Caring for children during COVID-19: The experiences of South African families with children in middle childhood

by

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ABSTRACT

Caring for children during COVID-19: The experiences of South African families with children in middle childhood

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The effect of COVID-19 on the care of children in middle childhood is an under-researched phenomenon in South Africa. Family plays a vital role in the care and development of children. Due to the heavy restrictions during COVID-19, which included caregivers having to work from home, schools being closed, restricted movement of people and social distancing, families and children's lives were changed. COVID-19 affected families and children's wellbeing, thus the need to understand how caring for children in middle childhood during this time is of great importance. Exploring the experiences of families in South Africa, caring for children in middle childhood during the COVID-19 pandemic may assist the researcher in making area-specific recommendations for service delivery based on Bronfenbrenner's ecological theory as well as the Family Systems theory.

The goal of this study was to explore and describe the experiences of South African families caring for children in middle childhood, during the COVID-19 pandemic. An interpretivist qualitative research approach was used for an in-depth understanding of the holistic lived experiences of these families during the pandemic. An instrumental case study research design was used, as the researcher attempted to understand each case/family holistically, in order to explore the experiences of six families in South Africa, Gauteng. Semi-structured interviews were used to gather data from the participants, who have utilised the services of Kungwini Welfare Organisation, in Pretoria. An interview schedule assisted in guiding the interview.

The study indicated that families caring for children in middle childhood, during the pandemic, had common positive and negative experiences. These families made use of specific resources during the pandemic and developed certain coping mechanisms that mitigated the effect of the pandemic on their family system. Reference is made to

the developmental milestones of children in middle childhood as noted and understood by their caregivers. Caregivers were aware of the need to maintain their children's developmental milestones and thus provided opportunities for this at home during the pandemic. The study indicated that not all experiences during the COVID-19 pandemic were solely negative. According to the research results, the experiences of the family systems in South Africa, vary wildly based on the availability of resources and support systems.

It is recommended that services and social policy frameworks guiding services, be implemented for the inclusion of and quality service delivery to families with children in middle childhood, with specific focus on a pandemic. Furthermore, the training of social workers needs to be continuously refined to suit the needs of families with children in middle childhood specifically, the inclusion of the systems involved with families.

Key Concepts:
Care of a child
Children in middle childhood
COVID-19
Families
Pandemic
Caregiving

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CHAPTER 1: INTRODUCTION

1.1 INTRODUCTION

In the early part of 2020, CoronaVirus Disease of 2019 (COVID-19) changed the way people both globally and locally would function for the foreseeable future, as a result of the COVID-19 pandemic and the standstill it brought into society (Calvano, Engelke, Bella, Kinderman, Renneberg & Winer, 2021:1; Kent, Ornstein & Dionne-Odom, 2020:66; Ravens-Sieberer, Kaman, Erhart, Devine, Schlack & Otto, 2021:1). Chigangaidze (2021:110) emphasises that humans exist in an interconnected system and that all systems were influenced by the COVID-19 pandemic. Families faced death, loss of income, insecure attachments, decreased boundaries, anxiety, depression, mental health and overall illness, and various other stressors (Prime, Browne & Wade, 2020:631; Ravens-Sieberer et al., 2021:1; Russell, Hutchison, Tambling, Tomkunas & Horton, 2020:671). As such, in South Africa, the systems that caregivers and children exist in, were also affected by the onset of the pandemic.

A family is a system that society cannot function without (Department of Social Development, 2021:182). In South Africa, the interconnectedness of the family system and the problematic nature of the economic structure over the last number of years has impacted the reality of many caregivers and their ability to provide and care for their children (Department of Social Development, 2012:5; Kent et al., 2020:66). The COVID-19 pandemic further exacerbated the challenges experienced by families and caregivers of children (Prime et al., 2020:631). Stressors that previously impacted caregivers and the influence it has on how they raised their children, as a result, have heightened as a result of the global context in which people now live and function (Gassman-Pines, Ananat & Fitz-Henley, 2020:2).

Stressors that some caregivers may have faced include financial strain that worsened during the peak of the pandemic. During the pandemic prolonged periods of time spent at home, domestic violence became progressively harder to combat and was intensified by the stress caused by unemployment (Kent et al., 2020:66; Prime et al., 2020:631). Another factor that added to the stress experienced by caregivers was food insecurity which was amplified due to unemployment, accessing food and food shortages due to panic buying during the 2020 lockdown (Gassman-Pines et al.,

2020:2). During the COVID-19 pandemic, social interactions, and systems that a child and caregiver engaged in changed dramatically, as interactions decreased and friends and social groups were also cancelled because of COVID-19 restrictions (Russell et al., 2020:672). A brief overview of international, regional, and national research provided clarity on the need for research on this phenomenon.

International authors have focused on the pressure caregivers are under and the influence it has on childhood experiences. These studies reflected the overall well-being of families during the peak of the COVID-19 pandemic (Calvano et al., 2021:1; Gassman-Pines et al., 2020:2; Kent et al., 2020:66; Lee, Ward, Chang & Downing, 2021:1).

Regionally and locally, there was a lack of research about the pandemic and childcare, especially children in middle childhood. This was based on a review of the databases at the library of the University of Pretoria (ProQuest - Coronavirus Research Database, EBSCOhost, JoVE, Sabinet African Journals, and CINAHL). There has been research done and written up on the impact that the pandemic had on the child, the educational responsibilities of the parents, and the emotional impact of isolation (Calvano et al., 2021:1; Gassman-Pines et al., 2020:2; Kent et al., 2020:66; Prime et al., 2020:631). However, there was little research in the area of the impact on care in families with children in middle childhood in South Africa. There was a need for research in this area to contribute to understanding parenting children, in middle childhood. Furthermore, it was hoped that through the research, an understanding of how services for families during pandemics may be structured to best assist them to care for their children, during times of distress and increased stress. Bronfenbrenner's Ecological Systems Theory and the Family Systems Theory allowed the exploration and interpretation of the micro, meso, exo, macro, and chrono systems from a holistic view (Harris & Graham, 2014:4; Prime et al., 2020:632).

In this study, the key concepts adopted for this study are the following:

Care of a child
In the context of this study, care of a child "… is a fundamental attribute of a family that allows them to maintain a child's life and an essential characteristic for the

development of essential components of a child's social life" (Malfitano & Sakellariou, 2019:681).

Children in middle childhood

Children in middle childhood is understood as "A child between the ages of six and twelve is considered to be in middle childhood" (Louw & Louw, 2014:225). In the study, children in this age bracket are the focus.

COVID-19

For this research COVID-19 refers to "a novel, highly contagious but preventable disease caused by a coronavirus (SARS-VoV-2)" (Russell et al., 2020:671).

Families

Families in South Africa have different forms. The Revised White Paper on Families in South Africa published in 2021 defines the family as: "A societal group that is related by blood (kinship), adoption, foster care, or the ties of marriage (civil, customary, or religious), civil union or cohabitation, and goes beyond a particular physical residence" (Department of Social Development, 2021:5). This is the definition that is used for the purpose of the research.

Pandemic

COVID-19 was declared a pandemic. In referring to the pandemic in this study, the definition by Qiu, Rutherford, Mao and Chu (2017:3) is used. The pandemic described in the research refers to "Disease outbreaks that become widespread as a result of the spread of human-to-human infection are described as pandemics."

Caregiving

Caregiving of a child in this research means to "prepare food, feed children, provide psychosocial stimulation, ensure hygiene practices, provide care during illness, provide financial and logistical resources for a child" (Rakotomanana, Walters, Komakech, Hildebrand, Gates, Thomas, Fawbush & Stoecker, 2021:1). The Revised White Paper on Families (2021:iv) describes caregiving as referring to several aspects of caring for members of a family and can include emotional care of sharing feelings

of attention and concern to physical care. In the context of this study caregiving includes all the above aspects in relation to caring for a child.

A caregiver of a child in this research means to be the person who performs the action of nutrition, feeding, providing psychosocial stimulation, ensuring that hygiene is practiced and providing for a child's physical, financial and emotional needs. (Rakotomanana, Walters, Komakech, Hildebrand, Gates, Thomas, Fawbush & Stoecker, 2021:1). Within this study, the term will be used in synonymously with the term 'parent'.

1.2 PROBLEM STATEMENT AND RATIONALE

The problem statement for this study was that the effect of COVID-19 on the care of children in middle childhood was an under-researched phenomenon. Family plays a vital role in the care and development of children; therefore, the knowledge base required an expansion of the factors that impact the care a child in middle childhood received from parents/caregivers during the COVID-19 pandemic. A way of limiting the COVID-19 pandemic's influence on families across the world needed to be evaluated from the diverse perspectives of the context that the research found itself in, to make area-specific recommendations for service delivery (Patrick, Henkhaus, Zickafoose, Lovell, Halvorson, Loch, Letterie & Davis, 2020:2).

A review of numerous databases (ProQuest - Coronavirus Research Database, EBSCOhost, JoVE, Sabinet African Journals, and CINAHL) resulted in no data specifically focusing on the care of children in middle childhood in South African families during the COVID-19 pandemic. Despite consultation of the online library of the University of Pretoria revealing minimal data on COVID-19, caregivers, and children in middle childhood, consultation revealed extremely limited literature on the study topic in a South African context. Therefore, the evident lack of relevant literature and studies highlighted how under-researched this phenomenon was.

The rationale for the study was to explore and describe the extent to which COVID-19 affected the parents/caregivers and children. The boundaries of the work/home/school environments became severely blurred due to the COVID-19 pandemic, resulting in adjustments in the work/home/life/school equation. With the added stress and demands on parents/caregivers and children, the caregiving of children and the lives

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of children have been impacted. Social work as a profession in South Africa from a developmental perspective is at the forefront of facilitating intervention that alleviates the impact of the COVID-19 pandemic on families and children. The study enables social workers to make decisions and render services from this specific frame of reference (Gassman-Pines et al., 2020:2; Quetsch, Bradley, Jackson & Onovbiona, 2022:8).

The overarching research question the study seeks to answer was:

"What were the experiences of South African families of caring for children in middle childhood during Covid-19?"

1.3 GOAL AND OBJECTIVES FOR THE STUDY

The goal of the study was to explore and describe the experiences of South African families of caring for children in middle childhood during the COVID-19 pandemic.

To achieve the goal of the study, the following objectives were achieved:

- To explore and describe the negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic.
- To explore and describe how the pandemic has affected the provision of resources that met the needs of children in middle childhood.
- To explore and describe the influence of COVID-19 on developmental milestones of children within middle childhood's functioning and development.

1.4 OVERVIEW OF RESEARCH METHODOLOGY

The study made use of a qualitative research approach, which allowed for the researcher to explore and describe the experiences of caregivers caring for the children in middle childhood during the COVID-19 pandemic. Using this approach allowed for rich data to be collected from the participants (Cooper & White, 2012:6; Lietz & Zayas, 2010:189; Rahman, 2016:104; Trainor & Graue, 2013:129). Furthermore, an instrumental case study design was used in order to understand each participant's case individually (Heale & Twycross, 2018:7).

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The research participants included caregivers or parents caring for children in middle childhood in the Tshwane area in Gauteng. All participants were recruited from Kungwini Welfare Organisation, which is an NGO where the participants had received services from. A non-probability sampling approach was used and more specifically purposive sampling was used in order to select participants that best fit the criteria for the research.

Data was collected through semi-structured interviews, which allowed the researcher to ask open-ended questions and to probe in order to clarify responses, in order to gather data that was rich (Newcomer, Hatry & Wholey, 2015:493). Participants were interviewed until data saturation was reached. A pilot study was done in order to test the research tool. A voice recorder was used to capture the interviews conducted.

On completion of the interviews, the recordings were transcribed and thematic analysis was used to make sense of the data (Terry, Hayfield, Clark & Braun, 2017:13). The data was initially coded and themes were identified through this process. The themes and sub-themes identified are reported in chapter four of the research report.

1.5 CHAPTER OUTLINE
The research will be structured as follows:

Chapter 1: Introduction
In the first chapter a brief overview and background of the study is provided.

Chapter 2: Literature Review
The second chapter encapsulates a literature review which outlines the knowledge gap, the theoretical framework underpinning the study provides context for the study, the problem statement and rationale, the research question, the goal, and research objectives.

Chapter 3: Research Methodology
Chapter three outlines the entirety of the research methodology. Ethical considerations are also outlined that were considered during the study.

Chapter 4: Key findings

In this chapter of the study, the key findings are presented.

Chapter 5: Conclusions and Recommendations

In the concluding chapter of the study, the conclusions, and practical recommendations are presented based on the key findings of the study.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

The following chapter will begin by providing a brief understanding of the family in South Africa. Following this, the chapter will focus on the child who is in the middle childhood phase and the role of caregivers during this time in a child's life. This will be proceeded by looking at how the COVID-19 pandemic has impacted upon caregivers and their ability to care for their children. The chapter will end with a presentation of the theoretical framework that was used to guide the research.

2.2 FAMILIES IN SOUTH AFRICA

Families in South Africa vary in terms of structure, cultural practices, and socioeconomic backgrounds (Children's Act 38 of 2005; Department of Social Development, 2021). South Africa is a diverse country, with various cultural groups that have their own unique family practices, traditions, and values, which contribute to the rich tapestry of family life in the country. Due to several factors such as migration, urbanisation, and changing societal norms, family structures and forms have changed in South Africa (Adebiyi, Donga, Omukunyi & Roman, 2022:1236; Rabe & Naidoo, 2015:2). Extended families play a significant role in caring for children in South Africa. It is common for relatives from different generations, such as grandparents, aunts, uncles, and cousins to live together or in close proximity, providing support and care for one another (Adebiyi et al., 2022a:1236).

Socioeconomic factors influence family dynamics in South Africa. Income disparities, poverty, and unemployment rates impact the well-being and stability of families, affecting access to resources and opportunities (Adebiyi et al., 2022a:1236; Engelbrecht, 2023:377). Families in South Africa face various challenges like, violence and substance abuse in combination with the economic challenges and the impact of historical inequalities plays a significant role in how families access specific resources to address these challenges (Engelbrecht, 2023:377).

However, families demonstrate resilience and resourcefulness in navigating these challenges, often relying on strong social networks and community support (Painter, Booth, Letcher, Olsson & McIntosh, 2023:4). When faced with social issues, families

show what potential they have for growth, they portray their ability to use resources within their environment that could assist them in managing external stressors (Engelbrecht, 2023:377). It is crucial to understand the resilience and resourcefulness of South African families as it indicates the capacity of society to strengthen these attributes to use for focused support efforts in South Africa in the future (Engelbrecht, 2023: 377; Painter et al., 2023:4). By focusing on the resilience and resourcefulness of South African families, an emphasis can be placed on the strengths of the family system to facilitate growth and strengthen the family relationships and systems within the country (Painter et al., 2023:17).

Focusing on the family system in South Africa will be substantiated in the following section by focusing on the child in middle childhood and what is required in the entire system for the child to meet developmental milestones.

2.3 UNDERSTANDING MIDDLE CHILDHOOD

Middle childhood is a critical developmental period in a child's life. A child aged 6 – 12 years is a child in middle childhood (Louw & Louw, 2014:225). To fully understand the experience of caregivers/parents of children in middle childhood during the COVID-19 pandemic, it is important to understand the child in this stage of their development first.

Children in middle childhood experience a slow, steady growth in height and weight, with boys typically being slightly taller and heavier than girls (Batra, 2013:259; Louw & Louw, 2014:256). They become more coordinated and balanced, and their motor skills improve, allowing them to participate in a variety of sports and activities such as writing, using tools, drawing, jumping, running, and playing sports (Arnett & Maynard, 2017:420; Batra, 2013:259; Louw & Louw, 2014:256).

During middle childhood, a child's thinking becomes increasingly logical and abstract and presents with improved problem-solving abilities (Louw & Louw, 2014:256). They can understand cause-and-effect relationships and can think critically and creatively (Glowiak & Mayfield, 2016:370). Children in this stage can retain memories better than in early childhood and have a better attention span (Louw & Louw, 2014:256). They also develop a better grasp of language and use it to communicate effectively and express themselves (Louw & Louw, 2014:256).

Children in middle childhood start understanding and using humour, sarcasm, and figurative language (Arnett & Maynard, 2017:298; Glowiak & Mayfield, 2016:370). Piaget believed that children in middle childhood (ages 7-11) enter a stage of cognitive development called the concrete operational stage (Berk, 2013:252; Soon, Tan, Priyadarshini, Revati, & Rosalind, 2022:247). In this stage, children begin to think more logically and systematically about concrete objects and events. They become less egocentric and can take the perspective of others (Berk, 2013:252). They can classify and categorise information (Arnett & Maynard, 2017:298). Piaget believed that children in middle childhood make significant strides in their cognitive development (Soon et al., 2022:247).

With regards to social development, children in middle childhood become more social and begin to form close friendships with peers with which they share interests. They also develop a better understanding of social rules and norms, which helps them to navigate complex social situations as well as their sense of identity and esteem (Louw & Louw, 2014:262). During this stage, children are developing a sense of industry or competence as they become more capable of mastering new skills and taking on new challenges (Batra, 2013:259).

Erikson also noted that children in this stage may struggle with a sense of inferiority if they feel that their efforts are not met with recognition or success (Batra, 2013:259). He believed that caregivers and educators can help support children's development during middle childhood by providing opportunities for them to engage in meaningful activities and by giving them appropriate praise and feedback for their efforts (Batra, 2013:259; Louw & Louw, 2014:259).

Children in middle childhood develop emotionally by becoming more emotionally nuanced and they can identify and express a greater range of emotions (Arnett & Maynard, 2017:420). They can process more complex emotions (pride and shame) and more than one emotion is experienced at the same time (Louw & Louw, 2014:259-260). They also become more empathetic and can understand others' perspectives (Louw & Louw, 2014:260). Competence becomes the main source of a child's self-esteem during this stage of psychosocial development (Arnett & Maynard, 2017:420). Children in middle childhood can hide unwanted/negative emotional reactions and can understand the cognitive role played in managing their emotions (Louw & Louw,

2014:260). The above enhances the ability to develop a sense of responsibility and independence.

The various familial and social systems in a child in middle childhood play a significant role in their development. The next section will look at the COVID-19 pandemic and the impact it had on the family system.

2.4 THE COVID-19 PANDEMIC

COVID-19, also known as the coronavirus disease, is a highly contagious respiratory illness caused by the novel coronavirus (SARS-CoV-2) (Adebiyi et al., 2022a:1236; Engelbrecht, 2023:377; Painter et al., 2023:1). Since its emergence in late 2019, the pandemic has had a significant impact on families worldwide, this includes day-to-day activities, health, education, employment, and overall well-being (Engelbrecht, 2023:377).

During the pandemic, families had to make significant lifestyle changes to prevent the family system from contracting the virus (Adebiyi et al., 2022a:1236; Department of Health, 2022:1). Families had to adapt and learn new health and safety measures, such as practising social distancing, wearing masks, and frequently washing hands to reduce the risk of transmission (Department of Health, 2022:1).

The section below explores the healthcare, social and psychological impact of the COVID-19 pandemic on families.

2.4.1 Healthcare needs during the COVID-19 pandemic

There were a considerable amount of healthcare needs that affected families and their functioning during the COVID-19 pandemic (Fouché, Fouché & Theron, 2020:104710; Moore, Zielinski, Thompson, Willis, Purvis & McElfish, 2021:5680; Prime et al., 2020:631). Due to the nature of the virus and the already overburdened healthcare system in South Africa, the constraints on the healthcare system were amplified (Fouché et al., 2020:104710; Naidu, 2020:560). Treatment and managing cases (hospitalisation, providing supportive care and access to medical care) placed an immense burden on the entire healthcare system in South Africa during the different waves of the pandemic (Fouché et al., 2020:104710; Naidu, 2020:560). As a result, stress, anxiety, and depression increased and adequate access to mental health services was limited due to lockdown regulations for a specific amount of time (Moore et al., 2021:5680; Naidu, 2020:560; Prime et al., 2020:631).

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Information regarding the virus was distributed on social media platforms to reach the greater community, however, misinformation spread regarding the virus as well and the initiatives for vaccinations were challenged (Rwafa-Ponela, Price, Nyatela, Nqakala, Mosam, Erzse, Lalla-Edward, Hove, Kahn, Tollman & Hofman, 2022:6). Telehealth and remote care increased during the COVID-19 pandemic to minimise the spread of the virus (Rwafa-Ponela et al., 2022:6). However, families without access to social media and other resources could not make use of these services or missed appointments in remote care settings, due to the fear created by social media (Rwafa-Ponela et al., 2022:6).

Additionally, families that lived together had to find creative ways of isolating themselves from one another if they were exposed to the virus (Engelbrecht, 2023:377; Fouché et al., 2020:104710). Occasionally, family members needed to be admitted to hospital due to the nature of their medical condition (Engelbrecht, 2023:377). All the above played a role in the strain that families experienced during the pandemic (Moore et al., 2021:5680; Rwafa-Ponela et al., 2022:6).

Families faced death, loss of income, insecure attachments, decreased boundaries, anxiety, depression, mental health and overall illness, and various other healthcare stressors (Engelbrecht, 2023:377; Fouché et al., 2020:104710; Prime et al., 2020:631; Ravens-Sieberer et al., 2021:1; Russell et al., 2020:671; Rwafa-Ponela et al., 2022:6).

2.4.2 Implications of isolation during the pandemic

To understand the social impact of the COVID-19 pandemic, this section will highlight the implications of isolation during the COVID-19 pandemic, the impact of the lack of peer support, the effect of social media, general well-being and the economic consequences and supportive services during the COVID-19 pandemic.

The South African government implemented measures to curb the spread of the COVID-19 virus within the country. Lockdowns, quarantines, and social distancing were used as the main measures to achieve this goal (Engelbrecht, 2023:377; Fouché et al., 2020:104710; Prime et al., 2020:631; Rwafa-Ponela et al., 2022:6). During the pandemic, these measures were put into place for the safety of the South African society, but there were severe social implications related to the measures employed.

Isolation during the COVID-19 pandemic led to feelings of loneliness, anxiety, depression, and other mental health issues (Engelbrecht, 2023:378; Rwafa-Ponela et al., 2022:7). Combined with limited social interaction and restrictions on daily living, social isolation caused increased mental health problems, putting pressure on South African families (Rwafa-Ponela et al., 2022:7). Vulnerable populations experienced increased levels of anxiety and stress which impacted upon the overall well-being of the family system (Engelbrecht, 2023:378). A prime example of this was the increase in domestic violence because of lockdown and social isolation, that was perpetuated by mental health issues and victims finding it difficult to seek safety from an abusive home environment (Moore et al., 2021:5680; Osofsky, Osofsky, & Mamon, 2020:468).

Social isolation and distancing caused limitations in social, religious, cultural, and recreational activities. These activities facilitate important social connections and a sense of community (Adebiyi, Goldschmidt, Benjamin, Sonn, Rich & Roman, 2022b:10; Engelbrecht, 2023:378). The limitation in connection and sense of community placed emphasis on the mental health issues that existed prior to the COVID-19 pandemic (Painter et al., 2023:4). Being unable to follow pre-COVID routines as a family, participating in family gatherings and socialisation increased the stress that parents experienced (Engelbrecht, 2023:379).

The stress that parents experienced as a result played a role in the well-being of their children as indicated by a study conducted by Gassman-Pines, Ananat and Fitz-Henley (2020:2) in America with workers who worked hourly and had a young child. The study was conducted to ascertain whether their hypothesis was correct - that parent and child psychological well-being worsened during the COVID-19 pandemic. Through the study it was found that parent-child psychological well-being had been impacted. Despite focusing on vulnerable caregivers and families, all measures used for psychological well-being were heightened during the COVID-19 pandemic. The authors indicated that the worsening of psychological well-being impacted on negative mood, a decline in mental health and children not cooperating (Gassman-Pines et al., 2020:1). This all was directly related to social isolation of families.

The decline in psychological well-being in combination with social distancing and isolation, isolation from peers and other support systems as well as changing work schedules and blurred boundaries in the work-life balance has had a significant impact

on the overall psychological well-being of parents and children (Adebiyi et al., 2022b:10; Engelbrecht, 2023:378).

2.4.3 The lack of peer support during the pandemic

During the COVID-19 pandemic, schools in South Africa were closed, and children were to stay at home with their parents/family to curb the spread of the virus. This meant children were not able to see friends or participate in extracurricular activities, which resulted in limited peer support for prolonged periods of time (Adebiyi, Roman, Chinyakata & Balogun, 2021:235; Shoshani & Kor, 2022:1365).

Peer support is a central part to the well-being and development of middle childhood (Hanley, Symonds & Horan, 2022:3; McArthur, Racine, McDonald, Tough & Madigan, 2021:224). Children in this age group learn social and emotional skills in peer groups that assist them in maintaining common social morals (Batra, 2013:250; Carr, 2015:28). During peer interactions, children go through the process of managing conflict with their peers which aids in the development of competence and cooperation as well as problem-solving (Batra, 2013:250; Carr, 2015:28).

During the pandemic peer influence and support were limited, children had limited opportunities to learn from each other (Adebiyi et al., 2022b:2; Donga, Roman, Adebiyi, Omukunyi & Chinyakata, 2021:11). Children learn by initiating play as a common language and share in experiences that allow for developmentally appropriate problem-solving abilities to meet social and developmental outcomes that lead them into the next developmental phase of their life (Adebiyi et al., 2022a:8; Batra, 2013:250; Prime et al., 2020:631). Not being able to fulfil the above-mentioned could result in stress, loneliness, isolation, a low sense of belonging and distress which affects the overall mental health and well-being of the child (Hanley et al., 2022:8; Shoshani & Kor, 2022:1366). This increases the possibility of feeling disconnected from their peer group and moving to the next developmental stages with the abovementioned impacting upon the child's mental health in later years (McArthur et al., 2021:224).

Peer support and friendships allow children to share thoughts and feelings with their peer group to process. During the pandemic, this aspect was not readily available as when children were going to school (Hanley et al., 2022:3). This support also plays a role in how children deal with challenging situations, it creates a connected experience

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for children to deal with similar situations together and this was not possible during lockdown periods which lead to less opportunities to adopt coping mechanisms from each other through socialisation (Shoshani & Kor, 2022:1365). Limited social opportunities with peers, lowered certain social skills relating to coping with conflict, showing empathy and communicating with people outside the family structure (Hanley et al., 2022:4; Shoshani & Kor, 2022:1365). Just as children learn specific developmentally appropriate skills from their peers, parents also depended on other parents to provide support in parenting prior to the pandemic (Adebiyi et al., 2022b:2).

Various efforts were used to try and ease the load of the lack of peer support during the COVID-19 pandemic, and social media played a part in creating a sense of connectedness between peers.

2.4.4. Social media

Among the changes the pandemic brought to the South African society, children experienced disruptions in their routines, education, and social interactions (Adebiyi et al., 2022a:1239; Calvano et al., 2021:2; Charatcharoenwitthaya & Niltwat, 2022:896; Engelbrecht, 2023:382). As seen from the previous section schooling and isolation posed risks to the social and emotional development of the child (Akseer, Kandru, Keats & Bhutta, 2020:252; Donga et al., 2021:4; Engelbrecht, 2023:382; Feinberg, Mogle, Lee, Tornello, Hostetler, Cifelli, Bai & Hotez, 2022:370; Ravens-Sieberer et al., 2021:5). The increased reliance on online platforms for work, education, and socialising has illuminated the existing problems in digital access and skills, further marginalising children and families who already did not have access to this, as well as those who did not have access to reliable internet connections or digital literacy proficiency (Rukasha, 2023:5; Rwafa-Ponela et al., 2022:2; Spjeldnæs, 2021:410; Zar, Dawa, Fischer & Castro-Rodriguez, 2020:72).

One of the significant influences during these times has been the role of social media (Rukasha, 2023:6). Social media platforms became invaluable tools for sharing information related to COVID-19 (Rukasha, 2023:1; Rwafa-Ponela et al., 2022:7). These platforms played a role in spreading updates from health organisations and government authorities, effectively reaching, and informing a big section of society (Rukasha, 2023:1). Social media also contributed to creating fear around the virus, as misinformation and rumours related to the pandemic flourished in spaces (Rukasha,

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2023:1). The spread of inaccurate information created confusion and caused harm to families that did not have the means to fact-check (Moore et al., 2021:5680; Rwafa-Ponela et al., 2022:7; Zar et al., 2020:71).

The exposure to pandemic-related content on social media contributed to impacting mental health negatively (Mahlangu, Gibbs, Shai, Machisa, Nunze & Sikweyiya, 2022:1029; Moore et al., 2021:5680). The constant influx of news and discussions contributed to heightened anxiety and stress in families. During the pandemic people were to practise digital well-being, regulating their exposure to negative content to safeguard their mental health (October, Petersen, Adebiyi, Rich & Roman, 2021:8; Osofsky et al., 2020:468).

Contrary to the challenges social media posed, it also exhibited potential to provide emotional support and forge connections during times of physical distancing (Lee et al., 2021:4). It offered a platform for individuals to share their experiences, connect with others, and extend emotional support to provide different forms of peer support (Lee et al., 2021:5). Some examples included virtual communities, online support groups, and virtual events emerged as effective ways to counteract the feelings of isolation (Rukasha, 2023:9). This led to increased awareness about issues such as healthcare disparities, economic challenges, and social justice concerns (Lee et al., 2021:5). By providing a platform for these voices, social media has been instrumental in fostering a more inclusive and informed dialogue (Lee et al., 2021:5; Rukasha, 2023:9).

The COVID-19 pandemic prompted the utilisation of social media platforms for remote work and online learning (Engelbrecht, 2023:382; Moore et al., 2021:5680). These platforms have facilitated communication, collaboration, and knowledge sharing among professionals, students, and educators (Engelbrecht, 2023:382; Lee et al., 2021:5). As remote interactions continued as a significant part of daily life, the role of social media in facilitating these connections succeeded post-COVID (Engelbrecht, 2023:382).

The COVID-19 pandemic highlighted the influence of using social media across various domains (Lee et al., 2021:5). From being a vital source of information and emotional support to exacerbating misinformation and impacting mental health. Social media remains essential for harnessing connection while focusing on its positive

potential while mitigating its negative consequences to increase general well-being in the South African society – provided more people have access to social media (Engelbrecht, 2023:382; Feinberg et al., 2022:365).

Understanding the impact of social media on the general well-being of South African parents and children can assist in lessening the challenges in future pandemics and increase resilience.

2.4.5. Economic challenges and Supportive services

The psychological well-being of parents was negatively impacted by the pandemic's economic consequences, mirroring findings from prior studies that indicate a decline in adult mental health during economic crises (Gassman-Pines et al., 2020:6). The aftermath of the pandemic's economic upheaval profoundly affected families, as job losses, reduced work hours, and financial instability imposed significant stress on households (Adebiyi et al., 2022a:1236; Osofsky et al., 2020:468). Families were forced to make difficult decisions concerning budgeting, debt management, and meeting essential needs, resulting in heightened levels of anxiety and strain within family dynamics (Adebiyi et al., 2022a:1236; Gassman-Pines et al., 2020:6; Osofsky et al., 2020:468).

In the context of the COVID-19 pandemic in South Africa, a range of support systems emerged to aid citizens during these trying times (Fouché et al., 2020:104710; October et al., 2021:6). These systems encompassed various aspects, from financial relief to emotional (counselling services) and healthcare support (accessible testing and treatment) (Rwafa-Ponela et al., 2022:7). For instance, relief funds and social grants were established by both governmental and private entities to assist individuals facing financial hardship due to the pandemic's effects (Engelbrecht, 2023:382). Moreover, provisions were made for distributing food to those who found themselves in need, addressing issues of food insecurity exacerbated by the pandemic (Greyling, Rossouw & Adhikari, 2021:4; Mahlangu et al., 2022:1029; October et al., 2021:6).

These supportive measures reflected an attempt at a holistic approach to mitigating the impacts of the pandemic (Engelbrecht, 2023:382). By recognising the diverse needs of individuals and families, South Africa aimed to provide comprehensive assistance and resources during these unprecedented times (Rwafa-Ponela et al., 2022:17). These attempts were made in hopes of supporting society.

Looking at the impact of the COVID-19 pandemic on families, it is essential to understand the role of caregiving and the carer during the COVID-19 pandemic in families with children in middle childhood.

2.5 CAREGIVING AND THE ROLE OF THE CARER DURING COVID-19

Understanding caregiving and the role of the carer during the COVID-19 pandemic provides insight into the experiences of the caregiver and the family structure and allows for initiatives to provide support to caregivers in the future and to increase resilience and resourcefulness within the caregiver.

2.5.1 The role of the carer

The COVID-19 pandemic brought about significant changes to daily life, particularly for caregivers and parents (Adebiyi et al., 2022a:1236; Calvano et al., 2021:2; Feinberg et al., 2022:370; Quetsch et al., 2022:5). As schools closed and remote learning became the norm, caregivers assumed increased responsibility for their children's education, while also grappling with the challenges of balancing work and caregiving (Gassman-Pines et al., 2020:6; Russell et al., 2020:671; Rwafa-Ponela et al., 2022:12). Additionally, the pandemic's impact on mental health and safety measures introduced further complexities for caregivers (Moore et al., 2021:5680; Prime et al., 2020:631; Quetsch et al., 2022:5; Ravens-Sieberer et al., 2021:5).

With the closure of schools and the transition to remote learning, caregivers found themselves playing a more active role in their children's education (Feinberg et al., 2022:370; Gassman-Pines et al., 2020:6; Simpkins, Tulagan, Lee, Ma, Zarrett & Vandell, 2020:2281; Zar et al., 2020:72). They became facilitators of learning at home, ensuring that their children remained engaged with their studies despite the absence of traditional classroom settings (Adebiyi et al., 2022a:1236; Kent et al., 2020:66). This shift demanded adaptability and creativity to maintain educational progress (Fouché et al., 2020:104710; Kent et al., 2020:66).

One of the most pressing challenges faced by caregivers during the pandemic was the delicate balance between work responsibilities and increased caregiving demands (Adebiyi et al., 2022a:1236; Fouché et al., 2020:104710; Quetsch et al., 2022:5). With workplaces transitioning to remote setups and schools closing, parents were confronted with the task of managing both professional commitments and childcare responsibilities (Kent et al., 2020:66; Rwafa-Ponela et al., 2022:12). The need to

supervise online learning and attend to children's needs added an extra layer of complexity to their workdays (Kent et al., 2020:66; Rwafa-Ponela et al., 2022:12).

The pandemic brought about emotional challenges for children, who grappled with anxiety, stress, and confusion due to the disruption of their daily lives (Calvano et al., 2021:2; Donga et al., 2021:1; Engelbrecht, 2023:378). Caregivers stepped in to provide the necessary emotional support, offering reassurance, comfort, and guidance during uncertain times (Donga et al., 2021:1; Engelbrecht, 2023:378). This role as emotional anchors was vital in helping children navigate their emotions and adapt to the changing circumstances (Adebiyi et al., 2022a:1236; Feinberg et al., 2022:370).

Caregivers took on the responsibility of implementing and enforcing health and safety measures at home to protect their children's well-being. Practising good hygiene, wearing masks, and maintaining social distance became essential practices in their daily routines (Calvano et al., 2021:2; Feinberg et al., 2022:370; Gassman-Pines et al., 2020:6). By prioritising these measures, caregivers played a crucial role in safeguarding their children's health and promoting a sense of security during a time of uncertainty (Calvano et al., 2021:2).

Navigating the uncertainties brought about by the pandemic was another challenge caregivers faced. Guidelines and restrictions evolved rapidly, necessitating constant adjustments in daily routines and activities (Adebiyi et al., 2022b:1236; Russell et al., 2020:671). Caregivers had to be adaptable and resilient, ensuring that their children were informed about the situation while maintaining a sense of stability in their lives (Calvano et al., 2021:2; Feinberg et al., 2022:370).

The COVID-19 pandemic posed multifaceted challenges to caregivers and parents. Balancing work and caregiving responsibilities, providing emotional support, enforcing health and safety measures, and managing uncertainty all required a heightened level of dedication and flexibility. Through their efforts, caregivers demonstrated unwavering commitment to their children's well-being and growth, highlighting the resilience of families in the face of adversity (Adebiyi et al., 2022b:1236).

2.5.2 Caring for children in Middle Childhood
Some of the most important aspects a child in middle childhood requires from their caregiver during this phase are security, stability, and consistency (Rwafa-Ponela et

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al., 2022:12). Combined with feeling secure they need emotional support and guidance from a positive role model as well as their peers. The COVID-19 pandemic removed some of the aspects above as well as structure in the form of structured education and normal routine (Rwafa-Ponela et al., 2022:12).

During the COVID-19 pandemic, caregivers/parents of children in middle childhood faced many challenges (Nguse & Wassenaar, 2021:304; Painter et al., 2023:3). These challenges included the disruption of the child's routine, changes in their learning environment, and social isolation due to lockdown periods and social distancing measures as indicated in the section above.

Additionally, caregivers/parents had to adapt to their child's changing emotional needs (Painter et al., 2023:4). Many children in middle childhood experienced anxiety and stress due to the COVID-19 pandemic, including fears about getting sick, missing social interactions, and the uncertainty of the future (Engelbrecht, 2023:378). Caregivers/parents have had to provide emotional support and stability for their children, while managing their own anxieties and concerns (Painter et al., 2023:4).

School closures had a significant impact on parents with children in middle childhood (Akseer et al., 2020:252; Gassman-Pines et al., 2020:6; Quetsch et al., 2022:5). Parents who were working and those in lower-income groups, struggled more significantly emotionally while managing their children's schooling needs (Rwafa-Ponela et al., 2022:12). The stress and anxiety experienced in managing the balance of the family system, added significant pressure, making care for middle childhood challenging.

One of the many challenges that caregivers/parents faced was managing their child's education. With schools that were closed or transitioning to remote learning, parents had to balance their own work responsibilities with their child's educational needs. This could potentially be a highly stressful experience, especially for parents who were not experienced or trained educators. Families fulfil their role best when they operate in an enabling and supportive environment (Donga et al., 2021:1; RSA, Ministry for Social Welfare and Population Development, 2021:145).

The effects on family dynamics were exacerbated by the shutdown of schools, which resulted in interruptions to schooling and presented significant difficulties for children

from poor families. These children lacked the essential electronic gadgets and internet connection required to engage in remote learning activities (Engelbrecht, 2023:378). The lack of resources to access specific resources to maintain the educational milestones impacted middle to lower-class caregivers/parents in strenuous ways. These elevated feelings of isolation, experiencing challenges in self-regulating their feelings and struggling to maintain positive care abilities (Feinberg et al., 2022:371).

2.5.3 Coping Mechanisms during COVID-19

The impact of the pandemic on family life was significantly compounded by the closure of schools, introducing a series of disruptions to education that particularly affected children from lower-income households (Simpkins et al., 2020:2281; Zar et al., 2020:73). These disruptions not only underscored the digital divide but also posed challenges for children who lacked access to electronic devices and the internet necessary for participating in remote educational activities (Rukasha, 2023:5).

Amidst these trials, caregivers displayed remarkable resilience and resourcefulness, often employing various coping strategies to navigate the complexities of this unprecedented situation (Fouché et al., 2020:104710; Prime et al., 2020:631). One of the prevalent tactics involved establishing structured daily routines. Recognising the value of stability and predictability, caregivers designed routines that provided a semblance of normalcy for their children (Fouché et al., 2020:104710). These structured schedules served as anchors amidst the uncertainty, helping children maintain a sense of order and routine despite the disruption in their usual school environments (Fouché et al., 2020:104710).

Another crucial coping mechanism was open communication (October et al., 2021:6). Caregivers understood the importance of addressing children's concerns and uncertainties about the pandemic directly. Engaging in honest and age-appropriate conversations, caregivers alleviated anxieties by providing accurate information and reassurance (October et al., 2021:6). This open dialogue fostered a sense of trust and safety, allowing children to navigate the uncertainties with a clearer understanding (October et al., 2021:6).

The need for social support also emerged as caregivers sought connection in a time of isolation (Osofsky et al., 2020:468). Many turned to friends, family members, or online communities to share experiences, seek guidance, and find solace in knowing

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they were not alone in their challenges (Kent et al., 2020:66; Osofsky et al., 2020:468). This collective sharing of experiences played a vital role in reinforcing a sense of community amidst the physical distancing measures (Rukasha, 2023:6).

Caregivers also recognised the significance of self-care in maintaining their own well-being, which in turn positively impacted their ability to support their children (Adebiyi et al., 2022a:1236; Soon et al., 2022:247). Engaging in self-care activities like exercise, relaxation techniques, and pursuing personal hobbies helped caregivers manage their stress levels, ensuring they could continue to provide stable and nurturing environments for their children (Rwafa-Ponela et al., 2022:6).

Moreover, adaptability emerged as a cornerstone of caregiving during the pandemic. Caregivers adeptly modified traditional activities to suit the circumstances, embracing innovative solutions such as virtual playdates and educational games (Rukasha, 2023:6). These adaptations not only kept children engaged but also encouraged creative thinking and problem-solving skills.

In conclusion, caregivers demonstrated commendable resilience during the pandemic by adopting a range of effective coping mechanisms. Through structured routines, open communication, seeking social support, prioritising self-care, and adapting activities, caregivers have navigated the challenges of school closures and remote learning, providing children with stability, reassurance, and opportunities for growth despite the upheaval.

2.5.4 Mental health

An increase in substance use, elevated suicidal ideation and poor mental health was reported by parents and caregivers during the COVID-19 pandemic (Gassman-Pines et al., 2020:5). Various studies found that parents reported increased stress levels due to the pandemic, while citing concerns about their children's education and socialisation (Simpkins et al., 2020:2281; Zar et al., 2020:73).

The pandemic has significantly affected the overall well-being and mental health of families, primarily due to prolonged isolation, limited social interactions, and the prevailing uncertainty (Calvano et al., 2021:2; Feinberg et al., 2022:370; Prime et al., 2020:631). These circumstances have contributed to heightened stress, anxiety, and feelings of loneliness among caregivers (Moore et al., 2021:5680; Ravens-Sieberer et al., 2021:5; Rwafa-Ponela et al., 2022:6). Families have strived to provide mutual

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emotional support and have sought professional assistance when necessary (Feinberg et al., 2022:370). The study conducted by Gassman-Pines et al., (2020:1) as stipulated in the previous section concluded that parents reported worse mental health, increased anxiety, and interactions with their children. The challenges confronted by caregivers during this period have amplified the risk of mental health concerns (Calvano et al., 2021:2; Ravens-Sieberer et al., 2021:5; Rwafa-Ponela et al., 2022:6). These potential effects include increased stress and anxiety resulting from uncertainties, disrupted routines, financial strain, and health anxieties. Emotional strain has been pervasive as caregivers navigate the intricate balance between work, childcare, and other obligations (Rajkumar, 2023:1).

Moreover, social distancing measures have led to heightened social isolation and loneliness for caregivers, restricting their customary support networks and means for social engagement (Rwafa-Ponela et al., 2022:6). The compounded responsibilities of caregiving and pandemic-related tasks may have also led to burnout and fatigue (Russell et al., 2020:671).

In the COVID-19 scenario, caregivers' personal well-being has been susceptible to neglect as their focus shifts to prioritising their children's needs (Rajkumar, 2023:1). It is crucial to recognise that the impact on mental health varies among individuals due to factors such as pre-existing conditions, available support systems, and resource accessibility (Russell et al., 2020:671). As families navigate these challenges, acknowledging and addressing the mental health implications is paramount to fostering resilience and well-being.

Thus far, chapter two has emphasised the knowledge that exists on the impacts of COVID-19 on families in South Africa and implications for caring for children in middle childhood.

The section which follows will present the theoretical framework which underpins this study.

2.6 THEORETICAL FRAMEWORK

The two theoretical frameworks the study will adopt are Bronfenbrenner's Ecological Systems Theory (Berk, 2019:98) and the Family System Theory (Smith, 2016:782).

Both theories recognise the reciprocal influence of systems on human functioning, in the case of this study, on the life of the child. Bronfenbrenner's Ecological Systems Theory will use the exploration and description of the ecological circumstances of the child to postulate the experiences of the caregiver to provide care. Whereas Family Systems Theory will focus on the interaction of the family system within their environment. Both theories are relevant to this research project, because one will provide the foundation for the ecological aspects affecting the child and the other will provide the foundation for the familial aspects affecting the child and how they are cared for.

Therefore, by using the Bronfenbrenner Ecological Systems Theory and the Family Systems Theory, recommendations can be made to inform social work decisions and services to children and families with children in middle childhood.

The advantages of using the above-mentioned two theories include the researcher being able to create a holistic representation of the experiences of caregivers in the way they care for their children during the COVID-19 pandemic by focusing on all the systems that influence them (Adler-Tapia, 2012:20; Harris & Graham, 2014:42; Jessup-Anger, 2015:22; Onwuegbuzie et al., 2013:4-5). Additionally, considering how the family interacts with the child and how the family functions add depth to the factors that influence the child. Disadvantages are that the theories help us gain insight into why systems and family functioning impact the caregivers, but not how to implement the theory into practice and what can be done to balance out the challenges of every system a person exists in and how an individual functions in the family (Onwuegbuzie et al., 2013:4; Smith, 2016:782). This is however not the aim of the study because of the exploratory focus.

By using Bronfenbrenner's Ecological Systems Theory, and Family Systems Theory a comprehensive recommendation can be made to inform social work decisions and services to children and families with children in middle childhood.

2.6.1. Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner's Ecological Systems Theory maintains that the developing child can only be viewed through complex and interactive systems that are culturally appropriate because of the broad-spectrum focus (Berk, 2019:98; Harris & Graham, 2014:43).

Four levels in a child's environment influence their development namely, the microsystem, the mesosystem, the exo-system and the macrosystem (Louw & Louw, 2014:29).

The different systems as viewed by Bronfenbrenner will assist the researcher in exploring and describing the ecological circumstances under which children are cared for from every direction and how all these aspects interrelatedly impact the development of children (Adler-Tapia, 2012:20; Harris & Graham, 2014:42&221). Ecological Systems Theory will further allow the researcher to understand the experiences a caregiver has in caring for a child in middle childhood during the pandemic by gaining an understanding of how the COVID experience influences their everyday lives holistically (Jessup-Anger, 2015:22-23).

Ecological Systems Theory focuses on the ecological characteristics that impact a child from the closest to the furthest systems of a child and the interaction with the environment (Jessup-Anger, 2015:23). These systems include the microsystems; the immediate environment of the child, how the family interacts, how school impacts every individual, how the parent/caregiver/child's peer group influences them, and the care that the child receives (Adler-Tapia, 2012:20; Harris & Graham, 2014:42; Louw & Louw, 2014:29; Onwuegbuzie, Collins & Frels, 2013:4). Meso-systems will be explored by evaluating the connections between microsystems, how the home and school, work and home balance exists, how caregivers get from home to school to work, and how the caregiver and the child exist in the care system of the child (Adler-Tapia, 2012:20; Berk, 2019:193; Harris & Graham, 2014:42; Onwuegbuzie et al., 2013:4). Within the micro and meso systems, the Family Systems Theory comes into play. The interaction patterns, communication patterns, and family roles will be explored by gathering information on the functioning of the family.

The exo-systems of a child encompass institutions and organisations that are not involved with the child, but influence the child's experiences (Harris & Graham, 2014:42). A caregiver's work-life influences the child. A caregiver may have had a bad workday and a child will perform an activity incorrectly, which sets the caregiver off in an anger spell (Adler-Tapia, 2012:20; Gassman-Pines et al., 2020:5; Shaffer, Kipp, Wood & Willoughby, 2012:436). The macrosystem refers to the deep-rooted cultures and subcultures that have vast influence over the micro-, meso- and exo-systems

(Shaffer et al., 2012:436). Therefore, the macrosystem consists of the child's culture and subcultures, ideologies, values, and beliefs (Louw & Louw, 2014:30). The chronosystem of a child will be the stability and change they experience over time, the change in micro, meso, exo, and macro systems consistently over a period (Adler-Tapia, 2012:20; Harris & Graham, 2014:42). Changes and events that occur in the bigger systems, such as the COVID-19 pandemic, filter through to affect the smaller systems, therefore it is crucial to understand the circumstances surrounding the bigger systems (Chigangaidze, 2021:113). According to Chigangaidze (2021:115), all the above-mentioned systems are interconnected and influence the individual as well as society socially, psychologically, and even biologically.

2.6.2 Family Systems Theory

Family systems theory states that the individual's personality, behaviours, and characteristics are formed through their interaction with their family (Smith, 2016:782). Smith (2016:783) elaborates by stating that the interaction patterns, communication styles, and patterns and the family roles determine the functioning of family as well as exert profound influence over the child.

Family Systems Theory will allow the researcher to consider family factors and how the family interacts with their environment, in more detail. According to Smith (2016:784), by focusing on the interaction and communication patterns as well as the family roles of the family the researcher could identify key factors regarding the functioning of the family. The researcher will be able to acknowledge the different situations under which the child is developing by gaining insight into the perspectives of the caregivers of these children and how the child interacts with external aspects of their life (Jessup-Anger, 2015:22).

2.7 CONCLUSION

Chapter two highlighted children in middle childhood; the COVID-19 pandemic; South African families; the caregiver during the COVID-19 pandemic and the social and psychological impact of the COVID-19 pandemic used to conceptualise this research project. In answering the research question of this project, the above confirms that a gap exists in understanding the lived experiences of South African families caring for their child in middle childhood during the COVID-19 pandemic. The focus for each of these sections is on the literature available and the phenomenon of caring for children

in middle childhood during a pandemic and includes a discussion on the theoretical framework used for the purpose of this study. In chapter three the researcher will focus on the research methodology used to explore the research problem.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter three encapsulates the research methodology with specific focus on the problem statement and rationale for this research project. The goals and objectives for the research study, the research approach, the type of research embarked on is also emphasised. The research design, the research methods, the pilot study as well as the ethical considerations for this research study is discussed towards the end of this chapter.

3.2 RESEARCH APPROACH

This research used interpretivism as the paradigm. Interpretivism believes that there are multiple ways of looking at an occurrence and to understand the occurrence such as the effect that COVID-19 had on the quality of care, the researcher needed to enter the participants' world and understand and demystify how the participants constructed the meaning of this occurrence (Nieuwenhuis, 2020:67). From an exploratory and descriptive point of view, and based on the limited research available, qualitative research suited the purpose of the study. Qualitative research allowed the researcher to gain an understanding of how parents/caregivers of children in middle childhood experienced caregiving during the COVID-19 pandemic.

Qualitative research can be time-consuming, but it allowed flexibility and a continuously changing research process. This coincided with the characteristics of using interpretivism for this study. As this study was both qualitative and interpretivist the researcher had flexibility in the interpretation and presentation of the holistic data from the participants. Qualitative research for this study meant that rich data was obtained to understand the phenomenon better to inform decisions and services from both an Ecological Systems perspective and a Family Systems perspective (Cooper & White, 2012:6; Lietz & Zayas, 2010:189; Rahman, 2016:104; Trainor & Graue, 2013:129).

3.3 TYPE OF RESEARCH

Applied research uses data to build onto what is understood within a knowledge base of a phenomenon and to use this knowledge to the advantage of practitioners and

policymakers to make decisions and render services effectively (Hilton, Fawson, Sullivan & DeJong, 2019:8). The type of research that was used for this study was applied research as it focused on contributing to the knowledge base that will influence change in the lives of the target population. The study identified how COVID-19 affected the care of children in middle childhood in South Africa. The findings can be used to inform social work services and decisions which can be useful in the future (Adler & Clark, 2015:360).

3.4 RESEARCH DESIGN

A case study research design with a sub-type, namely the instrumental case study design was used for the study as the researcher attempted to understand each case holistically. This provided the researcher with a way of investigating the complexity of COVID-19 on the care for children in middle childhood within the South African context (Heale & Twycross, 2018:7). The purpose of having used a case study design was exploratory and descriptive, and it was the preferred strategy because the researcher wanted to ask "how" and "why" questions. This design enabled the researcher to explore and describe the effect the COVID-19 pandemic had on the caregiving of children in middle childhood in South African families (Nieuwenhuis, 2020:90).

The instrumental case study design allowed the researcher to collaborate with the participants so that each participant could tell their story. This study formed part of a group research project for the Master's in Social Work specialisation in Play-based intervention programme, which had the same research goal and objectives. However, each researcher embarked on their own research study by recruiting a separate sample and gathering data independently. Furthermore, this data was analysed independently to gain a holistic understanding of the experiences of parents/caregivers while caring for their children in middle childhood during the COVID-19 pandemic, and to learn about the phenomenon (Parker, 2016:223).

3.5 RESEARCH METHODS

To portray the entirety of the research methods of the proposed study, an outline is provided of who the study population was, what the sampling approach entailed, how the researcher collected data, what research instrument was used, and how the data

was analysed and presented, how the researcher ensured data quality and how the pilot study was completed.

3.5.1 Study population and sampling

The population of the research study were parents or caregivers providing care to children in middle childhood within the area of Tshwane-Gauteng. Participants were recruited via a non-government organisation (NGO) where they currently receive or received services. Recruitment took place via posters (Appendix D) which were left with the social workers and administrator of the organisation. Additionally, the administrator at the NGO verbally invited prospective participants as this took into consideration that not everyone is literate. Verbal invitations were made by the administrator rather than by a social work professional, as this ensured less likelihood of a participant feeling coerced or obligated to participate due to a service provision relationship. Furthermore, prospective participants were invited to contact the researcher directly.

The following inclusion criteria were used to recruit participants:
- The caregiver identified as being a part of the child's family.
- The parent/caregiver was receiving or previously received services from the NGO.
- The parent/caregiver had at least one child in middle childhood (6-12 years of age).
- The parent/caregiver resided with and cared for the child in middle childhood.
- The parent/caregiver was able to speak English.

Since the study was qualitative and exploratory and sought to gain a more in-depth understanding rather than generalisation of statistical findings, non-probability sampling was used, whereby participants were not randomly selected (Merriam & Tisdell, 2015:96). Furthermore, purposive sampling was suitable for the study, as it ensured that specific participants, who were able to provide relevant, information-rich descriptions about the phenomena being studied, was included. Sampling criteria were therefore identified before sample selection that ensured participants met the criteria (Pickard, 2014:64; Maruyama & Ryan, 2014:235). Participants who met the inclusion criteria, stated above, were included in this study.

The researcher aimed to facilitate interviews with six participants and continued facilitating interviews until data saturation was achieved, whereby no added information or themes became apparent, and no new insights came from the data collection phase (Makofane & Shirindi, 2018:34).

3.5.2 Data collection

Data collection was done via interviews in the form of semi-structured interviews (Appendix B). The researcher used a semi-structured interview schedule. Open-ended questions were used, prepared prior with specific interests in mind to facilitate a rich data collection opportunity (Newcomer et al., 2015:493). This method allowed in-depth exploration and covering of themes that arose as the interview progressed with clarification and probing as support. Interviews were conducted in settings where privacy and confidentiality were ensured.

The disadvantages of the semi-structured interview were that it took time and extensive labour to complete, the interviewer had to have a certain refinement to conduct the interview successfully and data from only several people do not carry the same weight as data from a large group (Newcomer et al., 2015:493). The advantages outweighed the disadvantages in that open-ended questions allowed the researcher to ask follow-up questions for further data collection (Newcomer et al., 2015:494). Further, it assisted the researcher in becoming acquainted with the phenomenon on a deeper level (Newcomer et al., 2015:494).

3.5.3 Data analysis

After the interviews were completed, the researcher transcribed the interviews in order to begin the data analysis process. Thematic data analysis (Terry et al., 2017:13) was used. The data analysis process consisted of the following phases:

- Phase 1: The researcher familiarised herself with the data by working through the transcriptions of the interviews that were compiled using the audio recordings from each interview, making intensive notes as she moved along the data (Nowell, Norris, White & Moules, 2017:4-5; Terry et al., 2017:13).
- Phase 2: An informative sense of the data allowed the researcher to start coding the data through an inductive and deductive process, in which the

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researcher generated codes before the coding process as well as during to generate the most effective coding set available (Stefaniak, 2019:250). The researcher used a spreadsheet in which phrase codes were generated according to the research question (Terry et al., 2017:13).

- Phase 3: The researcher generated themes by tabulating similar codes in the codebook under one umbrella to form themes that were guided by the same pattern to create a theme for each section of the sorted codes (Nowell et al., 2017:4; Terry et al., 2017:18). Initially seven themes emerged from the codes sorted in the codebook.

- Phase 4: Reviewing the themes that were created allowed the researcher to clarify the different themes by controlling the themes that were included in the study and those that were not or were not relevant to the research question, some themes were even adapted to better suit the research study (Terry et al., 2017:21). The themes that initially emerged were very broad and focussed on a broad spectrum of the codes that were generated. The researcher used the research question to refine the themes that were most prominent in the study, but also had the prominence to substantiate the research question and the goals and objectives of the research project.

- Phase 5: In the defining and naming phase of the themes of the study, the researcher defined every single theme, including the sub-themes that were formulated, and described the importance of every theme regarding how the themes related to the broader research topic, question and goal, and how best the information could be interpreted (Nowell et al., 2017:4; Terry, 2017:22). The researcher compiled an excel spreadsheet that was updated frequently, the excel spreadsheet focussed on the themes and subthemes generated and value that each theme addressed within the research project. The researcher also edited the flow of the themes and subthemes to provide a more descriptive picture of the experiences of caregivers.

- Phase 6: The researcher produced a report with careful consideration of the order in which the themes were presented to best represent participants' experiences (Terry et al., 2017:25). This phase allowed the researcher to embark on peer debriefing to make sure that the information presented was credible and trustworthy (Nowell et al., 2017:4).

3.5.4 Data quality

To ensure that the data analysis, the findings, and the recommendations of this study are reliable and valid, trustworthiness was crucial to ascertain quality qualitative research that represents the experiences of participants fully (Hadi & Closs, 2016:643; Nieuwenhuis, 2020:143). Credibility, transferability, dependability/auditability, and confirmability were met in an attempt for the research to be trustworthy (Nowell et al., 2017:3).

3.5.4.1 Credibility

The research was credible because the reader can live in the experience of the participants by reading and seeing that the data and representation matched each other (Nieuwenhuis, 2020:144; Nowell et al., 2017:3). Credibility was ensured through peer examination as the researcher sought support from the research supervisors in the Department of Social Work and Criminology (Anney, 2014:276; Nieuwenhuis, 2020:144).

3.5.4.2 Transferability

A thick description was used as a strategy that ensured the transferability of the study to other settings and populations that were purposely selected to represent a specific phenomenon (Anney, 2014:277-278; Nieuwenhuis, 2020:144). The data collection method of interviews and the data analysis method of thematic analysis produced thick descriptions.

3.5.4.3 Dependability/auditability

Dependability was ensured in this study by focusing on the logical interpretation of the process of the research as it was completed (Anney, 2014:278; Nieuwenhuis, 2020:145; Nowell et al., 2017:3). To ensure dependability, the research study made use of an audit trail. The sources and methods of data collection and analysis as well as the decisions that the researcher made during the research study were described in a journal to ensure that the entire research process was conducted in an equal manner for all participants (Anney, 2014:278-279; Nowell et al., 2017:3).

3.5.4.4 Confirmability

To ensure confirmability, the researcher made sure to decrease researcher bias and be acutely aware of her own views or predispositions on the COVID-19 pandemic and its influence on caregiving by parents/caregivers (Anney, 2014:278; Hadi & Closs, 2016:643; Nieuwenhuis, 2020:145). The findings and data are clearly linked (Lietz & Zayas, 2010:197) ensuring that the research adhered to the requirements for being trustworthy.

Lastly, in ensuring trustworthiness, reflexivity and positionality were considered by the researcher. Palaganas, Sanchez, Molintas and Caricativo (2017:427) explains that reflexivity is when the researcher examines the beliefs, perspectives and attitudes that may have some influence on the research process. During the research process I became keenly aware of my positionality. This included being a white South African female, a social worker and my class status. The participants in this research shared the same commonalities of race, financial position, and class as the researcher. These reflections were always discussed and explored with my supervisor as a means to minimise any personal biases.

3.5.5 Pilot study

A pilot study was carried out in order to assess the instrument and the process of the main study, in order to correct the shortfalls of the processes and instruments that the researcher used (Hilton et al., 2019:10). A pilot study was used to improve the quality of the data and test whether the necessary data can be obtained from the participants (Strydom, 2021:387). The pilot study was done using purposive sampling with one participant. The interview schedule was piloted with one caregiver and her child was younger than six years. Thus, the research participant did not meet the inclusion criteria and it was decided that the data should not be included in the data set to be analysed.

3.6 LIMITATIONS

Due to limited sample size and limited time, the research findings could not establish longitudinal changes with the participants. However, to mitigate this, the study provides an in-depth understanding of the caregivers experiences. Additionally, the study expected participants to engage retrospectively of their experiences during the

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COVID-19 pandemic. Given that the data was collected post-COVID lockdown and restrictions in South Africa, caregivers could have forgotten some elements of what it may have been like to care for their children during this time. The research made use of probing techniques and dialoguing to explore the meanings that the participants gave to caring for their children during COVID. Another limitation of the study was the contextual and population-specific focus, which constrain the general findings to a broader population or different settings, which is representative of the South African population. However, given that the participants make use of the services of the gatekeeper organisation, the findings and recommendations will be of use to the organisations when working with these families.

3.7 ETHICAL CONSIDERATIONS

Ethical considerations were adhered to and ensured, as this study included human beings. The identified organisation and the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria granted permission to proceed with the study.

The following ethical considerations were adhered to during this study:

- Written informed consent: The nature of the study was put forth accurately, participants willingly joined the study and were not coerced to sign the written consent form (see Appendix A) (Babbie, 2017:70). The consent form provided information about the research, the research goals and objectives, the interview process, the advantages of participating in the study as well as any risks that may have been posed to the participants. Confidentiality and anonymity were also explained in the consent form. It was also explained to participants that they had the right to withdraw their consent to participate at any time without any reason or consequence.
- Confidentiality: The right to privacy enables a participant to control with whom they share their perceptions, information, values, and behaviours (Hilton et al., 2019:69). The informed consent form and the code of ethics of the South African Council for Social Services Profession guided the researcher in managing the information of participants with the utmost sensitivity and professionalism during and after the study to protect the participants' confidentiality (South African Council for Social Service Professions, 2020:4).

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- <u>Reflexivity and positionality:</u> Positionality, which according to Holmes (2020:2) is influenced by "an individual's values and beliefs that are shaped by their political allegiance, religious faith, gender, sexuality, historical and geographical location, ethnicity, race, social class, and status". In this instance, the researcher identified these and acknowledged them, so as to ensure they did not get in the way of the study data gathered. The acknowledgement of these influences and preventing them from influencing the research study is referred to as reflexivity (Cassell, Cunliffe and Grandy, 2018:378). The researcher identified all individual influences in perception of the research world, then addressed them prior to entering the participants' realities and settings.

- <u>No harm or deception:</u> No harm, physically or mentally was inflicted on participants in any way, participants were fully informed in a transparent way of the purposes, questions, processes, and results of the study (Babbie, 2017:62; Hilton et al., 2019:73). The above ensured that the participants knew what to anticipate before they engaged in the research. The participants may have been affected by the content shared within the interview with the researcher as the data could have evoked emotional, sensitive, and personalised grief and loss because of the COVID-19 pandemic. The researcher ensured that this aspect of harm was mitigated by ensuring participants had access to debriefing services. Two designated counsellors, appointed through a formal agreement letter, were available for follow-up counselling, to ensure support was available for the participants. Secondly, the researcher had the responsibility to ensure that when data was interpreted and published it did not cause psychological, financial, or social harm to the participants who were involved (Polonsky & Waller, 2019:85). The counsellors that have availed themselves for the counselling of participants who may need it were Nicolene van der Linde (Social Worker – Retire@Midstream) and Yolandi Toerien (Social Worker in Private Practice). It must be highlighted that none of the participants indicated that they required counselling after the interviews were conducted.

- <u>Analysis and reporting:</u> Research results were portrayed in the most accurate way the researcher was capable of; this included the limitations of the study and the research findings as well (Babbie, 2017:72). The research findings and limitations were highlighted in the chapters of the research report.

- <u>Obtaining permission for the research:</u> Prior to the commencement of the research, permission was sought and obtained from Kungwini Welfare Organisation. This permission allowed for the researcher to reach out to potential research participants. Furthermore, a detailed research proposal was submitted for ethical clearance. Ethical clearance was obtained (refer to Appendix C) from the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria (reference number: HUM027/0822).
- <u>Data storage:</u> Data will be stored for ten years according to the University of Pretoria policy and the POPI Act.

3.8 CONCLUSION

Chapter three provides the research methodology that was used to conduct this research. It focuses on all the aspects that were considered from the problem statement to the ethical considerations. Chapter four which follows, provides the key findings of the research project.

CHAPTER 4: EMPIRICAL FINDINGS AND DISCUSSION

4.1 INTRODUCTION

The following chapter presents the key findings of the interviews that were conducted with participants. As indicated in the previous chapter, data was gathered through interviews which were recorded. These recorded interviews were then transcribed and thematic analysis was used to begin the data analysis process. Initially, codes were identified which assisted in identifying broad themes and sub-themes which were used to make sense of the data. The main aim of the research was to analyse the data in order to explore and describe the experiences of caregivers in caring for their children during the COVID-19 pandemic. Furthermore, the data also sought to understand how the pandemic affected access to resources in order to meet the needs of children in middle childhood and exploring and describing the influence of COVID-19 on the developmental milestones of children in middle childhood. The chapter will begin with looking at the participants' biographical information and will continue by exploring the themes and sub-themes that have been identified.

4.2 EMPIRICAL FINDINGS

The following section of the chapter will present the empirical findings from the data analysis. The themes and sub-themes that were identified, will be discussed.

4.2.1 Participant's biographical information

Section A provides a brief description of participants' backgrounds for the study by highlighting gender, age, home language, ethnicity, family composition, the position of the participant in the family system as well as the home and living circumstances of the family system. It must be noted that pseudonyms were used in order to protect the identity of the participants.

Table 1 – Participant's Biographical Information

Participant	Gender	Age	Ethnicity	Household Composition	Age of children	Number of children in household	Role of Participant in the family	Employment
1	Female	40	White	Nuclear family	12; 14	2	Mother	Graphic designer
2	Female	50	White	Nuclear family	12	1	Mother	Administrator
3	Female	25	White	Extended family	9; 12	2	Caregiver (Au-pair)	Au-pair
4	Female	43	White	Nuclear family	12; 18	2	Mother	Administrator
5	Female	22	White	Extended family	8; 11	2	Caregiver (Au-pair)	Au-pair
6	Female	36	White	Cohabiting family	6	1	Mother	Restaurant manager

The research participants were all female and ranged between the ages of twenty-two years of age to fifty years. Four of the six participants were the mothers of the children in the household, whilst two were live-in caregivers who assisted in caring for the children in the household both during and after the COVID-19 pandemic. This is in line with literature and reflects the gendered nature of caring for children in South Africa (Casale & Shepherd, 2021:1; Rakotomanana et al., 2021:1).

All participants identified themself as white South Africans and all were employed. Given this demographic of the participants, and that all were employed, when participants were asked to describe their living conditions, all the participants indicated that they lived in an urban area. Four of the participants lived in free-standing homes, whilst the other two participants lived in an apartment and a small holding. All participants described their homes as having sufficient space and that they lived comfortably with access to water and electricity.

Literature (Mhlanga & Garidzirai, 2020:2; Makgetla, 2021:8) indicates that South Africa remains one of the most unequal societies in the world, which is perpetuated by race, gender, and class. Inequality in South Africa manifests in unequal access to resources, education, and employment opportunities. Makgetla (2021:8) indicates that economic inequality in South Africa is tracked by race and the richest 5% of households is made

up of 45% of the white population. This does not point to the participants falling into the category of the richest 5% of the South African population, however, it does point to the ability to access resources more easily than that of poorer households in South Africa. In addition, the privileges that are associated with having employment and a higher income must also be noted.

Although in South Africa, there are various family forms (Richter & Naicker, 2013:5), the research participants all reflected their families as nuclear family types. There was no mention of extended family members living in the homes. This points to the possibility that financial resources in the home are not strained and shared as would be found in poorer households with larger numbers of family members residing together (Meyer & Nishimwe-Niyimbanira, 2016:2292).

Three of the participants spoke of having only one child, whilst the other three had two children. The average of the children at the time of the interviews was eleven years thus during the COVID-19 pandemic the children were around the ages of eight years.

4.3 EMPIRICAL FINDINGS: THEMES AND SUB-THEMES

This section provides an overview of the themes and sub-themes that were identified during the data analysis phase. Three themes were identified and include working from home, financial considerations and employment during COVID-19 and positive experiences during the COVID-19 pandemic. Each of these themes and sub-themes will be looked at, supported by the participants' verbatim quotes and relevant literature. A table is provided to summarise the themes and subthemes of this research study;

Table 2 – Table of Themes

THEMES	SUB-THEMES
Theme 1: Transition to Working from Home	1.1 Managing transition of working from home 1.2 Transition to schooling from home 1.3 Positive impacts of schooling from home
Theme 2: Financial considerations and employment during COVID-19	2.1 Financial position of the family system during the COVID-19 pandemic 2.2 Employment during the pandemic
Theme 3: Positive experiences during the COVID-19 pandemic	3.1 Positive outcomes of the pandemic

Theme 4: Resources and Coping Mechanisms During the COVID-19 Pandemic	4.1 Assistance during the pandemic 4.2 Changes in support system during the pandemic 4.3 Access to resources during the pandemic 4.4 Technology as a resource
Theme 5: Raising Children During the Pandemic	5.1 Changes in routines and responsibilities 5.2 Managing social contact during a pandemic 5.3 The emotional impact of a pandemic on the family system
Theme 6: The child's experience in COVID-19	6.1 The meaning of COVID-19 to children in middle childhood 6.2 Explaining the maintenance of developmental milestones 6.3 Meeting the needs of the child in middle childhood during the pandemic 6.4 Return to school after lockdown

4.3.1 Theme 1: Transition to Working from Home

Participants all reported that they and their children experienced a transition to schooling and working from home during the COVID-19 pandemic. Participants spoke of both the positives and negatives to this transition including increased caregiving and work responsibilities. The following sub-themes will provide an in-depth description of COVID-19's impact on the children's schooling and caregivers' change in work environments.

4.3.1.1 Managing transition of working from home

The research participants had varying experiences of having to work from home during the COVID-19 pandemic. For some of the participants, they recollected that they had designated work areas and boundaries within the household as indicated by one participant. *"Well … they have the office at home ... so they would be there during the day and I would basically isolate the kids from them. We [caregiver and children] would work downstairs in their playroom, um, during the day as if it was school."*
Additionally, for some of the parents, they were expected to work the same working hours as prior to the pandemic. Whereas other participants did not require a designated work area as they were not working or were only working for a few hours a day.

One of the participants indicated that she observed the mother tried her best to balance her work commitments with some of her caregiving responsibilities*. "The mother had five minutes between a meeting, she would come out of her office and she would come greet the children, give them hugs, give them kisses, and make sure that they ate enough".* This indicates that caregivers were faced with increased work

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responsibilities and had to balance caregiving responsibilities. Parents had to continue managing their professional responsibilities where they remained employed (Kent et al., 2020:66; Rwafa-Ponela et al., 2022:12).

Some participants indicated that they managed to work from home as they could close the door to their immediate environment when the need arose and could focus on a specific task, like a meeting when necessary. One participant shared that *"…at least [I was able to] close the door so that if I had meetings or online calls and stuff I wouldn't be interrupted by the kids, um, so that kind of became my space".*

Only one participant indicated a loss of employment and both herself and her husband *"weren't working because the restaurants were closed."* This was a common aspect for individuals during the COVID-19 pandemic, with approximately 23% of female employment decrease and 10% of male employment decrease reported (Casale & Shepherd, 2021:1).

4.3.1.2 Transition to schooling from home

Schools were closed during the COVID-19 pandemic, children had to participate in remote learning which increased the responsibility of the caregiver of the children in middle childhood (Akseer et al., 2020:252; Gassman-Pines et al., 2020:6; Quetsch et al., 2022:5). There was a significant load added onto the experience of parents/caregivers to take on the role of educator along with their other responsibilities. Participants indicated that all schooling was done online with access to Google Classroom, recordings, teachers, peer group conversations and the like. One participant in particular indicated that she understands the extent of the work put into schooling, because she could witness the knowledge and the ease with which the teacher taught and assisted her learners. Two participants indicated that the children struggled with the transition to schooling from home. One of the caregivers indicated that they *"did really have to assist them [the children] in actually sitting down, going through the online schooling, making sure that they were doing their homework, so I think they [the children] did struggle a lot".* Another participant indicated that the children *"realised that they needed to [attend] school [for] the same hours, same amount of work, but without physically going in and seeing their teachers and friends. Then they started complaining a little bit more saying, you know, they only really want*

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to be at home if they don't need to do school work". Another participant highlighted that her child *"didn't like it at all. Because she hated to sit on the iPad and watch the teacher, and she [became] bored".* This suggests that for some of the children, being out of their school environment affected their learning. For children, being in the schooling environment assists in the learning process, where they are able to engage with their teachers and fellow learners to better understand their work (Lee et al., 2021:8).

On the other hand, caregivers also found it challenging having their children transition to schooling from home. One participant reflected on her husband assisting the children, *"…he felt quite challenging in terms of monitoring them … they're obviously two different ages, so doing very different [school] work and stuff, and obviously for him being one person like to try and split himself and help them equally like that, he found it a little bit difficult. Also, because it's not generally something that he would do".* Another caregiver shared that her child *"[didn't] listen to [them] as the parents, so it was very frustrating for me to teach her what the school wanted".* Thus, as parents and caregivers, taking on the role of educator and having to ensure that children are fully engaged in the learning process was challenging. Usually, work which is expected to be completed at home, is to reinforce the learning that takes place in the school setting. However, with the onset of COVID-19, this dynamic of learning changed and challenged parents.

4.3.1.3 Positive impacts of schooling from home

The participants indicated certain aspects that had a positive impact on their children transitioning to schooling from home during the COVID-19 pandemic. For some caregivers they noticed an increase of responsibility displayed by the children, potentially having improved critical thinking skills because they had to learn how to problem solve on their own, more than receiving assistance from a teacher (Simpkins et al., 2020:2281; Rakotomanana et al., 2021:2). Taking into consideration that the families did have the proper resources available to them, some of the participants indicated spending more quality time together and being able to work on their children's education in a combined effort and getting to know their children better (Lee et al., 2021:8). This is captured by the following quotes shared by the participants:

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"I had to get creative with teaching them at home, building animals with clay or, um, if we learned about physical activity, for example, instead of going to play in the park, I had to create games for them to play in the yard at home".

"I think they had this idea that school was going be easier now because there wasn't people watching them as strictly."

"…it also gave us a good idea, um as parents of sort of where our kids are, their academic strengths, um, their concentration times, all those sorts of things. So, it also gave us a little bit more of an insight in terms of how they learn and and what works best for them…"

"Whereas in class they don't have to be mentally engaged for such a long time because some of the thinking was done for them."

"They would have lunch together. So that was a bit of a special arrangement, I would say".

4.3.2 Theme 2: Financial considerations and employment during COVID-19

Financial considerations and employment during the COVID-19 pandemic includes describing the financial position of the family system during the pandemic as well as the employment status of the caregiver during the pandemic.

4.3.2.1 Financial position of the family system during the COVID-19 pandemic

The COVID-19 pandemic added stress on family systems in South Africa, as job losses, reduced work hours, and financial instability imposed significant stress on households (Adebiyi et al., 2022a:1236; Gassman-Pines et al., 2020:6; Osofsky et al., 2020:468). The participants reflected on different experiences related to their financial position, two participants indicated financial challenges during the COVID-19 pandemic *"…obviously we were put under quite a bit of financial strain after he lost his job because we were, you know, we were used to being a dual income household and now it was just sort of my career and job that was bringing in money…",* however, they were able to maintain a similar lifestyle versus before the COVID-19 pandemic, *"So there was half salary, but we survived."* Four of the participants indicated stability in

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their financial position, with two of these participants indicating an increased financial position during the COVID-19 pandemic. One participant indicated that their business provided essential services *"…self-employed with our own business and it was, um, at that time our business was a necessity to the public, so it didn't, it was, it was good."* While the other participant stated that *"It [their financial position] actually improved as people were only buying the necessities and not things that not needed."*

4.3.2.2 Employment during the pandemic

Significant financial strain was placed on the South African economy during the COVID-19 pandemic. Many families' well-being was negatively affected by the loss of jobs, salary cuts and placed stress on the family system (Adebiyi et al., 2022a:1236; Osofsky et al., 2020:468). Two out of the six participants indicated losing employment and having salary cuts. One of the participants shared that they had to *"close down my catering company. My partner lost his business after 26 years, he had to close it due to COVID."* The other participant indicated that they had to close down their restaurant. Another participant indicated that her husband had lost his job and thus it affected their financial status.

Four out of the six participants indicated that their employment remained the same during the pandemic. The major shift was that they now had to work from home. One of the families indicated that they were fortunate as their business related directly to the supply of essential goods and thus they were not negatively impacted by the pandemic.

4.3.3 Theme 3: Positive experiences during the COVID-19 pandemic

The positive experiences during the COVID-19 pandemic will be highlighted by the positive outcomes of the pandemic and the aspects that provided enjoyment to the family system.

4.3.3.1 Positive outcomes of the pandemic

All participants indicated that there were numerous positive aspects for their specific family systems. All the participants agreed that the availability of technology for online functioning was a positive aspect. Having access to resources and assistance with the routines of their children was also viewed as positive. Many of the participants

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indicated that simply spending quality time with their family and getting to have conversations they never had before was positive. One participant highlighted that they could reminisce over past memories *"We were now talking about [the past] a lot saying: Oh, you remember that time? Oh, you remember that time? It was actually nice."* Families also seemed to have engaged in bonding activities as indicated *"we were baking and eating stuff that we never done before"* Another participant shared that *"we put up a volleyball net, and every evening it was big challenges between everybody, so there was a lot of [fun]"*.

During pandemic times, it can be challenging to identify positive factors, however having positive interactions in the family mitigated some of the challenges they experienced (Donga et al., 2021:3).

4.3.4 Theme 4: Resources and Coping Mechanisms During the COVID-19 Pandemic

This theme highlights the resources and coping mechanisms the caregivers had access to during the pandemic in order to care for children. Aspects related to support systems and resources during the pandemic will be described.

4.3.4.1 Assistance during the pandemic

Families show their resilience and ability to grow by using the resources in their environment, especially in the face of adverse events like COVID-19. The availability of assistance is a resource in the environment of the family system to mitigate stressors (Engelbrecht, 2023:377). One participant indicated *"…but luckily I had my daughters that took over and they were doing everything, and at the end made so much fun out of it because they had projects to do."* Some participants in this study had the assistance of caregivers, other participants had older children who were able to assist *"…I had help from from the two daughters, even [participant's brother] jumped in with the maths a little bit";* extended family members *"my parents were around, if I really did need it and his parents as well"* or friends that were able to assist.

Two participants indicated that the extended assistance from live-in caregivers assisted the parents in navigating challenges *"it [was] easier having me around because the parents could lean on me even with everyday types of things."* Because

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the families were able to afford to have paid assistance, it was made convenient for the family. The other caregiver indicated that, *"I think it was a thing of convenience having me around and I think if you consider them having to do everything I did on their own, yes, it would be possible, but they would also burnout a lot easier."*

4.3.4.2 Changes in support system during the pandemic

In South Africa, it is common practice for the extended family members to be included in the responsibilities of caring for children (Adebiyi et al., 2022a:1236) in middle childhood. *"Like my, my sisters. We were very supportive with each other, and my parents. But, and my friends."* Extended family members, like grandparents, aunts, uncles, etc. often live in close proximity and this enables them to provide support and care to each other (Rabe & Naidoo, 2015:2). *"Like I said, we, the Portuguese, are very much family orientated and every weekend we at each others homes or, something's happening."* For this research project, some of the participants experienced no change and experienced a growth in their support system, whilst others were not making use of their previous support systems. *"So that was definitely a positive thing for them emotionally knowing that, there was a, a bigger support system available to them besides me."*

The growth/stability in the support systems were based on the environmental resources available, like having family in proximity to living in a supportive community. *"…obviously they had me to help, but then they also lived in a very supportive community."* For instance, one participant's family employed her as a caregiver during the pandemic period, she took over certain responsibilities that were previously expected from the maternal grandmother, who was diagnosed with breast cancer and could no longer interact with the family on a certain level, especially during the COVID-19 pandemic. *"…the mother's mother had been diagnosed with breast cancer, so they couldn't ask her for help…"* Families with more financial resources or increased privileged circumstances were able to mitigate requirements of assistance with caregiving much better than lower-income families (Feinberg et al., 2022:371; Meyer & Nichimne-Niyimbanira, 2016:2292).

The quotations from the views of the participants who did not experience a change to their support systems or did not use support systems *"We had each other, we, didn't*

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have, we didn't need help from anybody else, no." These participants' families functioned within their nucleus family and did not require additional support from external systems. They relied on their reciprocal interactions to manage the life of the child in middle childhood.

4.3.4.3 Access to resources during the pandemic

The resources available and required during the pandemic primarily focus on the mitigation of challenges via resource availability, technology, the family system, and coping mechanisms as resources (Feinberg et al., 2022:363; Mhlanga & Garidzirai, 2020:2). The majority of the caregivers reported that they did not experience any lack of access to resources during the pandemic.

4.3.4.4 Technology as a resource

Historical inequalities exert a noteworthy influence on the way families gain access to resources aimed at addressing specific challenges (Engelbrecht, 2023:377). The well-being and stability of families notably influence their access to resources and opportunities (Adebiyi et al., 2022a:1236). Participants in this study confirm this by mentioning that they had the availability of technological resources that eased the challenges of working. One participant indicated that they made use of *"zoom meetings [for work] and … [their children's] homework was sent [via online platforms] … [and] tests [were] done on the computer".* Another participant indicated that the children had access to social media as well as having their classes online. One of the caregivers/au-pairs observed that the children who she cared for *"...they didn't have the normal challenges, such as not having enough data or not having time because their parents still have to work during the day…"* with no difference in resource availability.

Although the data above indicates that families did have sufficient access to technology, however, some of these resources had to be shared amongst the family with limits. For some of the families, they had to share devices. One participant indicated that *"we would usually have to share the laptops or the TV's that were in the house, so it's not like everyone just had their own device and they could do what they wanted".* Another caregiver spoke of having to limit the use of certain technological resources. *"[we had to] save data and Wi-Fi for the kids schooling, because otherwise*

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you just would have made our expenses way too high." This data indicates that although caregivers did have access to technological resources, this had to be shared amongst family members in the household and there were certain limits that needed to be adhered to.

4.3.5 Theme 5: Raising Children During the Pandemic

Raising children in middle child during the COVID-19 pandemic required certain changes in routines and responsibilities, managing social contact, acknowledging challenges and concerns and familiarity with the emotional impact of the pandemic on the family system. These will be elaborated below.

4.3.5.1 Changes in routines and responsibilities

Family systems have the capacity to be resourceful when navigating challenges like the COVID-19 pandemic. During this time, significant changes were brought on in day-to-day living (Engelbrecht, 2023: 377; Painter et al., 2023:4). Caregivers assumed the role of parent, teacher, confidant and various other roles that changed their day-to-day functioning within the family system (Adebiyi et al., 2022a:1236; Calvano et al., 2021:2; Feinberg et al., 2022:370; Quetsch et al., 2022:5). As part of caregivers' previous routines prior to the pandemic, all had to travel to work, and take their children to school. During the pandemic, participants indicated that they no longer had to drive to schools, or to work. However, they had increased responsibility in ensuring that their children fulfilled their educational requirements. One participant mentioned that she was employed and lived with the family to assist the parents with the family's day-to-day routines. She shared that *"I am the caregiver for them [the children] during the day and I have responsibilities at night as well."* Furthermore, parents had to ensure that their children learn at home, eat, engage in physical activity, talk about their feelings all whilst maintaining their own professional career.

One of the participants indicated that she experienced less pressure in caring for the children, as her husband was able to take on some of the responsibilities of childcare during the pandemic. She reported that *"[taking care of the children] changed because now he [referring to husband] was home. Before, everything was on me."*

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"I tried to keep the routines strict for them as well. We stayed on routine, getting up at six, greeting mom and dad for their work day, and then starting with breakfast and our school routine for the day." For some participants, there was a great effort towards keeping the family and children in a routine. Having a routine for children assists them in coping and decreases levels of stress that may be experienced (Engelbrecht, 2023: 377). However, for other caregivers, the pandemic brought about with it a complete change in routine. Additionally, this also meant that for children, there was an increase in responsibility as household chores were now shared and they also had to really be responsible for the bulk of their education.

4.3.5.2 Managing social contact during a pandemic

For prolonged periods of time, during the pandemic, children were not able to interact with their peer group (Adebiyi et al., 2021:235; Shoshani & Kor, 2022:1365). Literature indicates that peer support is a central part of the well-being of the child in middle childhood. Participants shared about their children not going to school and how this impacted upon social interactions with friends. *"…the kids are not at school, so they not getting, any social interaction."* However online contact was facilitated by the family system to keep the children in middle childhood engaged as best as they could during the pandemic.

Parents understood that social interaction was an important aspect of their child's life thus, *"even during the pandemic, when they wanted to speak to their friends, they still had to use their parents' cell phone to contact that child's parents to speak to the friend".* This indicates that parents allowed children to make use of their personal cell phones to keep in touch with their peers. One caregiver shared that *"I used to phone her friends and let them video call and, like, a little play date tea party on the phone".* Additionally, one caregiver indicated that *"the children also had video calls with extended family members, to keep in touch with example grandma and the cousins".* Thus, the data suggests that parents made a huge effort to keep their children's social interaction going during the pandemic.

The micro-system of the child includes going to school, as they spend a significant amount of time at their place of education (Simpkins et al., 2021:2281). During the COVID-19 pandemic, the micro-system excluded the school and replaced it with one

immediate environment – home where all the systems were now merged into one (Casale et al., 2021:1). Technology and online access made it easier to keep in touch with friends and family.

4.3.5.3 The emotional impact of a pandemic on the family system

Substance use, suicidal ideation, stress about the pandemic, managing children's education and socialisation and poor mental health were concerns during the COVID-19 pandemic (Gassman-Pines et al., 2020:5; Simpkins et al., 2020:2281; Zar et al., 2020:73). Contrary to this postulation regarding the mental health of the caregivers, none of the participants indicate any challenging emotional impact on them as caregivers.

A significant emotional impact indicated was the feeling that a parent is close by, but they are not readily available, because they are working in which case, the employment of the parent affects the life of the child directly (Calvano et al., 2021:1044). *"…that was a big challenge because the kids really then get difficult, they just don't feel like it anymore. And then they "sommer" just, get, uhm upset… it's difficult for you as a caretaker to navigate that because you cannot change their emotions".* Two participants mentioned the frustration they experienced with having their significant other in their immediate environment. *"I think the change was a little bit overwhelming as well because we were all in each other's face so much".* Families did not seem to struggle too much with the emotional load during the pandemic. Where there were frustrations, the families seemed to have coped and addressed these.

4.3.6 Theme 6: The child's experience in COVID-19

The child in middle childhood's experience is explored by looking at what COVID-19 meant to children in middle childhood, and how the developmental milestones were maintained. These were all understood from the perspective of the caregiver. Furthermore, caregivers were asked about the child's experience of the pandemic, and what the return to school after the lockdown period meant for children in middle childhood.

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4.3.6.1 The meaning of COVID-19 to children in middle childhood

Sharing a collective experience makes it easier to instil a sense of community, however, the capacity of a caregiver to maintain their system regardless of the shared experience, increases the ability to maintain the support provided to the child in middle childhood (Adebiyi et al., 2022a:1236; Rukasha, 2023:6; Soon et al., 2022:247). The commonality in the meaning of COVID-19 to children in middle childhood was that there was no distinction between school and home. One caregiver said that *"there was no distraction to school at all",* as the two became enmeshed for the children. For all the children, they were not able to participate in extramural activities. One caregiver reflected that *"I think it meant something to them in a way that it robbed from them because it took a lot of opportunities away from them, especially if you think about extramural activities and playing with friends their whole social development and interaction affected them in a negative way".*

Another aspect which was of great importance to the children was their friends. With the pandemic it became very difficult for children to see their friends, however, caregivers indicated that they allowed their children to keep in contact with their friends through online platforms. One caregiver said that *"it [referring to the pandemic] just meant that they couldn't spend as much time with their friends as they did previously did".* Four participants indicated that the COVID-19 pandemic had a 'positive' connotation because they tried to keep the routine the same, they kept calm and kept open communication. One caregiver said that for her child, *"it didn't make a difference because I think I still kept it [routines] as normal as I could for her".* As indicated in the previous section, being able to keep routines for children assists in reducing anxiety and stress.

Another participant indicated that her child enjoyed being at home, which was how she gave meaning to the COVID-19 pandemic. She shared that *"she [the child] loved it, actually. She didn't have to go to school. She could stay home. (chuckles) The only thing she did miss was her, her friends."* Another participant indicated that her child was cognitively at a level where she could understand what was happening in her environment *"I think she was big enough to understand what's happening. She did ask a few questions. Um, she was okay because we were okay".*

4.3.6.2 Explaining the maintenance of developmental milestones

Key developmental milestones for children in middle childhood include, physical aspects, improving motor skills and they start participating in major sports (Arnett & Maynard, 2017:420; Batra, 2013:259; Louw & Louw, 2014:256). From the accounts of the participants in this research study, it was apparent that children in middle childhood could not participate in school sports during the COVID-19 pandemic, which caused a gap in meeting some physical milestones. Ways that participant mitigated these factors, was to continue playing and playing games at home that required physical activity. Furthermore, some of the milestones are concrete operational thinking, which includes understanding complex concepts and allowing them to understand events like COVID-19 (Soon et al., 2022:247). *"Like the concrete part of learning was taken away from them to a certain extent, but I had to get creative with teaching them at home…"* During this stage, children start forming relationships with children with shared interests and start learning how to manage new skills. *"…the kids are not at school, so they not getting any social interaction."* The participants in this study indicated that they were concerned especially regarding the academic and educational development of their children – mitigating it by facilitating contact between their children and friends. Academic challenges were mitigated by an au pair that was able to assist with extra focus on foundation phase academics. *"…we had to do a lot of work to make sure that they were staying on the same academic level and the little girl, for instance, had missed a lot of the foundation parts of mathematics, so she was struggling with mathematics. And we had to work hard to build that foundation and make sure that it wouldn't affect her in further grades."*

One participant indicated that the children she cared for, were homeschooled before the pandemic, *"The two kids got homeschooled. So, uh, during the pandemic, so it was my responsibility to teach them, develop them, as I am an educator myself."* She could not notice any decline in their developmental milestones, except missing events that the school normally arranged to go to physical trips together and sports. *"The lack of ability to actually take part in soccer because obviously with the restrictions they were not allowed to develop and attend these extra mural activities."* Another participant shared that her daughter missed social interaction with her friends and sports *"I think school was a miss in her case and she missed her friends, but she also missed the, the sport, which she loves".*

This indicates there is a distinctive connection between all systems that children are involved in based on Ecological Theory – compared to the other families, the family system was not supposed to experience as much change, but they did experience changes and challenges in maintaining the developmental milestones of children in middle childhood (Lee et al., 2021:8).

4.3.6.3 Meeting the needs of the child in middle childhood during the pandemic

Complex social situations assist children in middle childhood in developing a sense of their social identity and how to manage conflict. As one participant shared, "*…there's a lot of stimulation in terms of their social skills and not necessarily only their intellectual skills." In* terms of this need, one family indicated that they found it difficult to maintain the social skills of their children. A child's chrono-system changes over a period, but it requires a stable change to meet the needs of the child (Adler-Tapia, 2012:20; Harris & Graham, 2014:42). South African families showed resilience and resourcefulness in meeting the needs of their children in middle childhood (Painter et al., 2023:4). The participants in this research study indicated that they were able to tend to the needs of their children during the COVID-19 pandemic and could not identify any needs that their children had that were not met.

4.3.6.4 Return to school after lockdown

Returning to school was not a focus in this research study, however, it has relevance as it affected the child in middle childhood's life and the concerns the family system experienced. Returning to school had emotional impacts on children in middle childhood due to the anxiety of leaving their parents (Simpkins et al., 2021:2290). One participant indicated that *"the most challenging I think is when they went back [to school] with masks - that was challenging for her."* While another reflected that *"I found he [referring to child] was a little bit more hesitant to go back to school and leave us and stuff.I think that's because he got so used to spending so much time with mom and dad".*

Thus, although families and the children struggled with adjustments of having to stay at home when the pandemic restrictions were enforced. When restriction levels were reduced, and schools reopened, families and children were now faced with new

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challenges and anxieties. This now included having to leave home and return to school with the possibility of contracting the virus although masks were worn.

4.4 CONCLUSION

This chapter has presented the key findings of the research study, which included the biographical information of the participants. Furthermore, the participants provided insights into their experiences of caring for their children during the pandemic. These insights were categorised into themes and sub-themes, which this chapter described. The themes included discussions on the transition of caregivers working from home, the financial considerations and impact on employment of caregivers during the pandemic, positive experiences of the pandemic as well as the resources and coping mechanisms that families used during the pandemic. Additionally, the theme of raising children in the pandemic was described and lastly the child's experience of the pandemic was explored. The chapter which follows will present the conclusion and summary of findings which will be related back to the research aim and objectives. This will be followed by the recommendations which emanate from the research process.

CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

In chapter four, the empirical research results of the qualitative study were presented. In chapter five the study will be concluded. The goal and objectives of the study will be explained by the relevance of answering the research question. The key findings of this study will be succeeded by conclusions and recommendations.

5.2 GOAL, OBJECTIVES AND RESEARCH QUESTION IN RELATION TO THE KEY FINDINGS

The goal of the study was to explore and describe the experiences of South African families of caring for children in middle childhood during the COVID-19 pandemic.

This goal was achieved through the following objectives:

5.2.1 Objective 1: To explore and describe the negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic.

With regards to the literature review in Chapter 2, the negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic included both negative and positive experiences for families. This objective confirms the interchanging relationship between negative and positive experiences and various systems as postulated in Chapter 2 (Adler-Tapia, 2012:20; Berk, 2019:193; Harris & Graham, 2014:42; Onwuegbuzie et al., 2013:4).

The positives included more family time, getting to know the academic strengths of their children as well as insight into how the children in middle childhood learn and process new information. The negatives included job or income loss, challenges with schooling children from home and managing working from home parallel to one another, no separation from school, lack of resources and managing the progress of the child. Research results in Chapter 4, Section 4.3.1, subsection 4.3.1.1 to 4.3.1.3; Section 4.3.2, subsection 4.3.2.1 to 4.3.2.2 and Section 4.3.3, subsection 4.3.3.1 prove the objective was achieved by focusing on the negative and positive

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experiences of six families caring for children in middle childhood during the COVID-19 pandemic.

Respectively the participants experienced the following positive commonalities; holding secure employment, being able to work from home and spending quality time with their loved ones, having specific resources that afford them the chance to navigate the pandemic from their homes, having a third-party assume the caregiving and school-monitoring roles, having educators available to assist the children in middle childhood with keeping up academically, learning in smaller ways and learning how to cope with increased responsibilities and independent functioning. The positive commonalities pose a contrasting position to Chapter 2 of this study, in which mostly negative/challenging commonalities are proposed. Respectively the participants experienced the following negative commonalities: managing work-school boundaries were challenging, having no distinction between work and home and school and home, parents having to assume different roles and maintain their active roles, limited space for everyone to function comfortably, increased workload for caregiver and child, income and employment loss, keeping children engaged in online schooling and navigating online platforms. The findings of negative commonalities experienced by families during the COVID-19 pandemic based on this research project are in line with the literature review above. The participants had positive and negative experiences in caring for the child in middle childhood during the COVID-19 pandemic.

In consideration, the objective was achieved.

5.2.2 Objective 2: To explore and describe how the pandemic has affected the provision of resources that met the needs of children in middle childhood.

With regards to the literature review in Chapter 2, how the pandemic has affected the provision of resources that met the needs of children in middle childhood include poorer capacity to provide resources to the child due to financial strain because of employment loss and salary cuts. The research results in Chapter 4, Section 4.3.4, subsection 4.3.4.1 to 4.3.4.4 prove the objective was achieved as all six participants described how the pandemic affected their ability to provide resources to meet the needs of the children in middle childhood, four out of the six families experienced no challenges in providing for the child in middle childhood, two of the six participants

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indicated cutting back on luxuries to provide the resources, but still being able to provide for their children. This is in line with the literature provided in Chapter 2, where specific focus is placed on the effect of the economy and economic challenges on families to provide the same resources as before the COVID-10 pandemic for their children.

In consideration, the objective was achieved.

5.2.3 Objective 3: To explore and describe the influence of COVID-19 on developmental milestones of children within middle childhood's functioning and development.

With regards to the literature review in Chapter 2, the influence of COVID-19 on developmental milestones of children within middle childhood's functioning and development includes a lessened ability to manage the developmental milestones of the child in middle childhood. It explains the challenge of maintaining the developmental milestones due to the increased responsibility of the caregiver and family system having to step into new roles. The research results in Chapter 4, Section 4.3.5, subsection 4.3.5.1 to 4.3.5.3 and Section 4.3.6, subsection 4.3.6.1 to 4.3.6.4 prove the objective was achieved by focusing on the influence of COVID-19 on developmental milestones of nine children within middle childhood's functioning and development.

In consideration, the objective was achieved.

The research question was as follows: *"What were the experiences of South African families of caring for children in middle childhood during Covid-19?"*

This research question was answered during the research process and has been portrayed in Chapter 4 of this study. The answers to the research question and the key findings of this study are as follows:

- **The negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic**

The key findings of the negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic are presented below.

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Participants faced increased work responsibilities and caregiving aspects during the pandemic. Varied experiences in managing working from home, including designated work areas and boundaries. Participants juggled online meetings, childcare, and maintaining work obligations. Positive experiences included designated workspaces, family support, and maintaining work routines. Financial strain varied among participants, with some facing challenges while others remained stable or improved. Job losses, reduced work hours, and financial instability impacted family systems. Participants shared experiences of coping with financial challenges and adapting to changes in employment status. Despite challenges, participants highlighted positive outcomes, such as increased family time and quality interactions. Technology facilitated online functioning, aiding in schooling and work activities. Positive aspects included gaining insights into children's academic strengths, spending quality time together, and having meaningful conversations. Families engaged in creative activities, outdoor games, and new routines, fostering a sense of togetherness. Despite challenges, participants highlighted positive outcomes, such as increased family time and quality interactions. Technology facilitated online functioning, aiding in schooling and work activities. Positive aspects included gaining insights into children's academic strengths, spending quality time together, and having meaningful conversations. Families engaged in creative activities, outdoor games, and new routines, fostering a sense of togetherness.

- **How the pandemic has affected the provision of resources that met the needs of children in middle childhood.**

The key findings of how the pandemic has affected the provision of resources that met the needs of children in middle childhood are presented below.

Participants received assistance from various sources, including parents, friends, caregivers, and extended family. Caregivers often delegated tasks, such as grocery shopping or helping with schoolwork, to available family members or friends. The support network was crucial in managing responsibilities and adapting to the challenges of the pandemic. Some participants experienced no change or even growth in their support systems, relying on family, friends, and community. For others, support systems changed due to factors like health issues or the unavailability of usual sources. Extended family members, especially in South African contexts, played a vital role in caring for children in middle childhood. Technology played a significant role in

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coping with the pandemic, aiding in remote work, online schooling, and social interactions. Availability of devices and internet access varied among participants, influencing their ability to adapt to the challenges. Some families faced challenges like sharing devices, limited access to the internet, and the need to conserve data. Technology played a significant role in coping with the pandemic, aiding in remote work, online schooling, and social interactions. Availability of devices and internet access varied among participants, influencing their ability to adapt to the challenges. Some families faced challenges like sharing devices, limited access to the internet, and the need to conserve data.

- **The influence of COVID-19 on developmental milestones of children within middle childhood functioning and development.**

The key findings of the influence of COVID-19 on developmental milestones of children within middle childhood functioning and development are presented below. Caregivers faced significant shifts in their roles, becoming not only parents but also teachers and companions. While some experienced changes, others reported minimal disruptions. The limitations on physical interactions affected children's social development. Online platforms emerged as a substitute, facilitating virtual playdates and communication with friends and extended family. Financial strain, online class disruptions, and the blurring of home-school boundaries were common challenges. Emotional well-being remained a focal point, with concerns about children's social development and the frustration arising from changes in routines. Despite the challenges, caregivers generally did not report significant emotional impacts. However, the feeling of being physically present but occupied with work created a sense of unavailability. Some frustration was expressed concerning online etiquette and cohabitation challenges. Children experienced the pandemic as a disruption to routine, limiting interactions with friends and extracurricular activities. However, the routine and calm maintained by caregivers contributed to positive perceptions for some children. Physical milestones, especially those related to sports, were impacted due to restrictions. Academic concerns were addressed through creative teaching approaches and the assistance of au pairs. The family's ability to adapt influenced the maintenance of developmental milestones. Families demonstrated resilience in meeting the needs of children, with a focus on social skills and maintaining stability. Financial adjustments were made to prioritise children's needs. The return to school,

marked by mask-wearing and increased monitoring, presented emotional challenges for some children. Adjusting to the transition back to a more structured environment was evident. Encourage caregivers to embrace flexibility and resilience in adapting to changing circumstances, recognising the importance of routine while accommodating necessary adjustments. Advocate for strategies that support children's social development during periods of limited physical interaction. Virtual platforms and creative activities can serve as alternatives to in-person socialising. Offer educational support to families, especially during periods of remote learning. Address challenges related to online classes and ensure access to resources that facilitate continued learning. Recognise the emotional impact of returning to school after lockdown. Implement measures to ease the transition for children, acknowledging potential anxiety and offering support.

5.3 CONCLUSIONS

During the research process the experiences of South African families with children in middle childhood during the COVID-19 pandemic were explored and described. The conclusions that are provided follow:

- **Conclusions: The negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic**

It is the conclusion of the researcher that in terms of the negative and positive experiences of the families caring for children in middle childhood during the COVID-19 pandemic, there were definite negative and positive experiences of the family caring for the children in middle childhood. The majority of the participants indicated very little negative experiences. Some participants indicated that they experienced job loss, loss of income, returning to school after the pandemic and isolation. Positive factors included getting to know their children, their developmental milestones and spending more time together as a family. Negatives also included the lack of social interaction with peers.

- **Conclusions: How the pandemic has affected the provision of resources that met the needs of children in middle childhood.**

It is the conclusion of the researcher that in terms of how the pandemic has affected the provision of resources that met the needs of children in middle childhood, there was an indication that there were challenges in the ability of some participants to provide the resources that their children in middle childhood required, however, the majority of the participants in this research study, did not experience significant challenges in providing resources to meet their children's needs.

- **Conclusions: The influence of COVID-19 on developmental milestones of children within middle childhood functioning and development.**

It is the conclusion of the researcher that in terms of the influence of COVID-19 on developmental milestones of children within middle childhood functioning and development, there was a significant need to maintain the physical, emotional, educational, and social developmental milestones of children in middle childhood. Participants mentioned that they struggle especially to maintain the academic and social skills of their children in middle childhood. The conclusion of this objective is that in accordance with Bronfenbrenner's ecological theory and the family systems theory, the interaction within the family and the different systems in the environment have an influence on the child in middle childhood. However, the influence of these systems in lieu of a pandemic, could be mitigated by the appropriate resources and support.

5.4 RECOMMENDATIONS

Following the key findings and conclusions, the recommendations for social work services promoting the care of children in middle childhood during a pandemic, the recommendations for social policy in terms of caring for children in middle childhood during a pandemic, recommendations for the training of social workers gathered from this study will be given. Additionally, recommendations for future research are also made.

5.4.1 Recommendations for social work services promoting the experiences of families in South Africa in caring for children in middle childhood during a pandemic

There should be some method to bring social work services and educational services to the family caring for children in middle childhood during a pandemic, social work services can advocate for the implementation of such a service at affordable/free rates. Social work services should work in multidimensional teams to address needs regarding challenges and concerns during a pandemic by educating families with children in middle childhood on these issues and ways to cope with it as well as where to seek services during a pandemic. Additionally, social work services to families should focus on strengthening the psychological well-being and social experiences that are positive. Important is the cooperative relationship between social work services and all families with children in middle childhood in creating awareness of the authentic challenges, concerns, and lack of resources as a way of decreasing social isolation. Social work should be the link between the families that have and the families that do not have and manage a sustainable platform for resource sharing. Social work services can focus on generation of donations either monetarily, technology, data/Wi-Fi or food donations on a longer-term basis to provide to families caring for children of all ages during a pandemic, to relieve stressors that affect the mental health of the children and caregivers. This is excluded from the relief fund received by the government.

5.4.2 Recommendations for social policy focusing on the phenomenon of caring for children in middle childhood during a pandemic

Social policy should make more provision for schooling, caring for emotional needs and managing routines and responsibilities aspects in South Africa, for families who have children in middle childhood during pandemic times to ensure that the standard of education/support received on all fronts are equal across all South African populations.

Social policy should include services such as education/tutor/counselling cubicles, where children in middle childhood or families can consult with professionals in a safe space that allows for social distancing and lockdown protocols in their neighbourhoods, with easy and time-efficient access that is free. For caring for children

in middle childhood during a pandemic, social policies in South Africa need to provide broader definitions of the different educational systems, standards, and curriculums to assist in informing parents of the differences to mitigate some of the challenges experienced during a pandemic.

One policy framework based on a holistic approach that focuses on all the aspects of caring for children in middle childhood, early childhood, and adolescence. With all information compiled into one framework, it would be easier for parents, caregivers, social workers, educators, and other professionals to access in one place. The crucial part of this document would be that it must be easily accessible to all populations of South Africa, in a language that they prefer. There is a National Child Participation Framework (NCPF) available, however, this serves to describe how the child should be actively included in decision-making regarding their lives. The policy framework the researcher recommends is a framework that is based on the premise of the NCPF, but includes the above-mentioned legislation, frameworks, and policies. For foreign nationals who are in South Africa without the correct paperwork and with no job and are caring for children in middle childhood, provision should be made for refugee ship or pardon to make it easier to leave South Africa or to stay and work, seek social services during times of pandemic.

5.4.3 Recommendations for the training of social workers (including Continuous Professional Development) to render effective services to families in South Africa during a pandemic similar to the COVID-19 pandemic

Working with families caring for children in middle childhood in South Africa does not require a generic framework. Training of social workers should be autonomously inclined to remind social workers that working with one family with children in middle childhood does not mean working with all families with children in middle childhood.

Geographical training of social services, resources, and mitigating services available to families with children in middle childhood is crucial for social workers to understand the services available and the more specific services needed and to make referring easier and to provide localised services instead of western-taught services. Pandemic-specific counselling skills will make the intervention with families with children in middle childhood more effective during a pandemic-period. Consulting social work services

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are not easily accessed during pandemics, this is due to the lack of knowledge of the services available as well as limited resources during a pandemic situation, social work training should include more social work specific marketing and practice. Training in hosting virtual fun events for families in middle childhood - not to talk about their lives and problems but merely to have recreational fun for free and in a safe cyber environment during pandemic events.

5.4.4 Recommendations for future research

The lack of input from professionals focusing on the experiences of families with children in middle childhood during a pandemic should be tended to in order to gain a broader understanding of the limited services available to families during pandemics and can be tended to perhaps by extension on the research already done but focusing on service delivery workers.

Quality information from the analysis can be attended to by group-administered questionnaires (into a larger group of South African underprivileged groups) with the option of assistance that tend to all the aspects of Bronfenbrenner's ecological family systems theory as well as the family systems theory and provide richer data in order to improve policy and service delivery in South Africa for this target group.

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APPENDIX A: INFORMED CONSENT FORM

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Humanities 100.
— 1919 - 2019 —
Department of Social Work & Criminology

Sunday, 01 October 2023

Principal Investigator:
Chandré Burger
Contact number: 0639443261
Email: u17077550@tuks.co.za

Supervisor
Jenita Chiba
Contact number: 0822556618
Email: jenita.chiba@up.ac.za

TITLE OF THE STUDY

CARING FOR CHILDREN DURING COVID 19: THE EXPERIENCES OF SOUTH AFRICAN FAMILIES WITH CHILDREN IN MIDDLE CHILDHOOD

GOAL OF STUDY

The goal of the study is to explore and describe the experiences of South African families in caring for children in middle childhood during the COVID-19 pandemic.

INTERVIEW SCHEDULE PROCEDURE

The procedure for the research will entail individual interviews with a duration of 45-60 minutes. With your permission, the interview will be audio-recorded by the researcher. The interview will be held at Kungwini Welfare Organisation, Zwavelpoort, Pretoria or using an online platform.

RISKS AND EFFECTS OF INTERVIEW

No risks and discomforts/emotional harm are foreseen. Should you experience any emotional discomfort prompted by sharing your experiences of caring for children in middle childhood, you should inform the researcher. The researcher has prepared for psychosocial support from Nicolene

van der Linde (Social Worker at Retire@Midstream) or Yolandi Toerien (Social Worker in Private Practice – Practice Number: 0519413).

BENEFITS

As a research participant, you confirm that you understand that this study has no immediate benefit for you. However, the results of the study could contribute to enhancing the knowledge and techniques that can be used to gain a better understanding of the experiences of South African families in caring for children in middle childhood during a pandemic.

VOLUNTARY PARTICIPATION

You will not be coerced into participating in the interview. You will participate of your own free will and can withdraw from participating at any given time without reason. Withdrawing will not affect any relations between you and the organisation or the researcher. If you withdraw during the interview, the data gathered will be destroyed or provided to you to keep.

INTERVIEWEE'S RIGHTS

You can withdraw within the interview, when feeling uncomfortable, at any point. You may decline to answer any questions you feel uncomfortable answering.

All information obtained will be treated confidentially. To protect your identity, the researcher will use a pseudonym. Neither the data nor the conclusions reported will include any information which may lead to the identification of any participant, unless required by law. Kungwini Welfare Organisation will also not be identified as the participating organisation in the study.

The documentation will be accessed by the researcher and the authorised University of Pretoria research team (Ms Jenita Chiba – Supervisor and Prof Reineth Prinsloo – Co-supervisor). The researcher, with assistance from the University of Pretoria, will keep all documentation collected from the interviews in a safekeeping cabinet for 10 years post-study, as per UP data management policy.

PUBLICATION OF INFORMATION GATHERED FROM INTERVIEWEE

The findings gathered from the study will be published as a research report and articles in scientific journals and conference papers. The terms of confidentiality will be kept throughout these engagements or publications.

INTERVIEWEE CONSENT

I, _____ (*full name*) have had the researcher explain the Informed Consent form and understand my rights in participating in the study. I voluntarily consent to participate in the study, with the insight into the purpose of the study and what the data gathered will be used for. I will be provided a pseudo name for the study and all information shared will be handled with confidentiality, unless requested otherwise by myself. All information shared will be kept at the University of Pretoria for safekeeping for 10 years, as per UP data management policy. I will be provided with a copy of my signed consent form.

_____   _____
Interviewee's signature   **Date**

_____   _____
Researcher's signature   **Date**

APPENDIX B: SEMI-STRUCTURED INTERVIEW SCHEDULE

Semi-structured interview schedule
Topic of research: Caring for children during COVID-19: The
experience of South African families with children in middle
childhood

SECTION A: BACKGROUND INFORMATION

Gender		
Age		
Home language		
Ethnicity		
Who lives in the family/household? (List people in the household and their relationship to the children such as children, mother, father, uncle, aunt, cousin etc; indicate which person is the caregiver)[1]	Relationship	Age
Participant's position in the family (e.g., parent, sibling, extended family member, friend, etc.)		
Home and living circumstances (What kind of living structure; how many rooms in total; place such as informal settlement, urban, rural; electricity/running water; crowded, comfortable etc.)		

SECTION B: CARING OF CHILDREN
1. Please tell me about your family and children.
2. Can you share with me what you feel were some of the biggest changes that you had to deal with during the COVID-19 pandemic?
3. Can you tell me how you and your family cared for the children in the household during the COVID-19 pandemic?
4. If you and/or other adult family members were working from home, can you share how you managed this whilst seeing to the children?
5. Please tell me how routines and responsibilities changed.
6. How did you feel about all the changes in the caring of the children?

SECTION C: SUPPORT SYSTEMS
1. Who did you ask or go to for help and/or who offered help to you during the COVID-19 pandemic?
2. How did you keep in touch with extended family, friends, neighbours, church, or religious support?

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[1] Note that all bracketed comments are prompts for the researcher

1

SECTION D: CHILDREN'S EXPERIENCES DURING COVID

1. How did your children understand COVID-19? (What did it mean to them? How did they make sense of it?)
2. Who did your children speak to about their feelings during COVID?
3. One of the biggest things that changed for children, was when they had to school from home. Can you share how your child may have experienced this? (What was challenging? What did they enjoy about this? Were they able to keep up with the work?) Please motivate your answer.
4. How did you and the family cope with having to monitor and supervise the children's schooling during this time? (What was challenging? What worked well? How did you have to adapt your household to accommodate schooling and working from home?)
5. Do you think your child missed out on anything during the COVID-19 pandemic? Can you please explain further? (Aspects such as not being able to play with friends; extramural/cultural activities, not being able to see extended family, such as grandparents and/or cousins could be included)
6. Were they able to keep in touch with their friends from school and how were they able to do so?
7. Did the behaviour of the child or children change during the COVID-19 pandemic? If so, please explain.

SECTION E: FINANCIAL CONSIDERATIONS

1. Please describe your family's financial position during the COVID-19 pandemic.
2. Please elaborate on how the COVID-19 pandemic may have impacted your family's financial position (such as financial difficulties; how and where you coped and/or found support) and how these may have impacted the child/children and caring for them.

SECTION F: RESOURCES

1. Please tell me about how your family managed or might have struggled with having/not having what you and the children needed during the COVID-19 pandemic.
2. If there were difficulties, what were the main things that were lacking (such as enough food and necessities; technology for the children's learning or entertainment; resources that the children usually received at school such as school feeding)
3. What were your worries or concerns about these difficulties, especially in relation to the children?
4. How did the children feel about or cope with these difficulties?

SECTION G: EMPLOYMENT

1. Please describe the employment situation of yourself and the rest of your household during the COVID-19 pandemic
2. Please elaborate on changes, difficulties, or positive factors (such as loss of work, working from home, changes in working hours) and how these may have impacted the child/children and caring for them

Any other responses:

....
....
....

Thank you for your participation

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APPENDIX C: ETHICAL CLEARANCE LETTER

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

05 December 2022

Dear Miss C Burger

Project Title:	Caring for children during COVID 19: The experiences of South African families with children in middle childhood
Researcher:	Miss C Burger
Supervisor(s):	Ms J Chiba
Department:	Social Work and Criminology
Reference number:	17077550 (HUM027/0822)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 05 December 2022. Please note that before research can commence all other approvals must have been received.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Karen Harris
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: tracey.andrew@up.ac.za