

The Experience of Caregivers in Registered Child and Youth Care Centres in Gauteng, South  
Africa, During the First 21 Years of Democracy.

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## DECLARATION

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## ABSTRACT

In working with children in South African Child and Youth Care Centres (CYCCs) it is apparent that there is a strong reliance on caregivers to promote not only the daily needs of these children, but also their psychosocial and developmental needs (Greyvenstein, 2010). Cluver, Operario & Gardener (2009) note that this role is often complicated due to trauma experienced by children prior to being placed in a CYCC. Literature further suggests that events that have occurred over the past 21 years have impacted the experiences of caregivers. Meintjes, Moses, Berry and Mampane (2007) look to the HIV epidemic as influencing not only the amount of children requiring care in CYCCs, but also the type of care required from caregivers. Alongside this, the country's transformation into a democratic and globally competitive state has created some challenges for the people of South Africa (UNICEF, 2010). It is argued that this period of transition has seen increased poverty and violence. These difficulties have impacted children who now require alternative placement in CYCCs. It must also be considered that South Africa's has altered legislation and policies regarding children in need of alternative care. South Africa's policy making has largely been in line with international trends. Prominent amongst these trends is a movement away from registered and residential care. While this movement has received great impetus, it is noted by Meintjes et al., (2007) that insufficient research has been performed to verify these claims. This study thus sought to gain in-depth, personal encounters from caregivers whom had been practising throughout South Africa's time of transition.

The findings suggest that while caregivers expressed similar experiences, they seem to vary in their perspectives of it. Many caregivers experienced an increasingly negative attitude in children. Some attribute this to the cessation of corporal punishment and children's increased awareness of their rights. All the participants recognised that they had seen an increase in children of colour being admitted to CYCCs over the past 21 years. For some this has brought about new and exciting dynamics within their homes, and others this change has been challenging. The HIV epidemic has not impacted all caregivers equally. Some participants acknowledged the impact of HIV and the positive contribution of antiretroviral treatment; others had not had any encounters with the disease. Lastly, all participants had recognised changes in policies and reflected on how this affected the daily running of their CYCCs.

These findings have elicited important questions as to the impact of characteristics such as gender, ethnicity and personality on caregiving. This research also highlights the need for further exploration to be done to evaluate what the ideal caregiving practices look like in CYCCs in South Africa today.

*Keywords: caregivers, child and youth care centres (CYCCs), trauma, HIV, antiretroviral treatment (ART), legislation, race, culture, ideal care*

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## CHAPTER 1: INTRODUCTION

### 1.1 Introduction and Background

In working with children in residential child and youth care centres (CYCC) as a training psychologist, it has been recognised that there is a strong reliance of the child's daily needs and personal development on their caregivers. It seems that the caregiver's role is one that is ever present and available to the child. Having experienced both the rewards and challenges of working with these vulnerable children, I became curious about the experiences of the caregivers that live and work with these children, and many more, on a daily basis.

A review of existing literature reveals the landscape of caregiving in registered CYCCs. Investigations performed by UNICEF (2010) showed that there are a total of 345 registered CYCCs in South Africa. Pillay (2003) indicated that there 53 of these are situated in Gauteng. A further review by Skelton (2005) for the Department of Social Development showed that a third of these CYCCs have a capacity of 60 children; where a quarter of CYCCs can host over 120 children. Exact statistics regarding the numbers of caregivers in registered residential CYCCs remain scarce (UNICEF, 2010). Research performed by Desmond, Gow, Loening-Voysey, Wilson and Stirling (2002) suggest that on average one caregiver is assigned to 13 children.

Further research into caregivers in registered residential CYCCs suggests that these individuals act as the "front-end workers" in CYCCs (Greyvenstein, 2010, p.12). By this it is meant that these caregivers take on various responsibilities, ranging from the children's basic daily needs, to their developmental and psychological needs. It is noted by Brannan, Mooney and Stratham (2009) that caregiving in CYCCs is a "demanding and emotionally stressful occupation" (p.119).

Literature proposes that other events that have occurred during South Africa's first 21 years of democracy have had an impact on the role of caregiving in the country's CYCCs. Most prominent amongst these events is the HIV and AIDS epidemic. Statistics gained by AVERT (2015) suggest that there are approximately 2.5 million children that have been orphaned by HIV/AIDS. This high figure has had implications for places of care, such as CYCCs. Meintjes, Moses, Berry and Mampane noted in 2007 that "the scale of the problem of care in the context of HIV in Africa is such that institutions [CYCCs] could never address it" (p. 10). As a result the country has seen the birth of a variety of informal child care facilities (Desmond et al., 2002). These facilities are alternative care options initiated by communities in an effort to look

after vulnerable children. Many of these alternative forms of child care are not registered or funded by the government and thus rely on the actions of members of the community (Desmond et al., 2002; Visser, Zungu & Ndala-Magoro, 2015). Some forms of alternative child care entail community members informally taking over guardianship of a child and taking them into their home. Other initiatives see community members visiting and assisting children who remain in their homes after the passing of their parents (Desmond et al., 2002; UNICEF, 2010). The past decade has however seen immense development in terms of the South African government tackling the HIV epidemic (Barron, Pillay, Doherty, Sherman, Jackson, Bhardwaj, Robinson & Goga, 2013). Through significant efforts the prevalence of HIV is stabilising (Zuma, Shisana, Rehle, Simbayi, Joost, Zungu, Labadoris, Onoya, Evans, Moyo & Abdullah, 2016). As well as this, the country has been seeing fewer HIV related deaths and decreased mother-to-child transmitted HIV (Goga, Dinh, Lombard, Delane, Puren, Sherman, Woldesenbet, Ramokolo, Crowley, Doherty, Chopra, Shaffer & Pillay, 2014).

Lastly, South Africa's movement towards being a democratic state has seen the development of legislation that seeks to include all citizens. Legislation such as the South African Constitution and the Bill of Rights (1996), as well as the Children's Act 38 (2005) has had an impact on dictating how children should be cared for. South Africa has been in agreement with international policies regarding residential child care. Policies such as the United Nations Convention on the Rights of Children (1989) suggest that residential care is potentially detrimental to children's development and therefore there has been a move away from residential CYCC. While this movement has had immense support, little research has been performed to assess the validity of this notion on the ground. It is necessary that further exploration be done to establish the applicability of these claims, and to recognise the possible impacts it has had on the field of caregiving in CYCCs.

There thus is a need to gather in-depth and personal accounts of the experiences of caregivers working in registered CYCCs, with children who take up long-term residence, over the past 21 years in Gauteng, South Africa. As the country experiences the transformation to democracy, changes in policies surrounding child care and the HIV epidemic it is important to ascertain as to whether these events have impacted the experience of caregiving.

## **1.2 Research Question**

This research strived to answer the following question: What are the experiences of caregivers who have worked in registered child and youth care centres in Gauteng, South Africa, during the first 21 years of democracy?

## **1.3 Research Aims**

The research looked to obtain and explore personal and detailed experiences of caregivers who have worked in registered CYCCs over the past 21 years. In gaining personal encounters it was hoped that greater insight into that which has influenced the role of caregivers over the last two decades would be obtained. Such insight is useful in coming to better understand the practice of CYCCs on the ground. This is information that is much needed at this stage as South Africa has encountered various events over the past two decades that have impacted caregiving. Alongside this, insight from caregivers is needed in this time where there is a strong movement away from residential CYCCs.

## **1.4 Research Objectives**

In order to effectively perform this research, the following objectives were determined:

- To perform in-depth interviews with caregivers, so as to obtain their personal accounts of caregiving over the past 21 years in Gauteng, South Africa.
- Interviews will also allow for an exploration into what events have occurred during these 21 years, and whether they have impacted caregivers' experiences.
- Data will be analysed using the Interpretative Phenomenological Analysis process so as to establish important findings.

## **1.5 Nature of the Research**

This research employed a qualitative approach using the phenomenological theoretical framework. Phenomenology studies emphasise the notion of subjective experiences and an individual's meaning making of these encounters (Babbie & Mouton, 2005). The phenomenological approach thus served this research well as it sought to obtain and explore individual caregivers' experiences of caregiving over the past two decades.

In applying the phenomenological approach it was necessary that the researcher could engage with the participant in a manner that allowed the participant to speak openly and freely

about their experiences. In order to promote this open conversation a semi-structured interview was utilised. The semi-structured interview allows for the researcher to guide the interview while promoting a flexibility for participants to bring in their own experiences and opinions (Kelly, 2006).

In order to obtain experiences relevant to the research question, participants were selected on the basis that they had been a caregiver within a CYCC for at least 21 years. Purposive sampling was utilised to recruit five participants. Purposive sampling ensures that participants with relevant experience are selected (Durrheim & Painter, 2006). Furthermore, in order to allow for the researcher to perform both in-depth interviews and analyses surrounding this specific phenomenon it was necessary to have a small sample group. As a result five participants from CYCCs in Gauteng were selected.

Lastly, in an effort to further explore the experiences of caregivers in CYCCs over the past 21 years an Interpretative Phenomenological Analysis (IPA) was performed. The IPA looks to identifying themes within individuals' experiences and encounters, as well as possible relations or trends amongst the sample group (Terre Blanche, Kelly & Durrheim, 2006).

Throughout this process all effort were made to ensure the quality of this research. The researcher acknowledged her role as the interviewer and analyst and has reflected on how various factors could have shaped this process. As the phenomenological approach prioritises the individual's experience as truth, the researcher has made efforts to ensure that interpretations are in line with what was meant by the individual participant.

Prior to the commencement of the research interviews, participants were briefed about the aims of the study and it was explained that the interview would be recorded and later analysed so as to produce this research report. It was also explained that the personal details of each participant would be protected and kept anonymous. Participants were further notified that should they wish to leave the study, they could without encountering any negative repercussions. Lastly, participants were asked to sign as proof of their informed consent to voluntarily partake in the study.

## **1.6 Research Justification**

It is noted by Meintjes et al. (2007) that although criticism is made about caregiving in residential CYCCs, insufficient efforts have been made to fully explore and understand these processes. Meintjes et al. (2007) state that "we have little more than an anecdotal picture of

how the sector manifests in practice on the ground” (p. i). Owing to this, there becomes a need for research to be performed in which greater insight into the practices of caregiving in such CYCCs is obtained. This research thus seeks to obtain the personal accounts of individuals responsible for the caregiving practices. In doing so, it is hoped that a greater understanding of the nuances of the practice will be attained. The research also hopes that through an examination of the caregiving practices over 21 years insight will be obtained as to the factors and events that have shaped and continue to influence the practice.

### **1.7 Definition of Key Concepts**

Prior to commencing an exploration of the experiences of caregivers it is necessary to obtain clarity of terms imperative to this research. The term “caregiver”, in the context of a CYCCs, refers to the adult living in the home who is primarily responsible for a group of children’s needs and upbringing (The Children’s Act 38, 2005). As of 2015 it is necessary for caregivers to be registered with the South African Council for Social Services Professions.

Secondly, the term “child and youth care centres” (CYCC), is indicated as an alternative form of care for children such as a residence maintained for the reception, protection, care and bringing-up of more than six children apart from their parents (The Children’s Act 38, 2005). Such establishments are registered with the Department of Social Development (Desmond et al., 2002).

### **1.8 Overview of Study**

This study is divided into the following sections:

*Chapter 1* introduced the study and emphasised the need for research to be performed into exploring the experiences of caregivers in CYCCs in Gauteng, South Africa over the past 21 years. The research process and efforts made to ensure the quality of the study have also be detailed.

*Chapter 2* explores the existing literature surrounding the practice of caregiving in CYCCs in Gauteng, South Africa. The chapter includes a review of both the role of caregivers as well as external events that have impacted caregiving.

*Chapter 3* details the research methodology utilised to perform this study. Here the different stages of the research process are explored.

*Chapter 4* is dedicated to the findings of the research. An analysis of the findings is made through an interpretative phenomenological analysis. Different themes in the participants' encounters are identified and explored.

*Chapter 5* includes an in-depth discussion of the findings detailed in Chapter 4. The discussion looks to explore the different encounters brought up by the participants. These encounters are also discussed in terms of the existing literature surrounding the phenomenon of caregiving in CYCCs in Gauteng over the past 21 years.

*Chapter 6* concludes the study. Reflections are made about the study, and so the limitations and areas for future research are suggested.

## CHAPTER 2: LITERATURE REVIEW

### 2.1 Introduction

The past 21 years has seen considerable change in South Africa. With the ending of Apartheid, the country has looked to develop as a democracy and as a recognisable competitor on the global platform (Allsop & Thumbadoo, 2002). These actions have had an influence on the sphere of caregiving in child and youth care centres (CYCCs). Prolific amongst these is South Africa's development of new policies regarding children needing alternative care. Meintjes et al. (2007) note that South Africa has largely adopted international policies and has incorporated them into their own. Most prominent here is a movement away from residential CYCCs to alternative forms of care which afford child the opportunity to grow up in a more familiar environment (Meintjes et al., 2007; van Ijzendoorn, Palacios, Sonuga-Barke, Gunnar, Vorria, McCall, LeMare, Bakermans-Kranenburg, Dobrova-Krol & Juffer, 2011). It is stated by the United Nations Convention on the Rights of Children (1989) that residential care violates the rights of the children living in such centres. There thus has been a development to improve residential CYCCs, as well as the establishment of alternative options. However, despite this, insufficient research has been performed into this widely accepted notion. Meintjes et al. (2007) accurately express that we have "little more than an anecdotal picture of how this sector [CYCCs] manifests in practice on the ground" (p.i). Therefore, there is an immense need for research to be done so as to move beyond literature, legislation and policy, and to ascertain the experiences of those involved in the actual caregiving role within South African CYCC's during these past 21 years of transformation.

In exploring the role of caregiving in South Africa it becomes apparent that the training and qualification requirements for caregivers throughout the past 21 years has seen great developments. In 2007 it was stated by Meintjes et al. that the necessary training and requirement standards for CYCC caregivers remained a debatable issue. The year 2015 has seen much progress in that child and youth care workers are now required to register with the South African Council for Social Services Professions (SACSSP, 2015). This board ensures that caregivers are held to certain standards through registration processes. In registering with the SACSSP caregivers need to provide evidence of their education and training. The field of child and youth care has seen great development in that training is now offered from the level of certificates to post graduate degrees. Courses in child and youth care cover topics such as the history of child and youth care, legislation surrounding practices, child development, child behaviour and management, working with families and communities, dealing with violence



and substance abuse, managing HIV and AIDS and professional conduct. In doing so caregiving has become more so a profession (Allsop, 2013).

Despite this move towards the professionalisation of caregiving, most individuals express a personal passion for caregiving and for children (Andersson & Johansson, 2008)

Alongside this, a review of current literature suggests some of the following aspects regarding caregiving in CYCCs over the past 21 years:

## **2.2 Caregivers in Child and Youth Care Centres**

### **2.2.1 Roles of caregivers**

#### **2.2.1.1 Basic needs of children**

It is expressed by Greyvenstein (2010) that caregivers in CYCCs are required to fulfil many roles. It is firstly considered that caregivers need to see to the everyday and basic needs of the children in their care (Greyvenstein, 2010). By this it meant that caregivers ensure that all children have adequate clothing, shelter, food and nutrition. As well as this, caregivers are also responsible for caring for, or obtaining assistance for children that are ill.

#### **2.2.1.2 Attending to psychosocial and developmental needs**

It is however recognised that a caregiver's role expands beyond that of physical needs (Nieuwoudt, 2008). Vashchenko, Easterbrooks and Miller (2010) describe the role of a CYCC caregiver as that of a substitute mother. In this it is emphasised that caregivers look beyond providing children with basic needs and aim to bring love and nurturance to the children that they care for (Vashchenko et al., 2010). In doing so, caregivers have the role of providing the individual child with the specific attachment and care that they require (Meintjes et al., 2007). It is effectively stated by Meintjes et al. (2007) that caregivers provide loving and engaged care. This emphasises the caregiver's role as one that looks to nurture and care for each child in a manner that is fitting to the child's specific needs. Alongside this, Meintjes et al. (2007) and the Child Amendment Act (2007) further note that caregivers should create an environment that is stable and consistent. Through being present, available and approachable a safe and nurturing environment is created for children.

Research conducted by Purvis, Cross, Dansereau and Parris (2013) elicited important tasks of caregivers. Purvis et al. (2013) implemented a Trust-Based Relational Intervention (TBRI), a training programme designed to assist caregivers in supporting at-risk children, and identified the following requirements: empowerment, connection and correction. Purvis et al.

(2013) noted that in order for children to feel empowered it is primarily important that they are provided with a safe and structured environment. In creating an environment that is safe and predictable, children learn to develop relationships that are healthy and trusting. It is emphasised that caregivers can assist in ensuring smooth transitions through the child's life (Purvis et al., 2013). This includes helping with daily transitions, such as getting ready for school in the morning or for bed in the evenings and major life transitions like moving on to high school. Purvis et al. (2013) similarly look to the importance of providing a stable environment through ensuring a healthy lifestyle; such as a nutritious eating plan and sleep patterns. With regards to connection, Purvis et al. (2013) state that caregivers should endeavour to create opportunities for personal and interpersonal behaviours that build trust and secure attachments. In order to foster this connection, caregivers need to be acutely aware of the individual child and their own personal emotional state. Behaviours that promote this attachment include eye contact, affectionate touch, playful engagements (Purvis et al., 2013). Lastly, it is recognised that the caregiver has an influential role in correcting wrongs experienced- and acted out by children (Purvis et al., 2013). Through the caregiver's ability to create a secure environment they are then able to address problematic thoughts and behaviours. This obviously requires both knowledge and a great level of awareness of the individual child. Corrective actions can also be preventative, in that through providing skills and developing self-confidence and esteem, the child may be better equipped for the future.

From the above research, the role of the caregiver can also be seen as that of a healer (Winfield, 2013). As it will be later discussed, children entering CYCCs usually arrive having experienced some trauma or hardship (Maluccio, 2006). It therefore partially rests on caregivers to provide a new home, a secure environment as well as love and nurturance so as to help children heal from their pasts and flourish (Winfield, 2013). As a result, it is concisely put by Barnes (1985) that caregivers' work is beyond that of the role of a parent. In order to allow for healing and growth, the caregiver requires an in-depth knowledge of development, educational and psychosocial needs of children (Barnes, 1985).

### **2.2.1.3 Bridging children and society**

The role of the caregiver further strives to act as a bridge between the children and society (Greyvenstein, 2010). It is often felt that CYCCs isolate children from the community (Meintjes et al., 2007). In keeping children confined to the CYCC it is said that these children are not prepared for life after they leave (Meintjes et al., 2007). Therefore there is a need for

caregivers to see that children gain practical skills and knowledge so as to be later able to function in society (Meintjes et al., 2007). The caregiver has the important task of instilling morals and social norms in their children (Greyvenstein, 2010).

#### **2.2.1.4 Organisation and fundraising of CYCCs**

Lastly, caregivers frequently play an important role in the running and fundraising of the children's home (Greyvenstein, 2010). It has been observed that caregivers also take part in the management of their CYCC. With this comes a responsibility of organising and allocating funds as well as ensuring the smooth running of the CYCC (Greyvenstein, 2010). Meintjes et al. (2007) note that this responsibility can bring a difficult dynamic to the caregiving role; as the caregiver is expected to bring warmth and nurturance to the CYCC, and yet manage the centre with a business mentality.

#### **2.2.2 Working with trauma**

Investigations looking into reasons as to why children are placed in CYCCs provides the following information (Meintjes et al., 2007; Van der Kolk, 2005): approximately 30% of children residing in CYCCs have been placed in these homes due to parental abuse and neglect. A further 24% of children find themselves in these children's homes because of abandonment. It is also significant to note that 6% of this group of children have parents that are too ill, or have passed away from illness. However, with South Africa's prevalence surrounding HIV and AIDS, it may be assumed that this figure is an underestimation. Lastly, it is noteworthy that 11% of children residing in CYCCs are placed there as they have been orphaned. From the above statistics it is evident that children entering CYCCs do so having experienced some trauma or hardship (Maluccio, 2006). In 2005, it was found that 458000 children that were placed in CYCCs had encountered a traumatic event (Streak & Poggenpoel, 2005). This is imperative to consider as trauma can have a profound impact on a child and their behavioural, emotional, psychological, scholastic and developmental state (Forrester, Goodman, Cocker, Binnie & Jensch, 2008). As a result, trauma can often "complicates the care-giving role" (Greyvenstein, 2010, p. 14). In order to ascertain a more thorough understanding of how trauma can complicate the caregiving role, the impact of trauma on children and their different areas of functioning will be explored.

### **2.2.2.1 The impact of trauma on children**

It is suggested that trauma can have a very widespread impact on children, and thus no single profile can be drawn to explain these effects (D’Andrea, Ford, Stolbach, Spinazzola & Van Der Kolk, 2012; Purvis et al., 2013). It should therefore be considered that each child that encounters a traumatic event will experience it differently and be affected in different ways. Research does however recognise that the impact of trauma is most pervasive if the trauma occurred within the first ten years of the child’s life (Armsworth & Holaday, 1993; De Bellis, Keshavan, Shifflet, Iyengar, Beers, Hall & Moritz, 2002).

#### ***2.2.2.1.1 Psychological Impacts***

Experiences of trauma, particularly during early childhood, have been seen to have a drastic impact on attachment. The notion of attachment was largely explored by John Bowlby who stated that attachment is the process of seeking and sustaining relationships that satisfy intrinsic needs for safety, security and therefore survival (Putnam, 2006). Healthy attachment is thus seen as a prerequisite for a child to develop in a healthy and confident manner. Children that encounter parents that are dismissive, distant, abusive or neglectful are not afforded the opportunity to fully experience a healthy attachment. As a result the foundations for optimum development can be compromised. It is noted by D’Andrea et al. (2012) that children who experience this disorganised attachment typically have a low self-esteem. As these children were not provided with the sense of security that is offered by a healthy attachment, there is less allowance for the child to be secure or confident about oneself. It is similarly seen that children with a disorganised attachment have difficulties interacting and relating with their peers (DePrince, Chu & Combs, 2008). Alongside this, Nieuwoudt (2008) notes a degree of distrust, social aggression and a lack of social skills in such children. When these factors are considered in the case of such a child moving into a residence with other children, the demanding role of the caregiver is recognised.

It is further noted that children that experience trauma often hold feelings of guilt, shame and self-blame (D’Andrea et al., 2012). As they are often unable to make sense of the trauma, it is frequently seen that children look to themselves as the cause of the trauma. In doing so, children develop a negative perception of themselves (Gregorowski & Seedat, 2013). Through this self-hatred, children can come to believe that they are unworthy of love and will never be loved again (Gregorowski & Seedat, 2013).

It is noted by Van der Kolk (2005) that children that have been traumatised have usually lost their sense of stability and security in their environment. As a result, some children are reported to experience a major sense of vulnerability and helplessness (Gregorowski & Seedat, 2013). This can be made worse with a heightened sense of vigilance (D'Andrea et al., 2012). Feelings of helplessness may be further complicated by a depression and/or grief that sometimes follow a traumatic event (Cluver et al., 2009; Şimşek, Eroı, Öztop & Özcan, 2007). It is also important to understand that when children are traumatised their world comes to feel chaotic and unsafe (Valentino, Cicchetti, Rogosch & Toth, 2008). Due to this lack of structure, Van der Kolk (2005) suggests that children lose, or never develop, the ability to regulate their emotions. It has been seen that such children appear to have mood swings, or temper tantrums. The inability to regulate emotions is often encountered as a behavioural outburst (Cicchetti & Rogosch, 2007).

Lastly, Gregorowski and Seedat (2013) state that many children that have been traumatised develop psychological and mental disorders. It is noted that disorders commonly associated with a traumatic aetiology include mood disorder, particularly depression and a high rate a suicidal behaviours, anxiety disorders, Oppositional Defiance disorder, Conduct Disorder, Attention Deficit Hyperactivity Disorder, Reactive Attachment Disorder, Borderline Personality Disorder and Dissociation.

#### ***2.2.2.1.2 Behavioural Impacts***

As previously explained by Gregorowski and Seedat (2013), children that have been exposed to trauma often have difficulties with emotional regulation. This difficulty to regulate one's emotions is most frequently expressed through behaviour (Cicchetti & Rogosch, 2007). As a result, it has been observed that traumatised children can become very withdrawn or very explosive (Gregorowski & Seedat, 2013). It is stated by D'Andrea et al. (2012) that the explosive style of emotional dysregulation is frequently aggressive and violent, which in turn has negative consequences. Children with aggressive or violent outbursts battle to maintain healthy and happy relationships.

From the turbulence experienced from a traumatic event it is sometimes seen that children attempt to take control of their lives (Armsworth & Holaday, 1993; D'Andrea et al., 2012). This behaviour can be seen in children, and adults if it is not addressed, through an excessive need for power and dominance. Similarly, an aggressive outburst may follow if the individual is unable to achieve their desired control (Gregorowski & Seedat, 2013). On the

other hand, traumatised children have also been seen to regress in their behaviour (Armsworth & Holaday, 1993; D'Andrea et al., 2012). Having been through a traumatic and unsettling experience, some children regress in the behaviour as a means for eliciting care and nurturance from another. This behaviour may be seen as the child's need for a higher and more intense level of nurturance that is usually expected of his or her age norm.

Other significant impacts on behaviour are largely seen in an altered, or undeveloped, decision making ability. It is frequently observed in children who have encountered trauma that their ability to make logical and sensible decisions is hampered (Putnam, 2006). As a result, such individuals often behave impulsively and without much thought. Cromer, Stevens, DePrince and Pears (2006) express that children that have experienced trauma are often noted for their risk taking behaviour. Van der Kolk (2005) elaborates that drug and alcohol abuse is seen in this risk taking behaviour. It is stated by Cromer et al. (2006) that impulsive behaviours are recognised in an increased amount of suicidal behaviours. Due to difficult feelings that may arise from a traumatic event; such as depression, anxiety, guilt, as well as possible emotion regulation difficulties it is seen that traumatised individuals have an inclination for suicide. Owing to a further possible lack of effective decision making, suicide often becomes a plausible solution to such individuals (Putnam, 2006).

#### ***2.2.2.1.3 Impact on cognitive functioning and learning***

Research indicates that neurological development is extremely susceptible to trauma (D'Andrea et al., 2012). This may be closely linked to the impact of trauma to the central nervous system (Armsworth & Holaday, 1993). As a result, children that encounter trauma whilst their bodies and brains are developing are seen to sometimes have cognitive and learning deficits. Cromer et al. (2006) expresses how the executive and more refined abilities of the brain are often stunted. It is noted that language and communications skills usually remain at the level of the child when the trauma occurred (Putnam, 2006). This can have further implications for learning, as well as interpersonal interactions. Nolin and Ethier (2007) continue to state that memory and attention functions can also be heavily impacted. Deficits to memory and/or attention create severe challenges for learning, as well as everyday activities. It is documented that children who experienced trauma often have learning disabilities and disorders (Holt, Finkelhor & Kantor, 2007). In fact a lower intelligence quotient is often recorded for traumatised children.

#### ***2.2.2.1.4 Physical impacts***

Armsworth and Holaday (1993) state that a failure to thrive is sometimes seen in young children who experience trauma. Bellis, Keshavan, Shifflet, Iyengar, Beers, Hall and Morritz (2002) expresses that the brains of children with a failure to thrive are typically underdeveloped in size. Due to this inadequately sized brain, the individual may face challenges regarding language abilities, motor co-ordination, attention, learning and decision making (Cromer et al., 2006; Holt et al., 2007; Nolin & Ethier, 2007; Putnam, 2006; Van Kolk, 2005). Alongside this, Putnam (2006) notes the occurrence of sleeping disturbances in some children that have experienced trauma. Through irregular sleeping patterns it is observed that these children sometimes display a lowered capacity for concentration, as well poor motor co-ordination (Putnam, 2006). It should also be noted that the psychological impact of trauma is occasionally expressed as somatic or physical symptoms (Armsworth & Holaday, 1993). This has been observed in children having headaches and/or stomach aches that can otherwise not be explained. Lastly, it should be considered that there may be physical injuries from the traumatic event. This may be seen in terms of broken bones, bruising, damages to genitalia and even the contraction of transmitted diseases, such as HIV or other sexually transmitted diseases.

It may thus be considered that trauma can complicate the role and the duties of caregivers (Greyvenstein, 2010). As it is recognised from the above discussion, trauma can have an impact on a child's behavioural, emotional, psychological, scholastic and developmental state. Alongside this, it should be kept in mind that there are typically thirteen children under the care of one caregiver. The dynamics between this amount of children with added complications can be difficult to manage. Nieuwoudt (2008) also notes that if caregivers do not have a thorough understanding of trauma and how it may manifest in children, the role of caregiving can be complicated.

Some caregivers further expressed to Greyvenstein (2010) their frustrations in that there had not been enough time or financial resources dedicated to training. It was deemed a flaw in the system that caregivers were not prepared for understanding and working with trauma.

Having explored the roles and duties of caregivers, as well as the influence that trauma may have on the children that caregivers care for, the stressful nature of caregiving becomes apparent.

### **2.2.3 Psychological exhaustion and burnout**

It is stated by Newell and MacNeil (2010) that individuals that care for vulnerable populations such as children in CYCCs are at risk for emotional and psychological burnout. Vashchenko et al. (2010) explore the nature of the caregiving role in CYCCs and note the high levels of stress attached. It is deduced that stress is largely brought about by the relationships that caregivers have with the children. Vashchenko et al. (2010) express that caregivers firstly experience a difficulty in that the children do not stay in their care permanently. It is felt that caregivers have the opportunity to become attached to children and then the children are moved on; be it to another house in the CYCC or a different care centre, or onto foster care or family members. It is said that caregivers can experience this as a loss and may be left with feelings of grief (Vashchenko et al., 2010). It is secondly mentioned that caregivers experience a degree of stress in their relationships with children, in that it is difficult to accept the hardship that has happened to the children (Vashchenko et al., 2010). Alongside this, Vashchenko et al. (2010) report that caregivers encounter large degrees of stress due to their work conditions. Caregivers are typically expected to work very long hours and receive very little pay. This is similarly noted by Nieuwoudt (2008) who states that caregivers are susceptible to high stress levels due to the demanding, yet uncertain, nature of their work. Nieuwoudt (2008) expresses that caregivers have an immense responsibility caring for children, who can often be quite demanding or complicated. Due to the challenging nature of this work, caregivers can often feel rather uncertain in their abilities. This feeling of uncertainty and helplessness can thus lead to stress (Nieuwoudt, 2008). It is lastly noted by Nieuwoudt (2008) that caregivers experience stress in that they frequently feel unappreciated and can be quite hurt by the behaviours of the children that they care for.

#### **2.2.3.1 Trauma-related Stress**

It is furthermore noted by Newell and MacNeil (2010) that caregivers working with children who have experienced trauma or hardship can experience a trauma-related stress. Three types of trauma-related stress are detailed by Newell and MacNeil (2010); namely vicarious trauma, secondary traumatic stress and compassion fatigue. Vicarious trauma is seen in individuals who experience a change in thinking due to their continued work and care for people that have been traumatised (Newell & MacNeil, 2010; Ray, Wong, White & Heaslip, 2013). Through becoming aware of the horrific traumas that people have been through, caregivers' perceptions of their safety, trust and control can become altered. This change in world view can leave



caregivers feels hopeless and despairing. Secondary traumatic stress is explained as emotional and behavioural changes that come about from learning of another's trauma and wanting to help on an empathetic level (Newell & MacNeil, 2010; Ray et al., 2013). It is said that the experience of secondary traumatic stress is similar to that of post-traumatic stress disorder (Ray et al., 2013). Individuals with secondary traumatic stress may experience intrusive thoughts, nightmares, insomnia, anger, irritability, a lowered concentration, hypervigilance and an avoidance of things linked to the trauma, including the victim of trauma (Ray et al., 2013). Lastly, compassion fatigue is the physical and emotional exhaustion as a result of having to work empathetically with suffering people over a long duration (Newell & MacNeil, 2010; Rossi, Cetrano, Pertile, Rabbi, Donisi, Grigoletti, Curtolo, Tansella, Thornicroft, Amaddeo, 2012). Conrad and Kellar-Guenther (2006) express how compassion fatigue builds up cumulatively but can eventually become debilitating. Through having to provide care to a suffering individual or group without seeing much change, caregivers may be overwhelmed by a sense of inability and hopelessness (Conrad & Kellar-Guenther, 2006)

### **2.2.3.2 Professional Burnout**

Professional burnout is a state of physical, emotional, psychological and spiritual exhaustion resulting from a chronic exposure to individuals who are vulnerable or suffering (Newell & MacNeil, 2010; Rossi et al., 2012). Professional burnout is characterised by the following three factors:

- A depletion of personal resources and resilience to see to the needs of those in need of care.
- Depersonalisation and a sense of feeling detached, cynical and irritated by one's work and the people needing the caregiver's attention.
- Feelings of inadequacy and an inability to work effectively.

Kidman and Thurman (2014) express that caregivers are likely to experience professional burnout due to caregiver burden. Caregivers in South Africa report feeling rather burdened and overwhelmed by the responsibility of having to care for children and thus become exhausted and burnout (Kidman & Thurman, 2014).

The impact of trauma-related stresses and professional burnout can have a considerable influence on caregivers and their care giving practices. Rossi et al. (2012) state that caregivers experiencing burnout become tardy and careless in their work, are more frequently absent from their shifts and seem to exhibit less care for the children and their colleagues. Greyvenstein

(2010) similarly reports depression in caregivers that feel traumatised and/ or exhausted by the children that they care for. Alongside this, it is noted that caregivers who are psychological exhausted or burnt out show a greater degree of hostility towards their children, and a lack warmth and availability (Larkin, 2006). Vashchenko et al. (2010) note that caregivers that feel burnt out are likely to feel an inner conflict because of the difference in how they believe they should feel about the children and their work; and their actual feelings. Therefore, it can be seen that psychological exhaustion and burnout can inhibit good care practices (Emmanuel, 2002).

## **2.2.4 Identified common needs**

### **2.2.4.1 Training**

In her exploration of caregivers in South African CYCCs, Greyvenstein (2010) identified common needs amongst caregivers. It was frequently expressed by caregivers that they require further training (Greyvenstein, 2010). As children that are placed in CYCCs often arrive having experienced hardship that then manifests in their behaviours, caregivers believe that they would benefit from obtaining more knowledge as to how trauma can impact a child and how to deal with it (Greyvenstein, 2010; Nieuwoudt, 2010). In her work with caregivers, Greyvenstein (2010) found that caregivers felt that they did not have sufficient knowledge about trauma. As a result, caregivers often felt unprepared, confused and frustrated by the difficulties they faced in caring for traumatised children (Greyvenstein, 2010). Caregivers also express a desire to learn more about HIV and AIDS and how to treat children that are infected and affected by the disease (Kidman & Thurman, 2014). Groark and McCall (2011) further explain that there is a need for caregivers to receive greater training in terms of child development and what behaviours can be expected from children at different developmental stages. Alongside this, it is stressed that training needs to be practical (Groark & McCall, 2011). It is felt that caregivers require practical skills that they can actually use with the children as opposed to abstract and theoretical information. Michael (2009) further states that there is a need for caregivers that obtained their training through correspondence or distance learning to receive more practical training so as to expand their theoretical knowledge.

### **2.2.4.2 Supervision and Mentorship**

Groark and McCall (2011) however accurately state that training alone is not adequate, and that caregivers should receive supervision and mentoring. Through supervision caregivers are encouraged to implement their training into actual practice (Groark & McCall, 2011).

Supervision acts as a means of ensuring that caregivers are practicing safe and responsible care. Supervision and mentorship further act as a support system to caregivers and may provide encouragement during difficult times (Groark & McCall, 2011). It is eloquently put by Kreuger (2007) that supervisors and mentors convey the message that “I am here and will go with you. If we fail we will try again. I am confident that if we work together, we can succeed” (p. 237).

Alongside supervision and mentorship, Colton (2002) emphasises the importance of management in CYCCs. Effective management provides caregivers with structure and organisation that allows for their work to be more contained (Colton, 2002). Furthermore, a strong management team ensures accountability (Colton, 2002). In doing so, caregivers can strive to maintain a high standard of work and good care practices.

#### **2.2.4.3 Emotional Support and Self Care**

It is noted by Greyvenstein (2010) that a majority of South African caregivers expressed a need for greater emotional support. Caregivers reported that they would benefit from having a stronger support system to aid them through difficult times (Greyvenstein, 2010; Kreuger, 2007). Alongside this, it is stated by South African caregivers that they would like to be acknowledged and appreciated for their hard work (Greyvenstein, 2010; Kreuger, 2007). It is expressed that caregivers would like have their “voices...heard and valued” (Kreuger, 2007, p.238).

#### **2.2.4.4 Assistance**

It is reported by many CYCC caregivers that they have a need for assistance in their homes (Greyvenstein, 2010). By this it is meant that there is a need for assistance in the terms of the everyday running of the home. Greyvenstein (2010) explains that caregivers would benefit if they were to be helped with the daily tasks such as cooking and cleaning. It is also expressed that caregivers would appreciate help with the children. This assistance would entail managing homework, bath times, getting dressed as well as seeing to each child and their individual needs. Greyvenstein (2010) lastly mentions that caregivers would benefit from having resources more readily available. It is said that if items such as medication, food, cleaning materials, stationery and clothing were more readily available caregivers would not lose time trying to access the funds necessary to obtain these goods (Greyvenstein, 2010).

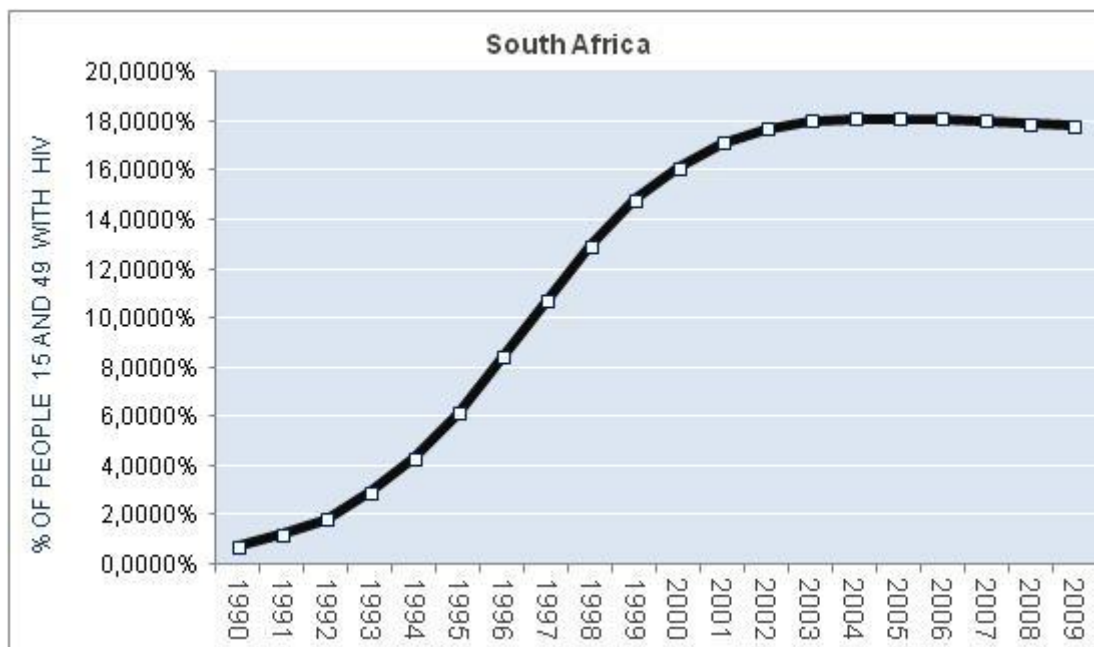
## 2.3 Events that have impacted caregiving

During the past 21 years South Africa has seen a variety of events that have had an immense impact on the nation. These events have had a further influence on the practice of caregiving and the way in which CYCCs are managed.

### 2.3.1 The HIV and AIDS epidemic

Through the past two decades South Africa has borne witness to the HIV and AIDS epidemic. From table 1 it is evident that the country experienced a major increase in HIV in the late 1990's and early 2000. It is felt that insufficient efforts were made at the time to assist in curbing the growth of HIV (Barron et al., 2013). This lack of action resulted in devastating numbers of deaths, orphaned children and hardship amongst South African communities. From the mid-2000's efforts have been put into place to tackle the high prevalence of HIV and AIDS in South Africa (Barron et al., 2013). Due to these initiatives the prevalence of HIV and AIDS related deaths have decreased (Zuma et al., 2016). The HIV epidemic and the actions put in place to reduce the devastation have had an impact on CYCCs and the experiences of its caregivers.

**Table 1: HIV prevalence in South Africa**



<http://www.lifemanagementonline.com/health-info/statistics/hiv-aids-life-expectancy-south-africa.php>

The HIV and AIDS epidemic initially had a dire impact on South Africa, as well as the country's ability to care for those affected by the disease. Figures obtained by UNICEF (2013)

suggested that from the peak of the epidemic approximately 2.5 million children in South Africa have been orphaned by HIV and AIDS. Freeman and Nkomo noted in 2000 that AIDS was responsible for 40% of deaths that occurred in the population aged between 15 and 49 years. As well as this, in 2006 it was recorded that 20.5% of all South African children were orphans (Meintjes, Hall, Marera & Boule, 2010). At the time these figures were considered to have serious implications for alternative places of care, such as CYCCs. Meintjes et al. (2007) exclaimed that “the scale of the problem of care in the context of HIV in Africa is such that institutions (residential CYCCs) could never address it” (p. 10). Figures provided by Meintjes et al. (2007) showed that 16% of children in CYCCs were HIV positive. This percentage was seen to be high as the percentage of HIV positive children in the general public stood at 1.9% (p. 20).

At the peak of the HIV epidemic the country faced the challenge of where to place all these children that had been orphaned by AIDS, as well as the children that could not be cared for by their parent(s) whom were too ill (Meintjes et al., 2007). While this will be explored in greater detail at a later stage; it is worthwhile to note that during the HIV epidemic residential CYCCs became an attractive option to families. Demmer (2011) and Meintjes et al. (2007) reported that families that were unable to care for their children as they had become too ill, saw CYCCs as a good option for their children to be cared for. As well as this, due to the stigma that surrounds HIV and AIDS it was seen that some parents preferred to have their children admitted to residential CYCCs for care, instead of having to reveal their status to their extended family and ask for their assistance (Meintjes, 2007; Singh, Chaudoir, Cabrera Escobar & Kalichman, 2011).

However, as suggested by Zuma et al. (2016), strategies have been put into place that has seen the stabilisation of HIV prevalence in South Africa. Amongst these are the National Strategic Plans for 2007-2011 and 2012- 2016. Under these National Strategic Plans the country has made positive progress. Most prominently, has been the roll out of antiretroviral treatment (ART) programmes. In fact it is noted that South Africa has the largest ART roll out programme in the world (AVERT, 2015). According to Tanser, Bärnighausen, Grapsa, Zaidi & Newll, (2013) South African ART programmes will eventually reverse the HIV epidemic in the country. ART in the country is in line with the treatment plan suggested by the United Nations (Bhardwaj, Carter, Aarow & Chi, 2015). Under these guidelines, South Africa strives to prevent HIV infections in individuals of child bearing age; prevent unwanted pregnancies, especially amongst HIV positive individuals; promote the prevention of mother-to-child

transmissions (PMTCT); and provide long-term care for mothers and children infected with the virus (Bhardwaj, 2015). As well as this, the medical criteria to receive ART has been expanded (April, Wood, Berkowitz, Paltiel, Anglaret, Losina & Freedburg, 2013). As a result, 42% of HIV-positive adults are now receiving ART (AVERT, 2015). This is a 75% increase in individuals receiving treatment (AVERT, 2015).

As a part of the ART roll out programme, great focus has been paid to mother-to-child transmissions (Barron et al., 2013). Efforts have been made to ensure that both pregnant mothers and newborn infants are tested. As of 2008 there has been an increase from 36,9% to 70,4% in the testing of mothers and their children (Barron et al., 2013). As well as this, it has now become policy for HIV testing and ART dispensary to be included in primary health centres, and to be operated by nurses and not only doctors (Barron et al., 2013). As a result, there has been an 86% decrease in vertical transmissions and the prevention of 82560 infant deaths (Goga et al., 2014).

Another element of the South African National Strategic Plans has been to address the social and behavioural aspects that lead to HIV infections (National Strategic Plan, 2012). Throughout the past decade there has been a drive to educate citizens about HIV and AIDS (AVERT, 2015). This has been seen through the inclusion of an HIV and AIDS module into the Life Orientation syllabus in all schools (National Strategic Plan, 2012). As well as this, there has been a greater distribution of free condoms. Between 2012 and 2013 over 500 million free condoms were distributed across the country (Zuma et al., 2016). There has also been an effort to increase awareness about male circumcision and to provide this as a free service (Zuma et al., 2016)

The above strategies have seen the stabilisation of HIV prevalence in South Africa. It should be considered that this has positive implications for CYCCs. The fact that there are less adults developing AIDS because of ART means that there are fewer child orphaned. As well as this, the decrease in mother-to-child transmission suggests that there are fewer children requiring ARTs or additional care.

Whilst the country has made impressive efforts to stabilise the presence of HIV, in the case of this research it is important to consider the experiences of caregivers who have worked with children and families that have HIV or AIDS over the past 21 years.

### **2.3.1.1 Physical care for children with HIV and AIDS**

The statistics from the height of the epidemic illustrate a situation in which not only there was an increase in children needing placement in CYCCs, but there was also an increase in children who were HIV positive requiring care from these centres. The HIV epidemic presented a new challenge to caregivers of CYCCs. Firstly, children with HIV and AIDS have some different care requirements (Allsop & Thumbadoo, 2002). Caregivers need to pay careful attention so as to administer the correct medication at the correct times (Allsop & Thumbadoo, 2002). As well as this, children may require a great deal of attention if they do become ill. Caregivers have the responsibility of seeing to that child's needs, ensuring that they have the correct medications and are comfortable (Allsop & Thumbadoo, 2002). It is important to remember that caregivers see to approximately thirteen children (Desmond et al., 2002). There thus is the responsibility of ensuring that illnesses are not transmitted and that all children know safety measures regarding the transmission of HIV. As well as this, it is possible that more than one child may be ill at the same time. The caregiver is then required to divide his or her attention so as to see to both children. It is also noted that caring for children with HIV or AIDS has also created the necessity for caregivers to make more frequent visits to clinics and hospitals (Meintjes et al., 2007). Caregivers are sometimes required to make trips to clinics to collect medications such as antiretroviral medicine (Meintjes et al., 2007). As well as this, caregivers sometimes need to take children through to the clinic for more regular check-ups. The increase in HIV and AIDS in children in CYCCs has seen to caregivers, as well as social workers, having to take greater responsibility in terms of organising home visits for the children (Allsop & Thumbadoo, 2002). Children that make use of ART are required to take their medication at specific times and most usually need to have a meal prior to taking the pills. Due to the strict requirements of ART, caregivers and social workers need to carefully assess whether family members or the host family would be able to comply with such conditions if they were to have the child for a weekend or holiday (Meintjes et al., 2007).

### **2.3.1.2 Psychological care for children impacted by HIV and AIDS**

Alongside the physical care required by children with HIV or AIDS, there is an immense need for caregivers to see to the psychological and emotional difficulties of these children (Singh, Chaudoir, Escobar & Kalichman, 2011). It is firstly considered that many children entering CYCCs have experienced some hardships during their parent's struggle with HIV and AIDS and may further be grieving the death of that parent (Allsop & Thumbadoo,

2002; Singh et al., 2011). Li, Naar-King, Barnett, Stanton, Fang and Thurston (2002) explain that the loss of a parent(s) during childhood can have profound and lifelong influences on the child's psychosocial wellbeing. There thus lies a large responsibility on caregivers to try and soothe children through the difficult grieving process. It should also be considered that some children infected with HIV are more aware of their own mortality (Allsop & Thumbadoo, 2002). The depression or anxiety that may accompany this realisation may also need to be seen to by the child's caregiver. It is interesting to note that in a study performed by Li et al. (2008) it was found that AIDS orphans were significantly more depressed than children orphaned by other causes.

It is thus evident that seeing to the psychological needs of children impacted by HIV or AIDS requires a great detail of emotional sustenance (Freeman & Nkomo, 2002; Orner, 2006). As well as emotional strength, caregivers need to have adequate knowledge of the disease, its manifestations and how to assist those affected. It is commonly expressed that caregivers in South African CYCCs feel as if they do not have sufficient knowledge in this area (Allsop & Thumbadoo, 2002; Greyvenstein, 2010; Li et al., 2008; Meintjes et al., 2007). It is believed that caregivers should receive more training so as to be able to help their children.

While the HIV and AIDS epidemic has had a major influence on CYCCs and the practice of caregiving, it is important to take note that more children are entering CYCCs due to reasons of abuse and neglect (Meintjes et al., 2007). One must thus explore other occurrences of the last 21 years in South Africa to explain these patterns, and to observe its influence on the practices of caregiving.

### **2.3.2 Challenges to a young democracy**

While South Africa has made good progress towards becoming a fully democratic state, this transition has not been uncomplicated. Amongst these is the legacy of violence, extreme inequality and social dislocation inherited from the former apartheid regime (UNICEF, 2010).

South Africa's actions to rapidly transform into a democratic state, as well as a country that is recognised on the global platform has created an immense divide in the country's population. Allsop and Thumbadoo (2002) look to this widening gap between the rich and poor as a chief cause of immense amount of violence encountered in the country. Statistics South Africa (2014) state that the country has seen a Gini coefficient rating of 0.72 in 2006; 0.70 in



2009; and 0.69 in 2011<sup>1</sup>. From this it is evident that South Africa has seen a pattern of the rich getting richer while the poor become poorer; although there have been improvements in more recent years. In 2010, Jobson noted that 10% of South Africa's wealthiest citizens were earning more than the household income of 50% of the country. This widening gap has seen the rates of poverty being exacerbated. According to Statistics South Africa (2011) in 2006, 57.2% of the South African population lived in poverty. This figure has subsequently decreased to 56.8% in 2009 and 45% in 2011. While it is important to applaud these decreasing figures, it must be kept in mind that these numbers signify nearly a half of the South African population living in poverty. Looking further into that which makes up this picture of poverty in South Africa, it is seen that in 2010, 23.9% of the population had a severe inadequate access to food (General Household Survey, 2014). This figure has decreased in 2014 to 22.5%. As well as this, in 2003 it was stated that 12.7% of South African citizens required a social grant from the government so as to survive (General Household Survey, 2014). By 2014 it was recorded that 29% of the population was reliant on social grants. One may consider the increase in social grants being distributed to the decreased figures of people living in poverty. This can be concerning in a developing country in which it is required that citizens are economically active, and not solely reliant on government handouts. It is also imperative to consider the influence that the HIV epidemic has had on the rate of poverty in the country. HIV and AIDS has seen many families either losing their 'breadwinner' to the disease, or unable to work due to their illness (Meintjes et al., 2007).

It can therefore be seen that although statistically the conditions of South African citizens have been improving over the last 21 years, the reality on the ground is that a major portion of the population are living in dire conditions. The link between poverty and hardship and violence is one that has been commonly identified (Jobson, 2010; Pillay, 2008). Pillay (2008) explored the impact of social conditions on crime. It is identified that areas in which there are high rates of poverty and subsequently low education, inadequate housing and sanitation, and excess substance use there are higher rates of crime (Pillay, 2008). In South Africa it is noted that there are high rates of unemployment (Abraham & Matthews, 2011). This was exacerbated in 2008 by the global economic crisis in which it is estimated that one million South Africans lost their jobs (Abraham & Matthews, 2011). As a result many citizens

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<sup>1</sup>The Gini coefficient is a measure of statistical dispersion used to represent the differences in incomes of citizens. In such, it is a quantitative measure of equality. A score of 0 signifies equality, whereas a 1 represents maximum inequality

have been pushed into a position of not having the adequate means to survive. Alongside this, children in this situation often feel the obligation to leave school so as to save their parents the expenses and potentially find work. In 2014, 23,5% of South African learners left school, despite government's increased actions to ensure free schooling (General Household Survey, 2014). It is observed that these high unemployment figures often see to people committing crimes as a means of surviving (Jobson, 2010). The influence of substance use amongst underprivileged communities has similarly been linked to increased violence and crimes being committed (Pillay, 2008).

Further hypothesis have been made in an effort to explain the increase in violence in South Africa over the past 21 years. Jobson (2010) explores the notion of poverty as being a state of an absence of power. It is considered that in not having adequate financial or material resources, one has limited capacity to cope. As a result, one turns to violence and/or crime as a means of obtaining some degree of power or control (Jobson, 2010). It has also been investigated as to the influence of apartheid on violence and discontent in South Africa today (Pillay, 2008). It has been explored as to whether the practice of violence and struggle and struggle has been unresolved and thus continues to manifest in our society (Jobson, 2010). Similarly, Jobson (2010) assesses whether the trauma that so many encountered during the apartheid struggle has not been adequately addressed, and thus continues to play out today.

For the purpose of this study it is important to examine the violence that impacts the lives of children and facilitates their need for alternative placements. According to Abrahams and Matthews (2011) 51.9% of contact crimes committed on children are sexual abuse. Figures from Matthews, Loots, Sikweyiya and Jewkes (2013) state that between 2007 and 2008 approximately 16068 children were raped in South Africa. These figures are a gross underestimation due to a lack of sexual assault and abuse cases being reported or followed through. Abrahams and Matthews further note that in 2011 50000 children were victim to violent acts of crime. Alongside this, South Africa has encountered extremely high rates of domestic abuse. Where children may not be directed abused, the trauma of living in an abusive environment warrants a need for alternative places of care (Abraham & Matthews, 2011). It is lastly worthy to consider that children encounter abuse in the form of neglect (Abraham & Matthews, 2011). Children that are not cared for because their parents do not have the means or are otherwise absent may require alternative placements.

It is noted by Meintjes et al. (2007) that children entering CYCCs are predominantly being admitted due to sexual abuse. It is said that only 3% of children are placed in CYCCs because of poverty, but Meintjes et al. (2007) express that this is a grossly incorrect figure. Meintjes et al. (2007) state that one should rather see poverty as the underlying reason for almost all of children's admissions.

### **2.3.3 Policies and legislation**

The past 21 years have seen positive movement in terms of policies and legislation to protect children and their rights. With regards to South African legislation, the last 21 years has seen the development of the new Constitution of South Africa (1996). Within the Constitution, the Bill of Rights stipulates that every child has the right to basic nutrition, shelter, access to health care and social services, as well as protection from abuse or degradation. As well as this, The Children's Act 38 was established in 2005, and later amended in 2007. The Act looks to promote the following (Govender & Massango, 2007):

- Make provision for structures, services and means for promoting and monitoring the sound physical, psychological, intellectual, emotional and social development of children;
- Strengthen and develop community structures which can assist in providing care and protection for children; protect children from discrimination, exploitation and any other physical, emotional or moral harm or hazards;
- Provide care and protection for children who are in need of care and protection;
- Recognise the special needs that children with disabilities may have;
- Promote the protection, development and well-being of children;
- Promote the preservation and strengthening of families;
- Give effect to certain constitutional rights of children;
- Give effect to the Republic's obligations concerning the well-being of children in terms of international instruments binding on the Republic.

As the above mentioned actions state, The Children's Act 38 (2005) has brought about some new requirements for CYCCs. It is now obligatory for CYCCs to offer services that will promote the child's personal growth. Under this it is essential that the CYCC has programmes developed to aid their physical, psychological, intellectual, emotional and social development. This has led to an increase in the need for therapeutic services to be offered. The act has

furthermore included a set of National Norms and Standards for CYCCs. These National Norms and Standards dictate that CYCCs are to provide the following:

- (a) A residential care programme;
- (b) Therapeutic programmes;
- (c) Developmental programmes;
- (d) Permanency plans for children;
- (e) Individual developmental plans;
- (f) Temporary safe care;
- (g) Protection from abuse and neglect;
- (h) Assessment of children;
- (i) Family reunification and reintegration;
- (j) After-care;
- (k) Access to and provision of adequate health care;
- (l) Access to schooling, education and early childhood development;
- (m) Security measures for child and youth care centres; and
- (n) Measures for the separation of children in secure care programmes from children in other programmes.

South Africa has also ratified legislation laid out on the international platform. South Africa has adopted the African Charter on the Rights and Welfare of the Child (1990). Under this charter, the South African government agrees to prioritise the rights of children above the power of the parent over the child. South Africa is also a signatory of the United Nations Convention on the Rights of the Children (1989). This convention similarly looks to the overall protection and promotion of healthy development of children.

Above all, these pieces of legislation and agreements look to ensuring the best interests of children. This entails considering the entirety of a child's situation, and making a decision that will best promote that individual's wellbeing. As it is ratified in The Children's Act 38 of 2005 the best interests of the child should include:

- Examining the child's age, gender, developmental age, health, disability, history and psychological state so as to make a decision that best suits the individual child.
- Ensuring that the child is safe, and protected from any threats or danger.

- Assessing whether the child has any family members to which there could be a healthy attachment. These family members should be evaluated for their fitness- and attitude towards caring for a child. Efforts will be made to aid the child in maintaining healthy relationships with such family members.

With regards to this research it should be noted that most legislation and policies made within the last 21 years have been made due to a shift in opinion about residential child care. Both local and international opinion have come to see residential CYCCs in a negative light and to only be utilised as a last resort (Berridge, Biehal & Henry, 2010). The United Nations Convention on the Rights of the Child (1989) states that residential children's homes should only be used as a temporary solution, and only used as a last option. This negative view of residential CYCCs originates from a concern of the impact of growing up in an institutionalised setting may have on children (Meintjes et al., 2007). The below points act as a summary of the concerns that have been raised about institutionalised living for children (Meintjes et al., 2007):

- Residential children's homes act as a threat to a child's overall development as they do not receive adequate individual attention or a healthy, stable attachment;
- Children did not learn critical life skills as they are not adequately passed within an institutionalised environment. As a result, children are often ill-equipped for life beyond the CYCC and this has been seen to be a predisposing factor to antisocial behaviours;
- Children are marginalised from society as they are largely kept to the confines of the CYCC. Due to this it is similarly felt that these children are not adequately exposed to social situations and thus struggle when they later have to leave the home;
- As well as this, children may be dislocated from their original communities and culture. As children are generally raised in terms of the culture at the CYCC, reintegration back into their communities can be challenging;
- Children may be exposed to overcrowding. With this comes the risk of lowered sanitation, increased illness, the potential for physical and sexual abuse and a lack of individualised attention.

As a result of these opinions, legislation and policies have looked to promote community-based and alternative care options. These alternatives have been recognised by legislation and policy and are largely encouraged.

## 2.4 Alternative forms of care

As it has been explored above, the events of the last 21 years have warranted an increased need for alternative care for children in South Africa. As stated by AVERT (2015) 2.3 million South African children have been orphaned because of AIDS. As well as this, an increase in poverty and violence necessitated many children to be placed in alternative care. According to UNICEF (2010) there are approximately 21000 children that require shelter in CYCCs. During the peak of the HIV epidemic it was noted by Meintjes et al. (2007) that the amount of children needing alternative care was beyond the capacities of the country's CYCCs.

It is also important to consider that formalised residential care is costly (Allsop & Thumbadoo, 2002; Booysen & Arntz, 2002; Desmond et al., 2002; Meintjes et al., 2007). It is said that state run residential care can be 8-16 times more expensive than alternative or community-based care options (Booyson & Arntz, 2002). Thus over the last 21 years there has been a need to create more practical placement strategies (Booyesen & Arntz, 2002). South Africa's response to this need has been through the community (UNICEF, 2010). This has happened in its most part as a natural response to children needing alternative care. Theorists look largely to the notion of Ubuntu to explain this natural reaction (Allsop & Thumbadoo, 2002). The spirit of Ubuntu is captured by the essence that a person is a person through another person. Through this the interconnectivity and spirit of community is highlighted. In a survey performed by Freeman and Nkomo (2006) it was reported that 87.7% of those interviewed believed that should they no longer be able to care for their children that their extended families would look after the children. Only 3.2% of the sample were confident that the state would take care of their children. The increase in community-based care has thus been a natural solution to the challenges of alternative child care in democratic South Africa, and these initiatives are well supported within national and international legislation.

At this stage it may be useful to consider the different forms of alternative care are currently in action in South Africa. These different forms are highlighted in the below table (Desmond et al., 2002):

**Table 2: Different forms of alternative care**

| Approach                      | Key features  |
|-------------------------------|---|
| Informal fostering            | <ul style="list-style-type: none"> <li>• Child is taken in and cared for by another adult; typically extended family, grandparents, or neighbours</li> <li>• Performed without court order</li> </ul>   |
| Community-based support       | <ul style="list-style-type: none"> <li>• Child receives indirect support from the community</li> <li>• Direct support to carers of such children through skills training, emotional support, income generation etc.</li> </ul>  |
| Home-based care and support   | <ul style="list-style-type: none"> <li>• Care provided to the child in their original place of residence</li> <li>• Caregivers come to the home to assist with sickly parents and to see to the needs of children</li> <li>• This may continue should the parent pass away</li> </ul> |
| Unregistered residential care | <ul style="list-style-type: none"> <li>• Residential children’s homes are established without formal registration.</li> </ul>   |

While it is evident that there are a multitude of merits to alternative and community-based care, it should be kept in mind that it is not a quick-fix or ultimate solution (Russel & Schneider, 2000). It should be considered that the difficulties faced by caregivers in registered CYCCs, such as a lack of training, limited access to resources and caregiver’s burden and fatigue, may be similarly experienced by caregivers in the communities. Thus as it has been identified with caregivers in registered CYCCs, there is a need for community caregivers to receive continued support, skills training and assistance with resources such as food, medication or clothing solution (Russel & Schneider, 2000).

## 2.5 Summary of Chapter

The above chapter has illustrated literature’s current understanding of caregivers in residential CYCCs over the past 21 years. It has been noted that caregivers play a multitude of roles both within the CYCC and within the child’s life. It is recognised that the caregiving role is not a simple one as children entering the centre usually have experienced some trauma or hardship. It is found that caregivers would feel more competent and content in their role, if they were offered the opportunity to receive greater training, supervision and emotional support. The chapter has also strived to explore events that have occurred during the past 21 years in

South Africa that have impact caregiving in CYCCs. Most prolific is the HIV and AIDS epidemic, a shift in social patterns due to the transformation into a democratic state, as well as new legislation surrounding childcare. The changes in South Africa and an altered thinking surrounding residential care has necessitated the need for alternative forms of child care beyond registered, residential CYCCs.



## CHAPTER 3: METHODOLOGY

The following chapter examines the processes taken by the researcher so as to evaluate how best to ascertain the experiences of caregivers in residential CYCCs in Gauteng over the past 21 years. This process looks to a methodology that is both effective and ethical in practice.

### 3.1 Research Design

#### 3.1.1 Qualitative Research

Qualitative research looks into exploring a human or social phenomenon through obtaining rich, detailed and complex descriptions from individual's experiences (Leedy, 1997). It is further stated by Babbie and Mouton (2005) that qualitative research prioritises the obtaining of descriptions and different understandings over a quest for answers and explanations.

Furthermore, qualitative research does not seek an absolute truth, but rather looks to the importance of exploring individual's experiences and meaning-making processes of different phenomenon (Terre Blanche, Kelly & Durrheim, 2006). Babbie and Mouton (2005) note that qualitative research emphasises the "emic", or insider's, perspective. In this, qualitative researchers take particular interest in how a specific phenomenon is experienced and interpreted by the individual.

Qualitative research therefore served this research effectively in that the prioritisation of the individual's account is particularly useful as the researcher looked to explore the unique experience of caregivers in residential CYCCs in Gauteng. This research design similarly allowed for rich descriptions of complex phenomena. This allowed the researcher to share the detailed and unique experiences of such caregivers. Lastly, qualitative research adopts an inductive approach (Babbie & Mouton, 2005). By this it is meant that qualitative researchers firstly observe a variety of accounts before noting similarities and commonalities. In the case of this study, the researcher firstly grappled with the detailed accounts of several caregivers before attempting to make suggestions or recommendations.

#### 3.1.2 Phenomenological Approach

Phenomenology looks to:

“understanding social phenomena from the actors' own perspective, describing the world as experienced by the subjects, and with the

assumption that the important reality is what people perceive it to be”  
(Kvale, 1996, p.52).

The above quote defines the importance of obtaining the individual’s account of a certain experience in the phenomenological approach. According to Hayes (1997) the phenomenological approach assumes that absolute “truths” do not simply exist, but rather are created through the interactions of people. Alongside this, the “truths” created among people are subject to individual interpretation (Babbie & Mouton, 2005). Therefore, there is an importance placed on the meaning-making processes of individuals and the impact of these on the individual’s experiences (Babbie & Mouton, 2005).

The phenomenological approach was suitable for this research as it allows for the prioritisation of individuals and their accounts of the experience of being a caregiver in a South African CYCCs. As reviewed in the above literature, the placement of children in CYCCs has typically received negative opinion (Meintjes et al., 2007). While the validity of this remains debatable, insufficient efforts had been made to explore the inner workings of care in CYCCs. As well as this, broad claims can be made about events of the past 21 years that may have shaped caregiving in South African CYCCs, but again those intimately involved in caregiving in these settings had not been consulted. There was thus a need for the individuals to be approached so as to ascertain detailed experiences and accounts so as to shed light on the past 21 years of caregiving and its current situation. The phenomenological approach could thus accommodate the research’s desire to obtain individualised accounts of those most intrinsically involved in caregiving in CYCCs.

### **3.2 Sample and Participants**

As qualitative researcher strives to obtain information about a specific phenomenon that is rich in detail and description, the sample group is kept relatively small. As results of this, a small sample group ensures that the content of the interview is thoroughly worked through and meaningful interpretations are made (Smith & Osburn, 2008). In the case of this research, six participants were recruited.

Furthermore, as qualitative research seeks the accounts of specific individuals involved in a certain phenomenon, a purposive sampling technique was utilised (Smith & Osburn, 2008). A purposive sample ensures that the participants have experience that is relevant to the research topic, and are able and willing to discuss this experience (Durrheim & Painter, 2006).

In the case of this research the following criteria were deemed necessary so as to access participants that could provide relevant information:

- It was a necessity that the participant had worked as a caregiver in a residential CYCCs for at least 20 years.
- The participant were required to have a thorough command of the English language, so as to be able to participate in an in-depth interview.
- Other demographic features such as sex, gender, ethnicity or age were not considered as determining features in the selection of participants. However, these variables were later explored as to their possible influence.

Below are the biographical details of the final six participants that were selected for- and consented to the research:

**Table 3: Biographical details of participants**

| Participant Biographical Information |             |        |       |                     |                       |   |
|--------------------------------------|-------------|--------|-------|---------------------|-----------------------|---|
| Participant<br>(pseudonyms)          | Age         | Gender | Race  | Location of<br>CYCC | Years as<br>caregiver | Reason for<br>becoming a<br>caregiving  |
| 1. Iris                              | 50-60 years | Female | Black | Johannesburg        | 25                    | <ul style="list-style-type: none"> <li>• Opportunity to work with children</li> <li>• Helped to access work in CYCC by previous employer</li> </ul> |
| 2. Julia                             | < 60 years  | Female | White | Johannesburg        | +50                   | <ul style="list-style-type: none"> <li>• Volunteer work as teenager</li> <li>• Other family members had worked in CYCCs</li> </ul>                  |
| 3. Coralie                           | 50-60 years | Female | White | Pretoria            | 22                    | <ul style="list-style-type: none"> <li>• Studied education; opportunity to work with children</li> </ul>  |
| 4. Mathilda                          | <60 years   | Female | White | Pretoria            | 22                    | <ul style="list-style-type: none"> <li>• Job opportunity during difficult times</li> </ul>  |
| 5. Amelia                            | 50-60 years | Female | White | Pretoria            | 21                    | <ul style="list-style-type: none"> <li>• Passion for working with children</li> </ul>   |
| 6. Mavis                             | 50-60 years | Female | White | Pretoria            | 22                    | <ul style="list-style-type: none"> <li>• Job opportunity during difficult times</li> </ul>  |

These above participants were accessed through three CYCCs in the Gauteng area. Individual participants were found through the researcher's engagement with relevant

gatekeepers in the CYCCs. Kelly (2006) notes that gatekeepers act as an important entry point into certain communities. It is the gatekeeper that has the ability to allow the researcher into the community and put them in touch with valuable sources. In the case of this research, an entry point into the CYCCs setting was through upper management and child care managers. These individuals were initially contacted via email. Through the email, the aims of the research and the need to interview caregivers were explained. When the gatekeepers expressed an interest in the study, relevant documentation was sent through. These included further information about the research. After looking over these forms, the gatekeepers were able to make an informed decision as to whether they would be interested to have these interviews done with their caregivers. From this, caregivers were approached by the gatekeeper so as to explain the nature of the research. Caregivers were able to inform the gatekeeper of their decision to partake. It was felt that it was more ethical to allow the caregivers the opportunity to hear about the study and to discuss whether they would like to partake in it with a colleague during the initial stages. After this, the names and contact details of the caregivers that were interested in participating were sent from the gatekeeper to the researcher. The researcher was then able to contact the individual participants and introduce herself, the research and the interview process. If the participant was still interested to be involved in the study, a date for an interview was scheduled. As both the gatekeeper and caregiver had been involved in accepting the study, both were asked to sign a consent form stating their agreement and understanding of the research. The gate keeper was responsible for consenting on behalf of the CYCC, where the caregiver signed purely for themselves as an individual.

### **3.3 Data Collection**

A semi-structured interview was performed with each participant. The semi-structured interview is noted for its ability to create an atmosphere in which the researcher and the participant develop a rapport which allows for natural conversation and the discussion of personal experience (Kelly, 2006). Smith and Osborn (2008) further note that the semi-structured interview is particularly useful as it allows a greater degree of flexibility. By this it is meant that although it is essential for researchers to plan ahead to develop an interview schedule that contains necessary points to be covered, there is freedom for the interview to be steered in new and unexpected directions. This is important when working with individuals and their experiences as researchers can never account for all possibilities and thus should be eager to explore new themes introduced by the participant (Kelly, 2006).

In the case of this research, individual semi-structured interviews were performed with each participant. Each interview lasted for approximately one hour; yet was flexible so as to accommodate each individual participant's desire to share the experiences. The interviews were tape recorded and notes were made by the researcher during the interview. Consent for both the interview and the recording were obtained from the participant prior to the interview. A list of the questions used to form the interview schedule (Appendix 1) can be found in the appendices section.

### **3.4 Data Processing and Analysis**

The Interpretative Phenomenological Analysis (IPA) method was utilised in the processing and analysis of the data. The data processing and interpretation stages of IPA research may be considered as one progression of ideas. However, an important role of the data processing stage is the transcription of the interview (Smith & Osburn, 2008). Without the transcription, a thorough examination of the interview that is necessary for interpretation would not be possible. It was therefore essential that the interview was transcribed as accurately and completely as possible. Furthermore, it is suggested by Kelly (2006) that during the interview the researcher make note of non-linguistic expressions, such as sighs, that bring greater meaning to the piece. These notes were used in conjunction with the transcriptions. Through the process of transcribing the interview the researcher became familiar with the content of the interview. However, in order to perform a thorough analysis of the information it was necessary for the researcher to read over the transcription multiple times so as to gain the essence of what was being said. Whilst reading the transcription, Smith and Osborn (2008) suggest that one makes notes of interesting points, contradictions and units of meaning in the left-hand margin. Once these notes had been reviewed, the researcher carefully identified themes (Terre Blanche et al., 2006). Having identified these themes, it was then necessary for the researcher to organise the themes (Terre Blanche et al., 2006). By this it is meant that primary themes are identified and sub-ordinate themes are organised under these major themes. After the themes had been organised, the researcher looked to integrate the themes of all the cases (Terre Blanche et al., 2006). This is an important process as it looks to links and relations between themes if they emerge. If such themes do not arise this was also reported at this stage.

### **3.5 Measures to enhance research quality**

Reliability and validity are factors that are heavily rooted in the positivist paradigm and thus look to measure quantitative measures (Golafshani, 2003). It is therefore a greater

challenge to apply the properties of reliability and validity to IPA research which deals with subjective values (Golafshani, 2003). Hence, in assessing IPA research, one rather regards factors that influence the quality of the study; namely, reflexivity, credibility, dependability and transferability.

Reflexivity enables the researcher to acknowledge his/her role and the situated nature, or context, of their research (Finlay & Gough, 2003). By this it is meant that the researcher recognises his/her own thoughts and preconceptions and the possible influences this may have on the research process. In the case of this research, the researcher acknowledges her involvement with CYCCs as a Counselling Psychology Master's student and Intern performing psychological work with looked after children. Opinions shaped by these experiences will be acknowledged and efforts to bracket them from the research will be taken.

Credibility of research ensures a degree of confidence in that the research findings are truthful (Lincoln & Guba, 1985). As the researcher prioritises the participants as the experts of their own experiences, the researcher will look at and discuss that themes that emerged with each participant so as to clarify and evaluate the truthfulness.

As well as this, research should display dependability. By this it is meant that findings produced by research are consistent and can be repeated (Lincoln & Guba, 1985). It is suggested that research undergoes an 'inquiry audit' (Golafshani, 2003). This audit allows for the process and the product of the research to be examined by an independent researcher. In the case of this research, the research supervisor and another Masters Counselling Psychology student involved in similar research will act as a peer reviewing team. In so doing will review this research and comment on points of similarity and difference (Elliott, Ficsher & Rennie, 1999).

Lastly, the study should show transferability. Transferability ensures that the findings from one specific study can be transferred to a broader setting (Van der Riet & Durrheim, 2006). In order to obtain transferability the researcher will take efforts to richly describe the context, assumptions and findings of the research so that they can be used accurately by future researchers.

### 3.6 Ethical Considerations

Through the careful structuring of this research, efforts were made to protect all participants and relevant stakeholders. The following actions were taken to ensure the safety of all participants:

- **Voluntary participation:** all participants were informed that their involvement in the study was entirely on a voluntary basis. No participant was coerced into taking part in the research. As well as this, participants were informed that they had the right to leave the study at any stage and would not encounter any negative repercussions.
- **Confidentiality and anonymity:** all participants were informed that their identity and all identifying details would be protected and kept anonymous in the study. Pseudonyms were utilised in place of the participant's actual names. In order to further protect the confidentiality of participants' accounts and anonymity of their identity, the participant needed to give their permission for their interview to be recorded. It was explained to the participant that recordings would be kept on a password safe computer and then held by the University of Pretoria for fifteen years, after which it will be destroyed.
- **Harm:** the contact details of practicing psychologists were provided to participants should they feel the need for further psychological debriefing. The UNISA Counselling Centre (012 441 5509) in Pretoria and LifeLine (011 728 1331) in Johannesburg offer individual counselling at no charge.
- **Informed consent:** The above information, alongside further details of the study, was provided to the participant in writing and expressed verbally. These efforts were taken to ensure the participant had a full understanding of the research and was then able to give their informed consent regarding their participation.

The above information was put into an information form (Appendix 2), an informed consent form (Appendix 3) and permission to record form (Appendix 5).

### 3.7 Summary of Chapter

From the above chapter it is evident that the researcher chose a research methodology that would allow for the extraction of rich descriptions and encounters so as to better understand the experiences of caregivers in residential CYCCs in Gauteng, over the past 21 years. In order

to achieve this, a qualitative research design was selected due to its prioritisation of individual experiences and unique descriptions, above seeking an absolute truth (Babbie & Mouton, 2005). The research was further served by the phenomenological approach as this seeks to gain an understanding of the individual's perspective (Kvale, 1996). Similarly, there is a greater emphasis based on the exploration of different experiences, as opposed to determining a particular truth. In order to analyse this richly detailed data and interpretative phenomenological analysis was utilised. This allowed for the researcher to carefully go through the data and recognise common themes that were shared amongst the participants. Throughout the research process all efforts have been made to maintain high ethical standards, so as to respect and protect the participants, as well as their experiences.



## CHAPTER 4: DATA FINDINGS AND ANALYSIS

In an effort to obtain personal accounts of CYCCs caregivers' experiences over the last 21 years in Gauteng, South Africa it has become apparent that while caregivers acknowledge similar occurrences, they differ in their perceptions of them. This chapter seeks to detail these common experiences, as well as to explore the different perceptions and opinions surrounding them. Lastly, efforts are made to investigate possible factors that may influence these varying opinions.

It was most frequently expressed by the caregivers that they had experienced a challenge in working with children, due to a perceived negative and egocentric attitude held by children with the CYCCs. Perceptions surrounding children and their attitudes were however varied. The majority of the participants believed that children have developed a negative attitude and sense of entitlement that contributes to unruly and disrespectful behaviour. Caregivers that shared this experience varied in their reasoning of the occurrence. A portion of the participants attributed the attitudes and behaviours of children to the cessation of corporal punishment. Within this group, some participants expressed a frustration that with the termination of corporal punishment they were no longer able to discipline children and this had led to children becoming unruly and disrespectful. The remainder of this group stated a need to discover more creative measures for disciplining children now that corporal punishment has been banned. A second group amongst the participants was recognised in that they attributed the disrespectful attitudes and behaviours of children to the fact that children are now more aware of their rights. A division occurred within this group in that some participants felt that as children had become more knowledgeable of their rights, they had developed a sense of invincibility which had contributed to an attitude of entitlement. The remainder of these participants deemed it necessary to educate children on both their rights and responsibilities so as to eradicate supposedly negative attitudes and resultant behaviours. The minority of the caregivers expressed that while they did experience children and their attitudes and behaviours as challenging, they did not feel that it was a new phenomenon. These participants stressed that one must regard that children themselves have not become more difficult, but that as society changes children are subject to more complex situations which have implications for their attitudes and behaviours. The participants noted that it is imperative to be cognisant of childrens' backgrounds and reasons for being admitted to the CYCC.

It was secondly expressed by the participants that over their past 21 years of caregiving they had encountered an increase in children of colour being admitted to registered, residential CYCCs. A great deal of the participants spoke of how it was initially unusual for them to have children of different races in the CYCCs, but how it is now become the norm. Within this group of participants, it was seen that the participants had two different styles of thinking which had contributed to them including children of colour into the homes. A portion of the participants expressed that over time they have come to become more accepting of different races, as well as different cultures. They have come to embrace difference within their homes. Other participants noted that they felt children of different races and cultures should have to assimilate to that of the culture of the house. A small portion of the participant group stated that they found it challenging to have children of different races, and different cultures, staying in the CYCCs. Such participants exclaimed that they believe that CYCCs should be segregated along the lines of race.

A third feature which arose amongst all caregivers was that of different policies being put into place. The participant group seemed to be divided in opinion about these policies. Some of the participants noted that the new policies allowed them the opportunity to grow both personally and professionally. These participants recognised that over the past 21 years there has been an increase in administrative work to be done by caregivers. As well as this, other professionals, such as social workers, psychologist and occupational therapists, have started to work more intensely at CYCCs. While this has led to more responsibilities for caregivers, they believe that it has aided their personal and professional lives. On the other hand, the remainder of the participants felt that the introduction of new policies had created an unnecessary increase to the workload of caregivers. These participants felt that they had been tasked with too many managerial and administrative tasks, which has caused additional stresses.

Lastly, HIV and AIDS was addressed by the participants. Participants varied in their exposure to HIV and AIDS. A portion of the group had experienced working with children both affected and infected with HIV and AIDS, however they stated that because of effective antiretroviral treatment (ART) they had not had to administer specialised treatment to these children. The remainder of the participants expressed that they had had very little exposure to children living with, or affected by HIV and AIDS.

The following table illustrates the common occurrences experienced by the six participants, as well as the various perceptions surrounding these notions:

**Table 4: Common experiences amongst caregivers**

| COMMON EVENTS / OCCURANCES                                  | DIFFERENT PERCEPTIONS  | FACTORS INFLUENCING PERCEPTIONS   |  |
|---|--|---|--|
| 1. Children's attitude                                      | Children have become more unruly, cheeky and have an attitude of entitlement | The cessation of corporal punishment  | Inability to discipline  |
|   |  |   | Need to be creative in finding new ways of disciplining children |
|   |  | Children increasingly aware of their rights   | Sense that children are invincible                               |
|   |  | Need to educate children about their rights and responsibilities  |  |
|   | Children remain the same, but still challenging                              | Have to be cognisant of children's backgrounds and reasons for being admitted to CYCCs                        |  |
| 2. An increased number of children of colour entering CYCCs | Initially unusual to have children of colour, but now normal                 | Acceptance of different races and cultures  |  |
|   |  | Cultural assimilation   |  |
|   | Experience difficulties  | A desire for CYCCs to be separated in terms of race   |  |
| 3. Different policies                                       | Increased administrative work  | A positive attitude in terms of the possibility for personal growth and the professionalisation of caregiving |  |
|   | Introduction of other professionals into CYCCs                               |   |  |
|   | More managerial work for CYCCs   | An attitude that new policies have brought an unnecessary increase in caregiver's workload                    |  |
|   | Internal changes   |   |  |
| 4. HIV/AIDS   | More children affected, but living well on Anti Retro Viral (ARV) treatment  |   |  |
|   | Very minimal influence on CYCCs and their children                           |   |  |

From the above table it is evident that from four commonly acknowledged encounters, there appears to be a divide in the opinion and perception of these occurrences. These encounters and the varying experiences of them will be explored.

## 4.1 Children's attitude

While literature largely points to external factors as possible influencing factors of the experience of being a caregiver in a South African CYCC over the past 21 years, it has become apparent that the attitude of children has been the most significant in determining a caregiver's experiences. Although the participants acknowledged external factors, such as HIV and AIDS and new legislation and policies, there was a most definite emphasis as to the attitudes of children as being the most influential to the experience of caregiving. It is however interesting to note that within the group of participants, there was a strong divide amongst those that believe that children's attitudes have changed negatively and those that do not recognise a change but acknowledge the challenging nature of their attitudes. It should be noted that a significant percentage of the participant group sided with the opinion that children have developed a more negative attitude. While the scope of this study cannot determine as to whether this is becoming a pattern within CYCCs in South Africa, these encounters seem to influence the practice of caregiving and thus warrants further investigation.

### 4.1.1 A negative attitude and sense of entitlement amongst children

It was expressed by a large portion of the participant group that over their past 21 years of caregiving in CYCCs they have experienced children as becoming increasingly challenging to care for. Many caregivers reported a sense that children had developed a negative attitude. This negative attitude is expressed in terms of the general way of thinking and behaving. This negative change may be explained as a change in terms of respect for others, especially authority figures. It is noted by one caregiver that:

#### Extract 1

*"... they got more cheeky"*

This caregiver expresses that children in CYCCs no longer have the same degree of respect for adults that she used to experience in children. It is felt that children have become increasingly rude. This increase in rudeness and a general lack of respect is most commonly experienced by these caregivers as an attitude of entitlement. It is reported by another caregiver that:

#### Extract 2

*"The kids are different today as they were years back...They just think they can do anything. The world belongs to them. Or, the world owes them something"*

From this statement it is highlighted that it is felt that children have developed an attitude of entitlement over the past 21 years. This attitude encompasses a thought that they, as children in CYCCs, are deserved of special treatment. It is similarly stated that:

### **Extract 3**

*“They are very adamant that you have to treat them like they deserve it”*

Again it is reiterated that it is believed that a level of expectation has grown in children in CYCCs that they are entitled to a different form of treatment. The expectations of this treatment appears to be developing in a one directional form. It may be said that where children have taken on an attitude that respect, politeness and care is expected from caregivers, yet it does not need to be given in return. It is noted that they often see this attitude of entitlement and little respect for others in terms of the children’s care for their belongings.

### **Extract 4**

*“A lot of kids come in here and they just want you to give, give, give... before if you give to a child there wasn’t much you could give. Like stationery, or whatever, you tell him to watch and look after them. They would have done it, but now; ‘I don’t have to watch my clothes, I don’t have to look after my things cos I’ll just get another one... Some kids just think that’s the way it is. If something is missing or they lost something, they must just get another”*

This frustration is similarly stated:

### **Extract 5**

*“They come and say their socks is missing. So now, if I don’t have in the house in the house I must go and buy some more. To get money from the office is not easy”*

From the above extracts the reported notion of entitlement is highlighted. Caregivers express this attitude of entitlement without any responsibilities or reciprocity as extremely frustrating and demoralising. It is felt that they are working with children who

### **Extract 6**

*“... have no values”*

The idea of children not having values signifies the impression that children no longer show respect for their belongings or the people they live with. The notion of values is however

complicated as it is arguable as to where children learn their values. This will be explored in greater detail at a later stage.

It is put by one caregiver that CYCCs are starting to see a different “calibre” of child.

### **Extract 7**

*“It was not as bad when I first started – on the calibre of child you got...but when I’m saying the calibre – not as violent with each other as we see today”*

As detailed above, caregivers seem to recognise a change in the children that they care for in terms of their respect for others. It is mentioned that there is a greater degree of violence between the children, as well as their caregivers. It appears that there is an increased sense of hostility and a reduced tolerance for others, which results in violent, unruly or simply disrespectful behaviours.

Where there seems to be an increased dissatisfaction with the change in children’s attitudes and resultant behaviours, it is imperative to consider the perceptions as to where these changes have come from. In exploring one’s perceptions and understanding of a phenomenon, a greater insight is gained and may thus guide future dealings or interactions.

#### **4.1.1.1 The cessation of corporal punishment in South Africa**

It is however important to note that while five of the six caregivers acknowledged the ending of corporal punishment as an event that had occurred during their 21 years of practice, there are varying opinions as to how it has impacted the experiences of children, their attitudes and behaviours.

##### ***4.1.1.1.1 The cessation of corporal punishment as detrimental to caregiving in CYCCs***

It was frequently addressed that the banning of corporal punishment has largely impacted children in CYCCs attitudes and behaviours. It is stated by one caregiver that:

### **Extract 8**

*“I think things have changed as regards to discipline... there’s nothing you can do”*

As expressed above, it is commonly reported by the participants that they feel disempowered and at a loss as to how to deal with difficult attitudes and behaviours.

### **Extract 9**

*“... you are limited... there’s not much punishment you can give”*

Beyond a feeling of being incapacitated by not being able to physically discipline children, participants express a greater concern surrounding the fact that children are aware that corporal punishment is now illegal.

### **Extract 10**

*“Nowadays, you can’t touch a child. They will go to the Social Worker and say that you have molested him”*

From the extract it is apparent that children are becoming more aware of what punishments are deemed acceptable by law and are not afraid to take action if they feel these are being crossed. It would seem that some caregivers regard the children as using their awareness of the end of corporal punishment as an excuse for escaping discipline. As seen in extract 10 it is thought that children are able to elude any consequences due to the sensitivity of the country’s laws surrounding corporal punishment. As a result, it seems that some children have adopted an attitude of invincibility. In having an awareness of what may and may not happen to them in a CYCC, they are able to manipulate their situation so as to benefit them. This sentiment was addressed by another caregiver:

### **Extract 11**

*“So they know they can do anything... and get away with it... they have become almost invincible”*

These words summarise many of the caregiver’s experiences of children who have developed an attitude that their actions are free from any consequences, as they believe the caregivers cannot give them any discipline, or if they do will face serious repercussions.

#### ***4.1.1.1.2 The cessation of corporal punishment as fitting for caregiving in CYCCs***

While these participants acknowledged that the ending of corporal punishment has brought about challenges and different complications; there is a recognition that corporal punishment is no longer appropriate for CYCCs in the South African context.

### **Extract 12**

*“I know where it comes from that you can’t punish because some people don’t know how to”*

As it is reported by one of the caregivers, while she acknowledges the benefits of corporal punishment she recognises that many parents and caregivers do not use it effectively or safely and thus it was necessary for physical punishment to be banned in its entirety. Some caregivers have since seen that there are effective means for disciplining children that does not entail physical punishment, such as having open discussions with older children, or reward systems.

### **Extract 13**

*“You can’t do anything to the children like smack... so you must improvise”*

It is detailed by one of the caregivers that it is important to look for alternative and creative means for instilling discipline in the children in the house. She speaks of using a reward method which encourages responsibility and pride within the children. In doing so, she expresses that:

### **Extract 14**

*“I really don’t punish them, they punish themselves”*

In utilising alternative discipline methods the children are able to internalise appropriate behaviours for themselves. Through discipline methods such as a reward system, it is not necessary for caregivers to be punitive as children rather learn to behave in a manner that is rewarded.

### **Extract 15**

*“The corporal punishment is when you lazy to talk. The child will look at the corporal punishment that you do and so the child is lost... because they just learn that you must hit”*

The above caregiver highlights the potential dangers of corporal punishment. She notes that the use of physical punishment has the possibility to instil a greater sense of violence and hostility in the CYCC. She similarly emphasises the need for caregivers to take initiative to use alternative forms of discipline.

While many of the participants acknowledge that the cessation of corporal punishment has brought about new challenges, it has been a necessary development and has encouraged new initiatives to discipline.



Alongside the ending of corporal punishment, some of the participants attribute their experiences of children's more negative attitudes and sense of entitlement to a seemingly greater awareness of rights.

#### **4.1.1.2 Greater awareness of rights**

It is expressed by many of the participants that the children in their homes have developed a greater awareness of the legal rights. As a result, it is felt that these children are more able to dictate how they are treated in CYCCs.

##### ***4.1.1.2.1 Awareness of rights as a manipulative tool***

#### **Extract 16**

*"I don't think they had the knowledge of rights that they (children today) have. Now they can undermine you easily"*

As reported in this extract, many caregivers believe that children over the last 21 years have gained a greater awareness of their rights and use them as conditions for how they should be treated. As it was discussed in terms of the use of corporal punishment, through a knowledge of rights, some children are able to manipulate caregivers so as to benefit themselves.

#### **Extract 17**

*"They know their rights but they are misusing them"*

It is similarly stated that many children in CYCCs use their knowledge of their rights for their own advantage, but neglect the fact that their rights do not excuse them from negative behaviours or the ill treatment of others.

#### **Extract 18**

*"With rights come responsibilities and they don't always realise it"*

Again, it is often felt that some children's thinking has become one directional and rather egocentric. Through obtaining knowledge about their rights, it is believed that children can use their rights as a manipulative tool. In a sense, these acts of manipulation allow children to be invincible.

### **Extract 19**

*“... you must be very careful with what you say and when you say it...they are brutal... they fill you with things like the ‘government take [took] me away and you have to support me”*

The statement given by one of the caregivers emphasises some caregiver’s experience of children using the knowledge of their rights in a manipulative fashion for their own gain. It is felt that children have become increasingly aware of legal systems and procedures, such as the measures used to remove a child from an unsafe home and placed in a CYCC, and are using this awareness to manipulate caregivers into providing preferential treatment.

#### ***4.1.1.2.2. The need for children to be educated about their rights and responsibilities***

While it is recognised that some children may use their knowledge of their rights for their own personal benefit, it is acknowledged that it is the role of caregivers to educate children that alongside rights there are responsibilities.

### **Extract 20**

*“Yes, they are more aware of their rights but if you don’t say anything to them, they won’t know”*

In this statement the notion of education is emphasised. While this caregiver recognises that children have used their knowledge of rights to manipulate caregivers, she expresses that it is the task of caregivers to inform children of their rights, as well as their responsibilities. This participant deems it the duty of caregivers to explore with children the importance of their rights and the responsibility to respect the rights of others. Without this, it is too easy for children to assume that their rights are entirely self-serving.

#### **4.1.2 Children remain challenging, but have not changed**

It was reported by a small portion of the participants that they had not experienced a change in children. Where many of the participants felt that children had assumed a bad attitude and a sense of entitlement, it was stated by the remainder of the group that they had not seen this development in children.

### **Extract 21**

*“... the children stays the same. I think the time is different... I think the children stays the same. You’ve got difficult ones and then you’ve got easy ones”*

From the above extract, it is clear that some caregivers do not believe that it is children that change, but rather that society changes and we feel those influences. One of these changes that was acknowledged by a participant was that there has been an increase in the use of drugs by children. She explains that this has contributed to some children being difficult these days. She does not however believe that the increase in substance use has ‘created’ a different type of child to care for.

#### **4.1.2.1 A need to remember children’s backgrounds**

In exploring the experience of children not changing over the past 21 years, it was most commonly reported that there is an importance to consider children’s backgrounds and the reasons that they had been brought to CYCCs. In looking into their backgrounds, some caregivers arrived at answers as to why children behave the way they do and did not find that it could be attributed to an event or occurrence from the past 21 years.

#### **Extract 22**

*“You learn to accept everyone. Some of them, the circumstances is really bad, so some of them have more problems than others. But you learn to cope with that”*

It is similarly stated that:

#### **Extract 23**

*“You know when a child acts like that, it’s a condition of how the child was hurt. So don’t look at the negatives – look at the child”*

From this is it shown that some caregivers look to a child’s individual background to understand their current behaviours. They do not assume that children in general have changed, but rather that each child is uniquely influenced by their circumstances and past.

## **4.2 Increased numbers of child of different races entering CYCCs**

During the past 21 years and the country’s transformation into a democratic state, it has been recognised that there are a greater number of children of different races entering residential CYCCs. Where CYCCs were predominantly serving white children prior to 1994, the end of the Apartheid regime has seen more children of colour being admitted into residential CYCCs. This change has been experienced quite differently by various caregivers.

#### **4.2.1 Caregivers needed time to comfortably incorporate children of colour into their homes**

It was expressed by many of the participants that it was initially quite different to have children of different races entering their homes in the CYCCs. Participants explained that having grown up in Apartheid they were not used to being in close contact with black, coloured or Indian children. As a result, many caregivers described a feeling of apprehension about the arrival of children of colour in CYCCs.

##### **Extract 24**

*“... they (caregivers) did not like it – it was prickly for them... for some of the caregivers it was tricky”*

In this extract it is seen that there was a degree of discomfort surrounding the inclusion of black, coloured and Indian children into previously predominantly white CYCCs. Participants were able to share their own anecdotes about the arrival of children of colour into their homes.

##### **Extract 25**

*“I remember when the first two coloured children came... I thought ‘Oh Father, how am I going to manage these children?’ ... I had to force myself to wash their hair.”*

##### **Extract 26**

*“I think it’s maybe a different feeling and I remember when we started, I’m not a racist, it was just white children... (so) I know it’s going to be difficult at first (to) get another colour in my house, to kiss and to hug them like the others. That’s what you’re used to. You are still half brainwashed”*

From the above expressions it is emphasised how it was an unusual and challenging process incorporating children of different races into CYCCs. The one participant recognises that she had been brought up in a segregated South Africa and as a result was “brainwashed”. These preconceived ideas of children of colour meant that it sometimes felt quite daunting to bring children of different races into the house and treat them as they had treated white children. Where many caregivers had been brought up in an environment where they would have had extremely limited personal or intimate contact with people of a different race, they were now faced with the task of caring for- and loving children of these different races. It is interesting to note that during this time of transition, white children in CYCCs expressed a similar concern

about children of colour entering the homes. In a survey performed in the early 1990's at one of the CYCCs included in this study it was concluded that many white children were rather uncertain about children of different races coming to their CYCC. It was stated by some children that they would be fine with children of colour staying in the same CYCC as long as they slept in a separate bedroom; others reported that children of colour could stay in the same CYCC provided that they used different cutlery. It can therefore be seen that because of entrenched perceptions of people of colour many caregivers, as well as white children in CYCCs, experienced a degree of uncertainty surrounding the inclusion of black, coloured and Indian children into CYCCs. Despite this, the majority of the participants reported that they are now comfortable caring for children of colour. It appears that two different approaches have been taken so as to reach this point of comfort.

#### **4.2.1.2 Cultural acceptance in CYCCs**

In exploring how caregivers have arrived at a point of ease in caring for children of different races, it was expressed by some participants that they have come to accept and embrace the differences that they experience in children of different races. Most notably these participants have attributed culture as the most significant difference between the different races. These caregivers see culture as an opportunity to learn about difference and encourage tolerance in children.

#### **Extract 26**

*“I think because here we've got all the cultures, you must make space for everyone... the children are really positive about each other”*

This caregiver looks to embrace each child's different culture in her house.

#### **Extract 27**

*“I am also learning so it's interesting for me. Sometimes they want to eat with their hands... and I allow them; it's part of their culture... we learn from each other and it's actually quite fun”*

While the value of embracing different cultures is obvious, another caregiver states that it has not been an automatic process.

### **Extract 28**

*“So I thought...I can keep my personal space and treat them all the same...I can’t kiss this (child) and not that (child)”*

In this the participant acknowledges that with the arrival of children of colour in her CYCC she had to make a conscious decision to work through her existing thoughts and come to a place where she could treat all children with the love and care that they all needed. It is further expressed that having taken the step into accepting different cultures she is surprised as to how easy it has been to incorporate different cultures into her house.

### **Extract 29**

*“... it just shows you the way people can change...I was prepared to move into their environment and adapt”*

#### **4.2.1.2. Cultural assimilation in CYCCs**

In order to establish a degree of harmony in having children of different races under one roof, some of the participants have looked to introducing children of different races and cultures to their ‘white culture’. These caregivers have adopted an attitude that all children need to assimilate to one culture, which is that of the caregiver. In these cases the caregivers are elderly white females. One caregiver explains her thoughts behind incorporating children of different races and cultures into her house.

### **Extract 30**

*“They basically have to fit in with us... If you just listen and do what you’re supposed to then you can live very nicely”*

In the above extract it would appear that some caregivers have an attitude that their culture is the most suitable for the house and thus should be followed by all. It is expressed that when all children assimilate to one culture and way of being, there are no difficulties or disagreements.

### **Extract 31**

*“Afterwards (having adopted the culture of the house) they all just become children. You don’t notice the colour”*

A similar notion of the need for assimilation is expressed by other caregivers. It is however imperative to note that some of the participants do not seem to experience the same degree of assimilation.

### **Extract 32**

*“You can’t handle this (many different cultures) in a mixed house. I have three black children and I handle them like white people. So I don’t talk to them about their culture – I talk to them about white culture”*

As seen in this extract some caregivers feel that is unnecessarily difficult to accommodate new cultures into the house, and thus rather enforces a ‘white lifestyle’. This however has not been a ‘successful’ or effective practice.

### **4.2.2 Difficulties having children of coloured incorporated into CYCCs**

As previously acknowledged, it is felt by some caregivers that there is a need for all children to be assimilated to a ‘white culture’ so as to accommodate all children and the caregiver. One caregiver expresses her efforts to enforce a ‘white lifestyle’ and how they have not worked. She reports that she has found it too difficult to have children of different races and cultures under one roof.

### **Extract 33**

*“We didn’t do anything that the black or coloured children like to do and they don’t ask... because they are only two. The whole manner to discipline and growing up is white. That is what we do. So I think it is not fair to them”*

From this, it is seen that it is sometimes deemed unfair to subject children of different races and cultures to a ‘white lifestyle’; yet there is an unwillingness from some caregivers to accept and incorporate different lifestyles into their houses. One caregiver is thus of the opinion that CYCCs should be established for specific race groups.

### **Extract 34**

*“I personally said they must have the black children in their own children’s home and with their own house mothers... they can still be in Pretoria, and then they have to support their own system”*

It was observed that some caregivers find it too challenging to have children of varying races and cultures under the same roof. These caregivers appear to be insistent on running their houses in terms of their own culture and do not experience it as feasible to incorporate children of different races and cultures in their CYCC.

### **4.3 New policies and internal changes in CYCCs**

In looking into the experiences of caregivers in CYCCs in Gauteng over the past 21 years it was further identified by the participants that their encounters had been influenced by new policies brought into CYCCs. The following features were identified by the participating caregivers:

#### **4.3.1 Increased administrative work**

It was reported that caregivers have been tasked with a growing amount of administrative over the past 21 years. According to some caregivers, there is a greater demand for all details of each child's life to be documented.

#### **Extract 35**

*“We have to write a monthly report about each child and then the other stuff is just like if they are absent or here, or weekends away...stuff like that”*

This caregiver explains that when she initially started caregiving it was very informal. There were fewer regulations. Over the past 21 years she has noticed that CYCC's have become stricter and request all details of each child to be documented. As a result, it is now required a monthly report written for each child that a caregiver cares for. Alongside this, caregivers need to record whether children are absent from school, whether they go out on a school outing or are taken out of the CYCC for a weekend or holiday. While it is felt that their workload as caregivers has been increased by these larger amounts of administrative work, she believes that is for the benefit of the children. She explains that now each child receives greater individual attention and as a result their specific needs can be more easily seen to.

It was also reported that there has been an increase in administrative work in the basic running of the house.

#### **Extract 36**

*“We have a lot more admin to do. There's a great deal of stuff you have to plan for your reports, you have to fill in forms and put in slips for things that that you buy”*



In the above extract it is detailed that the running of the house in the CYCC is no longer as simple. It is required that anything that needs to be bought for the house or the children needs to be put through the finance office, confirmed and then funds given. Alongside this, any on-goings in the house, such as a child falling ill or a child breaking a window, needs to be document and reported.

#### **4.3.2 Caregivers expected to perform more tasks**

##### **Extract 37**

*“We seem to do more stuff than we used to”*

It came across from many of the participants that over the past 21 years caregivers have acquired a greater variety of tasks that they have become responsible for. It was commonly expressed by caregivers from the Pretoria CYCCs that they have been required to obtain their Public Transport Permit. It is necessary for caregivers to have this permit as they are now required to transport children. One caregiver explained that previously the CYCCs had employed drivers to drive the children. This however is no longer the case and it is now expected of the caregivers to see to the transport requirements. All caregivers that have been tasked with driving children report to not enjoying the task. They find driving large groups of children to be stressful and that it interferes with their major responsibilities as caregivers. Many caregivers complained that on the mornings that they were on transport duty they could not adequately see to the children in their homes and ensure that they had been given breakfast and were ready for school.

Alongside this, caregivers reported that over the past 21 years there has also been an increased demand on caregivers to perform their own fundraising. One caregiver stated that they receive 42% of the funds necessary for their children from the state and some funds from the CYCC, these monies do not adequately cover the needs of the children. It has thus become expected that house parents are to collect these funds. Many of the caregivers are able to secure some funding from local churches. This caregiver does however report that it is not a pleasant task having to ask for financial support and there is a great deal of stress involved.

When asked about changes that could be made to improve the experiences of caregivers it was most commonly reported that a decrease in the above discussed tasks and responsibilities would be beneficial.

### 4.3.3 Internal changes in CYCCs

Most participants recalled changes that had occurred in their specific CYCC over the past 21 years. While these do not signify a greater pattern of change in caregiving in CYCCs, these changes influenced the experiences of individual caregivers. It was noted by one caregiver that when she first entered her CYCC the houses were made up of male and female children. Currently, most CYCCs in South Africa divide their houses in terms of gender and age. The participant expressed that it was rather challenging running a house for both boys and girls of varying ages. She noted that the move to single sex houses that are divided in terms of age has been good for her. Many caregivers expressed that they have a stronger ability for working with a specific group of children and thus prefer running a house for these children.

Alongside this, it was noted by the one caregiver that prior to her commencing caregiving it was required that houses in CYCCs were run by a couple consisting of a man and a woman that shared a significant relationship. As a result, she could only enter the CYCC to work as a caregiver when this policy was altered to permit single adults to be caregivers. Lastly, it was explained by another participant that during her early days of caregiving it was policy that caregivers lived permanently in their houses at the CYCC. Under this notion, caregivers as well as their families would take up residence at the CYCC. This participant expresses that this allowed for greater sense of the houses being a family homes. It was however felt that this positive became outweighed.

#### Extract 38

*“They become institutionalised – the family... because they never sort of leave the property... This is their home, but then they are there 24/7 working and not having an outlet”*

This caregiver saw families becoming institutionalised as they never left the centre. This had a negative impact on the upbringing of the children in the homes. She explained that during the past 21 years there have been change in the country’s labour laws and as a result it was deemed preferable for caregivers to work shifts, instead of being permanently in the CYCC. Due to this, caregivers in this CYCC now work either day or night shifts.

### 4.3.4 Introduction of other professionals into CYCCs

In the Children’s Act 38 (2005) it is stated that CYCCs are required to offer additional services so as to promote the optimum development of each child. Some caregivers have recognised the implementation and this and have seen the difference it has made to their children.

### **Extract 39**

*“There has been a lot of changes and that has been fantastic... like having psychologists here... people that are more geared up on different issue”*

As quoted above it has been advantageous to have professionals with different skill sets working in the CYCCs. Professionals such as psychologists and occupational therapists have allowed for the needs of some children to be addressed that previously would not have been. It is also felt that professionals such as psychologists have been beneficial to caregivers as they can offer a different insight into children’s behaviour and suggest techniques for working with them.

#### **4.3.2.2 Opinions surrounding internal changes in CYCCs**

As it has been explored above, CYCCs have seen significant changes to their internal workings over the past 21 years. The general feeling from the group of participants regard these changes as positive. The increase in administrative work and the inclusion of other professionals in CYCCs has contributed to some caregivers feeling that their job can be held in a higher esteem.

### **Extract 40**

*“I think this job has become much more professional”*

It has been the efforts of the South African Council for Social Services Professions (SACSSP) to ensure that caregivers assume their responsibilities in a professional manner, so as to promote the integrity of the profession. It is thus pleasing to see that caregivers feel that their job is one that is regarded as a respected profession, and that the work that they do is of immense importance.

It should however be noted that not all of the participants shared the same attitude of optimism and enthusiasm surrounding these changes. Some of the participants relayed the impression that they had found the increase in administrative work and additional tasks to be both frustrating and stressful. While these opinions will not be dismissed, professional burnout and compassion fatigue should be considered as a possible influencing factor into these experiences. This will be explored in greater detail at a later stage.

## **4.4 HIV and AIDS’ impact on caregiving in CYCCs**

As shown in literature, South Africa has seen the rise and stabilisation of HIV (Zumu et al., 2016). In 2007 it was stated by Meintjes et al. that “the scale of the problem of care in

the context of HIV in Africa is such that institutions (residential CYCCs) could never address it” (p. 10). However, the introduction and implementation of Antiretroviral treatment (ART) has seen the epidemic becoming manageable. This was seen in the accounts of some participants.

#### **4.4.1 Working with HIV has not been a challenge due to effective antiretroviral treatment (ART)**

In discussing their experiences of HIV and its possible influence on caregiving in CYCCs, it came across that the participants from the CYCC in Johannesburg had had a very different exposure to the disease; and thus had quite varying experiences. The caregivers from Johannesburg recognised the HIV and AIDS epidemic and had seen, to some extent, its consequences in their centre. These two caregivers had encountered many children coming into the CYCC who had lost their parent(s) to AIDS, as well as children that were also infected with the virus. While they have experienced the hardship that can surround such an experience, this struggle is not defining of their experiences. It was emphasised by both participants that effective ART has altered not only the lives of children living with HIV, but also their experiences of caring for these children.

##### **Extract 41**

*“(there are) more sick children. But, because there is ARVs it is better... kids are surviving”*

From this statement it is reiterated that although there has been an increase in children with HIV living in their CYCC, it has not been an extremely challenging ordeal as the children are generally of good health on their ART. The role of the caregiver is not one so heavily defined by nursing a sickly child, but rather as one that ensures the child has a healthy lifestyle and takes their medication consistently.

It is brought up by the one caregiver that the experience of children with HIV thriving on ARTs forces caregivers to consider new issues.

##### **Extract 42**

*“(we need to) think of the future of the child because HIV is not a death sentence... what happens afterwards when you sit with a group of kids who become adults?”*

From the above statement it is seen that caregivers are shifting their mind set when it comes to children with HIV. Where it was previously considered that children that were HIV positive were to live a much shortened life; today with ARTs this is no longer the case. Caregivers have thus experienced a need to change their thinking, firstly to acknowledge that children with HIV can live a very normal and lengthy life and secondly, that as caregivers there is a need to be considering the futures of these children. In such a way, ARTs have largely altered the experiences of caregivers looking after children with HIV in CYCCs in that there has been a move from caring for sickly children to caring for more healthy, ‘normal’ children. Caregivers now need to consider what are the future plans for these children.

#### **4.4.2 Minimal exposure to HIV and AIDS in CYCCs**

The remaining participants interviewed for this study reported having had extremely minimal exposure to HIV and AIDS or its possible impacts. It is interesting to note that these participants came from different CYCCs in different areas in Pretoria. During their interviews, the topic of HIV and AIDS and its influence on CYCCs did not naturally arise from the individual caregivers and the researcher had to directly ask them about the issue. It would thus appear that the HIV and AIDS epidemic has had different degrees of influence across CYCCs in Gauteng. It was expressed by one participant that she deemed HIV and AIDS to be predominantly a problem that affects the rural areas of South Africa. While the truth of this statement may be debateable, it is worthy to regard this as an opinion of caregivers in CYCCs. It would seem that for those whom have not had a direct contact with HIV and AIDS within their CYCC, HIV and AIDS and its consequences remain a rather distant entity. This was similarly seen in another participant’s statement:

#### **Extract 43**

*“I don’t think at this stage that it’s (HIV and AIDS) an issue... In all my time – I’m twenty years now – I didn’t know anybody who have HIV”*

Again the impression is given that the HIV and AIDS epidemic has not been felt by some caregivers in Gauteng. It would appear that some caregivers have not had much exposure to HIV and AIDS and thus it remains a rather unknown experience.

Alongside this, it was noted by a participant from the same CYCC, that she was aware of a very small amount of children that were HIV positive. This knowledge was kept very private.

#### **Extract 44**

*“We have children that are on medication that hardly anyone knows about. We don’t spread it...we treat them the same and we don’t broadcast it”*

Here it is addressed that HIV and AIDS is a matter that is kept very much under wraps in some CYCCs and amongst some caregivers. It may be considered that caregivers and other CYCC staff members strive to respect the privacy of a child’s HIV status and thus there is minimal discussion about the disease in the CYCC.

#### **4.5 Summary of Chapter**

From an analysis of interviews performed with caregivers it appears that while participants acknowledge similar occurrences over the past 21 years, they hold varying opinions of these encounters and have had quite different experiences of them. It was prominently noted that the majority of caregivers had experienced a change in the attitude and behaviours of children over the years. It was typically felt that children have developed a sense of entitlement which had brought about rude and cheeky behaviours. Participants varied however in their perceptions of this occurrence. Where some looked to the end of corporal punishment as a cause for this behaviours, others are of the opinion that caregivers need to take initiative to both educate and fairly discipline children.

Over the past 21 years, the participants have also noticed that there has been an increased number of children of colour entering CYCCs. Participants acknowledged that they had experienced some cultural differences that arose from having children of varying races in their houses. Perceptions about this however varied to quite an extent. Some participants have an opinion that different cultures should be embraced and explored; where others feel that children of different races and cultures should assimilate to the culture of the house, which in this case is a white Afrikaans culture. It was also suggested that there is a need for children of different races to be raised in separate CYCCs.

Caregivers from this sample group shared the opinion that there had been a variety of internal changes in CYCCs. Most prominent was that there has been an increase in administrative work for each child, and that caregivers are now expected to do more tasks such as driving and fundraising. Again opinions about these occurrences vary; some participants regard these changes as positive moves towards professionalising caregiving, and others feel

that these changes have left caregivers overloaded. It was considered here that some caregiver's experiences may be impacted by professional burnout and fatigue.

Lastly, the experience of HIV and AIDS over the last 21 years was investigated. Many participants had had minimal contact with children or families affected by HIV and AIDS. Other caregivers had experienced children and families affected by HIV and AIDS, but because of ARTs, these children did not seem to require specialised care or assistance.

This chapter has thus explored common experiences of caregivers in CYCCs over the past 21 years, whilst highlighting the various perceptions and opinions about these events. It becomes evident that many individualistic factors and encounters that determine how a caregiver may experience caregiving in a CYCC.

## CHAPTER 5: DISCUSSION

Having explored the different occurrences experienced by caregivers over the past 21 years, as well as their opinions of these events, it becomes necessary to bring about a greater discussion about these experiences. Through discussion it is hoped that further insight into individual encounters may be gained.

It is firstly questioned as to whether the demographics of the participant group had some influence on the experiences detailed in the interviews. Of the participant group of six, all participants were female and over the age of 50 years. Five of the six participants were white, with only one participant being of colour (black African). These demographic details could suggest certain patterns in caregiving in CYCCs over the last 21 years. While it is not surprising that the participants are of an older age, having already worked at least 21 years as a caregivers; it is worthy to consider that all are female and predominantly white. In the process of sampling participants no male caregivers that had worked for 21 or more years in a CYCC could be identified. This should not imply that there are not male caregivers that have been working for over 21 years, but rather that the field seems to be more dominated by females. It is questionable as to whether there are features of being a female that shape the experience of caregiving. While no participants directly alluded to their gender as a factor that contributed to their encounters, the notion of maternal care did arise. In exploring the participants' reasons for becoming a CYCC caregiver some expressed their great love for children. It may thus be questioned as to whether there is a connection between being female and being maternal, and whether this had an influence of these participants' experiences. Recent research suggests that there is no concrete link between being female, or feminine, and being maternal (Thomas, 2014). It is however interesting to note that the participants who spoke of a maternal instinct and a passion for children expressed a greater satisfaction in the role as a caregiver. It is thus also worthwhile to regard individual's motives for becoming a caregiver as quite determining of their experiences. A portion of the participant group admitted that they had become caregivers as it offered them a job as well as a home during difficult circumstances. These participants describe on overall more negative experience of caregiving.

The notion of race should also be explored. In looking for a participant sample, only one caregiver of colour, in this case black African, could be identified as meeting all necessary criteria. It may be considered that in order to be selected for this study the participant needed to have worked for a minimum of 21 years as a caregiver in a residential CYCC. In turning the



clock back 21 years, one finds the country in a very different landscape. Prior to 1994, South Africa was ruled by the Apartheid regime. Under this rule it would have been more challenging for individuals of colour to obtain a position as a caregiver in a CYCC. As it was, CYCCs registered with the state were largely reserved for white children. It was noted by a participant that CYCCs had people of colour employed as staff, but they filled positions such as drivers or maintenance, and not as caregivers. Under the Reservation of Separate Amenities Act of 1953, it would have been necessary for CYCCs to be segregated along racial lines. This would mean that CYCCs would be opened and run by people of a particular racial group, so as to care for children of that race. Further research is necessary so as to gain insight into the experiences of caregivers in CYCCs that were previously segregated along racial lines. It should be investigated as to whether the notion of being a specific race had an influence on one's experiences as being a caregiver, particularly in South Africa's time of transition.

In exploring the participant's experiences of race, it was evident that to most participants the notion of culture is directly linked to race and is actually the more dominant issue. Amongst the group of participants there was a divide in opinion as to what should happen when raising a group of children from different cultural backgrounds. One portion expressed that they choose to embrace all different cultures, while another group claimed that all children must assimilate to a 'white lifestyle' or have segregated CYCCs. This is extremely problematic. Firstly, an individual's right to practise their culture is promoted in South Africa's legislation. The Bill of Rights, in the South African Constitution (1996) and the Children's Act of 2005 safeguards the rights of children to follow their native culture whilst staying in CYCCs. Secondly, studies show that there is a close connection between one's race and culture, and the formation of personal identity (Spencer, 2014). Hence, in denying a child their right to embrace the features which they associate with their race, culture and ethnicity, one is hampering the healthy development of their identity. This can have negative implications for their futures.

As well as this, there is a need to think forward and to consider the futures of these children. When children are over the age of 18 they are generally expected to leave the CYCC. It is necessary to think about what will happen to children that have been raised with a certain lifestyle that now return to their original community that may take on a different culture. This concern may even be seen when children return to their communities during school holidays, in that there could be a struggle for these children to fit in. These concerns bring about a very important debate of what is the optimum way for CYCCs to be run. What is the best way to raise diverse groups of children that sees to their best interests, their needs, is culturally

sensitive and sets them up for their best possible future? Such questions signify the need for greater research, as well as discussion, to occur within this sector so as allow for caregivers and CYCCs to start incorporating plans for the future.

Under the notion of race and culture, the idea of values should be discussed. It was brought up by some of the participants that they felt that the children in their homes had very different, or no, values. This was experienced as challenging to these participants. As explored with the issue of culture, it is problematic for caregivers to assume that all children will hold values identical to their own. Where children have had experiences with different communities, they could develop their own set of values (Bhabha, 2012). In such cases, efforts should be made to promote each child to practise their values. It should however be considered that many children in CYCCs have spent most of their lifetime in the centre. As a result, most of their learnings of values have come from their caregivers (Bhabha, 2012). In such cases, it should be queried as to what, as well as how, children are experiencing values within their homes.

During the interviews it frequently arose that caregivers attributed the cessation of corporal punishment to the perceived negative change in children's attitudes, behaviours and values. The fact that many caregivers regard corporal punishment as the optimal manner for disciplining children is problematic. As expressed by Maluccio (2006) the majority of children enter CYCCs having encountered a trauma. It is unsafe to use violent or physical forms of discipline on children that have experienced trauma (Widom, Czaja & Dutton, 2014). Despite this, it must be acknowledged that there are caregivers that feel helpless without the use of corporal punishment. This should be addressed within CYCCs so as to educate and support caregivers to learn alternative forms of discipline.

Whilst discussing some caregivers' experiences of children's changed attitudes, values and behaviours, it was argued that children have many rights and that they are aware of them. As seen in the literature, there are more rights to protect children than there were 21 years ago. It is however questionable as to whether the increase in children's rights has made a positive impact on children's lives. It would appear that there are still difficulties for children in CYCCs in terms of practising their own cultures and values. As stated above, further work needs to be done so as to establish the optimal manner for caregiving in CYCCs; legislation is simply not enough.

Whilst exploring the participants' different experiences of similar events the impression that some caregivers have a more cynical view than others was made. For example, the notion

of internal changes within the CYCC is regarded by some caregivers as a proactive step towards professionalising caregiving, whilst others regarded these changes as bringing them an unnecessarily increased work load. It is noted by Newell and MacNeil (2010) that individuals that assume an attitude of cynicism, irritation and a lack of motivation may be experiencing professional burnout. As earlier described professional burnout can occur in caregivers who become fatigued by the demanding nature of having to care for others. While it was not directly alluded to, it may be considered that the caregivers in this case could be experiencing a degree of burnout. Having worked as a caregiver for at least 21 years, it could be seen that some participants have become fatigued and as a result experience a sense of negativity towards their jobs as caregivers, as well as the children and the management of the CYCC. It is interesting to note that participants, who display an enthusiasm for their CYCC, their children and their futures make use of a strong support system. Both participants expressed that they find great comfort in the other caregivers in their CYCCs. They both reported a sense of camaraderie amongst the caregivers group, and felt that they were supported and could also offer support during difficult times. It may thus be questioned as to whether there are personal qualities as well as group dynamics that impact one's experience of caregiving.

It is lastly worthy to consider the participants; experiences of HIV and AIDS and that reported in literature. As stated by Zuma et al. (2016) due to effective ART programmes the prevalence of HIV has been stabilised in South Africa. Owing to a broader access to ART more vertical transmissions are being prevented (Goga et al., 2014) and individuals with the virus are living healthy lives (AVERT,2015). Amongst the participants who had had greater exposure to children and families with HIV, their experiences closely mirrored that of recent literature. The children that they care for are not particularly sickly, and did not require specialised attention.

Alongside this, it was noted that a large portion of the participants had had minimal exposure to children and families with HIV. These participants came from CYCCs in a middle class area in urban areas of Pretoria. According to AVERT (2015) HIV and AIDS has been more prevalent amongst rural and lower income areas. This could suggest that experiences of caregiving are largely framed by one's geographical location and the circumstances of the area.

## 5.2 Summary of Chapter

Within the above discussion the following aspects of the research findings were considered:

The influence of the participants' demographics on their experiences as caregivers was explored. It was noted that all the participants were elderly women, of which five of them were white. It is thus questioned as to whether there is a connection between being female, and feminine, and caregiving. While Thomas (2014) suggests that there is no link between being female and feminine and taking on a maternal-like caring, it was seen that those caregivers who expressed a maternal care for the children had a more positive experience of caregiving.

The demographic of race was also explored as an influential factor. It was considered that the majority of the participant group was white. It was noted that the Apartheid legislation of 21 years ago had an impact on determining that mainly white individuals assumed positions in state registered CYCCs. Further research should however be performed to explore the experiences of caregivers working in CYCCs set up to accommodate children of colour during Apartheid.

Race and culture were explored in that it had been prevalent in most of the participants' experiences. The problematic nature of cultural assimilation, or segregation of CYCCs, was discussed. It is apparent that work needs to be done to ensure that all children in CYCCs are able to freely practise their culture without discrimination.

Alongside this, the necessity for alternative means of discipline was addressed. Some caregivers are frustrated by an experienced limitation created by the cessation of corporal punishment. The use of physical punishment is not however effective, or safe, to use especially amongst children with previous encounters with violence. There thus is a need for training of new discipline techniques and support for caregivers.

While not directly alluded to in the interviews, on reflection it appears that some caregivers may be experiencing a degree of burnout. This was seen in some participant's cynicism and negative attitudes. The necessity of supervision and care for caregivers is exposed.

Lastly, it was discussed that one's experience of the HIV epidemic and caring for children and families affected by the virus is largely determined by geographical location. Participants in urban, middle class areas had had minimal exposure to HIV.

## CHAPTER 6: CONCLUSION, REFLECTION, LIMITATIONS AND RECOMMENDATIONS

### 6.1 Conclusion

This research sought to gain greater insight into the experiences of caregivers in Gauteng, South Africa over the past 21 years. Over the past two decades there has been a move away from residential CYCCs, as well as a multitude of events that have impacted CYCC caregiving. It was thus necessary to perform an exploration into how these changes have been experienced by caregivers.

From this study it has been highlighted that existing literature does not always accurately reflect the reality on the ground. While literature and research can highlight important aspects of a phenomenon, it is not always able to capture the nuances of the experience as encountered by the individuals involved. Therefore it has been useful to perform this study as it allowed for individual caregivers to share their truths on matters that have been made quite definite by prior studies and literature. For example, the majority of literature focussed on the negative aspects of caregiving. As identified by Greyvenstein (2010) and Nieuwoudt (2008), caregivers are expected to see to a multitude of tasks and demands, for which they are not adequately trained or supported through. While these challenging aspects did arise, in exploring these experiences it was revealed that many caregivers actually feel that their increased workloads and the expectations placed on them has allowed for caregiving to become a more professional career, and has promoted their personal and professional growth. From this example, the necessity for research that gains insight into the experiences and opinions of those on the ground is highlighted.

Alongside this, an area that was not directly addressed by literature but that was most prolific amongst the participants was that of the changed attitudes and behaviours of children over the last 21 years. A large group of the participants felt that children had developed an attitude of entitlement that brought about cheeky and offensive behaviours, and in some cases violence. In exploring this, it was suggested that the termination of corporal punishment in South Africa had allowed for children to behave as they will without receiving any meaningful consequences. It was also stated that children have become very much aware of their rights and are able to use this knowledge as a tool of manipulation. It is interesting to note here that some caregivers assumed an attitude that this issue should be dealt with through educating the children and bringing in new and creative disciplinary measures. Other participants expressed a

despondence and could not see a way forward. Here it is recommendable that caregivers are offered training and support in alternative discipline techniques.

The research has also elicited the notion of race and culture. It has been seen that culture is commonly associated with race, and that this has created some complexities within CYCCs and their individual homes. A large portion of participants acknowledged their difficulties with new cultures and expressed a need for assimilation, and in one case segregation. In South Africa's aspirations to realise true democracy, children in CYCCs need to be allowed to practise and follow their own cultures. While there may be complexities in realising this, it is an area that deserves to be addressed and tackled.

This study has reiterated existing literatures' finding in terms of the HIV epidemic in South Africa. The country's roll out of ARTs has seen the stabilisation of HIV prevalence and enabled individual's living with HIV the opportunity to live normal and healthy lives. This was recognised by caregivers caring for children with HIV.

## **6.2 Reflections and Possible Limitations**

Throughout the research process it is important to be reflexive of one's own role within the research (Finlay & Gough, 2003). In being aware of one's own influences, one may more clearly identify that which personal and may tint the research. In this case, I recognise that I entered the study having worked as a student/intern psychologist with children in CYCCs. I believe that my therapy sessions with these children sparked a curiosity within me and thus drove me to explore the work of those caring for these children. As a result I primarily entered this study having had my thoughts largely shaped by my interactions with resident children. Throughout the research I have made an effort to remain cognisant of this position and to constantly question my thoughts, feelings and interpretations.

As well as this, I am aware that as the researcher my opinions may have been influenced by the literature surrounding this topic. I recognise that literature can paint a certain image of a phenomenon. It has thus been important to hear the opinions and experiences of the participants and to be aware that they may differ from the existing literature.

On reflection, I believe that in some of my interviews I could have probed the participants a little further. In some cases, the participants can quite vague responses and while I asked for greater detail they did not provide it. I here feel it could have been valuable to probe a little further so as to possibly arrive at new information. I do however feel there is a fine

balance that needs to be achieved between interviewing and interrogating. Perhaps I erred to close to the side of caution here.

In working through this research I have considered that a broader sample could have been accessed. While there are a greater amount of elderly white women that fitted the research criteria; greater efforts to find male caregivers, as well as caregivers of colour, could have been taken. This might have elicited a greater variety of experiences and opinions.

Lastly, from this research I have been left with two important questions. I am firstly left with the question of what is the perfect way to practice caregiving in CYCCs in South Africa. While I appreciate that every caregiver has their own opinions and mannerisms, I wonder as to whether there is a preferred way for caring for children with such a degree of diversity. Where the participants shared their different opinions, it would be interesting to further explore as to whether there is a style or attitude of caregiving that yields a more favourable living condition.

As well as this, it was questioned by one of the participants as to what will become of these children when they are too old to remain in the CYCC. As it was reiterated children with HIV are now living normal and healthy lives thanks to ART. As a result there are more and more children that will grow into adults. There thus is an immense need for it to be considered what will come of these children, and what role caregivers may play in this development.

### **6.3 Recommendations for Future Research**

These above questions yield the opportunity for further research. While it is expressed in policy and legislation that CYCCs should only be used as a final resort, the reality remains that there are CYCCs and will be a necessity for them for some time to come. It is thus worthy to look into how caregiving can be done so as to benefit both child and caregiver. This research has recognised the complexities that have arisen due to an increase in diversity with the child and caregiver population. Hence, there is a need to further look into these factors and to consider how best to care for each child. With the prioritisation of fulfilling the best interests of individual children, further research needs to be done to assess how to meet these individual needs whilst considering the practicalities and logistics of institutionalised living. In exploring this notion, it is imperative that caregivers are consulted. There is a need for awareness of that which is needed by caregivers so as to see to these individualised needs of children, whilst fulfilling their own personal needs. It is hoped that through obtaining greater insight into these issues that action may be taken so as to promote the wellbeing of children and caregivers in CYCCs. The following initiatives are recommendations that may aid this process:

- Further research could be performed so as to gain the experiences and opinions of caregivers that were not included in this study; for example male caregivers, and more caregivers of colour;
- Training and supervision regarding alternative discipline techniques. This will assist caregivers that feel limited by the cessation of corporal punishment, as well as create an environment that is more structured and fair;
- Explore ways in which diversity can be embraced within individual houses in CYCCs. Some participants expressed that they believe children with different cultures should either assimilate to that of their own, or to have separate CYCCs. These options are not appropriate and should be addressed with the relevant CYCCs.



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## APPENDICES

### Appendix 1: Interview Schedule

#### Interview Schedule

- Can you share what lead you to be a caregiver in a registered, long-term, residential children's home in Gauteng, South Africa?
- What were your initial experiences of caregiving?
- Have these experiences of caregiving changed? (*If no desirable response given can inquire into specifics such as the impact of new legislation brought about by a democratic government (Constitution, Bill of Rights, Child's Act 2005), the HIV/AIDS pandemic, increased poverty and violence, the generally negative opinion about residential children's homes*)
  - What have these changes entailed?
  - How have you experienced these changes as a caregiver?
  - Can you attribute these changes to any particular events/ time/ context?
- How would you describe your current experiences as a caregiver in the children's home?
- Is there something about your experience as a caregiver that you would not change? (*Alternatively, what has worked well in your experience as a caregiver?*)
- Do you feel actions can be made to alter/improve your experience as a caregiver?
  - What would these changes entail?
  - Who/what could be involved in making these changes?



## **Appendix 2: Information Form**

### **The University of Pretoria Department of Psychology**

#### **Information for participants of Masters Counselling Psychology research project**

The following research is being performed as part of a Master Counselling Psychology research thesis.

The research will thus be performed by a University of Pretoria Masters Counselling Psychology student.

The research looks to examine the lived experience of caregivers in long-term, residential children's homes in Gauteng, South Africa over the past 20 years. The study hopes to obtain caregivers' personal accounts of the varied experiences over the last 20 years in South Africa.

The research will entail questions of a personal nature. Participants are not obliged to answer questions or disclose information that they do not wish to. Furthermore, the participant is entitled to withdraw from the study at any time. This withdrawal will not have any negative repercussions for the participant

The research process entails one interview session that will last for approximately one hour. The interview will occur in a private and comfortable setting. The interview will be recorded; however the recording will be kept safe on a password locked computer throughout the course of the research process. After this, the recording will be held by the researcher's supervisor in a locked cabinet for fifteen years, after which it will be destroyed.

The identity of the participant will remain protected and anonymous. Whilst information gained in the interview will be used to compile a research thesis and academic articles, which will be published, the identity of the participant will be kept entirely anonymous.

While all efforts have been made to ensure that the research is performed in an ethical manner, including the approval of the University of Pretoria Psychology Department's Ethics Committee, the UNISA Counselling Centre in Pretoria (012 441 5509) and LifeLine in Johannesburg (011 728 1331) is freely available to any participant that wishes to discuss their involvement in-, or thoughts or feelings brought about in the research process.

## **Appendix 3: Informed Consent form for participants**

### **University of Pretoria**

### **Department of Psychology**

#### **Form of Agreement between student researcher and research participant**

I (participant's name) \_\_\_\_\_ agree to participate in the research project of Candice Yorke, which investigates the experience of caregivers in registered long-term, residential children's homes in Gauteng, South Africa during the first 20 years of democracy.

#### **I understand that:**

1. The researcher is a Masters Counselling Psychology student conducting research as a part of the requirements for a Masters degree at the University of Pretoria.  
The researcher may be contacted on 082 846 5806 or [candyyorke@gmail.com](mailto:candyyorke@gmail.com).  
The research has been approved by the relevant ethic committee(s), and is under further supervision of Nkateko Ndala-Magoro of the Psychology Department of the University of Pretoria, who may be contacted at [nkateko.ndala-magoro@up.ac.za](mailto:nkateko.ndala-magoro@up.ac.za)
2. The researcher is interested in investigating the experience of caregivers in registered long-term, residential children's homes in Gauteng, South Africa during the first 20 years of democracy.
3. My participation will involve attending one tape recorded interview session in which I will discuss my personal experiences and opinions about being caregivers in registered long-term, residential children's homes in Gauteng, South Africa during the first 20 years of democracy.
4. I may be asked to answer questions of a personal nature, but I can choose not to answer any questions about aspects of my life which I am not willing to disclose.
5. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience as a result of my participation, and to have these addressed to my satisfaction.

Additional psychological counselling may be obtained from the UNISA Counselling Centre in Pretoria (012 441 5509) and/or LifeLine in Johannesburg (011 728 1331).

6. I am free to withdraw from the study at any time; however I commit myself to full participation unless some unusual circumstances occur, or I have concerns about my participation which I did not originally participate. If I choose to withdraw from the study I will not be subjected to any negative repercussions.

7. The report on this research may contain information about my personal experiences, attitudes and behaviours, but the report will be designed in such a way that it will not be possible to be personally identified by the general reader.
8. The recording of the interview will be kept safe on a password locked computer throughout the course of the research process. After this, the recording will be held by the researcher's supervisor in a locked cabinet for fifteen years, after which it will be destroyed.

Signed on (date): \_\_\_\_\_

Participant: \_\_\_\_\_

Researcher: \_\_\_\_\_

## Appendix 4: Permission from organisation to perform study

### University of Pretoria Department of Psychology

#### Form of Agreement between student researcher and organisation

I \_\_\_\_\_ of \_\_\_\_\_ (organisation) agree to hosting the research project of Candice Yorke, which investigates the experience of caregivers in registered long-term, residential children's homes in Gauteng, South Africa during the first 20 years of democracy at \_\_\_\_\_(organisation).

#### **I understand that:**

1. The researcher is a Masters Counselling Psychology student conducting research as a part of the requirements for a Masters degree at the University of Pretoria.  
The researcher may be contacted on 082 846 5806 or candyyorke@gmail.com.  
The research has been approved by the relevant ethic committee(s), and is under further supervision of Nkateko Ndala-Magoro of the Psychology Department of the University of Pretoria, who may be contacted at nkateko.ndala-magoro@up.ac.za
2. The researcher is interested in investigating the experience of caregivers in registered long-term, residential children's homes in Gauteng, South Africa during the first 20 years of democracy.
3. Participant's participation will involve attending one tape recorded interview session in which they will discuss personal experiences and opinions about being caregivers in registered long-term, residential children's homes in Gauteng, South Africa during the first 20 years of democracy.
4. Participants may be asked to answer questions of a personal nature, but they can choose not to answer any questions about aspects of their life which they not willing to disclose.
5. Participants and the organisation are invited to voice to the researcher any concerns they have about their participation in the study, or consequences they may experience as a result of their participation, and to have these addressed to their satisfaction.

Additional psychological counselling may be obtained from the UNISA Counselling Centre in Pretoria (012 441 5509) and/or LifeLine in Johannesburg (011 728 1331).

6. Participants are free to withdraw from the study at any time; however they do commit themselves to full participation unless some unusual circumstances occur, or they have concerns about their participation which they did not originally participate. If they choose to withdraw from the study they will not be subjected to any negative repercussions.
7. The report on this research may contain information about personal experiences, attitudes and behaviours, but the report will be designed in such a way that it will not be possible to be personally identified by the general reader.
8. The recording of the interview will be kept safe on a password locked computer throughout the course of the research process. After this, the recording will be held by the researcher's supervisor in a locked cabinet for fifteen years, after which it will be destroyed.

Signed on (date): \_\_\_\_\_

Participant: \_\_\_\_\_

Researcher: \_\_\_\_\_

## Appendix 5: Permission to record form

### Privacy, anonymity and confidentiality of data

Please note that during the research process, the student researcher, I Candice Yorke, will hold an audio recording and transcription of the data on a computer. These files will be secured by a password. When the research process is complete the files will be deleted from the computer. Copies of these files will, however, be stored in a locked filing cabinet in the supervisor's (Nkateko Ndala-Magoro) office. These files will be kept for fifteen years before being destroyed.

Signed on (date): \_\_\_\_\_

Participant: \_\_\_\_\_

Researcher: \_\_\_\_\_