they need to know how to handle some of the learners.

Participants: Mmm...

Cleopatra: OK, Thank you.

Researcher 2: Cleopatra I am so sorry to interrupt I would like to introduce one of our key note speakers [key note speaker from the Department of Basic Education is introduced and a recap of what has been since yesterday]

Cleopatra: Yes.

Participant 4: I just want to explain why we said why we should leave out body mapping. As you have heard, when we were taught about body map, we had to identify someone who is infected and in a way you have to give him/her a have a paper so that he can draw and he can lie down and draw and take out ishape of that particular person. After doing that without letting her/him know what they are doing do. Then s/he has to express of his/her feelings through that eh... that map, drawn out of that is drawn out particular body. And then her/his has to express feelings to that particular body map. Starting from the head up to the toes, how does she feel about it? So we had to help him or her in writing like

Additional knowledge on sexuality education

Additional skills

Additional skills

Adapt or leave out body mapping

Challenges experienced in making use of body mapping

expression in the face, I don't like what I am In a way it didn't work with us you see. Starting from identifying somebody who is infected like as if they are being discriminated. Secondly, it works with us. It didn't work with us it didn't work with us that why we didn't use it on the school that we piloted on. We decided to leave it out because it didn't work with us. That's why we decided to leave it out. It really wasn't easy.

Researcher 1: If I can jump in there. If you all remember that the first school that it was piloted was Cebelihle. So in Cebelihle after we did the first STAR programme there. The teachers advised us that body mapping was too invasive. Body mapping seemed cause more trauma than it helped.

Participants: Yah! Mmm.

Researcher 1: There again, on the other hand the memory box making was really seem help and to synthesise healing not to cause trauma to be very helpful. So based on the advice of Cebelihle teachers sought of decided as to replicated to other schools in two provinces Kotlelang and Ngilandi to take out the body mapping. So we you still feel body mapping out and memory box making in?

Participants: Mmm.

Researcher 1: OK .Because both of them are counselling tools for teachers.

Cleopatra: OK, thank you.

Participant 5: To add on, since the programme is going to volunteer care workers with thought that volunteer care workers are not as skilled as us, they are illiterate so cannot master it since we didn't master it.

Researcher 1: Thank you!

Participant 6: It's only that I am not sure what comprises of body mapping because I was not part. But...eh, the care workers are coming from a different angle from teachers they used to working with HIV/AIDS, how about we introduce to volunteer care workers and lets them decide whether it is working or not. The way we are attending to HIV as care workers it's different with the teachers are handling HIV/AIDS issue. So educators are struggle with stereo types so when it

Body mapping as intrusive/invasive

Leave out body mapping

Contradictory view: Body mapping relevant for community volunteers

comes to care workers they are used maybe they can come up with a different angle compared to the way....educators... I am feeling a little bit....

Researcher 1: So you are suggesting that

Participant 6: I am feeling that let's introduce it to them and then we see how it works with them and maybe with them it can be different.

Researcher 1: And you know both the school and context of the volunteer. So you are saying that maybe the world in which the volunteer works is already close to someone who is infected and maybe they will feel it will be less invasive. Because the thing that bothered the teachers may not be a bother the volunteers.....

Participant 7: Ok, I think that it is good that eh... we brought this up. We are the first school to have volunteers. And we introduced it to, the, this program to the volunteers and we are stuck. We are stuck in every way of training them. I think that the training that you got, you have to give them so that.....

Participant 4: Body mapping goes with disclosing. It's not easy for a person in the community to disclose his/her status to a person in a community they disclose to us and then it's not easy too for a person to disclose status to the health volunteer....because those...those health volunteers comes from the community. Do you understand what I mean? It's not easy to disclose your status even; it took time to disclose to us. Do you understand what I mean? So it would not be easy for a person to disclose their status to health volunteer. Do you understand...?

Researcher 1: Before you speak, I want to explain. I wonder if everyone understands mapping. Let Ronel and I explain. The whole idea of body mapping, when you are ill. It's a very physical and physiological thing. So the body map is literally you lie on the floor on a big piece of paper and somebody draws your body. And then that person stands up from that body and he looks at that body and he it's as if he talk s to himself in the mirror. And he says, "Heart you are struggling because of this disease, Skin you are struggling because of this, Head you are getting headaches. So if a person is ill, it's very personal. If that person looks at himself on that body and speaks to himself, "I see you pain, I see your

Keep body mapping

Challenges experienced in making use of body mapping

Body viewed mapping as intrusive or invasive

struggle with the disease, I see the sores on your body, I see that you are loosing body fat”.

Participants: Yes

Researcher 1: Yah, it’s a very close, it’s very intense.

Participants 4: Yah, just to give you an example of a community learners working together with people that are not well. Once there was a parent who was brought to us. Then that parent needed support, support group and I send her to the support group where she can find eh..., people that are having a support as eMufikezile. When she was went there and so when she came back to me I asked her how it was. She said that all my neighbours were there and I didn’t want them to know about my status. So I said to her that there no problem, if you have a problem don’t go there. You will find another support group. If we want the body map, lets not do it like we did, I would suggest that, like to lie down but we can do it the other way round. You ask that particular person, just to draw himself or person on a piece paper and then to express his/her feelings because that thing of lying down doing those drawing, we have to see means of making it easy. We don’t saying we don’t like to try it out with the health volunteers. We were just saying our experience of body mapping.

Researcher 1: All of the teachers at Cebelihle what was not nice? What is it that you didn’t like? About lying on the ground and people drawing? Did it not feel good?

Participants: Yes

Participant 4: Yah. The person that I did, I got even the photos. It was eh...eh my sister’s daughter, you understand? But she wasn’t comfortable doing that. Even though I didn’t tell her but I did tell you both Ronel and Liesel, I still got the photos. It was as if I was as if I was intruding in what she is suffering. You understand. So that’s why I said it would be better maybe if she could have or I could have given her a paper and asked her to draw herself and say why don’t you draw yourself and write instead of to lay down and busy drawing her taking that drawing. I don’t know

Body mapping as intrusive or invasive

Adapting body mapping for community volunteers

Body mapping as intrusive or invasive

Adapting body mapping for community volunteers

Participant 7: I need to understand the procedure on how it's done. The same person talks about himself?

Researcher 1: Yah. The person takes a pen or pencil and then you ask that person. Show where the illness. The reason for the body mapping is that many times for many people that have a fatal disease like cancer HIV/AIDS people are shy of talking about the body and the things that is wrong. And people are experiencing one picture about it. So there on that body can draw, I am loosing, in this capacity its difficult I have a pain here and this thing is bothering me Its actually to get a conversation going about the body is experiencing about the disease.

Researcher 2: And it's addressing more than the body. Because the moment that they start talking about the heart andeh. You get a holistic idea of what the person is going through. It's is giving an avenue or a two mirror for the person to talk. For the person to talk almost in a third person.

Researcher 1: Yah without talking about himself.

Researcher 2: Without saying I am worried but I can see that you are worried.

Researcher 1: Often times, some, many memory box have a body map inside of it. So many people a way to begin a memory box is to say or even as you are in the process of a memory box and somebody starts to say "But you know what know what we have never talked about my illness". To say "You know what?" or to naturally say "Would you like something so that we can to bout this illness." Then you start. You don't force the body mapping on someone but you use it in a natural way. Ronel is pregnant now so say at a stage I say to her, "I see the beauty of your pregnancy but I know that being pregnant is also sometimes difficult and then I say lie on you side and then let me draw you." Then she can say, "I am so excited about this baby growing, but you know what sometimes I get heart burn and I don't like that. And sometimes I sleep uncomfortably." So literally it's a natural way to get a conversation about your body and the changes in your body going.

Participant 1: I would say obviously, the body mapping is not a once off thing it's eh... it's a counselling process. It's a process so obviously you are not going to

Include body mapping for community volunteers

do it the first time and also it depends on the readiness of the person because you can't force it on anybody who is not ready and I would suggest, don't take it out it must be in, but look for ways of introducing it to the group so that you start small and you start with the people that have disclosed already and the others are going to be comfortable because we are forever going to live with the stigma of HIV/AIDS if we are pussy footing around with these issues. We need to get, especially if we are going to work with the communities we need to be frank, we need people who are going to be courageous enough to stand and voice out whatever its happening in their body so that we can get to change our communities. Because the focus here is change and its development and all of this is costly.

Researcher 1: You are saying two things that I think it are important. For one that we must include, if we keep it in we must include that you can either have somebody lie down on the floor to do it or as Thembi has suggested, draw and say what is a the person and the next thing is and it's come up a couple of times is to be very selective of when you do a body mapping with a person because you will already need to have good relationship, may be not every body will need to do a body map. It will be certain people were it will be used, so with timing after disclosure and after there is connection.

Researcher 2: And I think what I am also hearing is that maybe at Cebelihle group it went too quickly.

Participants: Yah.

Researcher 1: This we will do and go and do it and come and lets talk about it. That is running through the steps without really taking the necessary to time to explain this. So I think spending more time on the initial discussion of what can be done with this, when, how this can...volunteer care workers with time.

Participant 6: The only thing that I wanted to mention when I was dealing with the co-coordinating, to that eh...when were dealing with papers retention form there was question of lacking insensitivity. When you are dealing with care worker you need to stress and reinforce that as people we need to be sensitive because icontext will be different. There we will be having our learners as our

Keep body mapping for community volunteers

Being sensitive in working with orphans and vulnerable children in making use of body mapping

eh...beneficiaries or ultimate goal that you want to reach but now the. The...context will be different it will be people and **so we need to have that level of sensitivity** and I think that's what I wanted to say.

Being sensitive in making use of body mapping

Participant 8: *So what I am saying is that no matter how difficult the body map we must try ways and means and encourage.* A problem shared is a problem half solved actually you are on your way to solving it. I will give you an example; I am from Zimbabwe and my aunt is HIV positive she and she is on ARVs' and she was complaining that they are making me do this and that and that. My mother also knows of somebody who is also on that program. So she referred her to that woman. The woman said ah...what the problem is that you don't seem to be drinking water and this one said no I am not drinking water. So she said, if you are taking this and this and that you must drink so many litres of water. She came back and did that now she is OK. You see! because somebody was not shy to disclose. **So what I am saying is that no matter how difficult the body map we must try ways and means and encourage.** And they usually use the prominent people, hanti, we don't expect that somebody so educated to be HIV positive the moment that you know that someone else is HIV positive you look at yourself and you say but this one is coping so I am also going to cope. Some people have survived with the disease for more than twenty five years. Some for more than twenty eight years and that is a life time. So the moment you identify those that its just like asthma, its just like cancer sometimes you would find that its better than cancer because the cancer kills you fast but HIV its like thirty years is life time. Thank you.

The need for clients to disclose their HIV and AIDS status and make use of body mapping

Keep Body mapping

Researcher 2: OK. Thank you for all the ideas. I think we have got a good sense of eh..., now of the body mapping.

Researcher 1: Maybe we should move over to the contradictions.

Cleopatra: Yes, I want to ask. In terms of we should keep inclusive education vs. we should leave out inclusive education. I wanted hear more of your opinions. Yes Principal Bule.

Participant 1: **Inclusive education is something that is going to be there within our education system. And those kids that we are dealing with in our classes are**

and they belong to the parents and the communities. Now for me that is why we said in our group it should be in so that parents know exactly what's happening within the schools and the policies of the department and that is why inclusive education has to be in.

Researcher 1: I am wondering because, I hear what you are saying because or what you saying or I eh...think I am hear what you saying is, the principle or the essence of inclusion must be known in the broader society. So if we look at the inclusive education policy they would be a discussion on inclusion and what it means for social justice and equality so that volunteers know about that. So that a child with special needs or any other person not only children should be included and validated in society. So maybe inclusion and social justice it could be... [Interruption] .OK, so actually the two things are saying maybe the same. So the people who think that it should be left out what are your thoughts?

Participant 9: I was just gonna say... I agree with her. In fact for us now inclusion has moved beyond disability. Inclusion means everything that we do we kick a learner away from school be it a societal effect, be it something that is within the child. So it would nice to keep it. And then people know because once you say inclusion people tend to think you are talking about children having special needs and in fact it's been found out that it's not really about special needs but it's about how people have needs and how those needs are tackled or addressed.

Researcher 1: Yah. I think that in the entire schools context we been busy now for eight years. Issues of poverty and issues of illiteracy and of parents who can't help children actually have a bigger influence on children being kept out of school than necessarily a child's inability to hear well or see well.

Participant 9: In fact the white paper 6, it talks of inclusion. Of course it has got its own weaknesses. You know when you are right you tend to have some weaknesses when you do that. It does recognise that it's beyond disabilities. It explains it very well what inclusion means but of course as I am saying it's got weaknesses because it has a tended to address the special needs. It came up with perhaps solutions to address special needs more strongly but in actual fact it does talk about the other issues as well.

Keep
Inclusive
Education
policy as
part of the
STAR
policies

Keep
Inclusive
Education

Keep
Inclusive
Education
policy

Keep
Inclusive
Education
policy

Researcher 1: Thank you.

Participant 11: I just want to ask the group that eh....said we must leave out inclusive education to explain why?

Leave out
Inclusive
Education

Researcher 1: So which group felt that inclusive education should not be included? And why? It doesn't matter if it's a different opinion than others it's a valid opinion.

Participant 10: Morning everyone, I think inclusive education cannot help those helpers because the helpers doesn't know anything about the education as teachers we know inclusive education and we know how to help the learners. So if we involve the helpers in the inclusive education it will be difficult because they have to trained until they know why this child has to be separated from this, why he must do this and why he must not do this.

Inclusive
Education
viewed as
not relevant
for
community
volunteers
(community
volunteers
viewed as
untrained)

Researcher 1: Thank you. Maybe what we are all saying is that we want to keep the essence of inclusion in the...when transfer to volunteers care worker. In other words in inclusive education is a policy relevant, inclusion is a philosophy its an idea and inclusion can be in the work place, in school in society, here but this idea of inclusion we want it to make to make it specifically to schools in education. So what we are saying don't want that, making specifically to schools but we want the idea inclusion to say when we work with volunteers but for them to understand how inclusion works in society, in communities of which schools form part. So not necessarily the inclusive education policy but the ideas of inclusion of equity and mutuality?

Participants: Mmm. _____

Acknowledgi
ng that there
are
fundamental
aspects of
the Inclusive
Education
policy
beneficial for
community
volunteers

Researcher 1: OK. Good.

Cleopatra: Is they anyone else who wants to add anything? OK. So thank you, thank you all for your participation.

Focus group discussion in Eastern Cape

Date Of interview: 23 March 2011

<i>Researcher 1</i>
<i>Researcher 2</i>
<i>Cleopatra</i>
<i>Participant 1 (P1, Volunteer care worker)</i>
<i>Participant 2 (P2, Teacher)</i>
<i>Participant 3 (P3, School principal)</i>

Session starts with participants completing consent forms to sign after explanations and reading them through.

[INTERUPTIONS]

Researcher 1: OK, we are recording it as in the past...so just like in the past if you could speak loud and clear. I am now going to keep quiet and hand over to Cleopatra as this is her focus of a study, on how we can change this manual.

Cleopatra: Thank you. And this is a manual that was prepared for you and that's the one that you'll be paging through and looking at the things that you think you need to change or remain and we also prepared some questions for you. This is a copy that you may have. I am going to read the questions so that you can just keep them in mind as you go through the manual. The first question is "What is it that you have learned from attending the STAR workshops?" And the second one is "What do you think may be some of the benefits of STAR workshops to volunteer care workers?" And the last one is "What is it that you think that may need to change or be added when we facilitate the workshops to care workers?"

Researcher 2: We don't have to answer all those questions now. Eh, do you want to explain how we planned how we are going to address it?

Cleopatra: Eh, what we thought is that you may just page through. Some of the questions will be answered as you go through the manual and eh, they will more or less be answered as you go through. And if you think that there are some

things that you think were outstanding that are not in the manual you can always mention them.

Researcher 2: So, we thought that we would go through the manual, eh, session by session and then you could indicate which ones you think need to stay and which ones you think you need or adopt it.

Researcher 1: Then we will talk later; this a bit off the topic now, will talk about where and in which context or communities we can actually do STAR, maybe you have ideas that you want to share with us in which community we may have access to volunteer care workers. But the purpose for today is just whether this is appropriate or not. If it is not appropriate it's also fine. You can say that this will not completely work. The question for us, for now, is will it work to take this and enable volunteer care workers to make a difference in communities in the same way you have been making a difference as teachers. OK, if you look on page 4, the very first activity that we did – or we can actually turn to page 6 - was the activity where we started where we said you need to map your community and just draw a map. And then when we returned, you pasted some photographs on the map. So that was just like a snapshot of the community, what it looks like, and then following that on page 7, you pasted the symbols of the cows, the snakes and the calves – the good things and the bad things and the things that might become good one day. So if you think of this activity, do you think we should keep it in the programme, or do you think we should change it?

Participant 1: I think I think we need to keep it because it helped us. Even for those educators that are not part of this community but that only come to work here, when we do the actual mapping, it helped to give them the idea of what is good, what is bad, what are some of the things we can improve on. I should think we need to keep that, because at least it gave us that kind of a connection with our community, to actually realise what is it that is in our community that we can make use of, what is it that we need to do away with, what is it that is a challenge in our community.

The value of asset mapping

Keep asset mapping for community volunteers

Researcher 1: Participant 1, if we keep an activity like this, will we ask the volunteer care workers to map the community they work in, is that the community we are talking about?

Participant 1: Sometimes we don't notice, actually take notice of these things. We just pass them everyday. But when we collect them, we actually do the activities, that's when you can relate, and then you actually look at yourself, what is it you can do with the space that is there that is not used. So I should think it can also work with the community workers. Maybe they are involved in their community work but they are not actually taking notice of some of those calves and the cows or the snakes around there.

Asset mapping also suitable for community volunteers.

Symbols for the community mapping also Valuable

Researcher 1: Participant 2, anything you'd like to add?

Participant 2: No.

Researcher 2: And then the way the question will be phrased is, we will ask them to map the community where they are doing home visits. So when they are not in their own community, where they are not in their community that they do the one where they work in.

Participant 1: It is supposed to be like that because they must know the community they are working with. [PAUSE] It is important to know the community

Importance of being knowledgeable about the community of work

Researcher 1: As a start, I agree with you. We should have background of what's available. But following on that, the day 2, the second day, on page 7, what was basically done during that session was that we worked with the initial maps and then you listed all the challenges. You listed all the problems in the community, and then you did another poster where there was a knobkierrie, where you listed ways of kind of addressing the problems, of killing the snakes, or protecting yourself from harm or things like that. What is your view on that activity? Should we include it?

Asset-based principles also suitable and valuable for community volunteers

Participant 1: You can continue with it because you don't just have to identify the problems. You have got to work out how to eliminate them. So we can also keep that one. And it also made us learnt that the solutions are with us, instead of expecting the government or someone from somewhere else to come and give the solution. But when you are actually afraid of the knobkierrie, you start to look

Sense of ownership

The value of asset-based principles

around for your own solutions, the immediate solutions you can access. So I should think it helped us to identify our own potential because we were not aware we have potential to actually kill the snakes.

Researcher 1: And the symbols that we chose, the snakes and the cows and the knobkierries and the snakes again, are that appropriate?

Participant 1: I think they are relevant. To me, it was interesting. It was just like how did you manage to come up with the whole concept? [LAUGH]. So for me it was...

Researcher 1: It was easy to relate to?

Participant 1: Mmm.

Researcher 1: Then after that, the last part of that first phase of the intervention, there was basically a discussion where we just asked the question where you broke into two groups, and it was facilitated in the different groups. We just asked the question, how is this community coping with the challenges, how are you dealing with problems? That is the day 2 one on page 9 and 10.

Researcher 2: And you remember when initially we did it, or when we did it or rather when the Cebelihle facilitators did it with you, they asked specifically with HIV and AIDS, but the way that it's changed in the country with all the various schools and provinces is that we didn't only keep it with HIV and AIDS. We saw it as HIV and AIDS and poverty and sometimes illiteracy of parents and issues like race, socio-economic problems. So that now it's a more open question, what are the types of challenges that we face? This would be then in that specific community of the volunteers, and how currently is the...eh. What are the volunteers doing at that stage to address the challenges?

Researcher 1: And the reason for that – I want to hook up to what Liesel is saying – is that the context will be different for volunteers. So the kind of challenges they might be experiencing might be different from what teachers are experiencing. You will know better. I don't know if it's suitable to have... It's almost like standing still now and talking about it before going on with the rest of the sessions with them. Do you think it should be kept in?

Participant 1: This section?

Symbols for the community mapping also valuable

Researcher 1: Yes.

Participant 1: What page?

Researcher 1: Page 10. And it will just be basically after the block, asking the volunteers what Liesel said – what are the general challenges that you encounter?

[INTERRUPTIONS – PRINCIPAL BULE JOINS THE DISCUSSION]

Researcher 1: What we are basically saying, just to give you background, we are of the opinion that the project with the teachers is going very well.

Researcher 2: It has its own life.

Researcher 1: So what we'd like to do now is based on feedback, there were many suggestions that we should take this to other contexts other than schools. It shouldn't only be in schools. And the next phase we are exploring now is can we take this and do it again but with volunteer care workers.

Participant 3: OK.

Researcher 1: If yes, how should we adapt and change the intervention? So we are basically going through every section that you attended and asking, should we keep it, should we change it?

Principal Bule: OK.

Researcher 2: So we're in the first phase now, and we've gone through the three sessions, where we had the discussion to see – kind of to get the idea before an intervention like this, what is being done. In the programme, it was what the school is doing in the communities. This question would probably be, before the intervention, what are volunteers doing? I want to put the 'now' in inverted commas because it would be the 'now' of that phase. But what are volunteers doing now? And then after everything, we can then see what are they doing after the intervention? Are there things that are different? So we have a base to compare with. What is your sense? Do you think we should have that conversation, that initial conversation with volunteers?

Participant 1: So it won't be us having the session?

Researcher 2: We will just be wall flowers.

Feelings of
uncertainty

Participant 1: I am just thinking of an instance where you open up a can of worms; where we are take them back to the track where you want them. If you are looking at the challenges – I am just trying now to go back to look at some of the challenges they are faced with – you are opening that space where they will want to pull everything on board. So it will need the person who is critical in addressing a programme, whether maybe it's a session where you will be able to give them a breather, then they can assimilate whatever you want them. It is a bit challenge. They are working in conditions whereby there are ...

Researcher 2: Many challenges.

Participant 1: Yah, many challenges.

Researcher 2: So you are suggesting that when that conversation is facilitated, it will have to be someone who knows about debriefing? Someone who could listen to them and also maybe a bit of a counseling session to not only listen to them, but maybe also give them some feeling of rest and peace.

Participant 1: Mmm.

Researcher 2: Of what they are coping with. I know there is a lot of literature on caregiver fatigue, where they say that people whose job is caring, can get tired of caring, so that in the end, what drew them to the job was to give care, but it tires them so much that they don't want to give care anymore. That's what you were afraid of, they start talking about all those challenges.

Participant 1: Even now as the facilitator we'll be losing the whole context.

Researcher 2: Maybe we should make a note of that and maybe we should go and see – because we were afraid of the same thing when we started working with the teachers, that um, talking about what is wrong will take the emphasis away from the assets and things that are right. So maybe it will just be for us to go and see, because ... To create that space was still necessary, but to do it in a very empathetic way.

Researcher 1: But maybe, I have a made a note here that this session, we should plan very, very carefully. What we intended to do – I am backtracking a bit – we still want to have this conversation with the various schools, and then probably in September, at the end of September, we will present you with the

Reflecting back at the facilitation of the project

Need for debriefing

changes we have made and ask if you agree and maybe we'll be ready to launch in 2012 and start rolling out. So we will think very carefully of this session and how to phrase it.

Researcher 2: But you are very wise, because I know that when Ronel and I were still the facilitators, we were very tired after these sessions because you had to keep on boosting people's morale. You had to say yes, this is problematic and try to create a space for people where people could voice what worried them. You are quite astute.

Researcher 1: Okay, that was then the first phase. Then the second phase, this has been adjusted since we did it with you. With you, we worked on HIV and AIDS and poverty. In the meantime, we have included inclusive education policy as well where we basically had discussions on what is in the policy and eventually how will we implement policy in class. Now here, we need to prepare the people with the policies for teachers, because the whole of the second phase is actually on that, on ...

Researcher 2: Policy implementation.

Researcher 1: Policy implementation.

Researcher 2: Is there other policy that you think would be required for volunteers? I know that Ronel and I, we thought we would go, receive from Social Development, policy on caring specifically for vulnerable children. And I realised at that seminar, I think volunteers are very much burdened with monitoring and evaluation. Everybody employing volunteers want them to provide statistics on who they are seeing, when they are seeing them. I wonder when they get time for home visits because there is so much paperwork that they have to complete. Are there other policies? Even if you don't know what they are now, if you maybe think...eh, because I am thinking policies come from the people who employ us, so for volunteers it might be NGOs, it might be the Department of Social Development or Department of Health. It would depend on the specific volunteers who would provide them policies. So maybe it's awareness of policies. Maybe it's spending time with volunteers on what is expected and how to integrate that into your job. What do you think, Participant 2?

Participant 2: [LAUGHS].

Researcher 1: What drives you when you are in the field?

Researcher 2: What structures the activities?

Participant 2: I need to think. [LAUGHS]

Researcher 2: Is there a policy for procurement?

Participant 1: No, they are using the same employment policies like Basic Conditions of Employment Act. They are using the same policies. There are no specific ones for volunteers.

Policy awareness

Researcher 2: But maybe if you spoke about ...How do they communicate with volunteers what their expectations are and how they...? Because my thinking is every NGO would say this is what we mean, and what was that – AIDS... This is what we require. Social Development would say this is what we require. Ronel's question for me was a very nice question. She said, how does a volunteer know what is expected of her, because that is actually what a policy does. So I am thinking of something as basic as the human rights documents and child rights documents.

Participant 1: Other than the contracts, most of them will sign contracts.

Researcher 1: But do volunteers really read those contracts?

Participant 1: Some of them do because it gives them an opportunity to be exposed to a field. I am not sure if they actually read that.

Researcher 2: So should we keep this on ice?

Participant 1: I think we should go and do some kind of...research. Home-based care, maybe I can find out who is actually controlling this. And what are the services around volunteers As I understand it, they are the ones who are actually working with the volunteer home-based carers.

The need to research on policies relevant to community volunteers

Researcher 2: Ronel and I had at the back of our minds when we thought of this unit, we thought of teachers – certain things are expected of teachers, and the place where it's expected is usually Inclusive Education Policy, and the various roles of educators where they have to have a pastoral role. So with volunteers, it needs to be the policies. It's what's in the job would require of volunteers to maybe fulfill this role. And maybe it's...

Participant 1: The expectations.

Researcher 2: Yes, the expectations. And maybe it's just very apparent that the volunteering already defines the field in which they are working. So maybe this heading is rather, what is the job of the volunteer? Will you think of that for us and give me a call. Then we can revisit that.

Researcher 1: In other words, exactly what Liesel was saying, what is required of a volunteer?

Participant 1: Other than the... Sometimes, a volunteer is given a job description and a code of conduct of the particular organisation.

Researcher 1: Even if you think there should be a session on how to interpret those documents, that's also fine because very often I see people, they are given a document and they are so confused about all the little stuff that they don't even read it.

Researcher 2: We could get someone or a student to look specifically at this. What will the job require? And expectations of being a volunteer, because it seems like it's, there's many people doing it and maybe it can be done in a more structured way.

Participant 1: That's what I was going to say. In most organisations its not even structured sometimes they get confused, they don't even know who to report to. Okay, there will be the coordinator, but most of the time they will want to contact with the director. They won't be aware of the work ethics within the organisation. So I think, we should look at it.

Researcher 1: But thank you for thinking about that. We will follow up on this discussion. Do you think there should be a session in the whole intervention focusing on this aspect within the context?

Participant 1: I should think that I would advise you guys to contact Black Sash because I think it is one of the organisations that have been handling this well for a long time.

Researcher 2: They have a long and proud history.

Participant 1: Mmm.

Policy awareness

Feelings of uncertainty

Policy awareness

Researcher 2: We could also work with Lifeline because I think they will have a broad base for volunteers.

Researcher 1: OK, so this second phase will have to be rewritten and rethought, re-researched to an extent. Because on that session we first focused on awareness, and then in the third visit, we developed a plan. Right, then on page 17, the next phase was to identify some projects, revisiting the challenges, the snakes, the knobkierrie, and then identifying some projects and formulating action steps in terms of, we have got these challenges now and how can we address them and let's identify two or three projects. What's your view on that? Should we keep it? Should we change it?

Participant 2: **Keep it. It's a starting point.** They need to know where they are going...

Participant 1: With the mapping, I am sorry to take you a little bit back...

Researcher 2: Please do.

Participant 1: I am looking at the programme, where they will be community owned. Where they will be owning the actual process. Now I am concerned about this step coming actually after mapping. I think we are missing some kind of step in between where they will be actually exploring their communities, exploring their assets, exploring their actual – **doing the auditing of their community, these are the skills we have. Then after that whole exploring process, the project will emerge out of those. Instead of saying to them 'identify', immediately they will focus on the profit-making projects. Meanwhile, there will be projects that will be actually shaping their communities, even if they are not income-generating. So I just want to ask to extend our mapping to a level whereby we are actually doing the assets audit of the community.**

Researcher 1: Yes. And I am wondering if we shouldn't – from the previous session that you will be thinking of, if that should move earlier or later, **so that the mapping activity flows into the exploring the community, there is not another one in between that breaks the dynamic.**

Researcher 2: This maybe the one of what is the job requirements, if you want, of a volunteer, could rather be something like the memory box making, is a specific

Asset mapping as part of the skills audit

Sequencing Asset mapping in the intervention

target population. Whereas the other is this organic process of the assets and then the projects and then ...

Researcher 1: Do you agree?

Participant 1: Mmm.

Researcher 2: Okay.

Researcher 1: And the way that we did this, identifying the objects and sitting with what shall we do, when shall we do it, how will we do it? Is that necessary? The way we did this session?

Researcher 2: Remember we had eh, every group had a chart where they said this is what we wanted to do, this is the people who would be busy with this, these are the resources we will be using, the assets we will be using, and this is where we want to target it. So it is that kind of action plan. Do you think we should keep that, change it?

Participant 1: We need to keep that one, but my concern is the timing.

Researcher 1: Yes, yes.

Participant 1: Let's say before. She knows why she's here or why he's here. Our third one And then we can explore.....

[INTERUPTION]

Researcher 2: I want to go back to that point, because I sense that you feel very strongly about this. What is it that you think needs to be in place for everyone to know what is expected of them? What are the things that we can also put in to the manual? It sounds to me like you have a specific idea. One has to be that people will be aware of assets and that those assets can be used to solve problems, but it feels to me as if you are saying to us that you need to bring in other activities, that just the initial mapping of the community and then deciding what are calves and cows, because those were the assets, and then what are snakes and knobkerries, we may need another activity also. Do you have something specific in mind, maybe something that you have done that worked?

Participant 1: No, but I am having a fear of... You know we like to rush things, to train a group and then you want to put them on the task. Meanwhile, some of those people are not yet ready, or they are not even aware of the actual

programme, why they are here. So mina I am just concerned about having that where you put them in a task but maybe some of them are not aware. **But if you give them a space where they actually identify the asset, even their skills they have, you give them that task where they identify their skills, and then you will be able to move them according to the actual identified projects.** Because you know what? We are faced with unemployment and when a person sees a programme coming, he just jumps on the ship, even without knowing if I will be able or do I have the passion for this programme? Like when we look at the question of caregivers, as long as it was attached to schools, people thought it was attached to government. Now when they come to challenges whereby they have to go two or three months without pay, the principals are faced with the challenges. People will say they are not working; they are not doing anything because they have not been paid. But a person with a passion for a child who can actually go out and do community work, she will go on months without getting paid, because the actual aim and goal is to help that child. That's why I want us to get into those...

Participant 3: We want somebody to run the programme.

Researcher 2: What you are saying is that there needs to be... I understand what you mean. The aim here needs to be very clear from the beginning. This involvement in this does not mean payment, it means that if you are somebody who feels you want to support a vulnerable children or communities, that you want to have skills to know how to do this, and then this programme is for you. But if you think that you will be doing this and it will be an entry point to more money, then it is not appropriate. So you think we should be very clear how we advertise or get people to join this, so that we don't have expectations and it doesn't fit the purpose of this?

Participant 1: Mmm.

Researcher 1: And I can also understand your concern about the pace of the project. When Thembi and them worked here, it worked very quickly. But everything was already going at such high drive in the school; it was only needed for two hours. But I understand there is time needed for real meaning making and real integration.

Introducing asset mapping

Feelings of uncertainty volunteers that will form part of the intervention programme

Researcher 2: And also you bring in a big, big difference between volunteers and teachers and that has to do with salaries. Teachers are already paid. They get that salary. And this would be additional way of, while they have the safety of the salary during the job in a different way, but with volunteers, they are not getting a salary. And they may feel that doing this, they would want to know what would be the benefit. So that to us, it is important to remember the difference between them. In a country with such high levels of unemployment, that is very, very important. When do you think that information about participation has to be shared with volunteers? Because that wasn't something we needed to do with STAR teachers?

Participant 1: That is why mina, I am saying that before we can actually go on to identifying projects, we need to be sure we have got the right people on board, we have equipped them with the skills so they feel the need of participating, and they want to participate. So when we get to the point where we are identifying projects we can take to our communities, then we are not creating some kind of project. Okay, it's a project but there won't be money.

Getting the committed volunteer care workers to form part of the volunteer intervention

Cleopatra: So is it necessary during the session that we need also to tell the volunteer care workers that there won't be any income or any false expectations or at the end of the whole workshop?

Participant 1: I think when we are doing the skills audit and the assets in our communities, that's where we you will put the emphasis on getting skills instead of getting the salary or the wages. That's where we put value on the skills. If we can have a skills bank, we get so frustrated, we get a lot of unemployed people, they are there, but they don't know each other and they cannot exchange. Maybe this one has passed matric with commerce, this one has passed with science, but they don't know each other. We can't say that in our community we have Standard 10's who have passed. Then we can draw from that skill, if lets say we need a person on our school governing bodies to do books. We don't have those kinds of things.

Being specific to community volunteers about the purpose of the intervention

Principal Bule: There is.... They didn't understand what it is to get audit of what ... The skills are there but to make use of those skills.

Researcher 2: You think we still start with the initial greeting and mapping, and we do the asset mapping and then we take it a bit further, and we say okay, as volunteers, let's map our shared resources? So not a community map of assets, but a map of, eh, volunteers' resources, what maybe they bring to this? And then after that, we explain some of it maybe. I wouldn't want people to have false expectations. We explain what is the purpose of this that we want to see how everything that is already part of the community can work better. That it is not part of a programme where you will get a salary. What were the other two you said? It won't be salary driven and actually won't even be certificate driven. There will be a certificate of attendance but the university will not issue a certificate of training. And that is very familiar and to people it must be people who are committed and passionate to, in their lives, eh, support people who are vulnerable. So that will be the pay-off of participation, that people will know how to be more effective in the way that they provide service or support. Will that be sufficient, though?

Participant 1: I think it will.

Researcher 2: And then after that, we then go if they can see these are the resources in the community, these are our shared resources as volunteers, then they say okay, let's see if there's naturally things that come from this, that we can use in our jobs as volunteers to be better, more effective.

Participant 1 & Participant 2: Mmm.

Researcher 2: And then the idea of the project maybe, because we saw that in some of the communities there were workers that really struggled, they were teachers who wanted to have income generating work and you are anticipating that many of the volunteers will focus on that and you also want to focus on what you see, how things that could shape their community, not only income generation. Should we have examples instead of the examples of what happened in the schools? Ask Participant 1 for examples. Examples of the projects where volunteers have been very successful? So rather to prolong, so if there are examples of where you said how the community could be shaped, also projects

shaping the community, even if it is not for income generation? So, Participant 1 are there examples that you can think of?

Participant 1: Looking at it from the school side, we are having a challenge of the environment. I am looking around at focusing at cleaning the environment. Maybe at a later stage they can change to income-generating, but initially, they need people who are committed. Like recycling bottles, plastic, paper. We have got a lot of dumping sites around. So we can move that, where the initial thinking is around cleaning the environment. At a later stage, it can be generating income.

Researcher 1: But that should come up in the discussions.

Participant 1: And also the issue of eh. like kind of community supports, whereby if we are not able to look after my kids from two o'clock because I am not there, then we can have those kinds of... Because our kids are not safe, we don't have people to look after them. They are in the parks, they are at home. There is criminal activity. I am looking at whereby we have a group of women who during the day, they will be visiting their teachers, but after school, they will have those groups where they will take kids. Even if they are doing music or whatever, they will keep those kids safe. Then it's not an income-generating, it's doing something towards their community

Researcher 2: That's care-giving.

Principal Bule: What else?

Researcher 1: That is already very important.

Participant 2: And sport too.

[PAUSE]

Participant 1: There are so many activities they can do with them. We are still learning. Nearby schools that are not yet open. So in a way, if they make the accommodation, they can make use of nearby schools.

[PAUSE]

Researcher 1: Alright, so we will reshuffle a bit and take it really slowly to allow for time for development of this phase. Then the last part of the intervention, on the Thursday, page 22, we just spoke about how the projects are going. We just reflected how it's going with the projects, what have you been doing? So it's just

Projects

Potential income-generating projects

Possible additional projects-after care projects

Potential projects with children

allowing space for the participants, the volunteer care workers to say what they have done, what are the challenges they are experiencing, what are the successes? Do you think we should keep this session? After a while – say after 3 or 4 months, return and have a discussion and brainstorm again?

Participant 1: I like monitoring and evaluation. [LAUGHS].I would like to meet up. It keeps you on the right track.

Researcher 1: This allows an opportunity to again brainstorm ideas and hearing from other people. So we can keep this?

Participant 1 & Participant 2: Mmm.

Researcher 1: Alright so in the last session, the second last session of this last phase was when we did the memory boxes, when we said: ‘Let’s focus our skills to support vulnerable children.’ Then we did the memory box. Do you think we should include it? And do you think maybe we should add some more skills? Do you think we should leave it out? What’s your views?

Participant 1: I think it should be kept. If there are more skills to be added, they should be added.

Participant 2: Some more skills...

Researcher 2: One skill could be how..., job skills. So how to read a contract as a volunteer. How to know how to find out to whom you report, as a volunteer. How to manage the reporting, the monitoring and evaluation as a volunteer? How to network across other volunteers? So actually those things that we spoke about earlier.

Participant 1: Yes, because they end up being rivals instead of working together.

Researcher 2: And actually what we are saying with this, because one of the things that stands out across everything is, one of the best competencies which we saw with STAR was that teachers can network and collaborate. So not to be rivals but to say oh, we see the volunteers doing the work and not to be rivals, but to work together.

Researcher 1: So that on the one hand, is focusing on how to pull the task of a volunteer, on the other hand what I sense from you is doing some more on skills

Monitoring and evaluation

Addition of work-related skills

of supporting children. Doing memory boxes but then also other skills, that is easy to apply and can be re-used.

Researcher 2: And maybe extend it to families because of what we saw, memory boxes help with the children and we saw with teachers when they help children, then those children always help families. So memory boxes with children and their families. And what other skills for vulnerable families?

Participant 1: Maybe include parenting there because that is one skill which is a challenge for caregivers.

Participant 2: They don't go to school on how to look after kids. It's a big challenge to most of the parents ...

Researcher 1: On how to guide parents...mm

Participant 1: Yes, because some of them they need that support because if they need to call them, if there is a neglect or something like that. You'll find out that now she's asking for advice from you as she is concerned about the way naye, she is upbringing the child. So she wants advice from you. So, and by the response they showed with Childline try to learn words from you, they were eager to learn to know. So there is no one there in the community to give them that kind of care. So I think this can be one of the other skills.

Researcher 1: Yes, absolutely.

Researcher 2: That's nice.

Researcher 1: Ok, then the very last session we had, which I got a suggestion with this now. We have a final reflection and discussion and then we return to the questions which you discussed right at the beginning of how's the community and what's happening and we actually reflected on that again. I've got a suggestion that there should be, after introducing all the skills, try maps again and then maybe have another visit where you reflect on how is it going with the project as well as how did it go with the implementation with these skills and memory boxes, to allow a space where the volunteer care workers can just reflect on what they had experienced. I don't think we should need to do an introduction to skills and then leave it and not look at it again. My feeling is that we return after two to three months. And then just say how's it going with the projects and also how is it going

Additional work-related skills

Parenting skills

Parenting skills

with implementing in their work and their parenting skills and whatever. Let's brainstorm. So let's give us feedback on how it's going. And then after that the final session of what's it like and what do they want to do in the future. I don't know, what's your opinion or view? Would that work? What do you think? As it was in the initial intervention after doing the memory box, the day directly after that we will have a final discussion on what's the way forward. I do think there should be a follow up and then closure a few months later.

Researcher 2: And maybe a revisit of the skills map we already spoke about, so, as a nice way to tie a bow around it because then initially they would have said these are the resources in the community and these are our skills and how are some of resources of the community and the skills in the community expanded and people will also have these skills to go and look again how they can map the skills that they know of. Because if you are aware of people with skills then you start approaching people differently. So initially you think of only a few skills of people but then we suddenly know who has what skills and we know of each other and we can put them on the map also... Maybe to expand the skills map.

[MURMUR]

Researcher 1: Okay. As I quickly gather from what we've discussed, would it work if we keep the four phases? For the first phase we do it as we did it with you. In other words mapping the community, putting the calves, the cows, the knobkerries and the snakes and just talking about what's happening. Then after a few months do that skills mapping activity that you spoke of where we map, getting aware of assets in the community and in themselves, mapping it, talking about it, spending time on it. Then getting the buy in that this is for the good of the projects and brainstorming projects and action steps, etc. Then a few months later we have feedback on how is the projects going and then introduce skills in terms of what is it to be a volunteer worker, like having skills like we said such as interpreting a contract and secondly applying skills like memory work, parenting workshops, how do they talk to parents and things like that. Then a few months later we reflect on everything, how is the project going, how's the implementation

of the skills and revisit the skills map and then the way forward and what they going to do in the future. Does that make sense if we do it like that?

Participant 1: It does. It really does.

Participant 2: But are you going to tell them about volunteering when they have already started or at the beginning before they do anything?

Researcher 1: You will have to advice us on that.

Researcher 2: I think we need to be very clear from the beginning, from the first session, when we clarify the expectations.

Participant 1: That's what I was going to ask you, since most of the volunteers or attached, what will be the specific terms of reference. Will it be with the volunteer or with a specific NGO?

Researcher 2: Well, it will be difficult as times of preference would mean... We wouldn't be able to have the same terms of references. We usually work for NGO's which were with an NGO it would imply some kind of contractual binding but with research there's no contract. It's people saying we want to put our minds together. I would be hesitant to use words like terms of references. What you would have to advice us on would be to say how it would be best to approach volunteers, it sounded liked the volunteers at Kelulihle and that would then mean that in terms of volunteers who in some way or another relate to the school context. They would stand in a relationship with NGO as well, but their specific place that is common between them is the school. That would be one way of asking of them would you like to participate in this research. That would be voluntary and they can say," Yes, we want to!" or, "No, we don't want to!". With other volunteers you would have to advice us as to what approach would be best, should it be something on the basis of familiarity, so maybe you know somebody who knows somebody else and they know somebody else and based on that circle of acquaintances, those say 10 to 20 volunteers decide to participate or maybe you know there's a specific NGO where a group of volunteers may want to participate. It would be different to way it worked with the schools as in the schools the entrance point was teachers. And here it will be different. We would not necessarily want to work through an NGO only as this will bring in power

Identifying
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issues as then people may feel forced to go and whereas, we can't promise anything in terms of their relationship with the NGO. So what do you think would be an option? At this stage we are thinking of established relationships with volunteers, because it worked well with the school. We saw that the best way to work with the teachers through school was through familiarity. Initially it was through contacted somebody and went through a specific school and then that school then contacted somebody in another school. It was literally circles of people who knew each other that made it to grow. We were thinking of the same approach.

Participant 2: You can also use churches to get volunteers.

Participant 1: I think I know of different groups of care workers that are operating in the PE area but there is a different area. But now I am not a good one with paper, so I don't know how to market it to them to see the need to come. That is why I was looking at the type of approach we are going to use. Or was looking at writing to the directors and saying that we invite people to participate or do we just invite the individuals. I don't know but I know of a group of workers, it's a youth care workers. I know that they would be keen to participate in whatever kind of research and it is church based.

Researcher 1: Well, I think initially that would be the idea. I think for you for example to get the group and then we can maybe have a discussion with Cebelihle and ask for their volunteer workers as they have many workers. So it doesn't have to be only one group, it can be compiled of various sights of people coming to do this. If we find in the research that this is working, it has a positive effect, then later on we can maybe contact NGOs' and say this is a project which is working, an intervention which works and how would you like to apply and use it with your volunteers. I think the future has various possibilities, in terms of organizations but for this round I think it's going to go well.

Researcher 2: Yes, because this will be same as the initial with Cebelihle, to find that list and to first now see what the five of us with Principal Bule the six of us think, and maybe what may be as we're going through it we see that we need something and here this is missing and then we change that and we try it with

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another group we see this is working well, so that at the end we can say that this final product we have is a good manual for volunteers to use if they want to have supportive caring networks in communities so it is a gradual process and also that we don't want to go too quickly.

Researcher 1: Anything else?

Researcher 2: Do you maybe want us to explain time wise again so that she doesn't feel too concerned about advertising?

Researcher 1: Not too quickly.

Researcher 2: Because I can see you are worried. Like, when will this happen? Who now needs to come?

Participant 1: You see the thing is, I know most of the directors of these care workers, and they like to control everything. I wanted to gain clarity before because I know who will contact the different people.

Researcher 2: You know that area and we don't. We really appreciate your input on that.

Researcher 1: What we will basically do is when we meet again in July for the seminar and we would love you to be there if possible. We will have almost the same activity we had today but with the groups, initially work in a group and then brainstorm on how we should adjust it, we can discuss it, we may even present what we have discussed here today and say that this is how we have already or the forefront of the changes what we have discussed today and say that this the first round of that we have proposed and what is the first round of. What is the input of the groups? Then we will do some more changes and then in September we will come back end of September and will present to you the revised version and talk it through and then the implementation will be done after maybe February or March...

Participant 1: You know something else that I have been wishing. We don't have professionals as volunteers. Most of the volunteers are unemployed. I am just thinking of looking also at some of the professional such as Doctors. I know of some Doctors that are in Dora maybe we could also approach to that they can be part of ... I don't know if it will work or not. I know of social workers who will

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always be looking at where can we go and volunteer. I am not sure whether you can include this in this programme.

Researcher 1: It can work.

Researcher 2: Maybe we can start of with the way it is currently, now, we want to see if we are assuming that if the majority of volunteer care workers which are in South Africa are not professionals. And then see how that how that works. And maybe in the next phase see if we may have the professionals who want to volunteer and see what they bring into the conversation. But the first round is based on the majority of this phase.

Researcher 1: OK! Any other questions that you may have?

Cleopatra: I wanted to ask with some of the changes and the addition that came up. Do you think that the three days is enough to cover the workshop and everything and the things that we have discussed or should be additional days?

Researcher 2: But this is over a couple of months.

Cleopatra: Yes.

Researcher 1: But that is a good question. For how many days should we fit this in the lives of a volunteer care worker? Should it be two full days, from morning to afternoon 4 O'clock or should be mornings or should it be week days or weekends. What is a suitable timeframe, in this context? Good question.

Participant 1: Morning to the afternoon.

Researcher 1: Morning to the afternoons week days?

Researcher 2: Week days or weekends?

Participant 1: Oh full day! [LAUGHTER] week days.

Researcher 1: Full day? Week days?

Participant 1: Yes

Researcher 1: And only one day?

Participant 1: It can be two days

Researcher 1: Alright.

Participant 1: Yes week days.

Identifying
volunteers
to form part
of the
intervention

Researcher 2: And venues you said that it can be best approach schools, churches to ask if we could use those as venues so as, in the ... because up to now it was pretty much located the in the schools in which we work.

Participant 1: Since it's the extension of the school programme we can use the school.

Principal Bule: But then really, anywhere it won't be a problem.

Researcher 1: What's the possibility of the school holidays? Using the school in the school holidays?

Principal Bule: What is the number of people we are looking at?

Researcher 2: It could be forty. It could depend on how volunteers want to participate.

Researcher 1: I don't think that it will be more than forty because the group becomes difficult to manage the group.

Principal Bule: If you are looking at school premises it means that you are going to be using staffrooms.

Researcher 2: Yes.

Principal Bule: Those are the only areas that are only areas that will be open and depending on the school it depends if the staffroom can carry forty people.

Researcher 1: Yah.

Principal Bule: Because I know mine. I won't be able to carry that number.

Researcher 1: Is there a possibility to use classrooms?

Principal Bule: If its classrooms then its fine. It won't be a problem. You won't have to use money to pay for the venues.

Researcher 2: Will volunteers be able to come during the school holidays.

Participant 1: Weekends and funerals

Researcher 1: Are they any specific days which are good and they are any days which are not good.

Participant 1: Fridays are not good.

Researcher 1: Fridays are not good. OK.

Participant 1: Especially if it's a long day that ends up to 4 O'clock.

Researcher 2: Monday and Tuesday for example would be better?

Participant 1: Yah.

Cleopatra: Thank you very much.

Researcher 2: Are there any questions that you may need to be answered or not?

Researcher 1: I just mentioned there is going to be another Seminar in July. In the Pretoria region. Basically on what we have discussed. The first round of changes.

Participant 1: We should have done something of this. I am looking at the reflection we should. We have come a long way.

[INTERUPTIONS]

Researcher 1: Thank you very much. Cleopatra from your side?

Cleopatra: Thank you very much for you time. I would like to give you this.

Participant 1: Wow! Thank you.

Participant 2: Thank you

Researcher 1 & Researcher 2: Thank you very much!

End of Interview

Appendix E

E1 Visual data

E2 PRA visual data (posters)

E3 Member checking poster

APPENDIX E1

VISUAL DATA



Focus group discussion with a teacher, principal and volunteer care worker in a school in Eastern Cape (23/03/2011)



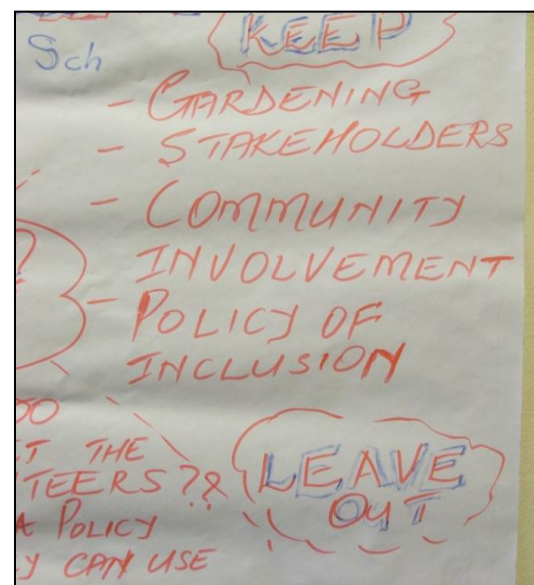
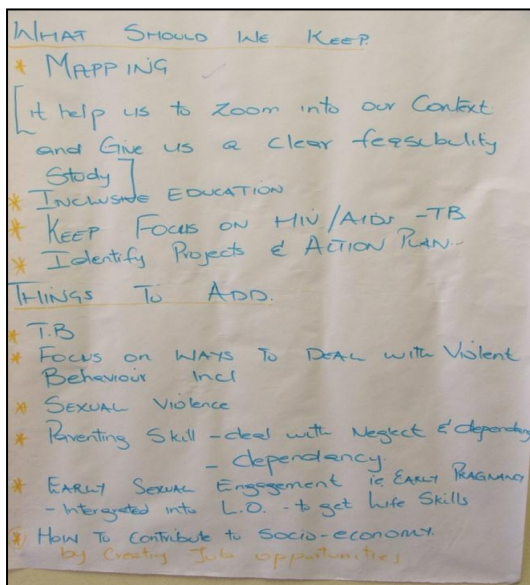
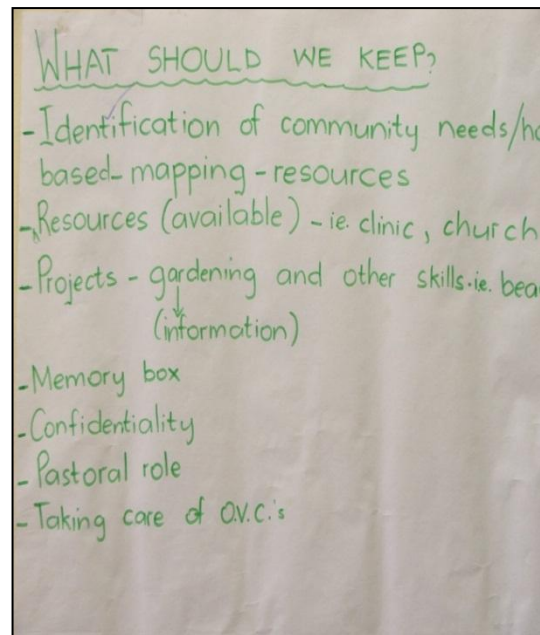
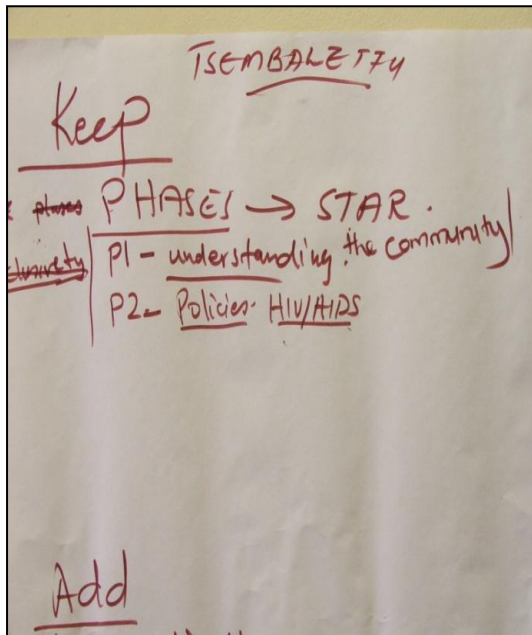
PRA-based activity session at the 2011 STAR colloquium in Limpopo (16/07/2011)



Member checking session at the 2011 STAR colloquium in Limpopo (17/07/2011)

APPENDIX E2

PRA VISUAL DATA (POSTERS)



PRA-based poster captured in Limpopo identifying how the teacher intervention could be adapted for community volunteers (16/07/2011)

KEEP

- Asset Mapping (understanding the community)
 - needs, resources
- Projects / skills
 - gardening, memory-box, pastoral role
- Education on Policies (HIV/AIDS and TB)

STAR

WHAT SHOULD WE KEEP?

- Identification of community needs/hor based-mapping - resources
- Resources (available) - ie. clinic, church.
- Projects - gardening and other skills - ie. bead (information)
- Memory box
- Confidentiality
- Pastoral role
- Taking care of O.V.C.'s

ISEMBALEZY

Keep

PHASES → STAR.

PHASES

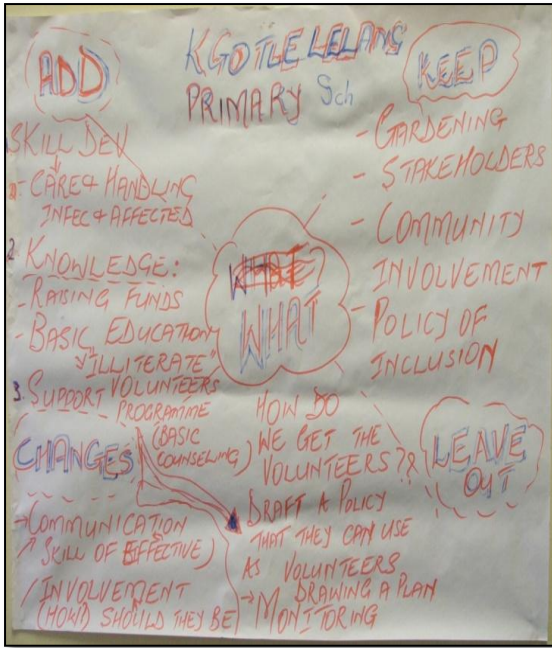
- P1 - understanding the community
- P2 - Policies: HIV/AIDS

Add

CEM Cont.

- * IF WE CAN BE ABLE TO EDUCATE
- C/W on MUNICIPAL By-laws, IDP How to access MUNICIPAL
- * CHANGE
- ⊕ Monitor Tool must be intensified. We need to est a Tool - Reporting
- ⊕ Lack of Frequent Meetings of Participant and sharing of information & ideas.
- ⊕ CCE METHODOLOGY
- ⊕ Skills

PRA-based posters generated in Limpopo identifying how the teacher intervention could be adapted for community volunteers (16/07/2011)



WHAT SHOULD WE LEAVE OUT?

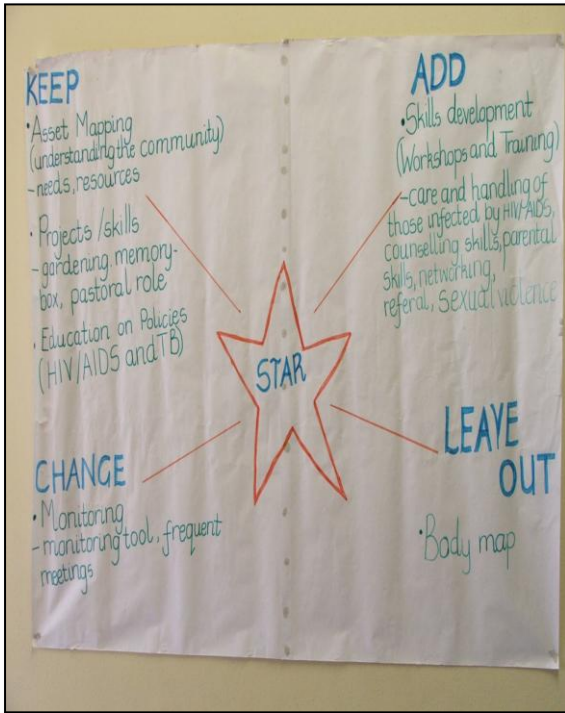
- Body map
-

WHAT SHOULD WE ADD?

- Empowerment - workshops
- Identification of challenges within the community - feedback
- Basic counselling skills
- Parental skills.
- Inter-personal relations
- Well-planned meetings
- Inclusion of at least 2 educators (Masizakhe the committee (transparency))

PRA-based posters generated in Limpopo identifying how the teacher intervention could be adapted for community volunteers (16/07/2011)

MEMBER CHECKING POSTER



CONTRADICTIONARY

- Keep inclusion vs. leave out inclusive education?

OTHER

OTHER

- Basic education for illiterate volunteer careworkers
- Learning how to take care of Orphans and vulnerable children OVCs

Member checking poster generated in Limpopo (17/07/2011)

Appendix F

Analysis of field notes and research diary

Attached on the compact disc (CD)

Appendix G

STAR intervention manual

FACILITATOR'S MANUAL

WORKSHOP SERIES ON

**STAR INTERVENTION:
EDUCATORS SUPPORTING
VULNERABLE COMMUNITIES**

NOVEMBER 2009



MANUAL COMPILED BY:

LIESEL EBERSÖHN, RONÉL FERREIRA & TILDA LOOTS

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VIONA ODENDAAL & HERMIEN OLIVIER**

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**DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
UNIVERSITY OF PRETORIA
NOVEMBER 2009**

PROJECT FUNDED BY:

**ALBERT WESSELS FUND, TOYOTA
NATIONAL RESEARCH FOUNDATION
THE FOSCHINI GROUP
UNIVERSITY OF PRETORIA DEPARTMENT OF COMMUNITY ENGAGEMENT
UNIVERSITY OF PRETORIA RESEARCH DEVELOPMENT PROGRAMME**

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INTRODUCTION

Dear facilitator

Welcome to this exciting project, during which you will be fulfilling the role of facilitator. The aim of this project is to replicate the STAR intervention with which you have been involved since 2004, amongst educators from neighbouring schools.

We have designed this manual as a guide for you in undertaking the project. For this purpose, we describe the STAR intervention that you have been involved with in detail. The project is planned to be presented over four series of workshop sessions, each series consisting of two/three days. These sessions will be spread out over a year.

Your role as facilitator is to reproduce the sessions which you participated in since 2004. It will therefore be your responsibility (as a group) to prepare for each session, purchase the materials required (if you want to) and make the arrangements for the educators to attend. Our role will be that of supporting you and providing guidance when required. We will also reimburse you for any materials you purchase in order to facilitate the session.

Warmest wishes, Liesel & Ronél

UNDERLYING PHILOSOPHY OF THE PROJECT: THE ASSET-BASED APPROACH

The asset-based approach shifts the focus from external help and services being provided to a community, to empowerment and developing a community from the inside out. The approach is referred to as the “*half-full glass*” approach, emphasising the image of viewing a glass as half full instead of as half empty. The approach does not deny the existence of needs or problems – it merely shifts the focus from constantly emphasising challenges (which are a reality in all communities) to the capacities, strengths, assets and resources that are available in communities and might be utilised to overcome difficulties or address challenges. Within the context of this project, the focus is therefore on the manner in which communities cope with HIV&AIDS-related vulnerability by relying on existing assets and local resources (Ebersöhn & Eloff, 2006).

Various potential role-players might be identified within the context of the asset-based approach. Besides the potential assets and strengths of individuals themselves, family members, the school, classroom and members of the peer group are regarded as potential assets. In addition, community members’ associations, local institutions and the broader social community can be explored.

The asset-based approach therefore focuses on actively discovering assets, strengths, capacities and resources, establishing links and initiating programmes within existing systems (such as schools or communities), in order to address existing challenges, such as HIV&AIDS. Besides identifying assets and resources which are already being used, the asset-based approach also focuses on identifying resources and assets which are available, but have not been utilised yet (Ammerman & Parks, 1998; Ebersöhn & Eloff, 2006; Kretzmann & McKnight, 1997, 1993; Sims, 2002).

The asset-based approach consists of three main components, namely asset mapping, asset mobilisation and asset management. Insight into available resources and assets is the first step that needs to be actualised when implementing the asset-based approach (therefore *asset mapping*). In this project, participating educators need to firstly complete *community maps*, listing the so-called building blocks of a community. Secondly, educators need to compile an inventory of the resources in the community. Thirdly, they need to map the challenges faced by the community and then have discussions on how to address these, by formulating action plans and thereafter taking action to address identified challenges (therefore *asset mobilisation*) (Ammerman & Parks, 1998; Bouwer, 2005; Ebersöhn & Eloff, 2006; Kretzmann & McKnight, 1993).

The third main component of the asset-based approach concerns *asset management*, which implies that individuals take ownership and responsibility to sustain the actions that had been initiated, such as growth that has taken place. Relationships and social capital could be developed amongst community members, and community-building activities and projects initiated. In this regard, community members may experience feelings of belief in their own abilities, as well as those of the community (Ammerman & Parks, 1998; Ebersöhn & Eloff, 2006; Kretzmann & McKnight, 1993).

In fulfilling the role of facilitator, your role in this project is to continuously guide the participating educators to identify potential resources and utilise those that are available within the community, but that are not yet utilised. You need to assist the educators in becoming aware of, appreciating and utilising the assets and talents available within the community, without providing them with outside help, teaching them or providing answers to their questions (Ebersöhn & Eloff, 2006; Mokwena, 1997).

PHASES OF THE PROJECT

WEEK 1:

GAINING INSIGHT INTO THE COMMUNITY, ITS CHALLENGES, RESOURCES AND POTENTIAL RESOURCES

DAY 1:

MAPPING THE COMMUNITY AND THE RESOURCES WITHIN THE COMMUNITY

Guiding questions for this session:

- ✂ What does the selected community 'look' like?
- ✂ Which challenges do community members face?
- ✂ Which resources and potential resources are present in the community?

Objectives for this session:

- ✂ To establish relationships and group cohesion amongst participating educators.
- ✂ To introduce the project and the purpose of the project.
- ✂ To obtain an overview of the community, in terms of existing structures, resources and facilities.
- ✂ To identify the challenges the community is facing.
- ✂ To facilitate the participants' awareness of available and potential resources, based on them constructing an overview of the community.

Proposed length of the session:

± 2-2½ hours.

Format:

Workshop activities.

Materials required:

- ✂ Lunch.
- ✂ Informed consent forms.
- ✂ 4 x large cardboards.
- ✂ 8 x coloured pens (2 per group).
- ✂ 4 x scissors.
- ✂ 4 x glue.
- ✂ 4x magazines.
- ✂ 4 x disposable cameras.
- ✂ Small pictures of cows, calves and snakes.
- ✂ Prestik.

Activities:

- ✂ Start with a light lunch (± 30 minutes). During this time, allow everyone to introduce themselves, establish relationships and interact with one another informally.
- ✂ Explain the purpose of the project, namely to identify ways how the participating educators might enhance the community's coping with challenges (such as HIV&AIDS) by identifying resources and assets in the community – whether they are being used optimally or not (± 5 minutes).
- ✂ Briefly explain the broad process that will follow over the next few months. Provide an outline for the following three days (± 5 minutes).
- ✂ Obtain written informed consent from all the participating educators (± 5 minutes).
- ✂ Facilitate a workshop activity (± 40 minutes). Request the participating educators to divide themselves into two groups per school. Provide each group with the following stationery: one large cardboard, coloured pens, scissors, glue and magazines. Ask the groups to construct a community map, by compiling an outline of the community (in writing and/or by means of pictures), guided by discussions within the smaller groups. Act as facilitators, monitoring the process.

- ✂ After completion of the maps, both groups display their maps and report back to the bigger group, during which the other participants are allowed to further elaborate (± 20 minutes). The feedback activity can take place simultaneously for the two schools (if two schools are involved), in different rooms.
- ✂ Provide each group with one disposable camera and request the participating educators to take photographs of the landmarks they have included on their community maps (the posters they had made). They can return the cameras to you the following day, after which you can develop the photographs. Educators can add the photographs to their maps at a later stage.
- ✂ Facilitate a second workshop activity (± 30 minutes). Provide the groups with glue and small pictures of cows, calves and snakes. Ask the groups to categorise the various components of their community maps (the posters they made) as challenges, resources (assets) or potential resources. For this purpose, participating educators need to paste symbol pictures on their maps, namely snakes next to the challenges or negative things in the community; cows next to the assets and resources which are currently used in the community; and calves next to potential assets and resources (things that are available in the community but not yet used).
- ✂ Conclude the session and arrange a suitable time for the following day's session.

Examples of activities:



DAY 2:

IDENTIFYING NEEDS AND POTENTIAL WAYS OF ADDRESSING THEM

Guiding questions for this session:

- ✂ What are the main challenges (needs) experienced by the community?
- ✂ Which assets and potential assets can be identified in the community?
- ✂ How might the identified challenges (such as HIV&AIDS, poverty and unemployment) be addressed by relying on available and potential assets and resources?

Objectives for this session:

- ✂ To identify the challenges faced by the community.
- ✂ To identify the assets and potential assets available in the community, that could be used to address the identified challenges.
- ✂ To identify possible ways of coping with identified challenges (such as HIV&AIDS, poverty and unemployment).
- ✂ To facilitate a shift from focusing on external resources to using available resources and assets within the community when addressing challenges.

Proposed length of the session:

$\pm 1\frac{1}{2}$ -2 hours.

Format:

Workshop activity.

Materials required:

- ✂ Lunch.
- ✂ Posters of mapped community (constructed on day 1).
- ✂ 4 x posters with a picture of a snake.
- ✂ 4 x posters with a picture of a knobkierie.
- ✂ 8 x coloured pens (2 per group).
- ✂ Prestik.

Activities:

- ✂ Start with a light lunch (± 30 minutes). During this time, allow everyone to interact with one another informally.
- ✂ Facilitate a workshop activity (± 45 minutes). Request the participating educators to work in their groups. Provide each group with the poster they had completed the previous day, a poster with a picture of a snake, a poster with a picture of a knobkierie and coloured pens. Ask the groups to work from the poster they had made the previous day (their community maps) and list the negative things and challenges the community faces on the separate poster of the snake. Secondly, request the groups to identify ways of addressing these challenges and negative things, by focusing on the resources (assets and potential/unutilised assets) available in the community. These potential solutions should be written down on the poster with the knobkierie, symbolising potential ways to *'kill the snakes'/protect the community'*. Encourage participants to make use of small-group discussions in guiding their mapping activities.
- ✂ After completion of the maps, both groups display their maps and report back to the bigger group (± 30 minutes). The feedback activity can take place simultaneously for the two schools (if two are involved), in different rooms.
- ✂ Conclude the session and arrange a suitable time for the following day's session.

Examples of activities:



DAY 3:

EXPLORING THE COMMUNITY AND ITS WAY OF COPING WITH CHALLENGES

Guiding questions for this session:

- ✂ How do participating educators perceive challenges in their community?
- ✂ How does the community cope with vulnerability and challenges (e.g. poverty, unemployment, stigmatisation, illness in the family)?

Objectives for this session:

- ✂ To explore the general ideas, concerns and perceptions that the participating educators hold with regard to the challenges faced by the community.
- ✂ To explore the community's way of coping with vulnerability and challenges.

Proposed length of the session:

± 2 hours.

Format:

Focus group discussion.

Materials required:

- ✂ Lunch.

Activities:

- ✂ Start with a light lunch (± 30 minutes). During this time, allow everyone to interact with one another informally.
- ✂ Facilitate a focus group discussion (± 1-1½ hours). During the discussion, the following two questions should be answered:
 - ♦ What is the participating educators' opinions, views and general concerns relating to the challenges the community face?
 - ♦ How is the community coping with the challenge of vulnerability (e.g. due to poverty, unemployment, illness in the family)?
- ✂ Conclude the session and arrange a suitable date for the next series of sessions.

Examples of activities:



HANDY HINTS DURING WEEK 1, DAYS 1-3:

- ✂ Focus on **facilitation** instead of **teaching**.
- ✂ Constantly remind yourself to be flexible and be guided by the participants.
- ✂ Appreciate and value the participating educators' expertise on their unique circumstances, even if they at first do not recognise how much they really know.
- ✂ Guide the participants with some ideas when they get stuck.
- ✂ Prompt when needed.
- ✂ Remember to focus on the communities the participants are teaching in and not the one where your school is situated.
- ✂ Constantly guide the participants to focus on existing resources and the positive aspects in their community and within themselves during workshop activities.
- ✂ Constantly emphasise the utilisation and optimal use of people and other resources and potential resources in the community.

**WEEK 2:
 ENGAGING WITH POLICY ON HIV&AIDS
 AND INCLUSIVE EDUCATION**

DAY 1:

BECOMING AWARE OF HIV&AIDS KNOWLEDGE RELEVANT TO EDUCATION

Guiding questions for this session:

- ✘ Which asset-based trends are already present in the community's way of coping with HIV&AIDS-related vulnerability?
- ✘ Which basic information related to HIV&AIDS is important in order to cope with the challenges related to the pandemic?

Objectives for this session:

- ✘ To facilitate an awareness amongst the participating educators of the existing asset-based trends in the community's current manner of coping with HIV&AIDS-related vulnerability.
- ✘ To facilitate a discussion on basic information related to HIV&AIDS and to formulate potential action plans on aspects such as dealing with AIDS-related conditions; nutrition; emotionally supporting a person living with HIV&AIDS; and dealing with a parent and/or a learner infected with HIV (both in general and in the classroom).

Proposed length of the session:

± 2 hours.

Format:

Workshop activity.

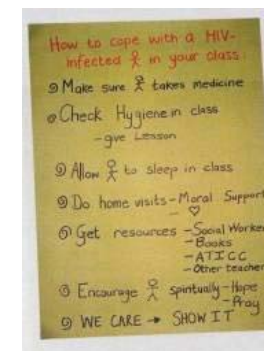
Materials required:

- ✘ Lunch.
- ✘ Information pamphlet on HIV&AIDS (Appendix A) – one for each participating educator.
- ✘ 4 x cardboards.
- ✘ 2 x coloured pens.

Activities:

- ✘ Start with a light lunch (± 30 minutes). During this time, allow everyone to interact with one another informally.
- ✘ Reflect on the previous series of workshops and briefly introduce the sessions that will follow over the next two days (± 15 minutes).
- ✘ Facilitate a workshop activity (± 1¼ hour). Provide the participating educators with the information pamphlet on HIV&AIDS (Appendix A) and facilitate a discussion of the content. Request the participating educators to divide into their groups and present the content in terms of small-group discussions, by discussing the content of the information pamphlet and answering questions related to the content included. Discussion of the questions should be followed by feedback within the bigger group, during which you summarise the solutions generated by the participating educators on a cardboard.
- ✘ Conclude the session and arrange a suitable time for the following day's session.

Examples of activities:



DAY 2:

BECOMING AWARE OF KNOWLEDGE ON INCLUSIVE EDUCATION

Guiding questions for this session:

- ✂ Which policy documents are available in the education sector to address vulnerability?
- ✂ How is your school interpreting and implementing the above policies?

Objectives for this session:

- ✂ To facilitate awareness amongst the participating educators of existing policy documents related to vulnerability.
- ✂ To facilitate a discussion on their school's interpretation and implementation of relevant policies.

Proposed length of the session:

± 2-2½ hours.

Format:

Workshop activity.

Materials required:

- ✂ Lunch.
- ✂ Policy documents (Appendix B) – one for each participating educator.
- ✂ 4 x cardboards.
- ✂ 2 x coloured pens.

Activities:

- ✂ Start with a light lunch (± 30 minutes). During this time, allow everyone to interact with one another informally.
- ✂ Facilitate a workshop activity (± 1¼ hour). Provide the participating educators with existing policy documents related to Inclusive Education and HIV&AIDS (Appendix B) and facilitate a discussion of the content. Request the participating

educators to divide into their groups, read through the documents, discuss their understanding of each document and then discuss the manner in which their school is implementing the policies at present. Small-group discussions should be summarised on cardboards.

- ✂ After small-group discussions, provide feedback within the bigger group (20-30 minutes).
- ✂ Conclude the session and arrange a suitable date for the next series of sessions.

HANDY HINTS DURING WEEK 2, DAYS 1-2:

- ✂ Focus on **facilitating** instead of **teaching**.
- ✂ Constantly remind yourself to be guided by the participants.
- ✂ Constantly remind yourself that the participating educators possess the answers – you merely need to facilitate the process.
- ✂ Guide the participants with some ideas when they get stuck.
- ✂ Prompt when needed.
- ✂ Remember to focus on the communities the participants are teaching in and not the one where your school is situated.
- ✂ Constantly guide the participants to focus on existing resources and the positive aspects in their community and within themselves during workshop activities.
- ✂ Constantly emphasise the utilisation and optimal use of people and other resources and potential resources in the community.
- ✂ Facilitate the formulation of action plans that will not only benefit the community but also involve community members on a broader level.

WEEK 3:
TAKING RESPONSIBILITY AND PLANNING PROJECTS

DAY 1:
DEVELOPING AN HIV&AIDS / CARING SCHOOL PLAN

Guiding questions for this session:

- ✘ How can you be a resource in your school to implement relevant policy on vulnerability?

Objectives for this session:

- ✘ To develop, implement, monitor and evaluate an HIV&AIDS school plan.
- ✘ To develop, implement, monitor and evaluate a caring school plan.

Proposed length of the session:

± 2-2½ hours.

Format:

Workshop activity.

Materials required:

- ✘ Lunch.
- ✘ List of potential resources (Appendix C).
- ✘ 6 x cardboards.
- ✘ 2 x coloured pens.

Activities:

- ✘ Start with a light lunch (± 30 minutes). During this time, allow everyone to interact with one another informally.

- ✘ Reflect on the previous series of workshops and briefly introduce the sessions that will follow over the next two days (± 15 minutes).
- ✘ Facilitate a workshop activity (± 45 minutes). Provide the participating educators with cardboard and pens. Request them to divide into their groups and develop an HIV&AIDS school plan, based on the policy documents discussed during week 2, the provided list of resources (Appendix C), as well as the identified assets within the group and the school.
- ✘ Provide feedback within the bigger group, with each group presenting their HIV&AIDS plan. Integrate the various groups' ideas to formalise one HIV&AIDS plan per school. Summarise the plan on a cardboard (± 30 minutes).
- ✘ Discuss the possibility of developing an Inclusive Education school plan in a similar way (± 15 minutes). Encourage the participating educators to develop such a plan within the near future.
- ✘ Conclude the session and arrange a suitable time for the following day's session.

DAY 2:
IDENTIFYING SCHOOL-BASED PROJECTS AND FORMULATING ACTION STEPS

Guiding questions for this session:

- ✘ Which school-based projects might be initiated to support the community's coping with challenges and vulnerability?
- ✘ How can participating educators utilise their knowledge of assets in terms of the community's coping with challenges and vulnerability?
- ✘ How will the identified projects be initiated in the community?
- ✘ Which action steps will be followed?
- ✘ Who will fulfil which tasks?
- ✘ When will the planned action be taken?

Objectives for this session:

- ✘ To identify potential school-based projects that might be initiated in support of the community's coping with challenges and vulnerability.

- ✂ To select three of these projects per school that will be initiated by the participating educators.
- ✂ To divide the participating educators into task teams that will take responsibility for the identified projects.
- ✂ To plan the identified projects in terms of action steps that need to be followed in initiating the projects.
- ✂ To answer the following questions for each of the projects: What? Who? How? When?
- ✂ To facilitate and enhance cooperation and a feeling of unity amongst different task teams.
- ✂ To emphasise the participating educators' dedication to the project.
- ✂ To identify a name for the participating educators as a team (per school).

Proposed length of the session:

± 3 hours.

Format:

- ✂ Workshop activity.
- ✂ Group discussion.

Materials required:

- ✂ Lunch.
- ✂ Snake- and knobkierie-posters compiled during previous series of sessions.
- ✂ 8 x large cardboards.
- ✂ 2 x disposable cameras.
- ✂ Coloured pens.
- ✂ 6 x small pictures of a calf.
- ✂ 6 x small pictures of a cow.
- ✂ 6 x glue.

Activities to identify projects:

- ✂ Start with a light lunch (± 30 minutes). During this time, allow everyone to interact with one another informally.

- ✂ Facilitate a workshop activity (± 40 minutes). Request the participants to work in their groups and provide each group with the snake- and knobkierie-posters they had constructed during the previous series of sessions, as well as a cardboard and coloured pens. Briefly review the posters you handed out, in terms of the content included. Ask the participants to identify (on the knobkierie-posters) the potential but unused resources and assets (calves) in the community and list them on a separate cardboard. Request them to brainstorm and identify potential projects they might initiate in order to address some of the challenges they listed on the snake-posters, by turning calves into cows, in other words by starting to use unused resources and assets. After 30 minutes, allow each group to share their ideas and write down all the ideas on a paper (in different rooms for the two schools, if two schools are involved).
- ✂ Facilitate a discussion within the whole group (separate discussions for the separate schools) to select three of the potential projects to plan and initiate (± 20 minutes). Ask the participants to indicate their preferences in terms of the projects they would like to be involved with and divide the educators into three task teams. Each task team should identify a task team co-ordinator.
- ✂ Facilitate a workshop activity (± 30 minutes). Request the participants to work in their task teams, each group focusing on a separate project. Provide each group with a cardboard and coloured pens. The groups should now plan their projects by writing down the action plans and strategies to reach their goals. Action plans need to be specific and address the following questions: What? Who? How? When? Facilitate the formulation of action plans.
- ✂ Add a line to the posters with a calf on the left hand side and a cow on the right hand side, which can be used in future to indicate to what extent the projects/action steps have been met.
- ✂ Allow each group to present their action plans to the rest of the group (separate schools in separate rooms), who may ask questions, give feedback and further elaborate (± 30 minutes).
- ✂ Request each participating educator to formulate a personal declaration of commitment to the project. Take individual photographs, that need to be pasted on the declarations of commitment and send back to the participating educators as a reminder of their commitment to the project (± 10 minutes).

- ⌘ Facilitate the process during which the educators involved in the project select a name for themselves as a team (one name per school) (± 5 minutes).
- ⌘ Take photographs of all the participating educators in their task teams, as well as separately, using disposable cameras (± 15 minutes).
- ⌘ Conclude the session by requesting the groups to initiate the projects before the next series of sessions (allow approximately two months), by putting their formulated plans into action. Arrange a suitable date for the next series of sessions. Keep regular contact with the task team co-ordinators until the next series of sessions.

Examples of activities:





Example of dedication:

DEDICATION:
 INVOLVEMENT IN HIV/AIDS INITIATIVE AT
 NGILANDI SECONDARY SCHOOL

-Henry Fakude -

Dedication to ensure that the community becomes more aware and utilise available resources in preventing HIV and AIDS, so that it does not become an epidemic in the community of Steynsdorp.





HANDY HINTS DURING WEEK 3, DAYS 1-2:

- ⌘ Focus on **facilitating** instead of **teaching**.
- ⌘ Constantly remind yourself to be guided by the participants.
- ⌘ Constantly remind yourself that the participating educators possess the answers – you merely need to facilitate the process.
- ⌘ Guide the participants with some ideas when they get stuck.
- ⌘ Prompt when needed.
- ⌘ Remember to focus on the communities the participants are teaching in and not the one where your school is situated.
- ⌘ Constantly guide the participants to focus on existing resources and the positive aspects in their community and within themselves during workshop activities.
- ⌘ Constantly emphasise the utilisation and optimal use of people and other resources and potential resources in the community.
- ⌘ Facilitate the formulation of action plans that will not only benefit the community but also involve community members on a broader level.

WEEK 4:
MONITORING PROGRESS, MAKING CHANGES AND
BEING INTRODUCED TO A PASTORAL SKILL

DAY 1:
MONITORING THE PROGRESS OF THE PROJECTS AND
PLANNING THE WAY FORWARD

Guiding questions for this session:

- ✂ How have the planned action steps been implemented since the previous series of sessions?
- ✂ How have the projects been progressing?
- ✂ Which changes can be made to the projects or planned action steps?
- ✂ What is the way forward?

Objectives for this session:

- ✂ To facilitate a discussion on the progress of the initiated projects.
- ✂ To monitor the planned action steps in terms of the successful completion thereof (or not).
- ✂ To make changes to the planned actions where needed.
- ✂ To elaborate on action plans by adding more action steps and strategies if needed.
- ✂ To plan the way forward.

Proposed length of the session:

± 2½ hours.

Format:

- ✂ Focus group.
- ✂ Workshop activity.

Materials required:

- ✂ Lunch.
- ✂ 6 x posters of action plans constructed during the previous series of sessions.
- ✂ 6 x arrows that can be pasted on the posters.
- ✂ 12 x coloured pens (2 per group).
- ✂ Prestik.

Activities:

- ✂ Start with a light lunch (± 30 minutes). During this time, allow everyone to interact with one another informally.
- ✂ Reflect on the previous series of workshops and briefly introduce the sessions that will follow over the next three days (± 15 minutes).
- ✂ Facilitate a focus group discussion (separate focus groups for the separate schools) (± 45 minutes). Request the co-ordinator of each of the three task teams to report on the implementation of the action plans and the progress of the project. Ask them to use an arrow and indicate on their initial posters to what extent the planned action steps/strategies have been completed.
- ✂ Facilitate a workshop activity (± 30 minutes). Request the participants to work in their task teams and elaborate/adjust their action plans and strategies to follow in future, in order to meet the objectives of the project.
- ✂ Allow each group to present their adjusted action plans and future strategies to the rest of the group (separate schools in separate rooms), who may provide feedback, ask questions and elaborate (± 30 minutes).
- ✂ Conclude the session and arrange a suitable time for the following day's session.

Examples of activities:



Vegetable garden group



Beadwork group

DAY 2:

BEING INTRODUCED TO A PASTORAL SKILL

Guiding questions for this session:

- ✘ What is memory work?
- ✘ How is memory work done?
- ✘ How can educators use memory work in supporting learners or other community members psychosocially?

Objectives for this session:

- ✘ To introduce the participating educators to a skill that could be used in supporting learners or other community members, namely memory work.
- ✘ To facilitate a discussion on the manner of employing the technique of memory work.
- ✘ To facilitate a discussion on the potential use of memory work in the specific communities.

Proposed length of the session:

± 2½ hours.

Format:

- ✘ Discussions.
- ✘ Workshop activity.

Materials required:

- ✘ Lunch.
- ✘ Manual on memory work (Appendix D) – one for each of the participating educators.
- ✘ Containers/boxes for memory box making – one for each of the participating educators.
- ✘ Paper – 5 sheets for each of the participating educators.
- ✘ Coloured pens – one for each of the participating educators.

- ✂ 10 x glue.
- ✂ 10 x scissors.
- ✂ Magazines – one for each of the participating educators.

Activities:

- ✂ Start with a light lunch (± 30 minutes). During this time, allow everyone to interact with one another informally.
- ✂ Facilitate a discussion within the whole group (± 1 hour). Use the manual on memory work (Appendix D) to introduce memory work as a skill that could be used by educators in psychosocially supporting learners and other community members. Discuss the basic principles of the technique.
- ✂ Facilitate a workshop activity (± 30 minutes), during which participating educators make memory boxes. Provide each educator with a box, paper, coloured pens and magazines for this purpose. Educators can elaborate on their memory boxes after they have left the session.
- ✂ Facilitate a second discussion (± 30 minutes), focusing on the potential use of memory work by educators in their classrooms but also on a broader level.
- ✂ Conclude the session and arrange a suitable time for the following day's session.

Examples of activities:



DAY 3:

FINAL REFLECTION AND APPLICATION IN FUTURE

Guiding questions for this session:

- ✂ How can everything that has been discussed be used in future by educators?
- ✂ How can vulnerable children and child-headed households benefit from everything that has been discussed and occurred since the beginning of the project?

Objectives for this session:

- ✂ To explore the potential value of the project that the educators have been participating in.
- ✂ To reinforce accomplishments, e.g. enablement, enhanced self-image, achievement of goals.
- ✂ To explore the potential value for vulnerable children and child-headed households in the community.

Proposed length of the session:

± 1½-2 hours.

Format:

- ✂ Focus group discussion.

Materials required:

- ✂ Lunch.
- ✂ Certificates of attendance (Appendix E) – one for each participating educator.
- ✂ Wooden spoons – one for each of the participating educators.

Activities:

- ✂ Start with a light lunch (± 30 minutes). During this time, allow everyone to interact with one another informally.
- ✂ Facilitate a focus group discussion (one per school) (± 1-1¼ hours). Request the educators to discuss the value of their participation in the project, as well as the value it might hold for vulnerable children and child-headed households in the community.
- ✂ Conclude the session and the project. Present each participating educator with a certificate of participation (Appendix E), as well as a wooden spoon – as a symbol that they must “*keep the pap boiling*” in their community (± 15 minutes).

Examples of activities:



LIST OF REFERENCES

- Ammerman, A. & Parks, C. 1998. Preparing students for more effective community interventions: Assets assessment. *Family and Community Health*, 21(1): 32-46.
- Bouwer, C. 2005. Identification and assessment of barriers to learning. In E. Landsberg, D. Krüger & N. Nel (Eds.), *Addressing barriers to learning: A South African perspective*. Pretoria: Van Schaik Publishers.
- Ebersöhn, L. & Eloff, I. 2006. Life skills and assets. 2nd edition. Pretoria: Van Schaik Publishers.
- Kretzmann, J.P. & McKnight, J.L. 1993. Building communities from the inside out. A path toward finding and mobilizing a community's assets. Chicago: ACTA Publications.
- Kretzmann, J.P. & McKnight, J.L. 1997. A Guide to capacity inventories: Mobilizing the community skills of local residents. Chicago: ACTA Publications.
- Loots, M.C. 2005. ‘*n Verkenning van opvoeders se mobilisering van bates ter ondersteuning van gemeenskapshantering van MIV/VIGS*. Unpublished Masters dissertation. Pretoria: University of Pretoria.
- Mnguni, M.A. 2006. *Exploring the relationship between counselling skills and memory work with primary school children*. Unpublished Masters dissertation. Pretoria: University of Pretoria.
- Mokwena, K. 1997. Empowerment as a tool for community health development. *CHASA Journal of Comprehensive Health*, 8(2): 66-70.
- Odendaal, V. 2006. *Describing an asset-based intervention to equip educators with HIV&AIDS coping and support competencies*. Unpublished Masters dissertation. Pretoria: University of Pretoria.
- Sims, M. 2002. *Designing family support programs: Building children, family and community resilience*. Altona, Australia: Common Ground Publishing.

APPENDIX A
INFORMATION RELATED TO HIV&AIDS
WEEK 2, DAY 1

APPENDIX B
POLICY DOCUMENTS
WEEK 2, DAY 2

APPENDIX C
LIST OF POTENTIAL RESOURCES
WEEK 3, DAY 1

APPENDIX D
MANUAL ON MEMORY WORK
WEEK 4, DAY 2

APPENDIX E
CERTIFICATE OF PARTICIPATION
WEEK 4, DAY 3

Appendix H

SHEBA intervention manual

Attached on the compact disc (CD)