

**The experiences of vulnerable children regarding services they
receive from drop-in centres**

by

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ABSTRACT

THE EXPERIENCES OF VULNERABLE CHILDREN REGARDING SERVICES THEY RECEIVE FROM DROP-IN CENTRES

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Children are vulnerable due to their age and developmental level. They rely on parents and other adults for survival and care. However, some children become more vulnerable than others as parents and families are poor and cannot afford to provide for their basic needs. Poverty can make children vulnerable by depriving them of their right to have their basic needs met, such as food, health care, clothing and shelter. While this situation is affected by high rates of unemployment it is also compounded by chronic illness such as HIV and AIDS. The effects of poverty, unemployment, and HIV and AIDS can have a negative impact on children's physical, psychological, social and intellectual development. In its quest to protect and promote the rights of vulnerable children, the South African government makes provision for the establishment of drop-in centres (Children's Act 38 of 2005). Drop-in centres are facilities aimed at addressing the physical, emotional, psychological and social developmental needs of vulnerable children within their communities and closer to their homes. Drop-in centres provide basic services such as food, clothing, school support and hygiene, as well as optional services such as counselling, guidance, life skills development and educational and recreational programmes.

The goal of this study was to explore the experiences of vulnerable children regarding services they receive from drop-in centres. A qualitative research approach was followed and in-depth interviews were conducted to obtain information from a group of 12 adolescent participants on their experiences of the services they received from drop-in centres. The participants were selected based on stratified random sampling.

The findings of the study indicate that participants received basic services such as food, clothing and school attendance support, as well as psychosocial support services from the drop-in centres. The participants were of the opinion that the services they received at the drop-in centres resulted in an improvement in their general appearance, self-esteem, school performance, health, friendships and life skills.

It can be concluded that participants' experiences of the services provided by drop-in centres proved positive on a number of aspects. The services enhanced their quality of life, their dignity and their general sense of well-being. The findings suggest that drop-in centres can attain their purpose as an intervention strategy for providing accessible, community-based services to meet the physical, emotional and social developmental needs of vulnerable children. The participants as a group of vulnerable children, benefited from the services which they received, which is in support of developmental social welfare. It is important that services are provided within an environment in which children's rights to confidentiality and respect are upheld.

Recommendations include that increased funding is essential for maintaining the basic services of drop-in centres, as well as expanding the optional services such as sport and recreation programmes. As the findings of the study cannot be generalised because of the small sample size, further research on the topic is recommended.

KEY WORDS:

Drop-in centre

Vulnerable children

Developmental social welfare

Universal needs of children

Services by drop-in centres

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CHAPTER 1

GENERAL INTRODUCTION TO THE RESEARCH STUDY

1.1. INTRODUCTION

Children are naturally vulnerable due to their nature and stage of development and, as a result they depend on adults for care and guidance (Liebenberg, 2010:229; Martin, 2010:3). Parental care and support are essential for children to develop to their full potential (Biersteker, 2012:53). The right to family and parental care recognises the unique nature of childhood (The Presidency, 2009:78). The White Paper on Social Welfare recognises children's vulnerability and states that children need to grow up in a family environment that will ensure their rights to survival, development, protection and participation in family matters and social life (Republic of South Africa [RSA], 1997).

Children's vulnerability is exacerbated when they experience factors that prevent fulfillment of their rights (Liebenberg, 2010:299). The Children's Act 38 of 2005 (hereafter referred to as the Children's Act) defines a vulnerable child as "a child whose survival, care, protection or development may be compromised due to a particular condition, situation, or circumstances which prevents the fulfillment of his or her rights."

The family plays the central role in a child's survival, protection and development (Patel, 2005:167). Several social-economic conditions, however, affect the capacity of families to fulfill this role and, as such, these conditions contribute to child vulnerability. Poverty compromises children's right to nutrition, education and health care services, as stated by Hall (2010:105) and the Millennium Development Goals Country Report (RSA, 2010:32). Poverty is often associated with unemployment (Hall, 2012:87; The Presidency, 2009:11; The Presidency, 2012:1) and Chennells and Hall (2011:87) mention that children in unemployed households experience high rates of child poverty and vulnerability. Child poverty is exacerbated by the HIV and AIDS pandemic, as parents and care-givers become ill and their capacity to care for children is affected by the disease (Department of Social Development [DSD], 2013b:23). Authors agree that children who live with sick parents become more vulnerable (Lyons, 2009:3; Pharaoh & Weiss, 2005:1).

Developmental social welfare recognises the challenges that parents encounter and therefore emphasises support to strengthen and empower families to care for children (Conley, 2010:49). Developmental social welfare is based on the principles of the social development approach, which emphasise empowerment of individuals, families, groups and communities, and meeting the needs of all people, especially the needs of the most vulnerable groups in society (DSD, 2013a:12; Patel, 2005:98). Developmental social welfare services focus on the “delivery of integrated, family-centered and community-based social services ... to promote social justice, build human capabilities and enhance livelihoods and social functioning in order for people to lead productive and fulfilling lives” (Patel, 2005:208). Patel (2005:207) highlights that the services are rendered within a multi-disciplinary approach with the purpose of restoring and enhancing social functioning in families and communities. The focus of developmental social welfare is on prevention and early intervention programmes which are provided within the community (Jamieson & Berry, 2012:26; Liebenberg, 2010:230). According to the Children’s Act, Section 143, prevention and early intervention programmes target families with children in order to strengthen families and build their capacity for self-reliance.

Towards this end drop-in centres were introduced as one of the strategies legislated in the Children’s Act, Section 214, with the aim of providing services to meet the basic needs of vulnerable children. Together with the formal welfare sector, drop-in centres are an integral part of the informal and voluntary sector networks that function as places of care (Conradson, 2003:504; Warren-Adamson, 2006:174). These centres render basic services to children and families and also provide psychosocial support and counselling so that parents can cope with care-giving demands (Biersteker, 2012:53). The services are rendered through an integrated one-stop centre which provides multi-purpose programmes that are easily accessible to the community (Patel, 2005:159). The Children’s Act, Section 215(4), stipulates that funding of drop-in centres must be prioritised “in communities where families lack the means of providing proper shelter, food and other basic necessities for children.”

The United Nations Convention on the Rights of the Child (United Nations), Article 6, the African Charter on the Rights and Welfare of the Child (African Union), Article 5, and the Children’s Act, Section 2(a), stipulate that children have the right to survival,

protection, development and participation in all matters that affect them. Conley (2010:41) emphasises that the fulfillment of these rights is essential and refers to the three broad types of rights of children as identified by Staller (2008:265-268): the right to protection that guards them against harm; the right to provision that guarantees their basic needs, and the right to participation that enable children to have their voices heard. The services rendered by drop-in centres are intended to support the rights of children.

In this study the researcher embraced child participation as she took interest in exploring the views of children and ensuring that their voices are heard with regards to the services that they receive from drop-in centres. The researcher explored the experiences of twelve vulnerable children regarding the services they received from three drop-in centres situated around the Ekangala area, close to Bronkhorstspuit in the Tshwane metropolitan area, Gauteng Province. The researcher was of the view that exploring the experiences of vulnerable children regarding services they receive from drop-in centres could provide information on whether the strategy of drop-in centres is working out as planned. The research study could also bring with it some early warning signs, should the findings of the study indicate so. The findings of the study could shed light on whether drop-in centres contributed to the realisation of children's rights and whether the strategy of drop-in centres ensured that the best interests of the child was taken as paramount, as stipulated in Sections 7 and 9 of the Children's Act.

1.2 KEY CONCEPTS

The following key concepts are relevant to the study:

A drop-in centre is defined in the Children's Act, Section 213, as "a facility providing basic services aimed at meeting the emotional, physical and social development needs of vulnerable children."

A child is defined in the Constitution of the Republic of South Africa (1996) as "a person under the age of 18 years" while the South African Concise Oxford Dictionary (2005:198) defines a child "as a young human being below the age of full physical development." The term "child" in this study refers to persons under 18 years of age.

The researcher explored the experiences of children of services they received from drop-in centres. Experience is defined as “observation of something or some event gained through involvement and exposure to that event” (Concise Oxford English Dictionary, 2006). According to *Answers* (2010) experience is an “active participation in events or activities leading to the accumulation of knowledge or skills over time.”

The services of drop-in centres were of main concern in this study. A service is defined as a “system supplying a public need or utilities” (Concise Oxford English Dictionary, 2006). A service is also described in the Reader’s Digest Oxford Complete Wordfinder (1993) as “an act of helping another or a community.” The researcher sought to understand the experiences of vulnerable children of the services they receive from drop-in centres.

The social development approach is the theoretical framework that was applied to the study. The Framework for Social Welfare Services (DSD, 2013a:12) states that developmental social welfare applies the principles of the social development approach and emphasises empowerment of individuals, families, groups and communities as active participants in the developmental process.

1.3 CONTEXTUALISATION OF THE STUDY

Children have special needs for care and protection (The Presidency, 2009:78). Several researchers (Best, Day, McCathy, Darlington & Pinchbeck, 2008:306; Cherry, 2014:2; McLeod, 2014:1; Prince & Howard, 2002:28) highlight Maslow’s hierarchy of needs that structure human needs from basic needs to higher order needs in the following order: physiological needs, safety needs, love and belonging needs, self-esteem needs and self-actualisation needs. Physiological needs are the most basic in the hierarchy and include food, shelter and clothing (Cherry, 2014:2; Prince & Howard, 2002:28). When these basic needs are not met, the human body finds it difficult to function optimally and in some cases the chances of survival can be compromised (Biersteker, 2012:53). Children who live in poor families often struggle to have their basic needs met (Prince & Howard, 2002:28), which can have a long-term impact on these children’s physical, emotional and cognitive development (Manuel, 2012:10).

The family is the basic unit of society and is primarily responsible for the survival, protection and development of children (Berk, 2006:557; DSD, 2013b:37). Richter, Sherr, Adato, Besley, Chandan, Desmond, Haour-Knipe, Hosegood, Kimou, Mahavan, Mathambo and Wakhweya (2009:3) point out that the family is the most fundamental support system for children and offers care in a natural and sustainable way. The care provided by the family ensures socialisation, growth, learning and development of the child. The mentioned authors further indicate that families provide support and care to members when they become sick and vulnerable. The family's stability hinges on responsible parenting and in this regard parents and care-givers must be encouraged to fulfil their roles in the upbringing of their children (DSD, 2013b:9). It is within the family where children receive care and services which address their basic needs for food, shelter, education, health care, and protection from abuse and maltreatment (DSD, 2005b:11).

The White Paper on Social Welfare (RSA, 1997) states that families in South Africa are faced with many challenges in terms of meeting the needs of their members. Poverty is a significant barrier for families in their attempt to meet the needs of their members (Conley, 2010:47). It is understood that “[p]overty remains the underlying form of vulnerability, while at the same time it reinforces all other forms of vulnerabilities” (Southern African Development Countries [SADC] Secretariat, 2008:17). Hall (2010:105) agree that income poverty significantly compromises children's right to nutrition, education and health care services. Unemployment is structurally linked to poverty (Hall, 2012:87). Poverty and unemployment can lead to a situation where children lack food and experience hunger and malnutrition (RSA, 2010:32).

The HIV and AIDS pandemic is a major catastrophe that threatens commitments for the realisation of children's rights (DSD, 2005c:11). Illnesses affect children negatively, while children often lack routine health care. These factors can hamper children's development (Hall, 2012:87; Manuel, 2012:10; Prince & Howard, 2002:28). Children whose parents are affected by HIV and AIDS are entrusted with the responsibility of taking care of their siblings, even though some of these responsibilities are not appropriate for these children's age (DSD, 2005c:7). This situation often leaves children and adolescents vulnerable as they find themselves in

conditions where their rights to survival, care, protection and development are compromised (DSD, 2006:5).

The multiple categories of vulnerable children include children in households where there are sick parents, as well as children whose parents or care-givers are terminally ill (Martin, 2010:4). Further, the Comprehensive Care and Support for Orphans, Vulnerable Children and Youth in the Southern Africa Development Community (SADC Secretariat, 2008:17) states that children who are vulnerable include young children, children who experience increased poverty, children whose parent or care-giver is terminally ill, children living with chronic illnesses, children with disabilities, children in conflict with the law, as well as children who work on the streets, who are abandoned, orphaned or undocumented, refugee children, and children in need of care and protection.

In circumstances where child vulnerability may seriously harm children's physical, mental or social well-being, the Children's Act, Section 150, considers a child as a child in need of care and protection. In terms of the Children's Act, Section 156, the court can order that the child be placed in alternative care if it appears necessary for the safety and well-being of that child. However, the ultimate aim of the developmental approach to child care and protection is to reach a stage where children will be protected and cared for in families that are well functioning and close knit, with inspirational parents and extended family members who contribute to their care (The Presidency, 2009). In this sense, the developmental welfare approach has brought a shift from institutional care to community-based care, and placed the focus on supporting at-risk families so that children can develop within supportive relationships with parents and care-givers (Conley, 2010:44; Patel, 2005:191). Comprehensive services are to be provided to children within their families and communities, rather than placing children in residential institutions (DSD, 2005b:4; Midgley, 2010:15).

Developmental social welfare "facilitates the provision of appropriate developmental social welfare services especially for those living in poverty, those who are vulnerable and those who have special needs" (RSA, 1997). It covers a range of services and programmes that are aimed at restoring and advancing the system's capacity to address the issues of poverty and vulnerability (DSD, 2005a:6; Conley, 2010:40).

Conley (2010:39) points to the fact that developmental social welfare encourages and strengthens family support systems and promotes early childhood development and community involvement. Community-based care and support services are implemented to encourage participation and sharing of responsibilities by communities to respond to the needs of the people (DSD, 2005b:4).

One of the South African government's strategies for providing developmental welfare services to children and families, is the establishment of drop-in centres. In the words of Skweyiya (2006:2), "Drop-in centres provide services aimed at the protection and promotion of sound physical, psychological, intellectual, emotional and social development of children." The Children's Act, Section 213(2), stipulates basic services which must be offered by drop-in centres, while Section 213(3) spells out appropriate programmes which may be offered for the developmental needs of children. The researcher notes that there are two distinct dimensions central to the services provided by drop-in centres. The first dimension is that the Children's Act enforces and make compulsory the provision of specific basic services and refer to them as "must" services. The second dimension is that there are appropriate programmes referred to as "may" services, which drop-in centres can provide on a discretionary basis to vulnerable children in order to promote their physical, psychological and social development and well-being.

The Department of Social Development sets key performance indicators which seek to monitor the implementation of guidelines for the registration of drop-in centres (DSD, 2014:93). The Children's Act also makes provision for norms and standards for drop-in centres, as well as for the registration and inspection of drop-in centres (Sections 216, 217, 224) in an effort to ensure compliance with standards of service delivery. The researcher is of the opinion that Government is therefore committed to ensure that developmental welfare programmes are implemented in communities for the realisation of the rights and well-being of children and families.

The researcher conducted a literature search through the University of Pretoria catalogue and electronic journal platforms and has found minimal research on the impact of this intervention strategy on vulnerable children who are the recipients of the services. It was thus concluded that, since the inception and legislation of drop-in

centres in the Children's Act, a body of knowledge has not been generated on the impact of the services rendered by drop-in centres as perceived by the children themselves. This study could in essence set a foundation for considering the effectiveness of the strategy of drop-in centres and, if indicated by the study, suggest strategic improvements in the services of drop-in centres to improve the quality of life of vulnerable children.

In summary, the literature review has highlighted the basic needs of children and how parents are struggling to meet these needs due to issues relating to poverty, unemployment and chronic illnesses. It was also highlighted that the establishment of drop-in centres is one of Government's strategies for providing developmental welfare services to vulnerable children and families in their community and closer to their home. Given the lack of research on the effect of services of drop-in centres to vulnerable children, it is envisaged that the study will contribute to knowledge on the experiences of vulnerable children regarding services they receive from the drop-in centres.

1.4 THEORETICAL FRAMEWORK

The research is based on a social development approach, which forms the basis of developmental social welfare. Developmental social welfare is embedded in a rights-based approach. Its aim is to attain social justice, minimum standards of living for all people, equitable access and equal opportunities, and realising the needs of vulnerable groups (Patel, 2005:98, 208). The developmental social welfare approach evolved from South Africa's history where colonialism and the apartheid system resulted in inequality and the violation of human rights (Patel, 2005:98). This history led to the conception of a social welfare system that is aimed at bringing about social transformation, human emancipation, reconciliation, healing and the development of society (DSD, 2013a:12).

The Framework for Social Welfare Services (DSD, 2013a:12) outlines the purpose of developmental social welfare as to:

- Enhance people's social functioning and their human capacity,
- Promote social solidarity by means of participation and community involvement,

- Promote social inclusion by empowering people who are socially and economically excluded,
- Promote the rights of those who are at risk and vulnerable,
- Address issues of oppression and discrimination from structural forces, cultural beliefs and practices that obstruct social inclusion, and
- Contribute to community building and the development of local institutions.

Developmental social welfare therefore focuses on the development of human capacity and self-reliance and is based on a foundation of a caring and enabling socio-economic environment (RSA, 1997).

Developmental social welfare is organised around five themes which are regarded as central elements to the developmental approach to social welfare service delivery in South Africa (DSD, 2013a:13-14; Patel, 2005:205). These themes include a rights-based approach, the complementary social and economic development, participation and democracy, collaborative partnerships, and bridging the micro macro divide.

1.4.1 Rights-based approach

A human rights approach is the foundation of social development (Patel, 2005:156). This approach recognises the inherent dignity and worth of all people and opposes discrimination and oppression (Midgley, 2010:17). Every person is entitled to economic, social and cultural rights in accordance with the limits of state resources (DSD, 2013a:13). A rights-based approach focuses on services that are family and community based (Nicholas, Rautenbach & Maistry, 2010:52; Patel, 2005:208). Services include interventions that protect the rights of people being at risk of oppression and marginalisation; support people's rights by informing them about their rights; facilitate access to rights; challenge policies and social systems that do not support human rights; and advocate for needs and rights (DSD, 2013a:14).

The developmental approach to social welfare further promotes people's socio-economic rights, including the right to social assistance, and implements anti-poverty strategies (DSD, 2013a:14). Correspondingly, the rights of children are embraced in the Children's Act, Section 6(2), to ensure that they are protected against

vulnerabilities. Protection of the rights of those who are vulnerable is an integral part of sustainable human, social and economic development (Patel, 2005:156).

1.4.2 Harmonising social and economic policies

Integration of social and economic development is pivotal to the developmental social welfare approach, with the aim to enhance the capacity of all people in society (Nicholas et al., 2010:52; Patel, 2005:103). Holscher (2008:122) mentions that social and economic sectors are equally important and work together in a coordinated “whole-of-government approach” in order to achieve structurally based solutions. The Framework for Social Welfare Services (DSD, 2013a:13) indicates that programmes and strategies to integrate people with special needs into the economy should be based on the development of human capital, social capital and economic capital. Further, the aim is to replace short-term assistance that focuses on immediate poverty relief, for example food parcels and grants, with strategies which have a long-term focus, for example poverty reduction, enhancing sustainable livelihoods, empowerment and the active participation of service beneficiaries. Patel (2005:103) highlights that social and economic programmes are widely recognised to have positive results for beneficiaries and societies. Integration of social and economic development helps in encouraging and strengthening family support systems, and promote early childhood development, community involvement and community participation (Conley, 2010:39).

1.4.3 Participation and democracy

A key premise of the developmental approach to social welfare, is democracy and participation in social and economic development (DSD, 2013a:14). Patel (2005:106) mentions that democracy and participation rest on three pillars, which are active involvement, consultation and deep citizenship that incorporates rights and obligations. The developmental approach offers people the opportunity to be actively involved in promoting their own well-being and in contributing to the growth and development of society (DSD, 2013a:13). Participatory democracy is encouraged by means of people’s direct involvement in decision making on matters which impact on their lives, through the provision of community-based services (Patel, 2005:205). Community-based care and support services are implemented to encourage

participation and sharing of responsibilities by the people, to respond to the needs of the people, and are based on the principles that inform interventions with families, namely human rights, partnerships and participation (DSD, 2013b:4, 9). The people-centred approach take democracy as well as participation of people in social and economic development as essential elements (Patel, 2005:105). Developmental welfare programmes should be based on a strong involvement of civil society. Recipients of programmes should be consulted on interventions, so that people can take ownership of their own development and their future (DSD, 2013a:14). In terms of children, Conley (2010:41) mentions that the right to participation will enable children to have their voices heard.

1.4.4 Collaborative partnerships and welfare pluralism

The fourth theme relates to partnerships that are formed with civil society, the private sector, training institutions and research institutions. Developmental social welfare recognises the state as the driving force of social progress and change in partnership with civil society, the private sector and other actors (Patel, 2005:205). Partnerships are crucial in ensuring that equitable services are provided to meet the social needs of society. Partnerships are based on a common goal and mutual respect, while the roles and responsibilities of each partner are clearly described (DSD, 2013a:14). Services are rendered from a multi-disciplinary approach in order to restore, strengthen and enhance social functioning (Patel, 2005:207). These services are preferably rendered through an integrated one-stop centre which provides multi-purpose programmes at a place where they are easily accessed by the community (Patel, 2005:159). Conley (2010:40-41) mentions that prevention, poverty alleviation and children's rights should be advanced by means of collaboration with schools, churches and other community-based organisations. The latter author also urges social workers to pay more attention to prevention in order to improve the well-being of children and families.

1.4.5 Bridging the micro macro divide

A developmental welfare approach endeavours to deliver services that bridge the micro and macro divide in service delivery (DSD, 2013a:15). According to Patel (2005:206) it is important to link micro and macro practices in order to understand how global

developments can impact on meeting local human needs. Authors (Lombard & Twikirize 2014:318; Patel, 2005:206) agree that bridging the micro and macro divide also incorporates social development practice that attempts to bridge the gap between the local and the global levels of action. According to the Framework for Social Welfare (DSD, 2013a:15) this element promotes growth and aims to empower individuals, families and communities, provide interventions at different levels, use various methods of intervention, and deliver integrated services. Interventions take place on micro level, therefore with individuals, families and households; on mezzo level where groups are involved; and on macro level, thus with the involvement of communities and organisations. In bridging the micro macro divide, interventions that focus on individuals and families are therefore linked with interventions where the focus is on changing societal structures and institutions which sustain economic injustice. Patel (2005:103) asserts that problems of mass poverty and inequality are best addressed through harmonising micro-economic and social policies in a comprehensive way that will focus on sustainable people-centered development.

Developmental social welfare is implemented through developmental social work (Patel, 2005:206). The strengths perspective is a central theoretical dimension of developmental social work. This perspective underlies the concept of empowerment, which implies that people are helped to develop their own capacity for growth to respond to negative living environments (Midgley, 2010:14; Patel, 2005:207). Kristhardt (2009:36-43) describes six principles of a strengths-based approach to services:

- The helping process focuses on strengths and capabilities, rather than on deficits and weaknesses;
- The helping relationship is based on collaboration and partnership;
- Each person takes responsibility for healing that takes place on many levels within a caring community;
- The inherent capacity of all human beings to learn, grow and change, is recognised;
- Helping services are rendered in community settings; and
- Potential resources in the community are acknowledged and developed.

Drop-in centres were established as a strategy to provide services aimed at meeting the needs of vulnerable children by means of a comprehensive scope of community-based services that are intended to empower individual children and families (The Children's Act, Section 213). The scope of services that are stipulated in the Children's Act provides evidence of interventions that focus on empowerment of children and families, and on prevention and early intervention strategies that are delivered on a community-based level. The researcher concludes that these services fall within the scope of the strengths-based perspective and thus the developmental welfare approach. Service delivery by drop-in centres are thus in line with developmental social work. Midgley (2010:14) views the strengths-perspective and empowerment as a relevant approach to service delivery to poor and vulnerable families and states that "strengths and empowerment are integral elements in bringing about change at the community level." The developmental approach is thus relevant to the study on the experiences of vulnerable children of the services they receive from drop-in centres.

1.5 RATIONALE AND PROBLEM STATEMENT

The rationale of this study is linked to the high levels of vulnerability of South African children. Poverty continues to emerge as the main obstacle that children and families face in meeting their needs (Conley, 2010:47). Poverty compromises children's right to nutrition, education and health care (Hall, 2010:105; Patel, 2005:54) and lack of food has negative effects on children (Patel, 2005:54). Poverty is the main development problem that affects social, political and economic conditions in South Africa (Statistics South Africa, 2012:47). The Twenty Year Review and the Diagnostic Report compiled by the National Planning Commission (2011), highlight that poverty, inequality and underemployment continue to affect the lives of many people in a negative way (The Presidency, 2014:4). HIV and AIDS also have negative socio-economic effects on individuals, families and communities (Patel, 2005:176). Based on the literature indicated above, it is without doubt that poverty and co-existing social issues have a harmful effect on children and their families.

In addressing the above issues, Government adopted a comprehensive approach to eradicating poverty and hunger, as indicated in the Millennium Development Goals Country Report (RSA, 2010:23). The researcher observed that a battery of legislation and policies were put in place to achieve the goal of addressing the needs and rights

of vulnerable children. The legislation and policies include, amongst others, the following:

- The Constitution of the Republic of South Africa, Section 28, stipulates that “every child has the right to basic nutrition, shelter, basic health care and social services.”
- The Children’s Act states in Section 6(2)(a) that children’s rights as set out in the Bill of Rights, as well as the best interests of children, must be protected and promoted.
- The National Development Plan Vision 2030, Outcome 13, focuses on social protection to address poverty and inequality (The Presidency, 2012).

South Africa is signatory to the United Nations Convention on the Rights of the Child. Article 6 of this Convention spells out that “[s]tate parties shall ensure to the maximum extent possible, the survival and development of the child.” South Africa further ratified the United Nations Millennium Development Goals (RSA, 2010). Goal 1 of the Millennium Development Goals calls for the eradication of extreme poverty and hunger (United Nations, 2013:6).

While there are legislative imperatives to address the physical needs of children, the majority of children still experience what Maslow referred to as “basic needs unfulfilled” (Prince & Howard, 2002:28). Many children are still struggling for survival and the attainment of their basic needs (Manuel, 2012:10). The five basic needs, as identified by Maslow, are physical needs, safety needs, love and belonging needs, self-esteem needs, as well as self-actualisation needs (Best et al., 2008:306; Cherry, 2014:2; McLeod 2014:1; Prince & Howard 2002:28).

In addressing the issues of poverty, the Children’s Act, Section 213, makes provision for drop-in centres to meet the developmental needs of vulnerable children. This Section spells out that drop-in centres must offer basic services such as the provision of food to vulnerable children, as well as additional services to the discretion of the specific centre. The researcher agrees that when parents cannot afford to provide care and support to their children, the State has a duty to intervene (The Presidency, 2009:5).

Patel (2005:206-207) states that developmental social work employs knowledge, skills and values with the purpose of enhancing the well-being of children, families, groups and communities within their social environment. Services are provided in the communities rather than in residential institutions (Midgley, 2010:15). Community-based care assists in addressing complex needs since the community is an important site for social work practice (Sanders & Munford, 2006:39). Drop-in centres give evidence that the developmental welfare approach has brought a shift to community-based care services (Patel, 2005:191). Community-based care responds to psychosocial as well as systemic problems in an integrated way (Warren-Adamson, 2001:225).

The researcher takes interest in the needs of children who are vulnerable and the delivery of integrated family-centered and community-based social support services, with special focus on the drop-in centre model. The strategy of drop-in centres is legislated in Chapter 14 of the Children's Act. In terms of Section 216 of this Act drop-in centres must comply with norms and standards to ensure a safe and hygienic environment for children who receive services. The establishment of drop-in centres is an intervention strategy that was meant to provide prevention and early intervention services and support the aim of the Children's Act to protect and promote sound physical, psychological, intellectual, emotional and social development of vulnerable children (Skweyiya, 2006:2). However, at the time when the research was planned, it was still not clear whether drop-in centres as an intervention strategy would fulfill their role by providing services that impact on the needs of vulnerable children.

In a literature search based on the catalogue and electronic platforms of the University of Pretoria library, the researcher found minimal literature that focused on the effectiveness of drop-in centres as an intervention strategy in South Africa. Since the inception of drop-in centers almost a decade ago, there was still a lack of information on the effectiveness of the services. Existing literature on child vulnerability that the researcher noted during the literature search appeared to focus mainly on the issues of orphans and vulnerable children affected by HIV and AIDS. Moreover, research that focused on the services of drop-in centres from the perspective of vulnerable children who received these services was still wanting. A study to determine the impact of services by drop-in centres could provide an indication on whether these centres

enhanced the quality of life of vulnerable children. The researcher was of the view that the study could contribute to existing knowledge about the services of drop-in centres as the strategy aimed at addressing the basic needs of vulnerable children. The perspective gained from the participants could provide information that can be used to optimise services of drop-in centres.

Based on the lack of knowledge on the impact of services delivered by drop-in centres and the researcher's interest in hearing the perspectives of vulnerable children who received the services, the following research question guided the study: What are the experiences of vulnerable children regarding services they receive from drop-in centres?

1.6 GOAL AND OBJECTIVES OF THE STUDY

The goal and objectives formulated for the study, were as follows:

1.6.1 Goal of the study

The goal of this study was to explore the experiences of vulnerable children regarding services they receive from drop-in centres.

1.6.2 Objectives of the study

- To describe the role of drop-in centres as an intervention strategy in terms of the Children's Act 38 of 2005, with specific reference to the situation of vulnerable children;
- To explore and describe the experiences of vulnerable children regarding the services they receive from drop-in centres;
- To reach conclusions and make recommendations based on the findings of the research that can optimise service delivery by drop-in centres.

1.7 RESEARCH DESIGN AND METHODOLOGY

The research approach used was qualitative in nature as qualitative research would be relevant for the exploration of the experiences of vulnerable children regarding the services they receive from drop-in centres. Qualitative research is concerned with

exploring and understanding a problem or situation according to perspective of an insider (Cresswell, 2009:4; Fouché & Schurink, 2011:307). The intention with the research was further to make recommendations related to services by drop-in centres. The focus on the application of insights obtained from the research to practice situations or problems, classifies the type of research as applied research (Fouché & De Vos, 2011:94; Sarantakos, 2005:10). The research design, or the overall plan to conduct the study (Creswell, 2009:5), was phenomenology. Phenomenological studies explore and describe the meaning that individuals give to their lived experiences of a particular phenomenon (Creswell, 2007:57; Fouché & Shurink, 2011:316). This design fitted with the goal of the study to explore the experiences of vulnerable children regarding services they receive from drop-in centres.

The study population were vulnerable children who received services from three drop-in centres in Ekangala close to Bronkhorstspuit in the Tshwane metropolitan area, Gauteng Province. Participants were selected from the three drop-in centres by means of stratified random sampling (Welman, Kruger & Mitchell, 2012:61). It was thus ensured that the sample would have the attributes that were relevant for the purpose of the study (Neuman, 2006:219). Four adolescents were systematically selected (Welman et al., 2013:64) from each drop-in centre from a list of children that complied with the sampling criteria for the study. A total of twelve children participated in the study.

The in-depth or unstructured interview, also referred to as a conversation with purpose (Greeff, 2011:348), was utilised as a data collection method as unstructured interviews are relevant to gaining an understanding of the experiences of people and the meaning they make of such experiences. Data analysis was conducted according to the process of qualitative data analysis as described by Schurink, Fouché and De Vos (2011:403-419) and the findings of the study are reported in a truthful manner in the research report. A more detailed description of research methodology as well as the ethical considerations applicable to the study will be discussed in Chapter 3.

1.8 LIMITATIONS OF THE STUDY

The researcher is of the opinion that a number of factors could be regarded as limitations of the study. The sample that was selected for this study comprised of twelve (12) participants with the gender representation of six (6) boys and six (6) girls who were between the ages of 16 and 17 years. An important limitation was that, while poverty, unemployment and chronic illness may affect families across all racial lines, the participants in this study were only black children. The issues of diversity were compromised since the selected drop-in centres did not have diverse groups of children in terms of race and did not include children with disabilities. Although stratified random sampling was used for purposes of ensuring that different segments of the population were represented, diversity was not reflected in the study sample and the findings of the study can therefore not be generalised to other populations.

Although valuable information was obtained from the participants, some of the services of the drop-in centres, for example the basic services of hygiene and laundry, were not reflected in their responses. In terms of this comment, the researcher needs to mention that the participants in the study all appeared clean and well-cared for. The researcher acknowledges that the responses of the participants highlighted the services that they deemed most important and that the reality from the perspective of participants was reflected.

Twelve participants between the ages of 16 and 17 years, attending three drop-in centres in a specific geographical area, formed the sample for the study. The small sample and focus on one geographical area imply that the findings of this study cannot be generalised to a broader population and that further research on the topic needs to be conducted.

1.9 CONTENTS OF THE RESEARCH REPORT

The research report is presented in four chapters.

Chapter 1: General introduction to the research study

In this chapter the researcher contextualised the research topic, explained the goals and objectives of the study and provided a brief overview of the research methodology.

The theoretical framework for the study and limitations of the study was also discussed.

Chapter 2: Services provided by drop-in centres to vulnerable children

In this chapter the role and services of drop-in centres are described within the context of the needs of children who are vulnerable.

Chapter 3: Research methodology and empirical findings

In Chapter 3, the research methodology and ethical considerations relevant to the study are described. The research findings are also presented in this chapter.

Chapter 4: Conclusions and recommendations

The key findings of the study and relevant conclusions are provided in Chapter 4. Recommendations regarding the services of drop-in centres to vulnerable children, are proposed.

CHAPTER 2

SERVICES PROVIDED BY DROP-IN CENTRES TO VULNERABLE CHILDREN

2.1 INTRODUCTION

Children become vulnerable due to factors that prevent fulfillment of their rights (Liebenberg, 2010:299). Children have the right to nutrition, good health, a healthy living environment as well as parental support, and these rights are essential for them to develop to their full potential (Biersteker, 2012:53). The fulfillment of the rights of children have long-term effects on their physical, emotional and cognitive development (Manuel, 2012:10).

In terms of Section 7(2) of the Constitution of the Republic of South Africa (1996), the State has a duty to respect, protect, promote and fulfill the rights of children. The Children's Act, Section 143(2)(b), stipulates that early intervention services should be provided to families where children are identified as vulnerable. Drop-in centres were legislated as facilities that provide basic services to meet the physical and social development needs of vulnerable children (The Children's Act, Section 214).

This study focused on vulnerable children in the adolescent life stage who received services from drop-in centres. The goal of the study was to explore their experiences regarding services they received from drop-in centres. This chapter contains the literature review for the study and will focus on child vulnerability, the needs of children, adolescence as a developmental stage, the developmental social welfare approach, as well as drop-in centres as a strategy towards provision of basic services to vulnerable children.

2.2 CHILD VULNERABILITY

All children are vulnerable due to their stage of development and the inherent nature of childhood (Liebenberg, 2010:299; Martin, 2010:3). Child vulnerability is further experienced by children and adolescents in situations where their rights to survival, care, protection and development are compromised (DSD, 2006:7). In these situations children's vulnerability is attributed to factors such as deprivation and harm resulting

from physical, social, cultural, economic, political and environmental circumstances (Martin, 2010:3).

The Policy Guidelines on Child and Adolescent Mental Health (Department of Health, 2004:9) indicates that some groups of children and adolescents are more vulnerable due to a range of factors, including poverty and HIV and AIDS. Patel (2005:164) supports this view and asserts that poverty and lack of employment are some of the factors that contribute to the decline of quality of life in South Africa, while the HIV and AIDS pandemic have added to family and societal problems. For the purpose of the study child vulnerability will be viewed in relation to poverty, unemployment, chronic illnesses and unsafe living environments.

2.2.1 Poverty

The National Development Plan (The Presidency, 2012:14) highlights the fact that South Africa is a greatly unequal society and that the majority of people live in poverty. Martin (2010:1) indicates that two thirds of the child population live in households that have low income, and therefore live in poverty. Children who live in low income households with a large number of dependents, are especially vulnerable (Statistics South Africa, 2012:18). Poverty intrudes on the rights of children to access nutrition, education and health care services, and has a major impact on a child's development (Hall, 2010:105; Manuel, 2012:10).

Poverty is the main development problem that affects social, political and economic conditions in South Africa (Statistics South Africa, 2012:47). The Situation Analysis of Children in South Africa (The Presidency, 2009:8) indicates that there is a relationship between income poverty and vulnerability. Poverty is the underlying form of vulnerability, and further reinforces all other forms of vulnerability (SADC Secretariat, 2008:17). Poverty has a spatial dimension, since resources that are available for children are determined by the place where children live (The Presidency, 2009:10). In this sense, children who live in rural areas and informal settlements do not have access to quality services as compared to children who live in middle class suburbs (Manuel, 2012:11).

South Africa has high rates of child poverty (Hall, 2012:86). Child poverty refers to a “lack of income in households where children live” (The Presidency, 2009:8). Child poverty is exacerbated by the HIV and AIDS pandemic as parents and care-givers are affected by the disease (DSD, 2013b:23) and their capacity to care for their children is compromised. Prince and Howard (2002:28) state that many children who live in poor households experience hunger on daily basis and are more likely to suffer from malnutrition and a variety of illnesses, while they have limited access to health care. There is general agreement among researchers that children who grow up in poverty have a high risk of becoming poor adults whose children will also grow up in poverty (Hall, 2010:105; Hall & Woolard, 2012:32). Poverty is often associated with unemployment.

2.2.2 Unemployment

Unemployment remains structurally linked to poverty (Hall, 2012:87). The Millennium Development Goals Country Report for South Africa indicates that the country faces a significant challenge related to unemployment (RSA, 2010:39). According to the General Household Survey, in 2010 over 6.5 million children in South Africa lived in households where there were no employed adult (Statistics South Africa, 2010). The majority of parents are not able to secure employment and this has led to families facing huge burdens to secure family livelihood in the face of limited or no income (DSD, 2013b:22). Hall (2012:86) asserts that children who live in unemployed households experience high rates of child poverty.

Money is needed to access a range of services, however poor households cannot afford to pay for basic services (Hall, 2012:86). Poverty, unemployment and underemployment in households can result in children experiencing poor levels of nutrition, food insecurity and malnutrition (RSA, 2010:32). Compared to employed parents, unemployed parents cannot provide the basic needs such as health care, basic food and education that are needed for the good health and development of their children (Hall, 2012:87). Manuel (2012:11) asserts that the most important investment a country can make, is to invest in the well-being and development of children, thereby enabling children to be healthy and lead active lives.

2.2.3 Chronic illnesses

According to Statistics South Africa (2012:38) a total of 8.1% of South Africans suffered from chronic illnesses during the period September 2008 to August 2009, while 7.0% of this group lived in poor households. There is a high prevalence of HIV and AIDS in South Africa. Patel (2005:176) mentions that HIV and AIDS have reached pandemic proportions and have negative socio-economic effects on individuals, families and communities. HIV and AIDS is a major catastrophe that threatens commitments for the realisation of children's rights (DSD, 2005c:11). When HIV and AIDS emerge in an already impoverished household, the impact becomes severe on the children (Lyons, 2009:3).

Children in households where parents or care-givers are sick and terminally ill, become vulnerable (Martin, 2010:4; SADC Secretariat, 2008:17). While these children live with sick parents, their rights are often violated when they have to take care of their parents (DSD, 2005c:7). Children can also be exposed to HIV infection as and when they provide care and support to parents and care-givers who are HIV positive and terminally ill, particularly in the event when they are not informed about exercising precautions against being infected (DSD, 2005c:7). In many cases children are also entrusted with the responsibility of taking care of their siblings, even though some of these responsibilities are not appropriate for their age (DSD, 2005c:7). Such responsibilities can affect their developmental path and, subsequently, their overall well-being. The Policy Guidelines on Child and Adolescent Mental Health (Department of Health, 2004:4) states that "child and adolescent mental health is directly related to the degree of age-appropriate bio-psychosocial development achieved."

One of the main thrusts of developmental welfare service programmes is to respond to the HIV and AIDS pandemic and focus on care and support for individuals, groups and families. These programmes are aimed at mitigating the effects of HIV and AIDS through community mobilisation, home and community-based care services, education, prevention as well as poverty alleviation programmes (Patel, 2005:179-181). Some children, because of poverty, unemployment and ill parents, live in impoverished and unsafe communities.

2.2.4 Unsafe environments

Benzies and Mychasiuk (2009:104) assert that families are diverse and reside in dynamic environments. According to Tshabalala-Msimang, in her executive summary of the Situational Analysis of Children in South Africa (The Presidency, 2009:iv), children need to grow up in environments that are safe from violence, drunkenness, drugs and other harmful situations. Children depend on adults for safety, supervision, care and for their basic well-being (Liebenberg, 2012:24). This view is endorsed by Santrock (2009:391) who explains that children rely on adults to keep them from harmful situations and defend them amidst threatening environments.

Children living in poverty are likely to be exposed to environments that are unsafe, unhealthy, overcrowded and dangerous (Prince & Howard, 2002:29). The latter authors assert that some children live in neighborhoods that are plagued with drugs, violence, crime, fear, anxiety, chaos and unpredictability. Children who are exposed to violent, stressful and dangerous environments tend to experience self-doubt and develop negative behaviours that are counterproductive, and as such they become vulnerable (Prince & Howard, 2002:30).

It is clear that socio-economic factors such as poverty, unemployment, chronic illnesses and unsafe environments are often interrelated and result in a greater vulnerability of many children in South Africa. Because of these factors, families face challenges in meeting the needs of their children.

2.3 THE UNIVERSAL NEEDS OF CHILDREN

Richter et al. (2009:4) define needs as “the most immediate necessities for a person to survive.” Several authors (Best et al., 2008:306; Cherry, 2014:2; McLeod, 2014:1; Prince & Howard, 2002:28) highlight Maslow’s hierarchy of needs, according to which people’s needs are arranged according the different levels: physiological needs, safety needs, love and belonging needs, self-esteem needs and self-actualisation needs. Maslow proposed that, starting with physiological needs, each level of needs has to be satisfied in order for a person to progress to the next level of needs. Viewed within a rights-based approach, Patel (2005:156-157) points out that both needs and rights

are essential, since rights cannot be realised when needs are not met. The author goes on to state that people's rights cannot be met, unless their needs are met.

The discussion of children's needs is based on the different levels of needs according to Maslow's theory referred to by the above authors (Best et al., 2008:306; Cherry, 2014:2; McLeod, 2014:1; Prince & Howard, 2002:28).

2.3.1 Physiological needs

The first level of basic needs identified by Maslow is physiological needs, which include food, shelter and clothing (Prince & Howard, 2002:28). When physiological needs are not met, the human body finds it difficult to function optimally to such an extent that it may affect the person's chances of survival (Biersteker, 2012:53). Children living in poor families often struggle to have their physiological needs met as a result of a range of factors, including poor quality of food, malnutrition and lack of routine health care (Prince & Howard, 2002:28). This situation can have a long-term negative impact on the child's physical, emotional and cognitive development (Manuel, 2012:10).

When parents cannot afford to provide care and support to their children, the State has a duty to step into the picture (The Presidency, 2009:5). Government adopted a comprehensive approach to eradicating poverty and hunger (RSA, 2010:23). Despite legislative guidelines on children's rights and protection, the majority of children still experience what Maslow referred to as "basic needs unfulfilled" (Prince & Howard, 2002:28). These authors further indicate that many children still experience challenges in terms of their survival and attainment of their basic needs. Manuel (2012:10) asserts that the social security system is intended to ensure that children have access to basic services and means of subsistence.

2.3.2 Safety needs

The Draft Child Protection Strategic Plan 2010-2014 (DSD, 2010a:22) indicates that children have the right to live in safe environments, free of violence and threat. McLeod (2014:1) points out that safety needs include protection, security, stability as well as freedom from fear. Fear in children are attributed by Prince and Howard (2002:29) to

anxiety, chaos and unpredictability related to the negative environments usually associated with poor neighbourhoods. According to the National Policy Framework for the Children's Act (DSD, 2009) "the protection of children is a right that is central to survival." The White Paper for Social Welfare (RSA, 1997) indicates that the needs of most young people are protection from violence and abuse. However, children living in poverty are mostly raised in homes that are substandard and overcrowded, while their neighbourhoods present a challenging environment to their safety (Prince & Howard, 2002:29).

In the National Crime Prevention Strategy (Republic of South Africa, 1996) it is stated that crime casts fear into the hearts of people from all walks of life. Children must feel a sense of safety so that they can thrive and develop to their full potential (Prince & Howard, 2002:29). However, many children are exposed to various forms of violence, including domestic, political as well as criminal violence (DSD, 2009:34). Children exposed to chronic violence in their home are affected by trauma, fear and stress that can ultimately have negative effects on their lives (Prince & Howard, 2002:29-30). These children often develop anxiety, memory lapses, attention deficit and inability to control their emotions. Adolescents living in violent environments are at risk of being dragged into criminal and violent activities, as gang leaders were found to prefer recruiting children who are in the adolescent life stage (DSD, 2009:34).

2.3.3 The need for love and belonging

According to Maslow's theory this level of needs involves the need to experience love and a sense of belonging. Prince and Howard (2002:30) state that human beings continually seek the assurance provided by love and belonging. The White Paper for Social Welfare (RSA, 1997) indicates that families have an important task in giving their members a sense of love and belonging. Child abuse and a lack of appropriate nurturing can leave children feeling unloved and as a result they can drop out of school and join peer formations such as gangs in order to satisfy the quest to belong (Prince & Howard, 2002:30).

As children grow up, they depend less on the family for socio-emotional support. Bokhorst, Sumter and Westenberg (2009:417) point out that children's social

behaviour changes rapidly during adolescence as adolescents gradually outgrow dependence on their parents and begin to rely more upon friends. They get along with friends who have similar interests, attitudes, and values (Berk, 2006:605). Louw, Louw and Ferns (2007:338) are of the opinion that the current generation of adolescents develops a sense of belonging to peers based on the quality of digital equipment or cell phones which they possess, that assist them to organise their social life.

Adolescents become increasingly aware of the feelings, views and lifestyle of others, and their need to belong is coupled with greater need for intimate relationships (Louw et al., 2007:333). Adolescents who receive consistent and reliable affection during the early years of life are in the position to develop steady, successful and secure interpersonal relationships (Prince & Howard, 2002:30).

2.3.4 Esteem needs

Maslow's next level of needs refers to the need for self-esteem. Self-esteem is a person's overall feeling of self-worth (Prince & Howard, 2002:102). According to Maslow, deprivation of these needs may lead to an inferiority complex and a sense of helplessness. Boeree (2013) mentions that children need good role models, predictable patterns of care, a reasonable set of rules, consistent monitoring and firm guidance so that they can develop acceptable behaviour patterns that will build a positive self-image and self-esteem.

Prince and Howard (2002:30) highlight that a competent person, with high self-worth, is more likely to persevere in the mist of challenges and that the more competent the person perceives the self to be, the greater the motivation to embark on activities. On the contrary, children who do not expect to succeed often abandon the efforts required for success. The authors further indicate that a person's perceived competence is acquired through experiences that have been viewed as successful; leading to a high evaluation of the self. Similarly, the self-esteem of the adolescent (the age group relevant to the researcher's study) can be influenced by the extent to which they regard themselves as capable, significant, successful and worthy.

Apart from a sense of personal competence, adolescents' self-esteem is affected by their evaluations of how they are perceived by others and by the feedback they receive from others (Cakar & Karatas, 2012:2407). Self-esteem is also related to support received from family and friends. People with low self-esteem tend to blame themselves and are distrustful of others (Cakar & Karatas, 2012:2409). Adolescents who have a poor self-esteem can be regarded as vulnerable and they will be less likely to cope within the peer group (Louw et al., 2007:331).

2.3.5 Self-actualisation needs

Prince and Howard (2002:30) mention that the fifth level of needs indicated by the theory of Maslow suggests that people must be whatever they are capable of being. Maslow (Best et al., 2008:306; Cherry, 2014:2; McLeod, 2014:1) explained that self-actualisation needs involve a continuous desire to fulfill one's potential. According to Boeree (2013) self-actualisation needs are likely to become stronger when they are nurtured. In this sense, Maslow attributes the need for self-actualisation to mastery. Therefore, to reach this level, the person must have achieved and mastered the previous level of needs.

Actualisation of one's potential is essential to become a complete human being (Prince & Howard, 2002:30-31). Achievement of the need for self-actualisation is not only based on education, but is also attributed to the support one receives from the family and the environment. It is likely that children living in poor neighborhoods are faced with conflicting messages in terms of the support they need and the support they will receive in order to reach their potential. The influence of such messages may be such that these children can be easily unsettled and choose to seek a job rather than seek opportunities to complete their education.

The White Paper for Social Welfare (RSA, 1997) indicates that the needs of most young people include meeting the specific life tasks that are necessary for their development. Since the study focused on adolescents between 16 and 17 years of age, an overview of adolescence as a developmental stage follows.

2.4 ADOLESCENCE AS A DEVELOPMENTAL STAGE

Adolescence is described as the developmental bridge between being a child and becoming an adult. It is the life stage that begins between the ages of 11 and 13 years and ends between the ages of 17 and 21 years (Louw et al., 2007:278-279; Santrock, 2009:354). The transition between childhood and adulthood involves significant physical, psychological, emotional and social changes and Mwamwenda (2008:60) explains that adolescence stands out as a “fascinating, interesting, and challenging period of human growth and development.”

2.4.1 Physical development

Adolescence is characterised by extensive and accelerated growth, which is referred to as “the growth spurt” (Louw et al., 2007:279). During this stage adolescents go through a period of rapid physical maturation which involves hormonal and bodily changes commonly known as puberty (Santrock, 2009:356).

During puberty adolescents attain an adult size body (Berk, 2006:197). The changes that are noticeable during adolescence are an increase in height and body mass, and physical and physiological changes related to sexual maturation (Louw et al., 2007:279; Santrock, 2009:356). Although puberty begins two years earlier in girls than in boys, boys tend to develop faster and on average they grow taller than girls of the same age (Louw et al., 2007:283). Sexual exploration and experimentation on sexual fantasies become a reality and adolescents become capable of bearing children (Berk, 2006:197; Santrock, 2009:361).

The physical changes during this life stage result in adolescents being more self-conscious. Adolescents become preoccupied with their bodies and they are more concerned with their self-image, which includes the domains of physical appearance, social appearance, romantic appeal, and close friendships (Louw et al., 2007:316). Since adolescence is characterised by substantial changes in physical growth and maturity, these changes can have a significant effect on the psychosocial development of the individual (Louw et al., 2007:285).

2.4.2 Psychosocial development

According to Erik Erickson's theory of psychosocial development, adolescents face a developmental stage wherein they experience the psychosocial conflict of self-identity and role confusion (Berk, 2006:18). Erikson indicates that the formation of the identity is a key aspect of the adolescent's development. The socio-emotional development of adolescents thus involves increased efforts to understand the self and to search for a personal identity (Santrock, 2009:384). Adolescents therefore need to know and discover who they are and what they want in life (Mwamwenda, 2008:67). Santrock (2009:23) explains that when they explore roles and arrive at a positive path to follow, adolescents achieve a positive identity. However, if they do not achieve identity formation, they may experience identity confusion which will have a negative effect on their functioning.

Adolescence is a life stage that is often associated with emotional outbursts and adolescents are inclined to intense mood swings (Berk, 2006:199-200). Louw et al. (2007:319) indicate that adolescents are often described as emotionally unstable and that their fluctuating emotions are attributed to hormonal changes in their bodies. Adolescents therefore tend to experience fluctuating emotions that keep on changing from misery to excitement and from disappointment to joy (Louw et al., 2007:317). These authors further state that although adolescents' feelings tend to intensity and fluctuate, adolescents believe that they are in control of their emotions.

Adolescents seek to attain autonomy and gain control over their lives. Often parents fear that adolescents will experience some challenges in adjusting to these changes since they are not able to make appropriate and mature decisions (Santrock, 2009:391). During this period there are often an increase in parent-adolescent conflicts. These conflicts are rife in the early stage of adolescence and they may include resistance to, amongst others, guidance in terms of dressing neatly, tidying up the bedroom, getting back home on time and spending less time on the phone (Santrock, 2009:392).

Peer group socialisation becomes important for adolescents. They develop an increasing interest and involvement with peer group relationships. Interaction with the

peer group and friends provide interpersonal contact that goes beyond family relationships. These relationships play an important role in the adolescent's psychosocial development (Louw et al., 2007:330).

As adolescents have a strong need to identify with the peer group, they seek acceptance by the group members. In this way they develop a group identity, spend time together, share mutual interests and enjoy each other's company (Santrock, 2009:395). Bokhorst et al. (2009:417) highlight that adolescents talk more with people of their own age and further display greater dependence on their friends. However studies have yielded mixed results in terms of the association with changes in the behaviour of adolescents and the type of friends they socialise with (Wang & Eccles, 2012:890). These authors highlight that peer influence increases during adolescence and that the demands from the peer group may sometimes counter school and family practices and ways of doing things, which may increase adolescents' risk for misconduct and lower interest and participation in school (Wang & Eccles, 2012:879). Parental guidance becomes critical as adolescents need to develop coping skills to deal with the intense pressure and influence from the peer group. Adolescents need guidance so that they can resist negative pressure and influence from the peer group (Louw et al., 2007:331).

2.4.3 Cognitive development

Adolescents experience cognitive changes related to the development of the brain. Louw et al. (2009:299) assert that the continued brain maturation during adolescence is associated with several cognitive capacities, including abstract thinking, the ability to formulate complex hypothetical arguments, handle complex tasks and think about possible occurrences. The family plays a central role in the social, emotional and cognitive development of the adolescent (Louw et al., 2007:351).

Children need to explore the world at their own pace (Mamaila, 2005:42). Children also need to grow in an environment which promotes stimulation and cognitive development. Parents have the responsibility to provide resources and help their children develop their competencies and potential. The achievement of personal competencies and potential can have a positive effect on a person's sense of

achievement and a positive evaluation of the self. Prince and Howard (2002:30) emphasise the importance of a positive evaluation of the self for children. Studies reveal that social support is associated with educational achievement in adolescents (Rothson, Goodwin & Stanfeld, 2012:697). Resilient adolescents are more likely to have high self-esteem, accept responsibility, and show commitment and involvement in community issues (Berk, 2006:11).

Adolescence is characterised by a sense of heightened self-consciousness and egocentrism (Santrock, 2009:373). Since adolescents experience a heightened interest in the self, they create a so-called imaginary audience in their minds and put themselves on a pedestal where they feel they are always visible and noticeable (Santrock, 2009:373). Adolescents further develop a sense of personal uniqueness and tend to feel that no one can understand them. The life stage is also characterised by the development of a sense of invincibility, which makes adolescents believe that they are not vulnerable to danger (Santrock, 2009:373). Adolescents are therefore more likely to engage in risk-taking behavior. The latter occurs despite their increased capacity for moral reasoning.

2.4.4 Moral development

Positive moral experiences, cognitive maturity and a positive attitude are important for a person's moral development; where moral development refers to the process of learning norms and principles of a particular society and being able to judge good and bad behaviour patterns (Louw & Louw, 2007:267, 271). Moral development is important for the peaceful coexistence of members of a society. Moral development is transmitted through the internalisation of societal standards (Berk, 2006:477).

According to Kohlberg's theory of moral development "moral reasoning becomes progressively more complex during adolescence" (Louw & Louw, 2007:270). Adolescents begin to develop conventional reasoning, express genuine concern over moral standards and strive to maintain the value systems of society (Sigelman & Rider, 2009:393). Adolescents strive to conform to societal norms and rules and ensure the maintenance of the social order (Berk, 2006:490).

Adolescents need the support and guidance of their parents or care-givers to achieve their developmental needs (Louw et al., 2007:351). Developmental social welfare gives recognition to the challenges that parents encounter in meeting the needs of their children and therefore focuses on empowering families to care for their children (Conley, 2010:49). The developmental approach sets certain guidelines for social service delivery. These guidelines will be discussed in the following section and will focus on theoretical approaches to social welfare, as well as the guiding principles, strategies and levels of service delivery related to developmental social welfare.

2.5 DEVELOPMENTAL SOCIAL WELFARE

Historically, child welfare services were based on a child protection approach, also known as the residual approach (Conley, 2010:31). The residual approach bases child protection on the notion of parental deficiencies and abnormal families rather than systemic issues, and promotes coercive treatment of families and the removal of children from their homes and communities to residential care facilities (Conley, 2010:31-32).

The developmental approach has brought a shift from institutional care to community based care services (Patel, 2005:191). Services are provided in the communities rather than in residential institutions (Midgley, 2010:15). In contrast to the residual approach that addresses social problems through provision of short term crisis intervention (Patel, 2005:26), developmental social welfare is aimed at improving the capacities of families and communities to care for children and enhancing child protection by means of early childhood care and development programmes (Conley, 2010:32). Lombard and Twikirize (2014:318) indicate that “developmental social work links micro and macro practices by shifting and not excluding, the remedial and maintenance roles to the social change function of social work.”

A developmental social welfare approach promotes a continuum of services for children and families and implement multi-purpose strategies that balance preventive, rehabilitative and developmental programmes (Patel, 2005:168). Gray (2006:53) mentions that the social development approach differs from a residual approach in that “it is a theory to social welfare that posits a micro-policy framework for poverty

alleviation, which combines social and economic goals.” Developmental social welfare focuses on improving the well-being of children and families through strengthening of family and community support systems, enhancing early childhood care and development and promoting the accumulation of assets (Conley, 2010:39-40).

Dutschke (2006:6) highlights the fact that, because of its remedial nature, the residual approach has failed to impact on poverty and social isolation. In contrast, the developmental social welfare approach focuses on a wide range of services and programmes that are aimed at restoring and advancing capacity to address the issues of poverty and vulnerability (DSD, 2005a:6). Developmental social welfare facilitates the development of human capacity and self-reliance within a caring and enabling socio-economic environment (RSA, 1997). It is rooted in a rights-based approach whereby services are family, home and community based (Patel, 2005:208). Developmental social welfare thus supports the promotion and protection of the rights of children and families (RSA, 1997).

In terms of the residual approach, social welfare institutions come into play only when the social systems of support such as family and community networks have broken down (Patel, 2005:24). In contrast, developmental social work focuses on preventative interventions that bring about change to children and families (Midgley, 2010:13). Patel (2005:206-207) indicates that developmental social work is characterised by the following:

- Social workers work in collaboration with multi-sectoral teams in order to achieve the core purpose of providing the needs of children and families;
- Interventions are intended to address the needs of the most vulnerable while promoting and protecting their rights;
- The participation of the clients is key in managing and solving problems; and
- Services are aimed at strengthening human capital of individuals, families and communities through the promotion of social and economic inclusion.

In attempting to meet the needs of vulnerable groups, South Africa implemented a comprehensive transformation from the apartheid welfare system to a social welfare approach which is redefined around a core of social development (Midgley, 2010:12;

Patel, 2005:205). In South Africa, developmental social welfare has thus brought a shift away from the residual or conservative approach (Patel, 2005:26).

The White Paper for Social Welfare (RSA, 1997) provides the framework according to which social welfare services in South Africa was transformed and restructured, and positions developmental social welfare services and programmes at the center of policy making and intervention processes (DSD, 2013a:4). The Constitution of the Republic of South Africa (1996), as well as regional and international treaties enshrine the developmental welfare approach and mandate social workers and social service professions to implement policy and legislation (Nicholas et al., 2010:53; Patel, 2005:209). Developmental social welfare is based on a number of principles that guide the implementation thereof.

2.5.1 Guiding principles

The White Paper for Social Welfare (RSA, 1997) states that social welfare policies and programmes are based on guiding principles that are underpinned by the Constitution of the Republic of South Africa and the Reconstruction and Development Programme of 1994. Key principles that guide the developmental social welfare approach include participation, self-reliance, empowerment, universal access, equity, transparency, appropriateness, accountability, accessibility, efficiency, partnerships, social integration and sustainability (DSD, 2013a:10). These principles will be outlined in this section.

- **Participation**

People should participate in their own development; starting from where they are and progressing at their own pace. The White Paper for Social Welfare (RSA, 1997) indicates that appropriate and effective mechanisms should be put in place for promoting the participation of service recipients. Midgley (2010:16) regards participation as meaning that the voices of clients are heard and their decisions respected. With this approach social workers also employ child participation, as stipulated in Children's Act 38 of 2005, Section 10. In this study the researcher took child participation as appropriate for the exploration of the experiences of children regarding services they receive from drop-in centres. The researcher has taken into

cognisance the provision of the Children's Act, Section 10, which stipulates that:

Every child that is of such an age, maturity and stage of development as to be able to participate in any matter concerning that child has the right to participate in an appropriate way and views expressed by the child must be given due consideration.

Child participation is in line with the provisions made in the United Nations Convention on the Rights of the Child, Article 12, and the African Union Charter on the Rights and Welfare of the Child, Article 7, which state that children should participate in matters that affect them.

- **Empowerment**

Developmental social welfare implies that more power should be placed in the hands of people so that they can have greater control and influence over decisions that are made and resources that are provided to improve the quality of their lives. Empowerment involves moving away from a “pathology approach” that focuses on deficits, to interventions that build capacity by enhancing resources and assets within people and communities (Midgley, 2010:14). Conley (2010:39) asserts that the involvement of extended family members and the community can help build capacities of families to better protect and care for children.

- **Self-reliance**

People should be linked with one another and with their environment in such a way that their individual and collective efforts to attain a better life, will be more effective. They should be empowered by developing their personal skills, for example leadership, decision-making and planning skills. In this sense, the social work profession takes the family as fundamental in the survival, protection and development of the child (Patel, 2005:167).

- **Universal access**

All vulnerable groups should have access to developmental social welfare services. No individual or group should be excluded from these services. The social development approach to welfare services for children, youth and families is based on a continuum of services and apply a generalist approach to social work practice (Patel,

2005:168). Midgley (2010:16) links the concept of universal access to social rights, stating that people served by social workers have the right to benefit from services and support.

- **Partnerships**

Government should form partnerships with civil society and the business sector, to take collective responsibility for delivering services to vulnerable groups. Partnerships amongst government, civil society organisations and the private sector are critical for the improvement of quality of life of the people. Conley (2010:42) reports on how Britain attempts to improve services to vulnerable children by means of collaborative work between child welfare agencies, non-profit and community agencies, as well as statutory service providers such as schools, clinics and hospitals.

In addition to the guiding principles on which the developmental approach is based, the South African government also identified a number of focus areas and strategies for the implementation of developmental social welfare.

2.5.2 Strategies of developmental social welfare

The current strategic focus areas for social welfare intervention are based on an assessment of the social context in South Africa. The focus areas include poverty alleviation, social integration and cohesion, family preservation, care and protection of vulnerable groups, preventive interventions, care and support for substance abuse, support for mental and social health or wellness, prevention of crime, victim empowerment, prevention of HIV and AIDS, and care and support for people affected by HIV and AIDS (DSD, 2013a:13). Patel (2005:227) indicates that some of the developmental social welfare strategies include poverty reduction, sustainable livelihoods as well as family-centered and community-based strategies. These strategies promote social networks in the form of friendships, kinships and community organisation, which play a critical role in promoting sustainable livelihoods and providing social support (Patel, 2005:205).

2.5.2.1 Poverty alleviation

The developmental social welfare approach covers a range of services and programmes that are aimed at addressing the issues of poverty and vulnerability (DSD, 2005a:6). The strategy ensures that families and individuals are enabled to access services, various entitlements, as well as potential economic and social opportunities. Child welfare policies are linked with poverty alleviation strategies which in most cases involve children born in poor families (Conley, 2010:40).

A discussion document towards an Anti-Poverty Strategy for South Africa highlight that unemployment and the absence of earned income are the major causes of poverty (RSA, 2008). The National Development Plan provides the framework for addressing the issues of poverty and vulnerability by achieving an inclusive and responsive social protection system (The Presidency, 2012:5). Pakade (2014:2) mentions that central to this role, is addressing the challenges of eradicating poverty and reducing inequality. Social protection covers a range of poverty alleviation programmes, which include (Pakade, 2014:2):

- Social security which focuses on income generation to address poverty and contributes to ensuring a minimum standard of living.
- Measures to address capability poverty which involves support for early childhood development and investment in children, as well as labour market policies and strategies to promote the inclusion of those who are under and unemployed.
- Protective measures to ensure nutritional and food security that promote access to adequate nutrition.
- Developmental social services interventions that address issues relating to economic and social exclusion, and promote social cohesion.
- Developmental social services that are aimed at reaching out and providing care to the vulnerable groups including those who are affected by HIV and AIDS.

The National Development Plan also commits to improving the quality of life of all citizens and aims to harness the potential of individuals, families and communities (The Presidency, 2014:4).

2.5.2.2 Social integration and cohesion

The developmental social welfare approach is underpinned by principles, elements or themes which relate to empowerment, strengths-based and rights-based advocacy. The approach promotes non-discrimination as well as social and economic strategies that advance social integration (DSD, 2013a:13-14; Midgley, 2010:14-15). Service integration is regarded as “an integral part of effective quality driven social welfare services” (DSD, 2013a:26). These services are provided in the communities and closer to home, rather than in residential institutions (Midgley, 2010:15). Services are rendered through integrated one-stop centres by means of multi-purpose programmes that are accessible to the community (Patel, 2005:159). In this regard government, civil society, the donor community and academia need to work together in laying foundations to ensure that these efforts are implemented (Pakade, 2014:2). The family thus becomes central to this process as it forms “the most fundamental and lifelong support system for children” (Richter et al., 2009:4).

2.5.2.3 Family preservation

According to the White Paper for Social Welfare (RSA, 1997) the strategy of family preservation promotes family life and strengthens families through the implementation of pro-family policies. Empowerment of families is based on harnessing their own strengths, abilities, beliefs, accomplishments, values, interests and resources (DSD, 2013b:36). The key strategic priorities of empowering families focus on promotion of healthy family life, strengthening of families and family preservation (DSD, 2013b:37). Conley (2010:32) points out that “[a] developmental approach to child welfare enhances the capacities of families and communities to care for their children.”

Developmental welfare services protect and promote the rights of children and families, facilitate access to services, challenge policies and advocate for effective social programmes (Patel, 2005:157). According to the White Paper on Families in South Africa (DSD, 2013b:9) the principles that inform interventions with families include human rights, non-discrimination, partnerships, participation, strength-based interventions and the promotion of responsible parenting. The influence of family networks on the child’s well-being is critical for the development of health promotion strategies for families and communities (Ochieng, 2011:429). The principles stated in

the White Paper on Families in South Africa are aligned with the guiding principles discussed above (point 2.5.1).

2.5.2.4 Care and protection of vulnerable groups

Developmental social welfare takes the protection of people who are vulnerable and at risk as an integral part of sustainable human development (Patel, 2005:156). The main goal of the developmental approach is to provide relevant developmental social welfare services, especially to those who live in poverty, who are vulnerable, and who have special needs (RSA, 1997). The strategy is aimed at achieving social justice, minimum standards of living, equitable access and equal opportunities, thereby also meeting the needs of vulnerable groups (Patel, 2005:98). The development strategies that are implemented in developmental social welfare and developmental social work are interwoven and can be combined with other intervention modes to address the situation of the vulnerable families and communities (Patel, 2005:227). The latter author states that these strategies include community-based strategies and interventions that are designed to provide care and support to the vulnerable groups, especially orphans and vulnerable children, and are multi-modal in nature and scope. The empowerment of vulnerable groups is a key component of bringing about change on community level (Midgley, 2010:14).

2.5.2.5 Community-based care

Community development is focused on the development of family-centered and community-based programmes (RSA, 1997). Community-based care assists in addressing the complex needs of individuals, families and communities, and forms an important part of social work practice (Sanders & Munford, 2006:39). It responds to psychosocial as well as systemic problems in an integrated way (Warren- Adamson, 2001:225). Services are provided to encourage participation and sharing of responsibilities by the people, and respond to the needs of the people (DSD, 2005b:4). Services are intended to reach out to children and families with the aim to provide psychosocial support and information for parents and care-givers to cope with the demands of parenting. Conley (2010:41) asserts that social workers in child welfare need to go out into the communities and establish relationships with families and

community-based organisations so as to promote effective coordination systems of service delivery.

2.5.3 Levels of service delivery

Developmental social welfare requires a greater emphasis on preventive services (Conley, 2010:40). South Africa has restructured its welfare system to adopt a developmental approach to social welfare (Midgley, 2010:12). In the Integrated Service Delivery Model (DSD, 2005a:18), the levels of intervention are arranged on a continuum of services, from prevention, early intervention, statutory intervention, residential and alternative care, to reconstruction and aftercare services. The Children's Act, Section 143, makes provision for implementation of prevention and early intervention programmes that can strengthen families with children and build their capacity for self-reliance. The Children's Act, Section 144(3), indicates that prevention and early intervention programmes must involve families, parents, care-givers and children and promote their participation in finding solutions to their problems. Families need to be supported by providing them with a range of services on a continuum of service delivery (Patel, 2005:167). The levels of intervention according to the Integrated Service Delivery Model (DSD, 2005a:18), are subsequently discussed with specific reference to families.

2.5.3.1 Prevention level

Jamieson and Berry (2012:26) state that prevention programmes are aimed at strengthening and supporting families with children, as well as building meaningful relationships with the family and significant others who can support the child and prevent problems from escalating. Section 144 of the Children's Act stipulates that families are assisted to deal with problems in order to avoid entry into the child and youth care system. The family is the basic unit of society and should therefore be supported to take care of its members (Patel, 2005:167). Conley (2010:40) indicates that the role of prevention has often been associated with schools, churches, youth clubs and community-based institutions. However, in line with the developmental social welfare approach, social workers need to give much more attention to prevention in order to improve the well-being of children and families. Prevention,

poverty alleviation and children's rights should be advanced through collaboration with schools, churches and other community-based organizations (Conley, 2010:40-41).

2.5.3.2 Early intervention

Early intervention programmes are aimed at families in which children have been identified as vulnerable or at risk of harm (Jameson & Berry 2012:14). Developmental and therapeutic programmes are provided before children require statutory services or more intensive interventions (DSD, 2005a:18). Within this perspective social workers use their knowledge, skills and values to enhance the well-being of children, families and communities (Patel, 2005:206). The developmental approach recognises child welfare as an investment in restoring the functioning of children and families (Conley, 2010:31). The Children's Act, Section 144(1), prescribes that prevention and early intervention programmes must focus on the following issues:

- preservation of the child's family structure,
- the development of parenting skills and parents' capacity to safeguard the well-being and best interests of the child,
- the promotion of appropriate interpersonal relationships within the family,
- the provision of psychological, rehabilitation and therapeutic programmes for children,
- the prevention of neglect, abuse and exploitation of children and other failures in meeting the needs of children,
- the prevention of the removal of a child from the family, and
- the prevention of children from entering the child and youth care system.

A lack of sufficient supportive services to families at risk can result in families reaching a state of crisis (Conley, 2010:44, 49), thus leading to statutory intervention.

2.5.3.3 Statutory intervention

At this level of service delivery, the child can be removed from his or her home environment and placed in alternative care in cases where the child is no longer able to function adequately in the community (DSD, 2005a:19). The Children's Act (Sections 151 and 152) makes provision that a child be removed to temporary safe

care and/or placed in alternative care. The families affected by the removal of a member have to be provided with support services (DSD, 2013b:43).

2.5.3.4 Reconstruction and aftercare

Services at this level are aimed at reintegrating and supporting families in order to enhance their self-reliance and optimal social functioning (DSD, 2005a:19). It is highlighted in the White Paper on Families in South Africa that the reintegration and reunification of family members who have been separated is important and that capacity building and empowerment of parents to deal with challenging child and youth behavior, is critical (DSD, 2013b:6, 43).

Developmental welfare services therefore focus on proactive services that will empower families to care for their children within the family environment (Conley, 2010:49). In the following section, the family will be discussed in terms of its role to provide care and support for children.

2.6 THE FAMILY AS THE BASIC UNIT IN SOCIETY

The family, as the basic unit of society, assumes responsibility for the survival, protection and development of its children (Berk, 2006:557; DSD, 2013b:37; Patel, 2005:167). It is within the family where care and support for children must be provided in a natural and sustainable way (Richter et al., 2009:3). Families form the lifetime support system for children and ensure that children grow, learn, develop and socialise through kinship and social networks (Richter et al., 2009:3-4). The family has certain functions that it needs to fulfill.

2.6.1 Key functions of families

The social development approach recognises the family as the basic unit of society and the role of the family in the overall well-being of children, including the child's protection, survival and development (DSD, 2013b:37; Patel, 2005:167). The White Paper on Families in South Africa (DSD, 2013b:6) indicates that families have a role to provide physical resources such as food, clothing and shelter, as well as emotional support to its members. Some of the functions of the family are reproduction, provision of food security, provision of emotional support, maintenance of social order, and the

socialisation of children to become competent and participating members of the society (Berk, 2006:559).

Patterson (2002:233-246) describes a number of functions of the family and links these functions with benefits they bear for both their members and society at large. In this regard the reproduction function provide family members with a sense of belonging as well as meaning of life, while it benefits society by ensuring continuation of human species. The economic support function of the family provides in the basic needs for food, shelter, clothing and other resources for its members and, in doing so, enhances the human development of members who can contribute to society. The nurturance, support and socialisation functions of the family provide for optimal physical, psychological, social and spiritual development, which instill societal norms and values that guard against the development of anti-social behaviour. Lastly, the family's function for the protection of vulnerable members provides for care and support for young, ill, disabled and other vulnerable members, which prevents dependency and prevents the well-being of the vulnerable members from becoming a public responsibility.

2.6.2 Functions of families to care for children

The family forms a basic and long term support system for children (Richter et al., 2009:4). Berk (2006:557) highlights that the first and longest-lasting context for the development of the child is occurring within the family. The well-being of children depends on whether families have the capacity to function effectively (RSA, 1997). Families ensures that children receive the care to address their basic needs for food, shelter, education, health care, alternative care, and protection from abuse and maltreatment (DSD, 2005b:11). They give their members a sense of love and belonging (RSA, 1997). Therefore, the Children's Act emphasises care for children within the family and highlights that children must be provided with a suitable place to live. The latter implies that their living conditions must be conducive to good health and that children's well-being and development must be safeguarded at all times.

Effective parenting and family support are important for the well-being of children and adolescents (Department of Health, 2004:7). Benzies and Mychasiuk (2009:106),

based on their study with adolescent mothers, for example point out that due to lack of appropriate parental skills, children are more likely to develop emotional and behaviour disorders. Families provide their members with a sense of belonging and a sense of positive worth, which is related to a caring relationships within the family (Department of Health, 2004:6). Families provide comfort and care to their members as they become sick and vulnerable (Richter et al., 2009:4). The White Paper on Social Welfare recognises that many families may experience difficulties in meeting the needs of their members (RSA, 1997). Parents have a responsibility to care and protect children (Santrock, 2009:319); if not, children face violation of their rights and may become vulnerable or in need of care and protection.

2.6.3 Children in need of care and protection

In terms of the Children's Act, Section 150, children in need of care and protection include children who are abandoned and without means of support, display behaviour which cannot be controlled by parents, live or work in the streets, are addicted to dependence producing substances, are exposed to circumstances that may harm their physical, mental and social well-being, are victims of child labour, or live in a child headed household. The Draft Child Protection Strategic Plan (DSD, 2010a) states that the child protection system must promote identification, reporting and referral of children in need of care and protection. In this regard, Section 46 of the Children's Act makes provision that the child can be placed in several options of alternative care, or removed to a temporary safe care if the child needs immediate emergency protection. In addressing these issues, developmental social welfare advances the capacities of families and communities to care for children (Conley, 2010:32); therefore focusing on enhancing the strengths of the family rather than on the removal of the child from the parental home. This approach is related to the improvement of family resilience.

2.6.4 Family resilience

Thornton and Sanchez (2010:455) explain that resilience is a "dynamic process that enables the individual to respond or adapt under adverse situations." Families have inherent capacities and strengths that sustain them in times of prosperity, as well as adversity (DSD, 2013b:9). Protective factors that foster family resilience are a stable family structure, stability of intimate relationships, family cohesion, supportive parent-

child relationships, a stimulating environment, stable and adequate housing as well as social support (Benzies & Mychasiuk, 2009:105). Berk (2006:11) also refers to factors that can foster the resilience of families and the family members: a close parent-child relationship, coupled with warmth and an organized home environment; grandparents, aunts, uncles or teachers who form special relationships with the child; and associations with law abiding peers who value school achievements.

The family's successful use of protective measures to cope with threats, stressors and adversities makes it strong, united and supportive of its individual members (Benzies & Mychasiuk, 2009:104). According to these authors, family resilience can be optimized by the strengthening of protective factors at all levels of the family's functioning. Developmental social welfare thus places emphasis on support to at-risk families (Conley, 2010:49).

Some of the factors that contribute to the decline of quality of life in families are poverty, unemployment and the fragmentation of families (Patel, 2005:165). The socio-economic impact of HIV and AIDS also contributes to family disintegration (DSD, 2005c:7). Social support is a fundamental element in enhancing family resilience (Distelberg, Martin & Borieux, 2014:243) and can play a significant role to help families deal with adverse conditions.

2.6.5 The role of social support to families

Distelberg et al. (2014:244) point out that families with access to social support networks are more likely to cope with challenges and problems. Social support can come from tangible or intangible resources. The main forms of social support have been identified as emotional support, concrete support, advisory support and esteem support (McGrath, Brennan, Dolan & Barnett, 2009:300).

Support to families enable them to in turn provide support to their members. Family support services can affect change in the child's life (Artaraz, Thurston & Davies, 2007:306). Authors highlight the value of family support with specific reference to adolescent family members. Bokhorst et al. (2009:418) assert that social support helps to prevent negative adolescent behaviour patterns and present opportunities for

positive development. Family support and community social capital are regarded as essential for the educational achievement and mental health of adolescents (Rothon et al., 2011:699). It should be recognised that, apart from support from the family, peer social support is also critical during adolescence (Wang & Eccles, 2012:879). Peer support and acceptance help adolescents to experience a sense of belonging and also help them to feel competent in the school environment. Research has found that social support that are provided by parents, peers and teachers, can enhance academic performance and prevent psychosocial problems during adolescence (Wang & Eccles, 2012:877).

The developmental approach to social welfare emphasises community-based services (Patel, 2005:208) to provide social support to families. Family support centres, which render interventions such as counselling, home visits, play therapy, group work, recreation, homework, drama, and sport, are the cornerstone of family support (Warren-Adamson, 2006:176). In South Africa, drop-in centres were legislated in Section 214 of the Children's Act as one of the community-based strategies that must provide basic services to meet the physical and social development needs of vulnerable children.

As a profession, social work uses its field of knowledge and experience to ensure that people function well in their environment (Van Nijnaten, 2006:134,143). In the next section, the role of the social worker in a welfare system that focuses on developmental issues, will be discussed.

2.7 THE ROLE OF SOCIAL WORK AS A PROFESSION

Social development commits the social work profession to developmental social work and positions social workers as partners in the social welfare sector (Lombard, Kemp, Viljoen-Toet & Booyzen, 2012:180). Social workers in the welfare system are concerned with developmental issues which relates to poverty and vulnerability (Ife, 2012:59). The main purpose of developmental social work is to facilitate change; use a strengths-based approach; enhance empowerment and capacity; promote self-determination and client participation; and to commit to equality, social justice as well social investment and social rights (Midgley, 2010:13).

Patel (2005:207) indicates that social workers work in collaboration with multi-sectoral teams in order to address the needs of children and families who are vulnerable. The author explains that social work services are aimed at promoting and protecting people's rights, strengthening human capital of children, families and communities through the promotion of social and economic inclusion, and involving children, families and communities in managing and solving problems. Developmental social work is community based and involves local people and organisations (Conley, 2010:42). It serves as a mechanism for challenging the injustices which contributes to marginalisation, social exclusion and oppression of individuals, groups and communities (Lombard et al., 2012:180). The focus of developmental social work will be discussed according to the themes identified by Midgley (2010:13).

2.7.1 Facilitating change

Developmental social work is in support of interventions that bring about change in families and communities. According to Midgley (2010:13) "the notion of change is central to developmental social work." In this regard family support services can be put in place to effect change in children's lives (Artaraz et al., 2007:306). However in macro-practice social work, change does not only focus on individuals but on collective ongoing improvements. Community interventions by social workers focus on addressing problems, as well as on building local assets and resources so as to enhance community capacity. The planned change process is widely acknowledged in social work and community development practice (Patel, 2005:229).

2.7.2 The strengths-based approach

In order to achieve change, social development builds on the strengths of all those it intends to serve so as to meet their needs in an appropriate manner that recognises the diversity and dignity of all people (Patel, 2005:110). The strengths-based approach focuses on helping clients to recognise and utilize their inner resources, skills and capacity for growth (Midgley, 2010:14). This approach employs empowerment, strengths, rights-based advocacy, and promotes non-discrimination and social and economic inclusion while advancing social integration (DSD, 2013a:11-12; Midgley, 2010:14; Patel, 2005:98). Thus, the family's successful use of protective measures can help families to cope, can enhance their strengths and help them to support one

another (Benzies & Mychasiuk, 2009:104). Strengthening of family support systems, promotion of early childhood development as well as community involvement are encouraged in the strengths-based approach (Midgley, 2010:39).

2.7.3 Empowerment and enhancing capacity

One of the advantages of developmental social work is its empowering nature. Empowerment is viewed in the context of the relationship between an individual and the disempowering and oppressive environment (Midgley, 2010:14). The White Paper on Families in South Africa (DSD, 2013b:37) proposes that families are empowered and supported to become self-reliant and capable of addressing the issues of children. In this regard social workers engage communities in a relationship based on mutual dialogue, with the view of helping families and communities to understand the power structures that impede their functioning and empower them with various techniques that can assist them to change their situation (Midgley, 2010:14). Dutschke (2009:152-153) highlights that strategies to empower children are aimed at investing in their capacities so as to ensure that they enjoy a better and prosperous social and economic standing in future.

2.7.4 Promote self-determination and client participation

The concepts of self-determination and participation are important for promoting citizen involvement (Midgley, 2010:16). Self-determination and participation involve fostering dialogue relationships with clients so that their voices can be heard and their decisions can be respected. In this way decisions taken by clients are accepted and considered, even though they may counter the professional's view and recommendations (Midgley, 2010:16). The notion of social rights reflects the belief that those served by social workers do not only have a right to make decisions, but also have the right to benefit from services and support provided (Midgley, 2010:15).

2.7.5 Commitment to equality and social justice

The aim of developmental social welfare is to achieve social justice, minimum standards of living, equitable access and equal opportunities, and to meet the needs of the vulnerable groups (Patel, 2005:98). The notion of rights is central to the promotion of social development through political and judicial processes and in this

regard, the social work profession commits itself to promote ideas relating to peace, democratic participation, tolerance, equality and social justice (Midgley, 2010:17). The right to equality implies that those who are most vulnerable in terms of violations are entitled to extra protection (Dutschke, 2009:151).

Staller (2008:265-268) proposed that children have three types of rights that need to be recognized: protection rights, which ensure their protection against harm; provision rights, which secure that their basic needs are met; and participation rights, which enable children to have their voice heard. Human rights concepts are adopted in social welfare policy so that they promote social development through political and judicial processes. It is emphasised in the Children's Act, Section 6(2), that children's rights as set out in the Bill of Rights, should be respected, protected, promoted and fulfilled. Further, the Children's Act, Section 104, spells out the provision of designated child protection services and stipulates the provision for the development of "a comprehensive, inter-sectoral strategy aimed at securing a properly resourced, coordinated and managed national child protection system." The Draft Child Protection Strategic Plan (DSD, 2010a) states that the child protection system must promote mandatory reporting of physical and sexual abuse and deliberate neglect; the identification, reporting and referral of children in need of care and protection; the implementation of child protection register of all mandatory reports and an offender register aimed at preventing perpetrators to work with children; and children's courts that will ensure the best interests of the child.

Compliance with the international human rights instruments is also recognised in developmental social work (Midgley, 2010:15). In this regard political action is essential in challenging discrimination, racism, sexism and other factors that can impede change. Such action can lead to broader social and political changes that produce peaceful, democratic, and egalitarian and just societies (Midgley, 2010:17).

2.7.6 Social investment and social rights

Social investments are vital in developmental social work. They involve a cluster of interventions that mobilise human and social capital, facilitate employment and self-employment, promote asset accumulation and bring about significant improvements

in the material welfare of individuals, families and communities (Midgley & Sherraden, 2009:15). Social investments and being involved in the productive economy are regarded as the most effective ways to enhance people's welfare and achieve economic development (Patel, 2005:29). According to Patel (2005:103) human capital investments include vocational training, employment opportunities, investment in educational development, and support for children through school nutrition programmes, and programmes that will support the development of social skills and competencies of school going children, and entrepreneurial skills for youth.

In this way social work as a transactional process does not only focus on processes that emanate from professional interventions implemented by the social workers. It is mainly informed by the actions and views of the clients, who as service recipients have a right to determine the plan of action (Van Nijnaten, 2006:142). The latter author indicates that people can only recover their autonomy when they can write their own narrative. The fact that social work recognises the ability of people to tell their own story, was appropriate to this study as the researcher took child participation into cognisance and explored the views of children regarding the services they receive at the drop-in centres.

A unifying feature of the approaches to social development and developmental social work are that they focus on the issues of human rights, poverty alleviation, community-based services for vulnerable groups, improving social and economic situations in communities, and promoting and protecting the needs and rights of people in order to bring about change. The researcher observed that the National Development Plan Vision 2030 (The Presidency, 2012) resonates well with the White Paper for Social Welfare (RSA, 1997) in that they focus on issues of social protection, poverty, vulnerability, empowerment and investment in children.

This research study is based on the developmental approach since it is aimed at facilitating the provision of appropriate developmental social welfare services to those who have special needs, are vulnerable and are living in poverty. Drop-in centres were introduced as an appropriate strategy to provide services to vulnerable children within the family and community context (Children's Act, Section 214). In this study the researcher took interest in hearing the voices of vulnerable children regarding services

they receive from drop-in centres, as family centres are seen as the cornerstone of family support (Warren-Adamson, 2006:176).

2.8 DROP-IN CENTRES AS A FORM OF SOCIAL SUPPORT

The Children's Act, Section 213, defines a drop-in centre as a facility that provides "basic services aimed at meeting the emotional, physical and social development needs of vulnerable children." Drop-in centres are also described as a "physical structure where comprehensive services focusing on children and vulnerable groups within the community are rendered" (DSD, 2005b:4). Jamieson and Berry (2012:26) indicate that drop-in centres can offer prevention and early intervention programmes. These authors point out that drop-in centres can build relationships with significant people in the child's life, such as teachers, and also provide programmes to families in which children are found vulnerable.

The definitions of drop-in centres allude to the provision of basic and comprehensive services focusing on vulnerable children. A literature study conducted by the researcher provided limited information on drop-in centres. Although the concept of drop-in centres is described in government documents such as in Chapter 14 of the Children's Act, the literature search highlighted the fact that the documentation of drop-in centres for children is limited in the South African context.

2.8.1 The history of drop-in centres

Literature indicates that drop-in centres were established around the nineteen eighties (1980s) in the United State of America (USA) and were referred to as child-parent drop-in centres. Cigno (1988:361) indicates that the drop-in phenomenon developed in a haphazard way at the "soft end of social work" mostly in the volunteer sector. Hasenfeld, Murphy and Olson (1981:157-158) describe a child-parent drop-in centre as a "family oriented program which provides support and fosters growth through short-term and respite child care for infants at minimal or no cost to the families." These authors explain that the programme was intended to reach families that have limited financial resources in order to fill a gap at a time where the family unit became isolated and fragmented. Cigno (1988:361) points out that drop-in centres helped prevent family breakdown by preventing isolation and providing a user friendly environment

where children and youth can play, make friends, encourage and help each other, and regain their self-esteem. The desired outcome of the establishment of child-parent drop-in centres was the reconstruction and maintenance of healthy family units.

The drop-in centres provided a variety of resources, activities and support such as crèches, family centres and other activities, including conference venues for family welfare associations and social work teams (Cigno, 1988:361). The project workers were experienced in working with children and/or families. The child-parent drop-in centres provided educational programmes and social opportunities for parents, short-term crisis counselling, referral services and other community resources such as volunteer opportunities and training (Hasenfeld et al., 1981:156-157).

Ideally drop-in centres were positioned in an area whereby homeless youth could have access, so as to assist them in meeting their basic needs such as food and staying clean and healthy (Slesnick, Glassman, Garren, Toviessi, Bantchevska & Dashora, 2007:729). Accessibility and capacity are at the core of the concept of drop-in centres. Cigno (1988:361) states that drop-in centres are part of community support networks and have an important place in the lives of a wide range of families. Hasenfeld et al. (1981:156-157) agree that central to the drop-in centre concept, was a strong commitment of support from the community. For Slesnick et al. (2007:729) it was noteworthy that “community collaboration and acceptance of the drop-in center as a positive addition to the neighborhood is important to the prosperity of the drop-in center.” The latter authors allude that drop-in centres were integrated into the community and used existing structures so that they did not change the landscape of the community.

At the outset, drop-in centres depended upon volunteer staff support. Hasenfeld et al. (1981:157-158) indicate that parents, students, senior citizens and others were recruited, trained, and actively involved as child care-givers, while others volunteered as receptionists or planners to support the operations of the centres. Businesses provided assistance with fund-raising efforts while local human service agencies provided consultation, acted as referral resources, and gave direct assistance with programme development and operations. The authors further assert that this ongoing and vital interaction with the community at different levels determined the high degree

of responsiveness and openness of the drop-in centres toward meeting specific and diverse needs of families.

2.8.2 Conception of the drop-in centre model in South Africa

In South Africa the community-based multi-purpose centres, later referred to as drop-in centres, were seen as a model for practical implementation of the National Integrated Plan for Children and Youth Infected and Affected by HIV and AIDS (DSD, 2005b:2). The drop-in centre model was subsequently legislated in the Children's Act. Section 217 of the Children's Act makes provision that:

... any person or organisation may establish or operate a drop-in centre provided that the drop-in centre is registered with the provincial head of social development of the province where that drop-in centre is situated and is managed and maintained in accordance with any conditions subject to which the drop-in centre is registered.

The White Paper for Social Welfare (RSA, 1997) indicate that since children are inherently vulnerable, they need to grow up in a nurturing and secure family that can ensure their survival, protection and development. Where families struggle to meet the needs of their children, the Children's Act, Section 215, stipulates that "the funding of drop-in centres must be prioritised in communities where families lack the means of providing proper shelter, food and other basic necessities of life to their children." The importance hereof can be related to the fact that family centres are a key element in family support (Warren-Adamson, 2006:176). The researcher was involved in her professional role in the roll-out of drop-in centres in South Africa. She has observed that in the pilot phase the focus of drop-in centres was more on children affected by HIV and AIDS, however the Children's Act has since made provision for all vulnerable children to benefit from drop-in centres. The researcher is of the opinion that this is indeed a progressive move towards the realisation of children's rights.

While South Africa needs to ensure that vulnerable children are provided with services that will enhance their emotional, physical and social development, it must also be ensured that the progressive realisation of children's social and economic rights are considered. The progressive realisation of economic and social rights is fundamental for the survival of the majority of South Africans (South African Human Rights Commission, 2010:iii). In ensuring the rights of children, Government must ensure the

roll-out of drop-in centres that will provide relevant services to children in their communities.

2.8.3 Services provided by drop-in centres

Drop-in centres focus on comprehensive services for children and vulnerable groups within the communities (DSD, 2005b:4). Jamieson and Berry (2012:26) indicate that drop-in centres are in a position to form partnerships with significant people in the child's life and also provide programmes to the families of vulnerable children. Drop-in centres function as spaces of care (Conradson, 2003:504) and form part of the informal and voluntary sector network (Warren-Adamson, 2006:174). The psycho-social character of the drop-in centre is shaped by the involvement of the volunteers in responding to the needs of the community (Conradson, 2003:513). According to the Children's Act, drop-in centres are required to provide certain compulsory services, while they can provide additional or optional services.

2.8.4 Compulsory and optional services

In the Children's Act, Section 213, a distinction is made between compulsory services that drop-in centres need to provide, and optional services, which can be provided at the discretion of the centre. The Children's Act, Section 213(2), indicates basic services which must be offered by drop-in centres while section 213(3) spells out the appropriate programmes which may be offered for the developmental needs of children. The basic services that must be provided by drop-in centres are discussed subsequently.

2.8.5 Compulsory services or "must" services - Section 213(2)

The Children's Act indicates that drop-in centres must provide four basic services. These services are the provision of food, school attendance support, assistance with personal hygiene, and laundry services. The researcher will discuss these services under three headings:

2.8.5.1 Provision of food

The Constitution of the Republic of South Africa, Section 27(1)(b), states that

“everyone has the right to have access to sufficient food and water” and Section 28(1)(c) indicates that “every child has the right to basic nutrition, shelter, basic health care and social services.” In realising children’s right to basic nutrition, the State must ensure the availability of food security programmes. South Africa has committed to the Millennium Development Goals (MDGs) and embraced them into a national set of priorities (RSA, 2010:4). According to the General Household Survey (Statistics South Africa, 2010) thirty three percent (33%) of children from the poorest households are likely to experience hunger. The right to food is entrenched in international human law, conventions and strategies (South African Human Rights Commission, 2010). The Children’s Act enforces provision of food as a service that must be provided for vulnerable children by the drop-in centres.

2.8.5.2 School attendance support

The Constitution of the Republic of South Africa (1996), Section 29(1)(b), stipulates that “everyone has the right to basic education including adult basic education; and further education, which the State, through reasonable measures, must make progressively available and accessible.” In terms of the South African Schools Act (Act 84 of 1996) education for learners is compulsory for children from the age of seven to the age of 15 or Grade 9. Education is not compulsory for learners after Grade 9. However, learners who wish to complete Grade 12 are not denied access to schooling.

The South African education system made education accessible to a very high proportion of the 7 to 15 year old children, with the school attendance rate increasing from 96.3% in 2002 to 97.9% in 2008 (Statistics South Africa, 2008). The Millennium Development Goals Country Report (RSA, 2010:46) indicates that in addressing issues around school attendance support, the South African government targeted a range of policies which include the policies on exemption of school fees in poor communities, free transport to learners who live far away from schools, and the National Schools Nutrition Programme that are implemented in selected schools in poor communities. The Girls Education Movement was also established to ensure success and retention of girls in schools, and some poor children are provided with school uniforms.

The Guidelines for Establishment of Community Based Multi-Purpose Centres/Drop-in Centres (DSD, 2005b:6-8) indicate that drop-in centres, among other things, should monitor school work and school attendance. The drop-in centre is thus another strategy that seeks to support school attendance among vulnerable children.

2.8.5.3 Assistance with personal hygiene and laundry services

Hygiene is defined as “conditions or practices conducive to maintaining health and preventing disease, especially through cleanliness” (Concise Oxford English Dictionary, 2006). The focus of drop-in centre services related to personal hygiene and laundry services can thus be regarded as a preventive intervention that can contribute to the maintenance of health and the prevention of disease. The right to health is stipulated in the Constitution of the Republic of South Africa, Section 27. Primary Health Care was adopted in South Africa to ensure equitable, accessible and affordable health care to all. In this context, the Primary Health Care Policy (Department of Health, 1997) states that the service of Primary Health Care include health promotion, youth health services, counseling services, taking care of chronic diseases including HIV and AIDS, rehabilitation, accident and emergency services, family planning, and oral health services. In line with the Primary Health Care Policy, children in drop-in centres have the right to access health, counseling, treatment and rehabilitation services as and when the need arises. The optional services provided by drop-in centres will be discussed in the next section.

2.8.6 Optional or “may” services - Section 213(3)

The Children’s Act further stipulates that a drop-in centre may offer a number of programmes appropriate to the developmental needs of the children who attend the drop-in centre. These services include the following:

- a) Guidance, counselling and psychosocial support;
- b) social skills and life skills;
- c) educational programmes;
- d) recreation;
- e) community services;
- f) school holiday programmes;
- g) primary health care in collaboration with the local health clinic;
- h) reporting and referral of children to social workers or social service professionals;
- i) promotion of family preservation and reunification;

- j) computer literacy;
- k) outreach services; and
- l) prevention and early intervention.

It should be noted that the services categorised in the Children's Act, Section 213(3) are optional as compared to the Section 213(2) which are compulsory services. Drop-in centres further have to comply with certain norms and standards.

2.8.7 Norms and standards for drop-in centres

Government developed norms and standards to provide a safe environment for children who make use of the services of drop-in centres. In terms of Section 216 of the Children's Act, the norms and standards stipulate that:

- a safe environment needs to be created for the children,
- there should be safe drinking water,
- the centre should have hygienic and adequate toilet facilities,
- the centre should have access to refuse disposal services, and
- there should be an hygienic area for the preparation of food.

In terms of the safe care environment at the centre, the following stipulations are made in the Consolidated Regulations pertaining to the Children's Act (2005), Regulation 94, Annexure B:

- 1) Children are safe and cared for while at the centre
- 2) Premises and equipment are safe, and well maintained
- 3) The structure or building is safe and weatherproof.
- 4) Children are protected from risk of fire, accidents and other hazards
- 5) Corporal punishment (smacking) and other forms of inhuman and degrading punishment and treatment are prohibited
- 6) If anyone suspects that a child has been abused, a report must be compiled and the child referred to the child protection organization
- 7) There must be an adult supervision all the times
- 8) A first aid kit should be available in every centre
- 9) Safe and clean water must always be available
- 10) Where piped water is not available water should be made safe and treated according to approved national health guidelines for treating water
- 11) Water storage containers should be covered all the times.

The above norms explain categorically how the drop-in centres should be operated, as well as the standards that should be observed when dealing with children. The

norms and standards provide evidence that Government is concerned about the issues of child survival, protection and development as stipulated in the Constitution of the Republic of South Africa (1996), the United Nation Convention on the Rights of the Child, and the African Charter on the Rights and Welfare of the Child. The services by drop-in centers should further be based on certain principles.

2.8.8 Guiding principles for drop-in centres

According to Guidelines for the Establishment of Community-Based Multi-Purpose Centres/Drop-in Centres (DSD, 2005b:4-5) service provision by drop-in centres are based on a number of guiding principles. These principles are listed and discussed as follows:

- Best interest of the child, child survival, protection, development, participation and non-discrimination.

This principle is in support of the stipulations of the Constitution of the Republic of South Africa, Section 28, and the Children's Act, Section 9, which stipulate the best interests of the child is paramount in all matters concerning the child.

- Families and young people at risk should have access to a range of services based on a continuum of care.

The social development approach to welfare services for children, youth and families is based on the thrust that promotes a continuum of services and apply the generalist approach to social work practice (Patel, 2005:168).

- Young people must be provided with an opportunity to grow in their own families. The family is fundamental in the survival, protection and development of the child (Patel, 2005:167). Families have inherent strengths to sustain themselves (DSD, 2013b:9). These strengths can be harnessed and incorporated into service delivery.

- The primary concern of service providers should be family capacity building and access to appropriate resources.

According to Patel (2005:167) services are essential for building the human capabilities of family members. Services are preferably rendered at a place where they are easily accessed by the community (Patel, 2005:159).

- All services to young people and their families should be appropriate for the individual, family and community.

The White Paper for Social Development (RSA, 1997) indicates that appropriate and effective mechanisms need to be created to promote participation. Therefore, developmental social welfare services should be appropriate to those living in poverty, who are vulnerable and who have special needs.

- Communities must be encouraged to provide support systems.

Conley (2010:39) asserts that the involvement of extended family members and the community can help build capacities of the families to better protect and care for children.

- The criteria for identifying vulnerable children must be developed by the community.

The White Paper for Social Welfare (RSA, 1997) alludes to democratic values and points out that the public and all welfare constituencies will make decisions on policies and programmes that affect them.

- Services should be accessible, effective and efficient.

The White Paper for Social Welfare (RSA, 1997) stipulates that interventions need to be financially viable, efficient and cost effective.

- Services rendered to children must be appropriate to their needs.

Prince and Howard (2002:28) point out the basic needs of children as identified by Maslow, which focus on physiological needs, safety needs, the need for love and belonging, self-esteem needs and self-actualization. The authors indicate that the lower needs must be satisfied before higher needs can be considered.

- Services should respect privacy and dignity and also be sensitive to culture, religion and value system.

The Constitution of the Republic of South Africa (1996) stipulates that everyone has the right to participate in cultural life of their choice, enjoy their culture, practice their religion and use their language.

- Activities must be planned, implemented, monitored and evaluated with the community.

The White Paper for Social Welfare (RSA, 1997) categorically states that all partners in public and private settings need to be transparent and accountable at all levels.

- Networking of various community based organisations should be encouraged in order to provide holistic services to children and their families.

The White Paper on Families in South Africa (DSD, 2013b:10) explains that delivery of services by government and other role players will be defined in mutual partnership with the family.

- Integration and partnerships should always be an integral part of service delivery. The White Paper for Social Welfare (RSA, 1997) indicates that policies and programmes need to be developed and promoted in partnership with civil society organisations. Developmental social welfare emphasises the importance of partnerships in service delivery to vulnerable children, and that the roles of the different partners should be clearly indicated (Conley, 2010:40-41; DSD, 2013a:14; Patel, 2005:207).

2.9 CONCLUSION

Children have the right to survival, protection and development. However, children are made vulnerable due to conditions that include poverty, unemployment, chronic illnesses and unsafe living environments. The developmental approach emphasises that social welfare services should aim to keep vulnerable children in their families and communities. The South African Government introduced drop-in centres as a strategy to provide family-centred and community-based services to support vulnerable children within their families. However it was still to be seen as to whether this strategy

would benefit vulnerable children, restore their social functioning and enhance the rights and well-being of the children and their families. The researcher took interest in the needs of children who are vulnerable and the delivery of integrated family-centered and community-based social support services, with special focus on drop-in centres. This study therefore focused on the experiences of children regarding the services they receive from the drop-in centres. The research methodology for the study, the ethical considerations and the findings of the study will be presented in Chapter 3.

CHAPTER 3

RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1 INTRODUCTION

This chapter focuses on the research methodology, ethical considerations, and the empirical findings of the study. The research goal and objectives and the research question are firstly stated, followed by a description of the research methodology, a discussion of the ethical considerations underlying the research, and the presentation of the empirical findings of the study. In this study the particular concern of the researcher was exploring the experiences of vulnerable children regarding the services they receive from drop-in centres.

3.2 GOAL AND OBJECTIVES OF THE STUDY

The goal of the study and the objectives that guided the study, are as follows:

3.2.1 Goal of the study

The goal of this study was to explore the experiences of vulnerable children regarding services they receive from drop-in centres.

3.2.2 Objectives of the study

- To describe the role of drop-in centres as an intervention strategy in terms of the Children's Act 38 of 2005, with specific reference to the situation of vulnerable children.
- To explore the experiences of vulnerable children regarding the services they receive from drop-in centres.
- To reach conclusions and make recommendations based on the findings of the research that can optimize service delivery by drop-in centres.

3.3 RESEARCH QUESTION

The research question controls the way the researcher conducts the research process, thus it guided the methodology, data analysis, conclusions and decisions related to the empirical phase in this research (Fouché & De Vos, 2011:90). The researcher

focused the research according to the specific research question that was set for the study (Kreuger & Neuman, 2006:11). The research question in this study was: What are the experiences of vulnerable children regarding services they receive from drop-in centres?

3.4 RESEARCH METHODOLOGY

The research methodology is discussed according to the research approach, the type of research, the research design, study population and sampling, data collection and data analysis. The trustworthiness of the qualitative data and the pilot study that was conducted, are described lastly.

3.4.1 Research approach

A qualitative research approach was used in this study as the research involved an exploration of the experiences of vulnerable children regarding the services they receive from drop-in centres. The researcher wanted to obtain a subjective view of reality from the perspective of vulnerable children who receive services from drop-in centres. Qualitative research is concerned with exploring and understanding a problem, behavior or situation according to the perspective of an insider, thus the participants themselves (Becker, 2012:15; Creswell, 2009:4; Fouché & Schurink, 2011:308). The research was an inquiry into a social problem or situation and was aimed at understanding social life and the meaning that people attach to everyday life (Fouché & Delpont, 2011:65). The study was thus exploratory in nature (Leedy & Ormrod, 2005:94).

3.4.2 Type of research

Fouché and De Vos (2011:94) indicate two types of research, namely basic and applied research. These authors indicate applied research focuses on bringing about change in a problematic practice situation. The current study was based on applied research, as its focus was on a problem in practice and on making a contribution towards a practical social issue (Sarantakos, 2005:10). The intention with the research was to explore and gain insight into the experiences of vulnerable children regarding services they receive from drop-in centres and, based on the findings, make recommendations about the delivery of these services.

3.4.3 Research design

The research design for this study was phenomenology. Phenomenological research designs are used in order to understand the everyday lived experiences of participants as well as the meaning they give to their everyday lives (Creswell, 2007:57; Fouché & Schurink, 2011:316). This design served as the plan to conduct the study, as it encompassed the philosophy, strategies of inquiry and specific methods used in the research (Creswell, 2009:5; Durrheim, 2006:34). As phenomenology focuses on understanding the perceptions and perspectives of a particular situation through the eyes of people who have experienced it firsthand (Leedy & Ormrod, 2005:140), the research design was suitable for the study, which was about exploring the experiences of vulnerable children regarding an everyday event in their lives, namely the services they received from drop-in centres.

3.4.4 Study population and sampling

In this study the population consisted of vulnerable children who received services from three drop-in centres that were under the management of Kids Care and Support Trust. This population allowed the researcher to have access to persons that would be of interest to the topic of the study as they were relevant to the research problem (Strydom, 2011a:223; Welman et al., 2012:52). The drop-in centres were selected based on their proximity and the willingness of the management to allow the research to be conducted at the centres. Written permission was obtained to conduct the research at the drop-in centres (letter of permission attached as Appendix A).

Stratified random sampling was used to proportionally select the sample of participants from the three drop-in centres that formed the different strata (Strydom, 2011a:230; Welman et al., 2012:61). To this effect the researcher identified the sampling criteria for the study, according to which a list of names for male and female adolescents were compiled for each of the three drop-in centres. This sampling frame ensured that the research sample would include attributes close to what the researcher wished to investigate (Neuman, 2006:219). Two girls and two boys were then randomly selected from the name list for each drop-in centre, resulting in a total of twelve adolescents who formed the sample for the study; thus the participants that were actually included

in the study (Strydom, 2011a:223-224). The delineation of the sample was based on the following sampling criteria:

- They were vulnerable children who have not participated in any study.
- They needed the services of drop-in centres due to the fact that parents are alive but unable to provide for their basic needs.
- The children were between the ages 16 and 17 years.
- They received services from one of the drop-in centres situated around Ekangala.
- They received services from a drop-in centre for a period of at least six months.
- The sample consisted of two girls and two boys from each drop-in centre.
- The children participated voluntarily in the study.
- They had verbal skills to participate in the interview.
- They were able to communicate in English, Nguni or Sotho languages as the researcher has mastery of these languages. Interviews in languages other than English were translated into English.

3.4.5 Data collection

The data collection method that the researcher utilised was the in-depth or unstructured interview. Unstructured interviews are useful in exploratory studies, as understanding the experiences of other people lies at the root of the unstructured interview (Greeff, 2011:348; Welman et al., 2012:201). The unstructured interview was therefore relevant to the study. Greeff (2011:348) indicates that unstructured interviews help researchers to determine the participants' opinions, facts and potential solutions. The researcher compiled an in-depth interview guide (attached as Appendix B) and prepared a number of main questions that guided the conversation (Greeff, 2011:349). These were presented as open ended questions so that participants could respond in their own words (Jarbandhan & Schutte, 2006:674). Probing questions were used to clearly understand the responses of the participants (Greeff, 2011:349).

The unit of analysis was vulnerable children between the ages of 16 to 17 years and developmentally they were therefore able to participate in an interview. Monette, Sullivan and DeJong (2008:87) point out that the unit of analysis are "specific objects whose characteristics we wish to describe and about which we will collect data." Keeping in mind that the unit of analysis was children, the researcher started with

general questions and avoided leading questions (Jarbandhan & Schutte, 2006:674). The researcher asked questions until a point of saturation of information was reached. The researcher acknowledged the age, abilities and capabilities of individual children. Age appropriate language was used and the researcher used clarification in order to clearly understand the responses of the participants (Jarbandhan & Schutte, 2006:674). The researcher acknowledged the sensitivity of the topic of research and therefore took specific precaution that the questions focused on the services received from drop-in centres. The participants could then share information that they felt more comfortable with. According to Miller (2000:1128), when dealing with children the use of both verbal and nonverbal communication skills are important. The researcher took into consideration non-verbal cues by clarifying observations that were made during the interview, when it was considered appropriate. Field notes were compiled, while interviews were also audio taped with the consent of the participants and their parents. The audio tapes ensured that data collection was accurate (Greeff, 2011:359).

The researcher conducted a pilot study with two adolescents who attended a drop-in centre in the area where the study was undertaken, in order to determine whether there were any uncertainties in terms of the interview guide (Welman et al., 2012:148). The two adolescents complied with the sampling criteria for the study, but the data that was collected did not form part of the findings of the study. The researcher found that she could collect sufficient data during the pilot study and no changes were made to the interview guide.

3.4.6 Data analysis

Data analysis was done using the analytic spiral for qualitative data analysis as identified by Creswell (Schurink et al., 2011:403-404). Thus, data was analysed in analytic circles rather than using a rigid linear approach. The steps in the data analysis process were implemented as follows:

3.4.6.1 Planning for collection of data

Schurink et al. (2011:403) indicate that “the researcher should plan for the recording of data in a systematic manner which is appropriate to the setting, the participants or both and that will facilitate analysis before data collection commences.” The

researcher firstly prepared the guideline for the in-depth interviews and also for the use of field notes and a voice recorder. The participants' assent and the parents' consent were obtained for using the electronic recording device.

3.4.6.2 Data collection and preliminary analysis

This step involved both data analysis during the interviews in the field and data analysis away from the field after data collection (Schurink et al., 2011:405). In a qualitative study data collection and data analysis are almost inseparable. Similarly, in this study data analysis was done during data collection at the research site. The interviews were captured by means of audio recordings and field notes, while preliminary themes were identified and explored. After the interviews, the focus was on storage of the data as preparation for constructive analysis of the data.

3.4.6.3 Managing data

This step involved that field notes were organised and audio recordings were transcribed, while the recordings of interviews in the Nguni or Sotho languages were translated into English. The data were then organised into file folders and computer files (Schurink et al., 2011:408). According to the mentioned authors transcription of audio recordings provide the researcher with an opportunity to get immersed in the data between field work and data analysis. The researcher made sure that all field notes were complete and stored the data in word files.

3.4.6.4 Reading and writing memos

The researcher read the information gathered during the interviews and the field notes repeatedly in order to become familiar with the data. Memos in the form of short phrases, ideas or key concepts were written in the margins of the field notes and the transcripts to facilitate the exploration of the data (Schurink et al., 2011:409). The researcher used the memos to code themes as well as for reflection on the information in the transcripts (Babbie, 2013:400-401).

3.4.6.5 Generating categories and coding the data

Schurink et al. (2011:410) explain that generating categories involves noting regularities, or salient themes and recurring patterns in the data. The researcher

generated categories, themes and patterns by noting regularities that emerged from the data and identifying concepts that were recurring and consistent. In this way the researcher identified categories, themes and patterns as they emerged. The researcher further made notes of what each concept was about, which put the researcher in the position to compile categories and themes.

Babbie (2013:396) describes coding as the key process in qualitative data analysis. Primarily, it involves the task of identifying and labelling categories or themes in the data. The researcher developed a coding system in the form of key words for the identified themes or categories. The researcher also took cognizance of the fact that as data is coded, new understanding might emerge.

3.4.6.6 Testing emergent understandings and alternative explanations

According to Kreuger and Neuman (2006:452) this steps entails the process of evaluating how information that is not included in the data can be important for data analysis. During this phase the researcher began the process of exploring and understanding available data. This entailed searching through data to identify similar patterns and identify elements that can be incorporated into larger constructs. This process helped the researcher to evaluate the usefulness of data and its centrality to the research question (Schurink et al., 2011:415-416). A part of this task included to critically consider the themes in the data and search for different explanations for the data.

3.4.6.7 Interpreting and developing typologies

Interpretation involves the tasks of making sense of the data and identifying lessons that were learnt from the data (Schurink et al., 2011:416-417). The researcher followed the methods described by the latter authors, by first interpreting data that were obtained from the interviews with the participants, compare it to existing literature, and then search for the underlying meaning in the data.

3.4.6.8 Writing the research report

In this study the findings of the research was organised according to meaningful themes and sub-themes that have emerged from the data. Since the study focused on

listening to the experiences of vulnerable children, the researcher supported the themes by making use of quotes that are in the participants' own words. Where these direct words were in a participant's language other than English, it was translated into English for the purpose of the research report. The research findings are presented in text form (Schurink et al., 2011:418) and form part of the final research report.

3.4.7 Trustworthiness

Researchers have the responsibility to ensure that qualitative data are analysed and presented in an authentic manner (Schurink et al., 2011:421). For the researcher, the aspect of trustworthiness was especially important as she was involved in the initial process of the roll-out of drop-in centres in South Africa.

The researcher followed a number of guidelines in order to increase the trustworthiness of the research study. Firstly, she attempted to prevent personal bias by engaging in reflexivity (Lietz, Langer & Furman, 2006:447-448; Shurink et al., 2011:422). Thus, the researcher remained aware of her own perceptions on the topic so that personal bias would not affect the interpretation of the data obtained from the participants. During the interviews the researcher further made sure that she clarified information to make sure that she understood the meaning of the participants' responses. Thus, she also engaged in member checking to enhance the trustworthiness of the findings (Lietz et al., 2006:454).

The researcher acknowledges that the small sample size would affect the transferability of the findings to a larger population (Schurink et al., 2011:420). However, within the small sample, the researcher made sure that research is supported by truthful transcriptions of the interviews, organising transcripts and field notes to maintain proper record of the research (Lietz et al., 2006:450).

3.5 ETHICAL CONSIDERATIONS

Strydom (2011b:114) explains that "ethical guidelines serve as standards and the basis upon which each researcher ought to evaluate his own conduct." It is important that the researcher internalises the principles of research ethics as this will ensure that ethically guided decision making becomes part of the researcher's work.

Since the unit of analysis was vulnerable children, the researcher took into consideration that some factors that led to their vulnerability might be sensitive issues for them to share during the data collection interviews. Although this research can contribute to improvement of service delivery by drop-in centres by hearing the participants' own views on the services they receive from drop-in centres, the sensitivity around the situation was always kept in mind by the researcher. In this study the researcher therefore took into consideration the ethical considerations related to research studies, so as to display professional conduct towards the participants.

3.5.1 Avoidance of harm

Babbie (2007:27) indicates that the fundamental ethical rule of social research is that it must not bring harm to participants. Research subjects can be harmed in two ways, namely physically and/or emotionally (Strydom, 2011b:115). The researcher took into consideration the fact that the unit of analysis for the study was children. The participants were still in the adolescent life stage and, more importantly, they could be regarded as vulnerable as they received services from drop-in centres. The sensitivities around their vulnerability was considered by the researcher throughout the course of the study. Due to the nature of the topic and the age of the participants the issue of emotional harm were taken into account during the research.

The researcher therefore attempted to minimise possible harm by informing the participants beforehand about the nature and the possible effects of the investigation (Strydom, 2011b:115). Participants were offered the opportunity to withdraw from the research whenever they chose to do so and they were informed that there would be no negative consequences for them in withdrawing from the study. Similarly, the researcher continuously assessed whether participants became emotionally distressed and would need further counseling. Both verbal and non-verbal indications (Miller, 2000:1128) were taken into account in observing signs of emotional distress. The researcher made arrangements with the social workers at the Kids Care and Support Trust to provide counselling and support to those participants who might appear to be emotionally affected. The participants were also informed that they could request to be referred for counseling and support if they experienced emotional

distress due to participation in the research. No participants needed to be referred for counselling.

3.5.2 Informed consent

Strydom (2011b:117) explains that written informed consent should be obtained from research participants. Informed consent implies that research subjects can make a decision about their voluntary participation in the research based on a full understanding of what the research will entail (Babbie, 2013:34). To comply with the requirements of informed consent, the researcher provided the participants with information on the goal of investigation, the expected duration of the participant's involvement, the procedures which would be followed, possible advantages, disadvantages and dangers to which participants might be exposed, and the credibility of the researcher (Strydom, 2011b:117). This information was included in the written assent and consent letters for the participants and their parents or care-givers.

The researcher obtained written assent from the participants (written assent letter attached as Appendix C) and, as participants were under the age of 18 years, informed consent was obtained from their parents or guardians (written consent letter attached as Appendix D). In the assent and consent letters the researcher explained to the participants and their parents or guardians what the research would entail. The consent and assent forms addressed the following aspects:

- The goal of the research,
- The procedures of the research,
- That participation would be of a voluntary nature,
- The possible risks and benefits of research,
- The procedures used to protect confidentiality, and
- That a voice recorder would be used during the interview.

The researcher provided each participant with accurate information so that they could make a decision to voluntarily participate in the study. This was seen as important due to the fact that vulnerable children are often exposed to negative social circumstances, which increase the sensitivity of the research topic for them. The participants and their parents or care-givers were further assured that raw data would be handled with

complete confidentiality and would afterwards be stored for fifteen years at the University of Pretoria according to the stipulations of the University.

3.5.3 Deception of respondents

Neuman (in Strydom, 2011b:119) indicates that deception occurs when the researcher intentionally misleads subjects by way of written or verbal instructions. The researcher avoided the deliberate misrepresenting of facts and refrained from making empty promises to the participants. The researcher also kept in mind that it would be possible that deception occurred in an unintended manner. Strydom (2011b:119) points out that “when such unforeseen developments occur they must be discussed with the respondents immediately after or during the debriefing interview”.

In this study the researcher avoided issues relating to deception by all means. She guarded against the misrepresentation of facts and remained honest with the participants on what the study entailed.

3.5.4 Violation of privacy and confidentiality

The researcher kept in mind that privacy was very important in cases where research deals with sensitive issues (Babbie, 2013:40). Privacy implies keeping to oneself information which is normally not intended for others, and that each individual has the right to decide to what extent he/she reveals his/her attitudes, beliefs and behaviours, while confidentiality indicates the handling of information in a confidential manner (Strydom, 2011b:119).

In upholding confidentiality, the researcher informed the participants that their names would not be revealed or displayed anywhere during and after the investigation. However the researcher also mentioned the fact that, in cases where emotions have been triggered, further counseling could be necessary. Even so, the participants' cooperation in this regard was sought. They were further assured that they would not be identifiable in the research report. The names of participants were not reflected on the transcripts of the interview and codes were used as a way of complying with issues relating to confidentiality.

In this study the participants were afforded the right to privacy and confidentiality as they were given the respect they deserved. Further, the researcher did not make use of concealed media. Strydom (2011b:119) indicates that the privacy of subjects can be affected by using hidden apparatus, which can include video cameras, one-way mirrors or microphones. In this study the researcher was mindful of violation of the children's rights and thus guarded against the use of such apparatus, therefore only used a voice recorder with the permission of the participants and their parents or caregivers. Due to the one-on-one interview, anonymity could not be effected.

3.5.5 Actions and competence of the researcher

Walliman (2006:148) points out that it is an ethical obligation for researchers to be competent and adequately skilled to undertake the proposed investigation. Strydom (2011b:124) further makes an assertion that objectivity and restraint in making value judgment are part of a competent researcher. In this study the researcher regards herself as being competent as she is a professional social worker. In her work as social worker the researcher was regularly conducting interviews and did counselling with children and their families. In that way the researcher has dealt with a range of sensitive family problems. During the period when she worked with children and families, the researcher used interviewing techniques on a day to day basis taking into consideration the ethics of social work as a profession. The researcher could therefore conduct the research in a professional manner. Druckmann (2005:16) warns against plagiarism which is copying the work of others without acknowledging the source. The researcher has acknowledged the sources used in the report.

3.5.6 Co-operation with contributors

Strydom (2011b:124-125) indicates that the extent to which acknowledgement is given to each participant's contribution, deserves careful consideration. The researcher paid careful attention to cooperation with and assistance of others. In this study research was conducted at three drop-in centres around Ekangala, close to Bronkhorstspruit in the Tshwane metropolitan area, Gauteng Province, which were under the management of Kids Care and Support Trust which were previously supported by St Joseph's Care and Support Trust. The researcher has acknowledged both St Joseph Care and Support Trust and Kid Care and Support Trust for their cooperation and

support. Participants as well as the parents were also acknowledged in the research report for their cooperation.

3.5.7 Debriefing of respondents

Debriefing of participants gave the researcher the opportunity to establish whether the participants experienced any problems as a result of their participation in the research (Babbie, 2013:39). Strydom (2011b:122) indicates that “during debriefing sessions subjects get an opportunity after the study to work through their experiences and its aftermath.” Debriefing is a strategy to support research subjects and minimise possible harm. The harm could occur despite all precautions taken by the researcher. In this way debriefing becomes critical. Strydom (2011b:122) asserts that debriefing will further help the researcher to rectify any misconceptions that participants might have after the completion of the interviews. In this study debriefing was done after each individual interview. The participants were afforded an opportunity to assess the interview process. The researcher regarded debriefing as a critical task due to the sensitive nature of the topic being studied.

3.5.8 Release or publication of findings

Strydom (2011b:126) explains that the “findings of the study must be introduced to the reading public in written form otherwise even a highly scientific investigation will mean very little and will not be viewed as research.” The researcher presented the research findings as accurately and objectively as possible. The research report will be available at University of Pretoria in a mini dissertation format. Copies of the final research report will be handed to the management at the Kids Care and Support Trust and St Joseph’s Care and Support Trust.

3.6 EMPIRICAL RESEARCH FINDINGS

The purpose of this section is to present and interpret the qualitative data obtained from the unstructured interviews with the participants in the study; the latter being adolescents children who received services from drop-in centres. The interviews were audiotaped and the tapes were subsequently transcribed and the data analysed. The empirical findings of the study are presented in two main sections; first the biographical

information of the participants and, second, the themes and sub-themes from the data that was obtained during the interviews.

3.6.1 Biographical profile of the participants

In this study stratified sampling was used to select the four participants from each of the three drop-in centres that formed the strata for the study. The biographical details of the participants are presented in Table 1.

Table 1: Biographical profile of the participants

Participant	Age (years)	Gender	School grade	Lives with ...	Siblings	Referred by ...	Reason for referral
1	16	Male	9	Mother	Yes	Mother	Mother's illness
2	16	Male	9	Mother	Yes	Mother	Mother unemployed
3	17	Female	11	Mother	Yes	Care-giver	Mother's illness
4	16	Female	10	Mother	No	Mother, uncle	Mother's illness
5	16	Female	10	Mother	Yes	Mother	Limited income
6	17	Male	10	Mother	Yes	Mother	Mother unemployed
7	16	Male	10	Father	Yes	Care-giver	Lack of food
8	16	Female	9	Mother	Yes	Childcare worker	Lack of food
9	17	Female	12	Mother	Yes	Friend	Both parents' illness
10	17	Male	11	Grandmother	Yes	Teacher	Limited income
11	16	Male	11	Mother	Yes	Aunt	Lack of food
12	16	Female	10	Mother	Yes	Mother	Father passed away, limited income

All the participants were adolescents between the ages of 16 and 17 years. Eight participants were 16 years of age and four were 17 years of age. Two girls and two boys were selected from each of the three drop-in centres; thus a total of six adolescent girls and six adolescent boys formed the sample for the study. Most of the participants (five) were in grade 10, followed by three participants in grade nine and three in grade 11, and one participant in grade 12.

All of the participants lived in a single-parent household, with 10 out of the 12 participants living with their biological mother, one with the grandmother and one with the biological father. Eleven of the participants had siblings living in the home, while one participant was the only child who lived in the home.

Half of the participants (six) attended the drop-in centre because their mothers advised them to. The others were referred to the drop-in centres either by care-givers at the drop-in centres, a teacher, friend, childcare worker or an aunt. Most of the participants saw the reason for them attending the drop-in centres as a lack of material resources, which they indicated as limited income, unemployment of the parent, and a lack of food in the home. Four participants gave their mothers' or parents' illness as the reason for them attending the drop-in centre. The nature of these illnesses were not mentioned, however during the interviews one of the participants indicated that her mother suffered from AIDS.

3.6.2 Qualitative findings according to themes and sub-themes

The unstructured interview with the use of an in-depth interview guide was used to collect data. A voice recorder was used to capture the interviews. The recordings were transcribed and translated into English, as the participants communicated in the Sotho and Nguni languages.

Main themes and sub-themes were identified during the data analysis and are presented in this section. The themes and sub-themes are summarised in Table 2 below. The themes provide answers to the research question for the study, which was: What are the experiences of vulnerable children regarding the services they receive from drop-in centres?

Table 2: Summary of themes and sub-themes

Main themes	Sub-themes
Theme 1: Material support	1.1 Provision of food 1.2 Provision of clothes 1.3 Assistance with shelter
Theme 2: School attendance support	2.1 Provision of school uniforms 2.2 Assistance with homework 2.3 Improved school performance 2.4 Involvement in school activities 2.5 Future dreams of the participants
Theme 3: Enhanced self-esteem	3.1 Personal appearance 3.2 Increased confidence 3.3 Altruism/empathy
Theme 4: Psychosocial support	4.1 Group attendance 4.2 Camping excursions 4.3 Emotional support 4.4 Life skills development 4.5 Multi-disciplinary services
Theme 5: Interpersonal relationships	5.1 Formation of positive friendships
Theme 6: Improved quality of life	6.1 Life changed for the better 6.2 General sense of well-being
Theme 7: Suggestions for services by drop-in centres	7.1 Reaching out to the community
Theme 8: Care-givers' conduct	8.1 Confidentiality and respect 8.2 Harsh discipline

The findings of the study are presented in themes and sub-themes and direct quotes from participants are cited to support the findings. For the purpose of the study, the English translations of the quotes are provided. The integration of findings with literature serves to align the findings with the existing body of knowledge.

3.6.2.1 Theme 1: Material support

The participants provided information on the kinds of services they received from the drop-in centres. All of the participants mentioned that they received material support from the drop-in centres. The main types of material assistance obtained will be discussed according to the following sub-themes:

- Provision of food
- Provision of clothes
- Assistance with shelter.

- **Sub-theme 1.1: Provision of food**

The provision of food by the drop-in centre was a service that most of the participants highlighted. Eight participants mentioned that they were provided with meals at the drop-in centre. Three participants indicated that they did not have food to eat when they came back home from school, while one participant indicated that due to lack of food at home, they had very basic meals consisting of porridge (“pap”) mixed with oil. One participant related improved weight and health to the services received from the drop-in centre. The following quotes highlight the views of the participants regarding the services they received from the drop-in centres:

“There was no food when we came back from school. I used to think about the situation at home and about lack of food.”

“I did not have food to eat after school ... now at the centre we receive meals.”

“... at home there was no food when we come back from school ... here [at the drop-in centre] we have meals.”

“... at home my mother cooks pap and mixes it with fish oil.”

“They also give us meals every day.”

“We eat one meal after school.”

One of the participants referred to the benefits of having regular meals at the drop-in centre:

“Since I came I received ... meals ... I notice I am now picking up weight and I feel healthy. I have energy to do anything.”

Several authors agree that children who live in poor households experience hunger and their rights to nutrition are compromised (Hall, 2010:105; Prince & Howard, 2002:28). Most of the participants attended the drop-in centres because of material needs due to the parents' illness, unemployment or limited income. Their statements can be better understood in Hall's (2012:87) view that, compared to unemployed parents, employed parents can provide benefits such as health care, basic food and education which can contribute to the good health and better development for their children. The latter view is in line with the statement in the Millennium Development Goal Country Report (RSA, 2010:3) which explains poverty as the cause of poor levels of nutrition, food insecurity and malnutrition among children. As the participants' parents were unemployed or earned limited income, they struggled to provide in their children's basic needs.

The first level of basic needs identified by Maslow is physiological needs, which include food (Prince & Howard, 2002:28). When this first level of needs are not met, the human body cannot function optimally; in some cases to the extent that chances of survival can be compromised (Biersteker, 2012:53). Participants in this study mentioned the lack of food as a problem in their homes. The Constitution of the Republic of South Africa, in Section 27(1)(b) stipulates that "Everyone has the right to have access to sufficient food." The fulfilment of basic needs is fundamental for the development of the child. In this study it was observed that it was difficult for the participants to function optimally due to lack of food at home. Three participants mentioned that they also needed the provision of food parcels at home:

"The other problem is that the food parcels are not provided anymore."

"I think they must provide food parcels so we can also cook at home."

"There are children who have meals at the centre but when they get home there is no food. ... I suggest that they be given food parcels so they can have meals even during the weekend."

The definition of drop-in centres alludes to the provision of basic and comprehensive services aimed at meeting the physical and social developmental needs of vulnerable children (The Children's Act, Section 213). It was observed that the first level of basic needs, which is food, was being provided by all three drop-in centres that were

involved in the research. The views obtained from the participants also indicated that they regarded the provision of food as a benefit since they did not have food at home. The White Paper for Social Welfare (RSA, 1997) states that “[t]he main goal of the developmental social welfare strategy is to facilitate the provision of appropriate developmental social welfare services especially to those living in poverty, those who are vulnerable and those who have special needs.” It is evident that food provision should be regarded as a “must” service, rendered by the drop-in centres in line with the stipulations of the Children’s Act, Section 213(a). However, it is noted that while participants expressed a need for food parcels to take home, the drop-in centres did not offer such a service at all times.

- **Sub-theme 1.2: Provision of clothes**

Most of the participants (nine) indicated that they received clothing at the drop-in centres. Of the nine, two mentioned that they also received shoes while another two also received blankets. The participants indicated their experiences as follows:

“They gave me clothes and a jersey and I am grateful as my parents cannot afford it.”

“When the clothes are available, they put them on the table and we can choose.”

“Before I came here I did not have shirts, I only had one shirt.”

“My shoes were worn out and they bought me new shoes.”

“We do receive clothes and it is a relief for my mother.”

Section 213(2) of the Children’s Act indicates that basic services must be offered by drop-in centres. The above statements by participants resonate with the first level of basic needs identified by Maslow, as physiological needs which include clothing (Prince & Howard, 2002:28). The issue of clothing is important for adolescents. Adolescents tend to be concerned with their self-image, which includes their appearance (Louw et al., 2007:316). During adolescence, belonging to and fitting in with the peer group becomes important, where peers spend time together and share mutual interests (Santrock, 2009:395). Clothes provided by drop-in centres can support the self-image of vulnerable adolescents and help them to fit in with the peer group. The researcher observed that the participants were grateful that they received

clothes. The above quotes are evident that provision of clothes contributes to meeting the physiological needs of the participants who received services from the drop-in centres.

- **Sub-theme 1.3: Assistance with shelter**

One participant mentioned that the drop-in centre helped in repairing their house and stated the following:

“They came to my home and found broken windows. ... They put in new windows and also replaced our door.”

The above quote resonates with Prince and Howard’s (2002:29) view that children must feel a sense of safety in their environment so that they can thrive and develop to their full potential. These authors further indicate that children living in poverty are raised in homes that are substandard, overcrowded, and their neighbourhoods may present even more challenges to their safety.

The developmental social welfare approach recognises the difficulties involved in parenting and proposes that support be provided to empower families and communities to care for children (Conley, 2010:49). The Draft Strategic Plan 2010-2014 (DSD, 2010b) indicates that children have the right to live in safe environments, free of violence and threat. It was observed that, in the case of the above participant, the issue of shelter as a basic need as propounded by Maslow, was given attention by the drop-in centre as a means of creating safe spaces and protecting children. The researcher found this humbling and commendable.

The Children’s Act, Section 215, spells out that funding for drop-in centres need to be prioritised in communities where families live in poverty and do not have the means to provide proper shelter, food and other basic necessities to their children. In the case of the particular participant, it was evident that the needs of vulnerable children for a safe environment are addressed in line with the Children’s Act. It was also evident that the specific drop-in centre programmes were restoring and advancing capacity to address the issues of poverty and vulnerability in society (DSD, 2005a:6).

3.6.2.2 Theme 2: School attendance support

The research findings indicated that the participants in this study received school attendance support in different forms, which were to the benefit of the participants. This theme will be discussed according to the following sub-themes:

- Provision of school uniforms
 - Assistance with homework
 - Improved school performance
 - Involvement in school activities
 - Future dreams of the participants.
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- **Sub-theme 2.1: Provision of school uniforms**

The Children's Act, Section 213, stipulates one of the services to be rendered by drop-in centres as the provision of school attendance support. In terms of school attendance support, seven (7) participants in this study indicated that they received school uniforms at the drop-in centres. The quotes below indicate their views regarding the school uniforms they received from the drop-in centres:

“They gave me school clothes.”

“I got a school uniform and clothes. ... I did not have a school uniform.”

“The centre also bought us, the boys, Dry Macks for the school.”

“They also provided me with a school uniform. ... I now have a uniform to change.”

These quotes confirm the statement from Department of Basic Education that the Girls/Boys Education Movement is a mechanism to ensure success and retention of children in schools while poor children are provided with school uniforms (RSA, 2010:49). The South African education system makes provision for access to education to a high proportion of children between the ages of 7 and 15 years old (Statistics South Africa, 2008). The provision of school uniforms can help vulnerable children to look like other children and fit in with the learners in the school. The benefits related to the provision of school uniforms are evident in the following statements made by the participants:

“My life is better now. I got a uniform and track suit.”

“I was struggling to have a full uniform ... I do not believe it's me. I never thought I can have a full uniform just like other children.”

“I can look like other children in class.”

“I feel good as I look like other children. I used to be ashamed.”

“I feel everything is going well with me. I was not confident in myself as I did not have a uniform.”

The Guidelines for the Establishment of Community based Multi-Purpose Centres/ Drop-in Centres (DSD, 2005b:4-5) indicate that services rendered to children must be appropriate to their needs. In this study it was evident that, in terms the provision of school uniforms, the services of the drop-in centres were appropriate to the needs of the participants, who were all vulnerable children. The responses from the participants give a clear indication that it is essential for children from poor households to have school uniforms and fit in with other learners in the school.

The Millennium Development Goals Country Report (RSA, 2010:46) indicates that in addressing issues around school attendance support, the Government targeted a range of policies. This includes a school uniform policy which is underlined by the view that children should look alike at school despite their family background or the socio-economic position of their parents. In this study it was observed that the provision of school uniforms contributed to the overall sense of well-being of the participants, which confirms the rationale of the school uniform policy.

- **Sub-theme 2.2: Assistance with homework**

Seven participants indicated that they did their homework at the drop-in centre, while three mentioned that they did it at home. The participants mentioned that they received different kinds of homework support from the drop-in centres, including assistance with their homework, access to facilities such as libraries or the internet, and a positive learning environment. They explained the assistance they received as follows:

“We ask them to give us access to internet ... so we surf and also do our homework.”

“... the centre assists us. We have access to the internet and we can do research on homework.”

“I come to the centre when I need more information. The library has more text books that I use.”

“Sometimes I used to get stressed at home and not do my homework, but since I came here I do write my homework and I do not fail anymore.”

“I do it [homework] at home, in class or at the centre. At the centre there is a care-giver who assists with maths.”

The above citations support what is proposed by the Guidelines for Establishment of Community Based Multi-Purpose Centres/Drop-In Centres (DSD, 2005b:6-8) which indicates that drop-in centres should monitor school work and school attendance. The establishment of drop-in centres is one of the strategies that seeks to support school attendance among vulnerable children.

Developmental social welfare is rooted in the rights-based approach whereby services are family, home and community based (Patel, 2005:206-208). One of the guiding principles of developmental social welfare indicates that the strategy is based on the principle of Ubuntu, which is caring for each other and acknowledging the rights and responsibilities of every citizen. The provision of assistance with homework, as indicated by the participants, is in line with developmental social work which focuses on enhancing the well-being of children and families within their social environment (Patel, 2005:206). The provision of homework assistance is in line with the Children’s Act, Section 213, which stipulates school attendance support as one of the “must” or compulsory services to be rendered by drop-in centres.

- **Sub-theme 2.3: Improvement in school performance**

In this study, most of the participants (10) indicated that their school performance has improved since they started attending the drop-in centre. Individual participants used different phrases to express this improvement by articulating the situation as getting better, marks improving, answering questions in class, overall school performance improving and being an achiever. The following quotes are the voices of the participants regarding their school performance:

“My life has changed ... I now can answer questions in class ... I can perform better in class ... I can communicate better with other people.”

“I am now an achiever because I do pass in class. I respond to questions since I learn a lot at the centre. ... They make me feel good ... I improved in class.”

“It [school work] was really difficult but since I came [to the centre] things got better.”

“My marks are getting better than before. I feel good ...”

“I feel so good and the teacher can see the difference. ... I think I would not be in grade 11 if I did not come to the centre.”

“I can stand up in class and answer questions.”

The above expressions indicate how adolescents’ self-esteem can be influenced by the extent to which they regard themselves as capable, successful and worthy. It resonates with Maslow’s theory which describes the positive influence of actualisation of one’s potential on the person (Prince & Howard, 2002:30-31). The more competent a person perceives him or herself to be, the greater the motivation to embark on activities (Prince & Howard, 2002:30), as is evident in the participants’ greater participation in class. Overall, the findings confirm that that social support is associated with educational achievement in adolescents (Rothon et al., 2012:697).

Of interest, is the view of one participant who ascribed the improvement in his school performance to the fact that the drop-in centre provided food parcels to take home. This participants stated:

“I did not concentrate in class as I used to think about the situation at home and about the lack of food. But now I am fine.”

The researcher observed that the words “better” appeared frequently in the above quotes. It was evident that this word as articulated by participants meant that transformation has taken place in their lives.

- **Sub-theme 2.4: Involvement in school activities**

Participants expressed their views and experiences with regard to school activities and alluded the need for drop-in centres to introduce outdoor recreational and educational

activities such as sports and school trips. The following statements represent their views:

“I was playing football but I stopped because I do not have soccer shoes. ... They must ask us what sport do we play and support us. ... We play indoor games such as monopoly. We used to train at the stadium but the trainer has now left.”

“I think they should introduce outdoor games such as volleyball ...”

“... they can even pay your school trips when they have money.”

“I could not go on school trips. In Grade 7 I could not attend the farewell trip to Johannesburg. I felt bad as it was my last year at primary school. I could not go as my mother could not afford it.”

Some of the participants related that the drop-in centres used to offer recreational and educational programmes, but that these services were discontinued. This was indicated in the following responses:

“They must make the children happy and take them out to educational trips. They must pay for their trips as they did for me. I visited Soweto Museum to see Nelson Mandela and Hector Peterson. The school organised the trip and the centre paid for me.”

“We used to meet with children from the neighbouring drop-in centres ... and also went out for trips.”

“They tell us that we must understand that there must be donations before they can satisfy our needs.”

The Children’s Act, Section 213, stipulates that drop-in centres “may” offer any educational and recreational programmes which are appropriate to the developmental needs of vulnerable children. The researcher has observed that the “may” services are not compulsory but could be put in place when there are resources. The Integrated Service Delivery Model (DSD, 2005a:27) outlines the aim of developmental welfare services as improving the quality of life of the vulnerable and those who have special needs. This is provided through equitable distribution of services and resources. The researcher has observed that the drop-in centres which the participants attended offered activities such as indoor games and educational excursions when they have funds. It was evident that some activities, such as football, volley ball and outings to other drop-in centres, were not offered due to challenges relating to limited resources.

The increased need for interaction with peers is characteristic of the adolescent developmental stage (Louw et al., 2007:330). It is through peer socialisation that adolescents internalise societal norms and standards (Berk, 2006:477). The provision of opportunities for positive peer interaction through sports, outings and recreational activities could therefore enhance vulnerable adolescents' development and offer them the assurance provided by belonging, which falls within the third level of Maslow's hierarchy of needs (Prince & Howard, 2002:30).

- **Sub-theme 2.5: Future plans**

All the participants stated that they were planning to study further. They mentioned a range of professions that they aspired to attain at tertiary level. The professions they identified ranged from engineering, tourism, social work, teaching, psychology, boiler making, environmental science, medicine, economy and law.

Patel (2005:208) states that developmental social welfare services promote and build human capabilities, and enhance social livelihoods and social functioning in order for people to lead a productive and fulfilling lives. The researcher observed that the participants had future plans which could lead to the actualisation of their potential (Prince & Howard 2002:31) and take them out of the poverty situation.

Literature indicates that children living in poor neighbourhoods often do not recognise education as a viable means of attaining their goals (Prince & Howard, 2002:30-31). They are faced with conflicting messages, to the extent that they can be easily attracted to choose to seek a job rather than seek opportunities for further education. Contrary to this view, the participants in this study had a desire to seek educational opportunities and recognised education as a viable means of achieving their goals. It suggests that school attendance support by drop-in centres could encourage children from poor households to consider to pursue further education. When developmental social welfare services promote and build human capacity and enhance the life skills of the vulnerable children, it could lead to more sustainable human development (Patel, 2005:156).

3.6.2.3 Theme 3: Enhanced self-esteem

The findings of the study indicated that the services they received from the drop-in centres served to enhance the participants' self-esteem. In this regards, the following sub-themes were identified:

- Personal appearance
- Increased confidence
- Altruism/empathy.

- **Sub-theme 3.1: Personal appearance**

The participants were of the opinion that the support from the drop-in centres in terms of food and clothing enhanced their personal appearance, which made them fit in with other children. They expressed feelings of gratitude and indicated that they now looked like other children. The above statement is supported by the following quotes:

“I feel more decent ... I look like other children.”

“We now have our needs met ... I feel good as I look like other children.”

“I was not the same as other children. It was really difficult, but since I came [to the drop-in centre] things got better ... I am now like other children.”

The above quotes indicate the importance of issues relating to group identity during the adolescent life stage. Santrock (2009:395) mentions that adolescents seek acceptance by group members and have strong feelings to identify with the group. In this way they develop a group identity, share interests, “hang around together” and enjoy the company of their peers. Adolescents' evaluations about how they are perceived by others as well as feedback received from others, form their self-esteem (Cakar & Karatas, 2012:2407). Adolescents tend to be preoccupied with their bodies and are concerned with their self-image. Louw et al. (2007:316) explain that adolescents' physical appearance and social appearance form part of their self-image. High evaluation of the self is important during adolescence (Prince & Howard, 2002:30). Being more satisfied with their personal appearance could therefore contribute to the participants' self-esteem.

- **Sub-theme 3.2: Increased confidence**

Participants' responses indicated that increased confidence was one of the positive outcomes of the services they received from the drop-in centres. They related this outcome especially to their increased confidence and competence in school, as the following quotes indicate:

“I used to be ashamed and did not raise my hand ... now I can even explain exercises to other children in class.”

“I see myself as a school boy and I am still prepared to learn ... my performance ... is good.”

“Now I can speak in front of the class without fear ... I am focused ... I can now deal with challenges.”

The above statements are in line with Prince and Howard's (2002:30) point that a competent person is more likely to persevere in the mist of challenges. The latter authors also indicate that competence is acquired through experiences that have been perceived as successful. A sense of competence can thus serve as a protective factor for vulnerable children. When protective factors are strengthened, resilience can be optimised (Benzies & Mychasiuk, 2009:104). The Children's Act, Section 148, points out that prevention programmes are aimed at strengthening children and building their capacity for self-reliance. In this study it is evident that improvement of the participants' sense of competence resulted in their individual capacity being strengthened. The findings of the study confirm improved school performance and improved confidence of the participants following the provision of school attendance support, which are stipulated as “must” services in the Children's Act, Section 213.

- **Sub theme 3.3: Altruism/empathy**

Some of the participants demonstrated a sense of empathy towards other vulnerable groups in the community. They expressed the need to reach out and help others. This statement is supported by the following quotes:

“We as children can help grannies that stay alone by cleaning their houses as they can no longer do for themselves.”

“The community has many sick people. We need to educate them on how does it feel to stay with a sick parent.”

“... now I can empower other children how they should care and support people with HIV.”

The participants' indications of reaching out to others who are vulnerable seems to stem from their own feelings of competence and confidence in themselves. Their quotes resonate with Sigelman and Rider's (2009:393) view that adolescents begin to develop conventional reasoning and express genuine concern for moral standards and values. Adolescents strive to conform to societal norms (Berk, 2006:490).

The Guidelines for the Establishment of Community Based Multi-Purpose Centres/ Drop-in Centres (DSD, 2005b:4) mention that community-based care and support services should be implemented to encourage participation by service recipients. The services received from the drop-in centres have elicited positive outcomes and elevated the self-esteem of participants in such a way that they wanted to reach out and touch other vulnerable groups in order to change the quality of their lives. The services could therefore contribute to adolescents' capacity to conform to the values and norms of society.

3.6.2.4 Theme 4: Psychosocial support

The findings of the study indicate that the participants found psychosocial support as a valuable service they received from the drop-in centres. In this regard, they highlighted the value of group attendance, camps, emotional support and interdisciplinary services. These services are discussed in the sub-themes that follows.

- **Sub-theme 4.1: Group attendance**

Most of the participants mentioned the value that the support groups that the drop-in centres offered, had for them. They described the groups as being helpful and as providing guidance and information. The participants alluded to their experiences as follows:

“We get motivation in the groups. They give us guidance as teenagers. ... They tell us to do the right things. They encourage us that if we do not get awards at school we should not give up. ... The talks motivate me.”

“The support group helped me a lot. ... When we discuss with other group members, we are open, we share and get guidance.”

“They give advice and guidance and tell us that school is important, do not move around at night, boyfriends are not good. ... After school we come to the support group and give each other guidance.”

“We learn about respect and discipline. I also gained information from the support groups.”

The statements above resonate with the view of Louw et al. (2007:330) that peer group socialisation becomes important for adolescents. Literature indicates that peer groups promote the internalisation of societal standards (Berk, 2006:477). The latter author alludes that morality moves from society to children as and when they internalise the norms, beliefs, values, standards as well as prescriptions of acceptable behaviour in their society. Moral development is important for peaceful coexistence of societal members (Louw & Louw, 2007:267).

The Children’s Act, Section 213, indicates that drop-in centres “may” offer services which include guidance, counselling and psychosocial support, as well as programmes for social skills and life skills. In this study the research findings indicated that in the group sessions, the participants were provided with psychosocial support whereby they shared information, helped one another and provided guidance to each other on issues of moral values. The following statements are testimony to that:

“My mother did not give me information and advice ... I am now disciplined and I stay at home.”

“They also help us with our problems. I have now changed and I am no longer disciplined by a rod ... now I stay at home all the time and assist with household chores.”

As indicated by one of the quotes, adolescents still need and value parental guidance despite their need for greater independence (Louw et al., 2007:330). They also need and value guidance on how to deal with peer pressure, as evident in the following opinions expressed by the participants:

“I used to follow friends and I experienced peer pressure.”

“I also gained information from the support groups regarding ... dealing with peer pressure and how to behave well.”

Louw et al. (2007:331) point out that adolescents need guidance so that they can resist negative pressure and influences from the peer group. Everyone has a basic need for social acceptance (Santrock, 2009:394) and therefore tend to live up to the expectations of others (Louw & Louw, 2007:271). When adolescents explore roles and arrive at a positive path to follow, they achieve a positive personal identity (Santrock, 2009:23). It is evident that peer group socialisation provided within the support groups presented at drop-in centres could help adolescents to overcome negative influences and achieve positive outcomes in life.

- **Sub theme 4.2: Camping excursions**

Participants indicated that they used to go on camping excursions, but that the drop-in centres no longer rendered the service. It appears that these outings instilled a sense of family and neighbourhood for the participants, as evident in the following views:

“I think they must reinstate the camping. ... We used to meet with children from the neighbouring drop-in centres and share and exchange ideas.”

“We used to go for camping, have fun and work as a family.”

“We share information [at the camps] ... you can also introduce your own topic.”

The right to a family and parental care recognises the unique feature of children (The Presidency, 2009:78). The family plays a key role in the survival, protection and development of the child (Patel, 2005:167). The researcher observed that participants valued the role that the family plays in a person’s life. This was evidenced by the quote that in the camp participants “work as a family.” Families give their members a sense of love and belonging (RSA, 1997). Literature indicates that adolescents who experience a secure attachment in their families are less likely to engage in problem behaviours (Santrock, 2009:391). From the participants’ statements it was observed that camps could offer a unique vehicle for the psychosocial development of vulnerable adolescents. At camps they could experience cohesion with neighbouring children and also experience the closeness that a family provides.

The White Paper for Social Welfare (RSA, 1997) indicates that the needs of most young people include meeting the specific life tasks that are necessary for their developmental phase. Young people become vulnerable when they experience factors that prevent fulfilment of their rights (Liebenberg, 2010:299). The fulfilment of their needs has long-term effects on the physical, emotional and cognitive development of the child (Manuel, 2012:10).

- **Sub-theme 4.3: Emotional support**

Participants indicated that they received emotional support in the groups that were presented at the drop-in centres. Two participants expressed their experiences of chronic illness in the family and the support they received from the groups. One participant whose parent was affected by HIV and AIDS, mentioned the following:

“The centre helped me to accept how to deal with it ... I learned a lot on how to care for HIV infected parents. I used to be stressed but since I came here I became open and talk with her [the mother] about her status and she is now fine.”

Another participant, who was orphaned due to the death of a father, described how the group sessions presented at the drop-in centre helped her:

“They invited me to a group session with orphans and they were sharing about their late parents who were sick. So I also became open. ... Since I shared this problem, I feel better.”

HIV and AIDS is a major catastrophe that threatens families’ commitments for the realisation of children’s rights (DSD, 2005c:11). The above quotes confirm Martin’s (2010:4) explanation that the multiple categories of vulnerable children include children in households where there are sick parents whereby some parents are terminally ill. Due to the parents’ chronic illnesses, children have to assume household responsibilities which are not appropriate for their age (DSD, 2005c:7). These responsibilities can thus affect the children’s own developmental pathways, while the achievement of age-appropriate bio-psychosocial development is directly related to the mental health of children and adolescents (Department of Health, 2004:4).

Coupled with the emotional support they received, participants mentioned another value of support groups, namely information about disease and chronic illnesses. In this regard, the participants mentioned the following:

“We learn about respect and issues such as HIV and AIDS, TB and other diseases.”

“I learned about skills such as coping with HIV and AIDS.”

“I also gained information from the support groups regarding infectious diseases such as HIV, TB.”

The main thrust of developmental welfare programmes is to respond to the HIV and AIDS pandemic by focusing on care and support to individuals, groups and families. Developmental social welfare is aimed at mitigating the effects of HIV and AIDS through, amongst others, education and prevention programmes (Patel, 2005:179-181). It is evident that through education and prevention programmes rendered at the drop-in centres, the participants were provided with information to empower them on issues related to chronic illnesses such as HIV and AIDS, TB and other diseases and to help them deal with the harsh realities of these long-term illnesses. The findings of the study provides evidence that drop-in centres could be appropriate settings to provide information and emotional support to vulnerable children who are affected by chronic illnesses such as HIV and AIDS.

- **Sub-theme 4.4: Life skills development**

Adolescents need guidance in order to deal with challenges such as alcohol and drug abuse. One of the developmental characteristics of adolescence, is a sense of invincibility that often leads to a disregard of the consequences of harmful behaviours (Santrock, 2009:373), which may lead to their greater vulnerability.

Participants explained that the groups they attended provided them with information on challenges that they could encounter in life, as well as life skills on how to deal with these challenges. These challenges included alcohol and drug use, teenage pregnancy and sexual abuse. They made the following comments:

“Currently they inform us about alcohol, drugs and how they can affect our lives negatively. ... They made me a better person.”

“They told me that I must not resort to drinking or doing drugs [when experiencing problems in life].”

“I also learned about teenage pregnancy.”

“We talk about issues like teenage pregnancy, sexually transmitted infections ... They give us more knowledge.”

“Some children ... do keep quiet when they are abused. So they must talk ... I do tell my care-giver when my father abuses my mother.”

The Children’s Act, Section 144, prescribes that prevention and early intervention strategies must provide psychological, rehabilitation and therapeutic programmes for children. Information that focused on the prevention of teenage pregnancy can be seen as a valuable prevention strategy, as research found that children raised by adolescent mothers were more likely to develop emotional and behaviour disorders due to lack of appropriate parental skills (Benzies & Mychasiuk, 2009:106).

Bokhorst et al. (2009:418) assert that social support helps to avert negative adolescent behaviour patterns and provides opportunities for positive development. Literature indicates that preventive interventions have often been associated with schools, churches, youth clubs, and community-based institutions (Conley, 2010:40). The latter author stresses that, in line with the developmental social welfare strategy, social workers need to give much more attention to prevention in order to improve the well-being of children and families. The Children’s Act, Section 213(3), stipulates that social skills and life skills programmes are services that drop-in centres “may” offer to vulnerable children.

- **Sub-theme 4.5: Multi-disciplinary services**

Most of the participants mentioned that they received services from different professionals in the drop-in centre. The services were of a medical, psychosocial and material nature. Individual participants received services from either the social worker, psychologist, doctor or dentist, and also from child care workers and volunteers. The following quotes are testimony to that:

“They help us with problems ... the social worker comes and gives us advice.”

“They organised me for counselling with a psychologist. Before that time I was not open and I was withdrawn.”

“I used to have problems with my ears. They advised me to go to the doctor and also gave me money for transport and food. I went to the hospital twice and they helped me”.

“The dentist also comes, checks us and also referred me to the doctor.”

“Currently I do not have clothes for the matric dance. The social worker promised that they will buy me all the things I need for matric dance.”

“The child care worker at the centre talked to me and guided me.”

“They [child care workers] help with ID registration. ... My cousin was given money to go and apply for ID book and they also went to fetch it. Now he has an ID book.”

“The Soul Buddies give us advice...”

The above quotes endorse Patel's (2005:207) view that developmental welfare services are rendered within a multi-disciplinary approach in order to restore, strengthen and enhance people's social functioning. Community-based care and support services should be implemented to respond to the needs of the people (DSD, 2005b:4). Health care services are crucial as children who live in poor households often lack access to health care services (Prince & Howard, 2002:28). Conley (2010:40-41) mentions that prevention, poverty alleviation and children's rights should be advanced through collaboration between schools, churches and other community-based organisations. The latter author asserts that social workers in child welfare therefore need to go out to the communities and establish relationships with families and community-based organisations and promote effective coordination systems. The multi-disciplinary nature of the services that were provided by the drop-in centres which the participants attended, is evidenced by services rendered by different professions as a way responding to the needs of the participants.

3.6.2.5 Theme 5: Interpersonal relationships

The findings of the study revealed that the drop-in centres provided an environment in which the participants could form positive friendships with peers. The formation of friendships was not only due to the availability of peers, but also due to learning about social skills that could foster and maintain friendships.

- **Sub-theme 5.1: Formation of positive friendships**

From the information gained during the interviews, attending the drop-in centres helped some participants to form positive friendships which were different to the friendships they had previously. The participants mentioned in this regard:

“I used to roam around with friends, going to street batches ... and coming back very late.”

“I used to follow friends and I had peer pressure. I do not have those friends anymore. I have a new friend at the drop-in centre.”

It transpired that the life skills they obtained through attending the group sessions at the drop-in centres, helped some participants to develop social skills that supported them in making new friends. Participants mentioned the following:

“We learn about good friendships and good behaviour.”

“They helped me behave well ... I am behaving well.”

Children’s behaviour change rapidly during adolescence (Bokhorst et al., 2009:417). Adolescents become less dependent on their parents and become increasingly involved with peers who have similar interests, attitudes and values (Berk, 2006:605). Interactions with the peer group and friends therefore provide the adolescent with interpersonal contact that goes beyond family relationships (Louw et al., 2007:330) and play an important role in the adolescent’s psychosocial development.

While acknowledging that some parents may experience difficulties in fulfilling their parenting role (Conley, 2010:49), harmful parenting practices, such as child abuse and lack of appropriate nurturing, can leave children feeling unloved (Prince & Howard, 2002:30). When children or adolescents lack a sense of belonging, they are more likely to drop out of school and join peer formations such as gangs in order to satisfy the need to belong. Children who live in unsafe and unhealthy environments often respond to their situation by presenting with negative and harmful behaviours. The above statements by the participants in the study show that drop-in centres could play a role in helping vulnerable adolescents to foster positive friendships. It could also bring a change in the negative behaviours that vulnerable children may present with. The latter view is supported by the following statement by one of the participants:

“The centre kept me away from roaming the streets because I could have been arrested.”

The above participant’s words is in support of findings of a study by Souza, Porten, Nicholas, Grais and the Médecins Sans Frontières-Honduras team (2011:624) that structured programmes being offered by drop-in centres can motivate children and youth to change previously dangerous lifestyles. The notion of change as suggested by developmental social welfare (Midgley, 2010:13) is aptly demonstrated by the changes described in the above quote.

3.6.2.6 Theme 6: Improved quality of life

The research findings indicate that the services that the participants received from the drop-in centres had a positive effect on their quality of life. In terms of their quality of life, the following sub themes were identified:

- Life changed for the better
- General feeling of well-being.

• Sub-theme 6.1: Life changed for the better

Most of the participants mentioned that the services they received from the drop-in centres brought a change in their lives. They linked the changes to help with their problems and the support received at the drop-in centres. The following quotes present their views:

“My life has changed, it is now different ... They help us with problems.”

“It [the services from the drop-in centre] changed my life. The support group helped me a lot ... I have now changed.”

“When we grew up we used to envy other children and now I do have the things I did not have.”

“My life is better now ...”

Patel (2005:164) states that poverty and lack of employment are some of the factors that contribute to the decline of quality of life in South Africa. Poverty has a spatial dimension since the availability of resources are determined by the place where children live (The Presidency, 2009:10). The above quotes indicate that the services

of drop-in centres can be regarded as protective factors that can enhance the resilience of vulnerable children, especially in communities with limited resources. Relevant protective factors include a stimulating environment, social support, adults who form special relationships with the child, and exposure to peers who value school achievement (Benzies & Mychasiuk, 2009:105; Berk, 2006:11).

The notion of change is central to developmental social work (Midgley, 2010:13). Developmental social welfare proposes a range of services and programmes that are aimed at addressing the issues of poverty and vulnerability (DSD, 2005a:6). Developmental social work supports interventions that bring about change in families and communities (Midgley, 2010:13). Such change can be noted in the statements by the participants, who indicated that their quality of life changed after they received services from the drop-in centres.

Sub-theme 6.2: General sense of well-being

Participants indicated that they experienced a general feeling of well-being due to the services received from the drop-in centres. They described their sense of well-being with terms such as “feel good” and “going on well” as is evident in the following quotes:

“My marks are getting better than before... I feel good as it shows that I take my work serious”.

“I feel good as I started to look like other children... I did not believe it’s me... I feel everything is going on well with me”.

“I now feel so good and the teacher can see the difference.”

The above views by the participants give an indication of positive change in their sense of well-being. Good feelings are explained by Louw et al. (2007:317) as feelings of excitement and joy. Helping adolescents to experience positive feelings can be regarded as important, as this life stage is often associated with fluctuating feelings and mood swings, as indicated by Louw et al. (2007:317).

The White Paper for Social Welfare (RSA, 1997) states that social welfare policies and programmes are based on guiding principles. One of the guiding principles is to improve the quality of life of the vulnerable children through equitable distribution of

services and resources. The research findings provides evidence that this principle was relevant to the experiences of the participants in this study. Their improved quality of life is evident from the two sub-themes discussed in this theme. Participants felt that their quality of life improved and they experienced an improvement in their general sense of well-being.

3.6.2.7 Theme 7: Suggestions for services by drop-in centres

Participants were asked whether they had any suggestions regarding the services that could be provided by drop-in centres. Most of their suggestions centred on reaching out to communities.

- **Sub-theme 7.1: Reaching out to the community**

Participants indicated that care-givers should assist more children with problems by doing door to door visits, establishing more programmes and helping the community. These views are supported by the following quotes:

“Care-givers must do door to door visits so they can help other children with problems.”

“The care-givers must identify more children and help them.”

“The children who do not attend school must be assisted by the drop-in centre... The pre-school children must also come.”

“The centre must also look at children who are out of school and help them. I saw a child who attended primary school with me scavenging there [on the rubbish dump]. He currently does not attend school and he even looks older.”

The statements by the children indicated the high prevalence of vulnerable children in their communities. The biographical data of the participants indicate that all the participants were exposed to child poverty due to their parent’s illness and unemployment, which resulted in a lack of food in the home. The basic understanding of child poverty is that it refers to lack of income in households where children live (The Presidency, 2009:8). The participants’ statements endorse the view that the most important investment is to nurture the well-being and development of children so that they can lead healthy and active lives (Manuel, 2012:11). Many children who live in poor households experience hunger on daily basis and are more likely to suffer from

malnutrition (Prince & Howard, 2002:28). Poverty is the main development problem that affects socio-economic conditions in society (Statistics South Africa, 2012:47). Poverty is the primary form of vulnerability and it underlies all other forms of vulnerabilities (SADC Secretariat, 2008:17).

The participants' advice that care-givers should reach out to other vulnerable children in the community relates to a fundamental focus of developmental social welfare. Conley (2010:41), who describes child welfare from a developmental approach, urges social workers in child welfare to go out into communities and establish relationships with families so as to promote and coordinate systems of service delivery to vulnerable children. This approach fits well with the services of drop-in centres. Drop-in centres have a psycho-social character and focus on comprehensive services for children and vulnerable groups within the communities (Conradson, 2003:513; DSD, 2005b:4). Section 213(3) of the Children's Act spells out appropriate programmes which may be offered to meet the developmental needs of children. Outreach services and family preservation, as well as prevention and early intervention programmes are stated as services that drop-in centres may offer. The emphasis of prevention and early intervention programmes by drop-in centres (Jamieson & Berry, 2012:26) could fit with outreach services to vulnerable children and families, as suggested by the participants.

3.6.2.8 Theme 8: Care-givers' conduct

During the interviews a limited number of participants expressed their concerns about the conduct of some of the care-givers at the drop-in centres. In this respect the following sub-themes were identified:

- Confidentiality and respect
- Harsh discipline.

- **Sub-theme 8.1: Respect and confidentiality**

Some participants expressed their concerns about a lack of confidentiality displayed by some of the care-givers. The participants indicated that care-givers must respect

children and treat children's personal issues as confidential. The quotes below support their views:

“But the issue is that sometimes care-givers do not keep secrets ... They tell each other and begin to speak about you. As you come in they look at you and you know they are talking about you.”

“Care-givers should stop talking about children's confidential issues [to one another].”

According to the Guidelines for the Establishment of Community based Multi-Purpose Centres/ Drop-in Centres (DSD, 2005b:4-5) drop-in centres should function according to the guiding principle which emphasise that services should respect privacy, dignity and be sensitive to a person's value systems. The Constitution of the Republic of South Africa, Section 10, states that “everyone has an inherent right to have their dignity respected and promoted.” Section 28 of the Children's Act stipulates that every child has the right to be protected from degradation.

It appeared that some care-givers did not comply with the above principles, as evident from the quotes of the participants. The Children's Act, Section 216, explains categorically how drop-in centres should be operated as well as the standards that should be observed when dealing with vulnerable children. These guidelines provide evidence that Government is concerned about the issues of child survival, protection and development as stipulated in the Constitution of the Republic of South Africa (Act 108 of 1996), the United Nations Convention on the Rights of the Child and the African Charter of the Rights and Welfare of the Child.

Patel (2005:167) states that welfare services are essential for building the human capabilities of vulnerable members of society. A lack of respect and confidentiality by the care-givers in drop-in centres could imply failure to create safe spaces for children, as stipulated in the norms and standards for drop-in centres (The Children's Act, Section 216). Care-givers who do not create a safe environment do not necessarily build the human capacity of the children attending the drop-in centre.

- **Sub-theme 8.2: Harsh discipline**

Participants mentioned that sometimes care-givers shouted at the children attending the drop-in centres and lost their temper. Some care-givers discriminated against some of the children attending the drop-in centre and thus made the situation tough for these children. These aspects are highlighted by the following quotes:

“Some care-givers shout at some children and have a tendency to discriminate [when children want a] second helping when more food is available. One care-giver has a tendency of snapping at children and this must stop.”

“... but currently it is tough at the centre... They have expelled one child who does not have parents. I am concerned about her. ... At the centre we spend a lot of time in the group sessions. That child indicated that she has too much work to do and she did not attend. They then expelled her. The committee wrote to the social worker and informed her about that.”

The Children’s Act, Section 144(g), spells out the importance of preventing recurring problems that can harm children or adversely affect their development. Louw et al. (2007:319) indicate that adolescents are often described as emotionally unstable as they tend to have emotional outbursts and are inclined to have intense mood swings. These changes are attributed to hormonal changes during puberty. While adolescents seek to attain autonomy and gain control, they tend to challenge adult authority, which can lead to conflict with parents and other adults (Santrock, 2009:391-392). It is recognised that these aspects may be observed in the behaviours of adolescents who attend drop-in centres. However, Government developed norms and standards for the safe environment of children in the drop-in centres. In terms of the Consolidated Regulations pertaining to the Children’s Act, 2005, Annexure B, Part V, Section 1(a), the norms and standards for drop-in centres state that “[c]hildren must experience safety and feel cared for at a drop-in centre.” It can be concluded that corporal punishment and any form of degrading punishment and treatment are prohibited.

3.6.3 Observations by the researcher

The researcher included notes on her observations of the facilities at the drop-in centres in her field notes. These notes highlighted the physical context and facilities of the three drop-in centres that the participants attended.

The researcher observed that the three drop-in centres visited had beautiful structures, were clean and were accessible to children. One centre had a section where children with disabilities were cared for and supported. A positive environment can convey aspects such as respect and children's rights to vulnerable children and enhance their sense of well-being. In this way, it could also be stated that the centres respected the rights of children with disabilities to access services and provided them with conditions that facilitate their participation in the community (The Children's Act, Section 11).

The researcher's visits were done after school and the children were found at the drop-in centres having meals or busy with programmes offered by the drop-in centres. One drop-in centre also had a food garden where mothers were able to come and work in the gardens and plant vegetables, which could help to improve and advance the quality of life of children and families. The researcher is of the opinion that such a setting provides a good example of the notion that community-based services are implemented to encourage participation and sharing of responsibilities by communities (DSD, 2005b:4; DSD. 2013a:12, 14).

During the researcher's visits the children at the drop-in centres looked clean and well-cared for and were dressed in their school uniforms. No information about assistance with personal hygiene and laundry services, which are indicated as "must" services to be rendered by drop-in centres, came to the fore in the in-depth interviews. However, from the physical appearance of the participants, it could be deduced that the children attending the drop-in centres were provided in some way with these services.

3.7 SUMMARY

The chapter focused on the research methodology that was followed in the implementation of the study, as well as the ethical considerations underlying the study. The research findings were further presented according to main themes and sub-themes that were identified during the process of data analysis.

The findings of the study indicated that the services by the three drop-in centres that the participants attended, made a positive contribution to their quality of life and sense of well-being. The information obtained from the participants provided a picture of how the services of the drop-in centres helped them in different areas of their lives, amongst

others their basic needs for food and clothing, their school attendance and school performance, and their self-esteem. Negative experiences related to the attendance of drop-in centres were minimal, however indicated important aspects that could be addressed to improve services by the drop-in centres.

The key findings of the study will be summarised in Chapter 4. Conclusions will be based on the key findings and the researcher will propose recommendations based on the findings and the conclusions.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

This study focused on the services that drop-in centres provide to vulnerable children. The South African Government established drop-in centres as a strategy to provide community-based services to vulnerable children and, in doing so, keep vulnerable children in their families (Patel, 2005:159; The Children's Act, Section 213). The goal of the study was to explore the experiences of a group of vulnerable children of the services they received at drop-in centres. The focus of this chapter is on the key findings of the study, and conclusions reached as well as the recommendations made based on the findings of the study.

4.2 KEY FINDINGS OF THE STUDY

The research findings indicate the following key points:

- All the participants in the study were evidently vulnerable. Their biographical details confirmed that the participants attended the drop-in centres mostly because of limited material resources, which were described by the participants as lack of food, limited income and unemployment of parents. Some participants ascribed their need for support by the drop-in centres to the illness of the parent. All of the participants lived in a single-parent household.
- All of the participants mentioned that they received basic services in the form of material support such as food and clothing. Their emphasis on the provision of food and clothing supports the importance of providing children's basic needs, which forms the fundamental level of needs according to Maslow's hierarchy of needs. A lack of food points to unmet basic needs that is associated with poverty. It has emerged that the drop-in centres which the participants attended do regard food provision as a "must" service which is rendered in line with the provisions of the Children's Act.
- Although the participants were grateful for the meals they received at the drop-in centre, there was a sentiment among some participants that the drop-in centres had to provide them with food parcels that they could take home to their families.

However the drop-in centres did not offer such a service at all times due to budget constraints.

- The provision of clothes and school uniforms by the drop-in centres also provided the basic needs of the participants. Perceptions of participants indicated that they looked good, felt more confident, and had a more positive outlook towards life. It is evident that the school uniforms were especially appreciated by the participants as it allowed them to look like other learners in the school, helped to reduce feelings of shame, and contributed to a general feeling of well-being.
- The drop-in centres provided participants with space to do their homework. They also received support with their homework and had access to the internet and a library, which helped them to complete homework. As a result, the school performance of most of the participants improved since they started attending the drop-in centres. Their marks, as well as their confidence to participate in class, increased. One participant made a noteworthy comment that the improvement in his school performance could be ascribed to the fact that he could concentrate on his school work, as the provision of food by the drop-in centre made him less pre-occupied with the lack of food at home. All the participants expressed a wish to attain tertiary qualifications.
- However, participants were of the opinion that drop-in centres could do more to help children to take part in sport activities and school excursions. The participants' parents could not afford recreational activities offered by schools and they expressed a wish to be able to do so.
- The services by the drop-in centres had a positive influence on the participants' self-esteem. Since the participants were adolescents, the provision of clothing was appreciated because it made them feel good and confident to interact and identify with other peer group members. Their self-image improved due to the improvement in their personal appearance and the fact that they started looking like other children. As a result, their confidence increased to the extent that they became active participants in class and achieved better marks in their school work. Some participants were prepared to reach out and assist other vulnerable people in the community, which seemed to result from their feelings of competence and confidence in themselves.

- The psychosocial support provided by the support groups and members of the multi-disciplinary team at the drop-in centres added significant value to participants' lives by providing information, motivation, guidance, advice and life skills development. Some of the participants adopted more positive attitudes and behaviours as a result of attending the support groups. Others received emotional support to help them deal with their personal situations, for example with being an orphan and dealing with the illness of parents affected by HIV and AIDS. Participants further valued the information related to HIV and AIDS, tuberculosis and other diseases, as well as learning about skills to effectively handle social problems such as alcohol and drug use, teenage pregnancy, and sexually transmitted diseases. These services were thus in support of the developmental approach that focuses on the strengthening of individuals in order to address problems.
- Participants valued activities that exposed them to enjoyable experiences and created a sense of belonging to a family and within the wider community. They highlighted the role of camping, however, these activities were no longer offered by the drop-in centres.
- The drop-in centres offered multi-disciplinary services by professionals such as social workers, psychologists, medical doctors and dentists, together with services by the child care workers and volunteers. These services assisted the participants in various areas of their functioning.
- Participants formed positive friendships with other children who attended the drop-in centres. Some participants used to roam around with friends at night, experienced negative peer pressure, and sometimes misbehaved. In terms of relationships, the influence of peer group became minimal as participant's view was that they gained a sense of love and belonging, made good friends, and could deal with peer pressure. The change is attributed to the positive friendships they formed at the drop-in centres and the interpersonal skills taught in the support groups at the centres.
- The empirical findings highlighted that the effects of poverty and unemployment can have negative effects on the quality of life of children. The participants did not have food, clothes, shoes, school uniforms, could not attend school trips and as a result used to envy other children. There was positive change in the quality of life

of the participants as it emerged that, as they experienced that their basic needs were being met, they started to feel that their lives changed and they experienced a sense of well-being. Changing the quality of life of vulnerable children through providing them with services and resources is one of the central principles of the developmental welfare approach.

- Participants suggested that the services of the drop-in centres should include reaching out to the families to identify vulnerable children and provide services to meet the needs of these children. They mentioned that children with problems, pre-school children and children who do not attend school should be the focus of the outreach efforts. The suggestions made by the participants are in line with the notion that a developmental approach to social welfare requires efforts to reach out to communities.
- Findings revealed that confidentiality and respect were sensitive issues for the participants. Participants mentioned that personal information of children who attend drop-in centres should be treated confidentially, that children should be treated with respect, and that care-givers should not engage in harsh discipline or discriminatory actions. Negative conduct by care-givers affects the safe environment in which the children feel cared for.

4.3 CONCLUSIONS

The following conclusions are based on the key findings of the study:

- Lack of food is a basic need that is associated with poverty. There are pointers in literature which indicate that children from poor families experience high rates of child poverty, experience hunger and malnutrition, and do not have access to quality services. Child poverty is aggravated by socio-economic factors such as unemployment, lack of income and chronic illness such as HIV and AIDS or tuberculosis, and to this effect food security and nutrition is a key priority for the South African Government.
- The provision of food, which is one of the “must” services that drop-in centres need to provide, plays a central role in dealing with child poverty. In view of the social development approach it can be concluded that drop-in centres, as one of the developmental social welfare strategies, can contribute substantially to addressing

the issues of child poverty by providing access to basic services such as food, adequate nutrition and clothes to vulnerable children.

- School attendance support, which is another “must” service of drop-in centres, plays a significant role in enhancing vulnerable children’s school performance. It could be concluded that school attendance support provide vulnerable children with equal opportunities to access developmental resources that can contribute to their intellectual and cognitive development and make them equally competent to participate in class. Assistance with homework can improve the educational achievement of vulnerable children and inspire them to consider future career opportunities. The value of the provision of school uniforms to vulnerable children should not be under-estimated, as it can improve their self-esteem and enhance their capacity to fully engage in school work. Children from poor families often do not recognise the need for education and school attendance support can help to achieve the aim of the National Development Plan to retain more learners in schools. Children in poor families are more likely to achieve in school when they are nurtured in a caring and enabling environment, even if this environment is situated outside the family.
- The basic services of food and clothing, including school uniforms, are important to enhance the dignity of vulnerable children. When children perceived themselves as having met their needs and looking good, they tend to be more confident and have a positive outlook towards life. Physical appearance is especially important during adolescence, as adolescents’ self-evaluation are based, amongst others, on their physical appearance. A better self-image and increased self-esteem could counter feelings of shame in vulnerable children, enhance their participation and performance in school, and even instill a desire to reach out to other vulnerable persons in the community.
- Apart from the positive impact of the “must” services that drop-in centres provide, the “may” services also contribute significantly to meeting the needs of vulnerable children. Optional services such as support groups can add valuable inputs in terms of providing information, motivation, guidance, advice, emotional support, and life skills development. Support groups offered at drop-in centres can enhance vulnerable children’s emotional, social and moral development, as interaction in these groups help children to internalise societal norms, beliefs and values.

Support groups can reinforce constructive peer group socialisation, coupled with professional advice and guidance from a multi-disciplinary team that provide services to children in the drop-in centres.

- Emotional support is important for vulnerable children in order for them to develop a better understanding of the harsh realities of life and learn skills to deal with issues such as dropping out of school, sexuality, teenage pregnancy, use of alcohol and drugs, chronic illness such HIV and AIDS, as well as violence and abuse. This is especially important since the vulnerability of families can affect their capacity to support their own vulnerable children. It should be kept in mind that adolescents, despite their increasing need for autonomy, still need guidance from adults.
- Multi-disciplinary services at drop-in centres provide vulnerable children with holistic care that address their physical, emotional, social, intellectual and moral needs. These services contribute to the overall health and well-being of vulnerable children.
- Relationships play an important role in every sphere of life. Drop-in centres can offer vulnerable children a setting as well as guidance in terms of forming positive friendships. Experiences of positive peer relations can counter the influence of harmful peer pressure that children may be exposed to in everyday life. The safe and supportive environment that drop-in centres offer vulnerable children can create a sense of mutual understanding and of love and belonging, which can motivate them to change previously unbecoming and harmful behaviours.
- It is important that the safe environment of the drop-in centre should be supported by positive conduct by the staff members. Confidentiality and respect issues are sensitive, particularly when dealing with children. According to the Guidelines for the Establishment of Community based Multi-Purpose Centres/ Drop-in Centres (DSD, 2005b:4-5), drop-in centres are based on the guiding principle which emphasise that services should respect privacy and dignity, and be sensitive to societal values. A lack of confidentiality and respect, even in sporadic instances, can affect the sense of safety of vulnerable children.
- The services rendered by drop-in centres can enhance vulnerable children's quality of life that have been affected by poverty, unemployment, and illness of parents. The provision of food and clothes, school attendance support and psychosocial

support services can empower vulnerable children and bring positive changes in their lives. These changes include meeting their basic needs, enhancing their self-esteem, teaching them life skills, building their capacity to perform better at school, and instilling a culture of post-school education. The services provided by drop-in centres resonate with the developmental approach, which makes it possible for vulnerable children to access quality services within their community. Ultimately, vulnerable children may be empowered to escape the cycle of poverty and become productive citizens in society.

- In view of the above conclusions it can be stated that drop-in centres is an effective strategy to address issues of poverty and vulnerability. The drop-in centres seem to be effective in addressing the needs of vulnerable children, which include their physiological, psychosocial and educational needs. In this manner drop-in centres promote social and economic investment in children. Developmental social welfare provides the platform for the provision of appropriate social, educational and developmental services to vulnerable children within their communities.
- Although drop-in centres can play an important part in fulfilling children's rights, amongst others their rights to care, dignity, safety, education and health, the capacity of the centres for holistic and preventive services depend on the availability of financial and other resources. The implementation of more of the "may" services, such as direct social support to the families of vulnerable children, reaching out to more vulnerable children, and the provision of sport and recreational activities, are hampered by a lack of resources.

4.4 RECOMMENDATIONS

The researcher puts forth the following recommendations for services provided to vulnerable children by the drop-in centres:

- It is recommended that Government maintains a strong focus on prioritising the establishment of drop-in centres in communities where families struggle to provide for the basic needs of their children, due to poverty, unemployment, illness and other factors. The plight of children with disabilities also need to be recognised in the provision of services by drop-in centres.
- The management of drop-in centres should maintain a strong focus on the "must" services indicated in the Children's Act, Section 213(2). Lack of food is a common

problem in poor families, which means that these families struggle to provide the most basic needs of their children. According to Maslow's theory, the higher needs of children, such as their interpersonal relationships and education, cannot reach their ideal unless the basic needs have been met.

- Drop-in centres must further prioritise the provision of school attendance support, which is another “must” service. Managers and staff in drop-in centres need to appreciate that school attendance support can build vulnerable children's capacity for academic performance and for participation in the school environment. Such positive experiences can motivate them to strive for better academic achievement, to complete their school career, to consider after-school education or training and increase the possibility for them to become productive citizens in their adult life.
- Since children from poor families can achieve in school when they are nurtured in a caring and enabling environment, it is recommended that Government, civil society and the business sector should strengthen efforts for creating an enabling environment by offering bursaries to vulnerable children who are performing well at school so that they can attend tertiary education, build careers and push back the frontiers of poverty in their families. The management and staff of the drop-in centres should also make sure that children, especially in their adolescent years, are exposed to information on different career opportunities.
- Drop-in centres need to strengthen the provision of optional or “may” services. The staff and multi-disciplinary team members need to focus on the provision of holistic services that focus on the physical, cognitive and socio-emotional developmental needs of children who attend the drop-in centre, especially as vulnerable families may not be able to sufficiently provide their children's needs.
- While appropriate programmes which may be offered for the developmental needs of children are not compulsory, it is recommended that programmes such as sport (i.e. soccer, netball, volley ball), indoor games, and recreational activities be considered. Children living in poverty struggle to engage in sport and social or recreational activities as their families cannot afford to pay for the activities. These activities can offer settings in which vulnerable children can experience a sense of belonging within the peer group as well as a sense of family integration. Volunteers from the community could assist with these activities.

- More children who are vulnerable, including children with disabilities and those who live and are begging on the streets, should benefit from the drop-in centres. Developmental welfare services support preventive interventions and outreach to communities. The staff and management of drop-in centres need to go out into communities to make people aware of the services that the centres are offering to vulnerable children and their families.
- As vulnerable children are part of a family system, more direct services to families can enhance the well-being of the child. Services, such as the provision of food parcels, will prevent that vulnerable children who receive services from the drop-in centres experience distress over their family members who do not receive support.
- Since there are funding challenges that affect the provision of services by drop-in centres, the management of drop-in centres must seek partnerships and closer working relationships with the local business community so that they become actively involved in addressing the issues of vulnerable children within their communities.
- It is recommended that drop-in centres strengthen efforts to guard against violation of children's rights. Care-givers and other staff members need to be provided with training on policies, regulations, and norms and standards related to vulnerable children and drop-in centres. Staff members should be sensitive as to how information and confidential issues are handled in order to respect the privacy, dignity and cultural values of vulnerable children.
- Since the findings of this study may not be generalised to the broader population, it is recommended that further research be conducted on a national level to explore the experiences of vulnerable children and hear their voices regarding the services they receive from drop-in centres as legislated in the Children's Act, Section 213.

4.5 ACCOMPLISHMENT OF THE GOAL AND OBJECTIVES OF THE STUDY

The goal of the study was to explore the experiences of vulnerable children regarding services they receive from drop-in centres. The goal of the study was accomplished by achieving the objectives of the study, as indicated below.

- **Objective 1:** To describe the role of drop-in centres as an intervention strategy in terms of the Children’s Act 38 of 2005, with specific reference to the situation of vulnerable children. This objective was accomplished by means of the literature review that was presented in Chapter 2.
- **Objective 2:** To explore the experiences of vulnerable children regarding the services they receive from drop-in centres. Objective 2 was achieved by means of the presentation of the empirical findings of the study in Chapter 3.
- **Objective 3:** To reach conclusions and make recommendations based on the findings of the research that can optimise service delivery by drop-in centres. The key findings of the study was presented in Chapter 4. Conclusions were formulated based on the key findings and recommendations were offered that can be considered in optimising the services of drop-in centres. Objective 3 was therefore achieved.

4.6 CONCLUDING STATEMENT

The establishment of drop-in centres was one of the strategies within the developmental approach to social welfare adopted by the South African Government. The researcher wished to hear the voices of vulnerable children, as the recipients of the services of drop-in centres, about the services they receive. The research question that guided the study, was as follows: What are the experiences of vulnerable children regarding the services they receive from drop-in centres?

Based on the empirical findings of the study, it can be concluded that the services provided by drop-in centres can play a significant role to enhance the quality of life and the overall well-being of vulnerable children.

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APPENDIX A



St. Joseph's Care
and Support Trust
AT SIZANANI VILLAGE
IT: 3662/03

P.O Box 2016
Bronkhortspruit
1020

Switchboard: +27 13 932 6600
Care Centre: +27 13 932 6662
Fax: +27 13 932 6651
Email: socialwork@stjosephcare.org.za

26 November 2012.

To whom it may concern.

Re: Permission to a conduct Research: Khomotso Kgothadi.

This letter serves to testify that Khomotso Kgothadi has been granted permission by of St Joseph's Care and Support to conduct a research. She will conduct interviews to children in our drop in centres. The research will be conducted in the drop in centres which are not under Hospice.

May you please be of assistance to ensure that the sited herein above may be realized.

Thank you for your cooperation.

Yours faithfully.



Mrs Rudo Mahusa
Social Services Manager.
Tel- 013 932 6600 / 14
Cell- 071 867 8905
Fax- 013 932 6651
e-mail- socialwork@stjosephcare.org.za

ST JOSEPH'S CARE AND SUPPORT TRUST
AT SIZANANI VILLAGE
P.O. BOX 2016 BRONKHORSTSPRUIT 1020
TEL: 013 932 6600 FAX: 013 932 6651

Trustees: M.A.F de Muelenaere, G. Govender, M.D. Maponyane, M.S Molebale, G. Govender, A.W.M.K. Mosupyo,
R. Nchite, E A Schilling, Patron: Mr Alec Hogg. NPO: 030-132 PBO: Ref No: 9320006223



St. Joseph's Care
and Support Trust
AT SIZANANI VILLAGE
IT: 3652/03

P.O Box 2016
Bronkhorstspuit
1020

Switchboard: +27 13 932 6600
Care Centre: +27 13 932 6662
Fax: +27 13 932 6651

12 November 2009

We hereby give permission to Ms. Kgomotso Kgothadi, a student in MA Social Development and Policy to visit our OVC and Drop-In Centre in Ekangala to fulfill her research.

Authorisation is given to conduct interviews however these must be kept in strict confidentiality.

A non-disclosure form will be given to her including forms for consent from parents.

Elisabeth Schilling
DIRECTOR

pp. Esme Robb
CO-ORDINATING MANAGER
BUSINESS SUPPORT

Trustees: M.A.F de Muelenaere, G. Govender, M.D. Maponyane, M.S Molebale, A.W.M.K. Mosupyo, R. Nchite, E A Schilling, Patron: Mr Alec Hogg. NPO: 030-132 PBO: Ref No: 9320006223

APPENDIX B

INTERVIEW GUIDELINE FOR IN-DEPTH INTERVIEWS

Title of the study: The experiences of vulnerable children regarding services they receive from drop-in centres

Main question

Can you please tell me as fully as possible how you experience the services that you receive from the drop-in centre?

Sub-themes:

What services do you receive?

How did the services affect your life in general?

Do you have any suggestions as to how the services can be improved?

APPENDIX C



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

Researcher: Mrs Khomotso Kgothadi
Contact number: 0827868043

Participants' name: _____

INFORMED ASSENT

1. **Title of the study:** The experiences of vulnerable children regarding services they receive from drop-in centres
2. **Purpose of the study:** The purpose of this study is to find out how children who receive services from drop-in centres, experience the help they get.
3. **Procedures:** I understand that I will take part in an interview with the researcher. The interview will last about one hour and will be tape-recorded. The researcher will ask about my experiences of the services of the drop-in centre. I understand that the information will be treated confidentially and that my identity will not be revealed.
4. **Risks:** If I experience any discomfort because of the interview, I can talk about it to the social worker at St Joseph Care and Support Trust at Sizanani Village.
5. **Benefits:** I understand that I may not benefit directly from my participation in the study, but that the information I provide can help to improve the services that the drop-in centre provide to the children.
6. **Participant's rights:** I understand that I participate voluntarily and that I can withdraw from participating at any time without any negative consequences for me.
7. **Financial compensation:** I understand I will not receive gifts of any nature for my participation.
8. **Confidentiality:** I understand that the researcher will take make sure that the information I give will be handled confidentially. The interviews will be tape recorded so that the researcher can get accurate information. If I decide to withdraw from the study, all my information will be destroyed. My identity and the identity of my family will not be revealed.

Department of Social Work & Criminology Tel: Number 00 27 12 420 2325/2030 www.up.ac.za
University of Pretoria Fax: Number 00 27 12 420 2093
PRETORIA 0002
Republic of South Africa

If I have any questions, I can contact Mrs Khomotso Kgothadi at 0827868043 during office hours. I understand my rights as a participant in this study and I voluntarily participate in this study. I understand that the interview will be tape recorded and that the information from the tape recording and a copy of this signed letter be stored securely at the Department of Social Work and Criminology according to the stipulations of the University of Pretoria.

I understand the above information and I give my consent to participate in the interview out of my own choice. I have received a copy of this letter.

.....
Name of participant	Signature of participant	Date
.....
Name of researcher	Signature of researcher	Date

APPENDIX D



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Department of Social Work & Criminology

Researcher: Mrs Khomotso Kgothadi
Contact number: 0827868043

Participants' name: _____

INFORMED CONSENT

1. **Title of the study:** The experiences of vulnerable children regarding services they receive from drop-in centres
2. **Purpose of the study:** The purpose of the study is to explore what the lived experiences are of vulnerable children regarding services they receive from drop-in centres.
3. **Procedures:** The participants (children) will be requested to complete an interview with the researcher. The interview will last about one hour and will be tape-recorded. The interview will focus only on the experiences of the children regarding the services they receive from the drop-in centre that they attend. No information that can reveal the identity of the child will be made available to anyone.
4. **Risks:** There is a possibility that the child may experience emotional discomfort because of the interview. If this happens, the child will be referred for counselling to the social worker at St Joseph Care and Support Trust at Sizanani Village.
5. **Benefits:** I understand that there will be no direct benefits for my child for participating in the research. However, my child's participation may assist in improving the services of the drop-in centres to vulnerable children.
6. **Participant's rights:** Participation in the study is voluntary and I understand that my child can withdraw at any time without any negative consequences.
7. **Financial compensation:** I understand that my child will not receive any financial compensation for participation in the study.
8. **Confidentiality:** I understand that the researcher will take all reasonable steps to protect the confidentiality of my child. In order to record accurately what is being said in the interviews, the researcher will make use of a tape recorder. If my child decides to withdraw from the study, all information relating to him/her will be destroyed. The identity of my child or our family will not be revealed.

Department of Social Work & Criminology Tel: Number 00 27 12 420 2325/2030 www.up.ac.za
University of Pretoria Fax: Number 00 27 12 420 2093
PRETORIA 0002
Republic of South Africa

If I have any questions, I can contact Mrs Khomotso Kgothadi at 0827868043 during office hours. I understand the rights of my child as a participant in this research and I give my consent that he/she may participate in this study. I understand that the interview will be tape recorded and that the information from these tape recordings and all signed letters of informed consent will be stored securely at the Department of Social Work and Criminology according to the stipulations of the University of Pretoria.

I hereby confirm that I understand the above information about the research. I understand my child's rights as a participant.

I hereby give consent for the voluntary participation of my child in this study. I have received a copy of this letter.

.....
Name of parent/guardian	Signature of parent/guardian	Date

.....
Name of researcher	Signature of researcher	Date

APPENDIX E



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Research Ethics Committee

8 April 2011

Dear Prof Lombard

Project: The experiences of vulnerable children regarding services they receive from drop-off centres
Researcher: K Kgothadi
Supervisor: Dr MP le Roux
Department: Social Work and Criminology
Reference number: 95171372

Thank you for your response to the Committee's letter of 1 December 2010.

I have pleasure in informing you that the Research Ethics Committee formally **approved** the above study at an *ad hoc* meeting held on 2011. Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should your actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

The Committee requests you to convey this approval to the researcher.

We wish you success with the project.

Sincerely

Prof. John Sharp
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: john.sharp@up.ac.za

Research Ethics Committee Members: Dr L Blokland; Prof M-H Coetzee; Dr JEH Grobler; Prof KL Harris; Ms H Klopper; Prof A Mlambo, Dr C Panebianco-Warrens; Prof J Sharp (Chair); Prof GM Spies; Prof E Taljard ; Dr J van Dyk; Dr FG Wolmarans, Dr P Wood