

Exploring the training needs of community volunteers

Tamarin van Staden

2015



Exploring the training needs of community volunteers

by

Tamarin van Staden

A dissertation submitted in the fulfilment of the degree

MAGISTER EDUCATIONIS

(Learning Support, Guidance and Counselling)

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NOVEMBER 2015

ACKNOWLEDGEMENTS

My sincere gratitude and appreciation is hereby expressed to the following people for their guidance and support during my journey:

- ❖ **Dr Suzanne Bester**, my supervisor. Thank you for your support, patience, guidance, motivation, enthusiasm and confidence in my abilities. I know this has been a long and difficult path for you, and I appreciate all that you have taught me throughout this process. Thank you for travelling to and from Port Elizabeth with me. Thank you for always being available and understanding. Most of all, thank you for your hard work. In this process, you have been more than a supervisor to me; you have been like a third mother to me.
- ❖ **Prof Ronél Ferreira** and **Prof Liesel Ebersöhn**, my co-supervisors. Thank you for your insight and contribution towards my study. Thank you for your kind words and motivation. Thank you for all your hard work and guidance.
- ❖ **Villieria Primary School**: the principal, deputy principal and staff. Thank you for being an anchor during my time of study. Thank you for allowing me to leave early when I needed to. Thank you for all your support, love and guidance during this process.
- ❖ **Aunty Leynette**. Thank you for looking after M'Lindri numerous times while I wrote my dissertation or attended meetings at the University.
- ❖ **Mari-Lize Reid**, my friend. Thank you for picking me up after I arrived back from the airport and for looking after M'Lindri. Thank you for driving to and from the University with me numerous times, and for motivating me when I felt that I could not complete my course. Most of all, thank you for believing in me and my ability to finish.
- ❖ **My sisters and sister-in-law**. Thank you for always expressing an interest in the progress of my study. Thank you to my sister-in-law for delivering chapters to the University, when I was not able to do so.
- ❖ **My parents, Glyn and Martie**. Thank you for believing in me and always expressing an interest in my work. Thank you for your unconditional love and support throughout my academic career. Thank you for your emotional support,

prayers and motivation. You taught me to work hard for what I want, and now I am picking the fruits of my labour. Thank you for laying such a solid foundation. Thank you, ma, for looking after M'Lindri when you visited us in Pretoria so that I could work. Even though you are far away, you are close by in my heart.

- ❖ **My mother-in-law, Lynette.** Thank you for your interest in my study, your motivation and guidance. Thank you for your encouragement and love. Thank you for looking after M'Lindri when I was busy, and for cooking for us when I could not. Thank you for your financial contribution towards my further education.
- ❖ **Other friends and family members.** Thank you for your continuous prayers and support over the years.
- ❖ **My daughter, M'Lindri.** You were born while I was on this journey. Thank you for your understanding when I was busy and could not give you all the attention you needed, even though you are still so small. Thank you so much for accompanying me to and from the University when I visited Dr Bester. I love you so much, and you are a part of this process.
- ❖ **My husband, Jandrie.** Without you, this process would not have been possible. Thank you so much for constantly believing in my abilities. Thank you for your ongoing support, even though it was difficult at times. I appreciate you. Thank you for burning the midnight oil with me, while I worked and you slept on the couch. Thank you for taking care of M'Lindri when I could not. Most of all, thank you for allowing me to pursue my dream and for standing by my side the whole time. I love you.
- ❖ **To the Lord.** This has been a very difficult path for me over the past couple of years. Thank you for supporting me and lifting me up when I fell down. Thank you for giving me the ability to study further. Thank you for all my blessings and leading me through difficult times.

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This serves to confirm that the dissertation, “Exploring the training needs of community volunteers”, submitted by Tamarin van Staden for the MEd Learning Support, Guidance and Counselling degree in the Faculty of Education at the University of Pretoria, was edited for logical structure, language use, spelling and grammar by a qualified language editor.

Kind regards

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Bachelor of Arts (University of Pretoria – 1983)
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DECLARATION OF ORIGINALITY

I, Tamarin van Staden (s25075552) declare that this dissertation titled: *Exploring the training needs of community volunteers*, which I hereby submit for the degree Magister Educationis (Learning Support, Guidance and Counselling) at the University of Pretoria, is my original work and has not previously been submitted by me for a degree at this or any other tertiary institution.

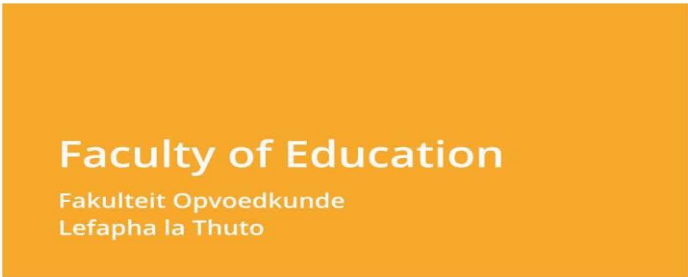
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INVESTIGATOR(S)
DEPARTMENT
DATE PROTOCOL APPROVED
DATE CLEARANCE ISSUED

CLEARANCE NUMBER : EP 06/11/01 STAR 001
MEd
Exploring the training needs of community volunteers
Tamarin van Staden
Educational Psychology
28 March 2012
09 November 2015

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DATE 09 November 2015

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ABSTRACT

Exploring the training needs of community volunteers

by

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Supervisor: Dr. Suzanne Bester

Co-supervisors: Prof. Ronél Ferreira

Prof. Liesel Ebersöhn

Degree: M.Ed (Learning Support, Guidance and Counselling)

The purpose of this descriptive study was to explore and describe the training needs of ten community volunteers from the STAR project in the Nelson Mandela Metropolitan area in the Eastern Cape. The STAR project focuses on the manner in which teachers can support resilience in high-risk communities. The project, involves a strengths-based intervention. Based on the outcome of the STAR project, the need arose to transfer existing knowledge and skills to community volunteers in their own and a neighbouring school. The theoretical framework that was employed in this study was the asset-based approach.

I followed a qualitative research approach, guided by an interpretivist epistemology. I purposefully selected ten community volunteers who were part of the STAR project, as participants. The data were collected through face to face semi-structured individual interviews with two of the participants and a focus group discussion with the remaining eight participants. The data-collection process assisted in exploring the training needs of the participants. In addition to the individual interviews and the focus group discussion, I employed field notes and audio recordings in the data-collection process.

Five main themes emerged from the data, along with twelve subthemes. The five main themes included the following: challenges community volunteers face, responsibilities of a community volunteer, motivations for becoming a community volunteer, the training needs of community volunteers, and how community volunteers cope with the challenges they face when performing their duties.

Based on the findings of the study, it is suggested that the training needs of the volunteers, namely to become computer literate, to communicate better, to understand how to counsel members of their communities and the children they work with in their schools, emanate from an overarching training need to be able to cope with the adverse circumstances community volunteers experience as a result of poverty. In essence, this study suggests that the STAR volunteers need training on how to cope with poverty.

KEY WORDS

- Training needs
- Community volunteers
- Community members
- High risk
- Community
- STAR project
- SHEBA project
- Asset-based approach

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LIST OF ABBREVIATIONS

HIV / Aids - Human immunodeficiency virus acquired immune deficiency syndrome

IRIN - Integrated Regional Information Networks

NDoH – National Department of Health

NQF – National Qualifications Framework

OVC – Orphan and Vulnerable Children

Repssi Org – Regional Psychosocial Support Initiative

SHEBA – Supporting Home Environments in Beating Adversity

STAR – Supportive Teachers, Assets and Resilience

StatsSA – Statistics South Africa

UN – United Nations

USA – United States of America

UNICEF - United Nations Children's Emergency Fund

WHO – World Health Organization

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CHAPTER 1

OVERVIEW AND INTRODUCTION

1.1 INTRODUCTION AND RATIONALE OF THE STUDY

Social inequality is one of the biggest issues currently influencing humanitarian social studies. If not attended to constantly, persistent incidents of unemployment, poverty and disease can result in serious social deterioration (Solt, 2009). Globally, there has been an increase in the number of youths receiving some form of secondary or tertiary education. However, many labour markets are unable to absorb all these young graduates (IRIN, 2007). A 2007 estimation indicated that some 400 million new jobs would have to be created merely to accommodate graduated youths (IRIN, 2007). This visible decline in job opportunities has led to a significant increase in unemployment and widespread poverty (IRIN, 2007).

The international development community has been examining people living in poverty for decades. In the United States of America (USA), people living in poverty are defined as people with average incomes below the poverty line of between \$1.25 and \$2.50 per person per day (Kanbur & Sumner, 2012; Chen & Ravallion, 2008; Chambers, 2006). Local and international leaders see the decline in poverty as an essential driver for development (Chambers, 2006). However, this fight is not easily won. In 1996, a study showed that, globally, some 195 million children were undernourished due to the state of poverty in which they found themselves (Brown & Pollitt, 1996).

In addition, an estimated 56 million people died as a result of diseases in 2001 (Lopez, Mathers, Ezzati, Jamison & Murray, 2006). Of these people, 10.6 million were children, 99% of whom were living in low- and middle-income countries (Lopez et al., 2006). More than half of the deaths in 2001 were caused by acute respiratory infections, measles, diarrhoea, malaria and HIV/Aids (Lopez et al., 2006).

As a result of these social challenges and trends, many communities around the world currently function in a state where they are unable to take care of themselves optimally. People living in communities under threat of social deterioration

constantly need some form of help. Their plight for aid is most commonly adhered to by volunteers within their communities (Speth, 1999). Such community volunteers therefore willingly provide care to those around them, and see this exchange as an act that comes from the heart (Akintola, 2008).

As per the definition of the concept, volunteering comprises the commitment of time and energy to provide a service to the benefit of an individual, a community or society as a whole, without expecting financial remuneration or material reward (Akintola, 2011). Individuals who function as community volunteers choose to sacrifice their time and contribute the knowledge or skills they may possess to benefit their communities in one way or another (Wilson, 2000). Community volunteers can perform a variety of tasks in order to lend a helping hand to the communities in which they work. In a typical setup, community volunteers run basic errands, rather than becoming involved in substantive issues (Campbell, Gibbs, Nair & Maimane, 2009).

Schneider, Hlophe and Van Rensburg (2008) state that community volunteers have become particularly important role-players in South African communities. This is significant since community volunteers devote considerable amounts of their time to their community-service work, while a substantial proportion of them work full time; sometimes up to seven days a week (Akintola, 2008). According to Budlender (2009), female community volunteers outnumber their male counterparts by 90% in South Africa, and their ages range from 20 to 60 years. The social norm appears to be that it is acceptable for women to volunteer in their communities (Patel, 2009). Many women become community volunteers, specifically because they have a desire to help their own people (Marincowitz, Jackson & Fehrsen, 2004) and because they view volunteering as an opportunity to acquire new skills or to put their existing skills to good use (Akintola, 2011).

South Africa has seen a rapid growth of community volunteers in recent years. By 2004, an estimated 40 000 community volunteers were active in South African communities (Schneider et al., 2008). In 2006, the combined number of community volunteers in the health and social development sectors was estimated at 62 445, all of whom were investing their time in projects to help people in need (NDoH, 2006). The number of volunteer caregivers has increased in the past decade due to the

advent of targeted caregiving organisations (Patel, 2009). However, it is important to acknowledge that these caregiving organisations do not have the necessary resources to adequately address the needs of the communities they support (Akintola, 2004). At the same time, the number of volunteer caregivers is likely to keep increasing as these people continue to play a valuable role in high-risk communities as agents for positive social change (Campbell, Gibbs, Maimane & Nair, 2008).

Community volunteers typically work under difficult circumstances (Akintola, 2006). Stress related to volunteering is a global phenomenon (Akintola, 2006). A study conducted in Brazil highlights the possibility of caregivers experiencing numerous difficulties related to volunteering (De Figueiredo & Turato, 2001). Volunteering is, for example, associated with significant psychological and physical burdens (Akintola, 2006). Kironde and Klaasen (2001) indicate that volunteers' motivation for participating in community-based volunteering activities typically relates both to their desire to provide support to others and their hope of receiving remuneration. The expectation of payment for any kind of work performed is a reflection of the economic situation in which community volunteers often find themselves (Kironde & Klaasen, 2001). Community volunteers often come from societies in which unemployment and poverty have a significant impact on their lives (Nair & Campbell, 2009). It has been reported that volunteers in Ghana, South Africa, Tanzania and The Democratic Republic of the Congo have also been subjected to social and economic consequences related to their volunteering activities. These include stigmatisation, discrimination, isolation and a lack of support (Orner, 2006). Additionally, Campbell et al. (2009) emphasise that community volunteers often fail to secure the support and participation of key local leaders.

Community volunteers have to deal with various challenges in the course of doing good, but they fulfil a very significant role in their communities, especially in remote and under-resourced areas (WHO, 2007). Because community volunteers are generally of the opinion that it is their social duty to intervene in their communities (Wiles, 2003), and because they have the potential to make a significant difference in their communities (Uys, 2002), it is essential for social scientific research to provide these individuals with tools to help them achieve their volunteer project goals to the best of their abilities.

Van Dyk (2007) is of the opinion that community volunteers need training, as knowledge and skills can assist them in managing stress and burnout. In a study conducted by Van Dyk (2007), it was found that the majority of community volunteers feel inadequate to fulfil their daily tasks. Similarly, Patel (2009) believes that community volunteers should be trained and that their training should preferably carry some form of accreditation.

In this regard, the National Policy on Integrated Community-based Home Care (NDoH, 2004) proposes that community volunteers attend a three-month basic skills training course, which addresses teaching and communication skills, spiritual and cultural issues, infection control, social support, nutrition and care (NDoH, 2004). To this end, Nair and Campbell (2009) found that volunteers have a strong capacity to learn and mobilise skills energetically to address challenges, and that community volunteers will experience a boost in confidence in the value of their work if they receive training.

In addition to the need for on-going research in the field of volunteering, my interest in this topic on a personal level stemmed from my interest in seeing how communities could grow and work together on different levels. During 2012, I was made aware of an existing school-community project called STAR (Supportive Teachers, Assets and Resilience) (Ferreira & Ebersöhn, 2012). After displaying interest in becoming involved in a follow-up project called SHEBA (Supporting Home Environments in Beating Adversity), the focus of this study was developed in consultation with my supervisor and co-supervisors. More background information regarding the STAR and SHEBA projects follow in the next section.

1.2 CONTEXT OF THE STUDY

As indicated, this study forms part of the SHEBA project, which evolved from the STAR project. In order to understand the context of this study, it is important to understand the STAR project's background and how the SHEBA¹ initiative evolved (Ferreira & Ebersöhn, 2012).

¹ Primary investigators: Prof. R. Ferreira and Prof. L. Ebersöhn. Co-researchers: Dr. S. Bester (University of Pretoria) and postgraduate students C. Chambati (MEd), M. Thabe (MEd), W. Pietersen (MEd) and M. Mnguni (PhD).

The STAR project commenced in 2003 as a case study based on a partnership between the Department of Educational Psychology at the University of Pretoria and a group of teachers at a primary school in the Nelson Mandela Metropolitan area in the Eastern Cape (Ferreira & Ebersöhn, 2012). The STAR project is a longitudinal study that focuses on the manner in which teachers can support resilience in high-risk communities. The project, which involves a strengths-based intervention, has been replicated in 11 additional schools in three provinces of South Africa since 2003. Based on the outcome of the STAR project, the need arose among existing Eastern Cape teacher partners to transfer their knowledge and skills to community volunteers in their own and a neighbouring school (Ferreira & Ebersöhn, 2012). For this purpose, the STAR intervention (a teacher intervention) had to be adapted for the context of community volunteers, in the form of the SHEBA project.

This study formed part of the first phase of the follow-up SHEBA project. It explored the training needs of community volunteers in order to provide background information to adapting the STAR project, serving the needs of community volunteers (Ferreira & Ebersöhn, 2012). Following this study, the SHEBA intervention was developed and implemented (2012–2013). It consisted of participatory workshops during which teachers and selected volunteers from the initial STAR project shared their knowledge with community volunteers in the SHEBA project. Figure 1.1 captures the various broader projects and illustrates where this study fits into the broader framework. In the broader scope of the SHEBA initiative, this study thus focused on identifying challenges related to the training needs of community volunteers, forming a backdrop to the development of the SHEBA intervention. This study was followed by several other studies that formed part of the SHEBA initiative (captured in Footnote 1).

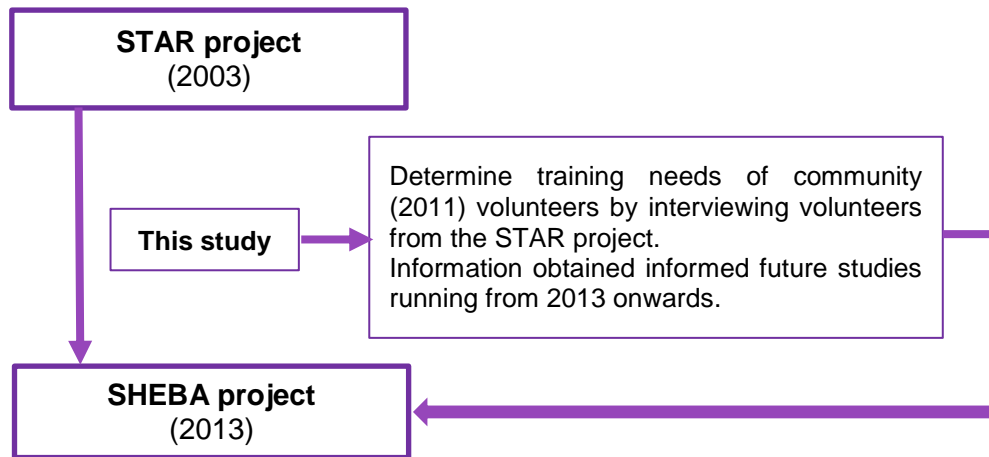


Figure 1.1: Indication of how the current study fits into the broader research projects

1.3 PURPOSE OF THE STUDY

The purpose of this descriptive case study was to provide an in-depth understanding of the training needs of 10 community volunteers who had been participating in the STAR project in the Nelson Mandela Metropolitan area in the Eastern Cape. At this stage of the dissertation, the training needs of community volunteers is generally defined as new skills, knowledge and attitudes that individuals identify as requirements for them to reach their goals (Donovan & Townsend, 2004). A training need can thus be seen as a shortage of skills or abilities that could be reduced or eliminated by receiving relevant training and required development (Daniels, 2007).

1.4 RESEARCH QUESTIONS

This study was guided by the following primary research question:

What are the training needs of community volunteers who have been participating in the STAR and SHEBA projects?

The following secondary questions were examined:

- *How did community volunteers participating in the STAR and SHEBA projects perceive their roles and responsibilities as caregivers?*
- *How did community volunteers in the STAR and SHEBA projects cope with the challenges they encountered when providing care and support to their communities?*

- *Which knowledge and skills did community volunteers participating in the STAR and SHEBA projects, require to provide care and support to their communities?*

1.5 CONCEPT CLARIFICATION

The section that follows contains a clarification of the concepts of community volunteers and their training needs in the context in which they are used in this study.

1.5.1 HIGH RISK

The term 'high risk' refers to any environment (community, neighbourhood or school, for example), which places children and community members at risk due to the poor circumstances that they face. It also points towards the difficult experiences that community members encounter as a result of oppressive and marginalising forces that may occur in the adverse social, economic and physical contexts in which they are placed (Ferreira & Ebersöhn, 2012; Ungar, 2011).

From this perspective, many South Africans who suffer from poverty and HIV/Aids are unemployed, have limited resources to their disposal, have children at the head of households and face abuse (Ferreira & Ebersöhn, 2012). According to Ungar (2011), these situations are seen as creating a challenging context, which can lead to people's health and well-being being threatened. The challenging contexts in which individuals find themselves, however, enable them to express their oppressive experiences and, in turn, inform the settings in which interventions in the community will be conducted (Ungar, 2011). Within the context of this study, high risk refers to the circumstances in which the 10 participating community volunteers find themselves on a daily basis. These include high levels of unemployment, poverty, hunger and malnutrition, abuse, illness and death.

1.5.2 COMMUNITY VOLUNTEERS

The term community refers to a group of people with diverse characteristics, who are linked to one another either by social ties or by sharing common perspectives on certain matters, and who engage in joint action in the specific geographical location or social setting (MacQueen, McLellan, Metzger, Kegeles, Strauss, Scotti,

Blanchard & Trotter, 2001). The term 'volunteers' refers to people who are willing to contribute their time, without expecting any form of remuneration. Different concepts are accepted when talking about community volunteers, namely care workers, community volunteers and community care workers (Schneider et al., 2008).

Volunteering is often motivated by a sense of personal, cultural, religious or other obligation (Salamon, Sokolowski & Haddock, 2011). Anglin (2006) indicates that volunteers are characterised by their commitment to assisting their community, their integrity and their dedication to the support they give. Community volunteers are thus volunteers who participate in volunteering activities within their communities. When a person takes up the role of a community volunteer, the commitment of his or her time may be substantial (Burr, Choi, Mutchler & Caro, 2005).

Community volunteers are likely to help others (for example, friends or neighbours) with activities such as running errands and assisting with transport (Burr et al., 2005). Community volunteers are generally involved in their communities by assisting with maternal and child health care, family planning, tuberculosis care, HIV/Aids care, malaria control, communicable disease control and community development activities, among others (WHO, 2007). Community volunteers thus sacrifice their personal time, and contribute their knowledge and skills to benefit their communities (Wilson, 2000).

Community volunteers are perceived as the individuals who are responsible for getting the community involved in activities by giving assistance (Niskala, Vahala & Lovio, 2004). Community volunteers want the best for their communities and seek to achieve this by establishing partnerships with external organisations to help develop and sustain these communities (Niskala et al., 2004).

Volunteers assisting schools, for example, fulfil an important role and are acknowledged in the South African Schools Act of 1996 (RSA, 1996). The Act states that volunteers in the school context will benefit not only the school, but also, and more importantly, the learners. The South African Statistical Survey conducted in 2011 highlights that volunteer work in South Africa makes a very important contribution to the labour force of the country (StatsSA, 2011). This survey indicated that, in 2011, there were some 300 000 volunteers assisting schools in their communities.

The community volunteers in the STAR and SHEBA projects assist the schools in their neighbourhood with daily tasks such as cleaning the classrooms and bathrooms in the school, cutting the school's grass, assisting learners with homework, taking care of grant money for members of the community, conducting home visits and taking members of the community to the clinic when they need it. For this reason, the focus of this study falls on community volunteers operating in the education system. Within the context of this study, community volunteers refer to the 10 volunteers who have been participating in the STAR and SHEBA projects and who were willing to share their experiences about their training needs as community volunteers to inform this intervention.

1.5.3 TRAINING NEEDS

Davis and Goetsch (2010, p. 262) define training as “an organised, systematic series of activities designed to enhance an individual’s work-related knowledge, skills and understanding or motivation”. Most community volunteers do not receive formal training (Van Dyk, 2007), contrary to the fact that the National Policy on Integrated Community-based Home Care expects volunteers to attend training that can help them support people in need (NDoH, 2004).

Community volunteers are constantly required to train individuals in their communities (Wiles, 2003), but the kind of training that they receive differs from case to case (WHO, 2007). It is important that community volunteers receive continuous training; this is as important as the initial training that they should receive (WHO, 2007). Training community volunteers can be seen as a core idea that must be implemented (Schneider et al., 2008). Community volunteers can manage their work-related stress if they receive proper training (Van Dyk, 2007).

In the context of this study, the participants were previously associated with schools participating in the STAR and SHEBA projects. With their prior knowledge as volunteers, they were in a suitable position to identify the training needs of community volunteers based on their experiences. For the purposes of this study, training needs refer to the aspects in which the participating community volunteers identified a need to enhance their knowledge and supportive skills through training initiatives.

1.6 INTRODUCING THE THEORETICAL FRAMEWORK OF THE STUDY

This study's focus was explored within the theoretical framework of the asset-based approach. The asset-based approach was implemented because the study forms part of the STAR and SHEBA projects that both employ the asset-based approach.

This approach focuses on dealing with current weaknesses by placing the focus on strengths and assets (Ebersöhn & Eloff, 2006). According to Ferreira and Ebersöhn (2012), the asset-based approach is very closely related to resilience. When individuals are able to use their existing strengths in order to cope with the difficult circumstance in which they are placed, it is seen as their ability to apply asset-based coping, and this is the bridge between resilience and the asset-based approach (Ferreira, 2013). The asset-based approach gives individuals the opportunity to realise what they have to work with and capitalise on (Cameron, 2003). This gives the power back to individuals who are powerless and allows individuals to take action and achieve what they want to achieve (Ebersöhn & Eloff, 2006).

The asset-based approach consists of three phases. The first phase is the asset identification phase. Here the individual must determine what his or her resources and capacities are by mapping the assets that he or she has (Ferreira & Ebersöhn, 2012). This phase makes individuals aware of the assets that are available to them. The second phase is known as asset mobilisation (Ebersöhn & Eloff, 2006). This phase enables the community to identify all the assets that they have as resources. The community members take their assets and make them useful where they are needed in the community.

The last phase of the asset-based approach is the asset management phase. This phase dictates that the community members must take ownership of their assets to sustain actions that have been implemented in order to enhance the community members' creativity (Ebersöhn & Eloff, 2006).

I considered this approach to be the most appropriate theory in which to contextualise community volunteers' training needs, because it can provide a framework from which to understand their circumstances and needs. Not all the phases are appropriate in this study. This study made use of the last phase of this approach, namely asset management.

Furthermore, this approach gives insight into the emotional support that the community volunteers need in the context of the STAR and SHEBA projects. As such, it can provide a deeper understanding of how community volunteers are able to apply their existing knowledge and skills to assist their communities. This theory also enabled me to understand how community volunteers are able use what they have in a positive manner and apply solutions to the stressful situations and problems that they encounter as a result of their work. The asset-based approach will be discussed in more detail in Chapter 2.

1.7 UNDERLYING METHODOLOGICAL APPROACH AND EPISTEMOLOGICAL PARADIGM

This study followed an interpretivist paradigm lodged in a qualitative research approach. Research conducted from an interpretivist paradigm (epistemology) allows one to obtain knowledge – in this case by means of interviews, focus group discussions and field notes – in order to interpret reality (ontology) (Terre Blanche, Kelly & Painter, 2006). The interpretivist paradigm allows the researcher to understand the participants thoroughly (Silverman, 2005). The interpretivist paradigm enabled me to thoroughly understand the participating community volunteers' perceptions and interpretations regarding their training needs and to make sense of the community volunteers' experiences regarding their training needs.

Qualitative research involves the exploration and understanding of individuals' human or social experiences by providing a holistic view of the research that is conducted without manipulation (Creswell, 2014). Qualitative research enabled me to make use of multiple methods of data collection, which magnified my understanding of the community volunteers' needs, their views and perceptions (Marshall & Rossman, 2010). Understanding people in their own settings is an important outcome of qualitative research.

I decided to follow a qualitative approach, as such an approach allowed me to identify community volunteers' needs in terms of training. This research approach enabled me to thoroughly understand their training needs and how they gave meaning to their needs. I regarded this approach suitable for this study, as it allowed for data to be collected from various sources and it focused on the complexities, as

well as the multiple needs and experiences of community volunteers (Duvenhage, 2009). A qualitative approach furthermore implied the possibility of a study that could incorporate the framework in which community volunteers operate, as well as their frame of reference (Mouton, 2003). The interpretivist paradigm and qualitative approach are discussed in more detail in Chapter 3.

1.8 RESEARCH METHODOLOGY: A BRIEF OVERVIEW

A descriptive case study design guided my research. This type of design allowed the views of participants to be presented with a rich and holistic description of their training needs (Merriam, 1998). In line with a descriptive case study design, this study involved a bounded system (Merriam, 1998). A descriptive case study design is particularistic in that it focuses on a specific phenomenon (Merriam, 1998). It is also heuristic, as it contributes to readers' understanding of a phenomenon. The descriptive case study design highlighted that the community volunteers are bounded by the setting in which they find themselves, which is the community in this case. The phenomenon on which this descriptive case study focused is, in this case, community volunteers' training needs.

I relied on a combination of convenient and purposeful sampling to select the participants for this study. Convenient sampling is used when a researcher chooses participants that will be easily accessible (Cohen, Manion & Morrison, 2009). Researchers also select the participants that they want for their research, usually because they can answer unique questions relating to the research (Creswell, 2007). Furthermore, the participants for this study were purposefully and conveniently selected based on the following selection criteria:

- They were community volunteers.
- They were associated with schools who have been participating in the STAR project.
- They were involved in the follow-up SHEBA project.

I employed multiple methods to collect and document the data I obtained (Mouton, 2003). Two semi-structured interviews were conducted with two participants prior to facilitating a focus group discussion with eight community volunteers in order to obtain a deeper understanding of the study.

The semi-structured interviews formed the starting point of the data collection process. These interviews were conducted to get an in-depth overview of the participants' perceptions and experiences, because it was an unfamiliar topic and I had to obtain baseline knowledge thereof (Atkinson, Bauer and Gaskell, 2000). The semi-structured interviews were followed by a focus group discussion, which was informed by the interviews. Cohen et al. (2009) regard a focus group discussion as an interview that is done in a group setting where the individuals interact with one another. In the context of my study, the community volunteers interacted with one another and discussed their needs as community volunteers. The interviews allowed me to explore the participants' training needs, and gain an in-depth understanding of how their needs and expectations could contribute to the existing knowledge base on the needs and expectations of volunteers in South Africa.

The two semi-structured interviews and the focus group discussion were captured by means of an audio recording to ensure that the information the participants entrusted me with was safe and secure. The interviews and group discussion were then transcribed verbatim (refer to Appendix C for individual interview 1, Appendix D for individual interview 2 and Appendix E for the focus group discussion), for the data analysis process.

In addition to the semi-structured, face-to-face interviews and focus group discussion, I supported the selected data collection process by keeping a reflective journal on my personal experiences, feelings and perceptions during the interviews and focus group discussion (Burns, 2000).

An inductive thematic analysis of the data followed (Thomas, 2006). This process of analysis enabled me to identify research findings that emerged from the frequent, dominant and significant themes that were identified through analysis of the raw data (Thomas, 2006). As such, my data analysis focused on the participants' concepts of being community volunteers. I discuss the research methodology in more detail in Chapter 3.

1.9 ETHICAL CONSIDERATIONS

I conducted my research according to the ethical guidelines set out by the Ethics Committee of the University of Pretoria. The Ethics Committee of the Faculty of Education provided ethical clearance for both the STAR and SHEBA research projects from the aforementioned community. The participants each received an informed consent form, which made them aware of what they would be involved in and why. By discussing the consent form with the participants, I explained the nature of the study, its purpose and the research procedures. I also discussed their role in the research projects as participants and my own as the researcher before asking them to decide whether or not to participate (Cohen et al., 2003). I explained that I needed their permission in the form of written informed consent before the research could commence, and I assured them that their identities would be protected through the use of pseudonyms in the written output of the study. I protected the participants from physical and social harm by keeping their identities confidential. I also protected them from the possibility of being exposed to psychological harm by structuring the interviews and focus group discussion in such a way as to extract as much meaningful information as possible without probing matters that could be considered offensive (Berg, 2001).

The necessary ethical concerns were adhered to during the study. Firstly, the participants were explicitly informed about the confidentiality of the findings that were obtained through the collection of the data (Burns, 2000). Even though confidentiality is limited in a focus group discussion, as more than one individual is involved, confidentiality can be achieved if the participants agree that what was said in the group, will remain within the group. The information the participants gave and heard in the discussion will thus not be discussed outside this context with anyone. The participants' anonymity was also ensured by indicating that their identities would not be revealed at any stage of the research, even after the data collection processes have been concluded (Thompson & Rudolph, 2000). Participants were provided with relevant information that could inform them about the study at all times (Thompson & Rudolph, 2000). The data collected were provided by the community volunteers (Thompson & Rudolph, 2000) and I did not manipulate the data to advance the study in any manner or at any time (Thompson & Rudolph, 2000). Participants were not betrayed by me in any way (Thompson & Rudolph, 2000).

Throughout the process, I strove to maintain a trustworthy relationship with the participants (Thompson & Rudolph, 2000). A more in-depth discussion of the ethical guidelines that I followed is provided in Chapter 3.

1.10 ROLE OF THE RESEARCHER

As the researcher, I had to take on a number of roles to ensure the integrity of the research. I had to gain the participants' trust to ensure that the information I obtained was authentic and a true reflection of their views and perceptions. I needed to display empathy while conducting the research, as this ensured that I could elicit honest responses from the participants.

I had to gain entry to the research site, and remain aware of ethical principles for conducting research with human participants (Creswell, 2014). However, as this study forms part of a broader initiative, I did not experience challenges related to potential ethical dilemmas.

My role as researcher in this study required me to be involved with both the participants and the research conducted in the form of analysis (Creswell, 2014). I co-facilitated the two individual interviews and the focus group discussion, while observing the process and documenting the discussions in the form of field notes. After the recorded interviews and focus group discussion had been completed, I took responsibility for transcribing these verbatim.

I had to reflect on the question of whether or not my values, personal background (for example, gender, history and culture) and bias could perhaps shape my interpretations of the data (Creswell, 2014). I thus had to be reflective throughout the data collection, analysis and interpretation processes.

1.11 QUALITY CRITERIA

Qualitative validity means that the researcher needs to draw accurate conclusions from the data retrieved (Creswell, 2009). Qualitative reliability is based on the researcher's findings and analyses, as well as the fact that these are consistent throughout the research. Qualitative validity and qualitative reliability are associated with the various data collection instruments employed (Cohen et al., 2009).

Interpretivist research needs certain elements to make the study trustworthy. Guba's model of trustworthiness, which can be used by the interpretivist researcher, has the following criteria, as seen in the work of Shenton (2004):

- Credibility (in preference to internal validity)
- Transferability or generalisability (in preference to external validity)
- Dependability (in preference to reliability)
- Confirmability (in preference to objectivity)
- Authenticity

The aim of credibility is to accurately portray the context or the event that is being described by the researcher (Mayan, 2001). Credibility is the assurance that the researcher arrives at conclusions by using the data collected in the course of the study (Durrheim & Wassenaar, 2002). I attempted to make my study credible by debriefing with my supervisor and co-supervisors regarding the research on a regular basis, and by reflecting on my thoughts regarding the research process in my research journal.

Transferability means that the findings of the current research can be used in another context (Connolly, 2003). This is similar to the concept of validity found in qualitative research (Seal, 2000). I provided thick and rich descriptions of the research context and the research process entered into with this study; this is how I strove to make my study transferable (Bryman, 2004).

"Dependability refers to the degree to which the reader can be convinced that the findings did indeed occur as the researcher says they did" (Durrheim & Wassenaar, 2002, p. 64). Dependability can be established through the process of member checking (Maree, 2007). An important aspect of the dependability of the research is to keep all records of the research process (Bryman, 2004). I did this by documenting all the steps and procedures in my research journal.

Confirmability occurs when the data retrieved from this study accurately represent the information that the participants provided in the data collection process, and when the interpretation of the data is not invented by the inquirer (Polit & Beck, 2012). I strove to make my study confirmable by not being biased (Tobin & Begley, 2004), even though this is difficult at times. I tried to present my research findings so

that it would illustrate what the training needs of the community volunteers are (Shenton, 2004).

Authenticity occurs when the researcher is able to capture, in various ways, all the perspectives that the participants expressed during research (Tobin & Begley, 2004). I attempted to be unbiased and allow the findings to be the product of the inquiry, thereby portraying confirmability (Babbie & Mouton, 2001). I am aware that a qualitative researcher cannot be free from bias when working with stipulated assumptions from an interpretivist paradigm, according to which the researcher's motivations and values play a significant role in the research process. By guarding against this, I aimed to understand the community volunteers' perceptions and reasoning by making use of interviews and a focus group discussion. As such, I remained aware of the possibility of bias and countered this by regularly reflecting with my supervisors.

Various strategies can be employed to ensure that a study is trustworthy. The following strategies were used in the present study: a) I achieved triangulation by employing multiple data collection techniques to ensure that the study and the findings are credible and trustworthy; b) I maintained an open communication channel with my supervisor and co-supervisors to ensure that the data was analysed and transcribed appropriately; and c) I kept a research diary and field notes to record the history of the research journey as it unfolded (Shenton, 2004). I elaborate on how trustworthiness, as mentioned above, was implemented in my study in Chapter 3.

1.12 LAYOUT OF THE DISSERTATION

1.12.1 CHAPTER 1: OVERVIEW AND INTRODUCTION

Chapter 1 outlined the study and provided an overview of what is to be expected in the chapters that follow. The purpose of the study was discussed, research questions were formulated and paradigmatic perspectives were introduced. The chapter included reference to the research design and methodology, as well as the ethical considerations employed to ensure the rigour of the study. In this manner, the trustworthiness of the study is referred to.

1.12.2 CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Chapter 2 consists of an extensive literature review. In my discussion, I specifically focused on the training needs of community volunteers. To this end, I presented existing literature on community volunteers and discussed existing research on community volunteers and their training needs. I also explored shortcomings in terms of the requirements for career satisfaction for community volunteers in South Africa. This was followed by a discussion of the asset-based approach as the theoretical framework.

1.12.3 CHAPTER 3: RESEARCH METHODOLOGY

Chapter 3 focused on the research process, research design and the methodological strategies I employed for data collection, documentation and analysis. I discussed my decisions against the backdrop of the purpose and focus of the investigation.

1.12.4 CHAPTER 4: RESULTS AND FINDINGS OF THE STUDY

In Chapter 4, I presented the results of the study and discussed the findings against the backdrop of existing literature. In presenting the results, I included verbatim extracts from the raw data. When presenting the findings, I highlighted correlations and contradictions between the findings of this study and those reflected in existing studies.

1.12.5 CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

Chapter 5 is the concluding chapter in which research findings were linked to the research questions posed in Chapter 1. I discussed the study's limitations and made recommendations for research, training and practice in the future.

1.13 CONCLUSION

This chapter introduced the research topic and provided an overview of the study. I explained the research aim, the purpose of the study, as well as the rationale for undertaking the study. Against this background, I formulated research questions

that guided the study and briefly introduced my research design and methodology. I also clarified the key concepts.

In the next chapter, I discuss relevant theories and existing literature on community volunteers and the training needs they may experience. I also explain the theoretical framework I selected to guide me in planning and undertaking the study and interpreting the results in terms of existing literature.

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CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

In the previous chapter, I provided an overview of the study and explained my rationale. I stated the purpose of this study and briefly discussed the methodological decisions I made during the course of the study. This influenced the research questions that I posed in Section 1.4. I clarified central concepts in order to provide definitions of the concepts that the study incorporates.

Chapter 2 provides a literature review on various elements related to community volunteer work in order to establish what is already known about the needs and expectations of community volunteers in South Africa, and what knowledge community volunteers require to better support their communities. I specifically define the practice of community volunteers within the education sector, in terms of community volunteers' needs and expectations, as a requirement to function optimally.

I explain the asset-based approach as a theoretical framework for the study, focusing on how community volunteers may manage their assets and how they can implement different stages of the approach to ensure that the results of them using their assets are prolonged; resulting in both the community and community volunteers benefiting from their work at a later stage.

2.2 VOLUNTEERISM

Volunteering can be conducted by different individuals who are placed in different circumstances. Various meanings are associated with what a volunteer is, depending on the setting. In this section, I discuss volunteerism in terms of what the concept entails, why people volunteer, what the benefits and challenges are, and what this task entails in the South African context. I also refer to current training trends in this field.

Literature regarding community volunteerism in South Africa is rather limited. For this reason, I believe that this study can potentially add value to the knowledge base of community volunteers' work in the South African context, specifically in terms of their training needs in a school-community context. This study may thus shed light on the type of training that could potentially benefit community volunteers to better support vulnerable communities.

This study is specifically concerned with community volunteers working in the education sector. These people serve others in their own communities, usually by providing some form of assistance or care. Schneider et al. (2008) believe that community volunteers have become important role-players in the South African social landscape. They may serve as a bridge between communities and social services, and function as a voice for people who are unable to help themselves (Schneider et al., 2008). Both internationally and locally, various studies (Sundararaman, 2007; Lehmann & Sanders, 2007; Akintola, 2010; Friedman, 2005) have been conducted regarding the roles that volunteers can fulfil in communities (specifically in the health and education industries), and the factors that motivate community volunteers. However, little research has specifically considered what community volunteers need in order to function optimally in this field.

2.2.1 WHAT IS A COMMUNITY VOLUNTEER?

Community volunteers are assigned various names, such as health volunteers, voluntary care workers, volunteer workers, lay workers and community links (Miller & Garret, 2009). Community volunteers may provide communities and individuals within communities with the fundamental assistance that they need (Salamon et al., 2011). As such, community volunteers are generally viewed as people who can facilitate change in vulnerable communities (Campbell et al., 2008).

It follows that community volunteers are typically seen as agents of change, who can increase the support provided to communities by providing information and by having positive attitudes towards communities (friends, neighbours, family members and the school, for example) (Gaustad, 1997). Community volunteers thus imply the possibility of strengthening their communities to become communities characterised by trust, peace and hope (Brudney & Hager, 2004).

By definition, volunteerism involves “dynamic, long-term, planned, pro-social behaviours, within an organisational setting, undertaken for no financial gain, without compulsion, including political activism, and where time and effort are given for the betterment of the self and the community in general” (Penner, 2002, p. 448). Razavi (2007) views community volunteers as a diverse cluster of care providers – often described as “the community” or “voluntary” – who work in a community structure. As such, volunteers are often considered caregivers, which is “a term most commonly used to describe a person other than someone’s parent or guardian,” who provides some form of care (Patel, 2009, p. 20).

Much of the literature available on volunteerism specifically relates to caregivers, which is often associated with assisting people living with HIV/Aids. However, this is not the only type of volunteer that communities need. Giese (2010) presents a framework of the education sector, which is another primary area that can benefit from support by community volunteers.

Community volunteers work within a macro environment, which draws multiple stakeholders into play, such as government departments, the private sector and non-governmental organisations (Giese, 2010). In the education sector, it is important that community participation is encouraged to ensure continuous support between the school and the home (Giese, 2010). A positive school community can be established when volunteers actively identify, support and develop high-risk children (Giese, 2010). In this way, the community can take hands with the school in an action that can strengthen the relationship. This can happen when community volunteers assist with home visits and lay counselling, starting initiatives like food gardens, providing childcare services and assisting children with their homework (Giese, 2010). In this context, community volunteers are regarded as equal partners in the education of children, where parents have the responsibility to ensure that their school-aged children are enrolled and attend school regularly, while school-based support teams coordinate activities that will assist educational endeavours (Giese, 2010).

To ensure that support programmes are in place and that effective care is provided, contributions are necessary from all role-players involved (Giese, 2010). Collaboration and coordination is required from the community itself, as well as from

various levels of government (UNICEF, 2004). All role-players in the education sector, from community volunteers to government departments, have a responsibility to ensure that every child receives quality education, attends school, completes school and is able to achieve his or her potential.

2.2.2 REASONS FOR BECOMING A COMMUNITY VOLUNTEER

In the context of community volunteerism, Marincowitz et al. (2004) point out that volunteers have a desire to help their own people. In this regard, community volunteers are regarded as valuable assets to their communities, because they provide help and care to those who are vulnerable or unable to take care of themselves (Schneider et al., 2008). Penner (2002) indicates that individuals' motivation to volunteer differ according to their demographic and the dispositional characteristics of the community.

Kironde and Klaasen (2001) identify various factors that may have a positive impact on community volunteers and can consequently motivate people to volunteer in their communities. These include the following:

- Altruism: The desire to do good for others without expecting any form of remuneration.
- Filling spare time: Some 75% of the community volunteers involved in Kironde and Klaasen's study were unemployed; they felt the need to do something with their time.
- Gaining work experience: Community volunteers are generally of the opinion that if they voluntarily serve within their communities, it would make them appealing to employers for permanent employment opportunities.

According to Miller and Garret (2009), people volunteer for two main reasons, altruism (caring for others in the community) and for personal gain (being able to gain skills, experience and knowledge). Altruism appeals to community volunteers who are concerned with being able to assist their communities in reaching their goals and overcoming any challenges they might encounter (Swart, Seedat & Sader, 2004). McLoughlin and Wilson (2007) support the second motivational reason, which dictates that community volunteers may receive personal benefits, such as developing new skills or obtaining a better knowledge base.

Akintola (2010a) states that community volunteers often see the gratitude and praise that they receive from their patients and families or friends as motivation for performing their daily tasks. Seeing the recipients of their care in a better position than before may fuel community volunteers' work, as they generally have a deep desire to do work for the good of others (Kironde & Klaasen, 2001). To this end, community volunteers experience a feel-good emotion when they assist their community (McLoughlin & Wilson, 2007).

Additionally, community volunteers may see their jobs as an opportunity to learn new skills or to put their existing skills to good use, both for personal growth and to attract good things to themselves (Akintola, 2011). To support this, Swart et al. (2004) indicate that community volunteers will develop skills, values and a sense of empowerment when they volunteer. Swart et al. (2004) indicate that community volunteers often perceive volunteerism as an opportunity to eventually become employed.

NDoH (2002) indicates that, although community volunteers are motivated by various things, including a mix of altruism and the opportunity to learn new skills, motivation often includes the possibility of becoming employed. In this regard, community volunteers often feel that when they perform voluntary services in their communities, this will be seen as an appealing attribute to prospective employers. A major motivational factor for community volunteers is the hope of remuneration (Kironde & Klaasen, 2001).

A researcher in the USA (Finkelstein, 2007) employed a motivational analysis to determine the role that satisfaction plays in the volunteer experience of older volunteers. This motivational approach proposes that volunteerism serves specific needs or motives. The more the volunteering experience fulfils these needs or motives, the more satisfactory the individual's experience will be and the greater the commitment to continued volunteering activities (Akintola, 2006).

A study conducted in the USA, a survey was mailed to volunteers who worked with patients and their families at grief centres and they assisted as office volunteers (Finkelstein, 2007). The aim of the study was to clarify the relationship between volunteer satisfaction and motive strength, motive fulfilment, time spent on volunteering and length of service respectively. The findings suggest that the

satisfaction of volunteers is motivated by altruistic values and the desire to put their skills to use in the service of others, rather than by self-focused tangible and psychological goals (Finkelstein, 2007). According to Omoto, Snyder and Martino (2000), this other-oriented perspective has been found to apply predominantly to older volunteers. They determined that hospice volunteers older than 55 years were primarily motivated by the desire to be of service, while interpersonal relationships were more important to younger volunteers (Omoto et al., 2000).

Boz and Palaz (2007) conducted a study to determine the motivational factors that influence the youth to participate in volunteer activities in Turkey. The researchers determined that the most important motivational factor for Turkish volunteers was that they feel happy when they make others happy and that the least important motivational factor was that they volunteer because people close to them value volunteering (i.e. recognition and admiration) (Boz & Palaz, 2007). The authors note that this might be because of economic and cultural differences between Eastern and Western societies, stating the belief that as the welfare level in society increases, individuals who are less fortunate will decrease. In this way, volunteers might potentially contribute their services for affiliation and achievement reasons instead of altruism (Boz & Palaz, 2007). However, this might not be the case in South Africa.

According to Akintola (2010b), volunteers see volunteerism as an opportunity to learn caring skills and to put these to good use, both for personal growth and to attract good things to themselves. Some volunteers who participated in Akintola's study were heeding a religious call, hoping to gain community recognition for dealing with a devastating experience related to HIV/Aids in the family (Akintola, 2010b).

Akintola (2010b) also conducted a qualitative study among 57 community volunteers in faith-based organisations for people living with HIV/Aids in 16 semi-rural communities in KwaZulu-Natal. The study followed the observation that volunteers are increasingly being relied upon to provide home-based care for people living with diseases like HIV/Aids in South Africa. It highlights that insight into community volunteers' motivations could provide valuable information, which volunteer organisations can potentially use to plan recruitment messages for volunteers

whose motives fit those of volunteer organisations (Akintola, 2010b). The study also indicates that an understanding of volunteers' motivations could help volunteer organisations to point out volunteers' unrealistic expectations and thereby prevent or reduce dissatisfaction, resentment and eventual attrition (Akintola, 2010b).

According to Marincowitz et al. (2004), following a study conducted in Tzaneen in Limpopo, local community volunteers are strongly motivated by their desire to help their own communities. This motivation is reinforced when volunteers are thanked by patients whose health has improved as a result of the assistance they provided. On a positive note, participants in the study by Marincowitz et al. (2004) indicated that the volunteering experience has helped them to gain knowledge and confidence, and that this has resulted in internal motivation originating from their ability to experience the importance of their work and the positive feedback they receive (Marincowitz et al., 2004).

It is important to consider the findings of these and related studies, as a focus on the motivational aspects of volunteerism may help establish volunteers' role identities. Volunteer organisations can also use such results to sustain volunteers during periods when the volunteering experience does not meet individual goals. However, it is important to consider the needs of volunteers while they are engaged in volunteer activities in order to improve the effectiveness of the work they do.

Akintola (2010a) indicates that community volunteers are generally motivated by intrinsic and extrinsic rewards. Intrinsic rewards that motivate community volunteers include the following:

- Learning virtues: Community volunteers can enable their self-growth, as well as the development of their personal, emotional and psychological virtues in the process of volunteering.
- Feeling liked and needed: Having communities indicate to community volunteers that they need and like them may motivate community volunteers to continue volunteering.
- Health behaviour change: Engaging with individuals on a daily basis will motivate community volunteers to live healthier lives.

Extrinsic rewards that may motivate community volunteers include the following (Akintola, 2010a):

- **Appreciation and recognition:** This is seen as an important reward for community volunteers, because it demonstrates to them that they are appreciated and recognised for what they do in their communities.
- **Giving pleasure to community members:** Community volunteers enjoy seeing community members whom they assist in good spirits.
- **Acquiring skills and competencies:** Community volunteers receive hands-on experiences that they can use to assist their communities on a daily basis. They also perceive volunteerism as an opportunity to learn new skills.
- **Personal effectiveness:** The positive health and socio-economic outcomes that community volunteers receive from their communities is satisfactory to them.

2.2.3 CHALLENGES ASSOCIATED WITH COMMUNITY VOLUNTEER WORK

Challenges related to participating in community volunteer work may have a much more overwhelming effect on community volunteers than the things that motivate them. Chapter 1 mentions some of the broad barriers that community volunteers may encounter in the course of their work. This specifically relates to stress as a result of physical and psychological burdens and a lack of support.

Community volunteers generally work under difficult circumstances. Stress related to volunteerism is a global phenomenon. According to Van Dyk (2007), younger community volunteers generally experience more stress-related symptoms than older community volunteers do. Van Dyk (2007) also highlights some factors that may have a negative impact on community volunteers and consequently lead to stress. These include the following:

- **Over-identification:** This will happen when community volunteers put themselves in their community members' shoes and get too involved with the circumstances.
- **Lack of organisational support:** When community volunteers do not receive adequate financial support and are not properly equipped with the necessary training that may enable them to more effectively deal with the situations presented to them.
- **Lack of social support:** When community volunteers do not have a support network with other community volunteers and, if they do, when they cannot

reveal the identities of the patients they are working with to other community volunteers.

- Depersonalisation: Community volunteers often live lonely lives, because they are occupied with work, and this may lead to depersonalisation.
- Heavy workload: Community volunteers work very long hours and their situations at work are not ideal. They also work every day of the week and their work is typically labour-intensive and emotionally draining.

Even though community volunteers need support structures for them to share the feelings and anxieties related to their work, such support structures are seldom in place (Van Dyk, 2007). Van Dyk (2007) notes that community volunteers generally do not have a safe haven to turn to when they have the need to talk about their stress and the problems they experience with clients. Van Dyk (2007) advocates that community volunteers should be offered some form of emotional support. Currently, community volunteers themselves are expected to form social support systems to relieve them of their stress, loneliness, depression and anxiety (Van Dyk, 2007).

Volunteerism is associated with community members experiencing emotional overload. This is often caused by a lack of support (Campbell et al., 2008). This notion is supported by Akintola (2008), who indicates that community volunteers may experience stress, which can in turn result in them experiencing poor health. Community volunteers very often feel discouraged, emotionally drained by their daily tasks and may sometimes find it difficult to continue with their work (Akintola, 2008). Some community volunteers may even consider quitting their volunteer work in such times of tension (Akintola, 2008). When community volunteers are known or acknowledged in their communities, they tend to serve as points of reference to people who have questions regarding the issues they deal with or as a source for referrals (Fox, Fawcett, Kelly & Ntlabati, 2002).

Schneider et al. (2008) indicate that community volunteers are often viewed as being flexible and may therefore be exploited in terms of labour, without recognition of their regular rights as workers (i.e. benefits such as maternity leave and pension). Therefore, their contribution to society is often undervalued (Schneider et al., 2008). For this reason, the personal circumstances in which community volunteers find

themselves are often considered irrelevant and these people are expected to merely carry out the work that is given to them without complaint (Uny, 2008).

Community volunteers work outside a formal support system. They work in a climate that is surrounded by hunger, poverty and hopelessness (Nair & Campbell, 2009). Community volunteers often lack the necessary confidence, influences from networks, political and economic structures, as well as resources to continue their projects (Nair & Campbell, 2009). Because they work outside these formal support systems, the work that community volunteers do remains largely unacknowledged (Patel, 2009).

In South Africa, community volunteers often walk long distances, up hills, in searing heat, from one homestead to another in order to do their work, without the hope of remuneration (Nair & Campbell, 2009). Furthermore, Wiles (2003) states that confusion and a lack of knowledge about services, the inflexibility and lack of availability of services, and increasing pressure on the quantity and quality of publicly funded community-based resources, may all contribute to community volunteers' reluctance to access and use formal support systems.

A study conducted in Brazil similarly emphasises that caregivers may experience numerous difficulties related to volunteering (De Figueiredo & Turato, 2001). Reportedly, community volunteers in Ghana, South Africa, Tanzania and The Democratic Republic of the Congo are also subjected to social and economic consequences related to their volunteering activities. These can include stigmatisation, discrimination, isolation and lack of support (Orner, 2006). In terms of employment, a study of community volunteers conducted by Kironde and Klaasen (2001) determined that 75% of the participating community volunteers were unemployed during the time of the study. Akintola (2008) and Blinkhoff, Bukanga and Syamalevwe (2001) confirm that the majority of community volunteers are unemployed, do not receive remuneration and use their own resources to help community members.

Closely related, Campbell et al. (2009) emphasise that community volunteers may fail to secure the support and participation of key local leaders and that targeted care-giving organisations often lack sufficient resources to address the needs of the communities they support (Akintola, 2004). Akintola (2008) indicates that community

volunteers are subjected to stigmatisation related to the tasks they fulfil in the community, which could result in them being discriminated against by the communities. This may, in return, isolate them as they are not supported in their initiatives (Akintola, 2008).

2.3 VOLUNTEERS' WORK IN THE SOUTH AFRICAN CONTEXT

The support that community volunteers provide to vulnerable communities is very important, due to the various needs that are often evident in these communities. A high level of vulnerability typically exists as a result of the limited resources available, and very few community-based support systems are in place, which is important in any community. As a result, community volunteers are fulfilling an increasingly important role in their communities, specifically in the South African context.

According to Statistics South Africa (2012), many people in the country live in poverty, are illiterate and struggle to access the necessary health care, which is one of the biggest challenges that community volunteers face. Many families suffer from malnutrition or have children at the head of their households. As community volunteers can support these people on ground level, ongoing empirical research is important, and can provide deeper insight into the work of community volunteers in South Africa. South African people are divided into groups with more privileges and groups with fewer privileges (UN, 2011). More than half of the South African population lives in rural areas of the country and are very poor (Campbell, Nair & Maimane, 2007). More than half of these are black people and make up three quarters of the poor households in South Africa (StatsSA, 2014).

The high number of people living in poverty in South Africa has steadily been increasing due to rising unemployment levels (Saidi & Karuri, 2006). Many South Africans do not have the necessary skills for obtaining adequate employment (UN, 2011). This increases the number of people who try to make a living by cleaning or performing general tasks (National Planning Commission, 2011). According to Akintola (2011), community volunteers face certain psychological and physical burdens associated with assisting people living with HIV/Aids. Smit (2005) supports this view by adding that HIV/Aids affects and involves the whole family and community, rather than just the infected people themselves. This causes stress,

which may lead to a community volunteer feeling helpless. HIV/Aids is one of the main reasons for children becoming orphans in developing countries. Due to this, various children function as heads of their households, where they are responsible for maintaining their homes and supporting their families to survive. The burden of looking after these orphans and making sure that the children cope often rests on family members or community volunteers (Akintola, 2011).

To this end, community volunteers often view it as their task to promote the importance of nutritional support in their various communities, which are normally located in impoverished areas and where the members of the community may rely on having enough food to provide them with one meal per day (Lehmann & Zulu, 2000). Community volunteers may also carry the physical burdens of their care work. For example, if a woman must take care of her child and grandchild, and then becomes weak and sick, it may be expected of community volunteers to attend to the physical needs of the woman's children (Akintola, 2006). Community volunteers are also expected to find out where children are looked after by their grandparents, for example, in order to provide the necessary support in such situations. Sometimes community volunteers may even be expected to provide community members with financial and material support as a result of unemployment and poverty (Akintola, 2006). This poses distinct challenges, as community volunteers in South Africa are often not paid for the service they provide.

As already stated, community volunteers are seen as individuals whose feelings, motives and ambitions enable them to willingly give back to the communities they serve (Miller & Garret, 2009). According to Akintola (2010a), the high rate of unemployment in South Africa results in some individuals volunteering in the hope of receiving some form of remuneration (Akintola, 2010a). On the one hand, this implies that many people volunteer in an attempt to become employable, rather than to assist poor communities because of a need to serve (Akintola, 2010a). This is often seen in the South African context, where people volunteer in the hope of receiving stipends. In South Africa, volunteering is seen as a form of employment, especially when volunteers receive payment (Akintola, 2010a), which is often not the case. On the other hand, just as many, if not more, volunteers in South Africa pursue this career path merely to support others in need. This is seen as part of the African culture known as Ubuntu, which means caring for one another.

Figure 2.1 indicates the percentages of South Africans who are challenged by unemployment, poverty and HIV/Aids, as well as the number of children who are orphans, and responsible for their own households, and children living in informal households.

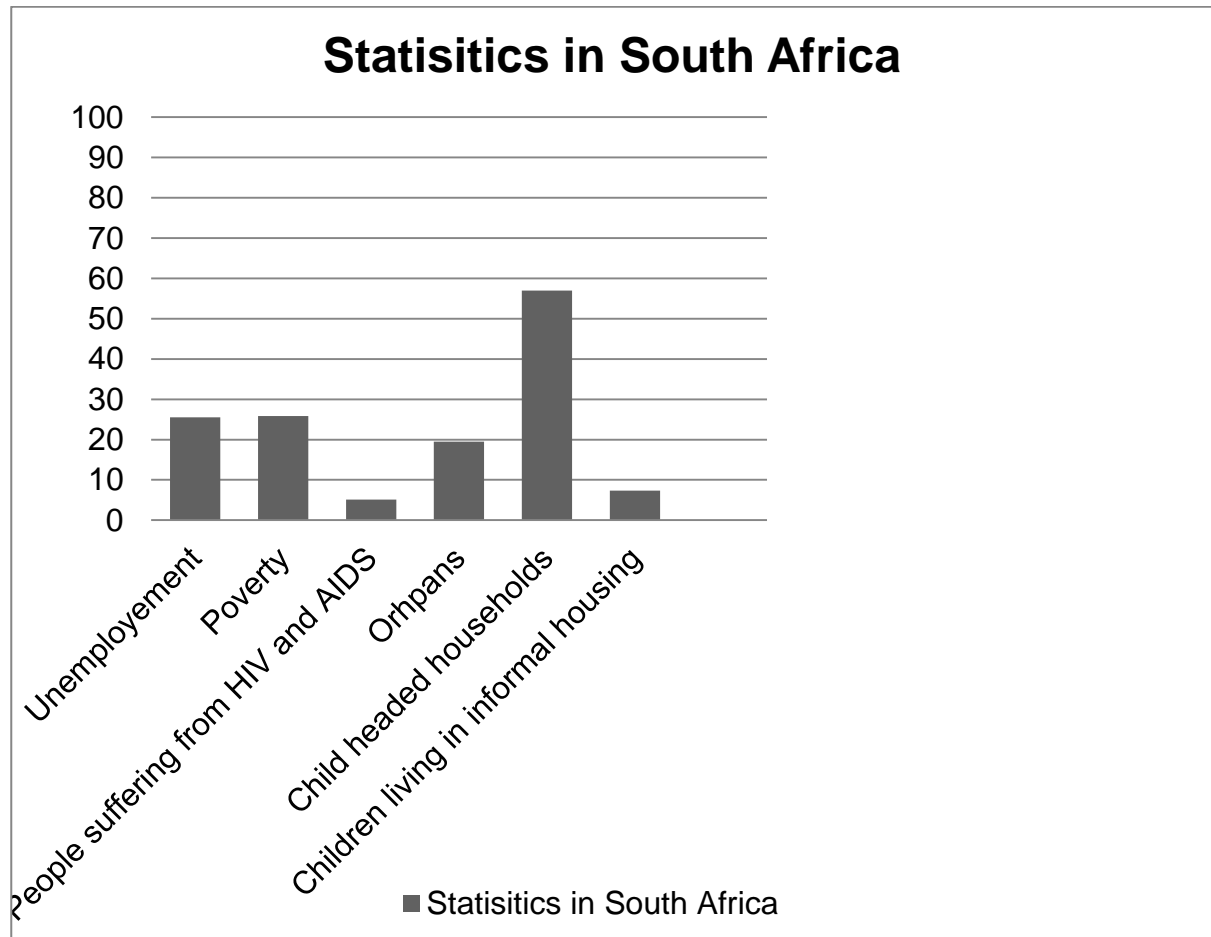


Figure 2.1: Reasons for vulnerability in South Africa for 2009 to 2015
(StatsSA, 2015)

In summary, Akintola (2006) indicates that the expectation of community volunteers in the South African context is to teach and assist families in need; but that many of these community volunteers are also the primary caregivers in their own families. This implies that community volunteers are often expected to care for and assist their communities on multiple fronts (Akintola, 2006), in addition to their task of supporting their own families, who are often also in need of support.

2.3.1 KINDS OF SUPPORT PROVIDED BY COMMUNITY VOLUNTEERS IN SOUTH AFRICA

As stated, community volunteers need to be able to work with an array of challenging circumstances with limited resources in the South African context (Akintola, 2011). In South Africa, most community volunteers are women, because women are seen as being responsible for providing care to children (Patel, 2009). Campbell et al. (2008) state that most of the available literature on community volunteers revolves around their role in the fields of sport, and the education and health systems. Community volunteers operating in these arenas who are seen as competent, learn what is necessary to fulfil their tasks (Akintola, 2010a).

Every community volunteer has a different task and different responsibilities. These vary according to the current needs of the people in the communities they serve (Surjilal & Dhurup, 2010). Community volunteers are thus involved in a variety of tasks and are given various responsibilities, which makes them versatile. This is especially evident in South Africa, where community volunteers may assist community members with running basic errands (Campbell et al. 2009) and may provide vital support to individuals, families and households in need on a regular basis (Campbell et al., 2009). Their tasks may include fetching food and water, and providing transport services to get community members in need to their relatives or to hospital when required (Nair & Campbell, 2009). Additionally, community volunteers are often expected to assist with household tasks such as cleaning and cooking (Lund & Budlender, 2009).

Community volunteers must be able to focus on the holistic development of children and adults, and are often expected to assist with the physical, emotional, intellectual and social development of these individuals (The Alberta Occupational Profiles, 2009). As such, community volunteers assist communities in various times of need (Miller & Garret, 2009). Grayer, Cape, Orpwood, Leibowitz and Buszewicz (2008) state that community volunteers often assist members of their communities who are unable to access health care resources. In South Africa, there are numerous people who are too poor to pay for quality health care, requiring community volunteers to form a bridge between needy community members and the providers of free health care in the public sector (Campbell et al., 2008).

Due to South Africa's high poverty rate, people who should receive care and assistance living with HIV/Aids in hospitals, for example, cannot afford it (Akintola, 2006). These people may then be cared for by community volunteers in the comfort of their own homes (Akintola, 2006). Several investigations have focused on the value of community volunteers in assisting people who receive care and assistance in their homes (Akintola, 2006). Such community volunteers who assist individuals at their homes are usually family members (Akintola, 2006).

As community volunteers are seen as individuals who are dedicated and committed to what they do (Volunteer now, 2011), they typically help communities reach their goals (Volunteer now, 2011). Community volunteers have the necessary potential to teach community members skills and provide community members with basic knowledge (Campbell & Ellis, 2004). Community volunteers can also positively impact on their communities, because they have personal experience of what their communities' needs and interests are (Volunteer now, 2011).

Community volunteers generally aim to ensure that their involvement in communities bring about change (Campbell et al., 2008). Akintola (2004) emphasises that community volunteers will broadly assist communities by providing care to people who need it, and ensuring that children have a safe place to go in cases of potential abuse or neglect (Saul & Audage, 2007). Furthermore, community volunteers may provide individuals with the necessary skills to deal with the challenges and individual circumstances they face (Saul & Audage, 2007).

Community volunteers are thus aware of and deal with community members' emotional and behavioural issues. This may include instances of moodiness and difficult experiences, which increase the difficulty level of the assistance required of community volunteers (Akintola, 2008). They often provide psychosocial support, for example by assisting members of their communities to access government grants (Akintola, 2010a), or providing counselling to families that are affected by HIV/Aids (Campbell et al., 2008). In many cases, community volunteers also provide spiritual counselling and support (Lund & Budlender, 2009; Akintola, 2010a).

2.3.2 COMMUNITY VOLUNTEERS ASSISTING IN SCHOOL SETTINGS IN SOUTH AFRICA

Community volunteers have multiple responsibilities in the education sector. These include exposing the children they assist to learning activities, which may in turn support development need, and valuing and maintaining children's physical, social and emotional rights from a legal, moral and cultural perspective (Alston & Lewis, 1999). Community volunteers are expected to treat every child as an individual and develop a tailored programme for each child according to his or her unique needs (Alston & Lewis, 1999).

As such, community volunteers working in the education sector must be resourceful with the children in their communities and families, and give families the chance to develop by using their own support systems (Alston & Lewis, 1999). Furthermore, community volunteers can enable families to make their own decisions, while bearing in mind the consequences of their decisions (Alston & Lewis, 1999).

Davis (2000) determined that when community volunteers assist in a school, the school staff will benefit, due to the positive effect on both the community and the school, with potential long-term benefits. Such community volunteers typically aim to ensure that the assistance and knowledge they provide, and the work they do, are beneficial to both the children and the school (Davis, 2000).

Community volunteers can assist schools by helping with administrative duties, serving as assistants in class for the teachers, assisting with additional lessons or coaching sports (Simango, 2008). Community volunteers can thus also become involved in extracurricular activities and assist children in this area (Simango, 2008). According to Gallagher, Visser, De Meersman, Sepúlveda, Baumgartner, Pierson, Harris and Heymsfield (1997), community volunteers can assist in an array of extracurricular activities in schools, such as dancing and athletics.

According to a study conducted by Carpenter and Myers (2007), community volunteers may have specific tasks assigned to them in the school context, which cannot be completed in the absence of community volunteers. Community volunteers overall play a larger role than merely assisting the school; as they are a vital link between the children (school) and school community (Feriman, 2001). In this regard, a study conducted in Limpopo indicates that community volunteers are

able to close the gap that exists between the school environment and the community (Simango, 2008).

A study conducted by the Centre for Mental Health in Schools (2007) recognises that community volunteers assisting in schools fulfil various roles. Some may assist learners, others may support teachers and some assist with the general tasks that are necessary for the school to function (Centre for Mental Health in Schools, 2007). Community volunteers working in the school context can thus be seen as a source of assistance to teachers (Davis, 2000). Such collaboration between the school, community and community volunteers can promote a strong partnership and serve as a support structure in the school environment.

2.4 CAREER CHOICE OF COMMUNITY VOLUNTEERS

Community volunteers may receive training to assist them in their work; however, this is not typically the case in South Africa. Here, community volunteers seemingly do not receive the necessary training to obtain important skills that may be used in the course of being a volunteer and becoming employed (Campbell et al., 2008). This idea emphasises the opinion that many community volunteers in South Africa do not possess the skills required to assist their communities.

2.4.1 NEED FOR TRAINING

In order to perform their tasks optimally, community volunteers need to be given the instruments to do this. For this reason, it is essential for community volunteers to receive some form of training. This training can be formal or informal, but it must guide community volunteers to help people in need to the best of their abilities (Seymour, Amlack, Kennedy & Frogatt, 2013).

Since the 1900s, there has been a need for community volunteers to receive training and supervision in order for them to volunteer effectively (Brudney, 1990). Training provides community volunteers with the skills and knowledge they need to do their job effectively (Cummins, 1998). There are three types of training for community volunteers. The first involves pre-service training (also known as orientation training) (Bennett, 2009). This training arms volunteers with basic knowledge on how to start a career (Bennett, 2009). The second form of training is

in-service training (Bennett, 2009). This may enable community volunteers to gain a better understanding of what their job entails (Bennett, 2009). The last form of training is continuing education, which is not related to any specific subject or career path (Bennett, 2009). Nair and Campbell (2009) state that community volunteers may operate outside formal support systems such as the health and welfare systems that are generally put in place by government. In this regard, Marinowitz et al. (2004) emphasise that community volunteers typically lack formal support and training. These concerns pose a major threat to the success of community volunteers in community volunteer projects and their experience of career satisfaction (Cataldo, Kielmann, Kielmann, Mburu & Musheke, 2015).

Community volunteers who receive training can develop skills (Bennett, 2009). It is of utmost importance, however, that, when community volunteers receive training, it is facilitated effectively. Training that is done poorly can do more harm than good, which may result in a decreased number of community volunteers, and a loss of potential new community volunteers (McCurley & Lynch, 2005). Community volunteers' training normally includes skills training that will enable them to perform a specific task or job (McCurley & Lynch, 2005).

Akintola (2010b) emphasises the reliance on Aids-care volunteers in South African communities, and that the cost of using professional carers for home or hospital care is unrealistic. Organisations thus need to develop innovative means of retaining volunteers in the long term (Akintola 2010b). Akintola (2010b) states that care organisations must plan for the training and retraining of volunteers in the short term and that this will have implications for the training budgets and sustainability of volunteer programmes. Akintola (2010b) suggests that this may include the introduction of stipends or the development of a model for career development to enable volunteers to satisfy their career motivations and stay with a programme for a longer period, thereby improving programme sustainability. However, this does not necessarily provide tangible options for addressing volunteer needs.

Brennan (2007) indicates that community volunteers need to assess their communities' needs, but that they also require training to identify local assets in these communities, and possibilities and strengths where there can be social and economic development. Training programmes that consist of community asset

mapping and asset-based planning could assist the community. Brennan (2007) also indicates that assets are important in a community, and that community volunteers need to be able to access these. This argument supports the theoretical framework of the current study (refer to Section 2.6).

Van Dyk (2007) furthermore believes that community volunteers need to be trained as the knowledge and skills that they can acquire in this way could potentially help them manage stress and burnout. This follows from the findings of her study, which indicate that the majority of community volunteers feel inadequately trained and unable to fulfil their daily tasks. Similarly, Patel (2009) believes that community volunteers should be trained and that their training should preferably carry some form of accreditation.

This is echoed by Akintola (2010a), who suggests that community volunteers should receive training on the theory and practice of home-based care and counselling for a six-week period. Similarly, Nair and Campbell (2009) propose that community volunteers need to be subjected to monitored courses that can provide them with appropriate support services.

Nair and Campbell (2009) note that community volunteers have a strong capacity to learn new skills and mobilise these skills energetically when addressing challenges. To this end, Nair and Campbell (2009) found that community volunteers will have increased confidence in the value of their work when they receive training. However, the World Health Organisation (2006) is rightly concerned that the training initiatives for community volunteers are often ideas from which nothing more comes.

According to Van Dyk (2009), it has been established that community volunteers in South Africa feel that they do not receive adequate training to equip themselves as volunteers. They feel that they need training in things such as counselling skills (Van Dyk, 2009). It has also been established that community volunteers' lack of skills can potentially be rectified if they attend workshops where they acquire skills and learn to cope with the long-term relationships they establish with their communities (Van Dyk, 2009).

2.4.2 TRENDS IN THE INTERNATIONAL CONTEXT FOR TRAINING COMMUNITY VOLUNTEERS

Various volunteering programmes that provide training in fields where this is required are in place in countries across the world. Community volunteers in Nepal, for example, have been trained in maternal and child health care (Glenton, Scheel, Pradhan, Lewin, Hodgins & Shrestha, 2010). In Uganda, community volunteers have been trained in residential palliative care, HIV/Aids care, and home nursing care, as well as in fundamental ethics, end-of-life care, communication skills, bereavement support and how to receive emotional support as carers (Jack, Kirton, Birakurataki & Merriman, 2011). Additionally, in the USA, community volunteers have received training on conducting cancer screening processes and inquiry-based science methods, how to employ different questioning strategies and age-appropriate teaching methods, gaining knowledge on the volunteering curriculum, as well as team-building strategies, and how to provide education to a diverse audience (Katz, Tatum, Dickinson, Murray, Long-Foley, Cooper & Paskett, 2007; Smith, Dasher & Klingborg, 2005).

The Female Community Health Volunteer (FCHV) programme was a volunteering programme that started in Nepal in 1988 (Glenton et al., 2010). Community volunteers involved in this programme received an eighteen-day training session, being exposed to maternal and child health care activities (Glenton et al., 2010). Community volunteers were involved in volunteering activities for five hours per week after the training, assisting the community (Glenton et al., 2010). This programme has contributed to the decrease in childhood mortality in Nepal over the last two decades (Glenton et al., 2010). Community volunteers receive a form of stipend for the work they do (Glenton et al., 2010).

Another study was conducted in South Australia, focusing on the development of a new framework for the training needs of community volunteers (Deslandes & Rogers, 2008). This framework consists of structures and guidance on the type of training volunteers generally require and desire (Deslandes & Rogers, 2008). The training module requires community volunteers to attend a three-hour workshop at volunteer resource centres in South Australia (Deslandes & Rogers, 2008). The training they receive is basic skills training for community volunteers (Deslandes &

Rogers, 2008) in order to serve their communities in a suitable way by adding value to their skills base (Deslandes & Rogers, 2008).

Similarly, the Community Health Worker Model (Cherrington, Ayala, Elder, Arredondo, Fouad & Scarinci, 2010) is based on a study conducted in the USA that involves community volunteers who are paid and unpaid. The purpose is to empower the community by providing training to the community volunteers who work within the community. This model indicates that training can be successful when paid and unpaid volunteers work together towards a common goal (Cherrington et al., 2010).

Closely aligned to this, a study conducted in Uganda (Jack et al., 2011) saw community volunteers receive six-day non-residential training regarding palliative care, HIV/Aids care, and home nursing care (how to bed and bath, how to care for wounds, how to control infections, and how to give nutritional advice), as well as training in fundamental ethics, end-of-life care, communication skills, bereavement support and being able to receive emotional support for carers. This community initiative has had a positive impact on the patients in the community and their families (Jack et al., 2011). The project maintains support by assisting community volunteers on a monthly basis through meetings where the volunteers can ask for assistance with cases (Jack et al., 2011). Support is given to the community volunteers, they receive on-going education in the project and they are supervised when they need it (Jack et al., 2011). This approach confirms that community volunteers can be useful to their communities when they receive the right training, support and supervision to conduct their tasks successfully.

Another study, conducted in North and South Carolina in the USA, attempted to improve colorectal cancer screening by making use of community volunteers (Katz et al., 2007). Community volunteers who were trained for the cancer screening process lived in the communities concerned, but had various backgrounds (Katz et al., 2007). Community volunteers' training related to their roles as volunteers within their community, the cancer rates in minority and underserved populations, assessing risk factors, conducting screenings and making diagnoses, as well as information on treatment options (Katz et al., 2007).

In another example, a study conducted in San Diego in the USA aimed to implement a method of providing training to community volunteers in urban areas (Smith et al., 2005). Community volunteers were offered training through the Grossmont College (Smith et al., 2005). This project was offered twice, once in each of the two academic years (Smith et al., 2005). In the first year, ten community volunteers participated, and in the second year, 15 community volunteers participated (Smith et al., 2005). The training course included weekly seminars on the following topics: inquiry-based science methods, different questioning strategies, age-appropriate teaching methods, knowledge on the curriculum and how to implement the curriculum, team-building strategies, evaluation and knowledge on how to provide education to a diverse audience (Smith et al., 2005). Participants felt that this training enabled them to obtain the necessary career and life skills, including leadership skills, teamwork skills, communication skills, organisation skills and problem-solving skills (Smith et al., 2005).

2.4.3 TRAINING OF COMMUNITY VOLUNTEERS IN THE SOUTH AFRICAN CONTEXT

If community volunteers in the South African context receive training, it is typically informal training (Campbell et al., 2009). Even though existing literature indicates that training is available, it is often for training volunteers in home-based care systems and those who assist individuals living with HIV/Aids (Campbell et al., 2009). Such training generally results in community volunteers developing strong internal and external partnerships on which they can rely for assistance (Campbell et al., 2009). Existing literature mentions little about training community volunteers in the school context in South Africa (Campbell et al., 2008).

One example of an existing training initiative in South Africa involves a six-week training programme for volunteers involved in faith-based organisations (FBOs) (Akintola, 2011). This training programme contains theory and practice on home-based care, counselling, tuberculosis prevention and treatment, and nutrition (Akintola, 2011). Volunteers are expected to participate in the organisation for three days a week after their training (Akintola, 2011). Most of the FBOs show their appreciation towards community volunteers by giving them incentives in the form of gift vouchers, food parcels, umbrellas or shoes (Akintola, 2011). This training

programme may enable community volunteers to learn the skills necessary for gaining employment in palliative care facilities (Akintola, 2011).

A related example of existing training involves a three-month training course that consists of basic skills training, home care training and palliative care training, prescribed by the NDoH (2002) in South Africa. This programme includes information related to teaching and communication skills, how to handle spiritual and cultural issues, controlling infections, how to provide social support, and principles of palliative care, nursing care, nutrition and the care of the volunteer (NDoH, 2002). Volunteers receive 70 hours in-class training and work at a hospice, any primary health care clinic and participating hospital for 160 hours (NDoH, 2002). The training continued after the community volunteers master the initial skills (NDoH, 2002). The quality of the volunteers' participation is reviewed by a care provider who determines where improvement is needed, and this is integrated into a training programme (NDoH, 2002). Volunteers can also specify their training needs in a specific topic (NDoH, 2002). After being trained, volunteers work between six and eight hours per day (NDoH, 2002).

According to Seymour et al. (2013), peer education is the main avenue through which community volunteers receive training in South Africa. When community volunteers are involved in peer training, they may acquire the necessary skills to assist their communities (Seymour et al., 2013). One example of peer education training consists of a three-day training programme, where community volunteers are expected to provide community-based peer education on how to plan different care strategies, how to associate these with end-of-life concerns that may arise and how senior citizens can be cared for (Seymour et al., 2013). Community volunteers who have completed their training then train their colleagues (Seymour et al., 2013).

Regional Psychosocial Support Initiative (Repssiorg, 2015) has also developed a training programme to equip volunteers, teachers, caregivers and the community to provide psychosocial support to orphans and vulnerable children (Repssiorg, 2015). REPSSI is a non-governmental organisation in South Africa, and has developed programmes on parental skills for parents and psychosocial support tools such as the tree of life, which can be utilised by volunteers and caregivers involved in their communities' schools. REPSSI provides formal training to volunteers and

caregivers, which is done through the University of Kwa-ZuluNatal and the University of Swaziland (Chakanyuka, Vilakati & Ferreira-Meyer, 2015).

Training costs \$1 000 per volunteer (Repssiorg, 2015). Volunteers and caregivers, who want to complete the training at REPSSI, must have Grade 12 (Ngobise, 2015). This training programme provides skills and knowledge on working within school and supporting learners (Chakanyuka et al., 2015). Volunteers are on an NQF level 4 after they have completed their training (Ngobise, 2015). Volunteers and caregivers who complete this training receive a certificate in Community-based Work (Repssiorg, 2015), and the training is endorsed by the Department of Health of South Africa (Ngobise, 2015).

2.5 CAREER SATISFACTION OF COMMUNITY VOLUNTEERS

Costa, Chalip and Green (2006) state that, in order to better recruit and retain volunteers, there is a need to identify the means by which to enhance their overall satisfaction within the volunteer experience. Costa et al. (2006) conducted a study with 147 volunteers in Queensland, Australia, with the aim of measuring their job satisfaction, and evaluating their training, organisational commitment, sense of community and satisfaction with regard to opportunities to share opinions and experiences during training. The volunteers' sense of community had a positive effect on their dedication to complete volunteer activities, with commitment in turn having a direct effect on their job satisfaction (Costa et al., 2006).

Presti (2013) conducted a study among Italian voluntary associations in Caserta and Avellino in an attempt to examine how features such as social and task support, as well as information and appreciation, may affect volunteers' experiences of job satisfaction, organisational commitment, and their intention to continue with their volunteering activities. With regard to volunteers who see their volunteering activities as a career, a lack of organisational investment in good management practices (i.e. task support, information provision or training) is associated with lower levels of job satisfaction, less commitment and a lower intention to continue volunteering activities.

In Taiwan, Li, Lin and Chen (2007) conducted a study among 213 health volunteers in a Taiwanese community in an attempt to understand the relationship between job

involvement, job satisfaction and personality traits. This followed previous research that indicated that, in order to increase job involvement (and thereby retain active community volunteers), volunteers must have a certain level of job satisfaction (Li et al., 2007). The results of the study suggest that, in order to enhance volunteers' job satisfaction, the strengthening of cooperative relationships among volunteers, which can be initiated through well-planned volunteer training programmes and growth groups (or support groups), is required (Li et al., 2007).

As a career, community volunteers generally expect their volunteering activities to provide them with career satisfaction to a given extent. Akintola (2010a) describes this path to achieving career satisfaction as being dependent on intrinsic and extrinsic rewards. The intrinsic rewards that community volunteers receive most commonly relate to their desire to help people in need in their communities (Marincowitz et al., 2004). Self-growth and personal development are essential intrinsic rewards for community volunteers (Akintola, 2010a). This can be achieved when community volunteers are placed in a situation where they can learn new skills or put their existing skills to good use (Akintola, 2011).

Extrinsic rewards for community volunteers typically relate to the appreciation and recognition volunteers receive from their patients, family and friends (Akintola, 2010a). Particularly in poor communities, the possibility of becoming employed or receiving remuneration for volunteer activities is an essential extrinsic reward for community volunteers (Fox et al., 2002; Kironde & Klaasen, 2001).

Should these expectations of intrinsic and extrinsic rewards be met, community volunteers may experience career satisfaction (Akintola, 2010a). However, community volunteers work under very difficult circumstances. The most significant challenge for community volunteers to experiencing career satisfaction relates to a lack of effective formal support structures (Nair & Campbell, 2009). Ideally, such support structures can help volunteers deal with their work on a physical (i.e. resources), emotional and skills development level. Studies such as these emphasise both the notion that volunteers need to be trained properly (so that they can feel empowered) and that they need to be exposed to support groups (to enhance their interpersonal relationships) in support of job satisfaction.

Figure 2.2 summarises the process that community volunteers generally go through. External assistance (governmental agencies, donors and researchers) is accordingly received by community volunteers, and may result in job satisfaction when volunteers experience that they will have assistance and support if required (Costa et al., 2006). As a result, community volunteers may commit to work even harder in their communities (Costa et al., 2006). Community volunteers' commitment is, however, also determined by the training they receive, if any, which may impact on their job (Costa et al., 2006).

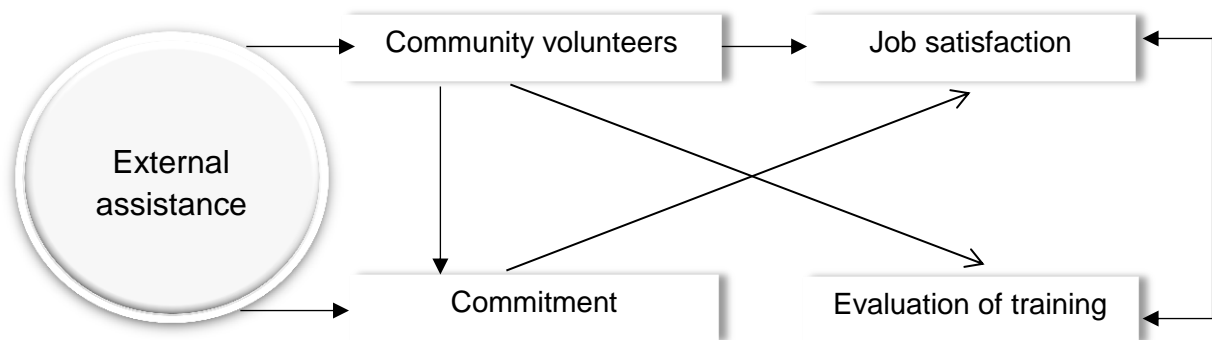


Figure 2.2: Typical experiences of community volunteers within their working context (Costa et al., 2006)

2.6 THEORETICAL FRAMEWORK: ASSET-BASED APPROACH

The asset-based approach focuses on how communities are able to address the challenges they experience, and overcome these (Ebersöhn & Eloff, 2006). In aligning this study with the broader STAR and SHEBA projects, I relied on the asset-based approach as the theoretical framework.

2.6.1 UNDERLYING PRINCIPLES OF THE ASSET-BASED APPROACH

The asset-based approach is a flexible approach that can be applied in various contexts. This perspective focuses on sustainable resources that can be identified, mapped and mobilised to beat adversity (Ryan, 2008). The asset-based approach not only focuses on identifying the resources available in a community in order to mobilise these, but also on identifying assets that the community may not be aware of yet (Ammerman & Parks, 1998).

This approach concerns what Ebersöhn and Eloff (2006:22) describe as “internally focussing”, which is based on how people are able to solve problems either individually or collectively. Internal focus occurs when individuals and communities are able to identify what they are facing before they experience negative effects themselves, as well as when they are able to describe this occurrence in their own words (Ebersöhn & Eloff, 2006). In such a case, external influences will not have a direct impact on the community (Cameron, 2003). Who takes responsibility for knowing, acknowledging and defining experiences, and deciding how to overcome them (Foot, 2012)?

The asset-based approach is referred to as the glass-being-half-full approach, which gives communities and individuals the opportunity to mobilise any of their existing capabilities, assets or strengths (Ryan, 2008). The asset-based approach realises that challenges will be present in any community, but it does not focus on this. Rather, it focuses on how communities and individuals can make the best of challenging situations by employing what they already possess (Ebersöhn & Eloff, 2006).

The approach also identifies potential obstacles and assists it “towards available opportunities” that can be implemented to overcome these obstacles (Ebersöhn & Eloff, 2006). The approach advocates strong partnerships within communities with minimal professional assistance (Ryan, 2008). An important aspect of the asset-based approach is being able to build relationships with others and solve existing problems (Ryan, 2008). The asset-based approach dictates that constant participation and collaboration takes place (Cameron, 2003). This means that problems can be solved by using sustainable assets (Ebersöhn & Eloff, 2006). The asset-based approach seldom relies on external agents, but rather encourages community members to work together, make plans and conduct activities focused on solutions (Pinkett, 2000). The asset-based approach can thus enable community members to work together towards a common goal, thereby encouraging community involvement and participation (Pinkett, 2000).

Wilke (2006) argues that the asset-based approach relies on a combination of external and internal assistance. In this regard, Foot (2012) notes that any external assistance that communities may indeed receive, should not be ignored and should

be implemented that it could benefit the community. The asset-based approach raises people's awareness of what their skills, capacities and talents are, and that they can use these in support of themselves and others (Turner & Pinkett, 2000). This typically motivates community members to use what they have in their communities (internally), rather than to seek assistance from the outside (externally) (Kretzmann & McKnight, 1993).

Eloff (2003) states the following as advantages of the asset-based approach: responsibilities are shared among individuals, individuals take ownership, immediacy, solutions are relevant and practical to solve the problem, flexibility, mutual support among individuals in a caring environment, and the capacity-building of individuals.

The key characteristics of the asset-based approach are the following: the individual has a strong belief in the presence of his or her assets and capabilities, and focuses on that, the individual has self-determinations and feels that he or she is able to achieve certain challenges, it builds relationships with agents and establishes different networks for collaborations and partnerships for the future, the individual believes in his or her internal creativity, control and power, and focuses on that (Ebersöhn & Mbeste, 2003).

2.6.2 PHASES OF THE ASSET-BASED APPROACH

The asset-based approach consists of three main phases, namely identifying assets, mobilising assets and managing assets in support of sustainability (Ebersöhn & Eloff, 2006). These phases can enable meaningful participation by community members who are empowered to assist in the development of the community by mobilising capacity (Saidi & Karuri, 2006). Taking this into account, community members need to be involved in their communities in terms of planning and managing development (Saidi & Karuri, 2006).

Asset-based intervention involves a process of individuals identifying useful processes and resources, and doing asset mapping (Chambers, 2008). Community members may be assisted by external professionals, such as researchers who facilitate activities or processes (Ferreira & Ebersöhn, 2012). At this stage, community members may become aware of the fact that they possess and have

access to certain assets, and that they can utilise these in support of development in the community. Assets can include any form of skills, talents, gifts or resources that are available. Community members can also share these with other members of their community, for example with members of their families, the schools in which they are involved, organisations or individuals (Eloff & Ebersöhn, 2006).

The second phase of the asset-based approach involves community members conceiving and implementing action plans that are necessary to mobilise available assets. This phase is called asset mobilisation (Roehlkepartain, 2005), and is normally implemented by community members who are seen as experts in the community, while the processes may be guided by co-facilitators or researchers (Ferreira & Ebersöhn, 2012). During this phase, community members access assets in practical ways. Asset mobilisation can only happen when practical planning is involved, when plans needed to utilise assets and resources are implemented, and when partnerships and relationships are built with the organisations involved in the community's development (Eloff & Ebersöhn, 2006).

The final phase is the asset management phase, which seeks to ensure that the interventions and actions mobilised during the first two phases will be prolonged so that they can benefit the community in future (Ebersöhn & Eloff, 2012). This phase dictates that community members must take ownership of and responsibility for the decisions that were made, action plans that were developed and implemented, and projects and other developments that were initiated in an attempt to improve the circumstances of the community (Ebersöhn & Eloff, 2006). When the community sustains the available assets, the roles of facilitators may change to those of supporters, networkers and collaborators in the community, which, in turn, may enable the community and its members (Ebersöhn & Eloff, 2006).

2.6.3 APPLYING THE ASSET-BASED APPROACH TO THIS STUDY

Even though the asset-based approach forms the theoretical framework of this study, only some phases of the theory are relevant. The asset-based approach has also been utilised for both the STAR (Ferreira & Ebersöhn, 2012) and SHEBA projects.

In this study, the asset-based approach assisted the participants to identify their existing knowledge and skills during data-collection activities. The approach also enabled me to evaluate the community volunteers' needs, existing training, skills and knowledge without interfering in any processes of change. Participants were thus able to experience that they are in charge of their situations. By conducting the research in this manner, community volunteers were able to identify the strengths and resources that they already possess so that they can put the training that they have already received to good use, and identify how they could influence their community in a positive way (Ebersöhn & Eloff, 2006). An important aspect of this approach relates to the potential for communities to overcome adverse circumstance (Nelson et al., 2011). This can potentially be achieved by community members realising what they have and making the most of it (Landsberg, Kruger & Nel, 2005).

The community volunteers indicated that they wanted to collaborate with their community and provide the assistance that they require (Ferreira, 2006). The asset-based approach thus indirectly assisted in strengthening the community from the inside outwards and from the bottom upwards (Kretzmann & McKnight 1993). This study followed the same path by having participating community volunteers identify their training needs and establishing how these needs can be satisfied in the best possible way. If community volunteers possess the necessary knowledge and skills to implement the asset-based approach, they may be able to determine what their specific needs are.

2.7 CONCLUSION

In this chapter, I focused on literature related to the topic of volunteerism. I explained how community volunteers fit into the social framework of South African communities, specifically in the health and education sectors. I furthermore presented the general motivation for volunteers to continue with volunteering activities, as well as the challenges associated with volunteering activities.

I presented studies conducted by other researchers that specifically focus on the roles and motivations of community volunteers, both internationally and in South Africa. Based on my literature review, I can conclude that emotional support and training are the most prominent requirements for career satisfaction among

community volunteers. Finally, I explored how the community volunteers' assets may be mobilised within communities, linking this study to the asset-based approach.

In the following chapter I will focus on the methodology and research design of this study. I will explain how I collected my data following an interpretivist framework, as well as the analysis and interpretation processes that were employed to justify the choices I made. Finally, I conclude the chapter by explaining the different quality criteria I used and the ethical considerations.

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CHAPTER 3 RESEARCH METHODOLOGY

3.1 INTRODUCTION

In the previous chapter, I discussed existing literature relevant to the study. I discussed volunteering within the South African context. I also discussed literature regarding the training that community volunteers receive, if they receive any at all. I further discussed the motivations for becoming a community volunteer and the barriers associated with community volunteering. Lastly, I explained the theoretical framework that I relied on in this study.

This chapter describes the research approach and design of the study. Detailed explanations regarding the data collection and documentation techniques, as well as the data analysis and interpretation procedures that were employed, are included. Ethical principles and quality criteria are also discussed.

3.2 PARADIGMATIC PERSPECTIVES

In order to optimally achieve the goals of this study, I opted to follow a qualitative research approach that is embedded in interpretivism. The aspects of this approach and epistemological paradigm are discussed in the sections that follow.

3.2.1 META-THEORETICAL PARADIGM

In this study, I utilised the interpretivist paradigm to obtain an in-depth understanding of community volunteers' training needs. Interpretivism allowed me to collect data from the participants in an interactive way, with the aim of understanding their behaviour. This assisted me with understanding the participants' social setting and frames of reference (Denzin & Lincoln, 2000).

The philosophical perspective of interpretivism postulates that no single reality exists and that reality differs over time and from place to place (Maree, 2007). "Interpretivism is seen as a school of thought that stresses the importance of interpretation, as well as the observation in understanding the social world"

(Ormston, Spencer, Barnard & Snape, 2013, p. 13). The interpretivist researcher assumes that knowledge and experience exist because of the interpretation thereof (Cantrell, 2001) and that it is subjective in nature (Carcary, 2009). From a somewhat contrasting perspective, “interpretivism claims that natural science methods are not appropriate for social investigation, because the social world is not governed by regularities that hold law-like properties” (Ormston et al., 2013, p. 24). For this reason, as a social researcher, I attempted to explore and understand the social world of the study’s participants through their own perspectives. The interpretivist researcher aims to describe individuals’ feelings and experiences and the way in which they interpret events. As such, interpretivism focuses on individuals’ subjective experiences and how they construct their worlds.

Interpretivist researchers rely on the information that they receive from participants and how this information translates into the richness, depth and complexity of understanding phenomena (Maree, 2007). According to this philosophy, events that occur are understood through an individual’s social experiences (Cantrell, 2001). The interpretivist researcher assumes that individuals’ subjective experiences should be taken seriously and regarded as real (ontology). Individuals’ experiences are understood by interacting with them and listening to what they have to say (epistemology) (Terre Blanche, Durrheim & Kelly, 2006). This paradigm specifically focuses on the importance of understanding and the ability to study people’s experiences, which occur within their given historical or social contexts (Ormston et al., 2013).

According to Maree (2007), the interpretivist paradigm is based on the following five assumptions: human life can only be understood from within, social life is a distinctively human product, the human is the source or origin of meaning, human behaviour is affected by knowledge of the social world, and the social world does not “exist” independently of human knowledge. Interpretivists endeavour to understand participants’ lives, feelings and daily experiences, and they generally have an empathetic understanding of how participants feel (Rubin & Babbie, 2010). This is done through observing individuals, as well as interpreting and analysing existing texts (Wahyuni, 2012).

The most significant challenge that interpretivism presents is that interpretations may be subjective. The interpretivist researcher is the primary instrument in conducting, collecting and analysing data (Terre Blanche et al., 2006), which may result in the possibility of bias. McAnulla (2006) outlines the following additional challenges, which I kept in mind throughout this study:

- Interpretivism is known for ontology that gets neglected.
- Interpretivism is formed within the expenses of social structures.
- The practical-analytical vocabulary that is found in interpretivism has certain limitations.

The most important advantage of the interpretivist paradigm is that the researcher is able to understand participants' experiences. This is especially important when considering that this paradigm can assist in understanding what general concepts such as "poverty" or "race" mean to people in their specific operation, in uncovering the conscious and unconscious explanations people have for what they do or believe and in capturing and reproducing a particular time, culture or place so that the actions people take become intelligible (Lin, 1998).

Ritchie and Lewis (2003) summarise the characteristics of interpretivism as follows:

- Both the researcher and the social world have a significant impact on each other.
- The findings are influenced by the researcher's perspective towards the research, ensuring that there is no distinction between the facts and values, making it impossible for the researcher to conduct objective, value-free research, although the researcher can be transparent about any assumptions that have been made. The natural sciences methods are not seen as appropriate because they have no regularities that bind them by law, but are mediated through human agency, leaving the social researcher to explore the social world by making use of the participants' and the researcher's understanding of it.

My aim with this study was to adhere to the principles of the interpretivist research paradigm. I assumed that human action is viewed as meaningful. Multiple data-collection methods were employed, including individual interviewing, a focus group discussion and taking field notes, which helped me to understand the subjective

meanings of the participants' training needs, and provided a detailed description of their social settings and relationships. This was important to my study because, as a researcher, one is able to explain a phenomenon, in this case determining what the community volunteers experience as their training needs.

In attempting to understand what the training needs of the community volunteers are, I relied on interpretivism. I tried to gain a better understanding of the community volunteers' perceptions and their experiences (Terre Blanche & Durrheim, 2002). Interpretivism indicates that every individual experiences and interprets a situation in his or her own unique way. This implies that it is important to remain aware of and consider each individual's involvement as it can be affected by change (Carcary, 2009). The interpretivist researcher does not observe situations objectively or from the inside (Carcary, 2009).

Furthermore, I assumed the existence of an ethical commitment, as a notion of respect and faithfulness to the participants' real-life worlds. I attempted to understand their personal settings through explorations of these contexts during the data-collection process. Finally, although I viewed interpretivism as the most appropriate paradigm for the study, I remained aware of the fact that I could potentially be biased (Williams, 2000; Blaikie, 2010; Hennink, Hutter & Bailey, 2011).

3.2.2 METHODOLOGICAL PARADIGM

I followed a qualitative approach as methodological paradigm, as mentioned in Chapter 1. The aim of conducting qualitative research in this study was to understand human experiences from an insider's perspective, as well as the impact of experiences on different levels (Hennink et al., 2011). To achieve this, I structured an in-depth enquiry, in which I explored the social phenomena with which this study concerns itself in its natural setting (Berg, 2007).

This study's aim was to gain a deeper understanding of the participants' experiences (Creswell, 2009). Qualitative research provides an understanding of the circumstances in which the participants find themselves and how this influences their wellbeing, either in a positive or a negative way (Flick, 2014). The qualitative

design enabled me to understand the participants' needs with regard to the training they require.

Ormston et al. (2013) are of the opinion that qualitative research is difficult to define. Generally, qualitative research is described as a naturalistic, interpretative approach that is concerned with exploring phenomena from the inside, working from the perspectives and accounts of research participants as a basis (Ormston et al., 2013). This idea is echoed by Morse (1994), who describes qualitative research as the ability to analyse a problem in a local framework with the participants' views and experiences as a starting point.

This study's aim was to explore the specific training needs of community volunteers who participated in the STAR and SHEBA projects and to establish how the knowledge gained through this study can contribute to related studies. In order to achieve this goal, the study was rooted in a qualitative methodological approach. This approach enabled me, as the researcher, to understand and describe the events that occurred in my field of research, rather than to predict and explain the selected phenomena.

I was aware at all times of the difficulties that qualitative research may imply, and followed the guidelines set out by Creswell (2014) to ensure that the study and the findings are trustworthy and integrated at all times. Various data-collection methods were employed, including two semi-structured interviews, a focus group discussion, observation and field notes (Creswell, 2014). This was done after obtaining participants' informed consent. This method enabled me to provide rich and detailed descriptions of the participants' experiences in their specific contexts. Throughout, I guarded against bias by reflecting in a research journal and discussing my concerns with my supervisor and co-supervisors.

3.3 RESEARCH METHODOLOGY

In this section, I discuss the research design and methodological process.

3.3.1 RESEARCH PROCESS

In this section, I discuss the research process employed in terms of the research designs, how the participants were selected, and how the data were collected,

documented and analysed. Figure 3.1 provides an overview of the research process for this study.

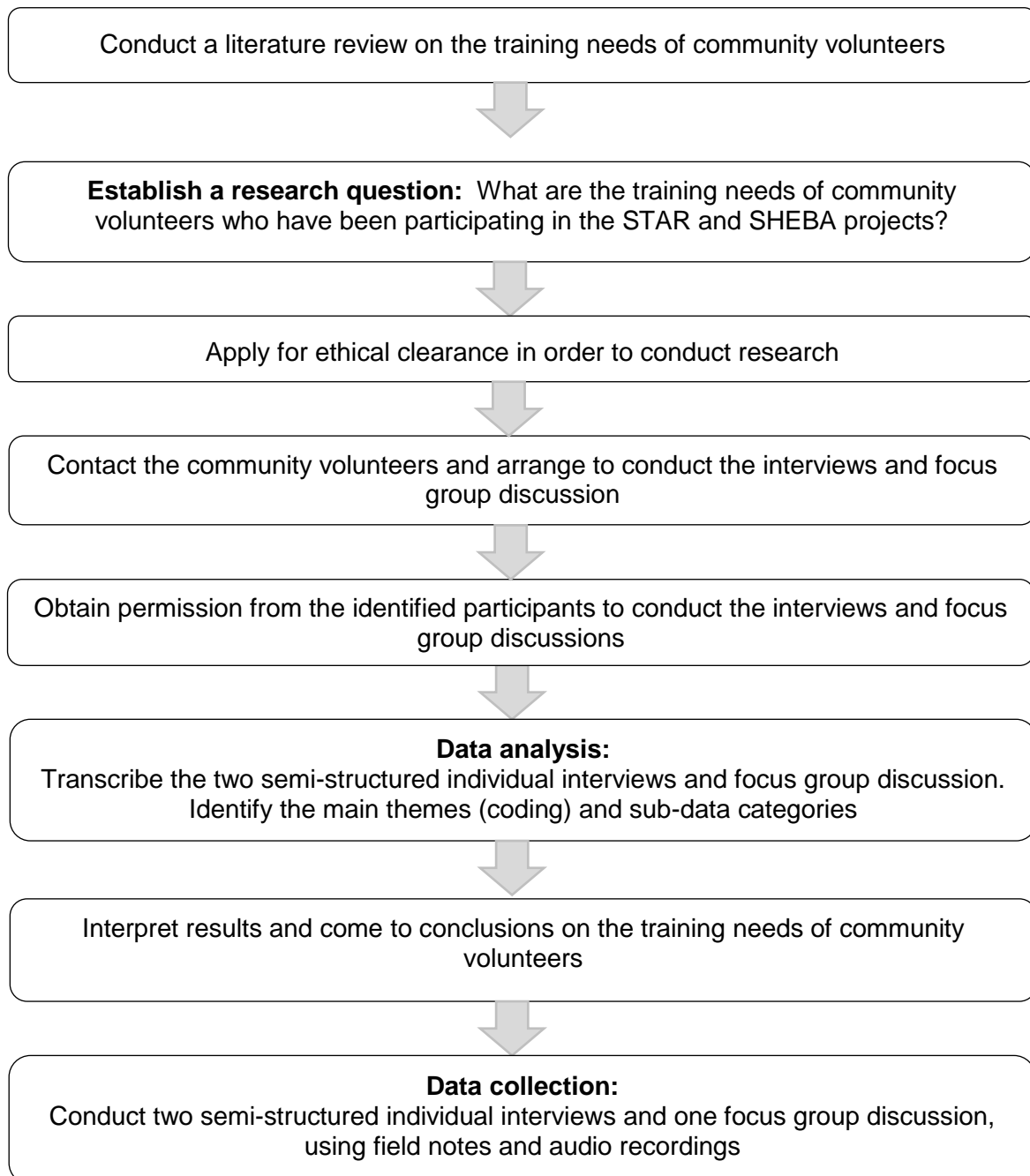


Figure 3.1: Research process

3.3.2 RESEARCH DESIGN

I selected a descriptive case study design for this study. The purpose of a descriptive case study is “to describe a specific group with no intention of going beyond that group” (Hancock & Algozzine, 2011, p. 4). A descriptive case study

design usually portrays a story about something unique, special or interesting (Yin, 2003).

According to Merriam (1998), a descriptive case study design allows for a narrative account on the phenomenon being studied. These stories relate to different individuals, organisations, programmes, neighbourhoods, events or processes, or even institutions (Neale, Thapa & Boyce, 2006).

A descriptive case study design thus provides a detailed description of the phenomena being studied by the researcher (Maree, 2007). In most cases, a descriptive case study design serves as the first step for comparative research. Alternatively, it assists with building theory (Merriam, 1998).

A descriptive case study design may also be used to describe an intervention or phenomenon and the real-life context in which it occurred (Yin, 2003). According to Yin (2003, p. 2), the distinctive need for case studies arises from the desire to understand complex social phenomena, because “the descriptive case study method allows investigators to retain the holistic and meaningful characteristics of real-life events”, such as organisational and managerial processes. Such an approach can enable the researcher to conduct research that can be of a simple or complex nature. “Descriptive case studies enable researchers to answer “how”- and “why”-type questions, while taking into consideration how a phenomenon is influenced by the context in which it is situated” (Baxter & Jack, 2008, p. 556).

A descriptive case study design therefore describes a natural phenomenon that occurred within a given context (i.e. what are the training needs of community volunteers) (Zainal, 2007). The researcher describes the data as it occurs within the study (Zainal, 2007). The researcher who utilises a descriptive case study design must have a descriptive theory to support the phenomenon that is being analysed (Zainal, 2007). If the researcher is not able to do this, the research may lack rigour, which may result in problems occurring in the study (Zainal, 2007). This research design complements the epistemology of this study, whereby my aim was to understand the participants’ interpretations and the meanings of their realities as they perceive them.

Yin (1994) lists the following four applications for a descriptive case study design model:

- To explain complex causal links in real-life interventions.
- To describe the real-life context in which an intervention occurred.
- To describe the intervention itself.
- To explore those situations in which an intervention that is evaluated has no clear set of outcome.

One advantage associated with a descriptive case study design is that one is able to observe effects within the real-life context of a community project (Cohen et al., 2003). Furthermore, it allows for developing a detailed description and explanation of participants and their experiences (Merriam, 1998).

Disadvantages associated with a descriptive case study design relate to it being very time consuming and labour intensive (Merriam, 1998). Such studies can also only focus on one aspect of a complex phenomenon, which can be misleading. Unethical researchers may portray findings inaccurately to support arguments (Merriam, 1998). During the course of the current study, I was constantly aware of the potential advantages and challenges of using a descriptive case study design, and attempted to limit the potential disadvantages. Throughout, I tried to gain a deeper understating of the training needs of community volunteers in the STAR and SHEBA projects and did not aim to generalise any of the findings.

This descriptive case study, which focuses on the training needs of community volunteers, thoroughly describes the perceptions and ideas of the participating community volunteers. These thorough descriptions thus holistically and authentically capture the community volunteers' experiences (Merriam, 1998). I regard descriptive case study research as appropriate for this study, as it allowed me, as a researcher, to explore the phenomenon of the training needs of community volunteers extensively. The experiences of the participants provided for very rich descriptions and reflect the meanings that they have constructed (Cohen et al., 2003).

3.3.3 SELECTION OF RESEARCH PARTICIPANTS

It is very important to use suitable sampling procedures when selecting participants (Johnson & Christenses, 2012). As discussed in Chapter 1, I relied on convenient and purposeful sampling strategies. I discuss these sampling strategies in detail in this section.

I used a combination of convenience and purposeful sampling to select the participants for this study. Convenience sampling occurs when a researcher has easy access to the participants (Cohen et al., 2009). Convenience sampling is done when participants who have knowledge regarding the specific subject matter are selected (Russell & Gregory, 2003). Normally, convenience sampling is conducted in conjunction with a case study design (Cohen et al., 2009). Convenience sampling is thus seen as a sampling method that is used in research where communication is important (Barton, 2001). Even though I had convenient access to the participants, I also applied principles of purposeful sampling (Maree, 2007). To this end, I implemented the following selection criteria:

- Participants had to be community volunteers who have been involved in schools associated with the STAR and SHEBA projects.
- Participants had to form part of the STAR and SHEBA projects.
- Participants had to be able to communicate in English.
- Participants had to provide informed consent for their participation and must have been willing to share their experiences about their training needs as community volunteers.
- Participants had experience as community volunteers in their communities.

Combining convenience and purposeful sampling allowed me, as a researcher, to establish a close relationship with the participants, resulting in rich data that could perhaps not have been retrieved if there was not a close relationship between the two parties (Koerber & McMichael, 2008). As the selected participants formed part of the STAR and SHEBA projects, they were selected based on their existing knowledge and familiarity with the research team. This allowed for sound relationships to be established.

As stated, community volunteers were thus selected based on their experiences, availability and willingness to participate (Creswell, 2003). Two female community volunteers were selected for the individual interviews, and a group of eight female community volunteers were selected for the focus group discussion.

Although none of the participants used English as a first language, they were able to express themselves in English. I therefore conducted the interviews in English, as this was the mutual language between me, as the interviewer, and the participants. Some of the volunteers in the focus group discussion were more comfortable talking in a group setting. These volunteers assisted some of the other volunteers by translating the questions posed to them into Xhosa and then translating their answers back into English. As these volunteers seemingly felt more comfortable in a group setting, they appeared willing to speak and share their perceptions openly.

3.3.3.1 Research sample

The study consisted of two participants who participated in separate individual semi-structured interviews and eight participants who formed part of a focus group. I chose to conduct two individual face-to-face interviews, followed by a focus group discussion, as the interviews provided a framework and basic data. Based on the semi-structured interviews, I was able to formulate questions for the focus group discussion that could elicit a deeper and richer understanding regarding the training needs of community volunteers (Atkinson et al., 2000).

The aim of qualitative research is for the participants to assist the researcher to better understand the stated research problem, as well as the posed research question (Creswell, 2014). This means that the researcher will involve participants who have the required knowledge and experience to address the focus of the study, are available at the time and are willing to assist with the research (Creswell, 2009).

3.3.3.2 Representativeness and parameters of the sample

Both community volunteers who participated in individual interviews are black females, and have assisted their community with odd jobs in the relevant school contexts. Both of them were selected because they were associated with schools that have been participating in the STAR and SHEBA projects, and had experience in the project.

The eight community volunteers who participated in the focus group discussion were all black females. They were selected as they formed part of the STAR and SHEBA projects.

Description	Research participants of the first individual interview	Research participants of the second individual interview	Research participants of the focus group discussion
Number of participants	One	One	Eight
Occupational role in the school/community	The community volunteer assisted her community with odd jobs in the relevant school contexts	The community volunteer assisted her community with odd jobs in the relevant school contexts	The community volunteers assisted their community with odd jobs in the relevant school contexts
Selection criteria	1) The community volunteer was associated with schools that have been participating in the STAR and SHEBA projects, and had experience in the project 2) The community volunteers were able to communicate in English which enabled them to share their experiences about their training needs	1) The community volunteer was associated with schools that have been participating in the STAR and SHEBA projects, and had experience in the project 2) The community volunteers were able to communicate in English which enabled them to share their experiences about their training needs	1) These community volunteers formed part of the STAR and SHEBA projects 2) The community volunteers were able to communicate in English which enabled them to share their experiences about their training needs

Figure 3.2: Summary of research participants

3.3.3.3 Access to the sample

After the participants were identified, I contacted them telephonically to make an appointment, to inform them about the research and to establish whether or not they were willing to participate. After the study was explained to them, and they had been assured that no unforeseen harm would come to them, they signed written informed consent forms allowing me to continue with data collection. The semi-structured interviews and the focus group discussion were conducted with the participants at the schools where they are involved as community volunteers.

3.3.3.4 Research site

I conducted the semi-structured interviews and focus group discussion at two primary schools in the Eastern Cape. The schools are situated in the communities where the participants work as volunteers.

3.3.4 DATA COLLECTION AND DOCUMENTATION

Data collection is regarded as an independent activity with the main aim of gathering and documenting valuable information that can assist the researcher in addressing the research question (Creswell, 1998). According to Mouton (2003), data collection should focus on the participants, as well as their experiences and worldviews, in a qualitative and interpretivist setting.

3.3.4.1 Semi-structured individual interviews

I conducted two semi-structured, face-to-face interviews that incorporated open-ended questions in 2011 (Mathers, Fox & Hunn, 1998). According to Maree (2007), a semi-structured interview can be defined as the line of inquiry that is needed for research. A semi-structured interview can provide a better understanding of a person's reasoning, because the same tailored questions may be put to more than one participant, and the differences between the answers may be significant (Leedy & Ormrod, 2005). Semi-structured interviews allow the researcher to establish a personal relationship with participants, but with personal space and time between the two parties.

As such, semi-structured interviews allow a researcher to narrow down some areas or topics when participants answer a set of predetermined questions (Maree, 2007). It makes way for probing and clarification of the answers to the questions being asked by the researcher (Maree, 2007). Semi-structured interviews usually follow an open and informal interview style that tends to put the participants at ease (Hardon, Hodgkin & Fresle, 2004).

Semi-structured interviews provide interviewers with the opportunity to continuously ask questions until the participants fully understand the situation (Hardon et al., 2004). Additionally, while allowing for ordinary conversation, participants can be reassured of the researcher's confidence, and the researcher will win their trust and cooperation (Hardon et al., 2004).

I documented the interviews by making field notes during the conversations and by making audio recordings of the interviews after considering practical constraints, and obtaining the participants' permission to do so (Punch, 2005). The location for the interviews needed to be suitable and free from distraction. It also had to adequately protect the participants' identities (Creswell, 2007). The participants agreed to meet at a local school in their community during the school holidays.

I conducted two individual interviews of 60 minutes each. I conducted the interviews to get a deeper understanding of the research topic and to determine the perceptions of the community volunteers (Atkinson et al., 2000). The semi-structured questions were contextually adapted and followed the logic of the participants' narratives, but allowed me, as the researcher, to ask for more detail and additional examples when needed (Norgaard & Parnas, 2012).

I regard semi-structured individual interviews as suitable for the current study, as the participants could articulate what they had experienced and share their ideas in a safe place with me as researcher in this way (Creswell, 2007). I regard the participants as experts in the field and allowed them the maximum opportunity to tell their stories and share their views.

The individual interviews were guided by the following questions that were posed to the participants:

	Questions asked in the individual interviews (I1 and I2)
1.	Why do you want to be a caregiver, or why did you start to be a caregiver?
2.	Your responsibilities as caregiver, what are they?
3.	What are your responsibilities as a caregiver?
4.	What is difficult for you as caregiver?
5.	What highlights do you experience as a caregiver?
6.	How do you cope in your job?
7.	What do you think a caregiver needs to know to be able to do this job?
8.	If you were to give us advice in planning a course for caregivers like you. What do you think should be put into such a course?
9.	Anything else you think we need to teach you?

Figure 3.3: Interview schedule that was used during the first and second individual interviews (I1 and I2)

3.3.4.2 Focus group discussion

I facilitated the focus group discussion in 2015. The time lapse between the interviews and the focus group discussion was the result of personal circumstances encountered by me during the time. Focus group discussions are defined as discussions where a small group of people generate ideas about a selected topic in an informal manner, with the aim of creating an understanding of the participants' perspectives in terms of their meanings and interpretations of experiences (Liamputtong, 2011). As such, a focus group discussion can provide the researcher with a rich understanding of the participants' experiences and beliefs (Morgan, 1998).

According to Rabiee (2004), a distinct feature of a focus group discussion is the dynamic way in which the group members interact with one another, and the type and range of rich and deep data that can be generated through the social interaction of the group. The participants of a focus group discussion find themselves in a naturalistic atmosphere that may encourage them to interact with one another (King & Horrock, 2010).

When conducting a focus group discussion, it is important to convey the message to participants that they will not be judged by anyone so that they can feel comfortable enough to discuss their opinions and experiences without any constraints in a safe environment (Liamputtong, 2011). I conducted the focus group discussion at the school where the participants are parents and volunteers.

Focus groups discussions provide the researcher with information about a range of ideas and participants' views on certain issues, thereby illuminating any differences in perspective between groups of individuals (Rabiee, 2004). According to King and Horrock (2010), when participants state their experiences in their own words, a researcher can potentially portray a true reflection of their experiences. In this study, I continuously aimed to provide a rich and authentic version of the participants' experiences (Liamputtong, 2011).

Following the individual interviews, the focus group discussion aimed to collect data about the training needs of community volunteers. It is for this reason that I employed a focus group interview – to gain an in-depth, rich and authentic portrayal of how the community volunteers experienced their roles in the community and their views of their training needs. The community volunteers participated in a relaxed atmosphere because they knew one other and were able to share their narratives in a transparent and relaxed manner. As such, the focus group discussion provided me with a deep and rich view of the participants' views, understandings and experiences as community volunteers (Liamputtong, 2011).

The focus group discussion was guided by the following questions posed to the participants:

	Questions asked to the focus group
1.	What does it mean to be a volunteer?
2.	Do all of you have the same volunteering experiences or how do you experience it?
3.	Why do you volunteer?
4.	Not all volunteers are being paid. Is there somebody round the table being paid?
5.	How do you become a volunteer?
6.	What do you think is your job as a community volunteer?
7.	What do you think the community expects from you? Do you think they have expectations?
8.	Do you think community volunteers need training? What are your training needs?
9.	Are there any other skills you need?
10.	Who should come and give you this training? How should this training be done? In what format should it be in?
11.	What are the challenges that you face?

Figure 3.4: Interview schedule that was used during the focus group discussion

Different questions were posed during the individual interviews and in the focus group discussion. This is because it became clear through the individual interviews that the participants found it difficult to understand what they were being asked. A slight change in the questions that were posed during the focus group discussion was made.

3.3.4.3 Field notes

Mouton (2003) advises researchers to keep a record of collected data and events. This assures quality control of the data (Mouton, 2003). By definition, field notes detail what was happening while the research was being conducted (McMillan & Schumacher, 2001).

I used field notes (refer to Appendix G) to document interactions between the participants (Angrosino & Mays de Pèrez, 2000). The field notes helped me to form a detailed description of the research setting, behaviours, events and conversations that took place (McMillan & Schumacher, 2001). My field notes consisted of my reflections, my moments of confusion and the beginning of new ideas as I made notes in the field of research when the participants were being observed which informed my research.

There are two strategies that one can employ to when compiling field notes (Emerson, Fretz & Shaw, 1995). Firstly, the researcher determines what features are important enough to be documented, which is seen as salient hierarchy (Emerson et al., 1995). The researcher's background may influence the way in which the field notes are taken and perceived (Stenmetz, 1991). The second strategy that Emerson et al. (1995) identify is that the research records every detail that occurred on the research site, which is seen as a comprehensive manner of making field notes. In this study, I made use of the salient hierarchy field note strategy (Emerson et al., 1995). I did this because I focused on the gestures that participants made when they answered the questions posed during the interviews.

One of the advantages of field notes in this case, was that they enabled me to order my thoughts regarding events in the interviews and the focus group discussion (McMillan & Schumacher, 2001). One of the disadvantages that I faced regarding the field notes was that I could only interpret my own subjectively perceived data (Punch, 2005). Examples of extracts from my field notes are provided in Chapter 4.

3.3.4.4 Audio recordings

Audio recordings were used to document conversations, with the aim of transcribing the oral information into a written form (Polkinghorne, 2005). This allowed me as researcher to re-visit the recordings and verify the information that I used (Polkinghorne, 2005). However, some information was lost in the form of irrelevant information provided by the community volunteers. The clarity of speech was also very poor at times (Polkinghorne, 2005).

I recorded both the individual interviews that were conducted in 2011 and the focus group discussion that was conducted in 2015 (Nieuwenhuis, 2007). I made use of a

dictaphone to record the interviews and discussions of the participants verbatim. The audio recordings made it possible to capture the data in words (McMillan & Schumacher, 2001). The audio recordings employed enabled me to document the experiences that the participants shared, without being disturbed or distracted by taking notes of the interviews and the focus group discussion (Whiting, 2008).

One of the challenges relating to the use of audio recordings is that technology can fail and essential data can be lost. Additionally, it is possible that the recording can alter participants' behaviour. The participants in this study have been involved in the STAR and SHEBA projects, and were comfortable with the data-collection strategies that were used (Creswell, 2009).

3.3.4.5 Researcher's journal

A research journal is a record of decisions and rationales for actions that were taken on a continuous basis (Burns, 2000). Reflective writing can assist researchers in making sense of experiences (Boud, Keogh & Walker, 1995).

A research journal can include reflections on the data-collection and analysis methods that were used, observations, the researcher's personal experiences, any challenges and tensions that arose, as well as ethical considerations that needed to be kept in mind (Cohen et al., 2003). Thus, a research journal encourages the researcher to think reflectively on what he or she saw, felt and experienced, in order for him or her to go back to the journal at a later stage in the research process to determine how certain events occurred (Newberry, 2001).

The advantages of research journals is that they assist researchers to reflect on what they saw and what happened at the research site, and help them to facilitate the necessary questions to understand the phenomenon being studied (Lewis, Romi, Qui & Katz, 2005). The disadvantage of a research journal is that the researcher could be biased (Lewis et al., 2005). I tried to refrain from this by having regular discussions with my supervisor and co-supervisors (Clarke, 2009).

I aimed to use the research journal to enhance the trustworthiness of my study (refer to Appendix F). In my research journal, I described my personal thoughts, feelings, experiences and perceptions during the study (Creswell, 2014). Reflective writing provided me with the opportunity to document my thoughts, questions, experiences, ideas and issues (Boud et al., 1995). I thus used the reflective journal to monitor my progress. To this end, I also reflected on the research process that I was following, so that I could make changes if necessary.

The research journal made it possible for me to record the real-life experiences of the participants that took place in a natural setting (Lewis et al., 2005). A reflective journal gave me the opportunity to reflect on my abilities as a researcher. Examples of extracts from my research journal are provided in Chapter 4.

3.3.5 DATA ANALYSIS AND INTERPRETATION

Creswell (2007, p. 56) emphasises that “qualitative research data analysis and interpretation tends to comprise text analysis”. Themes and descriptions can emerge from the data analysis and interpretation (Creswell, 2007). Interpretation implies linking themes to a broader meaning.

I conducted a thematic content analysis and, as a result, identified emerging themes. Thematic data analysis involves identifying, segregating, grouping, regrouping, analysing and reporting different themes that can be found within the data that has been collected (Braun & Clarke, 2006).

The thematic data analysis process enabled me to organise the data and describe it in detail (Braun & Clarke, 2006). Furthermore, this enabled me to determine the various aspects of my research topic (Braun & Clarke, 2006). The thematic data analysis process gave me insight into how the participants make sense of their environments (Braun & Clarke, 2006).

The two interviews and the focus group discussion were transcribed verbatim to ensure that the necessary analytical processes could be completed during the analysis process. I then analysed the transcripts to identify themes and subthemes. I also analysed my field notes and my reflective journal.

I followed these steps during data analysis (Creswell, 2009):

Step 1: I organised and prepared all the data for the data analysis. I transcribed the two semi-structured interviews and the focus group discussion. I typed and sorted the information that was collected in the form of field notes in my reflective journal.

Step 2: I read through all the data that was collected several times before I made sense of it and could form a picture of what the data meant to me.

Step 3: After reading through all the data, I started to code it. I did this by highlighting the different themes I identified within the data with different colours.

Step 4: The coding process assisted me in creating a description of the setting in which I conducted the research, the participants and the emerging themes that arose. These aspects needed to be analysed.

Step 5: After the coding process had been concluded, the different themes were provided for representation.

Step 6: I processed the data and the interpretation I followed was done with inductive reasoning.

Throughout the study, I focused on accurately describing the phenomenon of the training needs of community volunteers. To this end, data analysis allowed me to organise the collected data and categorise the information. The interpretation of the data was done to determine patterns that arose from the data. The data were then synthesised.

282	Even now the school got computer training. Everything	
283	that happen at the school the community knows it.	
284	She involved	
285	She does that or you do that?	
286	Yes	
287	How started that? Was that her involving you as parents?	
288		
289	She started to do that and we adopted it.	
290	So she invited you into the school to come and attribute	
291	to the school and came and help out at the school?	
292	Yes	
293	Do you think community volunteers need training?	
294	Yes	
295	What are your training needs? What do you need or what	
296	do you think. If I only know this or that?	
297	Firstly, yes we need training to deal with the problems	Knowledge on coping with adversity
298	that we encounter. We deal with different problems.	
299	Some is orphans. Some of them are sick and the	
300	parents are sick also. We can see a child is hungry, we	
301	must know how to deal with that. You can learn a child	
302	to plant, because if he plant he have something to eat.	
303	We need a skill of first aid. Sometimes they don't know	Lack of skills
304	to wear gloves.	
305	Nobody giving you that first aid training?	
306	No	
307	Maybe in some cases wear masks. But we don't know	Lack of skills Knowledge on coping with adversity Knowledge on child development Counselling skills
308	when we must. Skills how to tell them. Skills dealing with	
309	poverty. Gardening is helping a lot because it give you	
310	food and vegetables. How to have the skills to make a	
311	soup kitchen and get donors. How to write letters to	
312	donors to give our food to cook for other communities.	
313	We need the skill to helping children with their	
314	homework. The way you help a Grade R and a Grade 2	
315	different. We need the skill of communication.	

Figure 3.5: A selection of data that was analysed

There are certain advantages and challenges associated with a thematic data analysis. The first advantage of a thematic data analysis is that it is flexible in the way that the analysis can be done (Braun & Clarke, 2006). A thematic data analysis

made it possible for me to determine what the themes and subthemes of the research are as they emerged. The second advantage that the thematic data analysis provided was that it is able to highlight differences and similarities within the data that was collected. This data analysis method gave me a deeper insight into the themes and subthemes that were not anticipated (Thorne, 2000).

The challenge associated with the thematic data analysis technique is that it is very labour intensive. Due to the flexibility of this data analysis technique, it can become challenging for the researcher to focus on the relevant categories of data and appropriate themes and subthemes (Braun & Clarke, 2006). As researcher, I took the time to thoroughly plan and transcribe the data.

3.4 MEASURES TO ENSURE TRUSTWORTHINESS

Interpretivist research needs certain elements to make the study trustworthy. In qualitative research, the following determines the trustworthiness of a study (Graneheim & Lundman, 2003; Shenton, 2004): credibility, transferability, dependability, confirmability and authenticity. “Research findings should be as trustworthy as possible and every research study must be evaluated in relation to procedures used to generate findings” (Graneheim & Lundman, 2003, p. 109). I discuss these strategies to ensure trustworthiness in striving to ensure that the study is rigorous. These criteria are discussed in the following sub-sections.

3.4.1 CREDIBILITY

Credibility implies that conclusions are based on the data obtained during the study (Durrheim & Wassenaar, 2002). Credibility is therefore concerned with the researcher’s ability to present the data’s true findings (Babbie & Mouton, 2001).

Credibility focuses on the research, and from there it refers to the confidence in how well the data and the process of analysis address the intended focus (Polit & Hungler, 1999). Credibility (which is comparable with the internal validity of a study) addresses the issue of “fit” between participants’ views and how the researcher represents it (Schwandt, 2001). Credibility thus refers to the truthfulness of the findings (Seal, 2000).

Credibility implies that questions may be posed to determine whether or not given explanations fit the descriptions (Janesick, 2000) and whether or not the given descriptions are credible (Tobin & Begley, 2004). Various strategies demonstrate credibility. These include member checks, peer debriefing, prolonged engagement in the field, persistent observation and audit trails (Lincoln, 1995).

The implication of credibility is that the researchers' observations, interpretations and conclusions are supported by the raw data that has been collected, and correlates with the views of the community volunteers (Creswell, 1998). I was actively involved in attempts to understand the training needs of the community volunteers, because I relied on the interpretivist paradigm. I constantly tried to ensure that the findings obtained were credible.

My aim with this research was to portray an accurate presentation of the context and event I described (Mayan, 2001). During the study, I continuously attempted to present convincing findings (Maree, 2007). I presented all my findings, whether or not they were negative or inconsistent, as this adds to the study's credibility (Maree, 2007). In addition, I made use of debriefing sessions with my supervisor and co-supervisor (Terre Blanche & Durrheim, 2002). I also made use of my reflective journal to reflect on my thoughts during the research process.

3.4.2 TRANSFERABILITY

Transferability refers to the findings generated from the data and the possibility that these can be transferred to other groups (Polit & Hungler, 1999). Maree (2007, p. 297) defines generalisability as "the degree to which generalisation can be made from the data and context of the research study to the wider population and setting". Transferability relates to external validity that is found in qualitative research (Seal, 2000). Transferability contextualises every phenomenon uniquely (Bryman, 2004).

In this study, I provided detailed information about community volunteers' training needs in an attempt to ensure transferability (Creswell, 2014). As an interpretivist researcher, I refrained from generalising the findings of the study and rather provided detailed information of the participants' perceptions (Maree, 2007) and the context in which they found themselves. I include my analysis and interpretations

(refer to Appendix B to F) to serve as an audit trail of this study, so that the reader can determine how I came to my conclusions (Nieuwenhuis, 2007).

3.4.3 DEPENDABILITY

According to Lincoln and Guba (1985, p. 299), dependability, means to “seek means for taking into account both factors of instability and factors of phenomenal or design-induced changes”. Dependability refers to the ability of the researcher to portray the findings accurately in order to convince the reader that the findings occurred as portrayed (Durrheim & Wassenaar, 2002). Dependability is compared to reliability in a qualitative research process (Merriam, 1198). Dependability occurs when the research results are consistent with the data collected (Terre Blanche & Durrheim, 2002).

During the study, I documented the research process in detail and followed research patterns with precision (Shenton, 2004). I consulted my supervisor and co-supervisors in deciding how the data should be collected and documented during this process, and used these conversations as a way to reflect on the process (Tobin & Bergley, 2004).

Working from an interpretivist perspective means that the research operates within an ever-changing world. This meant that I had to triangulate the collected data, including the conducted interviews and the themes that emerged from the data (Maree, 2007).

3.4.4 CONFIRMABILITY

Confirmability refers to the idea that the data retrieved from this study accurately represents the information that the participants provided. The interpretation of the data has not been invented by the inquirer (Polit & Beck, 2012). Confirmability is equivalent to objectivity in qualitative research (Patton, 2002).

To ensure confirmability in a study, an audit trail is required. This audit trail keeps record of the steps taken throughout the research process, which includes decisions that will assist in explaining the detail of the process (Barusch, Gringeri & George, 2011). Confirmability (which is comparable with the objectivity or neutrality of a study) is concerned with ensuring that the data and interpretations are not figments

of the researcher's imagination, but were found within the data that the researcher obtained (Tobin & Begley, 2004).

I strove to ensure that that the findings of my data were not generalised in any way, but that it provides a clear description of what was found (Tobin & Bergley, 2004). I reflected on the possibility of generalising the findings of this study, and on the subjectivity of these findings with my supervisor and co-supervisors. In Chapter 4, I include direct quotes from the participants to triangulate my findings by using multiple methods of collecting data (Mertens, 1998; Patton, 2002).

3.4.5 AUTHENTICITY

Authenticity is a unique feature that is seen in a naturalistic inquiry (Schwandt, 2001). "It is demonstrated by whether researchers can show a range of different realities (fairness), with depictions of their associated concerns, issues and underlying values" (Tobin & Begley, 2004, p. 392).

Authenticity is concerned with portraying fairness in the representation of different realities (Seal, 2000). Authenticity is ensured when the researcher is able to successfully capture most of the participants' perspectives emanating from the study (Tobin & Begley, 2004). Authenticity allows participants to freely express their feelings and points of views, which resonates with the asset-based approach serving as the theoretical framework (Seal, 2000).

Catalytic authenticity is achieved when the researcher is able to assist the participants in taking actions that will enable them to be mobilised when they address the particular challenge that they face (Seal, 2000). Ontological authenticity relates to the participants being able to understand and be aware of the surroundings in which they find themselves during the research process (Lincoln & Guba, 2003). Catalytic authenticity is particularly relevant in the asset-based approach.

This study focuses on the challenges that participants face in their real world, which implies that authenticity is important (Jones, 2013). During the research process, I wanted to determine what training the participants feel they need to receive in order

to conduct their daily tasks. This ensured ontological authenticity (Lincoln & Guba, 2003).

During the course of the research, the community volunteers were able to express their feelings and voice their opinions regarding the study (Tobin & Bergley, 2004). In my research journal, I also included my own thoughts, feelings and perceptions.

3.5 ETHICAL CONSIDERATIONS

As a researcher, I am confident that the participants were at no time deceived and that their dignity was considered throughout. As mentioned in Chapter 1, the guidelines provided by the Ethics Committee of the Faculty of Education of the University of Pretoria guided the research.

The current study formed part of the broader SHEBA and STAR projects, as mentioned in Chapter 1. Permission to conduct the research, in the form of ethical clearance, was obtained from the Ethics Committee of the Faculty of Education of the University of Pretoria's before I entered the research site. I thus obtained clearance to be part of the STAR project in 2011, before I started collecting the data.

3.5.1 INFORMED CONSENT

Informed consent implies that a researcher informs the participants about the purpose of the study and the data collection process that would be followed (Cohen et al., 2003). The participants need to be informed about how the data will be collected, the aim of the study and what the outcome will entail (De Vos, 2005).

The participants must have a chance to ask any questions regarding the study if they are uncertain about what it means to participate, what is expected of them, and the procedures to be followed so that they can make an informed decision about their participation in the study (Rubin & Babbie, 2010). The participants were informed beforehand that they had the right to withdraw from the study at any time if they felt the need to do so (Mouton, 2003).

The community volunteers were informed about the nature of my part of the study and its possible consequences (Creswell, 2009). I obtained written informed consent from the ten participating community volunteers before commencing with data

collection. The community volunteers were informed about what was expected of them and why. To this end, I explained the purpose and nature of the study to them and assured them that no harm would come to them.

Each volunteer received a letter of consent (Appendix A) containing detailed information with regard to the study that was being undertaken. The volunteers signed the letter, which indicated their willingness to participate in the research project.

3.5.2 VOLUNTARY PARTICIPATION AND TRUST

When meeting with the participants, it was made clear that their participation in the research was voluntary and that they could withdraw from the study at any time if they felt the need to do so (Cohen et al., 2009). They were told that they had the right to decline, but if they decided otherwise, it implied that they were willing to participate in the study, and they would be protected from any possible harm (Cohen et al., 2009). Deception can occur when the researcher withholds any information from the participants (Rubin & Babbie, 2010).

The volunteers were informed about the aspects of the study at all times. Collected data were only sourced from the ten community volunteers and I did not manipulate any data to enhance the study's findings. The participants were at no time betrayed. My aim was to maintain an honest and trustworthy relationship with the participants (Thompson & Rudolph, 2000). The community members were also reminded that their participation in the study is voluntary and that they may choose to withdraw from the study at any time.

3.5.3 PRIVACY, CONFIDENTIALITY AND ANONYMITY

Participants must be informed about their rights regarding confidentiality, anonymity and privacy before any data is collected (Flick, 2014). The participants have the right to determine how the information that they provide the researcher may be revealed and presented (De Vos, 2005). Anonymity assures participants that their identities will not be traced within the data and the research that was done (Cohen et al., 2009). This was not possible within the focus group discussion, because there is more than one participant involved and they knew what was said during the

discussions, but the participants' anonymity could be ensured in the recorded data, as no traces of their identities are included in the recorded data.

Confidentiality was thus assured by dealing with the participants in an anonymous way throughout the research process, and by referring to them as Participant 1 and Participant 2 for the individual interviews and as participants A, B, C, D, E, F, X and Y in the focus group discussion. I strove to maintain confidentiality in the focus group by requesting all participants to keep the information shared within the group confidential. Participants were requested not to speak to anyone outside the context of the study about the discussion that was conducted and the information that was shared. The group agreed that all information that was given should stay between the group members.

Throughout the study, participants were assured that their identities would remain anonymous. My field notes, audio recordings and transcripts are kept in a safe place and will be destroyed after 15 years.

3.5.4 PROTECTION FROM HARM

I attempted to avoid risks that could potentially harm the participants, such as exposure to psychological, physical or social harm (Berg, 2001). In order to protect the participants from harm, I endeavoured to be caring and fair to them (McMillan & Schumacher, 2001). I constantly tried to be empathetic, respectful and honest with the participants (Terre Blanche et al., 2006).

The researcher must inform the participants of the possible harm that the study might hold for them (De Vos, 2005). If any harm would occur during the time of the research, it would be dealt with in a confidential and professional manner, by taking the necessary and responsible steps (Rubin & Babbie, 2010). The research conducted was at no time harmful in any way to the community volunteers who participated in the research.

3.6 CONCLUSION

I started this chapter by discussing the selected paradigmatic approaches. I then explained the research design and described the research process in terms of the selection of participants, collecting and documenting the data, as well as analysing

data and interpreting the results. I concluded by elaborating on quality criteria and ethical considerations.

In the following chapter, I will discuss the results and findings of the study. I interpret the study's results against the background of existing literature provided in Chapter 2.

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CHAPTER 4

RESULTS AND FINDINGS OF THE STUDY

4.1 INTRODUCTION

In this chapter, I portray the results of the study, in terms of the themes and subthemes that emerged following inductive thematic data analysis. A data trail is provided through the presentation of the data, examples of analysis and transcribed evidence of the interviews and focus group discussion.

In the second part of the chapter I present my findings by comparing the results with existing literature, keeping in mind my theoretical framework, which I presented in Chapter 2.

4.2 REFLECTING ON THE DATA ANALYSIS PROCESS

The study I conducted was embedded in interpretivism, and I therefore conducted an inductive data analysis. This allowed me to arrange the data and obtain results in terms of rich and meaningful categories that form the basis of my thematic content analysis.

Data were collected through individual interviews and a focus group discussion, both of which were transcribed in preparation for the analysis. As such, transcribed interviews and the transcribed focus group discussion were studied in conjunction with my field notes. This enabled me to form a broader picture of how the participants experienced their work as community volunteers. Within the data, I was able to identify themes and related subthemes that could be compared and interpreted.

Two procedures were then implemented to enhance the rigour of the findings. Firstly, I compared this study with the results of other studies in existing literature to determine how the findings are similar or contradictory. Secondly, the analysis and results were verified by three researchers as part of the supervision process.

4.3 RESULTS OF THE STUDY

I identified five themes and related subthemes based on the experiences of the community volunteers. Figure 4.1 provided an overview of the main themes, as well as the related subthemes. These are discussed in the sections that follow.

THEMES	SUBTHEMES
THEME 1: CHALLENGES COMMUNITY VOLUNTEERS FACE	<ul style="list-style-type: none"> • Subtheme 1.1: Lack of skills • Subtheme 1.2: External challenges
THEME 2: RESPONSIBILITIES OF COMMUNITY VOLUNTEERS	<ul style="list-style-type: none"> • Subtheme 2.1: Identify needs in the community • Subtheme 2.2: Provide support
THEME 3: MOTIVATION FOR BECOMING A COMMUNITY VOLUNTEERS	<ul style="list-style-type: none"> • Subtheme 3.1: Altruism • Subtheme 3.2: Personal gain
THEME 4: TRAINING NEEDS OF COMMUNITY VOLUNTEERS	<ul style="list-style-type: none"> • Subtheme 4.1: Computer skills • Subtheme 4.2: Counselling skills • Subtheme 4.3: Knowledge of child • Subtheme 4.4: Knowledge on coping with adversity •
THEME 5: COPING STRATEGIES THAT COMMUNITY VOLUNTEERS EMPLOY	<ul style="list-style-type: none"> • Subtheme 3.1: Altruism • Subtheme 3.2: Personal gain

Figure 4.1: Summary of the results of the study

4.3.1 THEME 1: CHALLENGES COMMUNITY VOLUNTEERS FACE

The two subthemes that related to this theme are community volunteers' lack of skills and the external challenges they experience.

❖ Subtheme 1.1: Lack of skills

In Table 4.1, I provided the indicators I implemented to identifying this subtheme.

Table 4.1: Indicators for Subtheme 1.1

LACK OF SKILLS	
Definition	<p>Lack: to not have enough of (something) (Merriam-Webster, 2015).</p> <p>Skills: the ability to do something that comes from training, experience or practice (Merriam-Webster, 2015).</p> <p>Based on these two definitions, the notion of lack of skills can be defined as not having the necessary ability to do something that comes from training, experience or practice.</p>
Indicators	<p>A lack of skills was indicated in instances in the raw data where participants used phrases such as <i>“not having the skills”</i>, <i>“we need”</i>, <i>“don’t know when we must”</i> and <i>“not having the skills”</i>.</p>

The participants indicated that they lack the necessary skills to do their work properly, and that this puts strain on them in the course of conducting their daily tasks at the schools where they work, with children or in the community. For example, participants said that they do not possess sufficient knowledge of first aid or know how to protect themselves by wearing gloves or masks when working with sick or injured people. This view is evident in excerpts such as the following:

- *We need a skill of first aid. Sometimes they don’t know to wear gloves (FGD², P3, p.8, lines 303–304).*
- *Maybe in some cases wear masks. But we don’t know when we must (FGD, P3, p.8, lines 307–308).*
- *Challenges is not having the skills (FGD, P3, p.12, line 434).*

Participants indicated that members of the community tend to undermine them and their role in the community because of their limited skills and knowledge. They said the following:

- *It’s a, I wish they can develop even in education, eh, I feel the need that because maybe the other reason we go to this places they, they, they take us for granted or we feel undermine, be, because most of us don’t have a matric (I³, P1, p.12, lines 442–446).*

² FGD refers to the focus group discussion.

³ I refers to an individual interview.

Participants also referred to the Department of Basic Education, and indicated that they do not receive support from this government entity. They said the following:

- *Like the Department of Education just puts you into this school, doesn't give you a first aid kit, something to work with. They give you that thing, they just give you the manual then you must go to work (I, P1, p.15, lines 573–577).*

In support of the participants' views, I noted the following as part of my field notes:

- *It was clear that they did not know how to make a plan to make a soup kitchen at the school, where they had vegetables growing (FN⁴, p4, 84–86).*

I captured a similar opinion in my reflective journal, stating the following:

- *As mens kyk na die armoede in daai gemeenskap, is dit duidelik dat hulle nie die nodige ondersteuning en opleiding ontvang van die staat wat hulle moet nie⁵ (RJ⁶, p.4, October 2011).*

❖ **Subtheme 1.2: External challenges**

In Table 4.2, I provided the indicators I implemented in identifying this subtheme.

Table 4.2: Indicators for Subtheme 1.2

EXTERNAL CHALLENGES	
Definition	<p>External: situated outside (Merriam-Webster, 2015)</p> <p>Challenge: a difficult task or problem: something that is hard to do (Merriam-Webster, 2015)</p> <p>Based on these two definitions, the notion of external challenges can be defined as a difficult problem that an individual is faced with from the outside world.</p>
Indicators	<p>External challenges were indicated in instances in the raw data where the participants used phrases such as <i>“will not allow”, “winning trust”, “not an easy job”, “trust you”, “don’t accept us”</i> and <i>“don’t want us”</i>.</p>

⁴ FN refers to field notes.

⁵ When looking at the poverty in that community, it is evident that they do not receive the needed support and training from the government.

⁶ RJ refers to the reflective journal.

According to the participants, one of the main external challenges that they faced is that the community that they assist does not trust easily, and that it would take time for the community to trust people. Participants perceived this scepticism as an indication that role-players in the community do not sufficiently assist and support the community volunteers while they attempted to provide much-needed assistance to the community. Participants shared the view that they were not respected and valued in the community. Their experiences are captured in the following verbatim contributions:

- *Then they come to the house to explain. Maybe the family will not allow you because you are a stranger (FGD, P3, p.1, lines 8–10).*
- *You must first go down and winning their trust before you can start helping them and they is difficult (FGD, P3, p.1, lines 22–23).*
- *Being a volunteer is not a easy job because we come around so many problems and they don't trust you. Firstly mmm you must win their trust because they have so many problems the families have so many problems (FGD, P1, p.1, lines 40–43).*
- *It's not going to take one day, it will take a year or a month to make him or her trust you and make peace (FGD, P3, p.3, lines 93–94).*

Participants experienced the community as unsupportive and even threatening to a certain extent. They mentioned that potential reasons for this are that members of the community reportedly have the idea that the volunteers will take their children away from them. They explained this in the following way:

- *The kids didn't eat at school, so she know we going to call social workers so they don't accept us as volunteers (FGD, P5, p.1, lines 29–31).*
- *In most cases it happens when a granny is ill, they don't want us to put our nose in their business or is busy with something else (FGD, P3, p.2, lines 79–81).*

Community volunteers working in schools perceive the parents as negative and unsupportive. The participants indicated that parents often believed that community

volunteers take opportunities for work away from them. Participants stated that the social workers they visited for assistance also view them as a threat, because they often believe that community volunteers would take over their responsibilities. To this end, participants made the following comments:

- *The challenge we are facing – parents aren't happy with us at the school. They want us out, so they can come in* (FGD, P5, p.11–12, lines 427–429).

In support of the participants' view, I commented in the following way:

- *...difficult is the parents that are stubborn and very seldom believe there is something wrong with their children, because they do not trust them* (FN, p2, lines 45–47).

From this it became clear that the participants perceive the community as resistant towards them and what they tried to achieve. They believed that members of the community did not want community volunteers to assist them, as captured in the following contribution:

- *Because they don't want us to help and if you go to the clinic you must know they will tell you they will not go to the clinic* (FGD, P1, p.2, lines 61–63).

In addition to the idea that communities are unwilling to support them, the participants indicated that they are in need of support from external sources, even though they do not currently receive such support. This view is evident in excerpts such as the following:

- *Then you need care, from social workers. We need care, from NGOs. We need care from the community. We need care from health facilities. We need care from Home Affairs. And other community stakeholders, you understand? The traditional and civic leaders, you understand? That's what we need to bring this child. Every child needs this, you understand? But now the challenge in this problem, when I try to reach here, they are not aware, you understand? When come to reach here, to health works...* (I, P1, p.11, lines 408–418).

- *When you go to Social Development and ask for a social worker that can work at your school, they hear your problem but they don't know how they can help the people, they are not fully aware of this project. And sometimes they feel like you want to pretend to be a social worker, you are not a social worker (I, P1, p.10, lines 351–357).*

Confirming this need, I captured my reflections on my observations in the following way:

- *...dit is duidelik dat die gemeenskap mekaar moet help en ondersteun met verskeie take, ongeag of dit siekte of morele ondersteuning is, want hulle het nie die nodige gesondheidsorg wat benodig is nie⁷ (RJ, p.4, October 2011).*

4.3.2 THEME 2: RESPONSIBILITIES OF COMMUNITY VOLUNTEERS

The primary responsibilities identified by participating community volunteers related to the identification of needs in the community (Subtheme 2.1) and providing support accordingly (Subtheme 2.2).

❖ Subtheme 2.1: Identify needs in the community

In Table 4.3, I provided the indicators I implemented in identifying this subtheme.

Table 4.3: Indicators for Subtheme 2.1

IDENTIFY NEEDS IN THE COMMUNITY	
Definition	<p>Identify: to know and say who someone is or what something is (Merriam-Webster, 2015).</p> <p>Needs: to be in a condition or situation in which you must have (something); to require (something) (Merriam-Webster, 2015).</p> <p>Based on these two definitions, the notion of identifying needs can be defined as knowing the condition or situation in which individuals function, and knowing what they require in such a condition or situation.</p>
Indicators	<p>The idea of identifying the needs of the community was indicated in instances in the raw data where the participants used phrases such as “<i>doesn't have</i>”, “<i>they are sick</i>” and “<i>assist the children</i>”.</p>

⁷ ...it is clear that the community must help and support each other with different tasks, be it with sickness or moral support, because they do not have the necessary health care facilities.

Participants indicated that their responsibilities firstly entailed the identification of needs that members of the community experience. The participants identified this role as central to their ability to assist where needed. This includes being able to identify children who do not have school shoes, and who could potentially drop out of school. Participants provided the following examples:

- *You notice their kids do not have school shoes (FGD, P5, p.1, lines 28–29).*
- *Assist the children not to drop out (FGD, P3, p.8, line 320).*

Closely related, participants reportedly identified family circumstances that could negatively impact on children's performance. They explained this in the following way:

- *And also, we are involved with eh even in their families, because they are the part of the school you know, so if a child's mother is sick ne, that child didn't concentrate at school because of that thing. So I must make sure that the parent that everything of the parents is going all right and then the child is going to be okay (I, P2, p.5, lines 221–227).*
- *...to be able to identify if something is wrong with them and be able to assist them (FN, p2, lines 43–44).*

In this regard, I reflected in my research journal in the following way:

- *Dit is duidelik dat die gemeenskap verskillende behoeftes het wat moet vervul word⁸ (RJ, p2, October 2011).*

Several participants referred to their responsibility to identify illness in the community and the school in which they work. They specifically noted that they must identify people who are sick and need to go to the doctor or visit the clinic. Participants provided the following examples:

- *Some of them is sick and they don't even know that (FGD, P1, p.2, line 47).*

⁸ It is clear that the community has different needs that must be addressed.

- *They are sick, if a volunteer see and you ask what is wrong they all said it is fever or stomach and you see that this is not a stomach or a fever that is something you must see a doctor or the clinic (FGD, P1, p.2, lines 49–52).*

❖ **Subtheme 2.2: Provide support**

In Table 4.4, I provided the indicators I implemented in identifying this subtheme.

Table 4.4: Indicators for Subtheme 2.2

PROVIDE SUPPORT	
Definition	Support: to give confidence or comfort (American Heritage Dictionary, 2015).
Indicators	The need for support was indicated in instances in the raw data where the participants used phrases such as: <i>“helping”, “dealing”, “we do”, “help”, “what is expected”, “go to the clinic”, “want a donor”, “with their grant”</i> and <i>“we are involved”</i> .

According to the participants, they provided support to the broader community, as well as schools, teachers and learners. In the broader community, participants mentioned that they assist people living with HIV/Aids and attempt to help children displaying at-risk behaviour to make the right choices and do right things, for example. These views are evident in excerpts such as the following:

- *Helping sick people. Dealing with children with HIV positive (FGD, P1, p.5, lines 172–173).*
- *If I’ve got a child that went missing, a child that is living with the boyfriend under age, I just call the police and they go and collect the child. I counsel the child and say listen here the best thing for you is to stay home, listen to your parents, because what do you want to be when you grow up (I, P1, p.10, lines 365–370).*

In addition to the broader community, participants reported that they also supported the schools of the community in several ways, such as conducting general tasks and maintenance activities in the school, assisting teachers and supporting learners. In terms of general tasks, participants provided support with tasks such as cleaning. During the focus group discussion, one of the participants explained the following:

- *Cleaning skills. Clean the toilet. Also cleaning the classroom. We don't have a skill. Maybe we have a skill we clean the classroom better (FGD, P3 and 5, p.9, lines 343–346).*

Another participant provided the following example of how they assisted with maintenance in the school:

- *We are helping the guys planting the lawn. So everything happen in the school the principal asks us. This is going to happen and I need you there (FGD, P5, p.7, lines 279–281).*

Next, participants highlighted the support they provide to learners, such as helping them with their homework, attending to the children's physical and/or emotional needs by providing love and support or identifying ways of addressing basic needs. This view was evident in excerpts such as the following:

- *Help with homework (FGD, P5, p.6, line 216).*
- *We want a donor for a soup kitchen. Donor to donate porridge, because there is no supper at home. The children understand at 5 o'clock at school there is a meal. Because sometime we ask children do you eat at all – they say no (FGD, P3, p.9, lines 328–332).*
- *What is expected out of me, is to give love and protection for those kids, what they don't get at home, I must be able to provide (I, P1, p.8, lines 281–283).*

Participants also supported teachers. This is illustrated in the following statement:

- *They were busy assisting the teachers in class (FN, p.3, lines 56–57).*

They specifically referred to the assistance they provided in Grade R classes; as captured in the following expert:

- *She is helping with Grade R. She is doing that of her heart (FGD, P2, p.4, lines 157–158).*

The participants seemingly believed that they served as a bridge between the school and the community; supporting a range of individuals, families and households in need of assistance. They provided the following examples:

- *...we do home visits ne, so you must know where they are living. (I, P2, p.2, lines 48–49).*
- *You must go to the clinic and we are allow to do that because you can see that person sick and he doesn't want to go to the clinic. You must go to the clinic and send the doctor to that house and give them your number so that they can go to visit and see that...its easy (FGD, P1, p.2, lines 52–57).*
- *Then we got this children and we leave this children with the granny, and go with their grant (I, P2, (p.3, lines 129–131).*

4.3.3 THEME 3: MOTIVATION FOR BECOMING COMMUNITY VOLUNTEERS

I identified two subthemes related to the reasons people become community volunteers, namely altruism and personal gain.

❖ Subtheme 3.1: Altruism

In Table 4.5, I provided the indicators I implemented in identifying this subtheme.

Table 4.5: Indicators for Subtheme 3.1

ALTRUISM	
Definition	Altruism: the unselfish concern for the welfare of others; selflessness (American Heritage Dictionary, 2015).
Indicators	Altruism was indicated in instances in the raw data where the participants used phrases such as <i>“want to help”, “want God to see”, “out of our hearts”, “passion”, “love”, “haven’t even got paid”</i> and <i>“changing people’s lives”</i> .

The participants viewed volunteering as a task that one should do without expecting any form of payment. They fulfil this task for the community that they support. A participant explained this in the following way:

- *But even now I haven't even got paid in this job that I'm doing, but that doesn't worry me. The only thing I, I, work close from home and I'm changing people's lives, every day, you understand, in a positive manner (I, P1, p.7, lines 245–249).*

To this end, I noted the following:

- *Everything that she told us, strongly came forward in things that could assist her in helping making her community better (FN, p.2, lines 30–31).*

During the focus group discussion, a participant's motivation for becoming a volunteer was that it was done because of experiencing a spiritual calling. To this end, she explained:

- *I said for myself I volunteer because I want to go...to volunteer yourself your saying that you want God to see that you are helping and God can reveal something because you volunteer out of your heart (FGD, P3, p.3, lines 104–106).*

Other participants suggested that they started volunteering because they wanted to assist people in need and that they were doing it freely and because they care. They emphasised that they volunteered because they have a passion to assist where they can; as indicated in the following examples:

- *We are doing this out of our hearts so everyone can see you can do this job (FGD, P3, p.3, lines 110–111).*
- *She is doing that of her heart (FGD, P2, p.4, lines 157–158).*
- *It's my passion to help (FGD, P2, p.5, line 169).*
- *I am in this project because of love. I have a passion for it (I, P1, p.3, lines 60–61).*
- *...it's a passion and a need of the vulnerable kids and orphan and because of the denial of the people that is out there (I, P1, p.6, lines 173–175).*

In this regard, I noted the following:

- *By her coming to the interview, showed me that her heart was in the right place, and that she did volunteering because she had a passion for it (FN, p.1, lines 7–9).*

I captured a similar opinion in the following entry in my research journal:

- *Sy was baie ernstig oor haar werk en mens kon sien, sy is trots op dit wat sy daaglik doen⁹ (RJ, p.3, October, 2011).*

The participants feel that volunteering provides an opportunity for them to change people's lives and give a helping hand to the community. To this end, participants made the following contributions:

- *...it feels like a great opportunity to change other people's lives (I, P1, p.18, lines 706–707).*
- *You must trust and make them believe that you want to help. Help them understand that we just want to help (FGD, P3, p.3, lines 91–92).*
- *...I like to help, to see like this child this thing eh not to suffer you see that (I, P2, p.5, lines 214–215).*

According to one participant, she understands what vulnerable children generally go through and wanted to give them the love and compassion that they need, and did not receive as a child. The participant indicated that she wanted to prevent children from undergoing what she went through as an orphan and as orphans and vulnerable children (OVC). The participant explained the following:

- *I was once an OVC, so, so I understand what these kids are going through. I, I understand the kind of love that they need. I, I know what they are missing (I, P1, p.3, lines 63–65).*

⁹ She was very serious about her job, you could see it, you could also see she was very proud of what she does on a daily basis.

❖ **Subtheme 3.2: Personal gain**

In Table 4.6, I provided the indicators I implemented in identifying this subtheme.

Table 4.6: Indicators for Subtheme 3.2

PERSONAL GAIN	
Definition	<p>Personal: of, relating to, or belonging to a person (Merriam-Webster, 2015).</p> <p>Gain: to get (something wanted or valued) (Merriam-Webster, 2015).</p> <p>Based on these two definitions, the notion of personal gain can be defined as a situation in which a person gets something that he or she values or wants.</p>
Indicators	<p>Personal gain was indicated in instances in the raw data where participants used phrases such as <i>“more appointable”, “get better jobs”, “getting skills”, “better skills”, “learn many skills”, “get NQF”, “want us to have work”, “want us all the time”</i> and <i>“happy to see”</i>.</p>

The participants believed that volunteering implies potential gaining on the following levels: becoming equipped to be employable, feeling appreciated by others, developing skills, keeping busy and gaining personal experiences from volunteering throughout their lives. In terms of the acquisition of skills, participants made the following contributions:

- *To be here at the school getting skills* (FGD, P2, p.4, line 156).
- *Better her skills and got parenting skills. We do positive things* (FGD, P2, p.5, lines 165–166).
- *Learn so many skills* (FGD, P1, p.5, line 190).

The participants furthermore related the acquisition of skills to increased opportunities for better employment opportunities. To this end, participants made the following contributions:

- *One day we get better jobs* (FGD, P2, p.5, line 166).
- *...the participants were assisting the school to get better employment* (FN, p.3, lines 65–66).

- *...by gaining all these skills that they could apply to start their own company (FN, p.3, lines 66–67).*

Participants indicated that, if they were to obtain a National Qualifications Framework (NQF) Level 4, they could become more appointable. They also highlighted the need to become computer literate; stating the following:

- *And most of us send handwritten reports in, if they can be computer literate you understand and maybe get a NQF Level 4, it's close to a matric... (I, P1, p.12, lines 446–448).*

In addition to the acquisition of skills, the participants gained confidence on a personal level from experiencing themselves as meaningful. In their view, the schools where they work needed them, and enquired about their whereabouts if they were absent. This view is captured in the extract below:

- *They want us to have work. They want us all the time. If you was not there, they will ask you tomorrow where you've been (FGD, P5 and 6, p.5, lines 195–197).*

Linked to their experiences of being considered meaningful, the participants were reportedly recognised and appreciated by the children, who were allegedly happy in their presence. The participant explained this in the following way:

- *If we go to the classroom, we can see how happy they are to see you (FGD, P5, p.6, lines 202–203).*

One participant shared the opinion that she knew what the children needed because of the circumstances she found herself in as a child. According to this participant, such knowledge and experiences can give volunteers the ability to assist children in the exact way that they need. She explained this in the following way:

- *I know what we are missing to do for these kids. I know where there are loopholes. My father passed away when I was in Grade 4 and my mother passed away when I was doing matric, supposed to go to university next year, I couldn't go to university. And I passed my matric. But still not going to because nobody to take, there was nobody to assist me. My mother was*

leaving out with my sister that was ten years old at that time; we had to raise that child. There was a foster grant out there, but there was no one to tell us, how to go about and do the foster grant. She never got paid the foster grant. We find out about foster the grant, it was late already I was doing your matric at that time, and she was doing Standard 3. Standard 3 my mother passed away so when she was doing her matric I found out this is how to do this thing, the foster grant, it was too late already (I, P1, p.3, lines 66–83).

4.3.4 THEME 4: TRAINING NEEDS OF COMMUNITY VOLUNTEERS

The participants indicated that they need training in specific areas in order to assist their community. The training needs that the participants identified are computer skills, counselling skills, and knowledge of and skills regarding child development and coping with adversity.

❖ Subtheme 4.1: Computer skills

In Table 4.7, I provided the indicators I implemented in identifying this subtheme.

Table 4.7: Indicators for Subtheme 4.1

COMPUTER SKILLS	
Definition	Computer skills: the ability to use computers and related technology efficiently (Computerised Manufacturing Automation, 1984).
Indicators	Computer skills were indicated in instances in the raw data where participants used phrases such as “ <i>computer skills</i> ”, “ <i>computer literate</i> ” and “ <i>computer literacy</i> ”.

The participants indicated their need for obtaining computer skills to be able to write reports and letters professionally, which they believed will further help them to secure funding for volunteering projects. This view is evident in excerpts such as the following:

- *Computer skills* (FGD, P3, p.9, line 340).
- *I wish for the other learning support assistants (LSA) to be trained to be computer literate, so that if they need to refer their reports they are*

professionally written. Then they can type their report, they can print their report, they can help side... (I, P1, p.12, lines 428–432).

- ...a computer literacy, be able to write their own report and refer their own report (I, P1, p.17, lines 660–662).
- *She told us that she really wants to be able to type letter professionally, to be able to assist her community* (FN, p1-2, lines 24–25).

In reflecting on a data-collection session, I noted the following:

- *...behoefte is wat hulle het ten opsigte van opleidingsgeleenthede (rekenaarvaardighede)*¹⁰ (RJ, p.4, October 2011).

❖ **Subtheme 4.2: Counselling skills**

In Table 4.8, I provided the indicators I implemented in identifying this subtheme.

Table 4.8: Indicators for Subtheme 4.2

COUNSELLING SKILLS	
Definition	Counselling skills: the quality of the helper-assistant relationship and understanding the individual's internal frame of reference and reflecting on their feelings. Other counselling skills include helping individuals to understand their unique problems and situations more clearly and assist them in changing the way they think, feel, act and communicate (Nelson-Jones, 2002).
Indicators	Counselling skills were indicated in instances in the raw data where participants used phrases such as " <i>communication</i> ", " <i>skills of helping</i> " and " <i>counselling</i> ".

The participants emphasised their involvement with people on a daily basis, be it children or adults. They reported that it is expected of them to be able to provide various forms of counselling and support in the form of communication to the children and the adults in the community. They stated the following:

- *We need the skill of communication* (FGD, P3, p.8, line 315).

¹⁰ ...needs that they have with regard to education opportunities (computer skills).

- *We also need the skills of helping. How can we help?* (FGD, P3, p.8, line 319).

I similarly noted this participant's communication skills; reflecting upon it in the following way:

- *Sy het 'n baie mooi manier gehad om met ons te gesels en aan ons te verduidelik wat sy sê, dit is duidelik dat sy baie met verskeie mense moet praat oor hulle probleme, omdat sy so 'n mooi manier het om te verduidelik¹¹* (RJ, p.3, October 2011).

The participants also indicated the need to acquire counselling skills to be able to support the members of their community. This need was evident in the following extracts from the data:

- *You must be trained in, in, in, in counselling, being able to counsel the OVCs* (I, P1, p.17, lines 675–676).
- *...that she speaks every day to people about their problems* (FN, p.2, lines 26–27).

❖ **Subtheme 4.3: Knowledge of child**

In Table 4.9, I provided the indicators I implemented in identifying this subtheme.

Table 4.9: Indicators for Subtheme 4.3

KNOWLEDGE OF CHILD	
Definition	<p>Knowledge development: a strategy which assists people to share and put information into action so that they can strive to improve their organisational performance (Chaundry, 2009).</p> <p>Child: a young human being below the age of puberty or below the legal age of majority (Oxford Dictionary, 2015).</p>
Indicators	<p>Knowledge of and skills regarding child development were indicated in instances in the raw data where participants used phrases such as “<i>see a fragile child</i>”, “<i>identify a child</i>”, “<i>know everything about a child</i>”, “<i>communication with a child</i>” and “<i>know their rights</i>”.</p>

¹¹ She had a lovely way of talking to us and explaining to us what she is saying; it is evident that she has to speak to counsel various people, because she had such a lovely way of explaining.

The participants indicated that they needed training with regard to child development, in order to understand the children they work with and support. They wanted to be able to identify children who are vulnerable, and know what this implies. This view was evident in excerpts such as the following:

- *Be able to see if this child is fragile* (I, P1, p.9, lines 676–677).
- *Ugg, you must if you are a caregiver know a child...identify a child* (I, P2, p.13, lines 488–489).
- *You must know everything about a child because with different children you must know how to communicate another thing communication to a child and also...* (I, P2, p.14, lines 509–511).

In support of the participants' views, I noted the following as part of my field notes:

- *...very important to know as much as she can from the people she is helping, to give them the best advice and help that she possibly can* (FN, p.2, lines 27–29).

The participants needed knowledge and skills regarding child development so that they can provide informed advice and support. In this regard, I noted the following:

- *...en kennis (kennis oor kinders en die gemeenskap bv. as hulle siek is) wat hulle kort¹²* (RJ, p.4, October 2011).

One of the participants suggested that community volunteers also need to know and understand the rights of children:

- *Know their rights* (I, P2, p.14, line 513).

In addition to their need to understand children in order to provide the necessary emotional support to them, the participants identified practical ways of supporting children. They referred to their potential role of providing support with homework according to the child's developmental level in support of his or her academic

¹² ...and knowledge (knowledge regarding children and the community e.g. when they are sick) what they need.

development as an example. One of the participants explained this in the following way:

- *We need skills to helping children with their homework. The way you help a Grade R and a Grade 2 different (FGD, P3, p.8, lines 313–315).*

❖ **Subtheme 4.4: Knowledge on coping with adversity**

In Table 4.10, I provided the indicators I implemented in identifying this subtheme.

Table 4.10: Indicators for Subtheme 4.4

KNOWLEDGE ON COPING WITH ADVERSITY	
Definition	<p>Knowledge: the fact or condition of having information or of being learned (Merriam-Webster, 2015).</p> <p>Coping: the process of finding solutions to difficult or complex issues (Oxford Dictionary, 2015).</p> <p>Adversity: a state or instance of serious or continued difficulty or misfortune (Merriam-Webster, 2015).</p> <p>Based on these definitions, the notion of knowledge on coping with adversity can be defined as having the needed information to be able to find solutions regarding misfortune.</p>
Indicators	<p>Coping with adversity was indicated in instances in the raw data where participants used phrases such as <i>“deal with problems”, “dealing with poverty”, “skills to make a soup kitchen”, “better job”, “networking skills”</i> and <i>“HIV and Aids training”</i>.</p>

The participants emphasised that the communities they work in are very poor and that they have to assist them in dealing with poverty and poverty-related challenges. To this end, the participants shared their views during the focus group discussion:

- *Skills dealing with poverty (FGD, P3, p.8, lines 308–309).*
- *Dealing with poverty. Children doing drugs. What is happening in the high school? And here is poverty, sick parents and children (FGD, P3, p.12, lines 436–439).*

In reflecting on my observations, I noted the following:

- *...die informele nedersetting in, kan mens sien hoe die armoede die nedersettings beïnvloed. Ek dink aan myself, daar moet iemand wees wat*

*die gemeenskap kan help om die vaardighede te kry om die gemeenskap te help met die armoede en hulle op te bou*¹³ (RJ, p.2, October 2011).

The participants indicated several poverty-related challenges that the communities in which they work face, for which they had to provide guidance and support. As a result of this, they are in need of suitable knowledge to assist community members who have to cope with such problems. This need is evident in excerpts such as the following:

- *We need training to deal with the problems that we encounter. We deal with different problems. Some is orphans. Some of them are sick and the parents are sick also. We can see a child is hungry, we must know how to deal with that. You can lean a child to plant, because if he plant he have something to eat* (FGD, P1, p.8, lines 297–302).

In support of this view, I noted the following:

- *The discussion group made it very clear that they need different skills so that they could solve problems within the community* (FN, p.3 lines 73–74).

Closely related to their need for computer skills (section 4.3.2.1), the participants specifically suggested that they need to be able to write letters for potential donors who could support vulnerable community members. A participant explained this in the following way during the focus group discussion:

- *How to have the skills to make a soup kitchen and get donors. How to write letters to donors to give our food to cook for other communities* (FGD, P3, p.8, lines 310–313).

4.3.5 THEME 5: COPING STRATEGIES THAT COMMUNITY VOLUNTEERS EMPLOY

The participants indicated that they coped by communicating and networking with other stakeholders of the community. This served as a platform from which to cope with their daily tasks and the experiences that they encountered.

¹³ ...in the informal settlement, one can see how the poverty influences the settlements. I think to myself, there must be somebody who can help this community to obtain the necessary skills to be able to assist the community, and to motivate them.

❖ **Subtheme 5.1: Communication**

In Table 4.11, I provided the indicators I implemented in identifying this subtheme.

Table 4.11: Indicators for Subtheme 5.1

COMMUNICATION	
Definition	Communication: the exchange of thoughts, messages, or information, as by speech, signals, writing or behaviour (American Heritage Dictionary, 2015).
Indicators	Communication was indicated in instances in the raw data where participants used phrases such as “ <i>need people</i> ” and “ <i>communication</i> ”.

Participants indicated that they relied on communication with others to voice their feelings, experiences and challenges related to the work of volunteerism. The participants perceived their task as difficult to cope with if they cannot communicate with parties such as the community, share their experiences, or ask for guidance when it is needed. The participants explained this in the following way:

- *I, I, I cope very well, because I, I, I feel like in this project, don't think you can conquer everything by yourself, as I've said you need people. As I've said sometimes you have a problem that is too big for you, to handle, go to your Home Access Centre (HAC). Speak to your HAC. Again you don't have to mention people's names. You understand? Go and ask for advice (I, P1, p.16 lines 606–612).*
- *So I feel like communicating is the best key (I, P1, p.16 lines 626–627).*

I noted this during field visits. In this regard, I noted the following:

- *While we drove her home, she spoke freely about her experiences regarding volunteering (FN, p.1 lines 20-21).*

- *Die volunteers het met ons gepraat asof ons deel van hulle was en was baie bereid daarom om wat hulle voel en ervaar, met ons te deel. Hulle was baie oop gewees oor hulle gevoelens¹⁴ (RJ, p.7, June 2015).*

❖ **Subtheme 5.2: Networking**

In Table 4.12, I provided the indicators I implemented in identifying this subtheme.

Table 4.12: Indicators for Subtheme 5.2

NETWORKING	
Definition	Networking: an extended group of people with similar interests or concerns who interact and remain in informal contact for mutual assistance or support (American Heritage Dictionary, 2015).
Indicators	Networking was indicated in instances in the raw data where participants used phrases such as <i>“Health Access Centre”</i> , <i>“not working as individual”</i> and <i>“networking”</i> .

The participants viewed networking with others as a coping mechanism within the context of volunteer work. They indicated that networking allows them to speak about and share their feelings. In this way, networking provided an avenue to access guidance, and also engage in debriefing activities when required. A participant explained this in the following way:

- *Sometimes, some of the things that the children, that the OVSs bring to me, they are small, but big for my feet. Then I feel, I have to share this with the Health Access Centre, I have to go and ask their advice, to help this particular child (I, P1, p.7 lines 255–259).*

In addition, networking reportedly provided the participants with ways of accessing support for vulnerable community members. They said the following:

- *I don’t think you can do this thing if you want to work as an individual (I, P1, p.16 lines 614–615).*
- *Networking is a best key for this project (I, P1, p.16 lines 627–628).*

¹⁴ The volunteers spoke to us as if we were part of them, and thus were very willing to explain to us how they feel and what they experience. They were very honest about their feelings.

During the data-collection process, I made the following supportive field notes of this theme:

- *She made it very clear, that you do not know who you are going to walk into, that can assist you or be a possible donor or be able to contribute to their community (FN, p.1 lines 15–17).*
- *She was very interested in what are we going to do with the information that we got from her and if we will be able to assist her community with it (FN, p.1 lines 21–23).*

4.3 FINDINGS OF THE STUDY

From the data I collected, the following five themes emerged, which have been discussed above:

- Challenges community volunteers face
- Responsibilities of community volunteers
- Motivation for becoming a community volunteer
- Training needs of community volunteers
- Coping strategies that community volunteers employ.

I interpreted these themes and the related subthemes against existing literature, and discuss the findings of the study, based on the identified themes under the following three general categories: being a community volunteer in vulnerable communities in South Africa, challenges and training needs of community volunteers and coping with the challenges associated with volunteerism.

4.4.1 BEING A COMMUNITY VOLUNTEER IN VULNERABLE COMMUNITIES IN SOUTH AFRICA

4.4.1.1 Motivation for becoming a community volunteer

The STAR and SHEBA volunteers who participated in this study indicated that they are not only motivated by altruistic values to be of service to their communities, but also volunteer in the hope of gaining knowledge and skills that will better their own lives and make them more employable.

The participants indicated that one of the main reasons for them volunteering stems from a calling to be of service to others without expecting anything in return. With this service motive, the STAR and SHEBA volunteers expressed links with the view of Akintola (2010a) and Kironde and Klaasen (2001) of what volunteering is. The authors describe volunteerism as an act of giving time and energy to be of service to someone else or to a community without expecting any reward; financial or material. The notion that volunteerism stems from altruistic values is also supported by Penner (2002), Miller and Grant (2009) and Patel (2009), while Finkelstein (2007) believes that it is altruistic values and not financial rewards that motivates volunteers and gives them a feeling of satisfaction. In fact, Swart et al. (2004) believe that altruism is what makes volunteering appealing to volunteers, and that it is the feel-good emotion they derive from their volunteer work that keeps them motivated to assist their communities in overcoming adversity.

4.4.1.2 Identifying needs in the community and providing support

In this study, the participants indicated that they want the best for their community and are willing to assist their community in order for it to prosper. This correlates with the results obtained from a study conducted by Penner (2002), in which community volunteers were involved in volunteering activities for the betterment of their communities. Community volunteers want to assist their communities (Marincowitz et al., 2004). This is because they have a strong desire to help their own people and because they want to respond to their community's needs (Patel, 2009). Similarly, Kironde and Klaasen (2001) indicated that, when the community is in a better position than what it was before, it fuels the community volunteers' willingness to help. Akintola (2010a) supports this by stating that community volunteers enjoy seeing community members whom they assist in good spirits. The participants in this study believe that volunteering is their passion and they love to assist their community when there is a need. Uys (2002) also notes that community volunteers feel that they are really making a difference where they assist.

The findings highlighted that they gain from volunteerism on a personal level when they feel that they are needed in their community. This correlates with the view of Akintola (2010a) that community volunteers like to feel needed and liked by their communities. The participants want their community to see how important they are,

and want to be appreciated by their community. Akintola (2010a) supports this idea by stating that community volunteers enjoy being appreciated and recognised in their communities. Community volunteers often see gratitude and praise from their patients and families or friends as a motivation for volunteering (Akintola, 2010a).

In contrast to their altruistic motives, volunteers from the STAR and SHEBA project also indicated that they volunteer at schools in their communities because of their expectation to develop new skills and to become more employable. In this regard, Boz and Palaz (2007) also found that community volunteers contribute their services for affiliation and achievement rather than due to altruism. It is acknowledged in literature that volunteering creates the opportunity for community volunteers to learn new skills (NDoH, 2002), and by becoming involved in their communities, volunteers receive hands-on experience that they can use in other contexts. Volunteerism is thus perceived by volunteers as an opportunity to learn new skills (Akintola, 2010a), while Marincowitz et al. (2004) believe that the new skills and experience volunteers gain from volunteerism could help them become more confident.

I found that the participants in this study thought that they will be more employable with the skills and knowledge they gain while they are volunteering. This correlates with the opinion of Kironde and Klaasen (2001) that community volunteers can gain work experiences when they are volunteering, which can make them more appealing to employers for permanent employment possibilities. Similarly, Akintola (2011) is of the opinion that community volunteers see their jobs as an opportunity to learn new skills. This correlates with the notion of Swart et al. (2004) that community volunteers perceive volunteering as an opportunity to become employed. The NDoH (2002) also found that community volunteers volunteer in order to become employable. I found that, if they could get a higher level of education, such as an NQF Level 4 qualification, they will be perceived as more appointable, and this serves as a motivation to work hard towards achieving this goal.

The participants in this study indicated that they have two main responsibilities, namely identifying needs within their communities and providing support to community members. This correlates with the results obtained from a study conducted by Akintola (2006), which found that community volunteers assist their communities and take on various responsibilities. The findings highlighted that the

participants felt that they must be able to identify the needs of children in their community, for example children affected by poverty and whose basic needs of food and clothing are not met. They also indicated that they must identify sick people in their community who are in need of medical care. In South Africa, community volunteers form a bridge between the sick community members in need of health care and health care service providers as community members are often unable to seek the required care (Campbell et al., 2008).

I found that the participants provide support to the broader community, as well as schools, teachers and learners. In the broader community, they assist people living with HIV/Aids and they help children making life choices. This correlates with the results obtained from a study conducted by Campbell et al., (2008) in which community volunteers provide their communities and families affected by HIV/Aids with the needed counselling.

The participants in this study also provided support to their community by performing general tasks such as cleaning the classrooms and toilets and maintaining the school building. This is supported by findings of a research study conducted by the Centre for Mental Health in Schools (2007), which found that community volunteers assist in schools by performing general tasks that are necessary for a school to function. Volunteers from the STAR and SHEBA projects indicated that they provide support to learners by assisting with homework, and attend to children's physical or emotional needs by providing love and care. It has been reported in literature that community volunteers assist children with their homework by giving additional lessons to the children (Simango, 2008). The participants from the STAR and SHEBA projects also provide classroom support to teachers by acting as class assistants. This is supported by Davis (2000), who emphasises that community volunteers can assist in a school, where the school staff can benefit as a result of the volunteers' positive effect on both the community and the school.

The volunteers also indicated that they form a link between the school and the community. They do this by working together with the teachers in their school to identify children in need in the school and by making home visits. This correlates with Uys (2002), who also found that community volunteers visit their communities

and are concerned about their wellbeing. Griese (2010) supports this by adding that community volunteers assist with home visits in their communities.

4.4.2 CHALLENGES AND TRAINING NEEDS OF COMMUNITY VOLUNTEERS

The participants in this study indicate that they face various challenges on a daily basis. These include internal challenges, such as a lack of skills, and external challenges, such as the need to obtain the trust of their community members and lack of support from government agencies.

4.4.2.1 Lack of skills

I found that the participant experienced that their lack of skills makes it difficult for them to assist their communities to the best of their abilities. This correlates with the findings of Nair and Campbell (2008), who found in their study that a lack of skills and organisational systems prevented volunteers from supporting their communities effectively. Seymour et al. (2013) support the notion that volunteers need training and state that their training must empower volunteers to conduct their volunteering activities.

The participants in this study indicated that not having the skills necessary to assist the community is a challenge, because they feel that their communities undermine them; particularly due to their lack of formal education. This correlates with the findings of Patel (2009), who is of the opinion that community volunteers should receive accredited training. Patel (2009) argues that this will enable the community to take community volunteers seriously and will convince members of the community not to look down on community volunteers. Nair and Campbell (2009) believe that community volunteers will have more confidence in the value of their work if they receive training.

The participants in this study had negative feelings about the lack of training that they have received up to this point. Although there is training for volunteers in some situations, there is little training for community volunteers in the South African education sector. This is supported by Campbell et al. (2008), who add that there is very little literature regarding training for community volunteers in the school context.

The identified lack of skills indicates that community volunteers are in need of proper training. The training that they indicated that they need relates to computer literacy, counselling skills, child development skills, problem-solving skills and learning to cope with adversity.

(a) Computer literacy training

The participants in this study indicated that computer skills are a necessity when conducting volunteer work in a community. The volunteers believe that by being computer literate, they would be able to portray a more professional image of themselves; particularly when they can present typed reports and letters seeking funding. The NDoH (2002) suggests that the training needs of volunteers should be identified and that training programmes should then be designed to address these specific needs. The community volunteers should identify their specific training needs on a specific topic, and this should get integrated into a training programme (NdoH, 2002).

(b) Counselling and child development skills

The participants also indicated that they need counselling skills, because they work with people and their problems on a daily basis. This requires them to assist with these problems through counselling. According to Uys (2002), counselling is one of the most common skills needed by community volunteers, but they need to be trained in order to develop the skills required for this. REPSSI (2015) provides the community volunteers with formal training, which they can use when they are involved in the schools in their communities. Volunteers and caregivers who complete this training receive a certificate in Community-based Work (Repssiorg, 2015).

Furthermore, participants indicated that they need knowledge on how to understand the children that they assist. They expressed the need to be trained with regard to communicating with these children on various levels. Additionally, they felt that they require training on the rights of these children. Existing training programmes, such as the training provided by REPSSI (2015), aims at specifically empowering volunteers with skills related to providing psychosocial support to orphans and vulnerable children within their communities.

The participants also voiced their concerns regarding their lack of knowledge and skills in the field of child development, as they work with children on a daily basis. They indicated that they do not have the necessary skills to help the children with their homework, for example. They realise that the way one assists a Grade R child and the way one assists a Grade 2 child are different, and that they need to know how to assist children on various levels. There is a definitive outcry for community volunteers to receive more skills training so that they can fill their roles more effectively (Akintola, 2010).

(c) Problem-solving skills

The participants further indicated that, because they work with people from different walks of life, who experience different problems that need to be solved, training regarding problem-solving in general is essential. This training can be formal or informal, but it must guide community volunteers to help people in need to the best of their abilities (Seymour et al., 2013).

(d) Learning to cope with adversity

The participants indicated that they do not have the necessary knowledge and skills required to assist their communities to cope with adversity, specifically in dealing with the adverse effects and challenges of poverty. The participants' reality of living with poverty is echoed in the literature. Campbell et al. (2007) state that half the population in South Africa lives in rural areas and is very poor. According to May et al. (1995), more than half of the people living in poverty are black, a population group that makes up more than three quarters of South African households. Saidi and Karuri (2006) indicated that the high number of people living in poverty in South Africa has steadily increased due to rising unemployment levels. This finding is further supported by Nair and Campbell (2009), who indicate that community volunteers work in a climate that is surrounded by hunger, poverty and hopelessness. The poverty that communities face often leads to community volunteers trying to assist their community members financially (Akintola, 2006).

4.4.2.2 Community distrust

The participants in the study also indicated that they face external challenges from the community they serve. They indicated that these challenges relate to the community members they assist not trusting them, making it time-consuming for them to win the community's trust.

Members of the community will often not allow a community volunteer into their houses, because they see the community volunteer as a stranger who will take their children away from their families. The participants are expected to win the trust of the community before they are allowed to assist.

The participants are aware that winning the community's trust is not an easy task, and that it will take time. The participants voiced the opinion that, for this reason, being a community volunteer is difficult. This correlates with the findings of Van Dyk (2007), who determined that various factors may have a negative impact on community volunteers, and that this may consequently lead to stress.

4.4.2.3 Lack of support from government agencies

The volunteers from this study expressed their frustration at being assigned to schools without guidance or support from the Department of Basic Education. Similarly, Campbell et al. (2009) reported that the community volunteers in their study received limited external support from governmental agencies. This correlates with the statement of Akintola (2008) that a lack of support is one of the challenges that community volunteers face.

The participants also said that, in the schools where they are involved, the parents would rather not have them assisting, as parents often want to assist the children and the school themselves. The participants indicated that even the Department of Social Development fails to assist them with the problems that they face. They suggest that staff members from the Department see them as a threat to their employment.

Campbell et al. (2009) emphasise that community volunteers often fail to secure the support and participation of key local leaders. Additionally, targeted care-giving organisations often lack sufficient resources to address the needs of the

communities they support (Akintola, 2004). The literature established that volunteers receive limited external support from government agencies (Campbell et al., 2009).

4.4.3 COPING WITH CHALLENGES ASSOCIATED WITH VOLUNTEERISM

The participants in this study indicated that they have two main ways of coping: by communicating with others and by networking.

The participants indicated that they cope with their daily tasks by employing a strategy of communicating about their feelings and problems with others. By voicing their problems to their peers and family members, the participants are able to deal with their feelings and problems. Community volunteers in this study vent their feelings and problems to social services and to colleagues.

Research findings have illustrated that community volunteers cope by engaging in social activities with their friends and family or by attending support groups (Van Dyk, 2007). Additionally, community volunteers focus on something other than volunteering, keeping their minds off their circumstances, talking to a colleague who has knowledge of volunteering, or talking to a religious party, going to church or praying in order to cope (Akintola, 2008). Van Dyk (2007) supports this by adding that community volunteers need to be able to share their feelings related to their work.

The second coping strategy employed by participants is networking. They believe that one cannot volunteer if one works as an individual; one must be able to share one's experiences with colleagues. By networking, participants form groups of people that can assist them with various problems and give advice on different levels. The community volunteers' network systems consist mainly of peers, and some reported that it helped them to discuss difficult cases with social support services (Patel, 2009). However, Van Dyk (2007) found that community volunteers do not always have a safe haven to turn to when they need to talk about their stress and the problems that they experience. UNICEF (2004) supports this idea by adding that collaboration and coordination is required from the community and the government to assist community volunteers.

4.5 CONCLUSION

In this chapter, I presented the results I obtained in terms of the themes and subthemes that emerged during data analysis. I interpreted the results against existing literature, thereby presenting the findings of the study. I used the theoretical framework presented in Chapter 2 as a backdrop to explain the study.

In the final chapter of this dissertation, I reflect on my research questions as formulated in Chapter 1, and come to my final conclusions. I conclude this study with recommendations for training, practice and further studies.

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CHAPTER 5 CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

Chapter 5 is the concluding chapter of the dissertation, and provides a summary of the findings of the study. The conclusions that I present should be read against the background of the research questions outlined in Chapter 1. I also present the contributions made to the field of study, and identify limitations. I conclude by making recommendations for further research and training.

5.2 OVERVIEW OF THE CHAPTERS

The aim of Chapter 1 was to give an overview of the study. I introduced my study, presented an overview thereof, and discussed the rationale for undertaking this research. I stated the purpose of the study, and formulated my research question as follows:

What are the training needs of community volunteers who have been participating in the STAR and SHEBA projects?

I clarified key concepts to provide a clear meaning of the terminology I used. I then introduced my methodological approach and underlying paradigm. I clarified the research design and the data-collection and analysis strategies that I employed. I also referred to ethical considerations that had to be taken into account during the study and concluded Chapter 1 with an overview of the rest of the chapters.

In Chapter 2, I presented the theoretical framework of the study: the asset-based approach. To this end, I explored and described existing literature on volunteerism, more specifically literature on community volunteers who function in the South African context. I discussed factors that could motivate community volunteers to participate in volunteering activities, as well as some challenges associated with volunteer work. I foregrounded the training that volunteers typically receive in the South African context. Furthermore, I focused on what communities generally

expect of volunteers. I concluded this chapter with a detailed discussion of the theoretical framework that guided this study.

In Chapter 3, I explained how I conducted my empirical study. I discussed the qualitative approach I followed, embedded in an interpretivist paradigm. I explained my choice of a case study research design, and how participants were selected purposefully and conveniently, based on their past experience and involvement in the STAR and SHEBA projects.

I also discussed the data-collection and documentation process I used, namely semi-structured interviews, a focus group discussion, field notes, audio recordings and a reflective journal. Next, I explained how I thematically analysed and interpreted the data, and noted the ethical guidelines that I followed. I concluded the chapter with a discussion of the quality criteria that I strived to adhere to.

In Chapter 4, I presented the results and findings of the study. I discussed the results in terms of the themes and subthemes that I had identified. The five themes are the following:

- challenges that community volunteers face,
- responsibilities of community volunteers,
- motivation for becoming a community volunteer,
- training needs of community volunteers, and
- coping strategies that community volunteers employ.

In the second part of the chapter, I discussed the findings of the study, thereby situating the results in existing literature.

5.3 CONCLUSIONS

In this section, I present my conclusions. To this end, I revisit the research questions formulated in Chapter 1, and address these through the findings I obtained. Figure 5.1 provides an outline of the themes that were identified and how they assisted me in answering the relevant research questions.

Theme 1: Challenges community volunteers face ↓	Theme 2: Responsibilities of community volunteers ↓	Theme 3: Motivation for becoming a community volunteer ↓	Theme 4: Training needs of community volunteers ↓	Theme 5: Coping strategies that community volunteers employ ↓
Answer secondary question 2: <i>How do community volunteers in the STAR and SHEBA projects cope with the challenges they encounter when providing care and support to their communities?</i>	Answer secondary question 1: <i>How did community volunteers participating in the STAR and SHEBA projects perceive their roles and responsibilities as caregivers?</i>	Answer secondary question 1: <i>How did community volunteers participating in the STAR and SHEBA projects perceive their roles and responsibilities as caregivers?</i> ↓	Answer secondary question 3: <i>What knowledge and skills did community volunteers participating in the STAR and SHEBA projects require to provide care and support to their communities?</i>	Answer secondary question 2: <i>How do community volunteers in the STAR and SHEBA projects cope with the challenges they encounter when providing care and support to their communities?</i>
Answer primary research question: <i>What are the training needs of community volunteers who have been participating in the STAR and SHEBA projects?</i>				

Figure 5.1: Outline of research themes and related research questions

5.3.1 SECONDARY RESEARCH QUESTIONS

In this section, I present the conclusions that I have arrived at with regard to the secondary research questions posed in Chapter 1. The results obtained from the five themes were supported by literature, within which I was able to present my findings.

5.3.1.1 Secondary research question 1

How did community volunteers participating in the STAR and SHEBA projects perceive their roles and responsibilities as caregivers?

The findings of this study suggest that volunteers from the STAR and SHEBA projects contribute to their communities by volunteering their time freely and show high levels of commitment to their communities for the greater good. It is their commitment to their communities that indirectly drives them to take on the roles and responsibilities they perceive to be their duties. Their altruistic value to be of service to their community motivates these volunteers to take on responsibilities of supporting families in need, whether this is to help identify and support sick people in their community or to take on the responsibilities of being parents to children in need. The results of this study suggest that the roles and responsibilities the

volunteers from the STAR and SHEBA projects take on emerge from the existing needs within their community.

The volunteers from the STAR and SHEBA projects live in communities where there are high levels of poverty. The findings of this study suggest that it is their particular circumstances of poverty that give direction to how volunteers from the STAR and SHEBA projects support their community and that define their roles as community volunteers. The volunteers from the STAR and SHEBA projects are confronted with families where heads of households are affected by HIV/Aids and who are in need of care for this reason. Similarly, by working in their local schools, they take on the role of caring for children at school and extending this care to their homes; thus becoming a powerful resource to their community and specifically to their schools.

The findings of this study suggest that volunteers from the STAR and SHEBA projects are in the best position to determine the needs of their community since they are members of the communities they provide care to. The community volunteers provide their community with social support, specifically in the classroom, where they support the children and assist them if they are in need. The community volunteers also support the school by assisting the teachers and the principal. The community volunteers assist with general tasks that are required in order for the school to function.

The community volunteers also support their communities with health-related matters, as members of the community lack knowledge regarding illness and lack the infrastructure needed to make use of professional health care services.

The findings of this study suggest that the community volunteers are motivated to assist their community through altruism and personal gain. I conclude that altruism as a motivating factor for community volunteers is grounded in the need to care for others in their community. Personal gain as a motivating factor entails the community volunteers gaining from volunteerism on a personal level by gaining new skills, experiences and knowledge about volunteering.

I conclude that the community volunteers perceive their roles and responsibilities as being able to identify needs in their community and being able to provide support to their community. The community volunteers are able to conduct their roles and

responsibilities because they are motivated to do this based on personal motivations. Volunteers from the STAR and SHEBA projects collectively contribute to creating safe school and community environments by taking on tasks delegated from the school, such as cleaning the school, maintaining the school's grounds and doing home visits, among other things. These tasks contribute to the general wellbeing of their community.

The asset-based approach links with identifying needs in communities. By identifying needs and providing the necessary support to find solutions to problems, the participants can make these solutions sustainable in the community. The asset-based approach supports sustainability.

5.3.1.2 Secondary research question 2

How did community volunteers in the STAR and SHEBA projects cope with the challenges they encounter when providing care and support to their communities?

The findings of this study suggest that community volunteers have two important cornerstones that they rely on for coping, namely communication and networking. The basis of networking is communication, and this influences relationships. I therefore conclude that supportive relationships are at the heart of how volunteers in the STAR and SHEBA projects cope.

The findings of this study suggest that much of the support volunteers from the STAR and SHEBA projects receive in coping with the challenges they face stem from their personal networks. Networking with other volunteers, but also networking with more knowledgeable individuals in social support services, seems to help volunteers cope.

The findings of this study suggest that the role of supportive family members, and being able to communicate with them, also contributes to community volunteers' ability to cope. I conclude from this that relationships with peers and family members could act as protective resources to community volunteers and that support from government organisations or social support organisations could strengthen their work.

The findings of this study raise our awareness of the role support networks play in the collective endeavours of community volunteers, and I posit that greater investment in developing both formal and informal support structures should be a priority with role-players who wish to contribute to developing volunteerism in South Africa. It is, after all, through mutual action and mutual responsibilities that communities are able to survive. I conclude that volunteerism strengthens ties with the community and thus broadens support networks in communities. This could potentially develop communities as resources in the fight against poverty.

The findings suggest that, as part of volunteering, the participants experienced challenges, and that they have identified various ways to cope with these challenges. Based on the findings, the participants indicated that one of their challenges is a lack of skills and training. I conclude that, if the participants do not have the necessary training for every circumstance in which they find themselves, they will not be able to fulfil their responsibilities towards their community. This suggests that participants who do not receive proper training and who do not possess the necessary skills can place their own lives in danger by not being aware of the consequences of their actions.

The findings also indicate that the participants have various external challenges, brought about by communities and the government not providing the support that community volunteers need. I conclude that this increases the workload of the participants and makes their task difficult to conduct. I further conclude that even though the participants encounter all of these challenges, they still freely give their time to assist their communities.

The findings suggest that the participants cope with their circumstances, as well as the problems of members of their community, by communicating with various parties. By communicating they can voice their feelings and experiences they may have kept bottled up over a period of time which I conclude is an effective strategy in helping them cope with the demands of their work. The participants also indicated that they cope by networking with others; I conclude that talking to and getting advice from others has a positive influence on the participants regarding their outlook on their circumstances.

I conclude this secondary question by framing it in the asset-based approach – looking at the glass-half-full. Even though the participants face difficult times when they volunteer due to a lack of knowledge and skills, they can still cope with their circumstances and make the best of their situation. Despite all these difficulties, they still bring about positive change by helping their community in their attempts to make it a better place. Within the asset-based approach, relationships play an important role. In a relationship, you need to be able to communicate and network with one another. This links with the asset-based approach. The community volunteers need to be aware of different network options and they need to mobilise these.

5.3.1.3 Secondary research question 3

Which knowledge and skills did community volunteers participating in the STAR and SHEBA projects require to provide care and support to their communities?

The findings of this study suggest that the training needs of the participants in this study relate to the context of their daily activities. The participants expressed a need to understand child development, coping with adversity and developing practical skills to gain the relevant knowledge required to perform their duties. This includes becoming competent in counselling and becoming computer literate.

The participants indicated that they need to become computer literate, and that this is necessary for them to conduct their daily tasks. This becomes necessary specifically when they need to write reports about the people that they help and when they need to secure funding from donors. The findings suggest that the participants talk to people and try to establish what their problems are on a daily basis. The participants are thus in need of counselling and communication skills, and I conclude that, if they obtained such skills, they could potentially assist members of their community by giving them advice to solve their problems more effectively.

The findings suggest that the participants are involved in the school in their community during the day, and thus work with children on a daily basis. Children confide in the volunteers about their problems, and the participants are confronted with the children's problems daily, and must be able to assist them in this regard. I

conclude that the participants must be able to counsel the children, but that they lack the necessary skills to be able to do this. The participants lack the required knowledge regarding child development, because they do not receive the necessary training and assistance in this regard.

The findings of this study suggest that the participants are required to solve the problems that members of the community experience without receiving proper support and guidance. I conclude that, even though they still try to assist with the problem-solving process, their contribution may not necessarily be as effective as it would be if the community volunteers have proper support and guidance.

The community volunteers who participated in this study do not have the necessary training to assist the community they serve, and most of the participants had not received any form of training before they started volunteering. This leaves me to conclude that the participants cannot assist their community effectively if they do not undergo the necessary training. The participants feel that receiving formal training is essential for them to do their work optimally.

The findings of this study suggest the potential benefits of volunteers developing new skills extend beyond their daily work in their communities. Volunteering can provide volunteers with career experiences and teach them valuable job skills, which could result in possible employment and contribute to the volunteers' fight against poverty. Conversely, training could potentially improve their service delivery to their community and could thus address the poverty-related challenges the community faces at grass-roots level.

I conclude this secondary question by framing it in the final phase of the asset-based approach, namely the asset management approach. If the community volunteers have the necessary skills and training needed to fulfil their roles in their communities, they can benefit their communities in future by prolonging the effect of their skills in the process of assisting people in their communities to the best of their abilities.

5.3.2 PRIMARY RESEARCH QUESTION

In this section, I present my conclusions with regard to the primary research question posed in Chapter 1.

What are the training needs of community volunteers who have been participating in the STAR and SHEBA projects?

The purpose of this study was to provide an in-depth understanding of the training needs of 10 community volunteers who had been participating in the STAR and SHEBA projects in the Nelson Mandela Metropolitan area in the Eastern Cape. As a point of departure, it is clear that these community volunteers have training needs.

The findings suggest that by volunteering in their community, the volunteers mostly identified training needs that emanate from their context and relate to their daily work. This study's findings suggest that they must have basic knowledge of all aspects of their daily tasks in order for them to be able to give the required assistance to their communities. I conclude that the findings of the study have a definitive focus on the lack of training that is available to the community volunteers in order for them to assist their communities. Even though they do not always have the necessary training, they still accommodate their communities to the best of their abilities.

In summary, the findings of this study suggest that community volunteers can benefit from becoming computer literate, so that they can write professional reports and letters seeking donations for their communities. Training is also required in counselling skills, due to the nature of the community volunteers' work. They deal with people and their problems on a daily basis and must be able to provide temporary or permanent solutions to these problems; most of which stem from poverty-related challenges. Training regarding child development is also essential and this can assist community volunteers in their attempts to provide appropriate assistance to children who are in need. I conclude that the different communities, where the community volunteers serve, face adversity and it is therefore important for community volunteers to become equipped, through training initiatives, to assist members of their communities with their problems in the best possible way.

Communication and networking skills are extremely important because this appears to be the way in which the community volunteers cope. This can also be strengthened by training initiatives. The findings of this study highlight how important it is to remove obstacles such as inadequate training and skills from the paths of community volunteer by providing them with adequate training. Training for volunteers can be highly beneficial. It is, however, important that training has to stem from specific needs for training, such as the needs that were expressed by the participants in this study, in order for the training to be relevant.

The findings of this study suggest that the training needs of the volunteers (namely to become computer literate, to be able to communicate better, to understand how to counsel their communities and the children they work with in their schools) emanate from an overarching need related to their ability to cope with the adverse circumstances they experience as a result of poverty; a need that exist as a result of the macro environment they work in. In essence, this study suggests that the STAR and SHEBA volunteers need training on how to cope with poverty.

5.4 CONTRIBUTIONS OF THE STUDY

The current study can serve as a stepping stone for follow-up studies requiring an in-depth understanding of community volunteers' training needs within their given communities. This study has broadened the knowledge about community volunteers' experiences and encounters on a day-to-day basis, in the context of vulnerable communities in South Africa.

This knowledge can inform future training programmes for community volunteers by making communities, volunteer organisations and government agencies aware of the challenges that keep community volunteers from performing their daily tasks effectively. Through this new knowledge, training institutions can potentially make informed decisions regarding training programmes for community volunteers.

In addition, this knowledge can provide insight for community volunteers emerging in this occupation as volunteers. The research can also be of value to scholars on a theoretical level, as it contributes to the information available on community volunteers in the South African context.

This study can contribute not only to the process of building theory, but also to the practical volunteering landscape. The finding of this study has practical value. The theoretical contribution of this study relates to its ability to add to the knowledge regarding the training needs of community volunteers in the field of counselling. New knowledge from this study could be applied when planning and implementing training programmes in studies that follow and which is context specific to this group of volunteers.

The findings of this study, along with findings from international and national studies can build upon it, can add to the knowledge base of this field of the training needs of community volunteers and would broaden the scope of information available regarding community volunteers in the South African context. The study has the potential to make people aware of community volunteers, what they do and what they need. It can make people aware of the fact that community volunteers who work in schools specifically need training in order to develop skills related to computer literacy, problem-solving, child development and counselling. Community volunteers can use these training skills in their communities, with colleagues, in their family or with their friends. Community volunteers can also inform new community volunteers about the necessary skills that could broaden the network of community-based care.

Readers of this study might realise the amount of time community volunteers spend in their communities and the valuable skills and experience they gain through this work. By applying the findings of the study, practitioners and people with the means to help could work to provide support and guidance to community volunteers.

5.5 CHALLENGES AND LIMITATIONS OF THE STUDY

In this section, I identify the possible challenges and limitations of the study.

5.5.1 LANGUAGE BARRIER

The first challenge encountered in the course of this study was the language barrier between the participants and myself, because none of the participants spoke English as first language. Nevertheless, all the communication in the interviews and the focus group discussion was done in English, as it could be understood by all

parties. When uncertainty occurred, someone in the group translated the questions and answers so that there were no communication gaps. It is, however, important to note that a language barrier could have resulted in limitations in terms of the depth of knowledge that was generated by this study.

5.5.2 TRANSFERABILITY TO THE STUDY

This study focuses on the training needs of community volunteers who participated in the STAR and SHEBA projects. These findings cannot necessarily be transferred to other community volunteers. The results that were obtained in this study will not necessarily be found in the context of another study conducted with community volunteers. However, working from an interpretivist perspective, the aim of the study was to obtain an in-depth understanding of these specific community volunteers' training needs (Babbie & Mouton, 2001), and not to generalise findings. This study is possibly transferable to community volunteers in similar contexts, but this should be determined by a researcher working in such a situation.

5.5.3 ROLE OF THE RESEARCHER

My subjective and objective influences posed a possible challenge for this study. It was thus important for me to remain aware of my subjective meanings and opinions during the interviews and the focus group discussion. It was my responsibility not to share any of my own experiences with the community volunteers. I regularly consulted with my supervisor and co-supervisors about my subjective experiences, and I captured these in my reflective journal (Seal, 2000).

As researcher, I had various roles to portray. I fulfilled these roles in an ethical and professional manner through regular reflection and by being a non-participant researcher.

The aim of this study was to determine what the training needs of community volunteers are. At all times, my focus had to remain on the community volunteers. This was challenging, as I was not familiar with volunteering. By reflecting, I was able to distinguish between my subjective constructed meanings and what the volunteers brought to the study.

5.5.4 MANAGING THE EXPECTATIONS OF PARTICIPANTS

The participants made it clear that they thought I was going to assist them in solving the problems they did not know how to solve. However, this was not part of the study. I could thus not adhere to some of the expectations that the participants had of me. This could possibly have had an influence on the study, because the participants could have provided answers that they thought I wanted to hear in order for me to give them something in return. In an attempt to address and avoid this, I explained the purpose of the study in detail and reminded participants of this when needed.

5.6 RECOMMENDATIONS

In this section, I make recommendations for further research, training and practice.

5.6.1 RECOMMENDATIONS FOR FURTHER RESEARCH

This study emphasises that training is an important need for community volunteers in South Africa. To get a clearer picture of community volunteers in general, follow-up studies are required. Further research may include the following:

- A survey among community volunteers, focusing on the identified themes of the study, in order to gain a deeper understanding of their experiences of volunteering.
- A comparative study of community volunteers in various contexts.
- An exploratory study on the experiences of community volunteers after receiving training, and the effect of training on their work.
- A long-term study focusing on the job satisfaction for people who volunteer after receiving training and support.
- A comparative study between formally trained community volunteers and untrained community volunteers.
- An investigation into the effects of volunteering on community volunteers' emotional and physical wellbeing.

5.6.2 RECOMMENDATIONS FOR TRAINING

I recommend that training programmes for community volunteers could be beneficial for volunteers, but also for other people working with people living with HIV/Aids, for psychologists, nurses, principals, teachers, social workers and people working for NGOs. Such training could include material on the challenges that community volunteers face daily, and how to cope with these. Training should include computer skills, counselling skills on how to deal with adversity and knowledge on child development. These programmes could be implemented with undergraduate and postgraduate students, with more in-depth information in the postgraduate programme.

5.6.3 RECOMMENDATION FOR PRACTICE

The study aimed to address the question of community volunteers' training needs. The study shows a distinct need for the training and support of community volunteers. Community volunteers may become demotivated and suffer from burn-out if they do not receive support, training and even stipends from government and supporting organisations.

This need cannot be ignored, and should lead to training programmes being developed and offered to community volunteers. Topics to be discussed can include aspects such as writing reports and letters to donors (computer literacy), skills to solve problems within the community, as well as developing skills that could enable community volunteers to provide counselling services in vulnerable communities. Clear guidelines and channels should be provided to community volunteers so that they know what to do when they find themselves in a situation where they require assistance.

Community volunteers' direct communities, such as schools and social services, should be informed about the training process in order to get their input. The community must therefore be informed so that they can support the community volunteers in turn. These structures within the community should bring about social change.

There are various people who can benefit from such training that the community volunteers receive, namely professionals in health care, professionals who work with community volunteers and teachers. The training will benefit them by enabling them with knowledge of what is expected of community volunteers.

5.7 CLOSING REMARKS

Community volunteers are increasingly needed, especially in vulnerable communities and contexts such as those of South Africa. This is because community volunteers are increasingly needed to support vulnerable people, and help members of their communities, especially those in need, to address challenges and cope with poverty. Due to the current lack of sufficient training for community volunteers, fewer people may, however, feel comfortable engaging in volunteering activities.

Expectations and misconceptions seemingly exist regarding what community volunteers do on a daily basis and what their needs are. This study aimed to address only one important aspect of a complex phenomenon, focusing on the training needs of community volunteers. Following on this study, training programmes may be developed and implemented to support community volunteers in the valuable work they do.

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APPENDICES

Appendix A
Letter of consent

Appendix B
Individual interview 1

Appendix C
Individual interview 2

Appendix D
Focus group discussion

Appendix E
Research journal

Appendix F
Field notes

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Appendix A

Letter of consent

Dear Participant

As part of my Masters degree in Learning Support and Guidance, I am continuing with the STAR project that was started in 2003 and will be a co-researcher in this project. I am going to ask a few questions. I would like to invite you to participate in this research project.

The research process will involve spending time with me and answering some questions. There is no right or wrong answers to any of the questions. I will be doing an individual interview, which means that I will only interview you face to face. I will make use of a semi-structured interview, I will ask you some questions and then you answer them, and give your opinion on some of the questions. The sessions will take place on 5 October 2011. With this interview I want to establish the occupational needs of caregivers in the community as well as their job requirements. If you agree, the discussions will be tape-recorded and I would like to take photographs of some of the activities (you will not appear on these photographs). At the end of the research project I will discuss my research findings with you to make sure that I am giving an accurate account of your views. The results from the study will published and submitted to the University of Pretoria in the form of a mini-dissertation.

Your participation in this research project is voluntary and you may decide to withdraw at any stage should you not wish to continue in the research. The interview that you will participate in will remain confidential, as well as anonymous. Your identity will be protected and you will be given a chance to review the research to make sure you are comfortable with the information that will be published. You are welcome to ask me any questions you have about the study.

If you are willing to participate in this research project, please sign this letter as a declaration of your consent.

Participant's signature..... Date.....

Researcher's signature Date

Yours Sincerely

Tamarin van Staden



Dear Participant

As part of my Masters degree in Learning Support and Guidance, I am required to do research. I have joined the ongoing research project of Professor Ferreira and Professor Ebersöhn entitled “Sustainability and duplication of activist intervention research in asset based coping with HIV/AIDS”, of which you are already a participant. My research forms part of the broader SHEBA project, in which you fulfil the role of community volunteer. The focus of my research is on the experience on you, as a community volunteer. My study will be done under supervision of Dr. S Bester and my co-supervisors are Proff’s Ferreira and Ebersöhn.

Based on your existing participation in this study, the project leaders have identified the need for further research with regards to caregivers’ occupational / work / job needs. It is these needs that I will explore with you during my research.

The research process will involve spending time with me and answering some questions. You and the other participating community volunteers will be required to participate in a focus group interview you which will focus on your experiences and training needs. In addition, I will observe the focus group discussion, I will make field notes. The focus group interview will take place on 3 June 2015 at your school. The focus group interview will consist out of 7 participants. With this interview I want to explore the training needs of volunteer caregivers in your community. If you agree, the focus group interview will be tape-recorded. The duration of the focus group interview will be approximately 90 minutes. The results from the study will be published and submitted to the University of Pretoria in the form of a mini thesis and the data will be placed on the open access repository of the University of Pretoria.

Throughout the research process I will adhere to the ethical principles of privacy, thereby respecting your confidentiality and protecting your anonymity at all times. When reporting on the findings of my study, I will remove any identifying information thereby protecting you from being identified. You may also withdraw yourself or your contribution from the research proves at any time, should you wish to do so. Your participation in this research study is

voluntary and you may withdraw at any stage should you not wish to continue with the research. The information obtained from this interview will remain confidential. Your identity will be protected and you will be given an opportunity to review the research to make sure you are comfortable with the information before it is published. You are welcome to ask me any questions you have about the study.

If you are willing to participate in this research study, please sign this letter as a declaration of your consent.

Participant's signature.....Date.....

Researcher's signatureDate.....

Yours Sincerely

Tamarin van Staden
M Ed LSG student

Dr S Bester
Supervisor

Prof R Ferreira
Co-supervisor

Prof L Ebersöhn
Co-supervisor

Appendix B

Individual interview 1



Interviewer dr. Suzanne Bester	1 2 3 4 5 6 7 8 9 10	...now they've been working in this community for many years. Now this project has developed into a new direction where they now want to do some training with the caregivers and that's why we are here today. Tamarin is a master's student, she has to do research as part of her studies, and I'm here so that I can help her, I am supervising her research. But we are really here today, because it's our job to put new knowledge out there that can help other people. And you are really the expert.	
Interviewee B	11	Laughing	
Interviewer dr. Suzanne Bester	12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	So we come here today to listen to what you have to tell us, because the information that you have, inside you, not me or Tamarin has got that information. You are the only expert here that can tell us. And it's just like Ronel said now, this conversation, we hope, will inform the process where we need to decide what it is we need to equip these care givers with, because we are now talking to somebody, who is in the field, who experiences every day this is what I need, this is how I'm coping, this is, what you need to think of when you need to train us of these things. So it's really a question of, you helping us, so that we can help other care givers. So the information that we get from this session, is confidential and your identity will be confidential, so we are not going to tell anybody that you said this.	
Interviewee B	28	Yes	
Interviewer dr. Suzanne Bester	29 30 31	But we are going to publish our findings, but in an academic work, where she is going to write her thesis and that is going to go to an...	
Interviewee B	32	Please excuse me I have the flu	
Interviewer dr. Suzanne Bester	33	It's okay, you can make yourself comfortable.	
Interviewee B	34	Laugh	
Interviewer dr. Suzanne Bester	35 36 37 38 39 40 41 42 43 44	So we are going to do that and it's going to be in the library, at the University, the book, and we sometimes we publish an article as well. Which is an academic journal, so it's not a magazine, like you get the magazines you get in the shops, it's an academic journal, only academic people can access that information. But there again, we will protect your identity, and we will not disclose any information, that could identify you. And you are here today because you said that you are willing to help us.	
Interviewee	45	Yes.	



B			
Interviewer dr. Suzanne Bester	46	And remember you can change your mind at any point.	
Interviewee B	47	No	
Interviewer dr. Suzanne Bester	48 49 50 51 52 53 54	If tomorrow you feel, I don't want to be part of this anymore, then you tell us. Then we just remove the information that you gave us, so you really have the choice, until the very very end, before we even publish, you have the choice to say, I don't want any part of this and I don't want you to use my information, and that is okay, we are not...	
Interviewee B	55 56	No, no for me that is fine. Sorry what is your name again?	
Interviewer dr. Suzanne Bester	57	Suzanne	
Interviewee B	58	Suzanne and?	
Interviewer Tamarin van Staden	59	Tamarin	
Interviewee B	60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85	Suzanne and Tamarin I am in this project because of love. I have passion for it. I, I was chatting with Ronel and Liesel and they actually asking about me, I told them I was once an OVC, so so I understand what these kids are going through. I, I understand the kind of love that they need. I, I know what they are missing. I know even why you are at this project. I know what we are missing to do for these kids. I know where there are loopholes. My father passed away when I was in Grade 4 and my mother passed away when I was doing matric, supposed to go to University next year, I couldn't go to University. And I passed my matric. But still not going to because nobody to take, there was nobody to assist me. My mother was leaving out with my sister that was ten years old at that time; we had to raise that child. There was a foster grant out there, but there was no one to tell us, how to go about and do the foster grant. She never got paid the foster grant. We find out about foster the grant, it was late already I was doing your matric at that time, and she was doing standard 3. Standard 3 my mother passed away so when she was doing her matric I found out this is how to do this thing, the foster grant, it was too late already. Do you understand, I didn't know what was in this project. If this project can get out there, the social...	Altruism Altruism Personal gain
Interviewer dr. Suzanne	86	You can help other people	



Bester			
Interviewee B	87 88 89 90 91 92	We can help other people. We do go to social development and ask for the social development for the school, but they don't understand the project, you understand? So we need eh, eh, eh like outreach project, that is going to, bring those stakeholders together. I have brought, bring my manual	
Interviewer dr. Suzanne Bester	93 94 95 96 97 98 99 100 101 102 103 104 105 106	I'm so glad, it sounds to me as if you are here voluntarily and you want to participate in this study. So what I want you to do, I perhaps take a minute, read this letter. This is a letter of informed consent, in other words this is a letter that says that I told you what the project is about, and you say that you want to participate voluntarily, and that you can withdraw at any stage. Now this goes through our ethics committee, so all the people at the ethics committee look at this and they say, is this going to do harm or not, and they said its okay, we can proceed with this. So if you don't mind just, perhaps quickly read that, and if you are willing to still participate, you can sign it at the back.	
Interviewee B	107	Okay	
Interviewer dr. Suzanne Bester	108	We are all going to sign as well. Okay.	
Interviewee B	109	No its okay	
Interviewer dr. Suzanne Bester	110	Are you comfortable?	
Interviewee B	111 112 113	Yes. No I, I, I just have a question. After you have published this, what impact is it going to make in the project?	
Interviewer dr. Suzanne Bester	114	Well....	
Interviewee B	115	Because I am sure it has a positive impact	
Interviewer dr. Suzanne Bester	116 117 118 119 120 121 122 123 124 125 126 127	Yes. We hope so, we hope that the information that we get from you, will help us develop a course for caregivers. That is the next step, but we can't just develop a course out of our own heads, because we are not caregivers, we are not the people in the field doing the job every day. We want to hear from a caregiver, how he or she, experience their job and what they need to make their job easier. So when you tell us this, that we will know, this is what you, so then we can plan a course. Where, we've already spoken to somebody and she told us, you know what it would make my life easier if I know this, that. And we are	



	128 129 130 131 132 133 134 135 136 137 138	going to ask you questions and hopefully we will get to that point were after we're talking to you, we will know, this is what Cindy need to make her life easier . So we are hoping that this is going to inform, training for care workers, but we are also hoping that the knowledge base, that we generate from this, will inform other academics opinions when they work with caregivers. So we hope that it's going to help other caregivers, also people everywhere in the world. And that is what we are hoping for. Okay, so are you comfortable with that?	
Interviewee B	139	Yes, I am	
Interviewer dr. Suzanne Bester	140 141	There is a pen if you just want to sign on the last page and write the date, today is the 5 th .	
Interviewee B	142	There by participant?	
Interviewer dr. Suzanne Bester and Tamarin van Staden	143	Yes	
Interviewee B	144	Full name or just the initials?	
Interviewer dr. Suzanne Bester	145	Just your signature.	
Interviewee B	146	Today's date?	
Interviewer dr. Suzanne Bester	147 148 149 150 151 152 153 154 155 156 157 158	Ya. And how it's going to work, Tamarin will be asking some questions, she would like to have a conversation with you, so I will sit and make notes, because we are making a voice recording and this voice recording we are going to use to listen to again, just to make sure that we get everything that you tell us, but after we've written everything down, we are going to check with you again that we've got that right. Okay so we are not going to publish it, before you say okay this I agree with you, this seems okay. Alright?	
Interviewee B	159	Yes	
Interviewer dr. Suzanne Bester	160 161 162 163 164	When we uh, we have to keep these recordings, the ethics committee compels us to keep the recordings, so I lock it in a cupboard in a safe in my office and we keep the recording for fifteen years, after which we destroy it. Okay?	
Interviewee B	165	Yes	



Interviewer dr. Suzanne Bester	166 167 168 169	Alights so Tamarin, actually the first question she started by saying that you were a OVC yourself, so maybe you can ask the question and we can just touch up on what you said just now.	
Interviewee B	170	Okay	
Interviewer Tamarin van Staden	171 172	I would like to know why do you want to be a caregiver, or why did you, start to be a caregiver?	
Interviewee B	173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217	le, ie it's a passion and a need of the vulnerable kids and orphan and because of the denial of the people that is out there. People are in denial of HIV and aids in our community. People are in denial of crime, people are in denial of, of, of becoming a alcoholic, you understand, to such an extent when an alcoholic person gets a child it's an alcoholic syndrome, doesn't want to accept it, you see, it wants to run around having excuses. I have such a case in the school, that of an alcoholic syndrome child, that, that the mother. When I spoke to the mother, the mother did understand me, the mother did get the appointment. I didn't ask this parents to take the child to, to the doctor because the child looks like the alcoholic syndrome. The child make sleep for a night come back, the mother bring the child back to school. I said you know, the first thing you do when you lost a child, take the child to a hospital, take your child for a check up and see if everything is okay, you understand, now they took the child. While the mother is taking the child to the hospital the child had to be absent from the school for two days, teacher come to me and complain, you know of this child is not yet back, there is something wrong with this child, okay. When the mother came back with the, with the afterwards she come, she must bring the doctors report, in case the child has been abused sexually, I have to know that, you understand. If she is righted to tell me, I would like is a doctor's report. And the mother came back with a doctor's report that saying the child is an alcoholic syndrome. I went to the club the mother said they canceled, I said no it's fine, the daughter is this time of the year to refer this child to a proper school. So what I'm gonna do now, I'm going to follow all the procedure, all the step, I show her the form, that she supposed to sign, the, the form use a, a AR, ARSA, to a ARSA 5. We get them from the park 5 departification. We use that form to refer to our psychologist doctor, then our doctor, psychologist doctor from the department of education, gives us a right to refer the child to the, to the schools particular child, but they run back to the teacher, the child is also a center of this thing. When I work the psychologist said no, this child is not an alcoholic syndrome. The mother was accepting all that but enough said, but comes in, I'm gonna teach this child	Altruism



	218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250	to write. This child is doing Grade 1, he still cannot write, still cannot read, still cannot identify his name when written, when you write his name there he cannot say this is my name, let alone to write it. Sometimes he tries to write it, but sometimes he just forgets like she it's forgotten everything. So I mean I, if we, in this project, educate the people, everybody, you understand. The teachers, not only the teachers that are involved in the HAC the health association committee, the communities understand, our communities must be hungry of this project, our community must know this project is going to bring a positive impact about change, for our child, for our children and it's about to build president of tomorrow, the doctors of tomorrow, lectures of tomorrow, this is what this project is all about. That is why I'm in this project, because I know, if my mother has not leaved for three years, after I've I, I, I've passed my matric, I would have been a graduate right now, you understand, but because of my mother passed away when I was doing my matric. My sister is a graduate, my mother passed away when I was doing the matric, then is, is, is the feeling that I am had, that I have had about this project. I can be a, a, help you see. I did this, I out of love; I came to this project out of love. I was an SGP chairperson, not a, a, caregiver, but there was not a caregiver in, in, in my school, but my principal, I gave them help. But even now I haven't even got paid in this job that I'm doing, but that doesn't worry me. The only thing I, I, work close from home and I'm changing people's lives, everyday, you understand, in a positive manner. That is why I'm in this work.	Altruism
Interviewer dr. Suzanne Bester	251	Okay.	
Interviewer Tamarin van Staden	252	Your responsibilities as caregiver, what are they?	
Interviewee B	253 254 255 256 257 258 259 260 261 262 263 264 265	My responsibilities is to keep everything that the child's tell confidential, make sure it is confidential. Sometimes, some of the things that the children, that the OVC's bring to me, they are small, but big for my feet. Then I feel, I have to share this with the Health Association committee, I have to go and ask their advice, to help this particular child. Then we go, make a presentation there, tell a story. I don't, I don't mention the child's name. In file, you will find codes, I've got the names, I've got codes as well, we, we, we have the struc we, we, we were taught about the codes ie, ie, in the workshop, but we were not taught how to use them. But when I came back to my school I said	Networking



	266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304	no, I can't go to, to HAC with child's name. I will tell them the story, then ill code a code for this particular child. The name of the child is going to be the code. The code that I'm using is POR for Port Elizabeth, EMZ my school is Emzonani, then I take the three letters in the child's surname, like if the child's surname is Booy, I take BOO then I say 001. You understand. They won't know who that child is. POREMZBOO 001, they won't know, they will just tell them the story. Then I said, I need help with this, then they bring the ideas you see, they sort out the situation. I, I , I don't go around talking about the confidentiality that are happening in my office, even if the, parents visit me. I, I, I keep it confidential, you understand. The parent of the OVC the code is, particular, particular code. What is expected out of me, is to give love and protection for those kids, what they don't get at home, I must be able to provide. If I have to go and do the home visits, I don't, I don't just go and do the home visits. I call the child first. Luckily in my school I have like such, a room like this to work in, with a door. Then I call and say I want to make a home visit in the home, will you be happy if I do that. If she says yes then I'll go and make this visit. If he says no, I won't go and make a home visit, then I still need to convince that child, and let him know that I help to do the home visit is because of this and this, because if I find this thing at home then I will be able to refer your case to the social worker or to the particular person, but before I refer this, I need to do a home visit first, you understand. It's better to keep the OVC updated at all the times, don't just do, because of course you want to help , but if you just do with it, if he just see you coming to his home and didn't alert that you are coming to your home at this particular day, then you've chased that child away, you might have destroyed the future, you will destroy even the trust that has already gained, you see. That is what is expected from me to bring about change	Provide support
Interviewer dr. Suzanne Bester	305	Can I ask you, what is an OVC?	
Interviewee B	306	Its orphan vulnerable children.	
Interviewer dr. Suzanne Bester	307	Okay, good.	
Interviewer Tamarin van Staden	308 309 310	Your responsibilities, who tells you what is your responsibilities as caregiver? How do you know what to do?	
Interviewee	311	HAC, but HAC, the training that I've got, it was	



B	312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329	something new when I started, you understand? The person that tells you, there is no actually somebody that tells you do this now, do this now, because the needs of our OVC's are different. The needs of the OVC's in Thebilisha are, are different to the needs that are in my school, so when you are a caregiver you must be a person that is able to talk, you must be able to make your own plan, you understand although whatever I do goes via the HOD of the school. So whatever I want to do like a new thing I want to, to introduce into the school, I go to my HOD, this is what I want to try in our school. And she accepts or she says no, let us try it in this angle. No but it come from the Department of Education that comes to tell you do this or do this. Even my supervisor, when she comes she gets a report from me. Not to tell me what to do. Actually it must be a creative person that is able to love, person that is able to think for the others.	
Interviewer dr. Suzanne Bester	330	Your supervisor, who is that?	
Interviewee B	331 332 333	Its Sochokogoma, it's also NSA, because they changed the name of the caregiver, we are now using NSA, learner support agent.	
Interviewer dr. Suzanne Bester	334	So it is somebody of the department?	
Interviewee B	335 336 337	She's also, but she doesn't have a office in the department, she works outside, she works with the dept schools, she goes around that schools...	
Interviewer dr. Suzanne Bester	338	Circuit manager...	
Interviewee B	339 340 341 342	Ya, she, the report that we give her, she make one report out of the ten schools she got, she collect that report and she makes one report. The report that she will admit to the Department of Education	
Interviewer dr. Suzanne Bester	343	Okay.	
Interviewer Tamarin van Staden	344	What is difficult, for you as caregiver?	
Interviewee B	345	To refer.	
Interviewer Tamarin van Staden	346	To refer.	
Interviewee B	347 348	It is a problem to refer, because as I said before, the stakeholders that is supposed to be involved in the	



	349 350 351 352 353 354 355 356 357	child, I was looking for the diagram here. I want to show you this diagram, what is supposed to, what is expected of us, it is not easy. When you go to social development and ask for a social worker, that can work at your school, they hear your problem but they don't know how they can help the people, they are not fully aware of this project. And sometimes they feel like you want to pretend to be a social worker, you are not a social worker	External challenges
Interviewer dr. Suzanne Bester	358	Ah, they feel threatened by you.	
Interviewee B	359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400	Yes, they feel threatened. I think is because of the lack of knowledge. If, if they had that knowledge, I don't think they'd feel threatened. You understand, but, ie, ie is the social worker is a problem, but the police on the other side, they understand the project, you understand. They are willing to help us, you understand. If I've got a child that went missing, a child that is living with the boyfriend under age, I just call the police and they go and collect the child. I counsel the child and say listen hear the best thing for you is to stay home, listen to your parents, because, what do you want to be when you grow up? Then the child's telling me then from that I said listen now, you have a boyfriend at the age of thirteen years, you are sexually active at the age of thirteen years, at the age of sixteen years you are going to fall pregnant and you might be doing your matric, at that time. Who's going to look after your child? I explain to them, in this age that you are in, you are just exploring, you are not ready to fall in love. Even if it appears to the boys as well, they are just exploring to the changes of their body. They want to explore, if I do this, you understand. If you look out there you, you ask a person that is married, di, did you marry your first boyfriend? They will say no, most of them they will say no. Because at that time they had the first boyfriend they were just exploring, they know nothing about love, they are still young you understand. I, I, I try to bring them to their senses, I tell them, your mother has nothing to gain. If your mother leaves you in the streets, you understand, you go where ever you want to go. Your mother has nothing to gain, nothing to lose, you understand. But if you stay home, your mother ag, again has nothing to gain, has nothing to lose, but build you, for yourself, for your future. You understand? Maybe by the time you are able to work for your home, your mother has passed away already by then, you understand. Then you can't say you are doing this for your mother, you are doing this for yourself, because it is you that you are building, you see. We, even now that I'm sitting in this chair, talking to you my child, I'm not building myself here, but all	Provide support



	401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418	this, this is for you. You see how precious you are, to go and waste yourself. To go and, and not respect your body, you understand? Then I try to bring then to their senses. That how I work. Like now, like here, you see there is a learner in this diagram. I like this diagram very much. There is a learner; there is a educator for the school. To build this child with all these things. Then you need care, from social workers. We need care, from NGO's. We need care from the community. We need care from health facilities. We need care from Home Affairs. And other community stakeholders, you understand? The traditional and civic leaders, you understand? That's what we need to bring this child. Every child needs this, you understand? But now the challenge in this problem, when I try to reach here, they are not aware, you understand? When come to reach here, to health works...	External challenges
Interviewer dr. Suzanne Bester	419 420	Are they not aware of the project and therefore they block you?	
Interviewee B	421	Ya, they block us. You understand?	
Interviewer Tamarin van Staden	422	Is there any other difficulties?	
Interviewee B	423 424 425 426 427 428 429 430 431 432 433	Except that I will say, no but I think for the other LSA, they might have difficulties because they, they took people I think with matric, you understand to work, but not there, but but there are people that don't have the matric, you understand, I think they took people with a Grade 10's or something like that. I wish for the other LSA to be trained to be computer literate, so that if they need to refer their reports they are professionally written. They can type their report, they can print their report, they can help side, you understand	Computer skills
Interviewer dr. Suzanne Bester	434 435	Can I ask you, I'm interrupting you, what document are you referring from?	
Interviewee B	436	It's there, it's from the milky one	
Interviewer dr. Suzanne Bester	437	Can I quickly have a look at that?	
Interviewee B	438	It's just is the binding, just be careful.	
Interviewer dr. Suzanne Bester	439 440	Okay. It's the one from the Department of Education.	



Interviewee B	441 442 443 444 445 446 447 448 449	Yes. It's a, I wish they can develop even in education, eh, I feel the need that because maybe the other reason we go to this places they, they, they take us for granted or we feel undermine, be, because most of us don't have a matric. And most of us send handwritten reports in, if they can be computer literate you understand and maybe get a NQF level 4, it's close to a matric, you understand? Then that can help.	Lack of skills Personal gain
Interviewer Tamarin van Staden	450	And, um highlights that you experience as a caregiver?	
Interviewee B	451 452 453 454 455 456 457 458	Eh, I can say finding eh a child with a big problem that you think it's big for their feet. Eh it, it's like a shoe size that he can't wear, it's like a big shoe size. Eh I would say that will be the highlight to, to have, to make that child understand, you understand? Again going back to educating the community. I, I had an incident of the five year old in my school. This five year old is doing the Grade one	
Interviewer dr. Suzanne Bester	459	Five years in Grade one?	
Interviewee B	460	Yes.	
Interviewer dr. Suzanne Bester	461	Shame.	
Interviewee B	462 463	Yes, in Grade one. Most of them they start early. (sneezing)	
Interviewer dr. Suzanne Bester	464	Because it's a place of care giving the school.	
Interviewee B	465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482	Mmm. And the parents they don't afford to pay the education. So, so what happened to this child? Class teacher find this child, not wearing a panty. Class teacher calls me:" Cindy." As I am standing there with all the other teachers. She calls: 'Come look here!' In the corridor. "This one is not wearing any panty!" I said oh. I said okay. This child had a cent on her hand, like he fell; she fell in the sand or something. I said: "What's your name baba?" She did not answer. "Where do you life?" She did not answer. I ask the two learners from Grade 7, "Please take this child to my office, wait with her, I'm coming back now." Then I asked the class teacher, "where did you find this child?" "No this morning the other child noticed that he was not wearing any underwear." I said "Okay, I'd like to know, is it the first time this child is not wearing underwear?" "No it's not the first time, I've been calling the mother of the child, but does not want to	



483	come to school.” You understand? Eh, eh, eh, then I	
484	said to the class teacher she doesn’t want to talk to be,	
485	because I’m a stranger to this child. You are the	
486	teacher of the child. I said I want you to go and speak	
487	to this child. Don’t be angry with this child. Be nice, as	
488	much as it’s possible. I said, there might be three	
489	reasons, for example, that this child is not wearing any	
490	underwear. Possible the mother is drunk, no one to	
491	prepare this child for the school. Second, possible this	
492	child is, is abused, sexually, and it is sore when she	
493	wears her panties. You understand? Thirdly, possible	
494	all the underwear are dirty. And in order to get them	
495	clean, she has to wash for herself. And there might be	
496	no soap in this particular moment, so just be aware	
497	when you go and speak to the child. So when I go and	
498	speak, when the class teacher speaks to the child, she	
499	came back to me and said:” I suspect, this child is	
500	being abused sexually.” I said okay. And I had a, I	
501	had the new panty in my draw, because I like to ask for	
502	a donation to the teachers for R2. I buy the packet of	
503	panties, but you always use them all the time. So	
504	there was one left at that time. I said, I’ve got this new	
505	panty in my draw, and it might fit this child. I went	
506	there, I played with this child, I said “I’ve got a panty	
507	here for you, do you think it’s going to fit? I took it out.	
508	“Do you think it’s going to fit?” I play, I play with the	
509	child. The child was laughing. Dressed, but the panty	
510	onto this child. I explained what the class teacher	
511	already told me. I explained to the child if you have	
512	any worries, any nightmares, if you tell me, that I can	
513	help you, but I cannot help you alone. You	
514	understand? I have friends that I work with, that can	
515	help you. This friends, some of them wear, like the	
516	police men, they wear navy overalls with yellow um um	
517	um. I make this child understand that, if I call, I, I, I,	
518	help them to call the police, they must not get scared.	
519	You understand? They must know it’s the friends that I	
520	work with. Then I told them there was a lady that I, but	
521	I’m coming to this highlight, there was a lady that was	
522	helping me, Bianca. She was wow. A sister from the	
523	hospital, she came to give the, the injections to the	
524	kids in the school. So, she approached me, she said, I	
525	see you have problem in this school. She saw, I said	
526	yes. She asked me where do I refer to? I said I’m	
527	struggling to get the social workers, she said no, for	
528	now you can refer to me. You understand? Because I	
529	work ie, ie in the clinic. I am in the clinic at the	
530	community schools. You understand? Then I said	
531	Bianca can help with this problem of this child then I	
532	phoned Bianca and I explained to this child. There is a	
533	friend of mine that is going to come here. She will	
534	maybe be wearing a grey pants or a grey skirt with a	
535	pink shirt. She’s a good one. She helps the people	
536	and I asked her is there anything bad that you want to	
537	help you? Me and my friends something that you	



	538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564	maybe told someone that never cared about this problem. The child started to cry, I said what is wrong now. I give this child a cold, I said what is wrong. I put the puzzle; while we were playing this child told me that this man gave the child 50 sent and will sleep with this child. That so, when Bianca came this child had already told me the story, you understand, I have already got the part of the story. So when Bianca the same time the police came, I'd rather the police must talk, because this child is very fragile now. I'd told them I'd call them later and let Bianca came, the sister, I said this, I explained to the child, this, this is my friend. Bianca. Is also ie, if, if, if what you have told me you'd like to tell Bianca, you can tell her, she will help you. You understand. I, I felt like I should give them the privacy, because if the child wants to change the story, she can go ahead and change the story. Then you will know what the problem is. If she wants to tell the same story, then you'll know this child want to get help. I'd like that. I want to attend to the police explaining to them what's going on and understand that I would prefer to call them later, because at this stage the child is very fragile. So they understood. When I came back to the room, this child has talked to Bianca, three people the child told the story. So I'm saying, Bianca was my highlight in this school. If you can help people, like that, you understand.	
Interviewer Tamarin van Staden	565	It's a phone call away that you can...	
Interviewee B	566	It's a phone call away	
Interviewer Tamarin van Staden	567	That can help you.	
Interviewee B	568	That can help you.	
Interviewer Tamarin van Staden	569	Is there any other highlights that you can remember?	
Interviewee B	570 571 572 573 574 575 576 577 578 579 580 581 582 583	Eh, eh, eh, the other highlights that I can say is, is the, we are under coloured passion in this school, we get volunteers from overseas. They've donated things; my first aid box was empty. Like the Department of Education just puts you into this school, doesn't give you a first aid kit, something to work with. They give you that thing, they just give you the manual then you must go to work. Eh, there was a first aid box there, but it was empty. So one of the ladies donated, put money to buy things for the first aid kit. To make the sick room, the paint, to put the tap and sink in the sick room. So I mean they becoming the people that are becoming the highlights in your school the people that are not even aware of this project. You understand?	Lack of skills External challenges



	584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604	They just listen to me when I speak. Even, whe, whe, when this lady, her name is Martaley from Switzerland, she came with calabash. I, I, I was just standing with them, helping them to wait for their transport and they were very interested, what are you really doing at this school, and I explained and they asked what are your challenges and I told them. The next day she came reaching to donate something, because I feel like you are doing the good work. You understand. If the LSA can try, when you meet someone tell them fully about this project, so if they have anything to help you with, they can. Because you don't know who can be the helping hand, don't undermine anybody. You understand. The person is interested to hear about your work, don't have to mention people's name. You understand? Yo, you should just tell them what you wish can happen in my school, what I wish for my OVC's. You understand? For me, I have always, I, I do get something, but after I've got something I want something else again, to,to, I want something else again to make life better for this children.	
Interviewer Tamarin van Staden	605	How do you cope in your job?	
Interviewee B	606 607 608 609 610 611 612	I, I, I cope very well, because I, I, I, feel like in this project, don't think you can concur everything by yourself, as I've said you need people. As I've said sometimes you have a problem that is too big for you, to handle, go to your HAC. Speak to your HAC. Again you don't have to mention people's names. You understand. Go and ask for advice. You understand?	Communication
Interviewer Tamarin van Staden	613	Okay.	
Interviewee B	614 615 616 617 618 619 620 621 622 623 624 625 626 627 628	Th, the there is another one persons. I don't think you can do this thing if you want to work as an individual. You understand? I even once said, to, to, to when we went to submit the, the, the monthly report, I said to the first aider, why don't we meet before we submit our report? You understand? I hear your challenges, I hear your challenges, I hear your highlights, you hear my op money. In that then you can build up something. You understand? I know I work at my school, but something has happened in the school, I might also go across that particular thing and the advice that, the way that I solve this particular problem, might help you one day. You understand? So I feel like communicating is the best key. Networking is a best key for this project.	Networking Communication Networking
Interviewer Tamarin van Staden	629	Networking with?	



Interviewee B	630 631 632 633 634 635 636 637 638 639 640 641 642 643 644	With, with everybody, the stakeholders, the NGO's, the police. You understand? The NSA must also network, network among each other. You understand? Like now I have told Liesel and Ronel about my school, about my challenges, of the way I grew up. Who knows what they are going to phone me tomorrow and tell me. You understand? I don't know, they must phone me tomorrow and tell me, you see this problem you said you have in your school, I've got such that can write that can help. You understand? Network, communicate, be professional. A person must not look at you and say, this person doesn't know this thing. You must talk as if you know this thing. Will you don't understand; ask a person that you think will know better.	
Interviewer Tamarin van Staden	645 646	What do you think a caregiver needs to know, to be able to do this job?	
Interviewee B	647 648 649 650 651 652 653 654 655 656	Needs to be able to love. The needs of the community because I feel that the caregiver must be a person from the same community. The person that understood the community. The person that understands the needs of the kids in the school. The person that is able to love. The person that is able to keep them confidential. A person that is able to be professional. You understand? The person that is able to work under pressure. The person that can go is someone else's shoe and goes out. You understand?	
Interviewee dr. Suzanne Bester	657 658 659	And if, you were to give us advice, in planning a course, for caregivers like you. What do you think should be but it such a course?	
Interviewee B	660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681	I think, eh, like I said, eh, eh a computer literacy, be able to write their own report and refer their own report. Like I said, some of us lack education, some of us don't have the matric, some of us it may be the reason why we don't do thing professionally. It's not because we don't want to, it's because we don't know how to. I feel they should taught th, th, the, maybe talking to the community in a ways to talk to the community. You are already a member of the community, If you call the people of the community to come and listen in the particular, they will come, because they know you, but they will be interested, what are you bringing now. You understand. You must be trained in, in, in, networking skills. You understand, if you can get them. You understand. You must be trained in, in, in, in counseling, being able to counsel the OVC's. Be able to see if this child is fragile. When I was looking the example of the teacher that was talking about the problem of the child in the corridor. A five year old can run away. Possibly that child can run away and you will not find that child. That's why I asked the older kids to go and sit with the child in the sickroom,	Computer skills Counselling skills Knowledge of child development



	682 683 684 685 686 687	because I don't want this child to, to run away. I don't want this child to hear what I'm going to say to the class teacher. I don't want the other learners to hear the problem of this child and it become talk tomorrow. You understand. You must be able to treat our OVC's with respect, they deserve that	
Interviewer dr. Suzanne Bester	688 689	So you would say computer literacy, report writing skills, how to do things professionally...	
Interviewee B	690	And respecting my OVC's, they deserve the respect.	
Interviewer dr. Suzanne Bester	691 692 693 694 695 696 697	And respect. And be able to communicate with your community, you are already part of this community, but you want to communicate differently, so that they are interested in what you bring to them. And then networking, counseling. Some counseling skills with the children community. And understanding a child's behavior?	
Interviewee B	698	Yes	
Interviewer dr. Suzanne Bester	699	Anything else you think we need to teach?	
Interviewee B	700 701	Some of us didn't go to a home based HIV and aids training	
Interviewer dr. Suzanne Bester	702	Just again, HIV and aids training and?	
Interviewee B	703	Home based	
Interviewer Tamarin van Staden	704 705	Is there anything else you'd like to share about a caregiver?	
Interviewee B	706 707 708 709 710	No, except, except, it feels like a great opportunity to change other people's lives. You understand? I also want to be educated to making a change, you understand? It creates a difference also for me in my life, it gives me courage for the thing I do.	Altruism
Interviewer dr. Suzanne Bester	711 712 713	Tell me, I see you've got that training manual from the Department of Education. Do you receive any training from the Department of Education?	
Interviewee B	714 715	I, I, I for me I registered this year, I have received one training, a week training.	
Interviewer dr. Suzanne Bester	716	Okay, so it is a week's training.	
Interviewer Tamarin	717	Where is the training?	



van Staden			
Interviewee B	718	It was in Summerstrand Hotel	
Interviewer dr. Suzanne Bester	719	And they train you with the....	
Interviewee B	720	They was going through us with the manual.	
Interviewer dr. Suzanne Bester	721 722 723 724	Is it compulsory for you or is it optional for you to do the training? Is it if you are working in the community as a community caregiver? Do you have to go do that training or is it not necessary?	
Interviewee B	725	I think it is compulsory	
Interviewer dr. Suzanne Bester	726	Compulsory	
Interviewee B	727 728	For all the LSA's to be there. They expect all the LSA's to there to have the manual explained to them	
Interviewer dr. Suzanne Bester	729 730	So before you work in a school, you have to do that training?	
Interviewee B	731 732	Not actually, there were people that were working already in schools.	
Interviewer dr. Suzanne Bester	733 734	Oh, okay. They just take you and train you better? Did you find that the training helped you?	
Interviewee B	735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751	Yes it did, ie, ie ie, it did, but I felt like the people that were training us, they are not really aware of the challenges. You understand? They take everything on the face value. You understand? I so wish they could go around our schools. You understand? Advise them to file our work. You understand? Advise us in the way of working, not only taking the face value, just think you can be able to, to do this thing. You understand? They know they have employed old people, or do they know they have employed people that a, a are not well educated. I think these people need follow up, after the training. I, I, I, know they rely on the LSA. You understand? The LSA that only has a matric. For a LSA supervisor you only need a matric to qualify. A LSA that might not be computer literate, how is he going to take, how is she going to tell you your files are right or wrong? You understand?	
Interviewer dr. Suzanne Bester	752 753	So sometimes you feel that you know more than the LSA's actually does, because they are not...	



Interviewee B	754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777	Sometime it feels like you know more than your supervisor. You understand. Sometimes you feel that you are a LSA and you know better than, given then LSA supervisors, the computer literacy, the proper training. You understand. It's not only about taking the problem, how you going to solve this problem if you have no ways. You understand? Most of the people here were complaining about identification. They were saying, oh, LSA's don't have identification. But when I went back to my school I asked, what kind of identification are they looking for, because when I go to Social Development, I go with a letter from the school, with a letter head. I use that as my identification. So I'm not aware what identification they are talking about. You understand? Because I don't lack an identification. You understand? It's fine, I don't wear a uniform, but what I do, I type a letter, I ask the principal, my principal is a very difficult person, can I have a letter head for this, then I bring the a letter on a letter head, I go back to her, I want to go to USASSA, I'm looking for this. I'm going with this letter. She says it is all right, she puts the school stamp on my letter, she sign, I use that as my identification and so far it works for me.	
Interviewer dr. Suzanne Bester	778 779 780 781 782 783 784	Yes, that is a good way. It's been very helpful talking to you. It helps us to understand it. If we still feel that we need some more information, once we started writing up, then we will just follow up. When we start writing up, we are going to check with you that we have everything. It's correct. Okay?	
Interviewee B	785 786 787	I was also not aware of what you are expecting from me in this meeting, you see. I just came and said let me bring my manual because it goes about LSA's.	



Appendix C

Individual interview 2



<p>Interviewer dr. Suzanne Bester</p>	<p>1 2 3 4 5 6 7 8 9 10</p>	<p>How the interview is going to work, Tamarin will be interviewing but I might want to ask further in, so I might ask questions at some stage, um, so don't feel threaten when I also jump in with a question, sometimes it just helps to just clarify something. Tamarin will be having the conversation with you, so I will be making notes for her. Um this is just to backup, if something goes wrong with the recording tape then I have got something written notes as well, ok, you know sometimes technology lets us down. Thank you for talking to us.</p>	
<p>Interviewer Tamarin van Staden</p>	<p>10 11</p>	<p>I would just like to know, um, why do you want to be a caregiver?</p>	
<p>Interviewee A</p>	<p>12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53</p>	<p>Uh the reason, why firstly (pause) in my family ne, we have got my cousin who is very ill ne, the the time which I don't understand with the HIV and aids, so a he she has died instead ne, but we didn't know that, after then we realized that oh, her boyfriend is sick, I think, and then we understand what is this thing. Ne. And then (Pause) she leave the children, ne, so those children need care, and that's why we going, I'm going to participate in that care, of her babies. So that that thing its make me realize that there are many children, ne, that are dealing with this thing, so with my church. And there we have got amune ne. Mothers union, group, ne, so in that mothers union group we've got five things that we are doing: prayer and spiritual, mmm, o marketing, human resource, action and outreach, and the finance. So there in my church I am in action and outreach. It's were in action and outreach where I am dealing with the vulnerable children, orphan and neglected everything, that is, little to the children. Ne, so if we outreach we are working with our community, ne, it is then, we come in also in all these schools, in my area, we visit them, because the children we are working with they are the spirit of the school, and ne, so that's where the principal of my school see me there in my church because I'm come here to check the children who need e new uniform, who needs stationary, I, I, and then we also have the donation of clothes in members of our church, so its where we come here to with that clothes, you know. So then ah I have that girl, Passion are even making the soup there by the church, bu after school, so we've got after school ne, that after school is dealing with their homework's and also we've also got the social group where they are getting ie, ie life skills. And then we've got HIV and aids, we, they are uh teaching about iem gender, protection, influence, many topics there ne and the HIV and aids. So ge then when the times goes on ne, they are going to the church during the holidays so elected there so those children that in their, we do home visits ne, so you must know where they are living ne, so we see them ie vanity something comfort you know, something to be go out you know even in this situation se was in so like those children they are needed to be out, in our camps at the church, so then came cogu. When the Department of</p>	<p>Provide support</p>



54	Education need a caregiver, principal take me there, in	
55	those group ne, and then he do the, we are coming here	
56	about school of twenty volunteers and ne, and in those	
57	twenty volunteers ne, we are volunteering to health ne, we	
58	are joining health mm my sisters care group. Yes at	
59	school. So we are dealing with their, with their parents	
60	ne, and also the children who are HIV, ne. Then we are	
61	doing door to door home visits ne. In we select to resync	
62	the day we are going to do door visits, and then thereafter	
63	Department come with the...that we need the a volunteer	
64	so principal let me into that group, because he knows me	
65	from my church ne. And then I am leaving them, that	
66	group, but they, but they are still here in the school. And	
67	I'm doing with this eh caregiver under Department of	
68	Education, eh the caregiver of the Department of	
69	Education only looking at the child and not to we are not	
70	dealing with the parents. We parents we are only refer to	
71	the ilandros, to those be home based care, if they, if they	
72	are doing home visits, I see that the parents are sick and	
73	the child are not going to school because they are looking	
74	at her mother. And then when I see that situation, I come	
75	here back to school and I then report it, then I refer. I	
76	report that to them as a home based care as the parent	
77	need help ne in that house. So it is something like that.	
78	And then. So as time goes on ne. In in eh I'm not leaving	
79	there at the church during the time I am here because te	
80	te there at my church, we are doing this afterschool not	
81	during the school. During the school I'm here and then	
82	after school I'm there to help them with their homework a	
83	ne. And then we ah also can, you can also identify them	
84	there ah there are something that, you see the child there	
85	is something wrong with the child, but we do not know,	
86	that is why we go back to the house, we want to know	
87	what's happening in that house ne, by you seeing the	
88	child doing the wrong things ne. Then you want to know	
89	ah I wonder what is he's background ne, before you know	
90	that is something there is wrong, you know. And then, ill	
91	also, what are we doing here at school, we are filling them	
92	in, that form I don't have that form here ne, there is a form	
93	ne, I must fill. All the children of the school. But because	
94	of the many children, I can't do that because I must the	
95	assessment form. They call it the assessment form. So	
96	in that assessment form I ask many question that I ask	
97	that child. It's something like one on one with the child ne.	
98	So then ieh, its where I find this child ieh need the grant,	
99	there's no grant here, there is no birth certificate here, and	
100	the go gogo eh I I I, I see all the this identification ne. The	
101	first thing in my action the action eh at the bottom of this	
102	form, I must do the home visit. Want to know why this	
103	child didn't have birth certificate in her parent. So it's	
104	were in gogo that I divides the parents so is other, other	
105	there other problems like this. His mother died te she	
106	didn't have any ID ne, and then the child is difficult to find	
107	ieh birth certificate well this child, sometimes this child	
108	didn't even have a clinic card. And the granny didn't know	



	<p>109 where this child was born, and then eh, there is the case 110 where the granny goes to all those hospitals here in PE 111 but they didn't find the child. And then ieh he came back, 112 we do a something, he better here at school, to write this 113 letter to say principal ne you know this letter is the child of 114 the school. And then his mother tell all of what's 115 happening with this child, and then go to Home Affairs 116 with ieh documents the granny. But ieh Home Affairs will 117 not agree with all those things. With those letters with 118 those affidavit. Him here the the child hospital form 119 although her mother didn't know where's the hospital 120 because mother was died nobody knows which child is 121 born. And then the granny didn't even know the date of 122 birth of this child then the only thing that says her child 123 has got this baby, another women like a neighbor he got 124 that baby then, she used the same year of that child and 125 his grandchild. So ieh its something like that. And then 126 baty, in that case I didn't have any socion because Home 127 Affairs want those hospital things, document, although we 128 didn't found it. And there are children ne, ieh their grant, 129 their grant are abusing by their parents others. Then we 130 got this children and we leave this children with the 131 granny, and go with their grant. Staying with the boyfriend 132 and used that money, you know and when her mother 133 want, this money she said she didn't have this money, is 134 her babies money, you know, something like that. And 135 then the granny come in, and I help her by ilabour ne, 136 then we will report the mother by labour. Ieh ieh its easy if 137 the parents know the details of the mother ne, so we she 138 the labour found easily, who is this, they cut the grant and 139 also go one day to the address where she was staying 140 and go to her, to, to, to researchba where is the children 141 and ieh what about the grant and then ieh she didn't know 142 nothing and the children was not staying with her so that 143 is why it is so easy to cut the grant. And then the mother 144 is got the change to apply again ne, because she is the 145 one who is staying with the children. Is the cases I 146 dealing. And the other one is the abuse. There are many 147 abuse there. Ieh abuse. And the we got another abuse 148 here at school ne, the one who the mother will not agree 149 to that, like something is happen, you know like that, and 150 he also, when there is a lando, social worker hospital 151 reported this to, to the school to her class teacher ne. 152 That the children ne, was a long time abuse, and the 153 mother was not agreeing, and the social worker want to 154 take her child, then heeee she didn't want her child to be 155 take by the social worker and then he took the child at 156 hospital without any treatment. And when the child was 157 here in the locage, he was suffering, she was sick. The 158 time I visited her she was not knowing that I'm there was 159 something that I know, what is happening to this child. So 160 I just stepped into the house, to check why the children 161 wasn't attending school, because I'm eh dealing with 162 those children who are not attending school ne. I've got 163 that list, that the five day not attending school, three days,</p>	<p>Provide support</p>
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	164 165 166 167 168 169 170 171 172 173 174 175 176 177	so I do the follow up to their home ne, and then when I came, to this house, then, the mother didn't know me so I introduced myself to her, and then thereafter, I tell, I told her that I'm coming to see eh the child, and then said to me, oh no she was there, she was bleeding with the nose and this things starting last year Thursday and I think it started that day. I didn't have chance on Friday ne, so I told myself ill go there on Sunday afternoon, after church, I have the chance to go there, because I want to give the report at school. So then, from, Thursday last week I asked that mamma why aren't you going to the hospital because is the blood, is going out of this child and what is happening to this child so the, oh no (telephone of the school is ringing in the background)	
Interviewer dr. Suzanne Bester	178	Is it for you?	
Interviewee A	179 180 181 182 183	I don't know. I think is principal. (Answering the telephone) (Telephone conversation is finished) Is somebody who wants the secretary, but the school is closed.	
Interviewer dr. Suzanne Bester	184 185 186 187 188 189 190 191 192 193 194 195 196 197	Ah shame. So it sounds to me if your, your um, decision to become a care worker, the reason why you are a care worker is, it started first of all with a personal experience you had with your own family, that went through a bad illness with a cousin that passed away, and when you saw your cousins children you realized there are many children like this. And then you have when you started getting involved at your church, you felt that you had a passion for this, and this is something you are doing now, it sounds to me if you are doing it almost full time, everyday where you work here at the school, but also still at the church, as a care giver. Would you say that, that is an accurate summary of why you became a care worker?	
Interviewee A	198 199 200 201 202 203 204 205 206	I think I like this, I love this because I use family I don't know if there is something that I, I like it. And I think even mmm if I've got the money, I want to be a social worker to help the children, it is because of I don't have money to study, but there ieh at my church there is a chance there. They are taking, how many of us, one, two, three, four, ne, who are doing ieh National NACCW eh, eh, I'm the one how are in that training. So it is our church who pay for us, to do that training.	
Interviewer dr. Suzanne Bester	207 208	Oh ok and where is the training done? There at the church or ...	
Interviewee A	209 210	Yeh another church eh, with another group of the churches. Ah I don't know how many of us.	
Interviewer	211	Oh ok.	



dr. Suzanne Bester	212 213	So tell me you said: "I like this." What do you like about being a care giver? What makes it...	
Interviewee A	214 215	Eh, eh, I like to help, to see like this child this thing eh not to suffer you see that.	Altruism
Interviewer Tamarin van Staden	216 217	What are your responsibilities as a care worker or care giver?	
Interviewee A	218 219	Ok my responsibility, I must make sure everything is going all right	
Interviewer Tamarin van Staden	220	With the children or with everything?	
Interviewee A	221 222 223 224 225 226 227	Ah with the children. And also, we are involved with eh even in their families, because they are the part of the school you know, so if a child's mother is sick ne, that child didn't concentrate at school because of that thing. So I must make sure that the parent that everything of the parents is going all right and then the child is going to be okay	Identify needs
Interviewer dr. Suzanne Bester	228 229 230 231 232 233 234 235 236 237 238 239 240	All right let me ask you there, you already told us quite a bit about your responsibilities. It sounds to me if you come to the school and then the school tells you about a child here at the school where there is something wrong or you pick up something at school something is wrong with this child. Then you have an interview with this child where you have that assessment form that you complete with this child, and once you've done that interview, then you, at the end of the interview, you have an action plan of what it is that you will have to do with this child, in other words either go to the family and find out what is happening there, to verify some of the things the child is saying	
Interviewee A	241	Yes	
Interviewer dr. Suzanne Bester	242 243 244 245	And when you have done that, it sounds to me as if you help the family and the child to get stuff like a birth certificate, or to get to a social worker, to take the child to the hospital. Is that more or less your responsibilities?	
Interviewee A	246	Yes	
Interviewer dr. Suzanne Bester	247 248	Who tells you what these responsibilities are? How did you know this is what I have to do?	
Interviewee A	249 250 251 252	Eh, eh (laugh), I, I think we, you also, sometimes you also have workshops ne, so those workshops helps us how to do our work you know. There is the other thing, they help us	
Interviewer Tamarin van Staden	253	And um, challenges that you experience?	
Interviewee A	254 255	Um, challenges, uh. Like in, challenges I think I experience ne, sometimes if the eh, there is a lot of	



	256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272	challenges there, a child, they are there they are four ne, and they are through their father and then, his father already sick and grew between and admitted to hospital, and then there is a child there must take care of those four also a child to take care of but the first time I deal with them he failed going to grade 12 but because I I told to help if there's something he needs to check to teachers of cleaning because the child is also positive to all of need treatment that things so I is involved so ne I see that things is going to get worst so she past her grade 12 that year and also she was doing so much. The money to go further her studies is difficult because nobody has money but she was doing that much she was busy with her course and then the father told the children illness is coming more go the you know that ne, and go to the homeris hospital and then this children is sick and if her father is sick also was	
Interviewer dr. Suzanne Bester	273	Okay	
Interviewee A	274 275 276 277 278	Say to me, my father doesn't want to take his medicine uh his not going to hospital so I said to her don't worry after school I go with you and speak with your father so I do that and then I o o o all alone is that people beliefs in the rastas	
Interviewer dr. Suzanne Bester	279	O	
Interviewee A	280	So he doesn't do medicine	
Interviewer dr. Suzanne Bester	281	O	
Interviewee A	282 283 284 285 286 287 288 289 290	So after I speak with her father that this thing you do will make her ill more because he was worried you are not going to clinic, not use the medicine and then you think that she was not looking at you but she, she was looking at you know everything you are doing, you not able to do that you do so and say so after after this grade 12 she take her uncle to hospital and then she, she he take her treatment and the he uh than this one she was happy her father taking the treatment.	
Interviewer dr. Suzanne Bester	291	Tell me what makes your job difficult?	
Interviewee A	292 293 294 295 296	Ok they are not getting like those you not getting the bits of difficulty it's not easy to see people suffering they are not getting there are no grading o o o no working for the families so they need to be support and then the ussa she was doing the proclaim promises to me sometimes	



	297 298	there are no phone that's free passa . It's not easy to get that thing his making to ussa	
Interviewer dr. Suzanne Bester	299	So it's very difficult to get the resources to the people?	
Interviewee A	300	Yes	
Interviewer dr. Suzanne Bester	301	What makes it difficult?	
Interviewee A	302 303 304 305	I don't know I because of there are having that o o did not have the truth they take things they have told there have something and that's those people doing wrong things and then uh to other people	
Interviewer dr. Suzanne Bester	306 307 308	O Okay so there are people how are ontruefull about their circumstance so they take those food pasels, people that actually need it don't get it.	
Interviewee A	309	Ok	
Interviewer dr. Suzanne Bester	310 311	Is there like a long process for the person to qualify for the food pasel?	
Interviewee A	312 313 314 315	Jo, it's long because even if know did not find that for uh stress I don't know because she was suffer to get, he didn't get the grant uh she didn't have the identification so she did not get the grant from ussa	
Interviewer dr. Suzanne Bester	316	Ok, anything else that makes your job difficult?	
Interviewee A	317	Uh I think there is uh uh e e child there at school	
Interviewer dr. Suzanne Bester	318	Uh	
Interviewee A	319 320 321 322 323 324 325 326 327	And this child last year she was staying uh fifteen or sixteen years the reason he was staying alone with her sister and then her sister he didn't know her sister was pay his grant all the time and then he come to this uh to report that he is staying alone her sister was leaving her grant to study to his grant he was going to Gauteng and then he was alone at home there er er er neighbour sometime ... something to eat or ... electricity. Principal help with paying the electricity	
Interviewer dr. Suzanne Bester	328 329 330	So it sounds for me that there is a lot of dishonesty around here, people the children how needs the grand's don't get the grand's.	



Interviewee A	331	Yes, they are suffering	
Interviewer dr. Suzanne Bester	332 333	Then you must find ways to help these children and then the grand is gone. It's gone no grand	
Interviewee A	334 335 336 337 338 339 340 341 342 343 344 345 346	So there's another thing so that, this child is going to o o steel if there is a long time didn't have something to eat so another thing is here ne... secret of the parents of the sickness of the child of there school the child became sick but he doesn't know what happen and the change the child e e a serious child is sick ne take to the clinic than the phone the parent Part then a a while there have experience at school when they was there the clinic then the mother arrived at the clinic so the child ne when we are found out the necessary then the mother say the child must be back for two weeks back to check the sickness then I know because she didn't want the people to know about this	
Interviewer dr. Suzanne Bester	347	Umm	
Interviewee A	348 349 350 351 352	You know then he e e then the child is becoming sick at school nobody knows what happening and the child was refer admitted to hospital they said to us they don't know what's going on because we e the time the mother was there do no how difficult then the child difficult zero	
Interviewer dr. Suzanne Bester	353	Uhh, sjoe	
Interviewee A	354 355 356 357 358 359	You must be there at hospital the mother must tell the child what's happening with him, and then the child wants to know what's to know way I must take the medicine but what is the treatment for and then the mother don't tell him and then he came back to me, and I can't do that ... you must do that	
Interviewer dr. Suzanne Bester	360	So the mother wants you to tell the child?	
Interviewee A	361	Heeee	
Interviewer dr. Suzanne Bester	362	Tell him he has Aids (HIV) okay	
Interviewee A	363	So I told her I won't do that the mother must tell him	
Interviewer dr. Suzanne Bester	364	So why do you feel you don't want to tell ?	



Interviewee A	365 366	The reason why I don't want to tell I want him to trust there parent you know	
	367	Silence	
Interviewer Tamarin van Staden	368 369 370	Umm, success you experience as a caregiver? What success you experience? What is a highlight for you as a caregiver?	
Interviewee A	371	O, okay!	
Interviewer dr. Suzanne Bester	372	What's make you to go on?	
Interviewee A	373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396	I think the highlight is when the children see the uniform those there are coming ... no uniform for those that is not nice and there are others feeling cold and others don't have shoes difficult walk or something like that so when they see the uniform the child was sick to coming or write to do all my needs.... The child she was that worried about her father I do ... about that child and to her sickness because I also speak to the principal but ... principal you must do something because the child is so afraid we can loose them but the principal tried it ne an uhhh m ... to buy her something that make her eat you know so such things so the child becoming ... so they do ... he come uhh porridge for her something like that ... he want to built her up but I was so worried she likes the school but I see she must not be here at school but she want to go to school so we, so we make that mistake I must make sure that she eat the porch and everything is oraait with her, so okay e e (cough) so another thing is... I want to be a success to see that he was not doing good either but she was brilliant, she was doing normally and the another thing to see that they pay there grant to make sure they paid there grant... and they there parents make sure they eat normally	
Interviewer Tamarin van Staden	397 398	So it's for you good when you see the children doing better or eating better then, then you are happy?	
Interviewee A	399 400 401 402 403 404 405 406 407 408 409 410 411 412 413	You are happy. You know last year this year early this year I was so worried about another child was died. I didn't know way I didn't notice him you know but he, he like me but I didn't see him but there was something going wrong to him I see the time I I see his name on the list of the absent list so I go to home and ask what happened so then I found her at home jo and she was serious and then I ask the mother an she says there are nothing staying a e everything eat go back something like that remitting and all sort of things that is happening he needs to go back e e something like that... happening to him and then I came into the school but I was worried about this child so then I just want to go there, I want to see what ... (sigh) and then she said she didn't know he must tried the soup ne I do all those to take the soup to those house ne, then there	



	414 415 416 417	after... e e I speak to e e his teacher ne he teacher won't ...when the child is sick I worried and in my head I I hate to think this child is gave ring you know so then the times goes on e e that thing going on and then died.	
Interviewer Tamarin van Staden	418	Umm	
Interviewee A	419 420 421 422 423	E e and then the e e the school... she decide... this child was strong not like others... and something like that she was to very strong ne so h h we didn't know what was happen to him it was quickly his... so we didn't do much to help him you know, that another thing to help	
Interviewer dr. Suzanne Bester	424	Okay	
Interviewee A	425	You know that?	
Interviewer dr. Suzanne Bester	426	So it's worry's you when you can't help people?	
Interviewee A	427	Mmm	
Interviewer Tamarin van Staden	428	How do you cope with your job?	
Interviewee A	429 430 431 432 433 434 435 436	Jo I e e you know if there's something is not right jo I speak ... I said to the child my head if have ... I want to sleep so I didn't want the children know there are something did me worried about ne, the only thing I got this headache then the mother see they have headache ... so I didn't want to see there's something make me worried in my work so e e I protect my family all the time I doing that	
Interviewer dr. Suzanne Bester	437	Okay	
Interviewee A	438 439	Because if there's how must I help with them I must help them... you've got homework...the only thing I deal with...	
Interviewer dr. Suzanne Bester	440	But your work sometimes make you sad?	
Interviewee	441	Yes	
Interviewer dr. Suzanne Bester	442 443	And how do you cope with that? How do you deal with it when you feel sad?	
Interviewee A	444 445 446 447	We often said I didn't want I didn't want to speak I sit quietly and then someone see me and ask what's wrong because the one likes to speak way and I don't want to speak to me now	



Interviewer Tamarin van Staden	448	O, same	
Interviewer dr. Suzanne Bester	449 450	So you pull into yourself and you just sit and when you think what do you say to yourself?	
Interviewee A	451 452 453 454	E e when I think, I think I didn't do this and there's something I must do because I go to e e my responsibility so then I said if then I sits quietly things I must going back for it.	
Interviewer dr. Suzanne Bester	455 456	And how long this take you when you sits quietly before you go back?	
Interviewee A	457	E e	
Interviewer dr. Suzanne Bester	458	How long you have to sit quietly?	
Interviewee A	459 460 461 462	I don't think e e e about 3 hours because you no no there is someone coming to said something to me all those things are going out I forget everything I move to this thing now	
Interviewer dr. Suzanne Bester	463	Did you know someone that you can talk to?	
Interviewee A	464	Yes	
Interviewer dr. Suzanne Bester	465	How do you talk to?	
	466	Long silent	
Interviewee A	467	When I have something I e e I talk to my mother.	
Interviewer dr. Suzanne Bester	468	Your mother?	
Interviewee A	469	Yes s s s	
	470	Long silent	
Interviewer dr. Suzanne Bester	471	And that makes you feel better?	
Interviewee A	472	Yes, because she advise me	
	473	Long silent	



Interviewer dr. Suzanne Bester	474	Anybody outside your family that you talk to?	
Interviewee A	475	There's another women in the church	
	476	Long silent	
Interviewer dr. Suzanne Bester	477 478	Is she a professional or a social worker or just a friend at church?	
Interviewee A	479	It's a friend of mine, she is teaching grade R	
	480	Long silent	
Interviewer dr. Suzanne Bester	481	Is jy klaar?	
Interviewer Tamarin van Staden	482	Nee, nog enetjie	
Interviewer Tamarin van Staden	483 484	Hmm, what did you think a caregiver needs to know to be able to do this job?	
	485	silent	
Interviewee A	486 487 488 489	Jo, (sigh) anything a caregiver needs to know to do this job? Ugg, you must if you are a caregiver know a child... identify a child	Knowledge of child development
Interviewer dr. Suzanne Bester	490	Mm	
Interviewee A	491 492	If like you must be the one who find the child and then you must know how to help it and you no the network...	
Interviewer dr. Suzanne Bester	493	With who?	
Interviewer Tamarin van Staden	494	With who do you need to work?	
Interviewee A	495	With the stakeholders and social development	
	496	Silent	
Interviewer dr. Suzanne Bester	497	Networking? What else?	
Interviewee A	498 499	Uhh (laugh) I help what I doing you must be able to home visiting	
Interviewer dr.	500	Okay	



Suzanne Bester			
Interviewee A	501	Ye, so you must know where the child is staying	
	502	Silent	
Interviewer dr. Suzanne Bester	503 504 505 506	If, if you have to give us advise. If we have go and think what training do we need to give a caregiver, what would you tell us what should we put in this training course	
Interviewee A	507	Okay, I think ... (Silent) training for a caregiver	
	508	Silent	
Interviewee A	509 510 511	You must know everything about a child because what different children you must know how to communicate another thing communication to a child and also	Knowledge of child development
	512	Silent	
Interviewee A	513	Know there rights	Knowledge of child development
Interviewer dr. Suzanne Bester	514	Umm	
Interviewee A	515	Make sure the children there knowing there rights	
Interviewer dr. Suzanne Bester	516	Okay	
Interviewee A	517 518	You know and then and also each child of them have a responsibility you know	
	519	Silent	
Interviewer Tamarin van Staden	520	Did you find ...	
Interviewee A	521 522 523	Their behavior you know... There are not having the same way... so a caregiver must know how to do those cases	
Interviewer dr. Suzanne Bester	524 525	To understand the behavior, to understand when something is wrong?	
Interviewee A	526	Umm	
Interviewer dr. Suzanne Bester	527 528 529 530 531 532 533 534 535 536	I think it's a very important thing that you are saying that you are really need to know the child. Know how to understand and know to talk to the child. How to communicate to that child because sometime talking is not the best way – to find other ways to communicate to the child. And you said something very important to know a child rights and the parents have also have certain rights because a issue like HIV Aids you need to be very sensitive because the community can turn ugly when you say	
Interviewee	537	Mm	



A			
Interviewer dr. Suzanne Bester	538 539	When you say things, parents do want to know. So do you think there's something that you need to know about that?	
Interviewee A	540 541 542 543 544 545	Yes you know e e I didn't know ... I think when people like us, black people it's not easy to speak HIV. They said that is something that is killing you know. Were are not saying it HIV and then if there parents can say it and speak about HIV at home then the children going out and know everything about HIV you know?	
	546	Silent	
Interviewer Tamarin van Staden	547	So it's easier to the parents to speak about HIV at home?	
Interviewee A	548 549 550	If the parents can, it can be easier so the children they can when they going out they already know about HIV but it's the parents how are difficult to speak HIV	
Interviewer dr. Suzanne Bester	551 552 553 554	It's difficult to speak about but you say if the parents just want to talk to talk in there home langue the children will know about it and when they go outside then they will be safe	
Interviewee A	555	Yes	
Interviewer dr. Suzanne Bester	556 557 558	So you think perhaps how to educate parent or how to talk about HIV do you think they need help with that or that you need help to talk about it with there children?	
Interviewee A	559 560 561 562 563 564	Okay, even the parents because this thing it came to back to homes where the children they said they want to say to him like to his mother m m I doing that and I am HIV positive so it's not easy to them to say that because the mother say you are not my child, you are not my child when you say that you know	
Interviewer dr. Suzanne Bester	565	Okay	
Interviewee A	566	So	
Interviewer dr. Suzanne Bester	567	So there's a lot of shame around HIV?	
Interviewee A	568	So the parents need to be educated they need education.	
Interviewer Tamarin van Staden	569	Okay	
Interviewer dr. Suzanne	570 571 572	Is there anything that you think is still important for us to know about a caregiver job? Or what caregivers need in there jobs anything?	



Bester			
Interviewee A	573	O, okay. Caregivers	
	574	Silent	
Interviewee A	575 576 577	I think to me ne it can be difficult you know like ... like ... Sometime what's to be a caregiver that's not easy to them because they know	
Interviewer dr. Suzanne Bester	578 579	So it's difficult to move into a place there is already caregivers they don't trust you? Is it what you are saying?	
Interviewee A	580	Yes	
Interviewer dr. Suzanne Bester	581	It's difficult to be ...	
Interviewee A	582	It's not easy ja it's not easy	
Interviewer dr. Suzanne Bester	583	Mm	
	584	Long silent	
Interviewer dr. Suzanne Bester	585 586	And how has your life change in the community since you became a caregiver?	
Interviewee A	587 588 589 590	What change is that because I know with it I life and then they e e a a they other they can't go to school to report and they are not suppose report and then they go to me to report know that	
Interviewer dr. Suzanne Bester	591 592	So they came to you and they tell to you there is something wrong?	
Interviewee A	593 594 595 596	Something that thing only you can help them you know then they the thing I don't know a a a what they are doing the thing there is someone that can help people with everything you know	
Interviewer dr. Suzanne Bester	597	Mm	
Interviewee A	598 599 600 601	Something like that, then others they say you can hear them they say, they say social worker you can go and help e e a the others they came e a problems off the house, they must go to the e e not me you know	
Interviewer dr. Suzanne Bester	602	Mm, ja	
Interviewee	603	I can't help them	



A			
	604	silent	
Interviewer dr. Suzanne Bester	605	So your community ... you at some stage?	
Interviewee A	606	Ye Ye	
Interviewer dr. Suzanne Bester	607	They look at you as someone that can help us?	
Interviewee A	608	Yes	
Interviewer dr. Suzanne Bester	609	That must make you feel good?	
Interviewee A	610 611 612 613	Mm, it feel good. I don't feel that but but they feel jo and others forget and you e a jo you help me with somethings so I I I you know o I forget about that thing I doing with her long time	
Interviewer dr. Suzanne Bester	614	Ja	
Interviewee A	615	So then I realize her	
Interviewer dr. Suzanne Bester	616 617 618	You community is recognizing you and look up to you when you help with al sort of problems they say we trust you	
Interviewee A	619 620 621	Yes, they say she is the one that helps. I refer them to others and they say they will waiting for a long time, they said they want you wait for you	
Interviewer dr. Suzanne Bester	622	They trust you	
Interviewee A	623	Yes, y something like that	
Interviewer dr. Suzanne Bester	624	Anything else you like to ask?	
Interviewer Tamarin van Staden	625	No, it's fine	
Interviewer dr. Suzanne Bester	626	Thank you so much	
Interviewee A	627	Thank you	



Interviewer dr. Suzanne Bester	628	You really enrich our understanding of your job	
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Appendix D

Focus group discussion



T	1 2	Can you share with me you experiences as community volunteers please?	
S	3 4 5	This is just our general experience, what is it like to be a volunteer? What, what does that mean to be a volunteer?	
C	6 7 8 9 10 11 12 13 14 15 16 17	O, Okay firstly I say it isn't a nice job, because firstly is hard because some people joking and some other people do tell and then we come. Then we come to the house to explain... Maybe the family will not aloud you because you are a stranger – then you may address yourself... We as volunteers tried not the get tired. Earlier we can go to and came there and tried to make them understand that you are there to help. I will say listen it is not an easy thing when you start to forget. In future now there are so many things that they are do what is wrong. Then that's way other people there is not ready to accept other easy.	External challenges
S	18 19 20	So what you saying is, it is very difficult to go into a house and you wanted to help and to say you are there to help because people don't trust?	
	21	Yes, Yes	
C	22 23	You must first go down and winning their trust before you can start helping them and they is difficult	External challenges
S	24 25	Do you have the same experiences or how do you experience it?	
E	26 27 28 29 30 31	What a experience is that you neighbours don't want you to come in her of his house to check if there is something wrong to their children. You notice their kids doesn't have school shoes. The kids didn't eat at school, so she know we going to call social workers so they don't accept us as volunteers.	Identify needs External challenges
S	32 33 34	They see you as somebody that is coming and look what they doing wrong? Or to take away their children? Take away the grant money	
	35	Mm Mm	
S	36	That's not what you going to do. You can't. We can't	
S	37	You just mean to help?	
E	38	So they doesn't understand, talk to him.	
S	39	And your experience?	



A	40 41 42 43 44 45 46 47	Being a volunteer is not a easy job because we come around so many problems and they don't trust you. Firstly mm you must win their trust because they have so many problems the families have so many problems some of them they evenly...in some houses you will see their mothers and granny's know all the secrets and we sits down and tell them how you work with them. Some of them is sick and they don't even know that.	External challenges Identify needs
S	48	Okay	
A	49 50 51 52 53 54 55 56 57 58	They are sick, if a volunteer see and you ask what is wrong they all said it is fever or stomach and you see that this is not a stomach or a fever that is something you must see a doctor or the clinic. You must go to the clinic and we are allow to do that because you can see that person sick and he doesn't want to go to the clinic. You must go to the clinic and send the doctor to that house and give them your number so that they can go to visit and see that... it's easy. They came and fetch that person and go. They start treatment.	Identify needs Provide support
S	59 60	And then when you to this are the people angry with you or are they happy? They are angry? Why are they angry with you?	
A	61 62 63	Because they don't want us to help and if you go to the clinic you must know they will tell you they will not go to the clinic.	External challenges
S	64 65 66	So they don't trust you any more once you report them to the clinic or ... and you're not allowed in that house again?	
E	67 68 69 70 71	Some of them are willing but most of them are not, because you tell the person you want to help – it's a long time you got this fever. And if you go to a person you must not say you go to the clinic you must just go. They are scared.	
S	72 73 74 75 76 77 78	You said they are scared that some of you going to tell the people in the community they are sick and the people in the community push them out or what is the core? Why are they scared? Because a illness is a little bit different from a person that neglecting a child or abusing a child. If you are caught out with something like that it will be serious.	
C	79	In most cases it happens when a granny is ill, they don't	External challenges



	80 81	want us to put our nose in their business or is busy with something else.	
S	82 83	So you feeling that they say you think they are not good enough to take care of their own people	
S	84 85	They are caring for them so don't put your nose in their business.	
S	86	Proud...	
C	87 88	So they not looking after when he feeling okay they go to work and came home late and at home do nothing.	
S	89 90	So this is a bit of proud – they is to proud. They feel you came and interfering? That must be difficult?	
C	91 92 93 94	You must trust and make them believe that you want to help. Help them understand that we just want to help. It's not going to take one day, it will take a year or a month to make him or her to trust you and make peace.	Altruism External challenges
	95	Okay	
S	96 97 98 99	On a long time. In the end it will be positive but at first difficult to overcome. He or she doesn't understand why you volunteer yourself to come out and give them senses?	
S	100 101 102 103	It brings us to the questions – why do you volunteer? Why what is it that you want to volunteer. Not all volunteers are being paid. Is there somebody round the table being paid? Nobody	
C C	104 105 106 107 108 109 110 111 112	I said for myself I volunteer because I want to go...To volunteer yourself your saying that you want God to see that you are helping and God can reveal something, because you volunteer out of your heart. I got a job and someone will need a volunteer who gets some pay. To get some pay you refer how you are and someone can say I am available... We are doing this out of our hearts so everyone can see you can do the job. So you can keep yourself busy so you don't get frustrated.	Altruism Altruism
	113	Depression	
S	114 115 116	So if you sit at home and had nothing to do, you can start feeling sad about your circumstances why your are out there doing something for others you feel that that is not	



	117 118 119	going to happen to you. What make you? Because each one are differently. Each one had their own story why they got into this and what motivate them.	
F	120 121 122 123	My experience make... that was in a community there are kids that are smoking and drinking. We are do everything. Can you see that? I am here to help your child. Then the mother say he/she does not go to school	
S	124 125	Okay you was looking to your community and saw the children and taught you can help parent with that	
S	126 127	Why did you decide to volunteer? She is a new volunteer. Laughing	
D	128	Firstly mmm can I answer in Xhosa?	
S	129	You can. Can somebody help us translate?	
	130	Yes	
S	131	You only a volunteer translator? Laughing	
C trans- late for D	132 133 134 135 136 137	Firstly she sits at home and she has some skills like computer skills. She helps parents of the school. Help the principal. Moderate them and help then who did not haven't skills. If someone is busy she can give the children work and learn them the skills. Developing skills	
S	138 139	Okay. Are you hoping that the skills you acquired will give you one day a job?	
C	140	Someone else who got the skills can give it to her	
S	141	Okay	
S	142 143	So your are hoping that this is in serves training for you. Make yourself more appoint able	
C	144	Yes Yes	
S	145 146 147	You make yourself more appointable. Maybe get similar work somewhere else, so you can said you do this for five years now. That will be skilled.	
	148	Most of us...	



S	149	Okay	
S	150 151 152	Okay, that's wonderful. So you are here at the school and you getting admission so you can get pass your grade 12? When did you hope to pass your grade 12?	
E	153	Any time	
S	154	How do you become a volunteer?	
B	155	Xhosa	
C Trans- late	156 157 158 159 160 161	She is similar. To be here at the school getting skills. She is helping with grade R. She is doing that of her heart. Also help cleaning the classes in the school. She gave the children work and get the skill of standing in front of people. Children can see she came and help anytime.	Personal gain Provide support
S	162	It's a nice school to be in.	
C	163	Yes, to top our children	
S	164	Proud to be here	
B C Tran slate	165 166	Better her skills and got parenting skills. We do positive things. One day we get better jobs.	Personal gain Personal gain
S	167 168	By observing the children here. Okay that's interesting And you?	
A	169	Okay, been a volunteer. It's my passion to help.	Altruism
S	170	Since when do you feeling this passion?	
A	172 173 174	Since 2005. Helping sick people. Dealing with children with HIV positive. Children are true. Mother is killing that child. It is my duty to take that child. I start here 8'oclock	Provide support
S	175	Is your child in this school?	
	176	Yes	
S	177	Are you all have children in these school?	
	178	Yes	



S	179 180	So you are parents of this school community. You contribute to your children school?	
	181	Yes	
S	182	Okay, so you are good parents? You are committed.	
	183	Yes	
S	184 185	Are you going to be here? What are you doing during school holiday	
	186	We get visitors and helping them	
S	187 188 189	So being volunteers here at your school does that feel you have a sense of belonging? That you belong somewhere in a place you are valued?	
A	190	Learn so many skills.	Personal gain
S	191	Do you think the school appreciated you?	
E	192	Yes of cause	
S	193 194	How do you know the school appreciated you? What did they do?	
E	195	They want us to have work. They want as al the time	Personal gain
F	196 197	If you was not there, they will ask you tomorrow where you've been.	Personal gain
S	198 199	So they miss you? And the children do they appreciated you?	
	200	Yes	
S	201	How do you know that?	
E	202 203	If we go to the classroom, we can see how happy they are to see you.	Personal gain
S	204	Are they happy to see you?	
	205	Yes	
S	206 207	So that make you feel they appreciated you? Did they treat you nicely here at school?	



E	208	Yes	
S	209 210	Did they have good manners to words you? Do they respect you?	
S	211 212 213 214	What do you think is your job as a community worker? What did you do in a day? Must you go to families? If you see a child how is dirty, then you must go and do a home visit. But what is your job as a volunteer?	
E	215 216	Do lots of homework. Do it in the afternoon. We are here from 8 till 3. Help with homework.	Provide support
S	217	Is it here at school or in the community?	
E	218	After school in the community	
S	219 220	So what do you say is your job? You help with all sorts of things.	
C	221 222 223	Inside school boundaries. Parents need to help. I give help. I can see how it goes. There are sports. Caring positive and being here and talk positive at school.	
S	224 225 226 227	You act like a link between school and community? When you see parents are not involved you will go to them and tell them what happen. When you go to tell them, they are open or they not want you there.	
B	228	Some of them are open.	
E	229 230 231	Some no, no, no . I am supposing to work. The principal say this child must play netball, and they must get the experience.	
F	232 233	They feel they are important.Is not a easy thing to go to someone's house.	
C	234 235 236 237	What I experience many times they feel happy. They feel not neglected by doing that they feeling appreciated. Explain homework and ask if some things are true.	
S	238 239 240 241	You act as a source of information to the parents because you know what's going on at the school, and they don't always have the opportunity to come to school.	



C	242	Yes	
S	243 244 245	So you mostly work in the boundaries of the school. Is there any one working outside the boundaries of the school?	
C	246 247	Monica working outside so that we can get that information.	
S	248 249 250 251	What did you think the community expect from you? Do you think they have expectations? Were they think a volunteer must do this or that or helping with this or that?	
C	252 253 254 255 256 257 258 259 260 261 262 263 264	From my side to work with the community you must have manners. They must trust you. You appearances to them, you must be good. They must be positive. Because why I say so – you can't go to community. I don't know how to put it – if other people lies, people will not trust you. First time you talk to the community you must be open yourself so they can open to you. You must allow them to work together with you. They must tell you how to do things and you must give them things. You must not work alone. You must let them think it's a community thing. And they must be involved in what you do. If there is some community barrels. You must inform the community in what is happening.	
S	265 266 267	So you must involve the community to trust you? What do you think do agree with her or do you have a different experience?	
E	268 269	I agree all that she is saying is right, because here at school when you come to that gate lawn. It is your job.	
S	270	So you planted that lawn and take care of it?	
E	278	Yes	
E	279 280 281	We are helping the guys planting the lawn. So everything happen in the school the principal asks us. This is going to happen and I need you there.	Provide support
C	282 283 284	Even now the school got computer training. Everything that happen at the school the community knows it. She involved	
S	285	She does that or you do that?	
C +	286	Yes	



E			
S	287 288	How started that? Was that her involving you as parents?	
C	289	She started to do that and we adopted it.	
S	290 291	So she invited you into the school to come and attribute to the school and came and help out at the school?	
	292	Yes	
S	293	Do you think community volunteers need training?	
	294	Yes	
S	295 296	What are you training needs? What do you need or what do you think. If I only know this or that?	
A	297 298 299 300 301 302	Firstly, yes we need training to deal with the problems that we encounter. We deal with different problems. Some is orphans. Some of them are sick and the parents are sick also. We can see a child is hungry, we must know how to deal with that. You can learn a child to plant, because if he plant he have something to eat.	Knowledge on coping with adversity
C	303 304	We need a skill of first aid. Sometimes they don't know to wear gloves.	Lack of skills
S	305	Nobody giving you that first aid training?	
A, C & D	306	No	
C	307 308 309 310 311 312 313 314 315	Maybe in some cases wear masks. But we don't know when we must. Skills how to tell them. Skills dealing with poverty. Gardening is helping a lot because it give you food and vegetables. How to have the skills to make a soup kitchen and get donors. How to write letters to donors to give our food to cook for other communities. We need the skill to helping children with their homework. The way you help a grade R and a grade 2 different. We need the skill of communication.	Lack of skills Knowledge on coping with adversity Knowledge of child development Counselling skills
S	316 317 318	Understanding the development of the child. On what age do you use what instruments to help the child with homework.	School supporting skills
C	319 320 321	We also need the skills of helping. How can we help? Assist the children not do drop out. Primary school there is rare drop outs.	Counselling skills Identify needs



S	322 323 324 325 326 327	Perhaps take what you learn here and go apply it in High school. And you say something of letters to communicate to find you. How is contribute to your community and how is going to donate, food or resources. In other words, how to reach out to other people to contribute your community and help them.	
C	328 329 330 331 332	We want a donor for a soup kitchen. Donor to donate porridge, because there is no supper at home. The children understand at 5'oclock at school there is a meal. Because sometime we ask children do you eat at all – they say no.	Provide support
S	333 334	So they came to the school for help. You don't have a soup kitchen at all at the school?	
C	335 336 337	We do have school nutrition at 10 o'clock they are give them food. But there are no supper 10 to 5'oclock is a long time.	
S	338 339	So you also need help to understand poverty. Any other skills you need?	
C	340 341	Computer skills. We need sawing skills then we can make clothes. What we can do out of hands.	Computer skills
E	342	Grass cutting and one day make a cleaning company.	
C	343	Cleaning skills	Provide support
E	344	Clean the toilet	Provide support
C	345 346	Also cleaning the classroom. We don't have a skill. Maybe we have a skill we clean the classroom better.	Provide support
S	347 348 349	And that makes you avoidable? To start a business. And if you start that business, how will that influence your work as a volunteer?	
E	350 351 352	Here are so many parents at the school. We are going to take other parents. We go to work. They do want to come. Use new parents.	
C	353	It can also work at the community.	
E	354	More hands	
C	355	Catering, more hands will help. Some do groceries and	



	356	other peel veggies and other wash dishes for you.	
S	357 358 359	How should come and do this training? How this training should be done. In what format that should be in?	
C	360	Workshops two days a week.	
S	361 362	Workshops and lots of activities. You said something that you want a certificate?	
E	363	Yes	
S	364 365 366 367	So that must be training what link with qualification. To show I got this skill to do this. And who should be doing that for you? Who do you want to come and do this for you?	
C	368 369	I don't know any person that can do that. If you know you can send someone.	
S	370	So those haven't to be some one of the community?	
	371	No	
C	372 373	We are going to attend doesn't matter if they is not of the community as long as we get the skills.	
A	374	I think that is your homework.	
C	375 376	We want something that tells and show that you got the skills.	
S	377 378	As long it is somebody that can teach you properly and give a certificate to show.	
C	379	Leadership skills	
S	380	Do you think volunteers are leaders in the community?	
C	381	They are because they share ideas.	
S	382 383	Do you agree? Do you see yourself as leaders? Do people look up to you?	
	384	Yes	
C	385	Because I don't want people to talk	



B	386	Willingness	
C	387	Willingness we got	
S	388 389	So as a community volunteer you need people to trust you.	
C	390	What are you saying – confidentiality	
S	391	Where you thought to maintain confidentiality?	
C	392	That is something that you need to be trained	
S	393	How many years are you a volunteer?	
F	394	I start at 2011 no 2010, 5 years	
C	395	2 months	
D	396	4 months	
S	397 398 399	Can I ask you this? Do you see other volunteers as sources of information and help for training? Do you look up to the others to be a good volunteer?	
D	400	Yes	
S	401	Do you train one another?	
E	402	Lindiswa helping in the office	
S	403	Volunteers can train other volunteer.	
	404	Yes	
S	405 406	If you should train other volunteers. What should you train?	
C	407	Deal with people	
E	408	How to deal with one another	
A	409	How to dress	
E	410	How to deal with the children	
S	411	Not everybody is suitable to work with children.	
A	412 413	Communication with others. Must know how to communicate.	



S	414 415 416	Do you get together as a group of volunteers and share your experiences with one another. Do you support you another?	
	417	No	
C	418 419	No gatherings. The only time is when our supervisor call us. We don't sits here and share our knowledge.	
S	420	Each one has knowledge you must sharing.	
A	421	No time to sit and gather.	
S	422	Busy lives. Do you think it could help?	
E	423 424 425	It will help but we don't have time. Came in at 8 o'clock and assist the whole day and in the afternoon we help with homework. And busy cook for our mothers.	
S	426	What is the challenge that you face?	
E	427 428 429 430 431	The challenges we are facing – parents aren't happy with us at the school. They want us out, so that they can came in. When I talk to them I tell them I will go when I find a permanent job. They think us getting a lot of money.	External challenges
C	432 433 434	Encounter at school. Those parents who are sick at home. Not eating. That mother did not want to make it. Challenges is not having the skills.	Lack of skills
S	435	Because you feel you don't have the skills?	
C	436 437 438 439	Some of the time – skills. Do a better job. Dealing with poverty. Children doing drugs. What is happening in the High school? And here is poverty, sick parents and children.	Knowledge on coping with adversity
B trans- late C	440 441	Having enemies. Community enemies. They think we got a lot of money.	
Y	442	Here is my profile	
S	443	Do you work in the garden?	
Y	444	I'm learning NMMU	



S	445 446	So you do the same as the other ladies, but also worked in the garden?	
Y	447	Culture development	
S	448	Tell me about the course	
Y	449 450	Just learning. Aim better life for our community and children	
S	451 452	This is what you can do to make the community better. How did it happen? That you can learn to do that?	
Y	453 454 455	In 2014 they come here – calabash trust. They thought us about the ABCD. We must do on our own hands. It was a veldt – land cultivation – trees Campus	
S	456	Do you work here?	
Y	457	Every Wednesday. Irrigating garden	
S	458	What do you do with the plants?	
Y	459	We sold about ten bunches	
S	460	So you haven't used it for the soup kitchen?	
C	461	No it is not enough	
Y	462	We aim to do that	
Y	463	Not to buy from Shoprite. We've got big land	
S	464	Asked all the questions.	

Appendix E

Research journal



31 Maart 2011

Ek het in kontak gekom met dr. Bester, sy sê ek moet begin oplees op Prof. Ferreira se werk oor “The relationship between coping with HIV and Aids and the asset approach” sodat ek ’n meer indiepte agtergrond kennis kan kry oor die studie wat voorle.

9 September 2011

Dr. Bester vertel my in dat ons Port Elizabeth toe moet vlieg om onderhoude te voer met die community volunteers. Sy het vir my gesê dat dit sy, Prof. Ferreira en Prof. Ebersöhn gaan wees. Ek was so opgewonde om die nuus te ontvang. Ek het dadelik kaartjies gekoop sodat ons kan gaan.

3 Oktober 2011

Hoe nader ek aan die dag kom wat ons moet vlieg, hoe meer op my senuwee raak ek. Ek het nog nooit ’n onderhoud gevoer nie, ek voel of ek niks weet nie. Ek is verder op my senuwee want ek gaan met kundiges op die veld van hulle navorsing wees.

4 Oktober 2011

Die dag het aangebreek wat ons moet Port Elizabeth toe vlieg. Dit gaan net ek en dr. Bester wees wat vlieg, want Prof. Ferreira en Prof. Ebersöhn is reeds in Port Elizabeth. Ek het dr. Bester by kampus ontmoed en so het ons twee lughawe toe gegaan.

Dit het vreeslik gereën in Port Elizabeth toe ons gearriveer het. Prof. Ferreira en Prof. Ebersöhn het ons dadelik gekry by die lughawe en ons gevat om ietsie te eet vir aandete. Ek was toe weereens so gespanne, wat gaan ek te sê hê by



<p>aandete? By aandete het die dosente my regtig op my gemak geplaas en was regtig sulke oulike en vriendelike mense. Ek het die ete so baie geniet. Ons het bietjie gepraat oor die onderhoude en wat voorlê die oggend en moontlike vrae wat kan gevra word vir die community volunteers. Na ete het ons gegaan na die plek waar ons gebly het. Die plek was baie mooi en lekker gewees.</p> <p>5 Oktober 2011</p> <p>So is ons oppad om die onderhoude te voer. Ek het nie 'n idee wat vir my voorlê nie en ek is vreeslik op my senuwee. Ek weet nie eens waarheen is ons presies oppad heen nie, maar so glo en vertrou ek als sal gaan soos dit moet.</p> <p>Soos ons ry en ons begweeg uit die stad van Port Elizabeth uit en ons beweeg in die informele nedersetting in, kan mens sien hoe die armoede die nedersettings beïnvloed. Ek dink aan myself, daar moet iemand wees wat die gemeenskap kan help om die vaardighede te kry om die gemeenskap te help met die armoede en hulle op te bou. Dis kinders buite op die strate, diere wat rondloop sonder mense wat by hulle is. Daar is 'n vrou in die straat wat 'n kind wat geval het, ophelp en afstof, wens kan sien dit is nie familie van die kind nie. Vullis wat op die grond lê. Dit is die mense wat hier bly se realiteit wat hulle elke dag moet leef mee. Dit is duidelik dat die gemeenskap verskillende behoeftes het wat moet vervul word. Weereens maak dit 'n mens se oë oop en maak dit my as mens weer opnuut dankbaar vir wat ek in my lewe het. Dit het my hartseer gemaak om te sien hoe dit lyk by die mense.</p> <p>Ons arriveer by die skool waar die onderhoude gaan plaasvind. Daar is niemand by die skool nie, want dit is</p>	<p>Problem solving skills</p> <p>Support</p> <p>Identify needs</p>
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<p>skoolvakansie behalwe ons community volunteer. Met die eerste individuele onderhoud wat gevoer is, het dr. Bester gehelp om seker te maak dat die community volunteer verstaan wat van haar gevra word. Sy was baie ernstig oor haar werk en mens kon sien, sy is trots op dit wat sy daagliks doen. Met die onderhoud wat ons met haar gedoen het, het die geselstrant vir my baie makliker en beter gegaan. Sy het ons meer kere die vraag beantwoord wat ons gevra het. Sy het 'n baie mooi manier gehad om met ons te gesels en aan ons te verduidelik wat sy sê, dit is duidelik dat sy baie met verskeie mense moet praat oor hulle problem, omdat sy so 'n mooi manier het om te verduidelik. Ons het haar na die onderhoud gaan aflaai waar sy woon.</p> <p>Die laaste onderhoud vir die dag. Ons het die tweede dame ontmoed wat vir ons verdere inligting gaan gee oor community volunteers. Die tweede onderhoud was vir my vreeslik moeilik gewees, veral om te verstaan wat sy sê want dit het gevoel of ons 'n taalkommunikasie-gaping gehad het, of sy nie altyd verstaan het wat die vraag was wat ons gevra het nie, maar steeds geantwoord, al was die vraag nie altyd noodwendig geantwoord nie. Die onderhoud het so om en by 90min geduur.</p> <p>Daarna het Prof. Ferreira en Prof. Ebersöhn vir dr. Bester en myself afgelaai by die Waterfront sodat ons iets kan benuttig vir middagete. Ek en dr. Bester het lank gepraat oor die onderhoud wat gevoer was en die konteks van die situasie. So is ons opgepick en oppad lughawe toe om terug te gaan Pretoria toe. Met ons vlug terug het ek en dr. Bester gepraat oor die community volunteers en dat behoeftes is wat hulle het ten opsigte van opleidings geleenthede (rekenaarvaardihede) en kennis (kennis oor kinders en die</p>	<p>Altruism</p> <p>Counselling skills</p> <p>Computer skills Knowledge and child</p>
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<p>gemeenskap bv. as hulle siek is) wat hulle kort.</p> <p>Oppad huistoe het ek net weer gedink, 'n mens lewe in 'n koekon, ek was nie eers bewus gewees van die probleme wat die mense het totdat ek begin het met die studie nie. As mens kyk na die armoede in daai gemeenskap, is dit duidelik dat hulle nie die nodige ondersteuning en opleiding ontvang van die staat wat hulle moet nie. Met die armoede wat deurslaan is dit duidelik dat die gemeenskap mekaar moet help en ondersteun met verskeie take, ongeag of dit siekte of morele ondersteuning is, want hulle het nie die nodige gesondheidsorg wat benodig is nie. Met die het dit my net weer laat besef, elke huis het sy kruis, ongeag wat die kruis is en almal hanteer dit anders.</p> <p>2 April 2015</p> <p>Ek het terugvoer van Prof. Ferreira ontvang op Hoofstuk 1. Sy het die volgende aanbevelings gemaak:</p> <ul style="list-style-type: none">• Oorsig en rationaal moet verander na oorsig en inleiding.• Daar moet 'n afdeling in wat die teoretiese raamwerk insluit.• Ek moet uitbrei op die metodologiese en estimologiese paragraaf.• Die uitleg van die studie moet van die opskrifte verander end it moet verander na uitleg van die verhandeling en nie studie nie.• Tegniiese versoring.• Taalversoring. <p>12 April 2015</p> <p>Ek het terugvoer van dr. Bester ontvang oor Hoofstuk 3 en die volgende aanbevelings is gemaak:</p>	<p>development</p> <p>Lack of skills</p> <p>External challenges</p>
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- 'n Nuwe uitleg van Hoofstuk 3 is gegee wat ek moet volg eerder.
- Ek moet aandui watter gevallestudie ek gebruik.
- Ek moet my bronne aanheg agter.
- Haal kort stukkies aan.
- Moet meer uitbrei hoekom die studie kwalitatief is.
- Daar is sprake dat my navorsings ontwerp dalk gaan moet verander.
- Kyk na sub-numering in die stuk.

20 April 2015

Ek het terugvoer van dr. Bester ontvang oor Hoofstuk 1 en die volgende aanbevelings is gemaak:

- Verander die purpose statement.
- Herskryf die navorsings vraag.
- Verander aan sekondêre vrae.

21 Mei 2015

Ek het terugvoer van dr. Bester ontvang oor Hoofstuk 2 en die volgende aanbevelings is gemaak:

- Maak seker dat die sub-opskrifte reg is.
- Taalversorging.
- Tegnieëse versorging.

26 Mei 2015

Die dosente sê vandag dat ek en dr. Bester weer moet Port Elizabeth toe gaan vir 'n fokusgroep bespreking met die community volunteers. Prof. Ferreira het vir my twee mense gegee wat ek kan kontak. Ek het Mev. Palamente by Cebelihile Laerskool probeer in die hande kry, maar tot my spyt kon ek nie kontak maak met haar nie. Ek het toe Mev. Chini by Charles Duna Laerskool (079 877 0182) in die hande gekry en met haar bevestig dat ek en dr. Bester 3



Junie 2015 by hulle sal wees of 11 uur en of sy moontlik kan reel met sewe community volonteers wat deel was van die SHEBA projek om ons by die skool te kry. Mev. Chini was so vriendelik en was bereid gewees om te help waar sy kan. Ek het dit vreeslik baie waardeer.

2 Junie 2015

Dieselfde gevoel wat ek gehad het oor die onderhoude het ek weer gevoel vandag. Dit sal weer 'n eerste vir my wees, ek het nog nooit 'n fokusgroep bespreking gelei nie, ek is so bang ek maak droog. Darem is dr. Bester daar om my te help as ek wel droogmaak. So durf ek nog 'n eerste aan en ek weet in my agterkop dat dit ten bate is van my akademiese ontwikkeling, nie net vir my studie nie, maar vir my as mens.

3 Junie 2015

Ek en dr. Bester is vroeg die oggend reeds oppad lughawe toe om die bespreking te voer. Met die aankoms by Port Elizabeth lughawe was die weer vreeslik lekker gewees. Anders as ons vorige ervaring in 2011 in Port Elizabeth. Ons het dadelik die kar gaan kry en was oppad Charles Duna Laerskool toe. Met die ry soontoe, voel dit of gedeeltes van die areas wat ons verbyry, 'n vorm van bekendheid in my wakker maak. By die informele nederstetting het ons verdwaal op 'n stadium, met hulp van tegnologie het ons darem die pad gevind en ons is weer oppad na Charles Duna toe. Soos ons ry lyk die gemeenskap vir my presies soos ek dit onthou het van die vorige kere, die armoede is duidelik sigbaar in die strate.

Met ons koms by die skool het Mev. Chini ons vriendelik verwelkom. Die skoolkinders was by die skool die keer, want ons het in die kwartaal gegaan. Ek en dr. Bester het in hulle



<p>personeelkamer gesit en gewag vir die community volunteers om te kom. Hulle het een vir een opgedaag. Ek was dankbaar dat dr. Bester by my was om te help as ek vrae vra en hulle verstaan nie daarom so te stel dat hulle wel verstaan. Almal het om die tafel gesit reg om te begin gesels. Ons begin toe met die bespreking. Van die community volunteers was nie Engels magtig nie en dit wat hulle gesê het, is oorvertaal in Engels vir ons. Daar was twee dames in die groep wat lyk of hulle 'n baie leidende rol speel, hulle het die meeste vrae beantwoord en beantwoord met gemak. Meeste van die vrae wat gestel is, is geantwoord. Die volunteers het met ons gepraat of ons deel van hulle was en was baie bereid daarom wat hulle voel en ervaar met ons te deel. Hulle was baie openlik gewees oor hulle gevoelens. Daar was heelyd steurnisse ook gewees. Die bespreking het vir my effe deurmekaar gevoel, omdat daar kere is wat daar meer as een person op 'n slag praat, maar dit is hoe dit gaan en ek moes aanpas en vinnig aanvaar dis hoe dit werk.</p> <p>Die community volunteers het voorgekom of hulle baie hastig is om hulle take by die skool te voltooi en nie veel tyd op hande het om met ons te praat nie. Daar was een dame wat baie laat ingekom het, die bespreking was amper klaar.</p> <p>Dit het gevoel of die community volunteers net hulleself wil baat met vaardighede wat hulle kort, want hulle wil uit die skoolkonteks uit beweeg. Dit het vir my gevoel of hulle nie verstaan dat ons kennis op die veld probeer opdoen nie. Ek weet nie of dit hulle manier was om voelers uit te steek om te bepaal of ons moontlike dontateers sal wees nie en 'n pad met hulle stap nie, maar Dr. Bester het hulle mooi verduidelik dat die navorsing wat ons doen hulle kan help, want ander mense kan dit lees en wil dalk betrokke raak in die projek.</p>	<p>Communication</p> <p>Support</p> <p>Personal gain</p> <p>Networking</p>
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Dit was nogal 'n aangename ervaring gewees, die community volunteers het gelyk of hulle baie gemaklik was, ek dink omdat hulle darem al vir dr. Bester 'n paar keer gesien het so hulle is bekend met haar.

Oppad van die skool af het ek en dr. Bester gaan sit en eet en gepraat oor die bespreking wat gevoer is. Na 'n vroeë oggend weg uit Pretoria is ons oppad terug. 'n Mens besef nie wat jy het totdat jy uit jou verwysingsraamwerk beweeg nie en dit het ek weer opnuut besef na my bespreking in Port Elizabeth.

9 Junie 2015

Ek het terugvoer ontvang oor Hoofstuk 2 en 3 van dr. Bester af en die volgende aanbevelings is gemaak:

- By die inleiding moet ek nie aandui waste tipe gevallestudie ek gaan gebruik nie.
- Die diagram is nie korrek nie, die volgorde moet verander.
- Haal onnodige inligting uit.
- Verander opskrifte.
- Maak seker die teorie word verduidelik.
- Tegniese versorging.
- Taalversoring.

14 Julie 2015

Ek het terugvoer ontvang oor die tema analise van Hoofstuk 4 by dr. Bester en die volgende aanbevelings is gemaak:

- Volg 'n proses om die analise te doen.
- Kyk na die analise en die opleidings behoeftes en die gaping wat daar ontstaan.
- Inligting moet gekategorieer word.
- Fokus op die needs of community volunteers, die



	<p>kennis en die gaping.</p> <p>7 Augustus 2015</p> <p>Ek het terugvoer ontvang oor Hoofstuk 1 by dr. Bester en daar is die minimale veranderinge wat moet plaasvind. Ek is vreeslik bly daaroor.</p> <p>11 Augustus 2015</p> <p>Ek het terugvoer ontvang oor Hoofstuk 2 by dr. Bester en die volgende aanbevelings is gemaak:</p> <ul style="list-style-type: none">• Die teoretiese raamwerk is nog onduidelik.• Numering moet verander. <p>12 Augustus 2014</p> <p>Ek het weer terugvoer ontvang oor Hoofstuk 2. Ek interpreteer dit nog nie reg nie. Ek moet dit korrigeer. Dit beïnvloed wat ek in Hoofstuk 1 geskryf het oor my teorie.</p>	
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Appendix F

Field notes



	<p>October 2011</p> <p>Individual interview 1:</p> <p>1 On arrival, they took us into the school building. The building 2 was in a very good condition, comparing to the surrounding 3 buildings, the area where the school was situated looked like 4 the people in the area struggles with poverty.</p> <p>5 The first participant was a very lively, happy woman. I felt so 6 sorry for her; she came to do the interview, even though she 7 was so sick from her cold. By her coming to the interview, 8 showed me that her heart was at the right place, and that she 9 did volunteering because she had a passion for it. I was very 10 amazed by her commitment and dedication towards the 11 interview and the cause of the interview.</p> <p>12 She spoke very good English, and could answer the 13 questions and elaborate a bit on every question. She even 14 added more answers and questions that what was expected 15 from her. She made it very clear, that you do not know who 16 you are going to walk into, that can assist you or be a 17 possible donor or be able to contribute to their community.</p> <p>18 The participant was tired after the session, but I think her 19 illness worsened how she felt.</p> <p>20 While we drove her home, she spoke freely about her 21 experiences regarding volunteering. She was very interested 22 in what are we going to do with the information that we got 23 from her and if we will be able to assist her community with it.</p> <p>24 She told us that she really wants to be able to type letter 25 professionally, to be able to assist her community. She also 26 said that she speaks every day to people about their 27 problems thus making it for her very important to know as 28 much as she can from the people she is helping, to give</p>	<p>Altruism</p> <p>Networking</p> <p>Communication Networking</p> <p>Computer training Counselling skills Knowledge of</p>
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29	them the best advice and help that she possibly can.	child
30	Everything that she told us, strongly came forward of things	development
31	that could assist her in helping making her community better.	Altruism
	Individual interview 2:	
32	We waited a while for the second participant to come.	
33	The second participant struggled to express herself in	
34	English, although she struggled she still answered in English.	
35	She did not speak if there was not a question posed to her.	
36	The interview could take longer than the researchers initially	
37	thought, due to the communication gap.	
38	The participant looked tired and drained. She answered the	
39	necessary question and did not elaborate a lot.	
40	After the interview the participant spoke a bit more freely, but	
41	not excessive. What she said that I thought was very	
42	important at that stage was that you had to be very alert at all	
43	times when working with children, to be able to identify if	Identify needs
44	something is wrong with them and be able to assist them, but	
45	what makes this difficult is the parents that are suborn and	External
46	very seldom belief there is something wrong with their	challenges
47	children, because they do not trust them.	
48	Both participants were willing to assist us, the best they could	
49	at all times	



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