

# **A CASE STUDY OF TEACHERS' IMPLEMENTATION OF ASSET-BASED PSYCHOSOCIAL SUPPORT**

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**A CASE STUDY OF TEACHERS' IMPLEMENTATION  
OF ASSET-BASED PSYCHOSOCIAL SUPPORT**

by

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Faculty of Education  
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PRETORIA  
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Dedicated in loving memory of my mom,  
Madeline Marsh

Somehow mothers become, quietly  
and unobtrusively,  
the keystones to our lives

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## *Declaration of Authenticity*

I, Georgina Claire Dempster (student number 29184615) hereby declares that this study titled:

A CASE STUDY OF TEACHERS' IMPLEMENTATION OF  
ASSET-BASED PSYCHOSOCIAL SUPPORT

is my own work and that all references appear in the list of references. This thesis was not previously submitted by me for any degree at another university.

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Georgina Claire Dempster

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Date



## *Abstract*

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Co-supervisors: Prof Liesel Ebersöhn  
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Department: Educational Psychology  
Degree: MEd (Educational Psychology)

The purpose of this study was to explore and describe teachers' implementation of asset-based psychosocial support in a school community to promote resilience in vulnerable children and families (particularly within the context of HIV/AIDS). The study formed part of the broader STAR-pilot project. The primary assumption with which I approached the study was that teachers are able to provide asset-based psychosocial support focusing on social, emotional, health and educational needs of vulnerable children and families.

An interpretivist paradigm was used to describe the asset-based psychosocial support implemented. I selected a case study design with eight participants (teachers) who were conveniently and purposefully selected due to their involvement in the STAR-pilot project. I co-facilitated a PRA-directed workshop with the teachers. Data was collected by means of a PRA-directed workshop, observations, visual data (photographs) and field notes. I followed a thematic content analysis of data to interpret emerging themes and sub-themes. Psychosocial support interventions were focused on addressing basic physiological needs, social support and emotional needs. Findings revealed that implementation of asset-based psychosocial support within a school community, promoted the resilience of vulnerable children and families.





## *Key Concepts*

- Asset-based approach
- Basic physiological needs
- Emotional support
- Implementation
- Psychosocial support
- Resilience
- School community
- Social support
- STAR-pilot project
- Teachers
- Vulnerable children and families





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## Chapter 1 *Overview of the Study*

### 1.1 INTRODUCTION AND RATIONALE

This study forms part of a broad research project that commenced in 2003 at a school in an informal settlement in the Eastern Cape Province of South Africa. The STAR (Supportive Teachers, Assets and Resilience) intervention emerged from a number of studies investigating resilience in schools (Ebersöhn, Ferreira & Odendaal, 2010; Ebersöhn, Ferreira & Mnguni, 2008; McCallaghan, 2007; Ferreira, 2006). During the first phase of the longitudinal project, researchers (Ebersöhn, 2008; Ebersöhn, Ferreira & Loots, 2008a; Ebersöhn, Ferreira & Mnguni, 2008b; McCallaghan, 2007; Ferreira, 2006; Odendaal, 2006) partnered with teachers in a primary school in an informal settlement community in the Eastern Cape Province. The aim of the initial Participatory Reflection and Action (PRA) partnership was to investigate how resilience in a school could be addressed by teachers' implementation of asset-based psychosocial support. The studies mentioned above constituted the pilot phase of the STAR intervention, with further studies expanding the research project from 2003 (Ebersöhn & Ferreira, forthcoming; Olivier, 2009).

The prolific increase of HIV/AIDS in South Africa and its psychosocial effects prompted the STAR study (Ebersöhn & Ferreira, forthcoming). Other studies (Ebersöhn, Ferreira & Odendaal, 2010; Ebersöhn *et al.*, 2008a; Ebersöhn *et al.*, 2008b; McCallaghan, 2007) examined how asset-mobilisation by teachers supported a psychosocial approach to coping with HIV/AIDS in a school community. Ten teachers participated in the STAR-pilot study (2003), which focused on the asset-based approach implemented to address the needs of vulnerable children and families in the school community.

The STAR project has been steadily developing since 2004. The aim of the psychosocial support implemented in the participating school context was to address the material, social and emotional needs of children and families in the school



community. Teachers in the STAR-pilot project established three school community-based projects, namely: the support service project, the vegetable garden and the information service project (Ebersöhn & Ferreira, forthcoming). The support service has taken the form of providing for basic physiological needs, social support, emotional support and spiritual support. The vegetable garden has been sustained and vegetables are used in providing for basic physiological needs. The HIV/AIDS Information Centre was formed to provide the school community with information on HIV/AIDS and to assist with applications for government grants. In response to the need for support identified by teachers, funding was received from the ABSA bank in 2008 to equip a room that would function as a support centre. Volunteers from the community were identified to assist teachers in giving psychosocial support such as home visits to vulnerable families (Ebersöhn & Ferreira, 2009).

In further phases of the project, the STAR intervention was replicated in three other schools in two additional South African provinces (Ebersöhn & Ferreira, 2009; Loots, Ebersöhn, Ferreira & Eloff, 2009; Olivier, 2009; Ebersöhn, 2007; Ebersöhn, 2006). The teachers in the STAR-pilot project were trained to facilitate the programme. The project is currently in a dissemination research phase, in which teachers trained as STAR facilitators are implementing STAR together with teachers in neighbouring schools (Ebersöhn, 2009; Ebersöhn, 2008). The fidelity of implementing research is explained as the delivery or implementation of content or information according to the way it was intended. Fidelity measures focus on partnering the individuals who provide instruction (Protheroe, 2009). Likewise, the teachers of the STAR-pilot project are presently partnering in a study to estimate the fidelity of STAR.

The current study reports on ways in which teachers (in the initial STAR-pilot school in the Eastern Cape Province) implemented psychosocial support interventions. Specifically, the study explored the nature of psychosocial support implemented by teachers, using the asset-based approach to inform knowledge on resilience within a school (particularly within the context of HIV/AIDS). Although a great deal is known about the significance of psychosocial support (Van der Heijden & Swartz, 2010; Richter, 2006; Bauman, 2005; Bennell, 2005a), as well as the types of interventions required to bring about support (Ebersöhn & Eloff, 2006a, 2002), studies on teachers' use of psychosocial support to enhance resilience are limited. Because of the high

prevalence of poverty and HIV/AIDS in South Africa (UNICEF, 2009; UNAIDS, 2008), STAR focuses on ways in which support for individuals facing adversity can be school-based to buoy resilience and mediate the effects of risk.

My interest in this study stemmed from discussions with Ronél Ferreira and Liesel Ebersöhn, who use the asset-based approach in the STAR-pilot project. As a former teacher, I was interested in investigating how asset-based psychosocial support interventions implemented by teachers might affect resilience in a school community in an informal settlement.

## 1.2 INITIAL LITERATURE REVIEW

I focused my initial readings on the area of psychosocial support of children in communities faced with adversity, who may be experiencing the challenge of dealing with the HIV/AIDS epidemic. In addition, I consulted literature on the potential role of schools as nodes of care and support for vulnerable children. Throughout, I explored the potential role of teachers in psychosocial support.

According to the UNAIDS annual report (2008), the number of people infected with the HI-virus in 2007 in South Africa was 5.7 million. One of the consequences of this rate of infection has been the increase in orphanhood due to the death of one or more parents (Simbayi, Klientjes, Ngomane, Tabane, Mfecane & Davids, 2006). Children who are orphaned are typically affected by various factors and may face exhaustion, stress, insecurity due to loss of home and, perhaps, the splitting up of their family, as well as the stigmatisation if deaths in the family are HIV/AIDS-related. The HIV/AIDS epidemic may possibly result in one generation of children or more being raised by grandparents, aunts, or even older siblings (Simbayi *et al.*, 2006). Many of these children are at risk of malnutrition, illness, school dropout and abuse, as they have lost one of their potentially protective resources. These children face the additional risk of being HIV-infected themselves (Richter, 2006).

As the psychosocial effects of trauma are not always visible, focus is often on the economic and nutritional needs of vulnerable children (Ebersöhn & Eloff, 2002). However, support for children's psychosocial well-being is essential in ensuring a

future generation that will be able to overcome adversities and experience a sense of belonging in the world. According to Richter (2006), no single psychosocial intervention will result in sufficient improvement. This author (Richter, 2006) proposes a collective community commitment towards the support of vulnerable children. The asset-based approach advocates a similar viewpoint, as it focuses on encouraging communities to utilise available resources to address their needs (Ebersöhn & Eloff, 2006b).

Psychosocial interventions typically aim at promoting the enablement of children and families to cope with adversities through supportive relationships (Richter, 2006). Some of these interventions include services such as counselling and pastoral activities, which may allow children to express their feelings. One such form of psychosocial support intervention is the memory-box-making intervention described by Ebersöhn *et al.* (2008b). Further related studies (Ebersöhn, 2008, 2007; McCallaghan, 2007; Ferreira, 2006; Odendaal, 2006; Loots, 2005) focus on interventions that incorporate supportive skills training and asset mobilisation within communities to bring about psychosocial support.

Richter (2006) suggests that a key strategy in supporting children's psychosocial well-being is that of strengthening primary care-giving relationships. In many situations, children have lost their parents, so the teacher becomes a primary source of care. Children's well-being encompasses emotional, social, health and educational needs which are dependent on supportive families or communities (Richter, 2006). Richter, Manegold and Pather (2004) suggest that teachers or caregivers be trained in supporting children's needs. Hoadley (2007) further highlights the school's potential role in contributing to the support of vulnerable children and discusses the various policies that have been implemented by the Department of Education.

In particular, the *Education White Paper 6 Special Needs Education* (DoE, 2001) identifies psychosocial deficits as a potential learning shortfall. One benefit of utilising schools as support centres is that teachers are generally able to provide children with frequent opportunities to practise the skills taught (Han & Weiss, 2005). Ebersöhn and Eloff (2006a) support the idea of schools being utilised as nodes of care and support, as they are able to serve as the link between communities and service-

providers. However, because many teachers feel both overburdened with administrative tasks and ill equipped to deal with the psychosocial needs of children, psychosocial interventions are propagated as being community-based. The success of the implementation of psychosocial support strategies will therefore depend upon contextual factors that may either inhibit or support efforts (Han & Weiss, 2005). Bender (2004) agrees with the view that the successful implementation of support initiatives is reliant on contextual factors, and suggests that the implementation process be well planned and managed if success is to be ensured. The inclusion of the community in the partnership appears beneficial to sustaining any supportive strategies implemented (Bender, 2004).

### **1.3 PURPOSE OF THE STUDY**

The purpose of this study was to explore and describe the different forms of asset-based psychosocial support offered by teachers who have been involved in the STAR intervention programme at the first participating school in the Eastern Cape. The focus was on the different forms of psychosocial support strategies implemented by teachers using the asset-based approach. These strategies address the areas of social, emotional, health and educational needs of the school community in an effort to enhance resilience by means of coping interventions.

I aimed, first, to understand psychosocial support from an asset-based perspective as implemented by the teachers of the STAR-pilot study, and secondly to explore the role played by the teachers in the implementation process. Finally, how the teachers' asset-based psychosocial support strategies might have addressed resilience within the school was explored.

### **1.4 RESEARCH QUESTIONS**

The current study was directed by the following primary research question:

*How do teachers who follow an asset-based approach offer psychosocial support in their school community?*

The following secondary questions further guided the research:

- Which psychosocial support strategies do teachers implement in the school?
- Who are the role players in providing psychosocial support?
- How can insight into teachers' asset-based psychosocial support inform knowledge on resilience in schools?

## **1.5 WORKING ASSUMPTIONS**

In planning and conducting the study, I formulated the following assumptions:

- Psychosocial support focuses on the social, emotional, health and educational needs of vulnerable children.
- Teachers are able to provide psychosocial support by implementing the asset-based approach.
- Teachers are able to support vulnerable children and families within communities challenged by adversity.

## **1.6 CONCEPT CLARIFICATION**

In this section, I explain the key concepts of the study.

### **1.6.1 TEACHERS**

For the purpose of this study, the term 'teachers' refers to the initial group of participants in the STAR intervention who are involved in implementing asset-based psychosocial support in an Eastern Cape primary school. The seven teacher-participants in this study are all female and include the Deputy Principal of the school. An additional female teacher was part of the second field visit, bringing the total number of participants to eight.

### **1.6.2 IMPLEMENTATION**

Bender (2004) states that 'implementation' includes undertaking commitments and activities that have been set out in a plan. In this study, implementation refers to the means used by the teachers in the STAR-pilot study to initiate asset-based psychosocial support strategies in their school.

### **1.6.3 ASSET-BASED PSYCHOSOCIAL SUPPORT**

In the current study, ‘asset-based psychosocial support’ refers to the various projects implemented by the group of teachers participating in the initial phase of the STAR intervention using assets within the community to address social, emotional and community needs. While the asset-based approach recognises the needs, deficiencies and problems faced by communities, it nevertheless focuses on strategies for addressing these needs and challenges (Ebersöhn & Eloff, 2006b). While this approach does not ignore constraints on communities and the fact that communities could benefit from outside resources, the focus is on identifying and mobilising these existing resources within the community (Ebersöhn & Eloff, 2006b). Strategies are developed through problem-solving among residents, institutions or associations, emphasising enablement, hopefulness and creativity. This approach is relationship-driven, which means that relationships need to be built between both individuals and institutions, according to the strengths of those involved (Ebersöhn & Eloff, 2006b).

In terms of psychosocial support, the following description was agreed upon at a Bernard van Leer Foundation meeting held in Johannesburg in November 2004 (cited in Richter, 2006:29): “Psychosocial care and support includes interventions that assist children and families to cope. They enable children to experience love, protection and support that allow them to have a sense of self-worth and belonging. These are essential in order for children to learn, to develop life skills, to participate fully, and to have faith for the future”. Psychosocial support is often seen as assisting children’s social and emotional needs. Richter (2006) proposes that the focus should shift to interventions that are community-based and rely on the mobilisation of strengths existing in the community.

## **1.7 CONCEPTUAL FRAMEWORK**

I developed a conceptual framework by integrating aspects from Maslow’s hierarchy of needs (Maslow, 1999), the Circle of Courage model (Brendtro, Brokenleg & Van Brockern, 2005) and the asset-based approach (Kretzmann & McKnight, 1993). In order to conceptualise psychosocial support, I included constructs from Maslow’s

hierarchy of needs (Maslow, 1999), namely basic physiological needs, self-esteem and sense of belonging. In addition, the Circle of Courage model (Brendtro *et al.*, 2005), which focuses on belonging, independence, generosity and mastery, was also included in the conceptual framework. The asset-based approach (Kretzmann & McKnight, 1993) was incorporated to describe the school-based approach to implementing psychosocial support.

In South Africa, many children and families are vulnerable to a range of adversities, like high levels of poverty and especially the impact of the HIV/AIDS epidemic (UNAIDS, 2008; Richter, 2006). This being the case, vulnerable children and families may often be in need of emotional, social, physical and material support. Literature indicates that schools may be able to meet the needs of vulnerable children (De Witt, 2007; Hoadley, 2007). Thus, providing a supportive and caring environment may potentially increase the resilience of children and families facing adversities (Morrison & Allen, 2007; Brooks, 2006; Stewart, Sun, Patterson, Lemerle & Hardie, 2004; Bosworth & Earthman, 2002).

One approach to addressing the needs of vulnerable children and families is the asset-based approach, which focuses on identifying and mobilising possible resources and assets within the community (Ebersöhn & Eloff, 2006b). Applying the asset-based approach within a school community allows for the establishment of potential relationships between the school and the community within which it is situated. By implementing asset-based psychosocial support, teachers may address the needs of vulnerable children and families.

The basic needs of vulnerable children can be met by, for example, providing meals, school uniforms and school fees (Richter, Sherr, Adato, Belsey, Chandan, Desmond, Drimie, Haour-Knipe, Hosegood, Kimou, Madhavan, Mathambo & Wakhweya, 2009). In this regard, providing daily meals may encourage both regular school attendance and the promotion of the healthy development of children (Richter *et al.*, 2009; Dawes, Van der Merwe & Brandt, 2007; Bennell, 2005b). In the provision of basic physiological needs like meals, clothing and financial assistance, the possibility exists that children's increased sense of belonging in a school might be established.



A sense of belonging within a school community is important in instilling feelings of being welcome and combating stigmatisation (Tabane & Human-Vogel, 2010; Ma, 2003). Teachers may be in a position to support children by creating a welcoming environment in which respect for individuals can be encouraged (Tabane & Human-Vogel, 2010; Ma, 2003). The potential link between a sense of belonging and positive self-esteem is important (Ma, 2003). In turn, self-esteem may be an indicator for school performance (Mwamwenda, 2004). By encouraging a sense of belonging, teachers may be able to fulfil a pastoral role, in which they are able to support the children's emotional needs, thereby promoting positive self-esteem. According to Maslow's hierarchy of needs (Maslow, 1999), children's physical, safety and social needs have to be met if they are to thrive. As previously stated, the asset-based approach may be beneficial in providing a means for supporting such vulnerable children and families.

By following an asset-based approach to psychosocial support, teachers may be in a position to develop and sustain supportive partnerships with the community, non-governmental organisations (NGOs) and the Department of Education (Kretzmann & McKnight, 1993). By means of supportive partnerships, teachers may be able to implement supportive structures within a school to assist vulnerable children and families. Teachers who feel that they could fulfil worthwhile roles could thus develop a sense of ownership. The successful implementation of school-based support structures is dependant upon teacher motivation as well as any supportive partnerships that might have been established (Han & Weiss, 2005). In order to address the needs of vulnerable children and families, teacher motivation, along with the establishment of these supportive structures, needs to be emphasised.

## **1.8 PARADIGMATIC PERSPECTIVE**

I now provide a brief overview of the selected meta-theoretical and methodological paradigm for this study. A detailed discussion of paradigmatic lenses follows in Chapter 3.



### **1.8.1 META-THEORETICAL PARADIGM**

My epistemological stance is that of interpretivism (Cohen, Manion & Morrison, 2007), as I interacted with the teachers in attempting to gain an understanding of how they interpreted their psychosocial contribution to the school community. Interpretivism implies that individuals assign meaning to their experiences (Mertens, 2010) and that these experiences are real and should be taken seriously (Terre Blanche & Durrheim, 2002). I interacted with the teachers by listening to them in order to gain first-hand accounts of their experience, which might be rich in detail (Terre Blanche & Durrheim, 2002). Because this study involved exploratory and descriptive research, I viewed an interpretivist stance as suitable.

### **1.8.2 METHODOLOGICAL PARADIGM**

As the current study required a descriptive analysis of teachers' ways of providing psychosocial support to children, I approached this study from a qualitative viewpoint, as this allowed me to gain an in-depth understanding of the participants' individual views and detailed information regarding the psychosocial support strategies they have initiated (Creswell, 2005). Qualitative research helped me develop an understanding of the reality as constructed by the participating teachers within their school context (Terre Blanche & Durrheim, 2002). A qualitative approach further enabled me to gather data through an interactive participatory reflection and action (PRA)-directed workshop (Chambers, 2008) within the natural setting of a school in order to interpret the meaning the teachers ascribed to the provision of psychosocial support (Creswell, 2007).

## **1.9 RESEARCH METHODOLOGY**

In Figure 1.1, I present an overview of the research process. A detailed description follows in Chapter 3.

RESEARCH METHODOLOGY	
Research design	Case study design
Selection of participants	Eight teacher-participants were purposefully and conveniently chosen from the STAR-pilot project
Data collection methods	PRA-directed workshop with teachers Observation
Period and format of research	June 2009 – 2-hour workshop November 2009 – 2-hour member checking session
Data documentation	Field notes and research diary; Visual data (photographs); Audio recording and transcriptions
Data analysis and interpretation	Thematic content analysis (Terre Blanche and Durrheim, 2002)
Criteria to ensure rigour	Credibility, transferability, dependability, confirmability and authenticity
Ethical considerations	Informed consent, voluntary participation, confidentiality and anonymity, beneficence and nonmaleficence

**FIGURE 1.1: Summary of research methodology**

I selected a case study design (Fouché, 2005), as this allowed me a better understanding of how teachers in the participating school implemented psychosocial support. Within the current study, the research site, a primary school in the Eastern Cape Province, was purposefully selected (Creswell, 2007). The case refers to a group of eight teachers who had been providing psychosocial support within this school community.

The primary data collection method involved a PRA-directed workshop (Chambers, 2008). Secondary data collection strategies entailed observation-as-context-of-interaction (Angrosino & Mays de Pérez, 2000) and transcriptions of the PRA-directed workshop with teachers. I followed thematic content analysis in order to classify and code emerging themes (Terre Blanche & Durrheim, 2002).

To ensure the rigour of the study, I adhered to quality criteria, namely credibility, transferability, dependability, confirmability and authenticity. This was corroborated by means of a member checking session, reflective notes and debriefing with

supervisors. In addition, ethical guidelines were followed to ensure that the participants were treated with respect and were well informed.

## **1.10 LAYOUT OF THE STUDY**

The following section outlines the layout of the chapters in this mini-dissertation.

### **CHAPTER 1: Overview of the study**

In Chapter 1, I present the introduction and rationale for my study. I provide an overview of my initial literature review, which was guided by my research questions. In addition, I formulate my research questions and assumptions. Thereafter, I briefly introduce the conceptual framework, paradigmatic choices and research methodology and design.

### **CHAPTER 2: Literature review and Conceptual framework**

The second chapter focuses on literature relevant to the study. First, I discuss the support needs of communities, families, children and teachers in relation to the impact of the HIV/AIDS epidemic. Following this, I discuss the various supportive roles of teachers within the school context in addition to the various potential approaches to providing support within a school community. Finally, I present the conceptual framework, based on my review of existing literature.

### **CHAPTER 3: Research methodology**

In Chapter 3, I discuss the meta-theory and methodological paradigm of the study. I then present the research process in terms of my research design and methodology. The data collection, documentation, analysis and interpretation are discussed, as well as my role as researcher. Finally, I discuss the rigour of the study and the ethical considerations by which I abided.

### **CHAPTER 4: Research results and findings**

Chapter 4 entails a discussion of the context in which the study was conducted. I present the research results according to a thematic analysis of the data, indicating the themes and sub-themes that emerged. Further, I discuss the findings of the research by integrating the results with current literature and research.

## **CHAPTER 5: Addressing research questions, recommendations and concluding remarks**

In the final chapter, I summarise the research findings and relate them to the research questions that guided the study. I also present recommendations stemming from the study, potential contributions and perceived limitations.

### **1.11 CONCLUSION**

In this chapter I provided an overview of the study by discussing the purpose of the study according to the research questions. I clarified concepts related to the study and outlined the assumptions I formulated. A brief overview of the research methodology followed in terms of the choice of research design, data collection and documentation methods, as well as data analysis and interpretation.

In Chapter 2, I present my review of current literature and research. I focus on the potentially supportive role of schools, particularly teachers, in supporting vulnerable children and families. I also present my conceptual framework, guided by the literature review.



## Chapter 2

### *Literature Review and Conceptual Framework*

#### 2.1 INTRODUCTION

In the previous chapter, I introduced and provided a rationale for undertaking the study. I formulated research questions, presented my assumptions and clarified key concepts. Thereafter, I presented an overview of my research design and the methodology employed.

The purpose of this chapter is to present a review of literature that highlights the potentially supportive role of teachers within the school community. Initially, I focus on the role of schools in promoting resilience according to the needs of vulnerable communities, families, children and teachers. Thereafter, I explore various forms of support, such as learning support, support for basic physiological needs, and emotional and pastoral care. I examine the roles that teachers could undertake in an effort to provide support. In addition, I comment on the implementation of possible strategies, such as the asset-based, needs-based, community-based and school-based approaches to supporting vulnerable children. Finally, I present the conceptual framework, guided by my literature review.

#### 2.2 NEED FOR SUPPORT

It is estimated that 33.4 million people globally are living with HIV/AIDS (UNAIDS, 2008). Sub-Saharan Africa remains the most affected region, with South Africa having the largest population of people (5.7 million) living with HIV/AIDS (UNAIDS, 2008). It is estimated that 2.5% of the infected population are children between the ages of 2 and 14 (UNICEF, 2009). According to Dawes *et al.* (2007), a significant consequence of the HIV/AIDS epidemic is the increase in the number of orphaned children. Statistics South Africa (2010) predicts that 1.91 million children in South Africa are HIV/AIDS orphans, having lost one or both parents. These figures include maternal, paternal or both parent orphans. Orphans are defined as children under the

age of 18 who have lost one or both of their parents (UNAIDS, 2008). The implications are far-reaching and many communities are affected, directly or indirectly, by the HIV/AIDS epidemic.

In addition, the high rate of poverty in South Africa can be an additional burden to communities and families. It is estimated that 39% of the South African population live below the poverty line (UNICEF, 2009). Owing to the high rate of poverty and unemployment, many South Africans are living in conditions characterised by a lack of adequate water and sanitation facilities, which may lead to further disease and deficiencies. Hence, many communities are in need of supportive strategies for coping with poverty and the impact of HIV/AIDS.

### **2.2.1 COMMUNITIES IN NEED OF SUPPORT**

Communities can be defined as members sharing both a sense of identification and emotional bonds with others through shared values and norms, as well as common interests and commitment (Minkler & Wallerstein, 2003). Osterman (2000) states that communities exist when members experience a sense of belonging or personal relatedness. Communities in the African context can extend beyond location to include people who share religion, language and culture (Mathambo & Richter, 2007). Phiri and Tolfree (2005) see communities as something akin to an 'extended-extended-family' that could become a valuable resource. Communities also seem to share the emotional and psychological effects of the HIV/AIDS epidemic. In some cases, owing to the death of one or both parents, it becomes the responsibility of the community to care for and support the remaining family members (Richter *et al.*, 2009; Foster, 2004). This is especially relevant in communities that are severely affected by HIV/AIDS, when there may be no alternative forms of care available (Phiri & Tolfree, 2005).

The impact of HIV/AIDS on communities results in fewer skilled and professional services. Hence, the level of service delivery could be affected (Richter *et al.*, 2004). Phaladze, Human, Dlamini, Hulela, Hadebe, Sukati, Makoe, Seboni, Moleko and Holzemer, (2005) state that, because of absenteeism and the death of community members, loss of productivity in communities is currently a common phenomenon.

This loss of productivity may further increase the levels of poverty experienced by communities. Another factor to consider is the potential for increased levels of tension in a community when its members become ill and die, which affects the common morale (Richter *et al.*, 2004). Unfortunately, the more extensive the poverty in a community, the greater will be the impact of HIV/AIDS, but social cohesion between faith-based groups or other social groups within communities may be a means of reducing the burden (Richter *et al.*, 2004). Faith-based organisations are playing an increasingly important role in the community response to HIV/AIDS by educating the youth and training church volunteers to support home-care visits (Strebel, 2004). Schools are viewed as potential sources of assistance at various levels to children, their families and the wider community (De Witt, 2007; Hoadley, 2007). However, schools in poverty-stricken communities could face difficulties, as parents are in all likelihood unable to contribute to school fees (Van Wyk & Lemmer, 2007). Added to this are the stressors possibly faced by teachers in school communities affected by HIV/AIDS and poverty (discussed in section 2.2.5).

## **2.2.2 FAMILIES IN NEED OF SUPPORT**

According to Richter *et al.* (2009) families carry the heaviest burden when it comes to challenges like HIV/AIDS, as they are generally responsible for the care and protection of children and family members affected by the epidemic. Families suffering poverty have fewer resources for coping with the added burdens of additional mouths to feed and medical expenses. Loewenson, Hadingham and Whiteside (2009) suggest that households affected by HIV/AIDS seem to display higher levels of poverty, which encompass basic physiological needs and social exclusion. The impact of poverty on a household can result in hindered access to health care and, as far as children are concerned, it may impact on their learning potential, as they may have to drop out of school (Van der Heijden & Swartz, 2010; Loewenson *et al.*, 2009; Bennell, 2005b).

A study conducted by Loewenson *et al.* (2009) highlights the potential influence of the life cycle of a family affected by HIV/AIDS. The impact of HIV/AIDS starts at birth. If there is insufficient access to health care, an increased risk of mortality is typical. Infants who are orphaned or whose mothers are infected with HIV/AIDS may not

have the benefits of breastfeeding or adequate nurturing. Throughout childhood, children may be exposed to the loss of parents, inadequate nutrition and stigmatisation, any of which may in turn affect their ability to thrive. As children move into adolescence and adulthood, they may be pressured to take over responsibilities for the family, which affects their earning potential, as they may not be able to continue with their schooling. Mature adults have an increased mortality rate if they are infected by the HI-virus, which means that the cycle starts all over again (Loewenson *et al.*, 2009).

The HIV/AIDS epidemic has apparently led to a change in family structure. Families may take the form of elderly household-heads with young children, unrelated families with foster children, child-headed households, and single-parent households (De Witt, 2007; Chabilall, 2004; Richter *et al.*, 2004). Families may have a common need for financial, emotional and physical support. Grandparents are often compelled to take care of their orphaned grandchildren, but are not always able to provide for their basic physiological needs, as they themselves may receive only a minimal old-age pension (De Witt, 2007). Often, the support is focused on the child infected by HIV/AIDS, so family members or caregivers may be neglected, even though the parents may be vulnerable or infected by the HI-virus (Richter *et al.*, 2009).

Families are generally exposed to the risks engendered by having fewer resources and less security, as well as limited access to medical care, primarily owing to the loss of the breadwinner or to their multigenerational nature in certain cases (Richter *et al.*, 2009; De Witt, 2007). The impact of having fewer resources may affect the children, who, in turn, may experience developmental delays and vulnerability. Richter *et al.* (2009) suggests that, in addition to families being given financial support, they could benefit from supportive programmes that include parenting skills education, counselling services, health-care provision and job skills training through home visit programmes.

### **2.2.3 CHILDREN FACING VULNERABILITY**

Richter *et al.* (2004) state that children may be affected both directly and indirectly by the HIV/AIDS epidemic. The direct impacts of HIV/AIDS typically affect home life and



children may be exposed to marital problems, poverty and lack of nourishment, feelings of insecurity due to the unknown as well as emotional exhaustion, all of which can affect the child's general well-being (Richter *et al.*, 2004). Children who are infected with the HI-virus may face the challenge of learning to cope with the illness as well as with other factors usually associated with HIV/AIDS, such as depression, isolation, withdrawal and educational difficulties (Van der Heijden & Swartz, 2010; Williams, Vibbert, Mitchell & Serwanga, 2009; Bauman, 2005). Children who are not infected with HIV may still be affected by parents or family members who are infected. They may be responsible for the care of a loved one, which carries with it the additional stressors of school dropout, poverty due to loss of income and social isolation (Van der Heijden & Swartz, 2010; Bauman, 2005; Bennell, 2005b). The potential indirect impact of HIV/AIDS on children may affect household support structures, which could already have the additional stress of poverty. In addition, the lack of access to quality health and education services further affects children and their ability to cope with HIV/AIDS (Richter *et al.*, 2004).

The number of children living in child-headed households is increasing owing to the high adult mortality rate brought about by AIDS (Meintjies, Hall, Marera & Boule, 2010; Chabilall, 2004). According to a study conducted by Meintjies *et al.* (2010), in 2006 the number of children living in child-headed households was less than 1% and does not appear to be increasing. A study by Richter and Desmond (2008) reported similar findings and added that statistics show that the majority of child-headed households consist of two children. The consequence of child-headed households is that many children could be forced to take on the responsibility of caring for younger siblings and provide for the basic physiological needs of the household (De Witt, 2007; Foster, 2004).

In addition, many children are considered vulnerable but are not necessarily orphaned. According to Ebersöhn and Eloff (2006a), the concept of vulnerable children incorporates the various challenges experienced by a child, whether the challenges are educational, emotional or social in nature. Ebersöhn and Maree (2006) expand this description, stating that vulnerability includes orphaned, neglected, destitute, abused children, children with disabilities, children with terminally ill parents or a single parent and children in poor households. Vulnerability

among children is described as being both external in terms of the social, economic and emotional stressors an individual is exposed to, and internal, as determined by the ability to cope with challenges and loss (Drimie & Casale, 2009). Drimie and Casale (2009) also indicate that children may be at risk on account of the difficulties experienced by households not only in meeting basic physiological needs but also in coping with additional stressors associated with HIV/AIDS. As a result of the high number of orphaned and vulnerable children, an increase in the school dropout rate has been evident, caused by infection or additional family responsibilities (Bennell, 2005b; Richter *et al.*, 2004). According to statistics gathered in 2008, approximately 400 000 children of school-going age in South Africa are not attending school mainly on account of poverty and deprivation (Kibel, Lake, Pendlebury & Smith, 2010).

Another dilemma highlighted by Dawes *et al.* (2007) is that, in some cases, children are sent to institutions to be cared for when extended family care is not available. Some children may consequently experience difficulty in forming stable, secure relationships with adults. Richter *et al.* (2009) support this view and state that children placed in orphanages at a young age tend to develop a pattern of poor development socially, emotionally and cognitively. Mohangi's study (2008) shows that some children living in institutions indicated that their emotional needs were not being adequately met. According to Foster, Levine & Williamson (2005), institutions often fail to meet the children's social, cultural and psychological needs. Families and communities, on the other hand, may provide attention, security and social connection. In addition, certain children may view institutional care as a form of rejection by their families (Mohangi, 2008). From the psychological point of view, it is important to meet the needs of vulnerable children if they are to feel secure (Richter, 2006).

In a study conducted by Cluver and Gardner (2007), children and caregivers identified factors that they perceived as affecting their psychological well-being. These factors included the basic physiological needs for food, clothing and housing, as well as counteracting stigmatisation through gossiping and teasing. Feelings of being treated unequally and the additional stressors associated with children as heads of households were also included. A study by Kidman, Petrow and Heymann (2007) focused on models of care for orphans. The writers identified the following

areas as potential nodes of support: physical health, mental health, nutrition, educational support, material support and day- and after-school programmes. Thus, the fact of children facing adversity and vulnerability emphasises the need for psychosocial support.

#### **2.2.4 CONTINUOUS NEED FOR PSYCHOSOCIAL SUPPORT ON MULTIPLE LEVELS**

Richter (2006) regards psychosocial support as an intervention tool that involves the process of addressing both the social and emotional needs of children facing adversity. Interventions that protect, support and promote the psychosocial well-being of children and families seem critical (Richter, Foster & Sherr, 2006). Psychosocial support is typically derived from relationships with others, especially primary caregivers. Such supportive relationships may give rise to a sense of belonging and the ability to cope with challenges being faced (Van der Heijden & Swartz, 2010; Mohangi, 2008; Richter, 2006). Mohangi (2008) adds that a supportive network of family, friends and community may increase the positive outlook of those infected with HIV. Richter *et al.* (2006) state that children who receive affection and support generally have a good foundation for growth, development, coping and overcoming challenges, and making a positive contribution in life. Donald, Lazarus and Lolwana (2007) concur, stating that resilience is built by promoting protective resources in individuals, families and social support networks.

The following protective resources for vulnerable children were identified by Cluver and Gardner (2007): the presence of a primary caregiver who can provide love and support, and encourage feelings of belonging; caregiver involvement in the school; and the child's involvement in school-based activities. Similarly, the following protective resources were identified by children in the Child Friendly Environment Project in Limpopo (Lubbe & Mampane, 2008): providing an environment conducive to learning, which includes well-trained teachers; encouraging family and community involvement, and extramural activities within an environment of mutual respect.

In the South African context, the challenges of HIV/AIDS and poverty are interlinked. Poverty often exacerbates conditions that expose children to violence, deprivation and inadequate educational services (Prinsloo, 2005). Such barriers leave many

children in need of psychosocial support if they are to cope with the challenges presented by HIV/AIDS and poverty. According to Foster (2004), the first line of support for children is typically their family, including the extended family. As previously stated, families are usually able to provide a social connection and to meet children's emotional and cultural needs (Richter *et al.*, 2006). However, the additional pressure of caring for children sometimes places a financial strain on a family (Mathambo & Richter, 2007). Struggling families in turn may need assistance from the community and to a greater extent formal government services. Currently, South African families have access to child support grants, foster child grants and care dependency grants for children with mental or physical disabilities (Foster, 2004). Recently, the Child Support Grant was amended by the removal of the age restriction as well as the inclusion of children born after 31 December 1993. Such children are now eligible to receive the grant until the age of 18 (Kibel *et al.*, 2010). The provision of child care grants may increase the numbers of children attending school, as legislation requires parents or caregivers to provide proof of school enrolment (Kibel *et al.*, 2010). This means that many teachers are exposed daily to the impacts of HIV/AIDS.

### **2.2.5 TEACHERS IN NEED OF SUPPORT**

The education system in South Africa has undergone many transformations as a result of the political changes and the introduction of democratic governance. Changes have included mergers of training institutions in order to centralise teacher training, as well as changes in the school curriculum. Teachers have to contend not only with potential structural changes but also with the effects of HIV/AIDS on the school community (Louw, Shisana, Peltzer & Zungu, 2009; Bennell, 2005a). Teachers themselves may also be infected with the HI-virus and may have to carry the burden silently for fear of stigmatisation. As teachers are often afraid of discrimination, they avoid disclosing their HIV status (Bennell, 2005a). Teacher absenteeism means that other teachers face an additional workload as well as increased emotional stress, which could subsequently affect the quality of teaching in schools (Bennell, 2005a; Kelly, 1999). Teachers' deaths in the school community would affect both fellow teachers and pupils (Van Wyk & Lemmer, 2007).

According to a study by Bhana, Morrell, Epstein and Moletsane (2006) in secondary schools in Durban, HIV/AIDS has affected teachers emotionally, mainly because of their exposure to the effects of HIV/AIDS, particularly in lower socio-economic areas (Bhana *et al.*, 2006). Louw *et al.* (2009) maintain that depression among teachers who are faced with the stressors of HIV/AIDS could lead to poor-quality education. Teacher morale and motivation may be affected negatively, as teachers have to deal with the loss of colleagues and may often carry the burden of supporting those who are infected by HIV/AIDS (Bennell, 2005a). Theron (2009) suggests that this challenge has led to researchers, teacher unions and government investigating the need for educators to be supported in order to cope with the demands of HIV/AIDS. In an attempt to understand the needs of educators in South Africa, Theron (2009) undertook a study on giving educators a voice in terms of the support they required to cope with the HIV/AIDS epidemic. Six areas of support were identified: support for health promotion, social-sector support, teaching and learning support, support for teachers' wellness, support in terms of legislation and policies, and support for learner care (Theron, 2009). Teacher-participants in the study felt that collegial support in the form of talking and sharing could assist them in coping.

It is, however, often teachers who provide care and a source of hope for children who have been affected in some way by HIV/AIDS. Teachers in poorly-resourced schools are often required to provide high levels of support (Bhana *et al.*, 2006; Bennell, 2005a). The lack of resources and the high demands on teachers could make it difficult for them to provide the appropriate level of care (Theron, 2009; Bhana *et al.*, 2006). However, those willing to support children may not be equipped to identify vulnerable children or know how to support them (De Witt, 2007; Bhana *et al.*, 2006). From the children's perspective, the school may be the only place where they experience care, so if teachers were able to identify the needs for support, vulnerable children could be assisted (Mohangi, 2008; De Witt, 2007; Bhana *et al.*, 2006). Despite the additional pressures, teachers generally do provide care for children (Bhana *et al.*, 2006).

## **2.3 SUPPORT: EDUCATION PERSPECTIVE**

The previous sections highlighted the vast needs of communities, families and children facing adversities and the need for psychosocial support to address their vulnerabilities. Schools could possibly be in a position to provide that support.

### **2.3.1 THE ROLE OF SCHOOLS IN SUPPORTING VULNERABLE CHILDREN AND FAMILIES**

Schools are often the source of support for vulnerable children who may be affected by HIV/AIDS and poverty. Given this, support can be viewed as providing assistance socially, emotionally, physically or materially (Richter *et al.*, 2006). Moreover, poverty and associated problems (crime and violence) may expose children to further stressors, which in turn may lead to academic difficulties (Condly, 2006). Schools are increasingly being seen as nodes of care and support (De Witt, 2007; Hoadley, 2007; Giese, Meintjies, Croke & Chamberlain, 2003). Because of the amount of time children spend in school, the latter may be able to identify vulnerabilities and possibly intervene, which means that a greater number of children can be supported (Hoadley, 2007; Condly, 2006). The school environment could potentially increase children's resilience by providing developmental opportunities and emotional support (Morrison & Allen, 2007; Bosworth & Earthman, 2002). Schools are increasingly being recognised as promoting psychological resilience in children by shaping their self-esteem, self-efficacy and sense of control over their lives (Brooks, 2006; Stewart *et al.*, 2004). Schools should therefore take a proactive stance to identify vulnerable children and involve them in school-based support programmes in order to promote their resilience (Condly, 2006). Support by teachers in schools can thus take the form of home visits, counselling services and alleviation of the effects of poverty through feeding schemes, uniforms and free education.

### **2.3.2 TEACHERS' ROLES IN TERMS OF SUPPORT**

As previously shown, teachers are exposed to many of the adversities experienced by children in their classrooms. In the past, the role of the teacher was to provide a positive learning environment, but with the impact of HIV/AIDS, poverty, violence and other adversities, teachers' roles have been changing. At present, teachers are not

only required to provide learning support but also have to take on a pastoral role and provide emotional support in the form of psychosocial support.

The role of the school is expanding in the context of the HIV/AIDS epidemic and the high rate of poverty in South Africa, which leads to an increase in the needs of children and families. Schools are increasingly required to initiate activities that protect, support and promote the psychosocial well-being of vulnerable children and families to encourage resilience (Richter *et al.*, 2006). Schools are viewed as potential safe environments in which children are able to improve their knowledge-base and psychosocial development (UNAIDS, 2004). Schools have the ability to implement psychosocial support initiatives to address basic material, emotional and social needs by utilising potential resources identified in the community. In the same way, teachers are increasingly expanding their roles to support the psychosocial needs of children and families in the school community.

The *Norms and Standards for Educators Policy* (Government Gazette, 2000) identifies seven roles that competent teachers should fulfil. The role of *learning mediator* entails teacher sensitivity to the diverse needs of learners, including those with barriers to learning. This can be established through constructing a learning environment that acknowledges and respects the diversity of the children being taught. In addition, teachers are required to have a sound knowledge of the subject content. The role of *interpreter and designer of learning programmes and material* refers to the ability of teachers to understand and interpret learning programmes by selecting and preparing suitable resources for learning as well as the pace of learning according to the needs of the children. The third role of *leader, administrator and manager* is aimed specifically at the teachers' management of learning in the classroom, classroom administrative duties and participation in school decision-making structures. The role of *scholar, researcher and lifelong learner* entails the continuation of the personal, academic, occupational and professional growth of teachers by reflecting and researching their own learning area, educational matters and other related fields. The *community, citizenship and pastoral* role requires teachers to practise and promote a committed and ethical attitude towards developing a sense of respect and responsibility for others. This includes providing a supportive and empowering environment for children as well as developing



supportive relationships with parents and organisations outside of the school community. The role of *assessor* requires teachers to have knowledge of assessment purposes and methods in order to assist children through helpful feedback with a view to improving their progress. Being a *Learning area/discipline specialist* requires teachers to be well-grounded in their knowledge of their specific learning area as well as in the various approaches to teaching. In the following subsections, I further discuss some of these proposed roles of teachers that apply to the current study.

### **2.3.2.1 Learning support**

Children exposed to HIV/AIDS, poverty or other challenging circumstances face the risk of learning difficulties caused by a combination of poor nutrition, hunger, trauma and emotional distress (Richter, 2006; Kelly, 1999). Some children may not be aware of their HIV status and, as symptoms appear, they may experience school-related difficulties. This might cause anxiety and a fear of stigmatisation by other children or teachers. Children may stay away from school because of illness and eventually some of them may even drop out of school completely (Richter, 2006; Kelly, 1999). According to Kelly (1999), the first step schools can take is to provide a welcoming atmosphere in which there is no suspicion, anxiety or discrimination towards children. This view aligns itself with inclusive education, which acknowledges that children should not be discriminated against and that they should receive the necessary support through educational structures to meet their needs (Davidoff & Lazarus, 2002). To do this, schools and teachers need to be informed about HIV/AIDS and to incorporate inclusive practices in the school curriculum (Kelly, 1999).

To this end, the Department of Education makes provision in the *Education White Paper 6* (DoE, 2001) that learning support should be approached by means of collaboration among children, parents, schools and local communities (Landsberg, 2005). Specifically, a school-based support team (SBST) could be established to assist in providing learning support together with teachers in order to address the needs of the children in the school. The role of the SBST would involve establishing in-service training for teachers to assist in the identification, assessment and support of children experiencing barriers to learning (Landsberg, 2005). Teachers should be in a position to modify or adjust teaching and assessment strategies, thereby



developing individualised learning support programmes. In addition, the establishment of communication between children, teachers and parents could lead to the promotion of parental involvement and assist in developing effective supportive structures.

### **2.3.2.2 Support of basic physiological needs**

Nutrition was not necessarily regarded as a psychosocial intervention (Richter, 2006). However, current literature (Drimie & Casale, 2009; Richter *et al.*, 2009) points out that poor nutrition can affect both a child's learning potential and their emotional state. It has therefore become important to include basic physiological needs in the provision of psychosocial support. As with learning support, the support for basic physiological needs, such as food and clothing, is regarded as equal in importance to creating children's sense of belonging in a school community. As previously discussed, many children affected by HIV/AIDS may have lost their primary caregiver and are consequently exposed to poverty and suffer basic physiological needs (Richter *et al.*, 2009; Foster, 2005; Dawes *et al.*, 2007).

Schools that provide feeding schemes may be giving the only meal for the day to sustain children. For many children, provision of a meal may serve as an incentive to attend school (Bennell, 2005b). Many psychosocial support structures are aimed at emotional support, yet, in combating developmental delays, it is also important to provide for children's basic physiological needs in terms of food and medical resources (Richter *et al.*, 2009). In this regard, school absenteeism may be related to the lack of clothing, food and basic needs (Bennell, 2005b). In addition to providing meals and clothing, schools may be an important resource for assisting families to access medical services and social grants offered by social services within the community. An example of potential collaboration in schools is the formation of a School Support Team consisting of teachers and parents who can be responsible for liaising with medical practitioners, social workers and police services to assist vulnerable families (Van Wyk & Lemmer, 2007). The School Support Team in the study (Van Wyk & Lemmer, 2007) recorded a register of vulnerable children and families and was thus able to assist in satisfying basic physiological needs.

### 2.3.2.3 Emotional and pastoral care

Many children affected or infected by HIV/AIDS may experience feelings of depression and hopelessness, and may turn to teachers as a means of support. Ogina (2007) reported that children occasionally reveal emotional needs to teachers. However, children may at times be unsure of how to approach teachers with their emotional needs (Ogina, 2007). Richter (2006) suggests intervention strategies for addressing psychosocial support. These include counselling and support for children, teaching skills and sharing information, as well as providing social networks. Children facing the loss of a parent typically experience emotional distress, which may include anxiety, anger, depression and emotional detachment (Dawes *et al.*, 2007; Ogina, 2007; Richter *et al.*, 2004). Depression, low self-esteem and learning difficulties are other potential long-term effects of grief and bereavement (Richter *et al.*, 2004). It could therefore be beneficial if teachers were trained to support children in such circumstances.

Richter (2006) maintains that counselling could be beneficial when a child is able to share with someone with whom he or she has a 'solid and continuing' relationship. As indicated, teachers are often in a position to fulfil this. In this regard, memory-box-making may be one such technique to establish a caring relationship and address children's emotional needs. Swanepoel (2008) discusses the advantage of using the technique of memory-box-making as one strategy for psychosocial support. In her study, caregivers indicated that they were empowered by the counselling skills they were taught through memory-box-making, which allowed them to provide psychosocial support. In that study, the technique was intended to strengthen relationships between family members affected by HIV/AIDS and assist them to cope with the various impacts of HIV/AIDS (Swanepoel, 2008). However, memory-box-making not only serves as a support for communities dealing with HIV/AIDS, but can also be used when counselling bereaved families. The findings of Swanepoel's study (2008) indicate that implementing the technique was beneficial for both the community and the caregivers. Although Swanepoel's study (2008) focused on community volunteers using the memory-box-making technique, in further studies (Ebersöhn *et al.*, 2008b) teachers' use of the technique in a school is discussed as a potential counselling skill for supporting children affected by HIV/AIDS. The Mnguni study (2006) focused on teachers' basic counselling skills, using the memory-box

technique to assist children dealing with emotional difficulties. Similarly, teachers in the Ogina study (2007) implemented the strategy of letter-writing, which enabled children to express their emotions in an indirect way. Teachers were subsequently able to address children's emotional issues individually.

Odendaal (2006) found that the teachers participating in the STAR-pilot study saw their teaching role as expanding to include a supportive role. They were apparently able to support vulnerable children in their classes and families in the community as well as being able to identify and utilise resources within their community to extend this support (Odendaal, 2006). In the current study, the focus was on examining the various roles and forms of support teachers of the STAR-pilot study have been implementing in their school.

Learning support, support for basic physiological needs and emotional and pastoral care form the basis of addressing the psychosocial support needs of vulnerable children in schools. Psychosocial support is a holistic approach that focuses on providing physical, emotional, spiritual and social support in order to improve schooling outcomes for vulnerable children (Chitiyo, Changara & Chitiyo, 2010). By incorporating psychosocial support initiatives in schools, teachers could meet the needs of vulnerable children in the school context.

### **2.3.3 TEACHERS' IMPLEMENTATION OF PSYCHOSOCIAL SUPPORT**

Teachers' roles are focused on performance in schools, classrooms, management and support services. Of importance is the inclusion of the *community, citizenship and pastoral* role in the Norms and Standards for Educators policy (*Government Gazette*, 2000), which encompasses emotional care (refer to section 2.3) as an aspect of psychosocial support. In the current study, the focus is on the following role of the teacher: *community, citizenship and pastoral* roles. In order to understand psychosocial support, it is important to define what constitutes a mentally healthy individual. According to Peterson *et al.* (2010), mental health is multidimensional and includes intellectual, psychological, emotional and social well-being. Poor mental health impedes the individual's ability to function and reach potential (Peterson *et al.*, 2010). The term 'psychosocial' reflects the relationship between psychological and

social issues (Williamson & Robinson, 2006). Psychosocial support should aim to reconnect families, promote social connections, normalise daily life, promote a sense of competence and control over one's life, and respect the dignity of children, caregivers and communities (Richter *et al.*, 2006). Teachers can play a role in implementing psychosocial support within the school community.

Richter *et al.* (2009) suggest that the successful implementation of psychosocial interventions is reliant on well-trained professionals, high-quality programmes and programme delivery, as well as integration with other services. In Schenk's (2009) review of community interventions to provide support to orphaned and vulnerable children, the value of community participation to instil ownership and sustainability of projects was highlighted. In addition, Schenk (2009) posited that the relevance of tailoring programmes to meet children's needs should remain realistic. Kidman *et al.* (2007) support this view in accordance with their study of two models of care, centralised and decentralised, in which both models were found to be effective in the communities they served, as they catered for the specific needs of communities. It is important to consider, especially in South Africa, where many schools are under-resourced, whether or not teachers are able to cope with the additional role of support. Teachers themselves may need to deal with the impact of HIV/AIDS, and may feel unable to cope with additional pressures.

## **2.4 APPROACHES TO SUPPORT**

The review of current literature identified the vast impact of the HIV/AIDS epidemic on children, families, teachers and communities. These consequences have given rise to the need for supportive structures to be implemented to meet the needs of vulnerable children and families. Supportive structures may be implemented by an asset-based, needs-based, community-based or school-based approach. Literature identifies each of these approaches as being conducive to alleviating the emotional, social, physical or material stressors experienced by vulnerable children and families (Hoadley, 2007; Van Wyk & Lemmer, 2007; Ebersöhn & Eloff, 2006a; Phiri & Tolfree, 2005).

#### **2.4.1 ASSET-BASED APPROACH TO SUPPORT**

The asset-based approach is essentially about addressing barriers by relying on personal strengths and utilising resources within the environment (Ebersöhn & Eloff, 2006b; Bouwer, 2005; Kretzmann & McKnight, 1993). It seeks to use assets, resources, capacities and strengths to deal with challenges and provide support (Ebersöhn & Eloff, 2006b). Ebersöhn and Eloff (2006b) view the asset-based approach as transdisciplinary, with enough flexibility to be used in various contexts as a bottom-up approach. Emphasis is placed on enablement, allowing for collaboration, partnerships and active participation through the building of relationships (Ebersöhn & Eloff, 2006b).

The potential relevance of the asset-based approach for schools is that it allows for teachers, parents and the community to engage actively in dealing with challenges. According to Ebersöhn and Eloff (2006b) programmes that have sustainable characteristics include community-based interventions, building and strengthening internal capacities, community resource mobilisation, networking and establishing links, advocacy, using embedded knowledge, and practice and information sharing. These characteristics align with the asset-based approach (Ebersöhn & Eloff, 2006b).

Kretzmann (1992) regards the school as a collection of assets and emphasises the importance of a partnership between schools and communities. Although many schools in South Africa are affected by poverty and HIV/AIDS, they may still be in a position to access assets. Kretzmann (1992) suggests that both the facilities and the teachers in schools could be regarded as assets. Facilities such as classrooms could, for example, be used for conducting community meetings and teachers could make use of their skills to assist in developing activities that would benefit the community. Teachers could thus mobilise assets within their community to support the latter's needs.

Within the broader STAR-pilot study, Loots (2005) focused her study on the asset mobilisation of teachers to support a community in dealing with the impact of HIV/AIDS. The purpose of the study was to enable the participating teachers to act

as change agents within the school context in order to provide school-based community support (Loots, 2005). By making use of the asset-based approach, teachers were able to resource not only community but also personal assets. In doing this, the teachers provided a supportive environment for vulnerable children. In an effort to encourage schools to be places of care and support, the asset-based approach serves as a means by which a community may become involved and have a stake in the development of the school and community.

#### **2.4.2 NEEDS-BASED APPROACH TO SUPPORT**

In contrast to the asset-based approach, which focuses on strengths, the needs-based approach emphasises problems, needs and deficiencies (Ebersöhn & Eloff, 2006b). Owing to the focus of the needs-based approach on deficiencies, vulnerable people are often labelled according to contextual factors, so potential assets may be overlooked (Ebersöhn & Eloff, 2006b). The needs-based approach does not work from the bottom up but rather provides external professional services to meet needs or deficiencies without enabling those in need to use their assets. This approach may lead to feelings of disempowerment (Ebersöhn & Eloff, 2006b; Kretzmann & McKnight, 1993). In the context of countries struggling with poverty and the challenges often faced because of the HIV/AIDS epidemic, the needs-based approach may have negative consequences in highlighting deficiencies and ignoring potential resources (Eloff & Ebersöhn, 2001).

#### **2.4.3 COMMUNITY-BASED APPROACH TO SUPPORT**

According to Kretzmann and McKnight (1993), the starting point in community-based support is to locate assets within the community that could contribute towards a support structure. Phiri and Tolfree (2005) concur, stating that existing structures like faith-based groups, home-based care groups and other support groups have proved effective, as they typically implement activities to support vulnerable community members. In building relationships among community groups, the access to resources can be extended by building bridges with institutions outside the community, so that access to assets and support is increased (Kretzmann & McKnight, 1993). Donahue (2005) suggests that community asset-mapping is of

value in identifying hidden or undervalued resources in the community. Asset-mapping can be a dynamic process involving many individuals who are able to contribute in some way.

For community-based support strategies to be effective, community cohesion, participation, ownership and management of activities by community members are viewed as important (Donahue, 2005). Community initiatives may be seen as separate from formal service delivery initiatives. Without the support from formal institutions, community interventions may fail to sustain themselves (Mathambo & Richter, 2007). However, children and families who receive community-based support may subsequently be more resilient in the face of adversities (Bauman, 2005). In communities, it is sometimes the faith-based groups that provide support, perhaps because of a sense of religious obligation to others. In African traditions, this obligation may be driven by beliefs of connectedness to the past and respect for the ancestors (Phiri & Tolfree, 2005). Other community programmes may be supported by well-known and respected women volunteers from the community, who take on the responsibility of monitoring vulnerable children during household visits, thereby ensuring that their needs are being met (Phiri & Tolfree, 2005).

Campbell, Nair and Maimane (2007) conducted a study in a rural community in South Africa in an effort to design and implement a 'community strengthening' intervention. Campbell *et al.* (2007) define an AIDS-competent community as one in which community members work collaboratively to support one another in achieving a change in sexual behaviour, reducing stigmatisation, supporting people living with AIDS and their caregivers, cooperating with volunteers and AIDS-care organisations and having access to health services and welfare grants. The underlying model on which Campbell *et al.* (2007) base their intervention is community-based action research, which involves partnerships with the research community and collaboration with the local inhabitants. The importance of developing such supportive partnerships is to build on both personal and social resources to address challenges (Campbell *et al.*, 2007).



#### 2.4.4 SCHOOL-BASED APPROACH TO SUPPORT

The implementation of school-based programmes by teachers is one way in which programmes may be sustained to support vulnerable children and families. Teachers may be in a position to identify, refer or assist vulnerable children within the school community (Bennell, 2005a). The successful implementation in a school of programmes by teachers is reliant on the support of the principal and the teachers' self-efficacy beliefs and motivation (Han & Weiss, 2005). Teachers could create a child-friendly environment for children by identifying vulnerable children and supporting them. Supportive programmes may include providing pastoral care to vulnerable children as well as providing meals at school (Bennell, 2005b). In addition, financial assistance to families who are unable to pay school fees may relieve some tension. Han and Weiss (2005) are of the opinion that teachers with a greater sense of self-efficacy could invest more effort in programmes. In an attempt to support teachers and improve their self-efficacy, supportive partnerships in a school could be beneficial.

Although school-based support incentives rely on the cooperation of the principal and teachers, other role-players could be included. Hoadley (2007) discusses the *Education White Paper 6 Special Needs Education* (DoE, 2001), which stresses the importance of creating a site-based support team within a school in order to address the impact of socio-economic deprivation on the psychosocial needs of children. The function of a site-based support team is not only to co-ordinate educator and child support within the institution but also to ensure that the support is appropriately coordinated (Hoadley, 2007). Support from a site-based support team can extend to include community support.

Van Wyk and Lemmer (2007) propose that strategies implemented in communities be tailored to meet the specific needs of those communities. The first step in establishing a partnership between school and families involves an understanding of the school community. In a study by Van Wyk and Lemmer (2007) in four schools in the KwaZulu-Natal area, some teachers (schools) had taken the initiative of providing financial assistance to orphaned children by supplying school uniforms, providing food and paying school fees. The participating schools implemented various



initiatives to support vulnerable children and families. A home-based care group had been established by one of the teachers and was responsible for visiting families in financial need (Van Wyk & Lemmer, 2007). One of the schools discussed in the study played a vital role in the community and through their knowledge of the school community was able to assist grandparents in applying for disability grants. They organised food parcels, and gave afternoon assistance with schoolwork to orphans and children living with grandparents (Van Wyk & Lemmer, 2007).

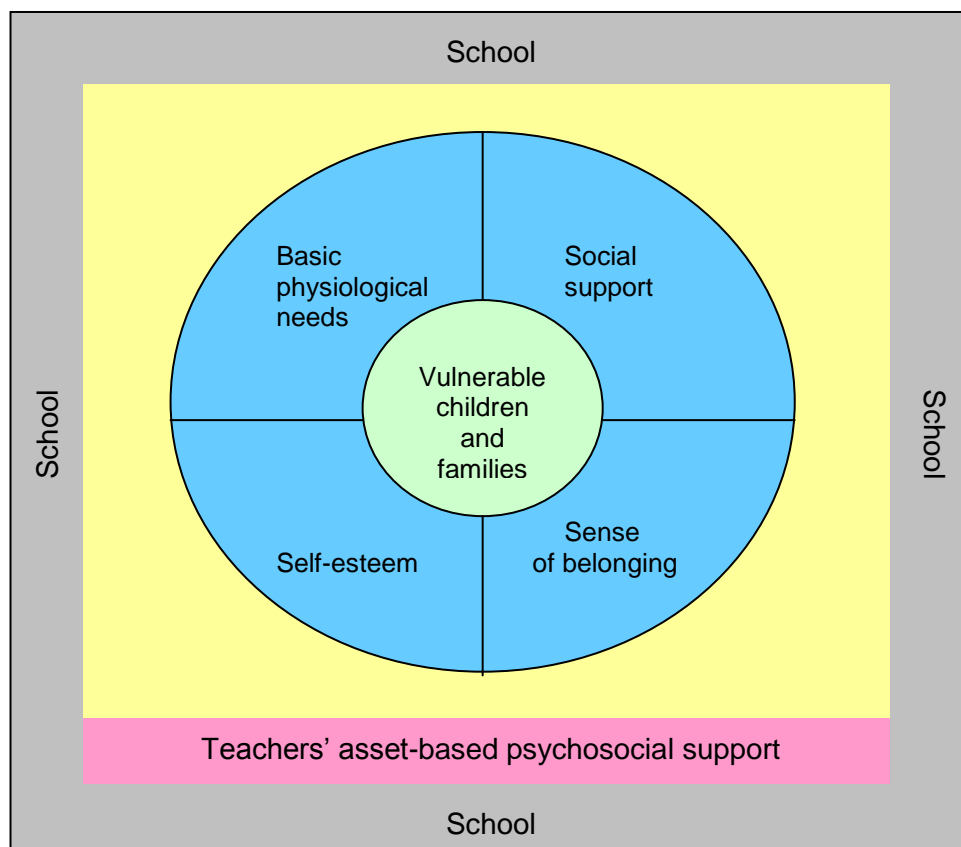
Like others (Hoadley, 2007; Ferreira, 2006; Kretzmann & McKnight, 1993), Van Wyk and Lemmer (2007) reiterate that schools can be encouraged to form partnerships with parents and the community in an effort to share the impact of the HIV/AIDS epidemic. In an effort to break the cycle of poverty and encourage school attendance, Loewenson *et al.* (2009) state that community resources should respond to the needs of orphaned and vulnerable children. Further, the establishment at schools of grants for caregivers and feeding schemes is suggested (Loewenson *et al.*, 2009). In an attempt to achieve this, partnerships could be established between schools and communities.

Loots (2005) explored the potential relationship between school and community by implementing school-based support and using both the school and teachers as support vehicles. The participating teachers in her study (within the STAR project) facilitated the support process, which allowed the community members to realise their own strengths and resources (Loots, 2005). The teachers expanded their roles to include those of facilitator and change agent. In line with this finding, Hoadley (2007) suggests that schools be viewed as sites 'through' which support may be offered, as opposed to the view that support is offered by schools themselves.

## **2.5 CONCEPTUAL FRAMEWORK**

The conceptual framework for this study is informed by the review of current literature and research. I developed the conceptual framework by integrating concepts from various theories. Maslow's hierarchy of needs (Maslow, 1999) enabled me to include the constructs of basic physical needs, self-esteem and sense of belonging. I also incorporated the Circle of Courage model (Brendtro *et al.*, 2005) into the conceptual

framework by referring to the four components of the circle, namely basic physiological needs, social support, sense of belonging and self-esteem. The four components are connected to each other to support vulnerable children and families and, in the same way, the Circle of Courage model (Brendtro *et al.*, 2005) identifies four needs of children: belonging, mastery, independence and generosity, which they require if they are to grow and thrive. In addition, I include aspects of the asset-based approach in the conceptual framework in order to understand the potential role of the school. Figure 2.1 represents a summary of the conceptual framework for the study. This is followed by a discussion of each of the constructs included in the conceptual framework.



**FIGURE 2.1: Conceptual framework**

### 2.5.1 VULNERABLE CHILDREN AND FAMILIES

In the study, the focus was on teachers providing asset-based psychosocial support to vulnerable children and families within a school community. Children affected or infected by the HIV/AIDS epidemic may be exposed to the potential tension of losing

one or both parents, which impacts on family structure and has severe financial implications. Children are not only challenged by grief but may also experience stigmatisation, which could leave them with feelings of inadequacy, depression and hopelessness (Van der Heijden & Swartz, 2010; Ebersöhn & Eloff, 2002).

Vulnerable families are typically exposed to similar stressors owing to the role they may fulfil in providing support to children (Richter *et al.*, 2009). Literature states that schools are increasingly regarded as being able to meet the needs of vulnerable children and families (Hoadley, 2007; De Witt, 2007). In my review of literature, I highlighted the various support needs of communities, families, children and teachers in the HIV/AIDS epidemic.

### **2.5.2 BASIC PHYSIOLOGICAL NEEDS**

As highlighted in the literature review, the provision of basic physiological necessities such as food and clothing for vulnerable children could provide the support that would enable children to meet their learning potential (Richter *et al.*, 2009; Dawes *et al.*, 2007; Richter, 2006; Foster, 2004). Teachers may be in a position to identify and support such needs within the school community (De Witt, 2007; Ogina, 2007), and would thus be able to relieve some of the stressors experienced by the children. If basic physical needs such as for food, clothing, medical assistance and financial support are satisfied, children could thrive in the school environment. In addition, children could experience a sense of belonging to a caring environment.

### **2.5.3 SENSE OF BELONGING**

A sense of belonging can be seen as the extent to which people feel included, accepted, respected and supported within the environment in which they find themselves (Tabane & Human-Vogel, 2010; Ma, 2003). In a study conducted by Nichols (2008), belonging is shown to be a protective resource or buffer against negative psychological outcomes. According to Maslow's hierarchy of needs (Maslow, 1999), sense of belonging can be fulfilled once basic and safety needs have been met. Similarly, the Circle of Courage model (Brendtro *et al.*, 2005) identifies four needs of children; namely, belonging, mastery, independence and

generosity, which need to be met in order for children to grow and thrive. The four individual parts within the circle connect with each other, with the most important component regarded as belonging. Linking the Circle of Courage philosophy to school-based support, belonging may allow children to feel welcome within the school and classroom (Brendtro *et al.*, 2005; Coetzee, 2005). Teachers are able to encourage positive behaviour and work from a strength-based perspective by applying the principles of the Circle of Courage (Coetzee, 2005).

Similarly, a study by Ma (2003) focuses on the sense of belonging in relation to the school environment. Of importance is the fact that children who perceive teachers as being attentive, respectful and caring for both social and academic well-being generally experience a sense of belonging. An important finding relates to the relationship between self-esteem and sense of belonging, which indicates children's attitudes towards themselves might be transferred to their attitude towards school (Tabane & Human-Vogel, 2010; Ma, 2003). Another factor highlighted in this study relates to the fact that the sense of belonging can be influenced by the school climate and that teachers are in a powerful position to promote caring, safe schools where children can potentially thrive (Tabane & Human-Vogel, 2010; Ma, 2003). According to Cemalcilar (2010) the role teachers may play in promoting academic achievement and a sense of belonging within the school is not the only consideration, as contextual factors such as school facilities and afternoon activities also contribute towards a sense of belonging. The Cemalcilar study (2010) revealed that more positive experiences in schools may lead to children having more positive feelings towards school, which in turn may contribute to positive behaviour.

#### **2.5.4 SELF-ESTEEM**

Self-esteem is viewed as a person's confidence in their own abilities. Academic achievement can be influenced by a child's self-esteem (Mwamwenda, 2004). Teachers can fulfil a role in developing and maintaining children's self-esteem by allowing them to experience success through teacher support within the classroom. Teachers who themselves have positive self-esteem are more likely to be successful in instilling positive self-esteem in children (Mwamwenda, 2004). As in the Circle of Courage model (Brendtro *et al.*, 2005), the component of mastery recognises the

importance of enabling children to feel competent in their abilities, which is seen as promoting self-esteem. Children's self-esteem may allow them feelings of control, which in turn highlights the component of independence within the Circle of Courage (Brendtro *et al.*, 2005).

### **2.5.5 SOCIAL SUPPORT**

Another component of the Circle of Courage model (Brendtro *et al.*, 2005) is generosity, which encourages a caring environment in which services can be offered to the community. A caring environment would be one in which the promotion of respect for all is encouraged. In the South African context, where many families are affected by HIV/AIDS and poverty, they may experience stigmatisation. In an attempt to encourage openness in schools, it is imperative that families are not exposed to stigmatisation should they choose to disclose their HIV status (Richter *et al.*, 2004). Furthermore, by promoting schools as resource centres within communities, information regarding HIV/AIDS as well as social grants<sup>1</sup> can be provided to families. The assistance of applications for social grants to families by teachers may be a valuable service as many families do not receive grants due to the fact that they are unaware that they are eligible for financial aid in the form of grants (Foster, 2004). The provision of social grants may further serve to assist families affected by HIV/AIDS and poverty.

### **2.5.6 SCHOOLS**

As children spend much of their time in school, schools are increasingly required to initiate activities to promote psychosocial well-being (Hoadley, 2007; Condly, 2006; Richter *et al.*, 2006). Literature highlights the role that schools may fulfil in encouraging resilience in vulnerable children and families through the provision of a caring and supportive environment (Morrison & Allen, 2007; Brooks, 2006; Stewart *et al.*, 2004; Bosworth & Earthman, 2002). Schools may be in a position to provide material, social and emotional support. However, schools' capacity to support vulnerable children and families can be strengthened through the establishment of collaborative partnerships. An approach that encourages the development of

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<sup>1</sup> Social grants refer to a monthly subsidy allocated to vulnerable families by the government of South Africa (Kibel *et al.*, 2010).

supportive partnerships is the asset-based approach, which is relationship-driven (Kretzmann & McKnight, 1993). Here, teachers could create networks and build relationships using their skills and assets (Ebersöhn & Eloff, 2006b). The asset-based approach allows for teachers, parents and communities to actively engage in supportive initiatives. A network could thereby be established in the school and asset-based psychosocial support initiatives implemented to support vulnerable children and families.

### **2.5.7 OVERVIEW OF CONCEPTUAL FRAMEWORK**

Teachers who are able to meet the material, social and emotional needs of vulnerable children and families within their school community by applying the asset-based approach may improve self-esteem and encourage a sense of belonging amongst children. Further, by promoting a caring, supportive environment, teachers would be in a position to support vulnerable families through the implementation of social support structures. The implementation of asset-based psychosocial initiatives could promote resilience in a school community.

## **2.6 CONCLUSION**

In this study, I set out to understand and describe the asset-based psychosocial support implemented by teachers in a specific school in the Eastern Cape. I embarked on a literature review to investigate the implications of psychosocial support within the school context and the supportive role that teachers could play in meeting the needs of vulnerable children and families. I focused on adversities that communities may face, as well as the various strategies that could be applied to implement support in the context of the school environment. Finally, I presented my conceptual framework.

In the next chapter, I will present the research process by discussing my paradigmatic perspective and the research methodology employed to conduct the study. I elaborate on my choice of design and the data collection strategies, as well as the quality criteria employed to ensure the rigour of the study. I also discuss the ethical considerations of the study.



## Chapter 3 *Research Methodology*

### 3.1 INTRODUCTION

In Chapter 2, I explored existing literature on the theory relevant to this research and highlighted in depth the role that teachers could fulfil in schools by implementing an asset-based approach to psychosocial support. Furthermore, I discussed the conceptual framework by exploring the constructs utilised in this study, as guided by my literature review.

In this chapter, I discuss the study in terms of the methodology I employed. I describe the selected paradigmatic perspective and research design. I present a detailed account of the data collection methods and the data analysis and interpretation procedures followed. Thereafter, I discuss the quality criteria and ethical guidelines adhered to within the current study.

### 3.2 PARADIGMATIC PERSPECTIVE

A paradigm is a worldview, a way of thinking about and making sense of the complexities of the world (Patton, 2002). Denzin and Lincoln (2005:183) define a paradigm as a 'basic set of beliefs that guide action'. According to Terre Blanche and Durrheim (2002), paradigms highlight perspectives that provide the rationale for research and guide the researcher in the choice of methods for data collection, observation and interpretation.

#### 3.2.1 META-THEORETICAL PARADIGM

Based on the fact that this study involved interacting with teachers<sup>2</sup> in an attempt to describe their implementation of asset-based psychosocial support within their school community, I chose to follow an interpretivist paradigm (Cohen *et al.*, 2007; Terre

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<sup>2</sup> The term teacher and participant will be used interchangeably throughout.

Blanche & Durrheim, 2002). Interpretivist research allows the researcher to gain rich experiential data from participants in order to form an understanding of a situation within its context (Terre Blanche & Durrheim, 2002). As an interpretivist researcher, I aimed to explore and describe the meaning the participants ascribed to their world from their own perspectives, as such knowledge could be constructed through an interactive process (Mertens, 2010). I used a PRA-directed workshop with the participants that allowed for interaction among the participants, as well as between me, as researcher, and the participants. Considering that interpretivist research relies on first-hand accounts, this interactive PRA-directed process supported Interpretivism as the selected paradigm, as the principle of collaboration was encouraged throughout (Terre Blanche & Durrheim, 2002).

Interpretivist research implied potential challenges, as it relies on the interpretation of information from the perspective of the researcher. As this study was conducted in a naturalistic setting, it was important to acknowledge the effects that my own thoughts and influences could have had on the study. Cohen *et al.* (2007) suggest reflexivity as a strategy for addressing this potential challenge, and state that researchers ought to acknowledge the influences that they themselves bring to the research situation rather than trying to eliminate them. Reflexivity is an important process in interpretivist research, as it allows researchers to gain an understanding of themselves and how they interpret others' knowledge (Denzin & Lincoln, 2005). In order to reduce potential bias, I relied on the process of reflecting in a journal (see Appendix B) as well as on debriefing sessions with my supervisors.

### **3.2.2 METHODOLOGICAL PARADIGM**

I undertook a qualitative study in a school in an informal settlement in the Eastern Cape Province in order to explore and describe the asset-based psychosocial support intervention implemented by teachers. In applying qualitative methods, I aimed to obtain an in-depth understanding of a specific intervention, practice or setting, namely asset-based psychosocial support implemented in a school community (Mertens, 2010; Patton, 2002).

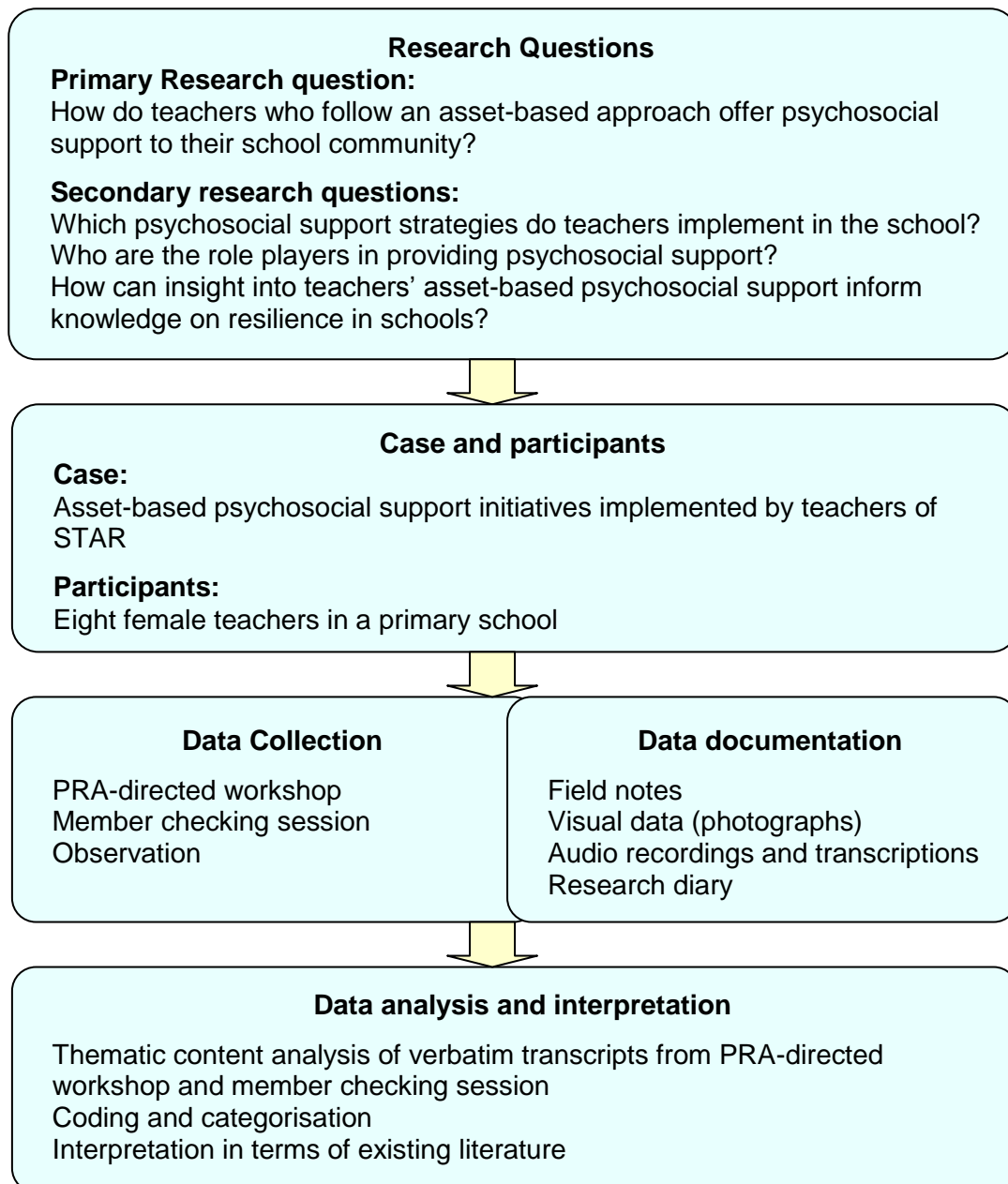


Qualitative research permitted me as researcher, to study in depth a selected phenomenon in an attempt to understand and categorise emerging data (Terre Blanche & Durrheim, 2002). As a researcher employing qualitative research, my principal role was to immerse myself in the situation by means of my interaction with the participants (McMillan & Schumacher, 1993). As a qualitative researcher, I was concerned with understanding (*verstehen*) the naturalistic situation within the context it occurred (De Vos, 2005). *Verstehen* refers to the ability to make sense of the world (Patton, 2002). I used qualitative research methods to construct knowledge gathered by means of developing relationships with the participants in order to explore and interpret findings. Because I followed an interpretivist paradigm, qualitative research suited this study as it allowed me the freedom to be flexible in my research approach.

However, qualitative research may be regarded as subjective, because the primary instrument of data collection is the researcher. It was therefore important for me to employ reflexivity and to confirm my findings by means of member checking to ensure the rigour and dependability of my research (Stake, 2010; Denzin & Lincoln, 2005; Patton, 2002). Qualitative research is viewed as exploratory, as scholars argue that 'researchers have no way of verifying their truth statements' (Denzin & Lincoln, 2005:8). Qualitative research thus emphasises the quality of the process or meanings and does not focus on measurement in terms of quantity (Denzin & Lincoln, 2005). As a qualitative researcher, I employed quality criteria (as discussed in 3.4) to ensure the rigour of the study.

### **3.3 RESEARCH METHODOLOGY**

In this section, I discuss the research methodology in terms of the case study design I selected, my selection of the case and participants, and the data collection strategies I employed in answering the research questions. Figure 3.1 represents a summary of the research process followed in this study.



**FIGURE 3.1: Research process**

### 3.3.1 RESEARCH DESIGN

Terre Blanche and Durrheim (2002:29) refer to a research design as ‘a strategic framework that serves as a bridge between research questions and the implementation of research’. Creswell (2007:476) elaborates on this, considering a case study as an ‘in-depth exploration of a bounded system based on extensive data collection’. Choosing an interpretivist paradigm allowed me to focus on the research setting while interacting with participants. I selected a case study design as this

allowed me to focus my attention on a particular group of teachers and their experiences (Mertens, 2010; Stake, 2005). Fouché (2005) emphasises that the purpose of a case study is to gain a better understanding of a social issue and to assist the researcher in gaining knowledge about the social issue. In this study, the case is asset-based psychosocial support initiatives implemented by a specific group of teachers in a primary school in an informal settlement. Photograph 3.1 shows the primary school in which the psychosocial support was implemented. Photograph 3.2 depicts the community in which the school resides.



**PHOTOGRAPH 3.1:** The primary school



**PHOTOGRAPH 3.2:** The community

According to Cohen *et al.* (2007), a case study allows for the description of events relevant to a case to be amalgamated with the analysis of these. As researcher, I was involved in the case and portrayed an understanding of the teachers' experiences in a descriptive analysis of the asset-based psychosocial support initiatives they provided at school and in their community (Cohen *et al.*, 2007). Within the case study design, I employed principles of PRA (Chambers, 2008; Strydom, 2005a) during a workshop with the teachers. According to Bhana (2002), PRA aims to produce knowledge through an active partnership with those affected by that knowledge. Minkler and Wallerstein (2003) state that PRA principles aim to engage community members in a cooperative and co-learning process and seek to enable participants by increasing their feelings of control over their lives. In order to access the teachers' knowledge, I found it necessary to incorporate the principles of PRA into this case study. PRA principles provided an opportunity for teachers to collaborate during the research process. Thus, during the PRA-directed workshop, teachers engaged, shared their knowledge and reflected on projects that had been implemented to address psychosocial support needs in their school community.

An advantage of employing a case study design was that it allowed me to focus on a specific school and group of teachers, highlighting unique features of their case, which might have otherwise been lost had the study been conducted on a larger scale (Cohen *et al.*, 2007). A case study design allowed me flexibility within the context to explore my research topic in a naturalistic environment (McMillan & Schumacher, 1993). Owing to the descriptive nature of case study research, new ideas or hypotheses could emerge (Terre Blanche & Durrheim, 2002). The focus of the current study on asset-based psychosocial support intervention as implemented by teachers may thus provide further insight into similar situations.

However, in utilising a case study design (Cohen *et al.*, 2007) I also faced challenges. Considering that case studies are not open to cross-checking, an element of potential bias or subjectivity may be present (Cohen *et al.*, 2007). By maintaining a reflective journal and engaging in regular discussions with my supervisors, I attempted to reduce possible bias and subjectivity. A case study design is also open to criticism in terms of the potential limitations relating to the validity of information and the testing of results (Terre Blanche & Durrheim, 2002). Because I approached the study from an interpretivist viewpoint, I am aware that the results may not be generalised (Cohen *et al.*, 2007). Yet, according to Stake (2005), generalisability in case study research may result in cases losing their uniqueness in efforts to find similarities with other cases. By purposefully selecting participants who had been involved in implementing an asset-based psychosocial intervention in their school, I hoped to present a unique case. Furthermore, the findings of this study may be transferable to similar contexts, based on the detailed descriptions of the context and research process.

### **3.3.2 SELECTION OF THE CASE AND PARTICIPANTS**

The case, asset-based psychosocial support initiatives by teachers in a primary school in the Eastern Cape Province, was purposefully selected (Creswell, 2007) for this study. The reason for this choice of case is that the school and the teachers had been involved in STAR, a longitudinal study exploring the role of teachers promoting resilience in schools (Ebersöhn & Ferreira, forthcoming). The current study investigated asset-based psychosocial support by teachers (following STAR) in this

school. The school is situated in an informal settlement in a resource-scarce community, characterised, *inter alia*, by challenges relating to HIV/AIDS and poverty.

I selected participants for the study both purposefully and conveniently, as they had been part of the initial research project from its inception in 2003 and could be regarded as having a wealth of information (Creswell, 2007; Cohen *et al.*, 2007, McMillan & Schumacher, 1993). As stated in Cohen *et al.* (2007), purposeful sampling is used for gaining access to people who are seen to possess in-depth knowledge about a particular phenomenon. As the participants had been involved in implementing asset-based psychosocial support initiatives at their school, they were perceived as having in-depth knowledge of the support structures initiated to support vulnerable children and families in the school community.

Convenience sampling was based on the fact that the participants were available for the study, which assisted me in limiting the time spent finding suitable participants (Merriam, 2009). Seven participants attended the PRA-directed workshop, as one of the participants was ill. However, during the second field visit, eight participants were present during the member checking workshop. The eight participants, all female primary school qualified teachers, were between the ages of 40 and 50 at the time of the study. Details of the participants' ages and teaching qualifications are provided in Table 3.1.

**TABLE 3.1: Description of the participants**

Participant	Age	Qualification
1	42	Teaching diploma Certificate in Special Education
2	48	Teaching diploma Certificate in Special Education
3	43	Teaching diploma Certificate in Special Education
4	41	Teaching diploma B.Tech
5	50	Teaching diploma
6	40	Teaching diploma B.Com

Participant	Age	Qualification
7	46	Teaching diploma B.Ed
8	48	Teaching diploma Advanced Certificate in Education

### 3.3.3 DATA COLLECTION AND DOCUMENTATION

As stated, the data collection process consisted of a PRA-directed workshop and observations during the workshop, as well as a member checking session (Chambers, 2008). The PRA-directed workshop was conducted over two hours during the first visit to the school in June 2009, while the two-hour member checking session occurred four months later in November 2009. As the workshop was an interactive process, I gained information from the participants in the group about the meaning they had given to their shared experiences (Cohen *et al.*, 2007).

I used a range of qualitative methods to document the workshop discussions and my observations. I used field notes and a research diary (for descriptive and reflective notes) (Creswell, 2007; McMillan & Schumacher, 1993). I relied on audio recordings of the PRA-directed workshop and member checking session, which I transcribed to record information shared by the teachers. I took photographs to document (Ebersöhn & Elof, 2007) the PRA-directed workshop process, artefacts created by teachers, and written notes generated by participants during the workshop and the member checking session. I also documented the support initiatives implemented by teachers on the school grounds. Refer to the following appendices for examples: field notes and research diary (Appendix B), transcriptions of PRA-directed workshop and member checking session (Appendix C1 & C2), and photographs (Appendix D).

### 3.3.3.1 PRA-directed workshop with teachers

During the first visit to the school in June 2009 (refer to Appendix A for research schedule), I enacted the role of researcher. In collaboration with a co-researcher<sup>3</sup> and supervisors, we facilitated a two-hour PRA-directed workshop (Chambers, 2008; Strydom, 2005a). The workshop enabled an exploration of the asset-based psychosocial support initiatives the teachers had implemented. PRA aims to produce knowledge in an active partnership in an effort to improve social and educational conditions (Bhana, 2002). The PRA-directed workshop presented an opportunity for data generation through practical experience and discussion (Rogers, 2010). An advantage of conducting a PRA-directed workshop was that it promoted the possibility of dissemination of knowledge between me (the researcher) and the participants (Rogers, 2010). The PRA-directed workshop allowed me to guide the focus of the discussion while at the same time promoting informal discussion among the participants. As the workshop used PRA principles, teachers were encouraged to reflect on psychosocial support initiatives implemented over seven years.

A PRA-directed workshop allowed for data to be generated through guided discussions with teachers (Rogers, 2010). However, there were some potential implicit challenges in making use of PRA, as in this approach the researcher and participant roles differ from those in traditional research. In PRA, the researcher is not perceived as the expert but as the one who learns from the participants (Chambers, 2008). In addition, as the PRA-directed workshop seemingly encouraged discussion amongst teachers, I faced another potential challenge, in that some teachers dominated the discussions (Chambers, 2008). To combat this, we, as facilitators, encouraged participation by all the teachers by directing the conversation and requesting their participation.

As stated earlier, the workshop involved seven participants from the STAR-pilot study who had participated in the implementation of the asset-based psychosocial support initiatives in the school. We started with introductions, a light lunch and an explanation of the purpose of our visit, as well as the focus of the research studies. We reflected on the progress of the STAR-pilot project from its inception in 2003

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<sup>3</sup> Ms Sami Bagherpour, MEd (Educational Psychology), as co-researcher focusing on the sustainability of asset-based psychosocial support initiatives in a school community.



(Ebersöhn, Ferreira & Odendaal, 2010; Ebersöhn *et al.*, 2008b; Ebersöhn, Ferreira & Loots, 2008; Ferreira, 2007; McCallaghan, 2007) to the present time. A timeline was presented to the teachers, with the years demarcated from 2003 to 2009 (Photograph 3.3). In addition, in order to prompt the teachers' memories of the specific years, we related the years to a stage in the research process (e.g. 2003 – First visit by Liesel and Ronél).

We then invited teachers to share their thoughts on and recollections of the past seven years by documenting on post-it notes<sup>4</sup> their ideas on the psychosocial support structures they had implemented in their school. During the data generation process, teachers worked independently to document their thoughts on the psychosocial support initiatives implemented in the school (Photograph 3.4). My co-researcher and I then placed the post-it notes chronologically along a timeline to provide an indication of when certain support initiatives had been implemented, which we photographed as artefacts (Ebersöhn & Eloff, 2007) (Photograph 3.5 and 3.6).



**PHOTOGRAPH 3.3:** The timeline



**PHOTOGRAPH 3.4:** Teachers writing independently on post-it notes

<sup>4</sup> Post-it notes refer to a small adhesive notepad used for writing messages or notes on.





**PHOTOGRAPH 3.5:** Researchers placing participant-generated post-it notes on timeline



**PHOTOGRAPH 3.6:** The completed timeline

After placing post-it notes along a timeline, we facilitated a discussion in which teachers elaborated on their implementation of asset-based psychosocial support initiatives. The discussion was informal and unstructured, when the teachers were given the flexibility to discuss factors that they regarded as contributing to support in the school community. Elements of prompting and guidance (Egan, 2007) were used by means of questions asked in an effort to clarify certain aspects. I observed that participants appeared familiar with this approach that has been followed since 2003 (refer to Appendix B for reflection), probably putting them at ease with the workshop situation. Conversations among the teachers were audio recorded during the PRA-directed workshop. Visual images of the school and vegetable garden were captured in photographs. By visually presenting the asset-based psychosocial support initiatives implemented, we were able to document evidence (Karlsson, 2007).

To ensure credibility and confirmability, I returned to the school in November 2009 with my co-researcher and supervisors to conduct a member checking session with the participants. During this session, I aimed to present my interpretation of the data collected, which the teachers could confirm or deny, in order to strengthen the authenticity of the study (Guba & Lincoln, 2005). I chose to present my interpretations of emerging themes in terms of Maslow's hierarchy of needs (Photograph 3.6 and 3.7), as many of the emerging themes seemed to address support of physical, safety and social needs, as well as self-esteem and the self-actualisation of vulnerable children and families. By applying Maslow's hierarchy of

needs to present the results, I was able to explore which asset-based psychosocial support needs teachers prioritised in supporting vulnerable children and families.



**PHOTOGRAPH 3.7:** Presenting data analysis for member checking



**PHOTOGRAPH 3.8:** Member checking poster of results

### 3.3.3.2 Observation

Observation within qualitative research allowed me to study a particular phenomenon within a natural setting (Fouché, 2005) and assisted me in collecting first-hand information from the participants in the study (Creswell, 2005). In my role as co-researcher, I focused on gaining information by means of naturalistic observation during my visits to the school (Cohen *et al.*, 2007). The first field visit enabled me to gain some understanding of the school setting and the community where it is located. In this study, observation allowed me insight into the asset-based psychosocial support initiatives implemented by teachers at a particular school in the Eastern Cape Province.

For the purpose of this study I relied on observation-as-context-of-interaction (Angrosino & Mays de Pérez, 2000). According to Angrosino and Mays de Pérez (2000), observation of human interactions can be made meaningful only within the context or situation in which it occurs. Observation-as-context-of-interaction allowed me to be part of the discussions and to interact with participants throughout the workshops. I adopted the role of peripheral-member researcher in an attempt to gain an insider perspective of the participants' views (Angrosino & Mays de Pérez, 2000). Hence, I observed and interacted with the participants during the PRA-directed workshop. I focused on verbal responses in order to understand and interpret data

(Terre Blanche & Durrheim, 2002). In addition, during both field visits, I documented my observations of the PRA-directed workshop and member checking session and school context in field notes (Appendix B) and photographs (Appendix D).

A potential challenge for me as researcher was to gauge whether I had gained enough of an insider perspective to understand the group without affecting the credibility of my reporting (Mertens, 2010). In this regard, I relied on reflexivity and consultation with my co-researcher and supervisors. In this way I attempted to moderate bias and acquire a clear perspective on implemented asset-based psychosocial support interventions (refer to Appendix B for extracts from the research diary).

### **3.3.3.3 Documenting the PRA-directed workshop, member checking session and observations**

My role as observer enabled me to listen and document data using field notes, visual data and audio recordings during the PRA-directed workshop and member checking session (Creswell, 2007).

#### **(a) Field notes and research diary**

The research diary reflects the researcher's ideas about the study as well as reflections of methodological phenomenon (Denzin & Lincoln, 2005). I began a research journal prior to my visit to the school in order to reflect on, *inter alia*, what I learnt from STAR (Ferreira, 2006). I combined field notes and my research diary in one document (refer to Appendix B). The section containing my research diary focused on my reflective thoughts on the research process as well as methodological and ethical considerations (discussed in section 3.5). Both my field notes and research diary allowed me to record my observations and thus reflect on self-awareness and self-knowledge in the situation being studied (Patton, 2002).

Field notes are written accounts of what the researcher hears, sees, experiences and thinks about both during and after interaction with participants (Cohen *et al.*, 2007; Greeff, 2005). Field notes may contain descriptions of key individuals, a running record of what occurred during observation and comments made by the researcher,

which may include reflective notes (Slavin, 2007). As this study was guided by an interpretivist stance, I maintained a record of my observations and interactions with the participants. In my research diary (see Appendix B), I reflected thoughts on the day's proceedings in terms of the research process as well as adjustments made during the activity (Terre Blanche & Durrheim, 2002)

Terre Blanche and Durrheim (2002) distinguish between two types of field notes: first, descriptive notes which describe the processes observed and, second, notes regarding an unfolding analysis, including reflections on the research. During both visits to the school, I made descriptive field notes of my observations of the school and the processes during discussions with participants (the PRA-directed workshop and member checking session). Furthermore, I made reflective notes on the research process and my interactions with the teachers. The importance of keeping field notes in qualitative research is imperative to ensure the credibility of findings (Merriam, 2009). Field notes assisted me as researcher to monitor and support data collected in audio-recordings.

#### **(b) Visual data**

During the school visits, I documented data visually as part of the data collection process (refer to Appendix D). In line with Interpretivism, the inclusion of photographs enriched the study by providing multiple perspectives for insight into the psychosocial initiatives implemented by the teachers (Ebersöhn & Eloff, 2007). I also used visual data (photographs) to document artefacts of the progress of the PRA-directed workshop with the teachers and to capture the school setting to provide a description of the environment. An advantage of including visual data in data collection is that, during data analysis, it allows the researcher to be placed back in the moment (Ebersöhn & Eloff, 2007).

Although photographs can provide an opportunity for the researcher to enter the everyday world (Denzin & Lincoln, 2005), photographs also imply the potential challenge of subjective interpretation. They do not tell the whole story, but provide one representation of reality (Seale, 2004). By taking photographs, I captured data visually to enrich my documented data on the context of the study, being the school community (Ebersöhn & Eloff, 2007). In addition, I could provide visual evidence of

existing psychosocial support projects at the school. By means of a combination of visual data (photographs) and written data (received from the participants), I was able to provide data-based insights and enhance the credibility of the research (Ebersöhn & Eloff, 2007). In addition, I used photographs of workshop artefacts (participant post-it notes) to substantiate my observations and enhance the rigour of the study (Ebersöhn & Eloff, 2007; Seale, 2004).

The use of visual data (photographs) gives rise to the ethical challenge of confidentiality (Karlsson, 2007; Seale, 2004). Before taking photographs, I sought the participants' permission and focused my view on capturing physical proof of support structures on the one hand, and, on the other, providing a layered illustration of the case. In this regard, participants asked to be both recognisable in photographs and identifiable in documented work as co-generators of knowledge in this study.

### **(c) Audio recording and transcriptions**

Throughout the data collection process, specifically the PRA-directed workshop and subsequent member checking session, I used a dictaphone to make audio recordings of teachers' verbatim responses. Audio recordings have the potential to provide detailed and accessible representations of social interactions (Silverman, 2004). In addition, audio recordings allowed me as researcher to return to the data in its original form after the data collection had been completed (Silverman, 2009). I was thus able to listen to the audio recordings repeatedly and, in doing so, transcribe the verbatim responses from the teachers, which gave me further insight into the information they shared on the psychosocial support initiatives they had implemented.

### **3.3.4 DATA ANALYSIS AND INTERPRETATION**

The aim of data analysis and interpretation was to make meaning out of information by searching across all data sources (namely transcriptions, field notes, research diary and visual data) in an attempt to answer research questions. As an interpretivist perspective directed the study, I needed to provide a 'thick description' of the research and the related processes (Terre Blanche & Durrheim, 2002).

I conducted thematic content analysis, relying on identifying and analysing emerging themes from all forms of data collected (Braun & Clarke, 2006). Thematic content analysis is a method aimed at identifying, analysing and reporting themes within data. The advantage of applying thematic analysis allowed for flexibility and the ability to reflect reality (Braun & Clarke, 2006).

I followed the steps of thematic content analysis as discussed by Terre Blanche and Durrheim (2002) in order to analyse and interpret the data. First, in an effort to familiarise myself with the content of the collected data, I transcribed the PRA-directed workshop data and the follow-up member checking session (Braun & Clarke, 2006). I read and re-read the transcripts, the field notes and the research diary, and reviewed the photographs to immerse myself in the data (Braun & Clarke, 2006; Terre Blanche & Durrheim, 2002). The process of analysing the various forms of data collected allowed me to search for similar meanings or patterns across data.

The second step in the data analysis involved identifying potential emerging themes. I utilised the teachers' verbatim responses, the field notes, the research diary and the photographs, as this allowed me to label categories in accordance with the teachers' language (Terre Blanche & Durrheim, 2002). In the process of category labelling, I determined patterns to identify common themes (Braun & Clarke, 2006). In order to highlight emerging categories, I followed the third step in data analysis, which involved utilising a coding system (Terre Blanche & Durrheim, 2002). Coding was conducted by making use of different coloured pens to underline phrases or paragraphs that were related to potential emerging themes (See Appendix C1 & C2 for examples of transcription coding). I then classified categories into clusters of potential themes as directed by the verbatim responses, field notes, research diary and photographs (see Appendix E1).

The fourth data analysis step involved further exploration, referred to as elaboration by Terre Blanche and Durrheim (2002). Themes were revised and defined by tabulating emerging themes and sub-themes (see Appendix E2). The final step in thematic content analysis involved the interpretation of the data in accordance to the themes and sub-themes. In Chapter 4, I discuss the interpretation of the data in terms of the themes and sub-themes that emerged.



### **3.4 QUALITY CRITERIA**

In an attempt to ensure the rigour of the study, I strove to adhere to quality criteria of qualitative research.

#### **3.4.1 CREDIBILITY**

The strength of qualitative research lies in the fact that it aims to explore a problem or describe a situation in a credible manner (De Vos, 2005). Credibility refers to the accuracy or truthfulness of findings (Terre Blanche & Durrheim, 2002; Ary, Jacobs & Razaviehh, 2002). Credibility of research in a qualitative study entails the production of findings that are convincing and believable (Terre Blanche & Durrheim, 2002) which is parallel to internal validity in quantitative research (Bryman & Bell, 2007). In order to gain credibility, it is important for a researcher to spend sufficient time in the field before reaching conclusions on a project (Mertens, 2010).

Prior to entering the field, I spent time studying the initial research study conducted and other studies that stemmed from it (Mnguni, 2008; Loots, 2007; McCallaghan, 2007; Ferreira, 2006; Odendaal, 2006). As field worker and co-facilitator of a workshop I observed and recorded my observations as well as interactions with the teachers during the PRA-directed workshop (Strydom, 2005a). Furthermore, I relied on debriefing with my co-researcher and supervisors to increase the credibility of the study. Debriefing was also conducted by means of a research journal and by documenting my own thoughts and reflections. Moreover, I returned to the research site to conduct a member checking session with the participants to verify my understanding of the data collected (Mertens, 2010; Terre Blanche & Durrheim, 2002).

#### **3.4.2 TRANSFERABILITY**

Transferability in qualitative research parallels with external validity in quantitative research (Bryman & Bell, 2007). Transferability can be described as the ability to produce rich, detailed descriptions of the context so that understanding can be transferred to other studies (Terre Blanche & Durrheim, 2002). In an attempt to meet

the criterion of transferability, I provided rich and detailed descriptions of the place and context of the asset-based psychosocial support (Mertens, 2010). The purpose of rich descriptions is to allow the reader the opportunity to make a judgement based on similarities or differences in the current study in comparison with their own research context (Mertens, 2010). In line with providing detailed descriptions, I selected a specific case of teachers providing asset-based psychosocial support within an informal settlement, and made the assumption that other studies might present similar findings, thereby allowing for this study to be transferable.

### **3.4.3 DEPENDABILITY**

Dependability in qualitative research parallels with reliability in quantitative research (Bryman & Bell, 2007). As an interpretivist researcher, I also focused on the dependability of findings (Terre Blanche & Durrheim, 2002). Results were documented in a way that would allow other researchers to determine that the findings do reflect what occurred (Terre Blanche & Durrheim, 2002). Dependability is viewed as the degree to which reported findings can convince the reader that they occurred as reported (Terre Blanche & Durrheim, 2002). In order to ensure the dependability of findings, I strove to provide rich and detailed descriptions through transcriptions of the data collected and field notes, as well as by verifying the findings by means of conducting a member checking session. Furthermore, I compiled comprehensive records of the entire research process, thus potentially contributing to the trustworthiness of the study (Bryman & Bell, 2007).

### **3.4.4 CONFIRMABILITY**

Confirmability refers to the concept of objectivity (De Vos, 2005) and may be explained as the extent to which I, as researcher, was free of bias during the process of my research and the interpretation of my results (Ary *et al.*, 2002). Confirmability can be maintained by showing that the researcher acted in good faith and did not allow their personal values to sway the research process (Bryman & Bell, 2007). My aim was to provide a detailed description of the asset-based psychosocial support measures implemented by the teachers to buffer vulnerable children and families. Confirmability in my research was ensured through the review of field notes,



transcripts and member checking in order to verify and confirm my findings. Meetings with my supervisors also assisted me in verifying my research. Thus, in this manner, I provided a 'chain of evidence' (Yin, 2009).

### **3.4.5 AUTHENTICITY**

Authenticity refers to providing a balanced and a fair view of the various perspectives in the research study (Mertens, 2010; Guba & Lincoln, 2005). Within the study, I present the participants' views with regard to the psychosocial support structures they implemented in the school community in an attempt to address the needs of vulnerable children and families. In order to confirm the authenticity of the research, I provided the direct quotations from the participants. (Refer to chapter 4)

Catalytic authenticity refers to the extent to which research can stimulate action by the participants through knowledge imparted within the study and involvement of the researcher in training participants (Mertens, 2010; Guba & Lincoln, 2005). Within the study I focused on the asset-based psychosocial support structures that the participants had implemented within their school community by applying knowledge gained during the broader study conducted by Ferreira (2006) and others (Loots, 2008; Mnguni, 2008; McCallaghan, 2007; Odendaal, 2006).

## **3.5 ETHICAL CONSIDERATIONS**

In the study I strove to adhere to ethical considerations throughout the research process. In my capacity as researcher, I was observant of the fact that I was a guest and aimed to act in an ethical manner towards the participants and the research process. It was important that I remained aware that I was entering the participants' world and should be respectful of their culture and traditions.

### **3.5.1 INFORMED CONSENT**

Initially, I was guided by the need to obtain *informed consent* from the participants. Informed consent means that the participants of a study are aware of the purpose of the research, what is required of them and whether the potential for any harm exists

for them in the study (Strydom, 2005b; Ary *et al.*, 2002; Terre Blanche & Durrheim, 2002). As the participants were involved in the STAR-pilot project, informed consent was a continuation of the consent gained at the onset of the initial study (Appendix F1). In addition, permission from the school principal and relevant Department of Education was obtained as part of the broader project (Appendix F2).

### 3.5.2 VOLUNTARY PARTICIPATION

It was important for me to assure the teachers that their participation was *voluntary*. This implied that participants had the right to choose whether they wanted to participate after they had been informed of all facts that could influence their decision (Cohen *et al.*, 2007). As the participants were part of the STAR-pilot study they appeared to be well informed on the processes involved in the previous studies, so the present agreement was seen as a continuation of the initial study. The participants were reminded of their rights of informed consent and voluntary participation.

### 3.5.3 CONFIDENTIALITY AND ANONYMITY

The participants were reminded that *confidentiality* and *anonymity* would be upheld throughout the study in an effort to protect the rights and identities of the participants (Cohen *et al.*, 2007; Strydom, 2005b; Terre Blanche & Durrheim, 2002). The information received from the participants was transcribed without any identifying information. Protection of participants' identities as well as the identity of the location was upheld (Terre Blanche & Durrheim, 2002). This was done by changing the participants' names and referring to them in symbol form (e.g. P1) as can be seen throughout the transcriptions (See Appendix B1 & B2). As this study was part of the broader study, participants were reminded of their *right to privacy* and the fact that information shared would remain within the group. This was especially important, as the PRA-directed workshop involved all the participants together in one location, sharing information, so there was the potential to infringe on confidentiality and privacy. In this regard, as previously stated, participants requested that their identities be made known in photographs.

#### **3.5.4 BENEFICENCE AND NONMALEFICENCE**

No known form of *deception* occurred (Cohen *et al.*, 2007) and participants were not exposed to any *harm* during the research study. Participants should be protected from not only physical harm but also emotional and psychological harm (Strydom, 2005b; Ary *et al.*, 2002). The principle of *nonmaleficence* as described by Terre Blanche and Durrheim (2002) was employed, which means that the research did not harm participants or other persons involved in the study. Honesty and respect for the participants were important to me and I strove to maintain this through being open with the participants by illuminating the research process.

#### **3.6 CONCLUSION**

In this chapter, I discussed the research method followed and the reason for using an interpretivist paradigm in qualitative research. I also discussed the research design, a case study as well as the reasons why I chose the site and the participants in the case study. My data collection process was discussed in terms of the strategies I employed by utilising a PRA-directed workshop with participants, observation, field notes and visual data documentation. Furthermore, I expounded on the data analysis method of thematic content analysis and finally, the quality criteria adhered to and my ethical considerations within the study.

In Chapter 4, I present the results of the study by first describing the data generating context and then discussing the themes and sub-themes as they emerged subsequent to a thematic data analysis process. I conclude by discussing the findings of the study in terms of the interpreted results.



## Chapter 4

### *Research Results and Findings*

*Now I'm in the light*  
(Participant 7, Session 1)

#### **4.1 INTRODUCTION**

In the previous chapter, I discussed the research process by presenting my choice of research design and the data collection methods employed to conduct this study. I explained my stance as researcher and reflected on the ethical considerations that guided the study.

In this chapter, I give a brief overview of the research process as well as a description of the context in which the data was collected. I report the results of the study in terms of themes that emerged subsequent to data analysis. I use the teachers' (participants') direct quotations, photographs and field notes to support the themes identified. Further, I integrate the results of the study and discuss my findings against the background of existing literature.

#### **4.2 OVERVIEW OF THE RESEARCH PROCESS**

In this section, I discuss the context in which data collection took place and the research process I followed during my field visits. I reflect on my field visits to the school with my co-researcher and research supervisors (refer to the research schedule in Appendix A).

##### **4.2.1 FIRST FIELD VISIT**

The first one-day visit to the school was towards the end of the school term, in June 2009. The school is situated in an informal settlement community in the Eastern Cape (Photograph 4.1). I was excited and nervous at the same time, as I was not sure of what to expect when I reached the school. The following is a reflection from my research diary:

*I am a little apprehensive – I haven't had much exposure to informal settlements. At the same time I am excited by the new sites, I have never visited this part of the country before (17/07/09).*

When we arrived at the school, we were welcomed by the Deputy Principal and the teachers taking part in the STAR-pilot project. We were given a brief tour of the school and were shown the media centre, which was named in honour of the first child in the school who passed away after an alleged HIV/AIDS-related illness (Photograph 4.2).



**PHOTOGRAPH 4.1:** The surrounding community



**PHOTOGRAPH 4.2:** Lerato Basi media centre

The afternoon commenced with lunch with the teachers, which afforded us the opportunity of interacting with them. We introduced ourselves and our research topics. My co-researcher and I then facilitated a PRA-directed workshop with seven teachers from the STAR-pilot project. We initiated the afternoon's proceedings by requesting that each of the teachers write on post-it notes the various support strategies they had implemented in the school over the last seven years. We then used a timeline<sup>5</sup> to help the teachers plot information (Photographs 4.3 and 4.4).

<sup>5</sup> The timeline refers to the poster made by the researchers marking the years from 2003 to 2009.



**PHOTOGRAPH 4.3:** Researcher collecting post-it notes



**PHOTOGRAPH 4.4:** The completed timeline

After plotting their ideas on the timeline, we facilitated an informal group discussion for the teachers to elaborate on psychosocial support initiatives implemented in the school. Amongst other things, the teachers discussed the partnership they had established with the Olive Leaf Foundation, whereby children (affected and infected by HIV/AIDS) were taught how to make crafts – incidentally on that afternoon. We were introduced to a member of the Olive Leaf Foundation and thereafter interacted with the children. Further information on this partnership will follow when I discuss the themes (section 4.3.3). On our return to the staff room, we continued the group discussion with the teachers on the psychosocial support initiatives implemented in the school (refer to Appendix C1 for a transcript of this session).

The following is a reflection from my research diary summarising my experience:

*The teachers are so passionate about what they do and I was so touched that it brought me to tears. These women are strong and proud and so filled with love for the children. I felt exhausted after this experience because of all the emotions that it stirred (17/07/09).*

#### 4.2.2 SECOND FIELD VISIT

We returned to the school in November 2009 in order to conduct a member checking session with the teachers who had participated in the initial PRA-directed workshop. As in the previous visit, we were welcomed by the Deputy Principal and the participating teachers. Another teacher (previously absent) was present during this



session. The atmosphere in the staff room was welcoming and we shared lunch together, thereby affording us an opportunity to re-establish rapport (Photograph 4.5 shows our lunch with the teachers and Photograph 4.6 depicts the group interaction).



**PHOTOGRAPH 4.5:** Lunch with teachers



**PHOTOGRAPH 4.6:** Interacting with teachers

The main aim of the session was to conduct member checking by presenting my interpretation of the results and receiving feedback from the teachers to either confirm or deny my interpretations. At that stage, I had categorised, according to Maslow's hierarchy of needs (Maslow, 1999), the data received from the teachers during my first visit, as many of the asset-based psychosocial support interventions highlighted by the teachers seemed to address the physical, safety, social, self-esteem and self-actualisation needs of vulnerable children and families.

After I had presented my interpretation of the results, my co-researcher and I facilitated a discussion with the teachers. They ranked the needs according to Maslow's categories (Maslow, 1999), namely basic physiological needs,<sup>6</sup> safety needs,<sup>7</sup> sense of belonging,<sup>8</sup> esteem<sup>9</sup> and self-actualisation.<sup>10</sup> I asked the teachers to rank the needs they felt were the most important in providing support to vulnerable children and families. The teachers indicated their view that a sense of belonging

<sup>6</sup> Basic physiological needs refers to feeding scheme, food parcels, vegetable garden, soup kitchen and donated uniforms.

<sup>7</sup> Safety needs refers to social grants, HIV/AIDS information centre, counselling centre and organised services.

<sup>8</sup> Sense of belonging refers to disclosure (no stigmatisation), uniforms, counselling centre and partnership with Olive Leaf foundation.

<sup>9</sup> Esteem refers to respect for all and skills training (Olive Leaf foundation).

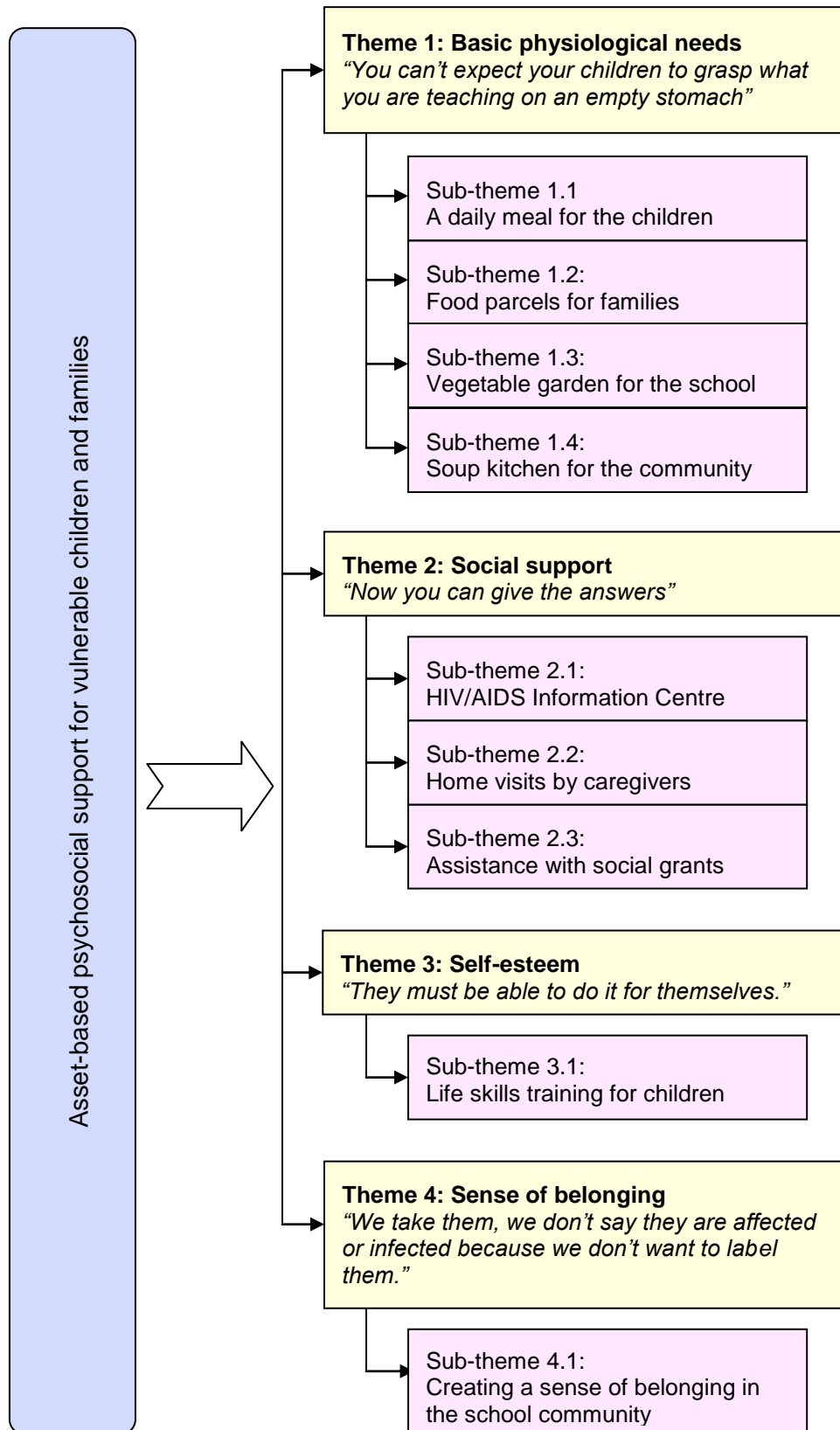
<sup>10</sup> Self-actualisation refers to facilitation of STAR project with other teachers and teachers' sense of enablement.

was central to the support services they were providing. After some debate and a vote among the teachers, it was decided they would rank basic physiological needs as the next priority and then safety needs. The teachers ranked self-esteem next, followed by self-actualisation. Teachers again emphasised that the sense of belonging to the school community was at the core of their asset-based psychosocial support interventions. However, they acknowledged that, in order to establish a sense of belonging, they had to first meet the basic physical needs and then the safety needs of vulnerable children and families in the school community. Further, the basic physiological needs and safety needs being met, the teachers indicated that the self-esteem of children and families was addressed. It may be possible that by implementing the asset-based psychosocial support interventions, teachers' self-actualisation was also attained.

### **4.3 RESULTS OF THE STUDY**

In the following section, I discuss the themes identified through thematic analysis of the data. Figure 4.1 is a diagrammatic representation of the themes and sub-themes of the study.





**FIGURE 4.1: Results of the study**

#### 4.3.1 THEME 1: BASIC PHYSIOLOGICAL NEEDS

*“You can’t expect your children to grasp what you are teaching on an empty stomach.”*

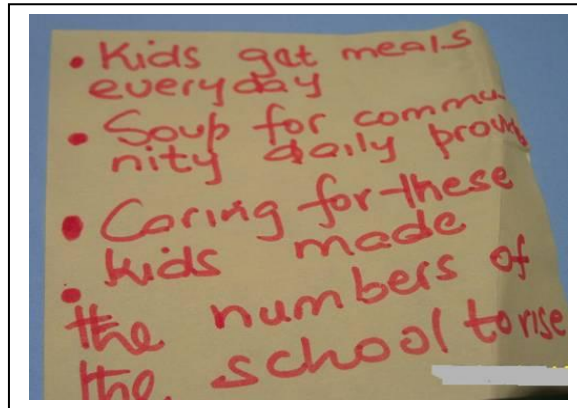
The teachers in the STAR-pilot study seemingly implemented asset-based psychosocial support within their school community to address the needs of vulnerable children and families. During previous studies (Ferreira, 2006; Mnguni, 2006; Odendaal, 2006; Loots, 2005), teachers were introduced to the asset-based approach that could address the needs of the school community. Teachers identified support strategies that they had initiated at their school over the last seven years in order to provide psychosocial support to vulnerable children and families. In this regard, the teachers reportedly formed a support group to provide assistance with basic physiological needs. In terms of meeting the basic physiological needs of vulnerable children and families, four sub-themes of support emerged, namely, a daily meal for children at school, food parcels for families, the vegetable garden and the soup kitchen. Table 4.1 is an overview of the inclusion and exclusion criteria for each sub-theme in Theme 1.

**TABLE 4.1: Inclusion and exclusion criteria for Theme 1**

<b>Theme 1: Basic physiological needs</b>	<b>Inclusion criteria</b>	<b>Exclusion criteria</b>
Sub-theme 1.1: A daily meal for the children at school	Any reference to meals provided by the school for children in the school and the benefits thereof	Any reference to any other meals provided at the school
Sub-theme 1.2: Food parcels for families	Any reference to food collected for vulnerable families	Any reference to initiatives to provide food parcels outside of the school
Sub-theme 1.3: Vegetable garden for the school	Any reference to the vegetable garden established by the teachers at the school	Any reference to the proceeds of the vegetable garden
Sub-theme 1.4: Soup kitchen for the community	Any reference to teachers’ efforts to establish a soup kitchen	Any reference to the benefits of the soup kitchen to the community

#### 4.3.1.1 Sub-theme 1.1: A daily meal for children at school

The first priority that teachers identified was to meet the basic physiological needs of vulnerable children and families by providing a daily meal for children in the school (identified in Photograph 4.7 of a post-it note).



**PHOTOGRAPH 4.7:** Reference on post-it to daily meals for children

Some teachers commented that, as a result of their school being situated within a community with a high unemployment level and limited resources, many children were hungry, which appeared to affect their performance in the classroom. In support of this, one teacher explained: “But now they come and we see that child has a learning problem, even if that child hasn’t got a learning problem because he can’t say anything, can’t do anything on an empty stomach. Now we find it is easier for them to answer questions in class, to be involved, actively involved in a group, to play during break because he’s got something in his stomach” (P7, S2<sup>11</sup>, line 122-127, pg 3). Children in the school were reportedly provided with a daily meal of rice, mielie pap, or bread and soup. One teacher said: “When they pack their bags you’ll find a dish and a spoon, no school books” (P3, S2, line 450-451, pg 12), thus emphasising the potential importance the children placed on their daily meal at school. I made the following reflective note:

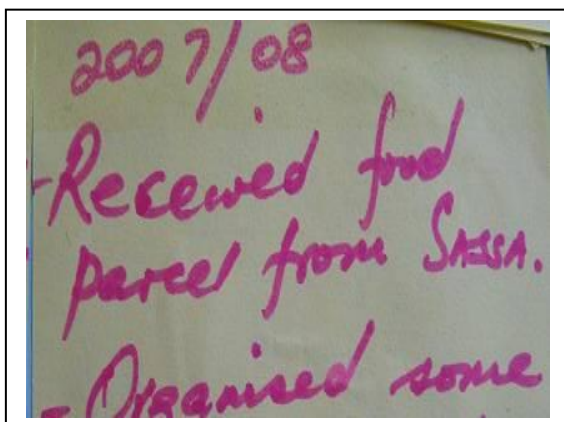
*Although we laughed about the recollection of the little children forgetting their school books in place of a dish and spoon, I realised the importance of meeting the basic need of food for the children. How many children go to school on an empty stomach? (02/11/09).*

<sup>11</sup> Throughout the rest of the document, P refers to the participant in the transcripts and S refers to the session during which the comments were made.

A few teachers noticed that, generally, the children's behaviour seemed to have improved, and they attributed this to the provision of daily meals. In this regard, one teacher stated: "If the child is hungry he starts to bully other learners and grab their lunch. And now we have got food at school and everyone is full now. There is no bullying at all. At least respect now for each other" (P2, S2, line 425-428, pg 11). I noted in my field notes: "*The provision of meals for children seems to have reduced conflict amongst the children as they no longer feel the need to compete for food. The teachers seem to be aware of the importance of providing food to children and the ripple effects that result from having a full stomach*" (2/11/09).

#### 4.3.1.2 Sub-theme 1.2: Food parcels for families

In addition to providing the children with a daily meal, the teachers (school) reportedly supplied families in need with food parcels containing items such as mielie pap, potatoes and rice, obtained from the South African Social Security Agency and local businesses. This information was provided by the teachers on post-it notes that were placed on the timeline during the PRA-directed workshop (Photograph 4.8). As further evidence, the teachers produced photographs of the food parcels that were allegedly given to vulnerable families (Photographs 4.9 and 4.10). The teachers stated that the families in need of support are identified through the services of a caregiver at the school (refer to section 4.3.2.2). Further, the teachers indicated that they also supplemented the food parcels with the vegetables grown in the school vegetable garden (Photograph 4.11).



**PHOTOGRAPH 4.8:** Teacher's reference to food parcels on post-it notes



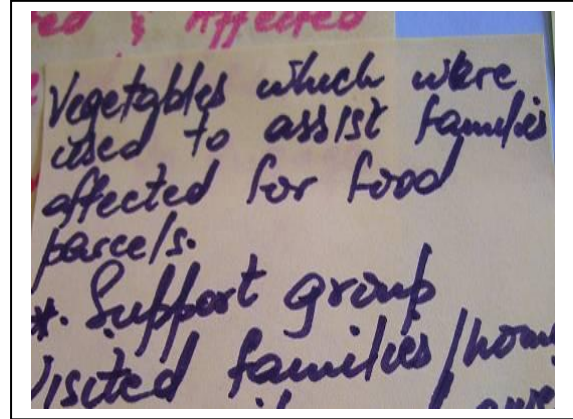
**PHOTOGRAPH 4.9:** Example of food parcels

I made the following note with regard to the food parcels:

*The teachers were so proud and eager to produce evidence of their efforts to support vulnerable families in the community. I was truly touched (17/07/09).*



**PHOTOGRAPH 4.10:** Photographs of vegetables presented by teachers



**PHOTOGRAPH 4.11:** Reference on post-it to vegetables for food parcels

#### 4.3.1.3 Sub-theme 1.3: Vegetable garden at the school

Another project that seemingly supported the basic physiological needs of the school community was the vegetable garden (Photographs 4.12 and 4.13), initiated by the teachers in 2004. The teachers were reportedly allocated money from the school budget to buy seedlings to start the garden. One teacher acknowledged the efforts the principal had made to plant a vegetable garden: "he was willing to take money from school coffers and go and buy some seeds in order for the garden to grow" (P1, S2, line 345-347, pg 9).



**PHOTOGRAPHS 4.12 & 4.13:** The vegetable garden on the school premises



The teachers conceded that initially the maintenance of the vegetable garden had presented a challenge during school holidays, as there was no one to maintain the garden, so when school resumed, they had to replant. This became evident when one teacher explained: “Sometimes we do not get enough of, what do you call it, the seedlings at the right moment. When the school is closed no one to look after the garden. When we open the garden is dead again then we have to start all over again and some have to go out and look for seedlings. As a result for the first time that we started the garden it was difficult for us to get the seedlings again. We have to sell the small amount that we get, the little that we get from the garden in order to get money to buy seedlings” (P1, S1, line 147-154, pg 4). I noted in my field notes: *“Although the teachers mentioned the challenges they faced maintaining the vegetable garden, they were able to overcome them. I was able to see the garden and the vegetables growing on my visit” (17/07/09).*

However, this challenge has seemingly been addressed, as a caretaker who lives in the area has reportedly volunteered to take care of the garden during the school holidays. In corroboration of this, one teacher stated: “Fortunately we got this guy here who is working in the area...That grounds man, he likes the garden very much. So fortunately for them they don’t close when we close, so there is no going to see that pressure now when we are on holiday” (P1, S1, line 504-508, pg 13).

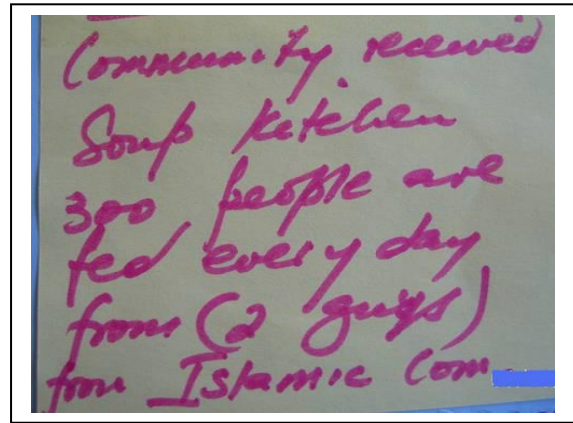
#### **4.3.1.4 Sub-theme 1.4: Soup kitchen for the community**

During the year prior to this study (2008), the teachers embarked on establishing a soup kitchen for members of the community (Photograph 4.14). However, the project was reportedly delayed until the teachers were able to initiate it, even though the facilities at the school were available. One teacher explained: “We have the facility for the soup kitchen but we didn’t know what to do until this people came” (P1, S1, line 217-218, pg 6). In this regard the teachers requested assistance from the Department of Education (DoE), in response to which the DoE supplied a burner stove and a pot. One teacher stated: “we had only one burner stove and only four pots which are for the learners...then we got to the district office and they gave us that burner stove as well as that pot, the big pot” (P1, S1, line 220-226, pg 6). In addition, a local businessman apparently supplied them with vegetables. In evidence of this, one teacher stated: “There is this guy, who is the vegetable guy” (P1, S1, line

231-232, pg 6). In this way a soup kitchen was established on the school premises. The teachers estimated that approximately 300 community members were benefiting from the daily meal provided by the soup kitchen at the time of the study (Photograph 4.15). In further support, I made the following field note: *“On our arrival to the school I noticed a number of people sitting outside the school premises. They seemed to be waiting for something. The teachers told us they were members of the community waiting for the soup kitchen” (17/07/09).*



**PHOTOGRAPH 4.14:** The soup kitchen on school grounds



**PHOTOGRAPH 4.15:** Reference on post-it note to soup kitchen

#### 4.3.2 THEME 2: SOCIAL SUPPORT

*“Now you can give them the answers.”*

The social support systems that the teachers reportedly implemented to address needs in the school community are in terms of the following sub-themes: increasing knowledge of HIV/AIDS; home visits by the caregiver; and assistance in applying for social grants. Table 4.2 is an overview of the inclusion and exclusion criteria for each sub-theme.

**TABLE 4.2: Inclusion and exclusion criteria for Theme 2**

Theme 2: Social support	Inclusion criteria	Exclusion criteria
Sub-theme 2.1: HIV/AIDS Information Centre	Any reference to the implementation and purpose of the HIV/AIDS Information Centre	Any reference to externally implemented HIV/AIDS support initiatives

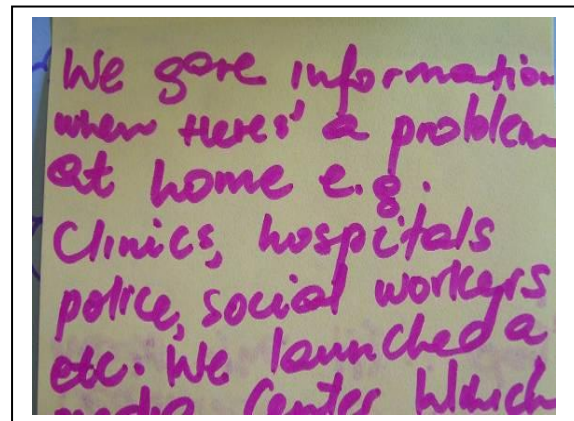
Theme 2: Social support	Inclusion criteria	Exclusion criteria
Sub-theme 2.2: Home visits by caregivers	Any reference to the caregivers' and volunteers' role in providing support	Any reference directly from the caregiver or volunteers themselves
Sub-theme 2.3: Assistance with social grants	Any reference to support given by teachers to obtain social grants	Any reference to assistance with social grants by external agencies

#### 4.3.2.1 Sub-theme 2.1: HIV/AIDS Information Centre

In 2004, the teachers of the STAR-pilot project started an HIV/AIDS Information Centre for the school community on the school premises so that information on HIV/AIDS could be easily accessible to families and community members (Photograph 4.16). The teachers indicated a common understanding in terms of dealing with HIV/AIDS, as well as providing families with relevant resources, such as contact numbers of the local police, the social worker and other necessary social service providers (Photograph 4.17).



**PHOTOGRAPH 4.16:** Information board on school building



**PHOTOGRAPH 4.17:** Reference on post-it to information provided

Some of the teachers stated that it seemed as if more people came forward to disclose their HIV/AIDS status after the establishment of the HIV/AIDS Information Centre. In evidence of this, one teacher stated: “After we talked about it the parents came in flocking and started to disclose. Then we noticed that it is mostly grandparents because they are staying with their grandparents and they disclose to us” (P3, S1, line 58-61, pg 2). This reported disclosure by individuals enabled



teachers to relay the names of potentially disadvantaged families to caregivers<sup>12</sup> who could facilitate home visits to provide support for identified families. One teacher confirmed this: “That’s when we started to know that so-and-so is infected or that so-and-so is affected because he or she has lost a parent. Then we give them steps to Mrs. X, she has got all the numbers of the learners who are affected and infected” (P3, S1, line 61-64, pg 2).

I made the following reflection in my research diary:

*It must be so difficult for grandparents to take on the responsibility of children, let alone deal with the stigma of HIV. All schools should have a safe place (17/07/09).*

#### 4.3.2.2 Sub-theme 2.2: Home visits by caregivers

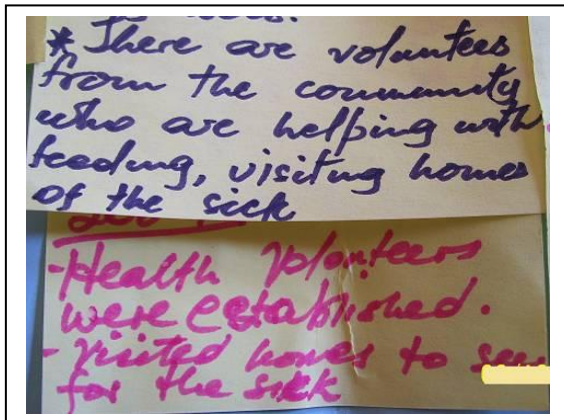
Some teachers emphasised that it was not always possible for them to conduct home visits themselves in order to follow up on vulnerable children and families. The teachers therefore relied on the services of a caregiver and volunteers to assist them (Photograph 4.18). One teacher stated: “The volunteer together with the caregiver is very helpful because they are staying in the area, they know the area very well, so it is easy for them. So it helps us because there are many orphan kids, it’s a large area. We can’t do it...we can’t afford to go” (P2, S2, line 62-67, pg 2). Teachers considered that the caregiver played an important role in the school. Following home visits,<sup>13</sup> information regarding the supportive requirements of families could be revealed to the teachers by a caregiver, and these needs could then be addressed. In addition, caregivers reportedly monitored children’s school attendance and recorded absenteeism and late school arrival. Caregivers conducted home visits according to attendance records and could then provide families with relevant assistance. One teacher stated: “because of the caregiver she manages to go down and do a home visit and find what could be the problem, what led to it” (P1, S1, line 23-25, pg 1). This view was confirmed during the member checking session, when another teacher stated: “Ever since we got a caregiver and those volunteers, we find

<sup>12</sup> Caregivers refers to a caregiver and volunteers employed by the DoE to support vulnerable children and families.

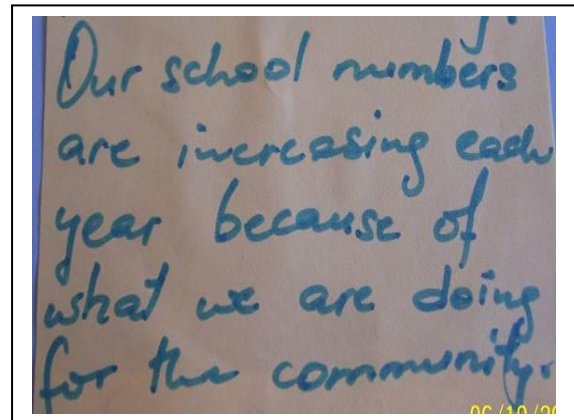
<sup>13</sup> Home visits implies that caregivers visit individual family homes.

that there was learners who were late, but they stopped coming late doing follow ups and we know there is a problem at home, it's not the child who wants to come late" (P3, S2, line 70-73, pg 2).

Many teachers noticed that since the caregiver system had been in place they had found a general improvement in school attendance and the school numbers had grown (Photograph 4.19). The following view was expressed by a teacher: "The improvement after visiting because of us together with the volunteers and the caregiver. Our numbers are increasing now" (P3, S2, line 73-75, pg 2). In support I made the following field note in my research diary: "*The importance of establishing supportive relationships is evident. The teachers are able to reach more families with the assistance of the caregiver and volunteers*" (2/11/09).



**PHOTOGRAPH 4.18:** Teacher reference on post-it to caregiver and volunteers



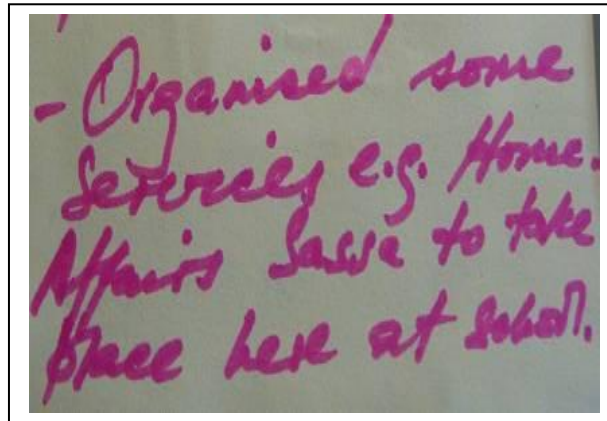
**PHOTOGRAPH 4.19:** Teacher reference on post-it to the increase in school numbers

#### 4.3.2.3 Sub-theme 2.3: Assistance in application for social grants

In order to assist families in applying for social grants,<sup>14</sup> the teachers allegedly arranged for social services (Department of Home Affairs) to assist with documentation required for birth or death certificates as well as for applications for identity documents (Photograph 4.20). One teacher stated that she told people: "you can come with me, you can go to my school. There are social grants at school" (P7, S1, line 498-499, pg 12). I noted the following in my field notes: "*It seems families*

<sup>14</sup> Social grants refer to child support grants, foster child grants and care dependency grants for children with mental or physical disabilities that are allocated to caregivers with an individual income lower than R2500 per month or joint income of R5000 per month, of children up to the age of 18 (Kibel *et al.*, 2010).

were possibly either not aware that they were eligible for social grants or did not have the relevant documentation in order to apply for social grants. Through the establishment of the support services, teachers were able to aid vulnerable families. The fact that families were able to apply for social grants may have assisted in alleviating some of the poverty experienced by increasing the family's financial support" (17/07/09).



**PHOTOGRAPH 4.20:** Reference on post-it to social services

#### 4.3.3 THEME 3: SELF-ESTEEM

*"They must be able to do it for themselves."*

It appeared that the teachers recognised the importance of building the self-esteem of learners in the school. The teachers had established a partnership with the Olive Leaf Foundation, which reportedly aimed specifically at assisting HIV/AIDS-affected and infected children in the school community. Table 4.3 is an overview of the inclusion and exclusion criteria for theme 3.

**TABLE 4.3: Inclusion and exclusion criteria for Theme 3**

Theme 3: Self-esteem	Inclusion criteria	Exclusion criteria
Sub-theme 3.1: Life skills training for children	Any reference to the partnership established with the Olive Leaf Foundation	Any reference to any other forms of life skills training in the school

#### 4.3.3.1 Sub-theme 3.1: Life skills training for children

Teachers reportedly established a partnership with the Olive Leaf Foundation in order to teach life skills to children affected by and infected<sup>15</sup> with HIV/AIDS. Teachers explained that each Wednesday afternoon members of the Olive Leaf Foundation convened at the school and worked with the children, teaching them various craft skills like sewing and crocheting. The Olive Leaf Foundation apparently also provided each child with lunch, consisting of bread and fruit. In corroboration, one teacher stated: “If we can go to the classroom, my classroom, there are the children there. Those children who are infected and affected there in my classroom with Hope, uh, not Hope now, Olive Leaf. They are there and busy doing activities but there is someone who is helping them there. If you want you can go and take a photo there. They bring bread, fruit, they do something every Wednesday” (P2, S1, line 48-53, pg 2). I was fortunate enough to visit the school on a Wednesday and witnessed a member of the Olive Leaf Foundation interacting with the children. I noted the following observations in my field notes: “*We followed the teachers to the classroom. The children were all seated ready to eat their lunch, which consisted of a sandwich, two apples and a packet of chips. The children’s ages seem to vary from young to the older children. The Olive Leaf representative called the children outside where they demonstrated a song and dance that they had learnt*” (17/07/09).

To provide evidence of the crafts, the teachers displayed crocheted cell phone holders, cushion covers and dolls that the children had reportedly made (Photograph 4.21 and 4.22).

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<sup>15</sup> The term affected implies children indirectly affected by HIV/AIDS and the term infected implies children directly infected with HIV/AIDS.



**PHOTOGRAPHS 4.21 & 4.22:** Crafts made by children during after-school NGO-facilitated activities at the school

One teacher emphasised the importance of teaching children life skills like knitting and sewing: “we want to boost their self esteem....so when they are at home they must know that if they have got a dress and the dress is torn they must be able to do it for themselves. They must take responsibility for themselves” (P7, S2, line 130-134, pg 4). Teachers commented that, although many children were struggling in the classroom, they enjoyed making crafts. One teacher elaborated on this, saying: “Some of these learners that are affected and infected are not doing well in the classroom. So when we took them for the handwork on Wednesday, then it is something that they can do there, they enjoy it” (P3, S1, line 96-99, pg 3). In support, I reflected as follows:

*It is so lovely to see that the teachers focus on other areas learning like life skills. It is so important for children to experience success (17/07/09).*

#### **4.3.4 THEME 4: SENSE OF BELONGING**

*“We take them, we don’t say they are affected or infected because we don’t want to label them.”*

The theme of belonging appeared to be very important to the teachers. It seems that, through the teachers’ efforts in establishing the HIV/AIDS Information Centre and reportedly encouraging disclosure of HIV infection, they seemed able to lower perceived stigmatisation. In addition, the provision of uniforms also seemed to



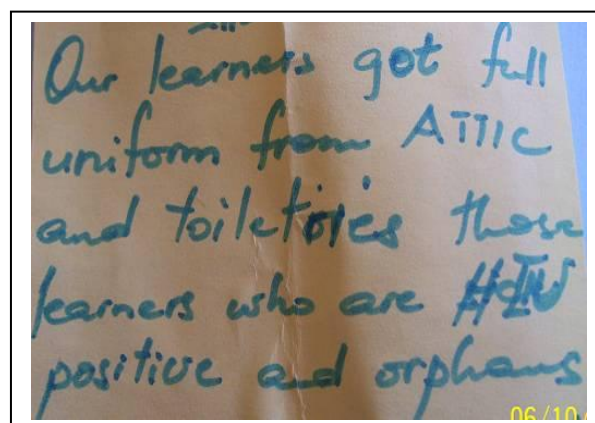
promote unity among the learners. Table 4.4 is an overview of the inclusion and exclusion criteria of sub-theme 4.1.

**TABLE 4.4: Inclusion and exclusion criteria for Theme 4**

Theme 4: Sense of belonging	Inclusion criteria	Exclusion criteria
Sub-theme 4.1: Creating a sense of belonging in the school community	Any reference to the reduction of stigmatisation through the provision of school uniforms and the establishment of sense of community	Any reference to other initiatives to promote the sense of belonging

#### 4.3.4.1 Sub-theme 4.1: Creating a sense of belonging in the school community

Teachers were of the opinion that their school was a welcoming place and that there was no stigma attached to the disclosure of HIV infection. The teachers encouraged a sense of belonging in the school by aiming to clothe the children appropriately in school uniforms. Teachers provided school uniforms with the donations they received from the AIDS Training Information and Training Centre (ATTIC) (Photograph 4.23). One teacher explained: “So it is easy for us to identify those poor learners and give them those things (referring to school uniforms). Now you can’t see that people are coming from poor and this one is coming from...” (P7, S2, line 170-172, pg 4).



**PHOTOGRAPH 4.23:** Reference on post-it to donated uniforms

Teachers also acknowledged that the school formed part of the community. The following statements from two of the teachers demonstrate this view:

- “It is no longer the teacher and the learner. The parents are coming in and out. ... In this school it is not for the teachers, it is also for the community so they can come here and roundabout”(P3, S1, line 78-82, pg 2).
- “Even the school does not belong to us, the school belongs to the community. We are working for this community” (P2, S1, line 261-262, pg 7).

The following is my reflection on the teachers’ involved in the STAR-pilot project:

*I am in awe of these women. As a former teacher I was so privileged to work in a school that was well-resourced. These teachers have managed to establish support initiatives in an under resourced community and have continued to provide this support for the last seven years. The payment they receive for this is the knowledge that they are making a difference in every child's life (17/07/09).*

#### 4.4 RESEARCH FINDINGS

In this section I situate the themes and sub-themes in existing literature and research. I aim to highlight possible correlations and contradictions of results and existing literature.

##### 4.4.1 PSYCHOSOCIAL SUPPORT TO ADDRESS VULNERABILITIES

Literature states that psychosocial support should focus on reconnecting families, promoting social support, normalising daily life and encouraging a sense of self-worth and belonging (Chitiyo *et al.*, 2010; Richter, 2006; Richter *et al.*, 2006). Studies emphasise that in South Africa many children and families face adversities owing to HIV/AIDS and poverty, with an increased mortality rate and a lack of financial, emotional and physical support (Meintjies *et al.*, 2010; Van der Heijden & Swartz, 2010; Lowenson *et al.*, 2009; UNAIDS, 2008; De Witt, 2007; Richter *et al.*, 2004). Schools and, in particular, teachers, have increasingly been relied upon to provide social, emotional, material and physical support for vulnerable children (De Witt, 2007, Hoadley, 2007; Bhana *et al.*, 2006; Richter *et al.*, 2006). Accordingly, teachers in the STAR-pilot study reportedly set out to address the needs of their school community through the implementation of asset-based psychosocial support

initiatives. The psychosocial support initiatives included meeting the basic social and emotional needs of vulnerable children and families in the school community.

#### **4.4.2 BASIC PHYSIOLOGICAL NEEDS OF VULNERABLE CHILDREN AND FAMILIES**

Basic physiological needs can be identified as the physical and material needs of children, such as food, school uniforms and financial assistance with school fees (De Witt, 2007). Teachers working in schools affected by HIV/AIDS may come into contact with children who are experiencing difficulties with learning, owing to inadequate nutrition (Drimie & Casale, 2009; Theron, 2009; Bhana *et al.*, 2006; Condly, 2006). In South Africa, a large percentage of children live in HIV-affected and low-income households, which may contribute to the lack of adequate nutrition (Kibel *et al.*, 2010; Richter *et al.*, 2009). Poor nutrition implies related effects like poor school performance and slow development (Richter *et al.*, 2009). Adequate nutrition is vital for children in order to build strong immune systems and promote physical growth, along with motor and cognitive development (Kibel *et al.*, 2010; Bhana *et al.*, 2006). In situating the results of the current study in the stated literature, teachers seemingly recognised that children may not be able to function adequately in the classroom without their basic physiological needs being met. Similarly, in a study conducted by Ogina (2007), the teachers identified and responded to vulnerable children's need for adequate nutrition. In the current study, teachers reportedly provided all the children in the school with daily meals in order to ensure that the children's nutritional needs were being met.

In addition to addressing the children's nutritional needs, meals may also provide an incentive for school attendance (De Witt, 2007). Other literature concurs, stating that providing children with meals may encourage them to attend school, seeing that schools were the only place where children may have access to food (Bennell, 2005b; Giese *et al.*, 2003). Improved school attendance and children's academic ability are some potential outcomes of providing meals at schools (Bennell, 2005b). Teachers taking part in the current study reported that providing a daily meal at school seemingly acted as a potential incentive for children to attend school, thereby increasing school attendance rates.



Extended families seem responsible for taking care of children who are affected by HIV/AIDS (Richter *et al.*, 2009). The teachers in the current study were also responsible for providing food parcels and vegetables from the school's vegetable garden to vulnerable families and soup from the soup kitchen to community members in need. Similarly, in the Van Wyk and Lemmer study (2007), schools reportedly supplied food parcels on Fridays to children staying with grandparents to ensure there was food in the home for the week. The responsibility of caring for additional children, associated with conditions of poverty and a lack of resources to cope, may place additional stress on families (Loewenson *et al.*, 2009; Richter *et al.*, 2009; De Witt, 2007; Van Wyk & Lemmer, 2007). Literature points out that grandparents may often be compelled to take care of their grandchildren even though they themselves might be experiencing difficulty in coping on their pensions (De Witt, 2007; Van Wyk & Lemmer, 2007; Richter *et al.*, 2004). Similarly, teachers in the current study said they were made aware that many of the children in their school were living with their grandparents after families had disclosed their HIV status. The high rate of unemployment and poverty within the community probably contributed to the lack of sufficient food resources. It is therefore possible that the teachers' provision of food to vulnerable families may have alleviated some of the stress created by food shortages.

#### **4.4.3 ASSISTING FAMILIES TO ACCESS SOCIAL SUPPORT**

HIV/AIDS has been associated with stigmatisation, partly owing to misinformation, which often results in this topic becoming a closed subject in certain communities (Kekae-Moletsane, 2008; Giese *et al.*, 2003). Parents and caregivers may be afraid to disclose their HIV status because of the potential stigma attached and discrimination experienced (Richter *et al.*, 2004). Families' fear of disclosure was highlighted in the current study when teachers stated that, as a result of open communication regarding HIV/AIDS sharing of information, they found an increase in the number of families willing to disclose their HIV status. Literature states that sharing HIV/AIDS information in an age-appropriate manner with children may assist them in coping with the effects of living with HIV (Mohangi, 2008; Richter *et al.*, 2004). In this regard, teachers in the current study opened an HIV Information Centre on the school premises, in order to assist vulnerable families. The purpose of the

Centre was reportedly to provide families with information on HIV/AIDS and in this way to function as an asset to the community.

In addition to the HIV/AIDS Information Centre, partnerships with a caregiver and volunteers were reportedly established by the teachers. A study conducted by Uys (2001) focused on the experiences of caregivers in home-based care in South Africa. The caregivers seemed to play an important role in providing regular assessments of families' needs in addition to the basic physical care given. Similarly, in the current study, the teachers reported that the caregivers provided them with information on vulnerable families. Home-visiting programmes apparently served to assist parents and caregivers by imparting knowledge, and giving social support and assistance, which could improve the outcome for children, as proposed by Richter *et al.* (2009).

The study by Uys (2001) also highlights the fact that caregivers experienced partnerships with NGOs as making a difference in their efforts to support a community affected by HIV/AIDS. Although the current study reports on the teachers' perspective and not that of caregivers, it may be hypothesised that the partnership between the teachers and caregivers may have led to the teachers reporting that they perceived the relationship with caregivers as being important in their efforts to support vulnerable children and families. The caregivers' perceptions could possibly be an area for further investigation.

Literature demonstrates that family structure has been influenced by the impact of HIV/AIDS and poverty (De Witt, 2007; Richter *et al.*, 2004). A potential result of this is families with elderly household heads, child-headed households and single-parent households. Common to these families is the need for financial, emotional and physical support (Foster, 2004; Richter *et al.*, 2004; Giese *et al.*, 2003). Social support in the form of childcare grants for children and foster children to financially support families in need has been established in South Africa. The additional income from these grants, albeit minimal, may assist families in providing for children's nutritional needs (Kibel *et al.*, 2010).

Furthermore, the revised legislation on child grants requires caregivers to provide proof of school enrolment and attendance (Kibel *et al.*, 2010). However, many

families do not have access to grants, possibly owing to factors like low levels of literacy or lack of awareness of such assistance (Campbell *et al.*, 2007; Foster, 2004). In the Van Wyk and Lemmer study (2007), teachers assisted grandparents in applying for child support grants. Similarly, teachers in the current study coordinated an information group to help families to access social grants. In the Ogina study (2007), the teachers helped caregivers to complete the forms for obtaining grants. However, such assistance to parents was provided on a voluntary basis in the Ogina study (2007) and not by means of a formalised and structured service, as was reportedly the case in the current study.

#### **4.4.4 PROMOTING THE SELF-ESTEEM OF VULNERABLE CHILDREN**

Schools may be regarded as protective, as they have the potential to promote self-esteem by providing opportunities for children to experience success (Stewart *et al.*, 2004). The teachers of the STAR-pilot project seemingly believed that it was important for children to feel confident in their abilities. They reported that they had established a partnership with the Olive Leaf Foundation in which HIV/AIDS infected and affected children were taught life skills. Teachers in the current study seemingly found that children who were not achieving in class were able to experience a sense of achievement by means of the life skills learnt. After-school activities probably afforded the children the opportunity to grow academically, personally and socially, which could indirectly boost their morale (Durlak & Weissberg, 2007; Richter *et al.*, 2004). Similarly, with the establishment of after-school activities, the possibility exists that teachers may have encouraged feelings of self-confidence and self-esteem and reduced potential behaviour problems (Durlak & Weissberg, 2007). In the current study, teachers explained that the children's emotional difficulties, manifested in acting up in class or becoming withdrawn, seemed to affect their performance both inside and outside the classroom, as they became either disruptive or uninvolved. Similarly, Mwamwenda (2004) identified the potential influence of self-esteem on children's performance and achievement in schools. Positive self-esteem could lead to a positive attitude towards school and increase children's motivation to engage in activities (Mwamwenda, 2004).

The Chitiyo *et al.* (2008) study conducted in a school in Zimbabwe also focused on psychosocial support for vulnerable children. One of their findings was that the inclusion of children in games encouraged socialisation and increased participation in school activities. In the same manner, in the current study, participation in after-school activities may have possibly contributed to increased participation in school activities. However, this finding was not reported on by the teachers and could thus be further investigated. Similarities between the two studies indicated that psychosocial support initiatives could have possibly led to increased self-esteem among vulnerable children.

#### **4.4.5 SENSE OF BELONGING TO THE SCHOOL COMMUNITY**

Literature shows that an encouraging school environment with well-trained teachers, family and community involvement and mutual respect may facilitate learning (Lubbe & Mampane, 2008). Similarly, schools that promote a sense of school belongingness can promote academic achievement (Cemalcilar, 2010; Ma, 2003). As schools may be seen as a context for social relationships, children may develop a sense of belonging if they perceive teachers as accepting and supportive of their needs (Rochat & Hough, 2007). Teachers in turn should also feel a sense of belonging to the school and are important figures in modelling this feeling (Cemalcilar, 2010; Ma, 2003). School children who experience a sense of belonging are perceived as motivated; they have higher self-esteem and are more willing to participate in school activities (Cemalcilar, 2010). It is of interest that the study conducted by Cemalcilar (2010) in Turkey was based on schools made up of varying income groups. The findings of this study indicated that children in schools in lower socio-economic areas with limited facilities were able to experience a sense of belonging based on the social relationships established in the school. In this regard, it may be possible that the children at the school in the current study may have had similar experiences. This view, however, is hypothetical and requires further investigation.

The findings in the Ma study (2003) indicated a relationship between children's self-esteem and their sense of belonging, in which self-esteem seemed to be the single most important predictor of a sense of belonging. Moreover, belonging allows children to feel welcome within the school and classroom, which in turn could

promote academic achievement (Cemalcilar, 2010; Brendtro *et al.*, 2005; Coetzee, 2005; Ma, 2003). Learners who feel ostracised by peers and teachers may not function optimally (Tabane & Human-Vogel, 2010). In this regard, teachers may be in a position to promote safe and caring schools, thereby lessening the stigmatisation often experienced by children and encouraging a sense of belonging (Ma, 2003). Similarly, in the current study, teachers stated that a sense of belonging to the school community was important and that the reduction in stigmatisation could have had a positive influence on the children's sense of belonging.

In the current study, teachers emphasised that they provided the children with uniforms so that they were not identifiable as vulnerable and further stigmatised. The teachers in the Ogina study (2007) had a similar approach to providing uniforms for vulnerable children. The provision of school uniforms reportedly allowed vulnerable children to appear the same as the other children, which seemed to further support their sense of belonging in the school environment. In a similar study, Chitiyo *et al.* (2008) found that children who were given school uniforms were able to interact with their school mates because they looked the same. Another finding in the Chitiyo *et al.* (2008) study was that, as a result of providing school uniforms, the school could report improved attendance. In the current study, teachers reported that improved attendance was linked to the provision of meals.

#### **4.5 CONCLUSION**

In this chapter, I presented the results of the study relating to the themes and sub-themes that emerged from an analysis of the data. I supported the results of the study by providing direct quotations from the teachers in the study. I provided the research context by describing each of my field visits. Further, I discussed the findings of the study by integrating and situating the themes and sub-themes within current literature and empirical research.

In Chapter 5, I present an overview of the chapters as well as addressing the primary and secondary research questions posed in Chapter 1. I discuss the possible limitations and potential value of the study. In addition, I suggest possible recommendations for training, practice and future research.

## Chapter 5

### *Addressing Research Questions, Recommendations and Concluding Remarks*

#### 5.1 INTRODUCTION

In Chapter 4, I presented the results of the study subsequent to the thematic analysis of data. I also discussed the findings in relation to current literature and research, as well as to the conceptual framework presented in Chapter 2.

In this chapter, I present final conclusions. First, I present an overview of the previous chapters. Then I address research questions by revisiting the conceptual framework. I then reflect on the possible contributions and limitations of the study, and conclude with recommendations for practice, training and further research.

#### 5.2 OVERVIEW OF PREVIOUS CHAPTERS

In **Chapter 1**, I presented an overview of the study and the rationale for conducting it. I presented the research questions, along with the assumptions that guided the study. I defined the concepts underlying the study, namely teachers' implementation of asset-based psychosocial support. I briefly introduced the paradigmatic perspective, research methodology and data collection strategies.

**Chapter 2** explored relevant and current literature on supporting the needs of vulnerable children and families affected by HIV/AIDS and poverty. The literature review examined the various supportive roles that teachers could fulfil while implementing psychosocial support initiatives. In addition, I presented the conceptual framework of this study. For this purpose, I integrated constructs from Maslow's hierarchy of needs (Maslow, 1999), the Circle of Courage model (Brendtro *et al.*, 2005) and the asset-based approach (Kretzmann & McKnight, 1993), to inform understanding of basic physiological needs, social support, emotional support and the role of the school in psychosocial support initiatives.

The research methodology was outlined in **Chapter 3**. After discussing the interpretivist paradigm, I presented my choice of a case study as a research design and the selection of participants. I described the data-collecting and documentation strategies, namely a PRA-directed workshop, observation, field notes and visual data. I explained the process of thematic data analysis and the interpretation that followed. I then discussed the quality criteria towards which I strove to ensure the rigour of the study and the ethical guidelines I considered.

In **Chapter 4**, I presented the research results that emerged from analysis of the data. I discussed the theme of basic physiological needs for vulnerable children and families and the subsequent sub-themes, namely, daily meals for children, food parcels for families, a vegetable garden for the school and the soup kitchen for the community. The second theme discussed was the social support initiatives implemented by teachers to assist families with the HIV/AIDS Information Centre, home visits by caregivers and the assistance provided to community members when applying for social grants. The third theme identified the enhancement of children's self-esteem, while the fourth theme related to the children's sense of belonging in the school community. I also discussed the findings of the study in relation to current literature and research.

### **5.3 ADDRESSING THE RESEARCH QUESTIONS**

In the following section, I address the research questions that guided the study. I commence my discussion with the secondary research questions. I conclude this section by addressing the primary research question within the revised conceptual framework.

#### **5.3.1 SECONDARY RESEARCH QUESTION 1: WHICH PSYCHOSOCIAL SUPPORT STRATEGIES DO TEACHERS IMPLEMENT IN THE SCHOOL?**

The teachers in the study apparently focused their psychosocial support strategies on meeting basic physiological and social needs, as well as improving self-esteem and addressing the need to belong on the part of vulnerable children and families within the school community. In the first instance, teachers addressed the children's



basic physiological needs by providing a daily meal at school. In 2004, a vegetable garden was started, reportedly to assist vulnerable families. Vegetables grown in the garden were used to supplement the food parcels donated by SASSA for vulnerable families in the school community. Teachers began a soup kitchen in 2008, which reportedly provided soup for approximately 300 members of the community. The teachers approached the Department of Education for assistance and received a four-burner stove and a large pot. In addition, a businessman from the community donated vegetables to be used in the soup kitchen.

Social support was the second area teachers focused on in order to implement psychosocial support in the school community. To this end, teachers opened an HIV/AIDS Information Centre on the school premises, with the aim of sharing information on HIV/AIDS to families and community members. Teachers provided information related to social services, such as those of social workers, clinics and access to social grants. Teachers developed partnerships with a caregiver and volunteers from the community in order to facilitate home visits to vulnerable families. The partnership between teachers and volunteers reportedly assisted teachers in reaching families to provide them with food parcels and social services.

The third area of psychosocial support implemented by teachers was aimed at addressing the self-esteem of the children in the school community. In this regard, teachers had seemingly established a partnership with the Olive Leaf Foundation (NGO), who implemented life skills training for vulnerable children on Wednesday afternoons. Teachers noticed that the life skills training led to seemingly improved self-esteem. It seems there may be a correlation between the two. Teachers explained that children seemingly displayed difficulty in class and life skills provided an opportunity for them to experience some success.

Teachers taking part in the study acknowledged the importance of creating a caring environment in the school community. To this end, they seemed to have limited stigmatisation by providing vulnerable children with school uniforms donated by ATTIC. In addition, the establishment of the HIV/AIDS Information Centre may have further contributed to limiting stigmatisation in the school community.



The psychosocial support strategies implemented by teachers in the school focused on addressing the basic physiological needs of vulnerable children, families and community members. In addition, areas of social and emotional support of vulnerable children and families were also implemented through psychosocial support strategies. In this respect, the assumption that psychosocial support focuses on social, emotional, health and educational needs of vulnerable children appears to be valid, according to the findings of the study.

### **5.3.2 SECONDARY RESEARCH QUESTION 2: WHO ARE THE ROLE PLAYERS IN PROVIDING PSYCHOSOCIAL SUPPORT?**

STAR commenced in 2003, with ten participating teachers to explore teachers' application of the asset-based approach in coping with HIV/AIDS (Ebersöhn & Ferreira, forthcoming). Further studies (Mnguni, 2008; McCallaghan, 2007; Odendaal, 2006; Loots, 2005) emerged featuring the same participating teachers. The current study served as a continuation of the research with eight of the original participant teachers. In this regard, the teachers are considered to be the primary role players providing asset-based psychosocial support. However, an asset-based approach encourages the establishment of partnerships as a means of mobilising assets. To this end, secondary role players, who provided psychosocial support, were also identified.

Thus, the teachers did not work in isolation in the school. They were supported in their initiatives by their school principal and researchers from the University of Pretoria. The principal of the school reportedly assisted teachers by contributing school funding to buy seedlings with which to start the vegetable garden. I posit that the principal's involvement and financial assistance could have contributed to the establishment of the vegetable garden.

The commencement of the initial STAR research project in 2003 established partnerships between teachers in a school and the researchers from the University of Pretoria. In addition, I propose that the role played by the researchers from the University of Pretoria served to increase teachers' knowledge of possible psychosocial strategies to address vulnerabilities due to HIV/AIDS. Studies

conducted by Loots (2005) and Odendaal (2006) focused on asset mobilisation and implementing community-based psychosocial interventions in a school community. In addition, Mnguni's study (2008) introduced teachers to memory-box-making, while McCallaghan's study (2007) demonstrated the application of body-mapping. Both memory-box-making and body-mapping reportedly equipped teachers to address the emotional vulnerabilities of children in the school community.

Moreover, the relationship established with the caregiver and volunteers helped teachers extend psychosocial support to vulnerable families. It appears that the teachers recognised that the cooperation of a caregiver and volunteers would assist them in reaching more families in the community, as the area surrounding the school was extensive. I surmise that the supportive relationship between volunteers and teachers promoted a cooperative partnership in which information on possible families in need of support could be shared. It is possible that in this way teachers were able to support vulnerable families that might have otherwise been overlooked.

Initiatives like the vegetable garden and soup kitchen appeared successful owing to the support of the community (the caretaker), the DoE (stove and pot) and private individuals (vegetables). The vegetable garden has supposedly been in existence since 2004. Teachers said that school holidays posed a problem with the maintenance of the vegetable garden. However, they addressed the problem by enlisting the assistance of a caretaker to maintain the garden. Teachers seemingly recognised that supportive partnerships could assist them in establishing psychosocial support initiatives. In this regard, teachers approached the DoE to donate a stove and a pot to start a soup kitchen. The partnerships established with NGOs (ATTIC, SASSA, Olive Leaf Foundation) assisted teachers in providing school uniforms, food parcels and extra curricular life skills activities for the children, thus emphasising the importance of establishing partnerships and involving other role players. I conclude that teachers who followed an asset-based approach to implement psychosocial support in a school were seemingly able to do so thanks to the involvement of other role players.

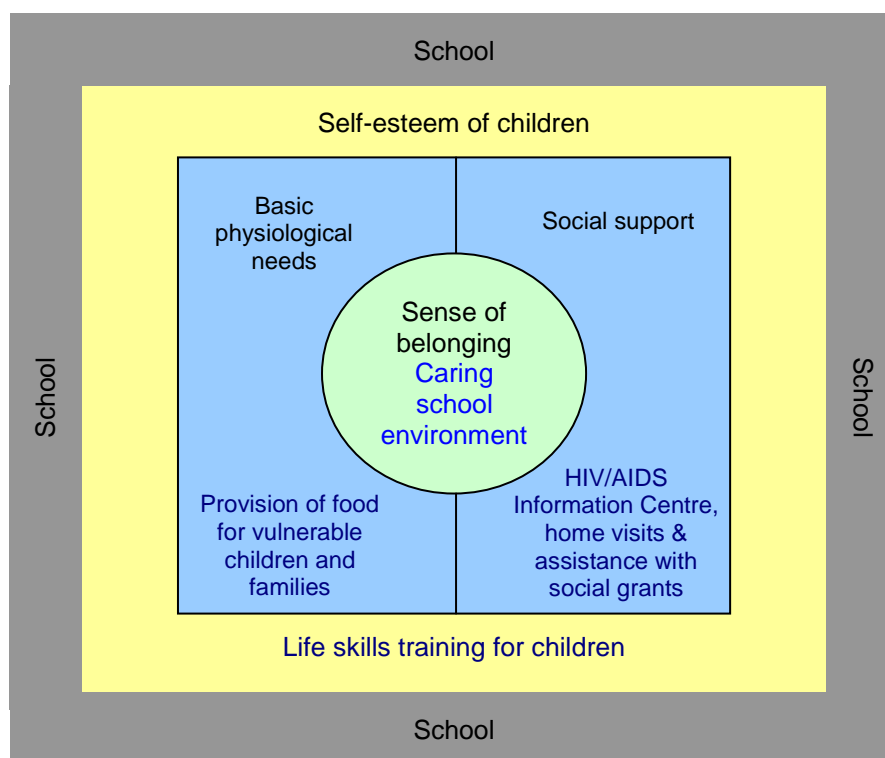
### **5.3.3 SECONDARY RESEARCH QUESTION 3: HOW CAN INSIGHTS INTO TEACHERS' ASSET-BASED PSYCHOSOCIAL SUPPORT INFORM KNOWLEDGE ON RESILIENCE IN SCHOOLS?**

In the current study, teachers implemented psychosocial support initiatives by applying the asset-based approach. The asset-based approach seemed to have allowed them to identify and mobilise assets in the school community in order to successfully implement initiatives. These were aimed at addressing physiological, social and emotional support of vulnerable children and families in the school community in order to assist them in coping with the adversities of HIV/AIDS and poverty. Based on the findings, it appears that asset-based psychosocial support initiatives have buoyed resilience in the school. Teachers seemingly provided a context in which children could experience feelings of well-being by establishing a caring school environment. I posit that a caring environment was promoted by teachers developing supportive relationships with children and families in the school community. In addition, I surmise that this may have led to an attitude of respect for all.

By providing psychosocial support and implementing initiatives to address the needs of vulnerable children and families, the teachers possibly acted as a buffer, thereby promoting resilience in the school. Such schools serve as a protective factor and may potentially provide an environment in which children's needs are met. In this regard, teachers' reportedly noticed an improvement in school attendance. In addition, the provision of daily meals seems to have had a positive effect on academic performance and behavioural problems seem to have diminished. Through the promotion of a caring school environment, it appears that teachers have encouraged a sense of belonging on the part of children and families, which has possibly led to increased self-esteem. In this regard, the assumption that teachers are able to provide psychosocial support to vulnerable children and families in school communities by implementing the asset-based approach is supported. In addition, the assumption that teachers are able to provide support within communities that are challenged by adversity is also supported by the fact that teachers have been able to implement asset-based psychosocial support initiatives despite the fact that the school is in a resource-scarce community.

### 5.3.4 THE PRIMARY RESEARCH QUESTION GUIDING THE STUDY

The current study was guided by the primary research question: *How do teachers who follow an asset-based approach offer psychosocial support in their school community?* I conclude that teachers are able to offer psychosocial support in their school community by following an asset-based approach. In order to answer the primary question, I chose to revisit and adapt the conceptual framework (Figure 2.1) based on the findings obtained. Figure 5.1 is a diagrammatic representation of the revised conceptual framework.



**FIGURE 5.1: Revised conceptual framework**

The teachers in STAR utilised an asset-based approach to implement psychosocial support initiatives in a school community. The asset-based approach relies on the mobilising of assets and collaboration of partnerships in a community to address the needs of the community. In this regard, teachers developed partnerships with the DoE, NGOs and community members, which enabled them to secure donations and establish collaborative working partnerships. Teachers identified the needs of their school community and applied the asset-based approach to address those needs, which formed the basis of their psychosocial support initiatives.

The psychosocial support initiatives that emerged as themes from the findings were prioritised in terms of Maslow's hierarchy of needs (Maslow, 1999). I began the member checking session by prioritising meeting the basic physiological needs, followed by safety needs (social support in the context of the study), belonging, self-esteem and, finally, self-actualisation (of teachers). According to Maslow (1999), progression through the stages of needs typically begins with basic physiological needs and, once gratified, progress to the next stage occurs. However, Maslow (1999) also acknowledges that needs are not always gratified in strict accordance with the hierarchy of needs. During the member checking session, it became apparent that teachers prioritised their psychosocial support differently from Maslow's hierarchy of needs.

Teachers regarded sense of belonging as the most important central need in addressing adversities faced by vulnerable children and families. Teachers conceptualised sense of belonging as incorporating children, families and the community members in a caring environment, limiting stigmatisation by the establishment of an HIV/AIDS Information Centre and providing school uniforms for vulnerable children. Sense of belonging can be linked to improving self-esteem, and it is possible that, by creating a sense of belonging, psychosocial support initiatives may prove to be more successful. I hypothesise that teachers viewed sense of belonging as a starting point from which other psychosocial support initiatives could follow.

The theme of providing for the basic physiological needs and social support of children and families facing adversities was ranked second by the teachers. They addressed basic physiological needs by securing donations of food parcels, and establishing a vegetable garden and a soup kitchen. Social support was offered by opening an HIV/AIDS Information Centre, which was responsible for relaying information and assisting with applications for social grants. Home visits were made possible through the support of a caregiver and volunteer workers. Teachers seemed aware of the importance of providing meals for the children as a prerequisite for more effective teaching and learning. In this regard, teachers reported improved behaviour and school attendance by meeting children's basic physiological needs. I posit that

by teachers addressing basic physiological and social support needs, they were able to encourage resilience in the school community.

Children's self-esteem emerged as another theme from the findings. Teachers recognised that many children were not achieving academically, and they addressed academic performance by providing for the children's basic physiological needs. In addition, the establishment of life skills for the children served to potentially improve self-esteem by allowing children to experience success. In this regard, I propose that teachers encouraged coping in children by promoting life skills.

Returning to the research question, it appears that teachers following an asset-based approach established psychosocial support initiatives in a school community. The initiatives focused on addressing the whole child by including basic physiological needs, as well as social and emotional support. The result of the psychosocial support is a school community promoting resilience in children and families facing adversity.

#### **5.4 POTENTIAL CONTRIBUTIONS OF THE STUDY**

This study contributes to an existing body of knowledge on the role teachers could play in supporting vulnerable children and families. In the context of South African schools, in which a vast majority of children face adversity, teachers may be in a position to provide support. The current study documented the nature of psychosocial interventions implemented by teachers in a resource-scarce community to promote resilience in a school. Findings indicated that teachers successfully implemented asset-based psychosocial support strategies to address the needs of the children. In this manner, initiatives implemented by teachers in a school community serve to inform fellow teachers on possible psychosocial support strategies which could be applied in their school communities.

Moreover, this study serves to highlight the potential effectiveness of applying an asset-based approach within a school community. The asset-based approach relies on establishing relationships and accessing potential assets within the community. Findings of the study demonstrate the potential of the asset-based approach in

developing relationships which resulted in the teachers' successfully meeting the needs of the school community. This study provides further insight into the field of Educational Psychology and the applicability of implementing the asset-based approach to address the psychosocial needs of the school community.

This study may further contribute to knowledge on the nature of psychosocial support strategies specifically by teachers. In so doing the possibility exists to provide a link between psychosocial support by teachers and the promotion resilience in a school. Findings suggest that the psychosocial support strategies may have buoyed resilience in the school community.

## **5.5 POSSIBLE LIMITATIONS OF THE STUDY**

Considering that the study was conducted with a limited number of participants in one school, generalisability can not be assumed. However, as I was following an interpretivist route, I did not aim to generalise findings, allowing me to acknowledge that my views and opinions could impact on the research process. The provision of rich descriptions of the participants' experiences of their implementation of asset-based psychosocial support may serve as evidence for readers to decide on the transferability of findings to similar settings.

As the participants in the study were all female, the findings are also delimited to other female teachers. In this regard, as the study was focused on documenting psychosocial support initiatives implemented in a school community, and not the experiences of the teachers, it is possible that this did not affect the findings. In addition to gender, the cultural and language differences between me and the participants also limit and delimit the transferability of the findings of the study, which might have been subjective and tainted by my own knowledge and understanding. I kept a research diary to monitor my personal views and to control for possible researcher bias. As I followed an interpretivist paradigm, I assumed that shared meaning occurred in an interactive and subjective manner between me as researcher and the participants.

## **5.6 RECOMMENDATIONS**

In light of the findings of this study, I make the following recommendations for practice, training and future research.

### **5.6.1 RECOMMENDATIONS FOR PRACTICE**

Literature highlights the extent of the need for suitable HIV/AIDS interventions that meet the needs of vulnerable children and families. The findings of this study indicate that teachers' implementation of asset-based psychosocial support could inform knowledge on resilience. In the field of Educational Psychology, it could be beneficial for educational psychologists to take on a facilitative role to assist teachers in conceptualising psychosocial support. An educational psychologist could thus be a sounding-board for teachers in order to help them prioritise the support needs of vulnerable children.

Based on the findings in the study, teachers could benefit from establishing supportive partnerships with NGOs and community members to implement psychosocial support structures in schools. Social workers and caregivers could also benefit from applying psychosocial support structures in resource-scarce communities in which they may be involved.

### **5.6.2 RECOMMENDATIONS FOR TRAINING**

This study highlights the potential teachers have to support vulnerable children and families by implementing the asset-based approach in resource-scarce communities. In this regard, pre-service training for undergraduate teachers could prepare teachers who may possibly enter resource-scarce communities to mobilise potential assets in those communities. Teachers may thus be equipped to provide support to potentially vulnerable children. Moreover, current teachers could benefit from in-service training, focused on identifying potential vulnerabilities of children and families in the school community and possible psychosocial support initiatives that could be implemented.



Further, professionals such as social workers, nurses and caregivers could also benefit from being trained in an asset-based approach to implementing support in resource-scarce communities. This training could be introduced at the undergraduate level or during in-service training.

### **5.6.3 RECOMMENDATIONS FOR FUTURE RESEARCH**

Based on the findings of the study, the following recommendations for future research are made.

- ❖ A further study to establish the experiences of children and family/community-members receiving the asset-based psychosocial support
- ❖ A study of caregivers' perceptions of the partnership established with teachers to provide psychosocial support
- ❖ A study to measure the effect of implementing asset-based psychosocial support on teachers' self-actualisation
- ❖ A study to compare male and female teachers' experiences in implementing psychosocial support in a school community
- ❖ A study on the possible role of extramural activities in schools in promoting children's self-esteem

### **5.7 CONCLUDING COMMENTS**

The aim of this study was to explore and describe the psychosocial support structures the teachers in one selected school had implemented by utilising the asset-based approach in a school community. In this study, I investigated the support initiatives implemented since the inception of STAR in 2003. The execution of an asset-based approach by teachers in the school enabled the establishment of supportive partnerships with social services, the Department of Education and NGOs to implement psychosocial support structures to assist vulnerable children and

families in the school community. The findings of this study indicate that teachers focused their asset-based psychosocial support on addressing the basic physiological needs, social support, self-esteem and sense of belonging of children and families facing adversity. The supportive structures allegedly served to relieve some of the stressors associated with HIV/AIDS and poverty and seem to have resulted in promoting elements of resilience in the school community.



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# *Appendices*

## APPENDIX A

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### Research schedule

**Research Schedule**

<b>DATE</b>	<b>ACTIVITIES</b>	<b>PARTICIPANTS</b>
17/07/2009	Co-facilitation of two hour PRA-directed workshop Informal discussion with teachers	Seven of the ten original teachers in STAR
2/11/2009	Co-facilitation of two hour member checking session Informal discussion with teachers	Eight of the ten original teachers in STAR



## APPENDIX B

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### Research diary and field notes



## **Research diary and field notes**

### *Getting started*

Prior to embarking on my visit to the school I familiarise myself with Dr Ronél Ferreira's Doctoral study conducted with teachers from a school in the Eastern Cape Province. In addition I familiarise myself with Participatory Action Research principles and suitable data collection techniques.

### *Reflection*

After meeting with my supervisors I feel somewhat prepared for my trip.

### *Preparation for first visit to the school (16/07/09)*

This is my first visit to the Eastern Cape Province. I am nervous and at the same time excited. We arrive on very windy and cold Sunday evening and head straight for supper. I am glad that my co-researcher is with me and after supper we discuss our plans for the following day. We are to meet our supervisors in the morning to discuss our plans.

My co-researcher and I are focusing on similar aspects of the psychosocial support programmes implemented, my focus is on the teachers experiences and hers is on the sustainability of the support which means we are able to share the data collection process. In order to collect enough data to answer both of our research questions, we created a time line from 2003 (when the project started) to the present, 2009. We decided to make use of post-it notes that the teachers could write down the various projects that were in existence, how and why they started and what sustained or did not. The notes would then be placed on the timeline around the time the programme was initiated. To assist the teachers in placing the years in perspective we wrote notes on the timeline as reminders e.g. 2003 – First time you met Liesel and Ronel. We made use of other researcher's visits too.

After the placing of the post-its on the time line, we planned to split the ten teachers into two focus groups so that we were able to ask teachers specific questions with regards to the projects that they had implemented in the school.

### *Data collection field trip (17/07/09)*

We arrived at the school in the afternoon just as the school children were on their way home. I was a little nervous as I have very little experience of rural informal settlements. I was very impressed by the neatness of the school.

#### *Reflection*

I am a little apprehensive – I haven't had much exposure to informal settlements. At the same time I am excited by the new sites, I have never visited this part of the country before.

On our arrival to the school I noticed a number of people sitting outside the school premises. They seemed to be waiting for something. The teachers told us they were members of the community waiting for the soup kitchen. We were met by one of the teachers who showed us around the school. We were taken to the media centre, which had recently been reopened and was named in honour of the first child in the school to pass away with an HIV/AIDS related illness. The teachers were so welcoming and we were introduced to each one. Unfortunately there were a few teachers who were unable to attend either due to illness or prior engagements. As it was near the end of the term we realised that the teachers were also very busy with the reports and necessary administrative work for the department. Due to only having six teachers and the Deputy principal present, we decided to keep the group as one and adjusted our plans for the afternoon.

The time line activity with the teachers worked well and we gained do much information regarding support structures that they had implemented. The programme for the afternoon became a more of an informal discussion led by the teachers rather than directed by our questions. Even though we did not ask the structured questions as we had planned the teachers provided enough data to answer our questions. The afternoon occurred very naturally.

During our initial discussions with teachers they mentioned the Olive Leaf Foundation who assisted children on Wednesday afternoons with life skills. The teachers invited to go to the class room and see for ourselves. We followed the teachers to the classroom. The children were all seated ready to eat their lunch, which consisted of a sandwich, two apples and a packet of chips. The children's ages seem to vary from young to the older children. The Olive Leaf representative called the children outside where they demonstrated a song and dance that they had learnt

*Reflection*

It is so lovely to see that the teachers focus on other areas learning like life skills. It is so important for children to experience success.

Although the teachers mentioned the challenge they faced maintaining the vegetable garden, they were able to overcome them. I was able to see the garden and the vegetables growing on my visit

*Reflection*

The teachers were so proud and eager to produce evidence of their efforts to support vulnerable families in the community. I was truly touched.

It seems families were possibly either not aware that they were eligible for social grants or did not have the relevant documentation in order to apply for social grants. Through the establishment of the support services, teachers were able to aid vulnerable families. The fact that families were able to apply for social grants may have assisted in alleviating some of the poverty experienced by increasing the family's financial support

*Reflection*

It must be so difficult for grandparents to take on the responsibility of children, let alone deal with the stigma of HIV. All schools should have a safe place

The teachers were still willing to stay after two hours of discussions.

### *Reflection*

The teachers are so passionate about what they do and I was so touched that it brought me to tears. These women are strong and proud and so filled with love for the children. I felt exhausted after this experience because of all the emotions that it stirred.

### *Reflection*

I am in awe of these women. As a former teacher I was so privileged to work in a school that was well-resourced. These teachers have managed to establish support initiatives in an under resourced community and have continued to provide this support for the last seven years. The payment they receive for this is the knowledge that they are making a difference in every child's life.

### *Return visit to school for member checking (2/11/09)*

We arrived back at the school and were welcomed like long lost friends. This time there were eight teachers present including the Deputy Principal. In addition, Prof Eloff had joined us on this visit and the teachers had gone to great lengths to decorate the staff room.

This time we planned our afternoon in two sessions. The first session involved member checking with the teachers, which I facilitated and the second half was facilitated by my co-researcher. I presented my interpretation of my findings according to Maslow's hierarchy of needs as I felt that this best suited my findings. The psychosocial support structures that the teachers had implemented addressed the needs as described in Maslow's hierarchy of needs.

The afternoon continued with my co-researchers member checking session. I was able to gain more information which confirmed my findings from the previous visit. One such was the importance of food for children.

### *Reflection*

Although we laughed about the recollection of the little children forgetting their school books in place of a dish and spoon, I realised the importance of meeting the basic need of food for the children. How many children go to school on an empty stomach?

The provision of meals for children seems to have reduced conflict amongst the children as they no longer feel the need to compete for food. The teachers seem to

be aware of the importance of providing food to children and the ripple effects that result from having a full stomach.

The importance of establishing supportive relationships is evident. The teachers are able to reach more families with the assistance of the caregiver and volunteers.

*Reflection*

I felt this visit went well. I was able to confirm my findings during my member checking session.



## **APPENDIX C**

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### **Appendix C1**

**Transcriptions of PRA-directed workshop**

### **Appendix C2**

**Transcriptions of member checking session**



## APPENDIX D

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### Visual Data



## APPENDIX D

Visual representation of school, teachers, support initiatives and community







Visual representation of PRA-directed workshop and member checking session





## **APPENDIX E**

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### **Appendix E1**

**Themes from transcriptions**

### **Appendix E2**

**Table of revised themes**

**Themes from transcriptions**

1. Support

- ❖ Basic needs – provide food to children (line 71, 221 1<sup>st</sup> trans & 124-125 2<sup>nd</sup> trans)
  - provide school uniforms (line 70 1<sup>st</sup> trans)
  - soup kitchen for community (line 76, 224 1<sup>st</sup> trans)
  - vegetable garden
- ❖ emotional support of learners (line 330 1<sup>st</sup> trans)
- ❖ support amongst the teachers (line 307 1<sup>st</sup> trans & line 297, 310-311 2<sup>nd</sup> trans)
- ❖ support for parents (food parcels) (line 61, 293, 294, 302 1<sup>st</sup> trans)
- ❖ support from the principal (line 385-387 1<sup>st</sup> trans & line 330-335, 337-339, 342-347 2<sup>nd</sup> trans)
- ❖ support from caregiver and volunteers (line 21, 30, 84 1<sup>st</sup> trans & line 58, 62, 70, 91, 98, 300 2<sup>nd</sup> trans)
- ❖ support from the community (line 232, 504-508, 511-513 1<sup>st</sup> trans)
- ❖ support from the DoE (line 219 1<sup>st</sup> trans)
- ❖ support to other schools and educators (line 213-218, 313-314 2<sup>nd</sup> trans)
- ❖ partnership with Olive leaf (line 124 1<sup>st</sup> trans)

2. Sense of belonging/Community

- ❖ The school belong to the community (line 78, 80, 81, 261 1<sup>st</sup> trans)
- ❖ The children belong to the school (line 80,81, 89, 90, 232-233 2<sup>nd</sup> trans)
- ❖ No stigmatization of learners (line 66, 68 1<sup>st</sup> trans & line 170 – 172 2<sup>nd</sup> trans)

3. Enablement

- ❖ Parents started to disclose due to openness of school (line 59 1<sup>st</sup> trans)
- ❖ Information shared with parents, schools, churches (line 451, 457, 497, 542 1<sup>st</sup> trans & 369-370 2<sup>nd</sup> trans)
- ❖ Teaching of life skills to learners (line 40 1<sup>st</sup> trans & line 128-137 2<sup>nd</sup> trans)
  - ❖ Building of the learners esteem (line 117, 118 2<sup>nd</sup> trans & line 130-137 2<sup>nd</sup> trans)
  - ❖ Teachers taking initiative (line 187 1<sup>st</sup> trans)

- ❖ Teachers feel they have power due to their knowledge (line 258, 303, 325, 446-448, 467, 471-473, 481, 489-490 1<sup>st</sup> trans)
- ❖ Teachers are motivated (line 358, 362, 366 1<sup>st</sup> trans & line 298, 305 2<sup>nd</sup> trans)
- ❖ Teachers have a willingness to do more (line 315 1<sup>st</sup> trans)

#### 4. Challenges

- ❖ Vegetable garden – shortage of seedlings, maintenance (line 147- 154 1<sup>st</sup> trans)
- ❖ Programme specific to school (line 169 – 172 1<sup>st</sup> trans)
- ❖ Security at school for teachers (line 194 – 196, 204, 207 1<sup>st</sup> trans)
- ❖ Limited time (line 201, 263, 265, 320, 321, 324 1<sup>st</sup> trans)
- ❖ Poor community (line 247 1<sup>st</sup> trans)
- ❖ Criticism of teachers in the media (line 335-337 1<sup>st</sup> trans & line 153-162 2<sup>nd</sup> trans)

#### 5. Recognition

- ❖ School identified for efforts (line 268 1<sup>st</sup> trans & 348, 353-367 2<sup>nd</sup> trans)
- ❖ Recognition from media (line 474-476 2<sup>nd</sup> trans)

**Table of revised themes**

<b>Theme 1</b>	Basic needs
Sub-theme 1.1	A daily meal for the children
Sub-theme 1.2	Food parcels for families
Sub-theme 1.3	Vegetable garden at the school
Sub-theme 1.4	Soup kitchen for the community

<b>Theme 2</b>	Social support
Sub-theme 2.1	HIV/AIDS Information Centre
Sub-theme 2.2	Home visits by caregivers
Sub-theme 2.3	Assistance with social grants

<b>Theme 3</b>	Self-esteem
Sub-theme 3.1	Life skills training for children

<b>Theme 4</b>	Sense of belonging
Sub-theme 4.1	Creating a sense of belonging in the school community



## **APPENDIX F**

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### **Appendix F1**

**Informed consent form**

### **Appendix F2**

**Permission letters**