THE ROLE OF COMMUNITY CARE WORKERS IN SUPPORTING THE RESILIENCE OF GRANDPARENT-HEADED FAMILIES

by

Lynnette Murimba

Submitted in partial fulfilment of the requirements for the degree

MAGISTER EDUCATIONIS
(EDUCATIONAL PSYCHOLOGY)
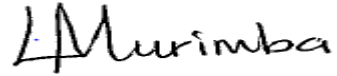
in the Faculty of Education

at the

UNIVERSITY OF PRETORIA

Supervisor: Prof. Motlalepule Ruth Mampane

October 2020

Declaration

I declare that the dissertation that I hereby submit for the degree M. Ed. (Educational Psychology) at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

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Lynnette Murimba

October 2020

Ethical Clearance Certificate

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RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE	**CLEARANCE NUMBER:** UP 12/09/01 Mampane 19-003
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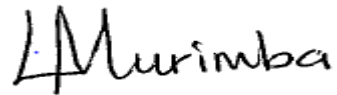**CHAIRPERSON OF ETHICS COMMITTEE:** Prof Funke Omidire

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This Ethics Clearance Certificate should be read in conjunction with the Integrated Declaration Form (D08) which specifies details regarding:
- Compliance with approved research protocol,
- No significant changes,
- Informed consent/assent,
- Adverse experience or undue risk,
- Registered title, and
- Data storage requirements.

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Ethics Statement

The author, whose name appears on the title page of this dissertation, has obtained, for the research described in this work, the applicable research ethics approval. The author declares that she has observed the ethical standards required in terms of the University of Pretoria's *Code of ethics for researchers and the policy guidelines for responsible research.*

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Lynnette Murimba

October 2020

Dedication

I dedicate this research to the resilient grandparents who must play a mother's and a guardian's role to their grandchildren in the absence of parents lost mostly due to the devastating effects of poverty and disease; to those practitioners whose role in building resilience in these grannies cannot be understated.

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Abstract

The purpose of this study was to examine the role of Community Care Workers (CCWs) in supporting grandparent-headed families in Mamelodi Township to be resilient and to cope with adversity. Mamelodi Township is considered to be one of the poorest townships in South Africa with high levels of unemployment and poverty as well as high HIV prevalence. The resultant poor social and economic conditions in the township disproportionately affect vulnerable families, including grandparent-headed families. Therefore, this study sought to explore the specific stress factors that could diminish the resilience of these families and the effectiveness of the role played by CCWs in strengthening the ability of grandparent-headed families to cope with adversity. Furthermore, the study explored the protective factors available to cushion families in times of difficulty.

The study adopted an interpretivist paradigm and a qualitative methodological approach to explore and examine the perceptions of CCWs regarding their role in supporting the resilience of grandparent-headed families. The theoretical underpinnings of the study are based on the Family Resilience Framework (FRW) (Walsh, 2016). Data was collected through two focus groups of six CCWs each (N=12). The CCWs were purposively selected from Matimba Sinqobile Drop-in Centre and three other satellite centres of Pfundzo, Koos Matli and Motheo in Mamelodi. The data collected included the CCWs' biographical information and the focus groups were conducted using a semi-structured interview guide. The researcher conducted and transcribed the focus group discussions. Inductive thematic content analysis was then utilised to identify the themes and sub-themes emerging from the data.

Five themes emerged from the thematic analysis: Focus on grandparents-headed families; Supporting and strengthening family relationships; Provision of psychosocial support for health and well-being; Facilitating referrals for social and economic support services, and Perceptions of resilience, stressors and protective factors. Grandparents are typically unprepared for the parental roles they have to assume as a result of various adverse circumstances. The themes highlight the important roles played by CCWs in supporting the grandparents to cope with parental demands; taking care of their health and emotional well-being and strengthening family relationships to

promote and sustain resilience in times of adversity. Further research to explore the challenges CCWs face in supporting vulnerable families build resilience could be conducted to ensure a sustainable and more effective social support system in poor communities.

Key words:

- Grandchildren
- Grandparent-headed families
- Mamelodi
- Protective factors
- Resilience
- Stressors

Declaration by the Language Editor

I HATE
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TK LANGUAGE SERVICE
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Prof. Dr. Tinus Kühn
+27 82 303 5415 | tinus.kuhn@gmail.com

23 October 2020

TO WHOM IT MAY CONCERN

I, the undersigned, hereby declare that the master's dissertation titled **The Role of Community Care Workers in Supporting the Resilience of Grandparent-headed Families** by Lynnette Murimba has been edited.

It remains the responsibility of the candidate to effect the recommended changes.

Prof. Tinus Kühn

List of Abbreviations

ARV	Antiretroviral
CBO	Community Based Organisation
CCG	Community Care Givers
CCW	Community Care Worker
CHW	Community Health Workers
FRW	Family Resilience Framework
HBC	Home Based Care
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organisation
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
TB-DOT	Tuberculosis-Directly Observed Treatment

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1. CHAPTER 1: OVERVIEW OF THE STUDY

1.1 INTRODUCTION AND BACKGROUND

Sub-Saharan African countries suffer resource constraints in providing adequate and appropriate healthcare, while the African continent in general has insufficient health workers (Schneider & Lehmann, 2010). South Africa is one of the countries that lack enough resources to deal adequately with the social and physical health issues confronting it (Maphumulo, & Bhengu,2019). The Human Immunodeficiency Virus (HIV) has placed a great strain on the health system that is already under-staffed and inadequately resourced (Daniels, Clarke & Ringsberg, 2012).

As a response to the above challenge, the South African National Government, through the Departments of Health and Social Development, stepped up efforts to support the needs of communities through support to Non-Governmental Organisations (NGOs) providing services at household and community level. The support has been mainly in the form of capacity building and the provision of stipends. This resulted in the integration of all Community Health Workers (CHW) and Community Care Givers (CCGs) to become what is now known as Community Care Workers (CCWs) (Department of Social Development, 2012).

In South Africa families are not only confronted with HIV but with many adversities including poverty, violence, unemployment, discrimination and other illnesses that negatively impact their well-being (Holborn & Eddy, 2011). The well-being of families is threatened by the high levels of financial, emotional, psychological and social stress in dealing with HIV (Van der Heijden & Swartz, 2010). Due to these challenges, it is important for families to be assisted to develop familial processes that would enable them to function healthily.

From my experience working on Home Based Care (HBC) and Orphans and Vulnerable Children (OVC) programmes, more and more grandparent-headed families have to cope with the needs of ill family members, including daily living and treatment, death of loved ones and breadwinners, economic hardships and poverty. As such, I have seen the importance of the role of CCWs in contributing towards alleviating these challenges that grandparents are experiencing. Since CCWs are from within the

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communities they serve, they have a better contextual understanding of the challenges and needs of their peers. Fuentes-Pelaez, Amoros, Balsells and Fernandez (2014) highlight having community support, understanding own challenges, strong family and community structures as some of the factors that support family resilience. Community Care Workers play a significant role in ensuring that grandparent-headed families realise the benefits of these factors (Bhutta, Lassi, Pariyo & Huicho, 2010). This study explores the role of CCWs in supporting the resilience of grandparent-headed families.

Family resilience is described by Walsh (2016; 2015) as the family's ability to endure and recover from traumatic life challenges. This is supported by Ungar (2010) who describes family resilience as the ability to overcome difficult experiences by harnessing psychosocial, cultural and relevant resources to enhance well-being. CCWs can act as community resources that grandparent-headed families may access to build their resilience (Walsh, 2003).

This study explores the extent of the role of CCWs in supporting the resilience of grandparent-headed families, how they cope with difficult circumstances and enhance their functioning and well-being. It explores the role of CCWs in strengthening family functioning in the context of stress-related contexts. The protective factors and stressors (Ebersöhn, 2007) of grandparent-headed families are explored to determine the effectiveness of the support provided by CCWs. CCWs in this study include lay counsellors, Community Health Workers (CHWs), Community Caregivers (CCGs), Home-based Carers and TB-DOT (Tuberculosis-Directly Observed Treatment) supporters involved in community-based work in Mamelodi Township.

1.2 CONTEXT OF THE STUDY

Mamelodi is a large predominantly black residential township that was set up by the apartheid government. It is situated about 20 km north-east of the centre of the City of Tshwane (Pretoria) Gauteng in South Africa (Graham, 2004). The Morelete river divides this township into the East and West sections (Mampane, 2010). Mamelodi township was established in 1953 and has a mixture of permanent old four-roomed houses, Reconstruction and Development Programme (RDP) houses and informal shacks where most poor people live (City of Tshwane, 2010). Graham (2004) describes Mamelodi Township's major challenges as poor housing, isolation from the

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central business centre and lack of job opportunities. These characteristics emanate from its history that emanate in the apartheid discriminatory policies (Mailula, 2009). Townships were originally created as separate areas for black people and were located on the peripheries of towns and cities (Pernegger & Godehart, 2007). They were underdeveloped and were reserved mainly for black people, Coloureds and Indians during the apartheid period (Motseke, 2010). Township life is associated with poverty, crime, violence and high HIV prevalence rates (Mampane & Bouwer, 2011). In addition, the effects of the HIV pandemic and poverty afflict families living in townships (Ebersöhn, 2007).

For one to understand resilience in the context of families resident in Mamelodi, it is imperative to have a broad overview of life in the township (Hall & Mokomane, 2018). Mamelodi Township is characterised by poverty and child-headed families due to HIV-related deaths among young adults (Mtsweni, 2018; Mampane & Bouwer, 2006). It also comprises of grandparent-headed families as many parents have died and left the older generation with the burden of caring for the children (Mudavanhu, Segalo & Fourie, 2008). As much as Mamelodi is one of the townships with high risk factors, townships can also have protective factors that promote families to flourish despite adversities (Mampane & Bouwer 2011; Ungar, 2011).

1.2.1 Matimba Sinqobile Drop-in Centre in Mamelodi, Pretoria

The study was conducted at Matimba Sinqobile Drop-in Centre that is a social integrated centre located in the heart of Mamelodi. It comprises an early childhood development (ECD) centre, a day centre for the elderly and it supports orphans and vulnerable children (OVCs). The centre has CCWs and their core focus is to provide services to the community through social support programmes (Mampane, 2017). The map of Mamelodi Township is shown in Figure 1.1 below.

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Figure 1.1: Map of Mamelodi Township

Source: Google map of Mamelodi (Google, n.d.)

1.3 PROBLEM STATEMENT

Grandparent-headed families are faced with a variety of stressors, including HIV that negatively impacts their well-being. This study explores the role of CCWs in supporting grandparent-headed families to rebound from different stressful life challenges. Despite the good work CCWs do, insufficient documentation and appreciation of their work exists to describe the impact of the services they provide to grandparent-headed families to cope with difficult situations (Kahssay, Taylor & Berman, 1998). Thus, this study is justified by the need to obtain a deeper understanding of the role of CCWs in supporting grandparent-headed family resilience. Additionally, an understanding of the perceptions of CCWs of grandparent-headed families' stressors and protective factors should contribute to understanding strategies required to support them.

1.4 PURPOSE AND AIMS OF THE STUDY

The purpose of this study is to explore the role CCWs play in supporting grandparent-headed family resilience. By examining the role of CCWs in supporting grandparent-headed family resilience, the study provides an insight into the CCW's perceptions of

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grandparent-headed families' stressors and protective factors. In addition, the study investigates how best CCWs can support the resilience of these families and this may lead to the design of effective programmes with appropriate resources and support systems.

1.5 RESEARCH QUESTIONS

This is the main research question of this study:

- What are the roles of CCWs in supporting the resilience of grandparent-headed families?

The following secondary research questions guided the study:

- Which forms of support provided by CCWs can improve the resilience of grandparent-headed families?
- How can the perceptions of CCWs of protective factors and stressors experienced by grandparent-headed families be described?

1.6 WORKING ASSUMPTIONS

This study was directed by the following literature-based assumptions:

1. South African grandparent-headed families are bound to be confronted with difficult circumstances that are likely to impact family functioning negatively. Violence, HIV/AIDS and poverty, among other challenges, affect the functioning and well-being of families in South Africa. With material, physical and psychosocial support, households can fulfil the basic tasks of providing for children and will positively instil life fulfilment (De Lannoy, Swartz, Lake & Smith, 2015).

2. Families challenged by difficult circumstances may be able to adapt and thrive with the necessary support. Support systems offered by CCWs may assist families to bounce back to their usual well-being. Research indicates that the resilience of families can be achieved by the way one thinks about and views challenges and adversities (Schneider, 2001).

3. Grandparent-headed families deal and cope differently in certain circumstances. Services and interventions provided by support systems may assist families to cope successfully.

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4. Grandparent-headed families may require support that differs from other families.

1.7 CONCEPT CLARIFICATION

1.7.1 Grandparent-headed families
Grandparent-headed families exist where grandparents have been placed in a parenting role because of the absence, death or inability of biological parents to raise the child (Cox, 2007). Grandparents then fulfil the role of taking care of their grandchildren.

1.7.2 Community Care Workers
Community Care Workers are described as social workers that perform duties related to healthcare and social support provision, with some having received training, while others have had no training. They do not have formal education in the form of a professional or paraprofessional certificate or tertiary degree (Daniels, Clarke & Ringsberg, 2012). In response to the shortage of social and healthcare professionals, South Africa has witnessed rapid growth of a variety of lay workers, including home-based care workers, lay counsellors, and Direct Observed Treatment (DOT) supporters (Schneider, Hlophe & van Rensburg, 2008). The tasks carried out by CCWs range from palliative care to counselling, treatment support, and health promotion, among many other tasks (Daniels et al., 2012). In this study, a Community Care Worker is a person who works in the community, visiting the homes of grandparent-headed families to attend to their social, psychological and health needs.

1.7.3 Family resilience
Family resilience is the "ability of a family to respond positively to an adverse event and emerge strengthened, more resourceful and more confident" (McCubbin & McCubbin 1993; Hawley & De Hann 1996; Simon, Murphy & Smith, 2005). Resilience is the process of effectively negotiating, adapting to or managing significant sources of stress or trauma. Assets and resources within individuals, their lives and environment facilitate this capacity for adaptation and "bouncing back" in the face of adversity (Windle, 2011). This study examines how CCWs can support the resilience of grandparent-headed families during adversity.

1.8 PARADIGMATIC CHOICES

The theoretical framework guiding this study, the epistemology used and methodological approach adopted are summarised in Table 1.1 below.

Table 1.1: Paradigmatic Choices

Theoretical framework	The Family Resilience Framework (FRW) by Walsh (2016) guided the study in providing the theoretical understanding. Further details of the framework are discussed in Chapter 2.
Epistemology	An interpretivist epistemology was used to assist in understanding the role of CCWs in supporting the resilience of grandparent-headed families. Further details are presented in Chapter 3.
Methodological approach	For this study, a qualitative approach was adopted. More details are presented in Chapter 3.

1.9   OVERVIEW OF METHODOLOGICAL CHOICES

This section provides methodological elements selected for this study including the research design, participant selection, methods of collecting and analysing data. Table 1.2 below provides a summary of these methodological choices. Details regarding these aspects are discussed in Chapter 3.

Table 1.2: Methodological Choices

Research design	A descriptive case study approach was followed for this study.
Selection of participants	Non-probability purposive sampling was used to select participants for the study.
Data collection	Data was collected through focus group discussions, observations and field notes.
Data analysis and interpretation	Thematic data analysis was employed for the study based on the transcriptions of the interview audio recordings.

1.10   ETHICAL CONSIDERATIONS

The study followed ethical guidelines as required for social research studies. Cosby (1997) and De Vos (1998) posit that ethical considerations need to be followed to avoid violation and harm to the research participants. According to Creswell (2013), in qualitative research ethical issues arise at various stages including before and during the study. There are also ethical issues to be observed even after the study when publishing a study.

In this study, the following ethical considerations were observed: voluntary participation, informed consent, anonymity and privacy, confidentiality, no deception of participants and protection of harm (Babbie, 2007; De Vos, Strydom, Fouche & Delport, 2002). The ethical considerations observed in the study are presented in Chapter 3.

1.11   RIGOUR OF THE STUDY

In qualitative studies, it is necessary to ensure the trustworthiness of the research processes and findings. In this study, the concepts of credibility, transferability, dependability and confirmability were observed to enhance trustworthiness of data (De Vos *et al.*, 2002). The purpose of credibility criteria is to establish confidence that the results are true and credible (Lincoln & Guba, 2000). The dependability criterion ensures the findings of the qualitative inquiry are repeatable if the inquiry occurs with the same participants and context. The transferability criterion is the degree to which

the results can be generalised or transferred to other contexts or settings and the purpose of confirmability is to extend the confidence that the results will be confirmed by other researchers (Lincoln & Guba, 2000). A more detailed discussion on the rigour of the study is presented in Chapter 3.

1.12   OUTLINE OF CHAPTERS

This dissertation is organised as follows:

Chapter 1: Overview and Rationale
This chapter provides an overview of the study, i.e. introduction, problem statement and rationale. It also provides the assumptions and concepts used in the study and a summary of the methodology and ethical considerations.

Chapter 2: Literature Review
Chapter 2 discusses available literature that is relevant to the study, i.e. the role of CCWs in supporting the resilience of grandparent-headed families.

Chapter 3: Research Design and Methodology
The research methodology and research design are discussed in Chapter 3. The research paradigm, selection of participants, data analysis, data interpretation as well as the rigour of the study are discussed in detail in this chapter. In addition, ethical considerations are outlined.

Chapter 4: Qualitative Results and Discussion
The results of the study are presented and discussed in relation to the literature.

Chapter 5: Conclusion and Recommendations
This is the last chapter of the study where conclusions and recommendations are presented and discussed, based on the findings of the study.

1.13   CONCLUSION

This chapter summarised and gave a brief background of the study. After the introduction to the study, purpose and rationale of the study, the problem statement and working assumptions were discussed. Key concepts were defined and the research methodology, rigour of the study and ethical considerations were outlined. The following chapter reviews literature and details the theoretical framework that guided the study.

2. CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The study aims to understand the roles played by Community Care Workers (CCWs) in supporting the resilience of grandparent-headed families when faced with adversity. This chapter reviews available literature relating to the role that CCWs play in South Africa. Different forms of support provided by the CCWs to improve the resilience of grandparent-headed families are explored, including the range of adversities and challenges including poverty, discrimination, and illnesses like the Human Immunodeficiency Deficiency Virus (HIV) experienced by grandparent-headed families in the country.

The stressors and protective factors that weaken and strengthen the resilience of families are discussed. The background history leading to the emergence of CCWs in South Africa is also discussed. Furthermore, the concept of resilience and the conceptual framework of the study based on the Family Resilience Framework by Walsh (2016) are defined and presented. The conceptual framework is presented in Figure 2.1 below and shows the main concepts discussed in this chapter.
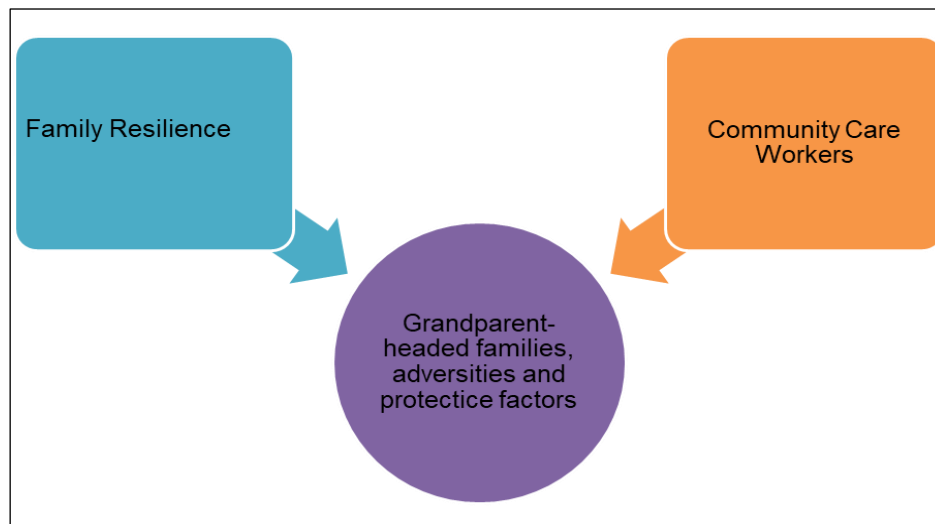
Figure 2.1: Main concepts of the study

2.2 A FAMILY STRUCTURE IN SOUTH AFRICA

The family is the smallest unity of society and therefore critical to the development and maintenance of society (Enrique, Howk, & Huitt, 2007). Holborn and Eddy (2011) define a family structure as one that a child lives in, including parents and other family members as well as the relationships between them. Globally, the majority of children live in two-parent headed families, for example in countries like Asia and in the Middle East (Trends, 2014). However, in America, Europe and sub-Saharan Africa and other regions, children are more likely to live with one or no parent. Holborn and Eddy (2011) state that what is considered as a family is influenced by the ideologies and discourse inherent in the society in which we live at a particular historical point. In this case, South Africa's historical background of apartheid created inequalities that affected families negatively (Woolard, 2002). In addition, poverty and HIV affect families in South Africa so severely that it is difficult to get a clear picture of families. The White Paper on Families in South Africa (Department of Social Development, 2013) noted that there are various kinds of family that exist in South Africa and the most common is the nuclear family. Arguably, it has never been a norm for most South African families as it is always about extended families, caregivers and guardians (Freeman, & Nkomo, 2006).

Currently, South African families are in crisis as shown by the increasing number of family breakdowns that negatively affect children at large. There are high rates of unemployment, crime, absent fathers and decay in moral values leading to families not playing the important role of nurturing, care, socialisation and protection of family members (Department of Social Development, 2013). Furthermore, roles of men and women in families and living arrangements have significantly changed; it is no longer women who play childcare roles and men that play the breadwinner role (Cabrera, Tamis-LeMonda, Bradley, Hofferth & Lamb, 2000).

The Department of Social Development (DSD) (2009) states that the most common family structures in South Africa include nuclear families, extended families, grandparent-headed, child-headed families and single-parent families. This study focuses on grandparent-headed families. A household survey in South Africa that was conducted by Hall and Mokomane (2018) showed that about 2,7 million children (68%)

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live with their grandparents due to parental absence. Reasons for parental absence include AIDS-related deaths, separation and divorce (Hall & Mokomane, 2018). Figure 2.2 shows who provides caregiving to children when biological parents are not available.
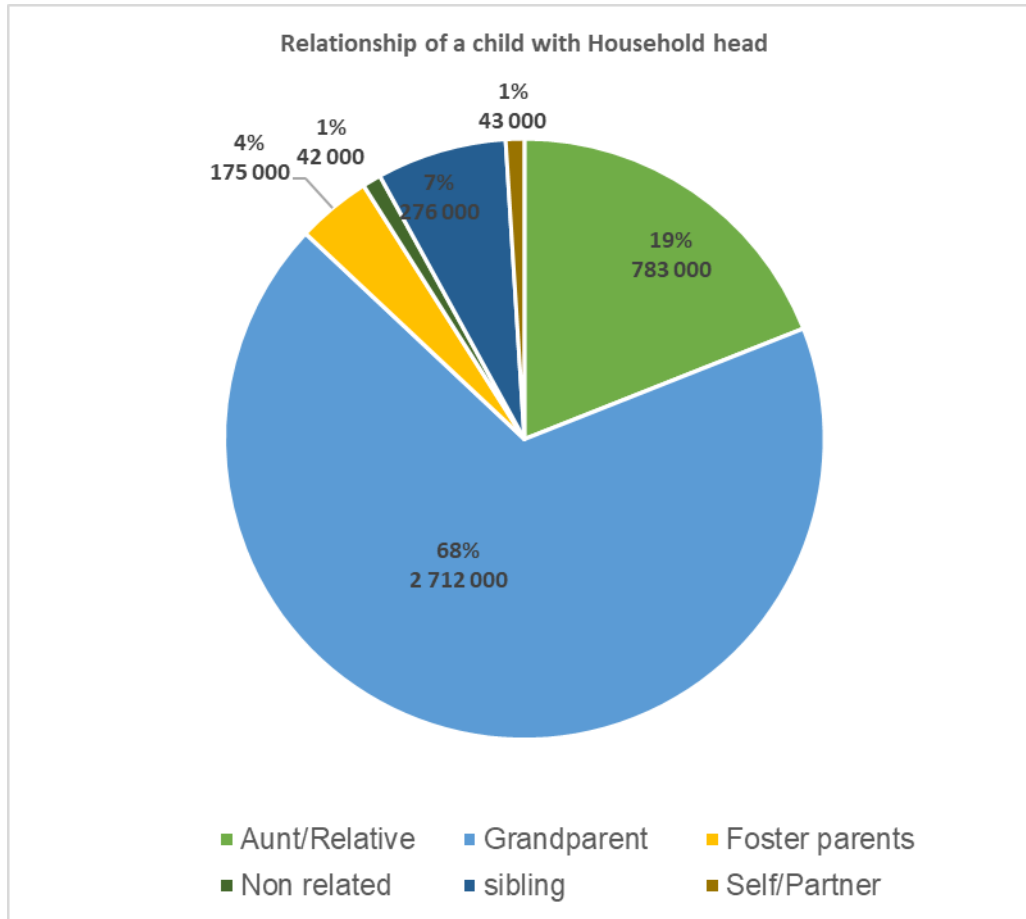
Figure 2.2: The relationship of a child with the household head
Source: Statistics South Africa (2018) General Household Survey.

The figure shows that grandparents play a critical role as caregivers in the absence of parents.

2.3 GRANDPARENT-HEADED FAMILIES IN SOUTH AFRICA, RISKS AND ADVERSITIES

Grandparents provide support to children who are vulnerable due to a variety of factors including a crisis in the family, such as, death, parental divorce, abandonment and poverty (Uhlenberg & Cheuk, 2010). In the United States of America (USA), there is a growing number of children living with grandparents (Pew Research Center, 2010). In

2010, about one child in 14 USA children lived in a household headed by a grandparent. Custodian grandparents are common mostly in the USA and are composed of grandparents and children only and are a result of parents' substance abuse, death, child neglect and illness (Pew Research Center, 2010). Often, a grandparent will take the grandchild to prevent a child being placed in foster care. In the West, grandparents often step in to assume responsibility for their grandchildren when their children are engaging in alcohol abuse, drug abuse and mental health problems (American Survey, 2010). However, this is different in South Africa, where there is high HIV prevalence among young adults that has led to a heavy burden on grandparents, especially grandmothers to care for their grandchildren who are orphans (Werner, 2017).

In China, for instance, the high prevalence of grandparents raising children is due to modernisation. Most working-aged adults move to cities and leave their children with grandparents (Dolbin-MacNab & Yancura, 2018). Statistics New Zealand (2014) shows that grandparents in New Zealand raise grandchildren mostly due to parental abuse, and physical and mental health problems. Grandparents in New Zealand experience challenges including poor finances and inadequate housing just as in the South African context (Dolbin-MacNab & Yancura, 2018).

In the African American context, grandparents play important roles, including strengthening family ties and transferring values through family activities (Tang, Jang, & Carr Copeland, 2015). Similarly, the role of grandparents in Africa generally has been an important one. Due to the absence as well as the deaths of their children, grandparents often end up caring for their grandchildren full-time (MacNab & Hayslip, 2014). High HIV prevalence among youths and young adults in South Africa has resulted in more grandparents having to care for their grandchildren that are orphaned (Nkosinathi & Mtshali, 2015). They end up resuming the role of a parent for which they may not be prepared (Cox, 2008). Taking care of grandchildren can be overwhelming for grandparents and affects them emotionally, physically and financially (Mudavanhu, Segalo & Fourie, 2008).

The raising of children by grandparents is rooted in African culture (Tang, Jang, & Carr Copeland, 2015). Grandparenting can be rewarding. However, many grandparents face challenges; hence grandparenting can be stressful with negative consequences

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on personal, interpersonal and economic status of grandparents (Hayslip & Kaminiski, 2005). Little attention is paid to grandparent-headed families as not much is discussed about the challenges and difficulties they face (Mokone, 2006). These include their own health-related challenges due to age and the additional role of taking care of their grandchildren (Gasa, 2012). African American grandparents reported financial difficulties as well as concern over their health, and the inability to provide a good life for their grandchildren (Tang, Jang, & Carr Copeland, 2015). Ideally, grandparents are supposed to be taken care of by their own children, i.e. financially and emotionally. However, as their children have passed on, they take the responsibility of caring for their grandchildren despite financial difficulties (Nkosinathi & Mtshali, 2015).

2.3.1 HIV and Families

In 2019 there were approximately 37,9 million people across the globe living with HIV/AIDS of which 36,2 million were adults (UNAIDS, 2019). About 770 000 people died worldwide from AIDS-related illnesses. The largest proportion (68%) of people living with HIV are in Sub-Saharan Africa (UNAIDS, 2019).

South Africa is one of the countries with the largest HIV prevalence rate in the world (UNAIDS, 2019). HIV affects family structure, and the socio-economic and emotional domains of family lives (Smit, 2007). However, families in South Africa can be viewed as adaptive to adversities as evidenced by how they responded during apartheid and colonialism (Smit, 2007). HIV negatively impacts families economically as employees of a working age are dying (Lyons, 2008; Smit, 2007) and the main impact is felt at household and community level. At household level, it varies but commonly involves emotional stress, loss, risks of stigma and rejection (Lyons, 2008). HIV contributes to single parent-headed families due to the death of a spouse (Lyons, 2008) or neglect after disclosing HIV status to the spouse. HIV has resulted in demographic structures with only grandparents and children (Smit, 2007). In the past, South African families played an integral role in the socialisation of children; however, with the HIV epidemic, grandparents are now taking the responsibility of taking care of grandchildren full-time (Holborn & Eddy, 2012). These grandparents endure the grief of burying their children and burden of taking care of their grandchildren. These realities deny them a peaceful old age (Van Dyk, 2005).

UNAIDS (2018) data shows that there are 7,7 million people living with HIV in South Africa with about 110 000 AIDS-related deaths. The HIV pandemic has profoundly affected the structure and well-being of families (Holborn & Eddy, 2012). Households struggle to cope with illness. Richter and Sherr (2008), in their paper on *Strengthening Families* revealed a great need to build families' social and economic structures to mitigate the challenges caused by the consequences of HIV, especially among young people. Functional families are those that have enough material and social resources to care of children. The motivation for a functional family is to ensure that children are provided with necessary support structures in their communities in the aftermath of losing their parents. It is hoped that this study will explore the role that CCWs play in providing support to grandparent-headed families to be able to improve family resilience in difficult times.

Grandparents raise children and adolescents due to parental illness (Cummings & Galambos, 2016), these children and adolescents in turn experience social and emotional trauma because of illness and death of their parents. Grandparents are often at times left with children that are also infected with HIV, thus creating additional physical and emotional concerns among themselves (Cummings & Galambos, 2016). As they are left with children living with HIV, grandparents are prone to severe emotional stress due to the fact that they cannot disclose their HIV status and they keep it a secret to avoid the stigma associated with living with it. In addition, Mudavanhu, Segalo and Fourie (2008), describes how grandparents face stigma and discrimination due to losing their children to HIV. The impact of HIV on families is compounded by the fact that these families live in communities that are disadvantaged by poverty and limited access to services (Abebe, 2012) and grandparent-headed families struggle financially due to an inability to work (Mudavanhu, Segalo & Fourie, 2008).

South African grandparent-headed families experience several unique and challenging circumstances that impact their well-being that includes poverty, substance abuse, unemployment, crime and violence negatively (Savahl, Isaacs, Adams, Carels, & September 2013).

2.3.2 Socio economic problems and families

Grandparents take over the parental role during family crises (Cox, 2007). They might feel stressed as they need to meet the needs of their grandchildren, like paying school fees, buying food and uniforms, medical costs and transport money. This leads to grandparents not seeking medical attention when suffering from health problems due to financial constraints (Plaatjies, 2013). Counselling and support for grandparents are limited, although there are organisations that provide support classes, assistance with applying for benefits for grandparent-headed families are overlooked (Gasa, 2012).

Holborn and Eddy (2011) express the opinion that families exposed to poverty are more likely to live in difficult environments. Additionally, Banovcinova, Levicka and Veres (2014) found that poverty affects family structures negatively. Grandparent-headed families in townships often experience financial challenges as they need to take care of themselves as well as of their grandchildren (Mokone, 2006). As they depend on limited social grants, it is not enough to support themselves and additional individuals, namely their grandchildren. A case study by the African Centre for Migration and Society shows that Mamelodi Township is faced with high levels of unemployment, crime, drugs, shortage of water, electricity and high cost of living (Landau & Misago, 2016).

Against the above background, one can conclude that grandparents experience many adversities. This in turn affects grandchildren who may experience challenges of lack of basic needs like food, decent shelter and educational support (Mudavanhu, Segalo & Fourie, 2008). Despite all the challenges and adversities grandparent-headed families experience, they seem to thrive, survive and make the best of the situations they are in. It is important to understand how grandparent-headed families cope with the adversities that they experience.

2.4 GRANDPARENT-HEADED FAMILIES AND PROTECTIVE FACTORS

Grandparent-headed families can have access to protective factors that can act as internal or external buffers and assets in building resilience within families (Mampane & Bouwer, 2011). Mampane (2010) describes community interventions programmes, such as drop-in centres, as buffers for families that experience challenges in providing

academic support like homework, material and nutritional support. In addition, Mampane (2010) in her study outlines protective factors such as assistance by government with non-payment of school fees and feeding programmes; it is crucial for individuals to be aware of available resources that they can access. This is supported by Ungar (2010 who believes that people show more resilience when they are able to negotiate for support they require or given support in a meaningful way. Ebersohn (2007) supports the notion that the identification of resources available, such as social support and community structures may assist in the creation of equal opportunities.

CCWs provide such support to families in need. Non-Governmental Organisations have been described as playing a key role in assisting communities to identify their strengths and available resources (Thurman, Luckett, Taylor & Carnay, 2016). In addition, Hayslip and Smith (2013) indicate that practitioners interested in promoting resilience among grandparent-headed families should offer activities and developmental interventions that encourage the well-being of grandparents. Resilient grandparents are capable of maintaining and regaining their psychological well-being during caregiving challenges. Individual strengths and family and community resources are needed to sustain stability in families during challenges (Hayslip & Smith, 2013). Similarly, Tang, Jang and Carr Copelang, 2015 have the view that support from extended families, churches and professional care providers can enhance the resilience of grandparents.

2.5 COMMUNITY CARE WORKERS IN SOUTH AFRICA

There is limited research that focuses on the role of CCWs in supporting resilience in grandparent-headed families. It is therefore imperative to explore and make an academic contribution on the role of CCWs and how forms of such support are recognised and appreciated. Fruhauf and Hayslip (2013) underscore strategies by professionals, such as social workers and health care providers in supporting grandparents raising their grandchildren; however, there is a silent acknowledgment of the roles of non-professionals like CCWs in supporting grandparent-headed families.

Mtshweni (2018) in her study explored the role of grandparents in supporting children during adversities, including the death of parents. Grandparents play an important role and act as protective factors for orphaned adolescents; however, less is mentioned on the support for grandparents themselves; they experience emotional difficulties due to loss of their children as well as physical challenges due to aging. Hayslip, Fruhauf and Dolbin-MacNab, (2019) found that grandparent-headed families display resilience as grandchildren feel supported. Grandparents play an important parental role in the financial and emotional support to orphaned children. However, little has been said on how grandparents themselves are resilient regardless of all adversities they experience. The gap in the literature exists with respect to the support these grandparents receive to be resilient.

In South Africa, Community Care Workers emerged in the mid-1990s (Schneider, Hlophe & Van Rensburg, 2008) when government funded Non-Governmental organisations (NGOs) to employ Community Home Based Carers. By 2004 there were about 40 000 Home Based Carers (Schneider, Hlophe & Van Rensburg, 2008) and their main role was to support ART and TB programmes. These Home-Based Carers, now referred to as CCWs, are primarily run through National and International NGOs (Nxumalo, Goudge, & Thomas, 2013). National NGOs are funded mainly by Departments of Social Development, Education and Health (Nxumalo, Goudge, & Thomas, 2013)

The South African government expected to build a cadreship of about 72 000 CCWs in its effort to provide a comprehensive package of health and social care services to needy communities (Schneider & Lehmann, 2010). Wringe, Cataldo, Stevenson and Fakoya (2010) point out that CCWs educate household members, assist with forming peer support groups for People Living with HIV (PLHIV) and help with income-generating activities. While the tasks performed by CCWs vary from programme to programme, according to Lund (2010), they generally include training household members in health-related tasks and offering emotional and spiritual counselling. Community Care Workers also provide psychosocial support, care for orphans and vulnerable children, (OVCs) and socioeconomic support for those infected with and affected by HIV.

Death, especially of a close family member, can be particularly traumatising for children and even the entire family. Often, the consequences of such an experience result in children becoming withdrawn and depressed, especially if they are not given the space to discuss these feelings (Becver, 2013). During home visits, Community Care Workers deal with emotional issues like these through the provision of counselling support to both children and their guardians (WHO 2017).

Walsh and McGoldrick (2013) note that key family processes in the form of material and emotional support help to overcome and lessen the burden of losing a family member. One of the roles of CCWs is to do home visitation; they develop customised plans including counselling, material support and referrals for various services to meet the needs of families (Thurman, Luckett, Taylor & Carnay, 2016). Mampane (2010 underscores the fact that the important role of CCWs is their frequent home visitation to assess needs and come up with strategies to ease family challenges.

Community Care Workers also facilitate support groups that provide an opportunity for people to share personal experiences and feelings as well as coping strategies (WHO, 2017). In addition, WHO (2017) reinforces the value of support groups in bringing people sharing the same experiences together. This creates a support system for communities to overcome shared challenges.

Community Care Workers are mainly members of the community and from my experience, they are women who have passion and desire to make a difference to families in need. A study conducted in Grahamstown, Eastern Cape in South Africa by Okeyo and Dowse (2016) on "Communities Care Workers' perceptions on their roles in tuberculosis care and information needs", clearly shows that they are inspired and motivated by the work they do. Some CCWs were patients themselves and use their experiences as community members to overcome their challenges (Okeyo & Dowse, 2016). Additionally, CCWs gain respect and develop long-lasting relationships with the community members that they serve.

As CCWs provide support to grandparent-headed families, they encounter a variety of challenges, such as understanding the scope of their roles, mediating community dynamics, managing expectations and ensuring that they do not overstep their

mandate (Austin-Evelyn, Rabkin, Macheka, Mutiti, Mwansa-Kambafwile & Dlamini, 2017). Regardless of these challenges, it is important to understand how best CCWs can be supported in their role of supporting the resilience of grandparent-headed families.

2.6 DEFINING FAMILY RESILIENCE

Many researchers define family resilience differently and the definition is complex. However, in psychology, there is refocusing attention from family deficits to family strengths (Walsh, 2015). Black and Lobo (2008) define family resilience as the successful coping of family members experiencing diversity that enables them to flourish with warmth, support and cohesion. Similarly, Mc Cubbin and Mac Cubbin (1993) describe family resilience as the ability of families to successfully cope with life transitions, stress or adversity. Walsh (2002) describes family resilience as the ability to endure and recover from adversity.

Ungar (2008) defines resilience from the perspective of individuals having been exposed to psychological, environmental or other extremely challenging circumstances. In this context resilience is then defined as the ability of individuals to access opportunities and resources that can physically and mentally assist them to cope with and recover from traumatic events.

All definitions focus on different aspects of resilience; however, they all support the protective and recovery factors that can be utilised by the family during adversities and this varies over time, according to context and across life cycle.

2.7   THEORETICAL FRAMEWORK

2.7.1 Family Resilience Framework by Walsh.

Psychology in the past focused on deficits; however, system-orientated family theorists have rebalanced theory from a deficit-based to strength-based perspective (Ebersohn, 2007; Smit 2007). The Family Resilience Framework (FRW) theory by Walsh (2016) guided the study. Family resilience theory builds on the competence-based and strength-oriented family paradigm that allows a greater understanding of how families are resilient when faced with adversities (Walsh, 2003). Family resilience

is described by Walsh (1996; 2003) as the ability of a family to endure and bounce back stronger from traumatic life challenges. Strengths and resources enable individuals to respond successfully to crises and challenges (Walsh, 2003).

The Family Resilience Framework focuses on how a family as a unit can serve as a protective factor; for example, a family belief system and coping strategies (Walsh, 1996, 2003; Becver, 2013). Ungar (2010) defines family resilience as the family's ability to overcome difficult experiences by harnessing psychosocial, cultural and relevant resources to enhance their well-being. The Family Resilience Framework is relevant to this study as it assists in understanding how Community Care Workers (CCWs) support grandparent-headed families in coping and bouncing back after exposure to difficult life challenges.

Walsh's Family Resilience Framework (Walsh, 2016) combines nine key protective processes that are organised into three domains that are important in supporting family resilience; these are family belief systems, organisation patterns and communication. Walsh (2002) describes them as key family processes that reduce stress and empower families to overcome adversities (Walsh, 2015). These key processes allow families to be strong, resourceful and positively adapt in the context of significant adversity, subsequently enabling families to develop abilities that can serve as protective factors for future challenges (Ungar, 2012). These protective factors exist within an individual's life system, either in himself, family or community (Ebersohn, 2007. Resilience enables people to heal from painful experience, take charge of their lives and move on (Walsh, 2015).

This study explores how CCWs assist in family key processes that contribute to family resilience. How CCWs perceive protective factors and the stressors experienced by grandparent-headed families are also investigated. Walsh (2002) states that strengthening key family processes for families facing adversity allows them to be stronger. Additionally, this may change families in despair to cope and adapt to difficult circumstances (Walsh, 2003). This study explores how CCWs support grandparent-headed families to view difficult situations, adapt and come up with possible solutions towards them.

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Figure 2.3 shows three key processes families can employ to be resilient.
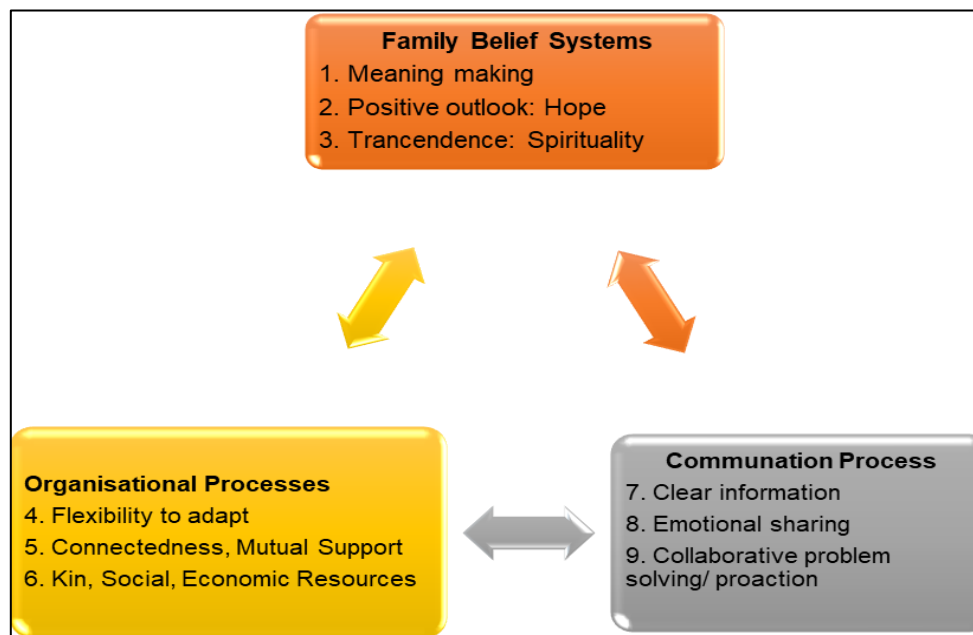
Figure 2.3: Key family processes
Source: Adapted from Walsh (2015)

2.7.1.1 Family belief systems

Family belief systems are divided into (i) family meaning-making of adversities that entails ability to normalise in their context; common views, and future expectations; (ii) family positive outlook that entails courage, hope, perseverance and the ability to accept challenges; (iii) family spirituality that involves, faith, values and stability. Walsh (2016) points out that family resilience is fostered by shared beliefs that increases effective functioning, solving and recovery. Shared belief systems help members to make meaning of a crisis situation as families' view of crises and choice of how to deal with them are influenced by the belief systems they choose to adhere to (Walsh, 2003). Understanding adversities experienced by family members can provide other members with courage to support one another. Making sense of difficult situations like the death of a close family member may assist the family in finding better ways and mutually cope with the situation together (Walsh, 2003). In this study, CCWs' role in supporting grandparent-headed families to tap into their family spirituality during adversities is also explored. The study also explored how CCWs support finding meaning in difficult situations and instil a positive outlook in grandparent-headed families.

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2.7.1.2 Family organisational processes

Family organisational processes are divided into three types: (i) flexibility that entails family openness to change, forming relationships and stability; (ii) connectedness where the family is open to change, respect, mutual support, collaboration and the ability to reconnect; (iii) social and economic resources that entail finance issues and networking and community (Walsh, 2003). Resilient families often have family rules that are age-appropriate and appreciated by one another (Black & Lobo, 2008). Family relationships change in the course of life cycle; a family must always assess their current level of connectedness to ensure that each member's needs are met (Walsh, 2003). Additionally, resilience is supported by flexible family structure, and social and economic resources (Von Backstrom, 2015). Families need to be flexible in different circumstances rather than rigid and not adaptable when dealing with challenges (Herman, Peterson, & Schaaf, 2009). Walsh (2003) underscores the significance of families' ability to identify support systems when in need. Additionally, social networks, community groups and congregations act as buffers during challenging times as they offer emotional support (Walsh, 2003).

This study explores how CCWs support grandparent-headed families in the identification of available resources and the ability to cope with adversities (Walsh, 2003). Walsh adds that families need social and economic resources like social networks and supportive programmes. Programmes such as support groups can offer emotional support for families to overcome adverse situations through the provision of comfort. The availability and utilisation of support systems increases positive outcomes (Black & Lobo, 2008). The role of CCWs in supporting grandparent-headed families in mapping and utilising family and community resources is discussed. In addition, this study examines the roles played by CCWs in supporting connectedness among grandparent-headed families. Theron and Ungar (2019) indicate that connecting to one another and significant others, navigating to the necessary resources, and negotiating support in a meaningful way play an integral role in improving resilience.

2.7.1.3 Communication Processes

Walsh (2003) indicates that communication processes facilitate resilience by bringing clear and consistent messages in a crisis situation. The ability to solve problems and collaborate in solving problems is key to facilitating resilience. Patterson (2002) requires communication for families to be open and for family members to express their feelings to one another. As this study hopes to inform literature on the role of CCWs in supporting the resilience of grandparent-headed families, potential relationships between organisational processes, belief systems and communication processes are explored.

Walsh (2002) also noted that as families experience stressful crises and challenges, the critical processes within families play an important role in enhancing the recovery and resilience of the family or individual vulnerable members of the family. Additionally, family resilience does not focus on strengths and protective factors of the family only but also acknowledges and identifies the risks factors and adversities families experience on a daily basis (Black and Lobo, 2008). This study also describes how CCWs views the risks and adversities that grandparent-headed families experience. The understanding of CCWs of risk factors experienced by grandparent-headed families is important as it assists them in providing relevant support that will increase their resilience (Ungar, 2012).

The Family Resilience Framework also acknowledges that no single model fits all families in different situations (Walsh, 2002). Patterson (2002) indicates that family resilience is a product of the family relationships of a family. After going through a crisis together, the family can emerge more resourceful and better equipped to meet future challenges. The Family Resilience Framework is valuable for studies on grandparent-headed families as it allows for a more comprehensive understanding of the caregiving of grandparents (MacNab & Hayslip, 2014).

Bronfenbrenner (1979) states that resilience depends on interactions between a family's larger environment, i.e. risk, adversity, vulnerable and protective factors. Family resilience in grandparent-headed families is a result of the interaction between grandparents' personal characteristics and aspects of their larger environment (MacNab & Hayslip, 2014). A family resilience framework can serve as key in guiding

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interventions that support and empower families in need (Walsh, 2003). Walsh's Family Resilience Framework takes into consideration how culture, context and time influence what is perceived as stressors, protective factors and resilience processes.

Additionally, the framework integrates developmental and ecological elements to view the family as an open system that functions in relation to its broader sociocultural context and evolves over the multigenerational life cycle (Walsh, 2002). From an ecological perspective, family structures, community systems, networks and resources are key in supporting resilience (Walsh, 2016). From a developmental perspective, a family follows a pathway as it adapts to stress at first and over time (Walsh, 2015). Resilient families respond positively to challenges, depending on the context and developmental phase and family shared outlook (Walsh, 2015). Community is seen as another protective factor for people as it enables them to access resources, creates a sense of belongingness and networking (Patterson, 2002; Greeff & van der Walt, 2010).

This is relevant to this study as through interacting with CCWs, I gained an in-depth understanding of factors and resources that are critical in supporting resilience in grandparent-headed families and the contribution of CCWs in enhancing their well-being. How grandparents' strengths, community and society contribute to make life worthy was explored. To add to that, from an ecological perspective, I endeavoured to determine how best CCWs can support families to be resilient. From a developmental perspective, coping with and adapting to stress-related challenges varies over time and there is no single coping strategy to deal with adversities (Walsh, 2016b). For this study, I was guided by this perspective to understand what different strategies CCWs use to support grandparent-headed families in coping with adversities over a period of time.

Central to the theory are key themes such as how life challenges affect families, but also showing how family processes can help in coping or not coping for all members (Walsh, 2016b). I explored what key family processes supported by CCWs lead to the resilience of grandparent-headed families.

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2.8 CONCLUSION

This chapter has presented an overview of the role of CCWs in supporting the resilience of grandparent-headed families. A map of the key concepts of the study was presented. The context of the study was described to position the study. The family structure in South Africa was discussed and narrowed to discuss grandparent-headed families. Risks, adversities as well as protective factors faced by grandparent-headed families were explained. Community Care Workers' evolution and their roles were also described. Lastly, I defined the concept family *resilience* and concluded with Walsh's Family Resilience Framework that guided this study.

3. CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter discusses the methodology utilised in gathering and analysing the data for the study. The chapter commences with a description of the paradigmatic perspective, followed by a discussion of the methodology, research design, sampling and data collection procedures. It further discusses data documentation, data analysis and the precautions taken to ensure the rigour of the study. The chapter concludes with a discussion of the ethical considerations observed in the study. The chapter layout is presented in Figure 3.1 below.

Meta theoretical paradign	• Interpretivism
Methodology	• Qualitative methodology
Research design	• Descriptive case study
Sampling method	• Non probability purposive sampling
Data collection	• Focul group discussions, observations and field notes.
Data documentation	• Audio recording, transcripts and notes
Data analysis	• Thematic data analysis
Rigour of the study	• Credibility, Transefability, dependability and confirmability.
Ethical considerations	• Voluntary participation, informed consent, anonymity and privacy, confidentiality and protection of harm.

Figure 3.1: Overview of the research methodology

3.2   PARADIGMATIC PERSPECTIVE

An interpretivism epistemology was used to facilitate the researcher's understanding of the role of Community Care Workers (CCWs) in supporting the resilience of grandparent-headed families. Neuman (2011) and Wahyuni (2012) indicate that interpretive research develops an understanding of social life and discovers how people construct meaning in natural settings.

According to Maree (2010), an interpretative perspective is based on the fact that human life can be understood only from within. This study relates to the role of CCWs in supporting resilience in grandparent-headed families, thus interpretations were derived from CCWs' personal constructs. In addition, Maree (2010) states that human experiences can be interpreted only from people's point of view and reality is constructed socially. As CCWs normally serve in communities they are living in, the researcher was able to understand the context, support needed and strategies essential to assist grandparent-headed families in coping with adversities. Reeves and Hedberg (2003) note that the interpretivist paradigm stresses the need interpret the findings within the context of the CCWs, so the researcher used semi-structured questions and observations with the aim to explain the subjective reasons and meaning that lie behind the resilience of grandparent-headed families. The researcher documented the experiences and perceptions of CCWs regarding grandparent-headed families' adversities, challenges and strengths.

One of the advantages of interpretivism research is that it aims to record the type of data that enables the researcher to reflect on subjective meanings and interpretations (Rubin & Rubin, 2005). Interpretivism is comprehensive because it recognises multiple viewpoints of different individuals from different groups. The researcher concurs with Rubin and Rubin (2005) regarding the interpretive paradigm as it may assist in understanding the CCWs experiences and perceptions.

An interpretivism approach has distinct disadvantages. As data analysis relies on the interpretations of the researcher, there is the possibility of some bias leading to the misinterpretation of results (Leung & Shek, 2011). In addition, it is time-consuming to conduct when compared to quantitative studies. However, to curb the above biases,

the researcher was guided by social construction paradigm that states that human experience can only be understood from the viewpoint of people and that reality is socially constructed (Maree, 2010) In addition, the researcher continuously sought guidance from the academic supervisor.

3.3 METHODOLOGICAL APPROACH

A qualitative approach was adopted in this study. As the main aim of the research is to explore the role and experiences of CCWs in supporting the resilience of grandparent-headed families, a qualitative method was useful to obtain their narratives. According to Fouche and De Vos (2011), qualitative methodology is more concerned with the "what" questions a study seeks to answer. As observed by Neuman (2011), qualitative researchers conduct comprehensive investigations to establish and understand people's experiences. Marguerite, Dean and Katherine (2006) concur with Neuman (2011) that qualitative studies are conducted in a naturalistic setting and that the researcher's questions are broad and are designed to explore, interpret and understand the social context.

For this study, CCWs were reached through a focus group discussion in their natural environment. A qualitative approach enabled the researcher to understand how CCWs can improve the resilience of grandparent-headed families. Creswell (2014) states that qualitative research is a means of exploring and understanding the meaning individuals and groups ascribe to a social or human problem. Community Care Workers' perceptions of protective factors and stressors experienced by grandparent-headed families were sought and they described them in their own context and understanding (Fouche & De Vos, 2011).

The advantages of a qualitative approach are that the researcher gathers information from participants from their natural settings (Fouche & De Vos, 2011) and this allows the researcher to observe and have a better understanding of issues on the ground. Additionally, the approach allows the researcher to gather information and design tools that are applicable to what she is looking for. Furthermore, Creswell (2013) indicates that qualitative research allows a researcher to collect data through different methods, such as interviews and observations.

Qualitative research has disadvantages as well; one of them is that the findings cannot be extended to wider populations with the same degree of certainty (Creswell, 2014). Twelve CCWs were sampled for this study; the findings from two focus groups do not necessarily represent CCWs in South Africa. However, the findings make a significant contribution to the body of knowledge on the resilience of grandparent-headed families.

3.4 RESEARCH METHODOLOGY

3.4.1 Research Design

According to Babbie and Mouton (2006), a research design is an outline of how one intends to conduct the research. Creswell (2009) defines research design as a plan of conducting the study. For this study, a descriptive case study approach was adopted to shed light on the research problem. Yin (2014) indicates three types of case study, namely exploratory, descriptive and explanatory. A descriptive case study is used to describe an intervention or phenomenon and the real-life context in which it occurs (Yin, 2014). A descriptive case study design was selected as the most appropriate for this study because it allowed in-depth understanding of complex issues in their real-life settings (Crowe, Creswell, Robertson, Hub, Avery, & Sheikh, 2011).

In addition, the investigator of a descriptive case study explores in detail a real-life case through in-depth data collection involving multiple sources of information, such as observations, interviews, audio-visual material, and documents and reports (Creswell, 2009). This enables the researcher to gather detailed and rich information regarding CCWs' perceptions of their role in supporting resilience in grandparent-headed families (Fouche & Schurink, 2011).

In this study the multiple views of the CCWs on their role in supporting grandparent-headed families' resilience are presented in Chapter 4. The CCWs were women aged between 25 to 50 years old, working under a Community Based Organisation (CBO), supporting Orphans and Vulnerable Children (OVCs) and their caregivers and also providing home-based care services.

3.4.2 Selection of participants

Polit and Hungler (2004) describe sampling as a process where a researcher selects participants that represent the population under study. For this study, a non-probability purposive sampling approach technique was utilised. In such a sampling technique, the selection of participants is not dependent on the statistical principle of randomness (Terre Blanche, Durrheim & Painter, 2007). Creswell (2009) states that purposeful sampling enables the researcher subjectively to select a group of people that can best contribute towards addressing the research problem under study. However, non-probability purposive sampling depends on the availability and willingness of participants to participate in the study. The participants in this study were purposefully selected, based on the following criteria: that they were CCWs between the ages of 25 to 50 years working under a CBO in Mamelodi, supporting OVCs and their caregivers and also providing home-based care services. A sample of 12 CCWs was purposively selected from Matimba Sinqobile Drop-in Centre and the four satellite centres Matimba (5); Pfundzo (3); Koos Matli (2) and Motheo (2).

One of the advantages of purposive sampling is that it gave the researcher the opportunity to select CCWs who would provide information that was required to answer the research questions. Purposive sampling has its own challenges, such as researcher bias in the selection of participants as it is based on the researcher's judgement (Sharma, 2017). However, to counteract bias the researcher was guided by the research questions, theoretical framework and further guidance from the academic supervisor on the accepted criteria to be used when selecting participants for the study.

3.4.3 Data collection and documentation

De Vos et al. (2002) define data collection as the process of putting together information needed for investigating a research question. Data collection in qualitative research can be through interviews, focus group discussions, observation and the study of documentaries (De Vos *et al*., 2002). For this study, data was collected through a demographic questionnaire, two focus group discussions, observations and field notes documented by the researcher. Table 3.1 below shows a summary of the data collection and documentation.

Table 3.1: Summary of Data Collection and Documentation

Technique	Purpose	Data Documentation	Target Participants	Time
Focus Group 1 with 6 CCWs	To explore the roles of Community Care Workers in supporting the resilience of grandparent-headed families, the forms of support provided by CCWs that can improve resilience in grandparent-headed families, and how their perceptions of stressors and protective factors experienced by grandparent-headed families can be described.	Audio-recording Transcripts Demographic questionnaire	Community Care Workers	First week of September 2020
Focus Group 2 with 6 CCWs	To explore the roles of Community Care Workers in supporting the resilience of grandparent-headed families, the forms of support provided by CCWs that can improve resilience in grandparent-headed families, and how their perceptions of stressors and protective factors experienced by grandparent-headed families can be described.	Audio-recording Transcripts Demographic questionnaire	Community Care Workers	First week of September 2020
Observations	To establish context, non-verbal cues, expressions and meaning.	Notes in a notebook	Community Care Workers	1st Week of September

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3.4.3.1 Demographic questionnaire

The researcher requested CCWs to complete a demographic questionnaire to capture their names, gender, age, highest grade passed, years employed in the centre and as CCW, and the number of grandparents they worked with. The demographic questionnaire was self-administered by each CCW before the focus group discussions. The researcher explained and clarified all the questions and instructions to ensure that the CCWs were informed about what was expected.

3.4.3.2 Focus group discussions

This study used focus group discussion as a form of data collection. A sample of 12 CCWs was selected for the focus group. De Vos *et al*. (2002) define focus groups as group interviews that allow a researcher to understand how people feel about an issue. Morgan and Kruger (1998) as cited by De Vos *et al.* (2002) describe focus groups as a researcher's method that collects data through group interaction on a topic determined by the researcher. Carlsen and Glenton (2011) describe a focus group as a moderated group discussion based on participants' views and experiences of the topic of study.

The 12 CCWs selected were divided into 2 groups and a semi-structured schedule with open-ended questions was used to guide the discussions. Each focus group discussion lasted approximately 45 minutes. Furthermore, the focus group discussions were recorded with a digital voice recorder and the recordings were later transcribed by the researcher.

Focus group discussions have their own advantages as noted by Anderson and Kanuka (2003). The advantage of a focus group discussion is that it uses a semi-structured schedule with open-ended questions (Anderson & Kanuka, 2003). Open-ended questions were formulated to guide the focus group discussions. Additionally, open-ended questions allowed the researcher the flexibility to ask follow-up questions and seek clarification of any emerging ideas (Maree, 2010).

The disadvantage of a focus group discussion is that responses from CCWs might be time-consuming and complex to analyse. In a focus group discussion, there is the possibility of other participants dominating the entire session. The researcher applied

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group work facilitation skills to ensure that all participants had an equal opportunity to speak and to express their views.

3.4.3.3 Observations and field notes

The researcher also used direct observation that involves systematically selective watching and recording respondents' behaviour. The researcher carefully observed and wrote down important behaviours. According to Babbie and Mouton (2006), people's actions are more important than their verbal accounts and observing these is valuable. Observation entails the systematic noting and recording of events, behaviours and artefacts (objects) in the social setting selected for study. Participants' expressions, actions as well as their environment were observed and noted in a notebook.

3.4.3.4 Audio-recording

The researcher used an audio recorder to record discussions after seeking permission from the participants to do so. Holloway and Wheeler (2002) view audio-recording as the best way to capture participants' responses as such a recording contains their exact words. It also provides a much fuller record than notes taken during group discussions. Moreover, it allows the researcher to concentrate on how the interview is proceeding and where to go next (De Vos *et al*., 2002). However, the researcher took notes during the interviews in the event that the recording equipment failed.

3.4.4 Data analysis and interpretation

Thematic data analysis was employed in this study. This study was guided by Creswell's (2009) model of data analysis that he describes as a spiral because of its flexibility. Specifically, thematic data analysis was used following Creswell's (2014) six steps of data analysis, namely reading through data, coding, generating description categories, representing themes and descriptions, organising interrelated themes and finally making interpretations. The researcher listened carefully to and transcribed the audio-recordings of the two focus group discussions. The written notes taken by the researcher were processed and grouped to ensure proper coding. Data was grouped according to emerging themes as well as sub-themes (Knut-Inge, 2008). The steps

followed during the thematic data analysis as stated by Creswell (2014) are presented in Table 3.2.

Table 3.2: Six steps in Data Analysis

Step 1	Organising and preparing for data analysis	Discussions were transcribed, and all field notes were typed.
Step 2	Reading through data	Reflections on the overall meaning, sketching of data and general thoughts on data were recorded.
Step 3	Coding	Data was organised and categorised according to themes. Data was labelled with specific terms.
Step 4	Generating descriptions, categories and themes	Coding was used to generate descriptions for the themes; five themes were developed, based on the findings.
Step 5	Representing themes and descriptions	A narrative passage with a discussion of sub-themes, interconnecting themes, quotations.
Step 6	Interpretation	This entails interpretation of the findings or results and lessons learnt.

Source: Creswell (2014)

Data analysis and interpretation in qualitative research is described by Berg and Lune (2012) as difficult and complex. It also consumes much time (Fick, 2014). Due to time limitations, the researcher conducted the analysis and continuously sought guidance from the academic supervisor on how best to minimise all potential challenges that might arise during data analysis and interpretation.

3.5   RIGOUR OF THE STUDY

The following measures were taken into consideration to enhance the trustworthiness of the data.

3.5.1 Credibility

Credibility is described by De Vos *et al.* (2002) as an alternative to internal validity, in which the main goal is to show that the inquiry was conducted in a manner that ensured that the subject was accurately identified and described. For this study,

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techniques that were used to ensure credibility included debriefing sessions, peer inspection and reflection (Shenton, 2004). The researcher ensured that the conclusions drawn were based on the data collected. The researcher had regular meetings with the supervisor to ensure that the study stayed on track. The supervisor reviewed the interview schedule before the focus group discussions. Lastly, the researcher had the requisite knowledge and research skills to conduct the study.

3.5.2 Transferability

Transferability relates to generalisability; one needs to be able to demonstrate the applicability of one set of findings to another context (De Vos et al., 2002). The research sample for this study was small, and it might be difficult to transfer conclusions to other settings. However, the researcher described in great detail how the data would be collected and analysed. Furthermore, the researcher described the theoretical parameters of the research so that the reader can determine the applicability of the study findings to other settings or populations (De Vos et al., 2002).

3.5.3 Dependability

Babbie and Mouton (2006) refer to dependability as an inquiry that provides an audience with evidence that, if it were to be repeated with the same participants in the same context, findings would be the same. In this study, the researcher ensured that the research processes involved, and the research design was well reported in detail for other researchers to replicate them.

3.5.4 Confirmability

Confirmability refers to the objectivity of the study (De Vos *et al.,* 2002). Results are confirmable when they come from participants. In this study, the researcher demonstrated that data was gathered from the CCWs themselves and objectively analysed (Maree, 2010).

3.6   ETHICAL CONSIDERATIONS

Creswell (2014) states that during the process of planning and designing a qualitative study, one needs to consider ethical issues that may surface during the study as well as planning how these issues could be addressed. They apply to different phases of

the research processes, that is, prior to conducting the study to publishing a study (Creswell, 2014). The ethical considerations observed in this study are described in the following sub-sections.

3.6.1 Voluntary participation

Participants in this study were CCWs who were over 18 years old; hence they were able to understand and give consent to participate. The researcher clearly explained to participants that participation was voluntary. Babbie (2007) states that participants cannot be forced to participate, and they need to consent verbally and also in writing. Participants should not be pressured to participate or sign the consent forms (Creswell, 2014). In addition, participants were informed that they could opt out of the focus group discussions at any time, should they feel uncomfortable.

3.6.2 Informed consent

The researcher requested the CCWs to give their informed consent prior to taking part in the study. The participants were requested to sign a consent form with details of the study's aim and objectives. The CCWs were verbally informed about the study to ensure that they understood what they would be consenting to, and to provide them with an opportunity to ask questions should they not be clear on a particular issue (Creswell, 2014).

3.6.3 Anonymity and privacy

The identities and privacy of participants were strictly safeguarded. In this regard, only the researcher and a few academic support staff members, such as my supervisor were the only ones aware of the study participants' identities. However, participants were informed of this in advance. Anonymity means that the researcher cannot disclose participants' responses even if she is aware whom responses belong to (Babbie, 2007).

3.6.4 Confidentiality

The researcher ensured that confidentiality of participants was respected by not attaching any names to responses during discussions. Maree (2012) states that confidentiality and anonymity of all information should be maintained and participants names should not be reported in the transcripts. Additionally, the researcher used

codes in the study report to ensure that the identities of the participants were not revealed.

3.6.5 Deception of subjects

The researcher was honest with participants and disclosed that she was a researcher from the University of Pretoria. This is in line with Creswell (2014) who indicates that a researcher needs to disclose the purpose of the study and how the data will be used. The researcher explained the aim of the study and indicated that the study formed part of university programme requirements.

3.6.6 Protection against harm

The researcher ensured that participants were not exposed to activities that could endanger their lives. The goal of this study is to explore the role of CCWs in supporting the resilience for grandparent-headed families. This involved discussions around HIV or death issues that could trigger negative emotions. The researcher avoided asking sensitive questions that might have resulted in the participants' psychological discomfort. (Creswell, 2014). A debriefing session was conducted with all participants after the group discussion with the intention to determine if any of the CCWs needed counselling support and seek the necessary help should they need it. However, none of the CCWs required counselling after the group discussions.

3.7 CONCLUSION

Research methods were discussed in this chapter. The paradigmatic approach, i.e. interpretivism, research design and sampling methods were outlined. In addition, data collection methods, documentation and analysis were discussed in detail. The detailed rigour of the study was outlined. The chapter was concluded by outlining ethical considerations adhered to in the study.

4. CHAPTER 4: QUALITATIVE RESULTS AND DISCUSSION

4.1   INTRODUCTION

The preceding chapter on research methodology discusses the steps taken, processes followed and the tools used to gather data from participants. The data analysis was conducted using inductive thematic analysis and the recurring themes and sub-themes were documented. This chapter presents the research findings.

The research results presented and discussed are based on the data gathered from a total of 12 participants from 2 focus groups. The presentation of the results commences with a brief description of the demographic profile of the participants. The chapter then proceeds to present the themes and sub-themes that emerged from the thematic analysis. Each theme and sub-theme is presented and discussed with verbatim quotations from the participants. The findings are then discussed with reference to the literature reviewed in Chapter 2 to demonstrate whether these findings confirm and support or challenge and contradict what is in the literature.

In discussing the results, participants are referred to with identifiers in compliance with the ethical requirements of the anonymity and confidentiality of participants and their responses. The participant identifiers are shown in Table 4.1 below.

Table 4.1: Table of Participants

Identifier	Participant
P1	Participant 1/Focus Group 1
P2	Participant 2/Focus Group 1
P3	Participant 3/Focus Group 1
P4	Participant 4/Focus Group 1
P5	Participant 5/Focus Group 1
P6	Participant 6/Focus Group 1
P7	Participant 7/Focus Group 2
P8	Participant 8/Focus Group 2
P9	Participant 9/Focus Group 2

Identifier	Participant
P10	Participant 10/Focus Group 2
P11	Participant 11/Focus Group 2
P12	Participant 12/Focus Group 2

4.1.1   Demographic profile of participants

This study explores how Community Care Workers (CCWs) support grandparent-headed families to be resilient and cope with adversity. The researcher purposively selected 12 CCWs to participate in the study and share their experiences and perceptions regarding their role in supporting these vulnerable families. The inclusion criteria for participants were that the individuals had to be CCWs, whether trained or not; were aged between 25 to 50 years; were working for a Community Based Organisation (CBO) in Mamelodi; supported Orphans and Vulnerable Children (OVCs) and their caregivers and provided HBC services. The 12 CCWs were deliberately selected according to the above criteria as the study implemented their subjective experiences in supporting grandparent-headed families in Mamelodi.

Biographical data was collected from the CCWs to ensure that they fitted the inclusion criteria and to have an understanding of their background. The participant biographical data is shown in Table 4.2. The biographical data shows that the CCWs were predominantly female with only one male CCW.

Table 4.2: Participant biographical data

Identifier	Gender	Age	Highest Qualification	# of grandparent families in your care	Number of years employed at the Centre	Centre/Satellite working at
P1	Female	41-45yrs	Matric	29	7	Matimba
P2	Female	46-50yrs	Social Auxiliary Worker	4	4	Pfundzo
P3	Female	25-30yrs	Matric	4	1	Pfundzo
P4	Female	25-30yrs	Matric	1	5	Koos Matli
P5	Female	31-35yrs	Matric	3	6	Motheo
P6	Female	36-40yrs	Matric	29	7	Matimba
P7	Female	41-45yrs	Matric	2	2	Koos Matli
P8	Female	25-30yrs	Matric	20	5	Matimba
P9	Female	31-35yrs	Social Auxiliary Worker	4	4	Matimba
P10	Female	25-35yrs	Matric	3	6	Pfundzo
P11	Male	36-40yrs	Matric	6	3	Matimba
P12	Female	-	Social Auxiliary Worker	6	5	Motheo

The majority (n = 9; 75%) of the CCWs had matric as their highest qualification with 25% (n = 3) being Social Auxiliary Workers registered with the South Africa Council for Social Service Professions (SACSSP) that worked under the supervision of a social worker with the aim of becoming Social Workers. The CCWs were asked to indicate the number of grandparent-headed families in their care. From the data provided the 12 CCWs collectively took care of 111 grandparent-headed families in Mamelodi. The number of these families demonstrates that the number of vulnerable families is significant and requires due attention. Two of the CCWs indicated that they were responsible for 29 families each, and one CCW indicated that she had 20 grandparent-headed families in her care. The remaining nine CCWs (75%) took care of between one and six grandparent-headed families with an average of four families per CCW. By comparison, 25% (n = 3) of the CCWs took care of the majority of the grandparent-headed families in the sample.

According to the biographical data, the CCWs were stationed at four centres in Mamelodi, namely Matimba Sinqobile Drop-in Centre (5); Pfundzo (3); Koos Matli (2) and Motheo (2). Matimba Sinqobile Drop-in Centre is the main centre and Pfundzo, Koos Matli and Motheo are satellite centres. The concentration of the CCWs at a few centres proved to be an advantage regarding triangulating and validating information during the focus group discussions. The CCWs were able to corroborate any statements made by their colleagues, thereby providing the researcher with credible

information to work with. The biographical data shows that the CCWs had been at their various centres for a minimum of one year and a maximum of seven years with an average of five years. The duration of time the CCWs had been at these four centres suggests that they had acquired significant experience in working with grandparent-headed families. As a result, the CCWs were able to share detailed accounts of their roles and experiences attending to these families.

4.2　RESULTS OF THE THEMATIC CONTENT ANALYSIS

The results of the study are based on the data gathered through two focus group discussions, each comprising six participants. Through the analysis process five themes and several sub-themes emerged and are presented in Table 4.3.

For each theme, the inclusion and exclusion criteria were established first before discussing the results. Each theme is then discussed and supported by references to the participants' responses. Furthermore, a discussion of each theme is presented correlating it with existing literature reviewed in Chapter 2.

Table 4.3: Themes and Sub-themes

Theme 1: Focus on grandparent-headed families • Sub-theme 1.1: Perceptions of the composition of grandparent-headed families • Sub-theme 1.2: Livelihood and welfare needs of grandparent-headed families
Theme 2: Supporting and strengthening family relationships • Sub-theme 2.1: Parental support for a functional family • Sub-theme 2.2: Enhancing relationships between grandparents and grandchildren
Theme 3: Provision of psychosocial support for health and well-being • Sub-theme 3.1: Emotional support to cope with challenges • Sub-theme 3.2: Facilitating support groups for peer sharing • Sub-theme 3.3: Focusing on staying healthy
Theme 4: Perceptions of resilience, stressors and protective factors • Sub-theme 4.1: Understanding resilience • Sub-theme 4.2: Stress factors diminishing resilience • Sub-theme 4.3: Protective factors enhancing resilience

4.2.1 Theme 1: Focus on grandparent-headed families

This theme focused on grandparent-headed families in Mamelodi. It sought to establish an understanding among the participants on the composition of these families. There are various types of family and it was necessary to define grandparent-headed households by indicating how they are constituted. Furthermore, this theme focused on identifying the major needs of these families as articulated by the participants. It also provides contextual details that inform the nature and type of support these families received from the participants as CCWs. Before discussing this theme, the inclusion and exclusion criteria are stated in Table 4.4.

Table 4.4: Inclusion and Exclusion Criteria for Theme 1

Theme 1: Focus on grandparent-headed families		
Sub-theme	Inclusion criteria	Exclusion criteria
Sub-theme 1.1: Perceptions of the composition of grandparent-headed families	Reference to grandparent family composition	Reference to family composition other than grandparent family
Sub-theme 1.2: Livelihood and welfare needs of grandparent-headed families	References to livelihood and welfare needs that relate to grandparent-headed families	References to livelihood and welfare needs of families other than grandparent-headed families

4.2.1.1 Sub-theme 1.1: Perceptions of the composition of grandparent-headed families

Given the focus of the study, it was necessary to determine the perceptions of participants with regard to who constitutes a grandparent-headed family. This theme explores the various descriptions and perspectives expressed by the participants.

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According to P2[1] a grandparent-headed family is: … *household that is headed by a grandparent where the grandparent takes care of an orphan* … (P2, line 62-64). P3 went further to explain that grandparents become heads of households when their own children pass on, leaving the grandchildren as orphans. The grandparents then take the parental responsibility for these orphans. According to another participant, grandparents become household heads and *take care of grandchildren when mothers or fathers have abandoned the children* (P3, 73-74). P3 added that sometimes grandparents become household heads and take care of grandchildren because their parents may be unemployed and therefore unable to take care of their families.

Based on the above descriptions of what comprises a grandparent-headed family P9 specifically states that these families are constituted by *grandparent and orphaned children* (P9, line 577). However, according to P8, *the children may be orphans, or their parents may not be able to look after them and the grandparents become the main guardians* (P8, 581-584). According to P11, there are also instances where grandparent-headed families are comprise of … *grandparent, umm it might be uhmm their child or it their grandchild and other family members, yah, maybe their relatives, closer relatives or maybe adopted children* (P11, line 608-610). This was echoed by P12, who stated that … *in that family, it's the grandparent and the orphaned and vulnerable children* (P12, line 612-613).

4.2.1.2 Sub-theme 1.2: Livelihood and welfare needs of grandparent-headed families

This sub-theme focused on the perceived needs of grandparent-headed families based on the experiences of the participants in engaging with these families. According to P1, one of the major needs in these families is financial support to take care of the children. *The grandparents … face challenges of taking care of their grandchildren so you find the pension that she gets to do everything is not enough* (P1, line 92-94). The participant further explained that grandparents need financial support because the process of applying for foster grants takes long. In addition to financial

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[1] Responses are given verbatim and have not been edited.

support, the grandparent-headed families require nutritional support as they lack adequate resources to buy enough food. Therefore, *as a caregiver we are there to provide nutritional support, provide food parcels, provide daily meal* (P1, line 97-99).

Grandparent-headed families also require emotional support to cope with their various circumstances. *Sometimes they need emotional support as they are supporting children who are orphans* (P2, 106-107). According to P11, emotional support is particularly important because … *maybe the grandparents has lost umm a daughter and then now she's the one going to look after her grandchildren, so maybe after that grandmother, that emotional support so that she is able support her grandchildren* (P11, line 628-632). Furthermore, when these children become teenagers, grandparent-headed families need counselling to cope with the increasing demands of the children. According to P5 these families need parental support to enable the grandparents to be able to relate and talk to teenage children. Sometimes grandparents *don't have any knowledge maybe how to talk to that child and maybe that child is doing things at her own* (P5, line 148-150). Other families may need support with clothes because the grandparents are unable to provide, especially *when kids become teenagers they want certain types of clothes* (P3, line 123-124). The participants stated that sometimes the families are provided with clothing by the Drop-in Centre to address these challenges.

Some families need assistance with *… homework for the children as they are elders some of them they are not educated, they need us to help assist the children with homework* (P2, line 111-113). In some instances, the grandparents need assistance to participate in school activities and meetings as the guardians of the children. The grandparents … *need support like when there is meeting at their grandchildren school (when they are) unable to go as sometimes, they are sick, (so) as caregivers we go on behalf of them* (P6, line 154-156).

In summary the needs of grandparent-headed families include the following:
- *Nutritional support, emotional support, child support and also psychosocial support* (P10, line 636-637).
- *Psychosocial support, it is emotional and physical and nutritional* (P10, line 639-640).
- *Material support* (P8, line 642).

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- *And also, family therapy* (P12, 646).

4.2.1.3 Discussion of the findings for Theme 1

According to Cox (2007), grandparent-headed families arise when grandparents are placed in a parenting role due to the absence, death or inability of biological parents to raise the child. This resonates with the assertion by the participants that grandparents step in to take care of grandchildren because of the death of their parents or abandonment. The absence of parents may also be the result of separation and divorce, and deaths have been linked to the prevalence of HIV/AIDS among young adults (Hall & Mokomane, 2018). Furthermore, abandonment is related to poverty (Uhlenberg & Cheuk, 2010).

The Department of Social Development (2009) reported that the prevalence of grandparent-headed families has increased together with other types of family structure, including single parent and child-headed families. The participants indicated that the families that they dealt with in Mamelodi were comprised primarily of grandparents and orphans. This is in line with the descriptions from the literature described above.

4.2.2 Theme 2: Supporting and strengthening family relationships

In this theme the role of participants in supporting and strengthening family relationships of grandparent-headed families is explored. These roles are informed by and are a response to the needs of grandparent-headed families. Two sub-themes emerged from the analysis, namely parental support for a functional family, and enhancing the relationships of grandparents and grandchildren. Overall, the theme discusses the ways in which the support provided enhances the resilience of grandparent-headed families. The inclusion and exclusion criteria for the sub-theme are shown in Table 4.5.

Table 4.5: Inclusion and Exclusion Criteria for Theme 2

Theme 2: Supporting and strengthening family relationships		
Sub-theme	**Inclusion criteria**	**Exclusion criteria**
Sub-theme 2.1: Parental support for a functional family	Any support targeted at the grandparents to help them enhance family functioning	Any support targeted at the grandparents that does not enhance family functioning
Sub-theme 2.2: Enhancing relationships of grandparents and grandchildren	Any references to support targeted at building relationships of grandparents and grandchildren	Any references to support that is not aimed at building relationships of grandparents and grandchildren

4.2.2.1: Sub-theme 2.1: Parental support for a functional family

Parental support was found to be a necessary intervention for grandparent-headed families. According to the participants, grandparents often need support to perform their duties as parents or guardians of children. According to P3, parental support includes running errands or performing chores on behalf of the grandparents. For example, the participant stated that if *needs be to go to the shop for the grandmother if the child is refusing I need to do that* (P3, line 181-182). The participant further explained, *At times if the grandmother is actually bedridden at some point sick, if I get to the family and I find that okay the family house is not clean I'm supposed to help to clean …* (P3, line 182-185).

The grandparents as the guardians of the children are expected to assist them with homework. In most instances they are unable to do so and the participants indicated that they step in to assist in that regard. According to P3, … *also coming to the schoolwork because sometimes you find that the syllabus you are doing at school is not what the grandmothers know I'm supposed to help the child with the homework* (P3, line 186-189). The participant added that they did other activities with the children to help them do their schoolwork. This view was supported by P4 as follows: *My role*

is to give the family uhm give the children educational support (P4, line 194-195). In addition to homework, P9 indicated that the participants provided aftercare support to the children to help grandparents.

The participants indicated that the parental role they played extended to helping the grandparents to cope with children when they reached puberty. According to P5, when children are at that stage of puberty … and *don't want to share anything so we sit down, we must sit down with that grandparent and child and then talk to the parent or how the child shows his feelings …* (P5, 234-236). Another participant concurred that grandparents struggle with raising teenagers and need parental support to manage the family. According to P8 *… umm my role is umm I have to be there for the grandparents household because most of the times they face difficulties and challenges that they don't know how to resolve especially when they are raising teenagers* (P8, line 663-666).

4.2.2.2 Sub-theme 2.2: Enhancing relationships of grandparents and grandchildren

This sub-theme explores the role the participants played in building and supporting relationships of grandparents and the grandchildren they are responsible for. It was observed that some families may be dysfunctional and relationships with family members, especially of grandparents and children are strained. According to P2, the CCWs play the role of an advocate between the grandparents and the children to improve communication and the quality of the relationship. The participant stated this as follows: … *my role is uhm an advocate between the grandmother and the child because sometimes the children are not feeling free to communicate with the grandparents so we used to talk to the child and talk to the grandparents again so that we can come with the resolution.* (P2, line 163-168). It often happens that grandchildren are unwilling to communicate directly with the grandparent. However, after intervening, the CCWs would inquire from the grandparent after some time to check whether there was some progress. Another participant echoed this view by stating that one of their roles is to *be a mediator between that child and grandparent … or I'll come out and sit down with both of them, come to solution …* (P4, line 198-200). The participant further explained that they would talk to the children to understand their issues and then assist

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both the grandparent and the children to resolve any issues. The role of mediator was further elaborated by P6 who said that this was necessary … *because sometimes the grandchildren don't they don't know how to talk to grandparents about how they feel so we become a mediator between them* (P6, line 209-212). The participant went on to state, *Sometimes they think their grandparents are old fashioned they don't understand them. We try to show them that times are different, but they mean well however* (P6, line 217-219). Another participant suggested that … *sometimes the child is fearing that even if I have a problem my grandparents … I need this she will just shout at me* (P2, line 221-223). In all these cases the participants indicated that they provided support by listening to the concerns of both the grandparent and the children and served as a neutral adviser to ensure that the relationship was restored and strengthened.

4.2.2.3 Discussion of findings for Theme 2

The role of participants as CCWs has been shown to be critical in enhancing the resilience of grandparent-headed families Mtshweni (2018). The participants indicated that they provided support to grandparent-headed families through enhancing the relationship of grandparents and grandchildren. According to Becver (2013), children often get depressed and withdrawn, especially when they have witnessed the death of a parent. As a result, grandchildren may not be willing to talk or discuss their feelings with their grandparents. The participants indicated that they played the role of mediator and facilitated communication between grandparents and grandchildren. This is supported by the World Health Organisation (2017) that states that CCWs deal with such emotional issues and help the grandchildren to relate better to their grandparents.

4.2.3 Theme 3: Provision of psychosocial support for health and well-being

In dealing with grandparents, participants observed that grandparents required targeted support at various levels, including emotional and health support to enhance their individual well-being. While they fulfil the roles of guardians to their families, they are considered vulnerable members of society, hence the need for targeted support. This theme explores the interventions by participants, specifically to support grandparents to be healthy and emotionally ready to play their parental role. The sub-

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themes that emerged from the analysis *are Emotional support to cope with challenges; Facilitating support groups for peer sharing* and *Focus on staying healthy*. The inclusion and exclusion criteria for these sub-themes are described in Table 4.6 below.

Table 4.6: Inclusion and Exclusion criteria for Theme 4

Theme 3: Provision of psychosocial support for health and well-being		
Sub-theme	**Inclusion criteria**	**Exclusion criteria**
Sub-theme 3.1: Emotional support to cope with challenges	Any reference to emotional support targeted at grandparents	Any reference to emotional support to other target groups except grandparents
Sub-theme 3.2: Facilitating support groups for peer sharing	Any reference to support groups for grandparents	Any reference to support groups other than for grandparents.
Sub-theme 3.3: Focusing on staying healthy	Any mention of health interventions and practices for grandparents	Any mention of health interventions and practices for target groups other than grandparents

4.2.3.1   Sub-theme 3.1: Emotional support to cope with challenges

As discussed in the preceding sections, grandparents cope with a range of challenges in raising their grandchildren. At times they fail to cope emotionally and as such they need support to remain stable and available to raise their grandchildren. In some cases, the grandparents became guardians because their children passed on because of HIV-related causes and they left children who also contracted HIV and were on medication. This situation caused much emotional strain on the grandparents and participants stated that they would provide them with counselling to deal with that reality. *We do give them counselling remember some of our grandparents they take care of orphans that are on medication e.g. their daughters or sons they leave children …after their death it is when their grandparents it's when start to know that their daughter was on ARV's* (P1, line 269-274). P9 added that counselling is required *if there is someone in the family who passes away or is sick, maybe that is when we*

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take some intervention and try talk to the family and maybe provide offer some support (P9, line 761-764). However, although the counselling may include other family members through family therapy, grandparents often need special attention *because most of the time grandparents are the most vulnerable around the society … and sometimes they don't want you to talk per se, they just want you to listen to what they have got to say* (P8, line 767-771).

Grandparents often have to deal with the health, education and general wellbeing of the children in their care. These responsibilities weigh heavily on the emotional capacity of grandparents. To ameliorate their plight, CCWs refer grandparents to various institutions where they can get assistance. Access to such help through referrals enables them to cope emotionally with the challenges. For example, grandparents are referred to the Department of Home Affairs for birth certificates and identity documents; to SASSA for grants application, and to the Department of Education for school openings. According to P8, *you find out that the grandparent … was left with a child with no certificate we have to refer to home affairs to do the certificate, then also from home affairs they have to apply for child support grant, they are referred SASSA to apply for support grant* (P8, 675-680). The referrals ensure that the processes are expedited and that the grandparents receive timely assistance, thereby reducing the emotional burden they carry.

4.2.3.2 Sub-theme 3.2: Facilitating support groups for peer sharing

This sub-theme explores the role of participants in facilitating support groups for grandparents as a platform to share and learn from one another's experiences. For example, the participants explained that support groups help grandparents that have lost children through sharing their experiences. According to P12, through … *support groups sometimes grandparents share the same needs for example umm grandparents who are taking care of orphan children … grandparents whose children passed away and they are taking care of their children's children …* (P12, line 775-779). Grandparents have common needs and share challenges and as such, support groups to enable them to share ideas. As P12 states, *they will share ideas to say that I also have a grandchild who is at adolescence stage when she behaves like this I*

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handle him like this and the other parent will take advice from same person who is in the same situation as hers (P12, line 789-793).

4.2.3.3 Sub-theme 3.3: Focusing on staying healthy

The health of grandparents is very important for the sustenance of their families. The participants indicated that some of the orphans or grandchildren have only their grandparents for support, hence the need for grandparents to stay healthy. According to P3, *most of the times the grandmother is the pillar and if anything happens to them the kids we'll be left out without anyone and so we also make sure that she is healthy, she is well, mind wise and body wise …* (P3, line 290-293). The participant further explained that they do this by … *reminding them to take medication, maybe BP, asking them are you taking your medication properly, are you eating healthy* (P3, line 287-289). In addition, during home visits, participants remind the grandparents of their medical appointments at the clinic. According to P8, at times *we even have to go with them and some of them we have to go on behalf of them if it's possible because sometimes at the clinic they will be saying like she or he can send someone to fetch the pills for them* (P8, 831-835).

The issue of adherence to prescriptions and taking medication was also emphasised due to the fact that … *grandparents live with different chronic diseases, so we make them aware it's very important for them to adhere to their medication …* (P8, line 812-813). The participant said that they asked the grandparents if they had any prescribed medication that they needed to take and they monitored them to make sure they took their medication as prescribed. In some support groups the grandparents were also taught the importance of ensuring that their grandchildren who might be on ARVs took to their medication.

4.2.3.4   Discussion of findings for Theme 3

According to WHO (2017), CCWs are well positioned to provide counselling support to grandparents after facing traumatic challenges. Lund (2010) states that although the roles of CCWs may vary across organisations, emotional support remains a key aspect of the services they offer to grandparents. However, this service can be extended to grandchildren. This is in line with the revelations by participants that they

provided emotional support to grandparents to deal with the challenges of raising their grandchildren. Emotional stress is caused by a variety of sources, including lack of financial resources to support the grandchildren as well as having to take care of grandchildren that are also infected with HIV (Cummings & Galambos, 2016). The need for emotional support is thus heightened. Walsh and McGoldrick (2013) concur that emotional support helps individuals to deal with difficult challenges, including death. However, Gasa (2012) states that counselling and support for grandparents is limited even though the benefits are evident.

According to the participants, grandparents face health challenges with most of them on chronic medication. This is also stated by Gasa (2012) who points out that some of the challenges that grandparents face are health challenges due to old age and the stress of raising their grandchildren.

4.2.4 Theme 4: Perceptions of resilience, stressors and protective factors

This theme sought to establish how participants understood and interpreted the term *resilience*. Once their understanding of resilience had been established, it was possible to determine how they perceived their role and what action they took in assisting grandparent-headed families to be resilient. The theme explores the perceptions of participants regarding the factors that are stressful or add to the stress of grandparents in their parenting role. If identified, these stress factors can then be targeted and minimised to enable grandparents to be more resilient. The theme also explores the protective factors or resources in the family or community that serve as safety nets for the grandparents. It is important to identify these protective factors as they serve as a basis for the recommendations on enhancing the resilience of grandparent-headed families. The two sub-themes are therefore stress factors and protective factors and the inclusion and exclusion criteria are shown in Table 4.7 below.

Table 4.7: Inclusion and Exclusion Criteria for Theme 4

Theme 4: Perceptions of stressors and protective factors		
Sub-theme	Inclusion criteria	Exclusion criteria
Sub-theme 4.1: Understanding resilience	Any reference to what resilience means	References to what resilience means for other people
Sub-theme 4.2: Stress factors diminishing resilience	Reference to any stress factors for grandparents	Reference to any stress factors to family members other than grandparents
Sub-theme 4.3: Protective factors enhancing resilience	Reference to any protective factors for grandparents	Reference to any protective factors for individuals other than grandparents

4.2.4.1 Sub-theme 4.1: Understanding resilience

This sub-theme focused on establishing the understanding of resilience by the participants. Therefore, specific attention was paid to the definitions and meanings relating to the participants themselves. P1 stated that they understood resilience as … *ability to be able to stand up even though it's difficult even though you face difference challenges …* (P1, line 14-17). The participant elaborated that resilience is the planning of action to deal with the challenge that one may be facing. Another participant similarly described resilience as … *the ability to survive when faced with a problem or a challenging situation* (P3, line 23-26). In agreement that resilience is about coping with challenges P6 broadened the definition by stating that resilience is … *the ability to cope in different situations* (P6, line 38-39). Based on the foregoing descriptions, the predominant view is that resilience is about coping with or withstanding challenges. However, beyond focusing on resilience as having coping strategies to deal with difficult situations, P7 understood resilience as the ability to … *solve a problem when confronted with one* (P7, line 49-50). This respondent alluded to the notion that resilience is not so much about being able to withstand challenges and survive through them; it is also about being able to solve these problems.

4.2.4.2 Sub-theme 4.2: Stress factors diminishing resilience

This sub-theme explores the variety of factors that stress grandparents as they strive to provide parental guidance and raising their grandchildren. According to one participant, financial stress is a major issue among grandparent headed families (P11, line 1059). Grandparents rarely have enough money to provide adequately for all family needs. P12 stated that the children are also a source of stress for grandparents (P12, line 1062). The participant explained that … *children are stressing them you know, taking drugs and substance abuse* (P12, line 1065-1066). The grandparents are always *complaining about the behaviour of teenagers they can't cope with the behaviour of the children* (P2, line 435-437). The grandparents find that the grandchildren sometimes disrespect them when they try to talk to them or to discipline them. They find it stressful to communicate with teenagers, especially when they start having boyfriends (P5, line 456-459)

Another reason why children stress grandparents is the constant *fighting and conflict amongst each other* (P8, line 1076-1081). Grandparents always lament that they wish the grandchildren could get along. Children often quarrel with grandparents about money. According to P12 … *sometimes the child tells the grandparents that you are earning my money every month* (P12, 1101-1102). Thus, every month when they go to collect the SASSA grant, grandparents have to brace themselves for a quarrel with the grandchildren. Sometimes the grandchildren steal money from the grandparents, and this adds to their stress as they are then unable to provide for all the family needs. In addition, grandparents become targets of criminals due to their vulnerability. As stated by P1, … *after receiving child support grant, pension grant … you find out that they attack that family because they know there's no one that can take care of them* (P1, 445-447).

Other factors that stress grandparents as stated by the participants include the following:
- *Teenage pregnancy* (P11, line 1070)
- *Unemployment* (P10, 1072)
- *Grandchildren bunking schools* (P12, 1073)

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Old age is a stress factor for grandparents. They often struggle to get to the clinic or to commute to collect food parcels as a result of ill health. According to P11, … *when it's time for the grandparent to go and fetch the food parcel or her medication at the clinic and may sometimes she's complaining about uhhh her feet is in pain and she has to go there and fetch her medication so that's why they stress because it's a must they must go there to fetch medication* (P11, line 1089-1095).

4.2.4.3 Sub-theme 4.3: Protective factors enhancing resilience

This sub-theme explores the resources available to grandparent-headed families to cope with challenges. According to one participant, CCWs are a source of support for grandparents as they share information with them and share ideas to deal with the challenges they face on a daily basis (P11, line 962-966). The participants also share information that helps grandparents to access foster grants for relevant institutions (P1, line 363-364). The very act of conducting home visits makes the participants a resource that grandparents can rely on to get through difficult challenges. As stated by P11, *sometimes they go to seek the help of social workers* (P11, line 1030-1032). Furthermore, the participants underscored the fact that their interventions enabled families to communicate well with one another and have better relationships. According to P1, these families *… are now able to communicate with each other and they are able to understand one another uh since we are part of their family because before they were fighting no communication nothing, but since we are there to support them, they are able to communicate, they are able to share their problems and they are able to solve them …* (P1, line 365-371).

Family is viewed as a key resource for enabling resilience. The participants stated that when family members are there for and support one another they tend to be able to withstand any challenges they may face. They also make sure that they reinforce the importance of family when they talk to family members (P8, line 973-978). This was outlined by P11 by stating what they *… provide is relationship building yah whereby we as caregivers ummm we also sit down with the families uhhh we show and talk to them about the importance of being a family especially the children … so we make them understand the importance of family so that when they are in this together the children can also cope with the situation and trust uhhh the elders* (P11, line 982-988). The

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participants therefore encourage families to rely on and trust one another. As a family *… they talk… they share how they feel about each other, about the situation that they are experiencing at the moment. And they also share food, they support each other, yaah they believe that sharing is caring, they care for each by sharing other ideas, problems, material and food* (P12, line 996-1002).

The participants emphasised that being together as a family and having trust in one another strengthen their ability to cope with challenges. Therefore, even when they face potentially devastating challenges, they can pull through. Relatives are also a resource as they provide for the children. *There are those relatives who are bonding or who are taking care of each other like maybe brothers or uncles who are working and then the aunts who are working they work hand in hand with the grandparents and it becomes easier for grandparent to raise those children* (P2, 352-357).

Families also rely on their faith in God to cope with challenges. Therefore, the church plays an important role as they *provide spiritual support* (P1, line 406-407). According to P8, when the participants go on home visits…*you find they are coping and you will be expecting that they will be broken but no, they say we are praying. They will tell you, God is good all the time, God will be there all the time, they have faith in God as a whole family, yes that is one of their coping mechanisms* (P8, line 1004-1012). Spirituality and belief systems are critical in enhancing the resilience of these families.

Neighbours were also mentioned as resources grandparent-headed families can rely on, especially in times of difficulty. Teachers were mentioned by P12 as resources for support: *Neighbours, at school the teachers of the children some of them give their family support* (P12, line 1028-1029). Beyond the neighbours, the entire community was also considered as a source of support. According to P9, the support from the community consists mainly of food (P9, line 1036). The community also assists when *there's a funeral in that family the community helps and support each other* (P12, line 1039-1040).

4.2.4.4 Discussion of findings for Theme 4

There is an understanding that challenges are a part of life and resilience is the ability to endure these challenges. This is supported by Ungar (2010) who states that resilience is the ability to overcome adversity. The participants viewed resilience as the ability to weather challenges and survive difficult situations. This is in line with Walsh (2002) who states that resilience includes not only the ability to withstand adversity but also to bounce back. The participants considered the ability to solve problems as part of being resilient. This suggests that resilience goes beyond dealing with adversity to finding solutions to ameliorate challenges. According to Schneider (2001), having this type of proactive mind-set constitutes resilience. Walsh (1996; 2002; 2003) believes resilience can be defined as bouncing back from traumatic events. This includes the ability of individuals or families to access and utilise available resources and opportunities to help them recover and move forward with their lives.

According to Walsh (2015), when families endure stress factor over a prolonged period of time they risk breaking down and being dysfunctional. Stress factors can strain and weaken relationships of family members. One of the major stress factors mentioned by participants is lack of adequate financial resources. According to Plaatjies (2013) due to financial constraints families are stressed by the inability to pay school fees, buy food and uniforms, as well as cover medical costs. This is because these grandparents rely on social grants for their survival.

As stated by Walsh (2016), the response to crises by families is crucial in determining resilience. According to a framework by Walsh (2016), family belief systems can be a protective resource they can rely on to bounce back from adversity. The participants underscored the importance of family relationships in enabling communication among family members that is key in times of trouble. This process of meaning making is supported by Walsh (2016) who shows that families that are connected in this manner tend to be more resilient as they demonstrate a hope for the future.

According to Walsh (2015) families also rely on protective resources aggregated as organisational processes. These include visitation by CCWs. The CCWs act as a key community resource that grandparent-headed families can rely on in times of difficulty

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(Walsh, 2003). Through home visits CCWs can provide customised assistance to families in response to their needs at any one time (Mampane, 2010). As presented in the findings, CCWs can provide psychosocial and material support to the families and help to strengthen family relationships. According to Walsh and McGoldrick (2013), these home visits significantly lower stress levels of families as they receive targeted support. This support may include referrals to other specific services the family may require (Thurman, Luckett, Taylor & Carnay, 2016).

According to Walsh (2015), other protective resources include kin, social and economic resources. In the study, relatives in the extended family structure created bonds and came to the rescue of the family in times of trouble. This is a very reliable protective resource as family tends to have deeply rooted ties and responsibilities for one another. Families also feel connected, have a sense of belonging to the community and therefore look up to it as a protective resource (Walsh, 2015). In the study, the participants indicated that neighbours and the community provided them with food in times of need. They stated that community members provided support during funerals and as such reduced the stress on families. The support groups provided a sanctuary for grandparents to share their experiences and find comfort in the stories of others and in their encouragement (WHO, 2017).

4.3 CONCLUSION

This chapter presented the four major themes and sub-themes derived from the thematic analysis. The themes have been discussed with verbatim quotations from participants to support any assertions made. Each theme was further discussed with reference to the literature presented in Chapter 2.

The following chapter provides a discussion to demonstrate the extent to which the research questions have been addressed. It also presents the conclusions and makes recommendations for future research.

5. CHAPTER 5: CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The purpose of this study is to investigate the role Community Care Workers (CCWs) play in supporting the resilience of grandparent-headed families. The data collected for the study was analysed through inductive thematic analysis and the emerging themes and sub-themes are presented and discussed in Chapter 4.

This chapter summarises and concludes the study. The chapter commences with a summary of the preceding chapters before proceeding to respond to the primary and secondary research questions guiding the study. It also reflects on the study assumptions and the theoretical framework upon which the study is based. The limitations of the study are then highlighted. The chapter concludes with possible contributions of the study and recommendations emanating from the study.

5.1.1 Summary of Chapters 1 to 4

The first four chapters on which this concluding chapter is based are summarised as follows:

Chapter 1 introduces the study and provides the background context, including stating the problem statement that forms the rationale for the study. The chapter states the purpose of the study and presents the primary and secondary research questions.

Chapter 2 provides a synthesis of literature on resilience amid challenges, such as poverty and HIV-prevalence; family structure and its relation to the ability of families to cope with adversity, including the vulnerability of grandparent-parent headed families, and the evolution of the role of caregivers in general, and CCWs in particular.

Chapter 3 discusses the methodological processes and procedures adopted in gathering data for this study. These include the description of the participants and how they were sampled for participation in the study.

Chapter 4 presents and discusses the results of the study. It includes specifying the themes and sub-themes that emerged from the inductive thematic analysis adopted for the study.

Chapter 5 proceeds to conclude the study and provides recommendations based on the discussion of the research questions in relation to the study results and juxtaposes these with available literature on resilience and the role of CCWs in assisting grandparent-headed families to cope with life's challenges.

5.2   RESPONDING TO RESEARCH QUESTIONS

This section addresses the primary and secondary research questions that guided this study. The section demonstrates the extent to which the research questions have been answered based on the results presented in Chapter 4 and the literature review synthesised in Chapter 2.

5.2.1 Primary Research Question

- **What are the roles of CCWs in supporting the resilience of grandparent-headed families?**

The primary research question is answered broadly in Themes 2, 3 and 4. The sub-themes are specified and discussed in relation to the roles of the CCWs identified. The study findings indicate that the major role of CCWs is being caregivers. This is discussed under Sub-theme 3.1: *Emotional support to cope with challenges.* Grandparent-headed families face challenging situations in their daily lives and they need support to get through these challenges and build their resilience. The CCWs offer emotional support to help them cope with challenges and build resilience by working through their challenges with the help of the CCWs. This support helps them to generate mental resilience to look at challenges with a calm demeanor and awareness that they can overcome. Counselling support provided by the CCWs helps them to have a positive outlook on life, thus enabling them to build the resolve to overcome adversity. As caregivers, the CCWs also provide these families with home-based care services and treatment support for HIV and TB patients and other individuals with chronic or debilitating conditions (Daniels, Clarke & Ringsberg, 2012).

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In the study, as care givers the CCWs' roles include providing nutritional support to grandparent-headed families. In the literature it is evident that the caregivers play a significant role in families, especially those that are vulnerable by providing palliative care, treatment support and health promotion in general (Daniels et al., 2012; Freeman, & Nkomo, 2006).

From the findings it can be extrapolated that one of the roles played by CCWs is to assess the challenges being faced by grandparent-headed families and determine the appropriate support on a case-by-case basis. This is discussed under Sub-theme 4.2: *Stress factors diminishing resilience*, and Sub-theme 4.3: *Protective factors enhancing resilience*. Under Sub-theme 4.2 CCWs demonstrate their awareness of the challenges that grandparents face. These include lack of adequate financial resources to support their families, communication and parenting challenges, and challenges associated with old age. The protective factors available to the families are discussed in Sub-theme 4.3. In the emotional challenges the CCWS play the role of counsellors. Counselling services are offered during home visits, which create a favorable environment for grandparents to open up on their challenges and receive the necessary support.

The study findings indicate that one of the forms of support provided by CCWs is mediation to improve family relationships. This support is provided to improve communication within families. In this regard, the role of CCWs is to facilitate communication and dialogue between family members, typically between grandparents and grandchildren. The CCWs thus help to position communication as a tool that families can use to express their feelings regarding the challenges they are going through and to reach out to one another for support as well as solving family conflicts. According to the findings, grandchildren sometimes withdraw, and grandparents do not know how to reach out to them. This is supported in the literature by Becver (2013) who states that grandchildren may be withdrawn or depressed, especially after having endured the pain of seeing a sick parent or death in the family. As a result, to get them to communicate and express their emotions becomes one of the roles of the CCWs.

Overall, the role of the CCWs is to ensure that all the support they provide to grandparent-headed families answers to their needs and that the resilience of these families is enhanced. In some cases, CCWs may enhance resilience by assisting families to access financial support through SASSA. Through referrals families have access to foster grants that assist in building their resilience and enabling them to meet their financial needs. This is important, given the limited resources that CCWs and CBOs have to deliver services to grandparent-headed families. This role also involves making grandparent-headed families aware of available resources that they can access to enhance their resilience (Thurman, Luckett, Taylor & Carnay, 2016). This is in line with the findings in literature that suggest that when families are aware of where to access support, it helps them to weather adversity, knowing there is always a safety net (Ebersohn, 2007; Mampane, 2010).

5.2.2 Secondary Research Question 1

- **Which forms of support provided by CCWs can improve the resilience of grandparent-headed families?**

This secondary research question is broadly addressed under Theme 2 and Theme 3. The sub-themes that directly respond to this secondary research question are discussed below. The study findings show that CCWs play a significant role in supporting grandparent-headed families. These families have been shown to reside in poverty-stricken communities with challenges that threaten to diminish their resilience. The major form of support that CCWs provide to grandparent-headed families that can improve their resilience is psychosocial support. Sub-theme 3.1, *Emotional support to cope with challenges* responds directly to the secondary research question above. Grandparents were shown to be under enormous stress having to deal with the pain and grief of the passing of their children and then taking on the financial responsibility for the grandchildren. In some cases, grandparents have had to contend with looking after grandchildren who have HIV, whose status they only discovered after the passing of their children. The grandparents' families struggle emotionally with challenges including financial stress, an inability to deal with teenage grandchildren and other daily challenges. Therefore, while they struggle to cope with their new responsibilities, these grandparents require emotional support. The CCWs stated that they provide

emotional support to grandparent-headed families to help them to cope with difficult situations. The WHO (2017) supports the notion that CCWs, by virtue of their proximity to grandparent-headed households, are in a suitable position to provide psychosocial support. Emotional support provided through counselling helps the grandparents to cope with these challenges (Lund, 2010) and even find their own solutions. The literature supports the notion that emotional support through counselling helps individuals to deal with traumatic situations and to develop healthy coping mechanisms that enhance their resilience (Walsh & McGoldrick, 2013; Gasa, 2012). Thus, the findings of this study are in alignment with mainstream literature that suggests that psychosocial support provided by CCWs to vulnerable families, including grandparent families, is essential for alleviating emotional pressure and building the resilience of these families.

The study findings reveal that CCWs also play the role of a mediator focused on building family relationships. The researcher could not find literature to support this finding. These findings are discussed under Sub-theme 2.2, *Enhancing relationships between grandparents and grandchildren*. Grandparents often find themselves in conflict with their grandchildren and they fail shoulder the challenges by themselves. The generation gap influences the compatibility of communication between the grandparents and the grandchildren. Sometimes grandparents fail to understand the context within which the grandchildren are living and may feel disrespected. Grandchildren may also regard their grandparents as old-fashioned and do not feel understood when they attempt to communicate. As a result, communication breakdown ensues and the grandchildren tend to withdraw. The CCWs intervene and provide support through assisting the family to build a healthy relationship based on open communication. The CCWs are aware of these challenges and are often adequately prepared to assist the families. For example, CCWs exercise patience, especially with teenagers or vulnerable children who have suffered traumatic experiences and are able to get them talking again with their grandparents (Becver, 2013). The CCWs can also strengthen these relationships, thereby enhancing the resilience of grandparent-headed families (Mtshweni, 2018).

The CCWs provide parental support to the grandparent-headed families. This finding was discussed under Sub-theme 2.1, *Parental support for a functional family*. Grandparents require support to perform parental roles such as performing chores,

assisting children with schoolwork and running errands. This finding could not be supported by available literature as it is unique for this study. They are often unable to assist children with homework as most of them may be illiterate. The CCWs assist with these roles as far as their work and circumstances permit. The CCWs also assist families through referrals to access foster grants, medical services and school placement for their grandchildren. Essentially, the CCWs play a co-parenting role to ensure that the families continue to function, even under difficult conditions. This intervention gives grandparents the opportunity to maintain household responsibilities as well as develop strategies to cope on their own, thereby building their resilience to deal with recurring challenges. As discussed above, grandparents may be confronted with the challenge of dealing with teenage grandchildren. Due to old age, they may often not have the resilience and experience to deal with teenagers in a world different from when they grew up (Fruhauf & Hayslip, 2013). The CCWs intervene and provide the necessary support by talking to the grandchildren as well as the grandparents to ensure sustainability going forward (Lund, 2010). Playing the co-parenting role is inevitable for CCWs and this finding resonates with the findings in the literature (Fruhauf & Hayslip, 2013).

5.2.3 Secondary Research Question 2

- How can CCWs' perceptions of protective factors and stressors experienced by grandparent-headed families be described?

As presented in Chapter 4, the CCWs expressed the perceptions of stress factors experienced by grandparent-headed families. This was discussed under Sub-theme 4.2, *Stress factors diminishing resilience.*

The study shows that socio-economic challenges place a significant amount of stress on grandparents and their households. The lack of adequate financial resources to provide for the daily sustenance of the family was stated as a major stress factor among grandparent-headed families. The grandparents mostly rely on their pensions and foster grants, which are meagre in view of the family requirements. The major expenditure items are food, school fees and uniforms as well as medical costs. With no possibilities to increase their income, it is not easy for grandparents to provide adequately for their families. This is in line with the literature review findings that state

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that grandparent-headed families struggle to have enough food, pay for school uniforms and fees for the grandchildren (Plaatjies, 2013).

Another stress factor is the antagonistic relations that often exist between grandparents and grandchildren. The generation gap exerts more pressure on the already difficult parenting role grandparents have to fulfil. The CCWs reported that the relationships between grandparents and grandchildren are often stressed due to unmet demands of the grandchildren. In some cases, the grandchildren were reported to steal money from their grandparents. The CCWs also stated that grandparents are stressed by grandchildren as they engage in alcohol and drug abuse. This is perhaps the reason why they steal from the grandparents, to fund these addictions. Literature corroborates this finding as it shows that there are high levels of drug abuse in Mamelodi, especially among the youth (Landau & Misago, 2016).

The other stress factors underscored are teenage pregnancy and school absenteeism with grandchildren eventually dropping out. These stress factors put additional pressure on the grandparents that are already struggling with their parenting responsibilities. Most of these youths are driven by poverty and explore all sorts of survival strategies, some of which bring them more suffering. However, teenage pregnancies and dropping out of school serve to deepen the poverty and subsequent breakdown of the family structure (Banovcinova, Levicka & Veres, 2014).

The other stress factor among grandparent-headed families is the age of the grandparents. As a result of old age, some of the grandparents are on chronic medication and many are susceptible to illnesses. Poor health stresses them as they are often unable to perform routine chores in and around the house or to run errands. Thus, old age affects the health and well-being of grandparents and exacerbates the burden of parenting that the grandparents already endure. Furthermore, they struggle to walk long distances to collect their chronic medication at the clinic or to collect food parcels donated for their sustenance. The cumulative effects of these stress factors are usually emotional physical and financial (Mudavanhu, Segalo & Fourie, 2008).

Literature shows that the social and economic context in Mamelodi is rife with high levels of poverty, unemployment, violence and crime. It was stated that Mamelodi is

one of the poorest townships in South Africa (Mampane & Bouwer, 2011; Motseke, 2010). This context adds to the stress factors for grandparent-headed families, most of whom are already vulnerable. Furthermore, grandparents are often unprepared for the parental role that they are required to play. This is corroborated by Cox (2007) who posits that grandparents often become parents as a result of a crisis in the family. They may be overwhelmed by the new responsibilities, especially the need to support their grandchildren, buying food and paying school fees. These circumstances may be stressful and thus may negatively affect their health and well-being (Walsh, 2015; Hayslip & Kaminiski, 2005).

The CCWs mentioned the protective factors that grandparent-headed families rely on to cope with adversity. These were discussed under Sub-theme 4.3, *Protective factors enhancing resilience.* The family was identified as the major protective factor for grandparent-headed families. Families rely on one another for emotional support and the provision of resources, especially in emergencies. The study findings indicate that family relationships are crucial in strengthening the resilience of families. Through emotional and other support, families build strategies to work through their challenges in the knowledge that they are stronger together as a family. Furthermore, family beliefs also help strengthen their resolve to overcome difficult challenges. The study findings indicate the belief in God and the tendency to pray together strengthens family relationships and also provide hope for a better future through divine intervention. These findings are confirmed in the literature. According to Walsh (2015), families tend to pull together in times of crisis to shield one another from problems and support one another to recover from crises. Walsh (2015) further demonstrates that the belief systems that families subscribe to are a critical protective resource.

Outside the home, other protective factors include neighbours and the community. The CCWs revealed that grandparent-headed families receive substantial support from neighbours and the community in general, especially when there is sickness or a death in the family. The community is a strong social safety net and thus provides a strong sense of belonging for grandparent-headed families (Walsh, 2015). The CCWs were also indicated to be a significant protective factor. Their consistent home visitation gave the grandparent-headed a sense of trust in the CCWs as they can rely on them to come and assist them (Walsh & McGoldrick, 2013). Furthermore, the CCWs are

said to respond to the specific needs of these families, thereby creating a strong bond with the families (Mampane, 2010. Where the CCWs are unable to assist, they provide referrals leading to these families receiving the assistance they need (Thurman et al., 2016).

Finally, support groups were mentioned as a protective factor for grandparent-headed families. The role of support groups has been stated as being effective in providing a platform for grandparents to share experiences and exchange ideas on how to deal with the challenges at home. According to WHO (2017), CCWs facilitate support groups that enable sharing personal feelings as well as coping strategies to deal with adversity. The participants indicated that the grandparents share common experiences and can be relieved by the realisation that they are not alone. This is supported by WHO (2017) that emphasises that support groups are an effective system that brings together people with similar challenges or experiences. This creates a support system for communities to overcome shared challenges.

5.3 REFLECTIONS ON THEORETICAL FRAMEWORK

The Family Resilience Framework by Walsh (2016) was utilised as the theoretical foundation for this study. This framework focuses on how a family functions as a unit that serves as a protective factor in times of adversity and enables it to bounce back stronger. Walsh's Family Resilience Framework (2016b) combines nine protective processes that are organised into three domains that are important in supporting family resilience, i.e., family belief systems, organisation patterns and communication.

The study findings demonstrate that the Family Resilient Framework was appropriate for the study and was useful in organising and analysing the results. The findings fit into the three major domains of the framework. These findings show that the belief systems of grandparent-headed families are important in helping them to be resilient. Their belief in God and the practice of praying as a family were indicated to help families to be a close-knit unit and rely on one another. With respect to organisational processes, the findings indicate that grandparent-headed families feel connected and can rely on the extended family for support. With respect to communication processes, the results from the study show that the ability to communicate is a significant factor

in building resilience. This includes having access to peer sharing through support groups and emotional support from CCWs.

Overall, the themes generally conform to the Family Resilient Framework as articulated by Walsh (2016). Specifically, Sub-theme 4.1, *Understanding of resilience* shows that the understanding of resilience as articulated by the CCWs is in line with how it is conceptualised in the framework. It can be concluded that the Family Resilient Framework was relevant and appropriate for the study.

5.4   ADDRESSING THE ASSUMPTIONS OF THE STUDY

The study is premised on four key assumptions. This section evaluates the extent to which these assumptions are confirmed by the study findings. The four assumptions are presented and evaluated in turn.

- **Assumption 1**: South African grandparent-headed families are expected to be confronted with difficult circumstances that are likely to impact family functioning negatively. Violence, HIV /AIDS and poverty, among other challenges, affect the functioning and well-being of families in South Africa. With material, physical and psychosocial support, households can fulfil the basic tasks of providing for children and should positively instill life fulfilment (De Lannoy, Swartz, Lake & Smith, 2015).

The study findings are in alignment with this assumption. The geographic location in which these grandparent-headed families are resident are afflicted with high levels of poverty, unemployment and violence. Inevitably, lack of adequate financial resources to sustain the family is expressed in the study. Although grandparents earn their pensions, the money is still inadequate and, as such, the referrals for the processing of foster grants helps them ameliorate their financial stress. The support from CCWs gives them hope to deal with challenging circumstances as they rely on their assistance through home visits.

- **Assumption 2**: Families challenged by difficult circumstances may be able to adapt and thrive with the necessary support. Support systems offered by CCWs

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and appreciation by families to receive support may assist families to bounce back to their usual well-being. Research indicates that the resilience of families can be achieved by the way one thinks and views challenges and adversities (Schneider, 2001).

The study findings show that even though grandparent-headed families are confronted with challenges, they find ways of coping, including getting assistance from members of the extended family as well as the community. The findings are aligned with the assumption that the manner in which individuals think also influences how they cope with adversity. For instance, the findings show that how grandparent-headed families view the family and family relationships is critical for their survival. Furthermore, the study demonstrates that the beliefs of the grandparents influence how they respond to adversity. In this study, the CCWs indicated that some grandparents viewed their belief in God and prayer practice as an important aspect of their survival and coping mechanism.

- **Assumption 3:** Grandparent-headed families deal and cope differently with adversity in certain circumstances. Services and interventions provided by support systems may assist families to cope successfully.

Although grandparent-headed families are confronted with more or less similar challenges, they tend to adopt different coping strategies. This response is influenced by the composition of the family, including the nature of the relationships. Therefore, according to the findings where family relationships are positive and supportive, grandparent-headed families tend to rely on family for support during difficult times, whereas other families may rely more on the community or neighbours for support. The support that CCWs provide, especially in facilitating the strengthening of family relations has a positive impact on the ability of families to cope with adversity.

- **Assumption 4:** Grandparent-headed families may require support that differs from other families.

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The study findings show that in general grandparent-headed families face multiple challenges. However, different families may be confronted with different challenges. For example, the CCWs indicated that some grandparent-headed families struggle with raising teenagers and need help with grandchildren whom they discover are HIV positive after the death of their parents. In other cases, the grandparents themselves are ill and are unable to perform household chores, go to the shops or to the clinic to collect their medication for chronic ailments. Therefore, the study demonstrates that with such a range of challenges among grandparent-headed families, the support they need varies and has to be customised to comply with to their specific challenges.

5.5   LIMITATIONS OF THE STUDY

While the nature of the study required a qualitative approach, the reliance on this method limited the scope for the generalisation of the results. The results can only be interpreted within the specific study context. This is despite the fact that there might be similarities in other contexts.

Reliance on a qualitative approach allows for subjectivity by the participants as they describe experiences in their own contexts. However, there is the possibility that the researcher could also have exercised subjectivity in conducting the interviews, analysing and interpreting the data. In view of this imminent challenge, the researcher consulted with the supervisor throughout the process as a way of ensuring objectivity. Researcher bias was therefore likely to have been significantly minimised.

Although the focus of the study is on the role of CCWs in supporting the resilience of grandparent-headed families, this study could have benefited from hearing from a focus group discussion with grandparents. Although the CCWs articulated the challenges faced by grandparents and how they cope, it is likely that the expression of the experiences of grandparents would have enriched the study.

5.6   POSSIBLE CONTRIBUTIONS OF THE STUDY

This study can strengthen the services provided by the CCWs participating in this study. The findings of this study can directly influence the range of services they offer and manner in which these services are provided for greater positive effect. This can

lead to the improvement in the support services provided to grandparent-headed households and ultimately improve their welfare.

Given the paucity of studies on the resilience of grandparent-headed families in South Africa, this study contributes to the body of knowledge in this field. In addition, the study serves as a foundation or comparative case study for similar studies that may be conducted in other townships in the country.

The highlighting of the social and economic challenges in Mamelodi brings to the fore the need for decisive and consistent government intervention in addressing these societal ills. The study provides proof of the inequalities evident in townships. It may, therefore, serve as additional evidence and demand for government to improve service delivery, and provide economic support, especially to vulnerable families, including grandparent-headed families.

5.7 RECOMMENDATIONS

5.7.1 Recommendations for future research

Generally, there is limited literature on the resilience of vulnerable families faced with social and economic challenges. Future research on grandparent-headed families may include a comparative study showing how families in different geographic contexts − rural, township and informal or peri-urban communities become resilient. It is anticipated that the social and economic dynamics in these contexts are likely to influence coping mechanisms. In turn, this will influence the range and nature of support services that grandparent-headed families in these contexts need to be resilient.

The reference to grandparent-headed families assumes homogeneity in the structure of these families. However, there is a strong likelihood of marked differences in the coping mechanisms of families where the surviving grandparent is female or male. Grandmothers may be more adept at taking the role of caring for young children than grandfathers. Therefore, future research on grandparents can focus on the gender dynamics of the grandparent and how it influences family's resilience in times of adversity.

Future research should explore how CCWs cope with the experiences that they go through in assisting grandparent-headed families to be resilient. Apart from examining the resources that CCWs require to discharge their duties effectively, it may be necessary to explore how they cope, what risks there are in the environment they work in and what support services they need to remain emotionally available to assist vulnerable families; future research should ask the question, "Who takes care of the caregiver?"

5.7.2 Recommendations for training and practice

With regard to training and practice, educational psychologists should be taught how to apply the universally accepted models in various contexts. This should include exposure during training to a range of contexts to challenge student psychologists to apply their knowledge and reflect on emerging insights. Furthermore, given the evolving social dynamics in families and communities, student psychologists should be trained not only to acquire knowledge but also to challenge current models to develop more context-appropriate and effective ways of responding to the needs of vulnerable families, including grandparent-headed families.

5.8   CONCLUSION

The aim of this study was to investigate the role CCWs play in supporting grandparent-headed family's resilience. The study adopted a qualitative methodology and data was collected through focus group discussions from a sample of 12 CCWs divided into two groups. The focus group discussions were audio-recorded, transcribed and the data analysed through inductive thematic analysis. The emerging themes and sub-themes provided insights into the roles of CCWs and the forms of support they provide to grandparent-headed families. The study also sheds light on the protective and risk factors that grandparent-headed families experience.

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7. LIST OF APPENDICES

Appendix A: Focus Group Guide

Appendix B: Informed Consent Form (Template)

Appendix C: Biographical Questionnaire

Appendix D: Transcribed Focus Group 1 discussion

Appendix E: Transcribed Focus Group 2 discussion

Appendix F: Final inclusion and exclusion criteria

APPENDIX A

Focus Group Discussion Guide

Title: The role of Community Care Workers in supporting the resilience of grandparent-headed families

A. *What is the role of Community Care Workers in supporting the resilience of grandparent-headed families?*

- What is your understanding of resilience or what makes a family to be okay when experiencing difficulties?
- Please describe your understanding of what comprises a grandparent-headed family.
- What do you think are the major needs of grandparent headed families?
- What is your role as a Community Caregiver in supporting grandparent-headed families?
    - o Children in these families
    - o Grandparents themselves
    - o Grandparent-headed family as a whole

B. *Which forms of support provided by Community Care Workers can improve the resilience of grandparent-headed families?*

- What kind of support are you providing to improve grandparent-headed families coping mechanisms in difficult circumstances?
- In your opinion, how effective are these services/the support in improving the resilience of grandparent-headed families?

C. *How can Community Care Workers' perceptions of protective factors and stressors experienced by grandparent-headed families be described?*
    - In your opinion, what resources are available for grandparent-headed families that make them cope with difficult situations?
        - o What are the things in their families that help them cope?
        - o What are the things outside their families that help them cope?
        - o What makes their families strong and okay?

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- How do they cope with the difficult circumstances/situations as the family?

D. *What are the stressors experienced by grandparent-headed families?*

- What do you think are the challenges/difficulties grandparent-headed families face?

- What are some of the experiences that these families face when they are not okay?

- When experiencing difficult times, what do you think do grandparent headed-families do as a family to deal with the challenges?

E. *What are your recommendations for Community Care Workers to improve their support to the resilience of grandparent-headed families?*

APPENDIX B

Informed Consent Form

Faculty of Education

Department of Educational Psychology

Letter of Informed Consent

Request for your participation in a research project

To be read and explained to participants

The role of Community Care Workers in supporting the resilience of grandparent-headed families.

Dear Community Care Worker / Participant

My name is Lynnette Murimba and I am a master's student at the University of Pretoria. My research is part of a larger body of research by Prof. Ruth Mampane, and it aims at understanding the role of Community Care Workers in supporting grandparent-headed families' resilience.

You have been identified as possible participant in the research because you are a Community Care Worker who works with grandparent-headed families that are experiencing different challenges and stressors due to but not limited to loss of beloved family members, ill family members and economic hardships. Therefore, you are invited to take part in a focus group discussion. A focus group discussion involves asking you several questions on your experiences in working with grandparent-headed families. There is no wrong or right answer and it will take about 45 minutes. The discussion will be conducted in English; however, an interpreter will be available to make sure that all questions are understood and for you to feel comfortable to speak in your own language.

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As a researcher, I am required to follow ethical guidelines and to respect your rights. Participation will be voluntary and if you feel that you want to pull out at any given time from participating in the focus group, you have the right to do so without repercussions. Your name will remain confidential; that is, I will not attach names to your responses during discussions. The focus group discussion will be audio-recorded and I will be writing notes to help me with the research. A follow-up meeting will be held so that you can listen to the recording and read notes written to make sure that what I have written is a true reflection of what has been discussed. If you feel psychologically vulnerable during focus group discussions or a member checking session, I will refer you to a professional for counselling and debriefing.

Once the study has been completed, a summary of the results will be emailed to you on request.

Please feel free to ask me or my supervisor, Prof. Mampane about any concerns or questions that you may have regarding this study.

If you are interested in participating, please provide consent and sign below.

....

Lynnette Murimba   Prof. Ruth Mampane

Researcher   Supervisor

0837769630   012 4201339

Lmurimba1@gmail.com   ruth.mampane@up.ac.za

Declaration and signature

Consent

I………………………………………………….. have read and understood what the study is about and hereby agree to participate in the study.

Signature of the Participant   Date

……………………………………   …………………………………….

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APPENDIX C

Questionnaire on the demographic information of the participants (Community Care Workers)

Participant Name	P1

Gender

Male		Female	

Age Distribution

25-30yrs		31-35yrs	36-40yrs		41-45yrs	46-50yrs		55-60		61-65yrs	

Highest Qualification

Number of grandparents headed families in your care

Number of years employed at the Drop at the centre as a Community Care Worker

Name of Centre/ Satellite working at

APENDIX D

Transcribed Focus Group 1 discussion (Extract)

1 **FOCUS GROUP DISCUSSION Group 1**	**Focus group discussion group 1**
2 Researcher: *"Alright let's get started ...uhm first of all lets us*	
3 *talk about what is your understanding eh of resilience the*	**Q1: What is your**
4 *word resilience or what makes a family to be okay when*	**understanding of resilience**
5 *facing or experiencing difficulties so that is the first question*	
6 *and what is your understanding because we are talking*	• Ability
7 *about your role as a community care worker in supporting*	Ability to stand during difficult
8 *grandparent-headed families resilience so what is your*	situations
9 *understanding . There is no right or wrong answer here,*	Ability to solve problem
10 *what is your understanding of the word resilience or what*	
11 *does that mean when talking about what makes families*	
12 *grand parent families to be okay when they are experiencing*	• Coping strategies
13 *difficulties.....yes"*	Coping with challenges
14 P1: *"According to my understanding resilience is ability to be*	Coping with problems
15 *able to stand up even though it's difficult even though you*	Solving problems
16 *face difference challenge but you are able to stand up to say*	Coping with different situations
17 *I'm going to achieve this and this and this".*	
18 Researcher: *"Hmm thank you that is your understanding.*	Reaction to problems
19 *What is your understanding"?*	
20 P2: *"So resilience is coping strategies of parents towards the*	
21 *grandparents towards grandchildren".*	
22 Researcher: *"So coping mechanisms thank you very much".*	
23 P3: *"Well my understanding of resilience uhm I think it it is*	
24 *the abilities for certain situation or to be able to uhm survive*	
25 *in a certain ....maybe problem they have or challenge they*	
26 *have the ability to do that is resilience".*	
27 Researcher: *"Uhm thank you thank you".*	
28 P4:*"According to my understanding the meaning of*	
29 *resilience is to understand the family and knowing how they*	
30 *are coping with the grandchildren".*	
31 Researcher: *"Thank you so understanding and knowing how*	
32 *to cope with your children. Thank you very much".*	
33 P5: *"According to my understanding eh coping between the*	
34 *family how they cope and how they react when they have*	
35 *problems".*	
36 Researcher: *"Uhm uhm coping and how they react. Thank*	
37 *you very much...yes?"*	
38 P6: *"According to my understanding resilience is the ability*	
39 *to cope in different situations"*	
40 Researcher: *"Uhm so ability to cope in different*	
41 *situations...yes!"*	
42 P7: *(Unclear I could not hear what she was saying due to*	
43 *language barrier)*	
44 Researcher: *"Sorry?"*	
45 P7: *"I say I'm going to.... (unclear)*	
46 Researcher: *"Please feel free to speak in your language"*	

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47 P7: *(Speaks in Sepedi)......*
48 P1: *(Translating what P7 had said in Sepedi to English).*
49 *"She is saying resilience to to have his problem and be able*
50 *to solve his problems".*
51 Researcher: *" No thank you very much so I heard coping*
52 *with problems, coping with different circumstances that's*
53 *what I'm hearing ability ability that is what I'm hearing".*
54 Researcher: *"So e e e if we look at your understanding like*
55 *you are saying that ability to cope with different situations*
56 *and we are talking about grandparent-headed families these*
57 *families that are headed by grandparents, right?"*
58 Participants: *"Yes".*
59 Researcher: *"So if we before we go deeper tell me or*
60 *describe for us what is who is in these families, what*
61 *compromises a grandparent family who is in that family?"*
62 P2: *"Okay grandparent household is eh eh household that is*
63 *headed by a grandparent where the grandparent takes care*
64 *of a orphan or another body e.g.situation... (Cellphone rings)*
65 *where you find that the granny his daughter (Someone*
66 *sneezes) or his son passed away is able to take care of child*
67 *or grandchildren".*
68 Researcher: *"Uhm. Okay that is your understanding. Is*
69 *there something different? Your understanding, who is in the*
70 *family in these grandparent-headed families?". "She spoke*
71 *about the granny taking care of children in case of parents*
72 *died. Who else is in that?...what? yes?".*
73 P3: *"Sometimes eh grandparents can take care of the*
74 *grandchildren when mothers or fathers have abandoned the*
75 *children they don't leave with their children towards the*
76 *grandparents".*
77 Researcher: *" Uhmm thank you".*
78 P2: *"Ya".*
79 Researcher: *"Thank you, how about others....yes?".*
80 P3: *"Sometimes can be grandparents living with their*
81 *grandchildren their children they are not working so*
82 *grandparents are the ones providing for the family".*
83 Researcher: *"Okay, they are not working so the*
84 *grandparents are taking care of the family. Thank you. How*
85 *about others? Is there something different ?"*
86 Researcher: *"Okay, so if we go back remember you said*
87 *coping with different or ability to cope with different situations*
88 *so what do you think because you are working with them,*
89 *what are the major needs of these grandparents-headed*
90 *families?. What are their needs?".*
91 P1: *"Hmmm...that makes by saying most of our eh eh*
92 *grandparents they face challenges of taking care of their*

Q1.1 Please describe for me your understanding of who comprises a grandparent headed family?

P2,3. Grandmother takes care of an orphan
P2.Granny's son passed away and take care of grandchildren
P3.Grandparents taking care of grandchildren due to arents abandonment
P3.Grandparents with grandchildren, their children not working

Q1.3 What do you think are the major needs of grandparent headed families?

P1.Need for financial support to take care of their children

2 of 30

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139 **Researcher:** *"Thank you very much. Yes".*
140 **P4:** *"To add on what P3 she said it is very difficult to to raise*
141 *orphan children, it is very difficult they find difficulties on their*
142 *eh eh orphans they like competition majority of them*
143
144 **Researcher:** *"Yes, now to you".*
145 **P5:** *I think their needs from their grandparents is parental*
146 *support because some they don't have knowledge to grow*
147 *up...come across different problems you may find out that a*
148 *teenage is at teenage stage you don't have any knowledge*
149 *maybe how to talk to that child and maybe that child is doing*
150 *things at her own and we sit down with that parent we used*
151 *to talk one-on-one and show that...give him support".*
152 **Researcher:** *"Yes, what are some of the needs of these*
153 *families"*
154 **P6:** *"They need support like when there is meeting in their*
155 *grandchildren school unable to go as sometimes, they are*
156 *sick as caregivers we go on behalf of them".*
157 **Researcher:** *" Thank you very much, so now we understand*
158 *resilience we spoke about these families, grandparent-*
159 *headed families. I want now to go back to our topic to say*
160 *now tell me what your role as a caregiver is in supporting*
161 *grandparent-headed family's resilience now you what is your*
162 *role. Let us start with P2".*
163 **P2:** *"Okay, sometimes my role is uhm an advocate between*
164 *the grandmother and the child because sometimes the*
165 *children are not feeling free to communicate with the*
166 *grandparents so we used to talk to the child and talk to the*
167 *grandparents again so that we can come with the the*
168 *resolution. If children have the problem don't want to talk*
169 *straight to the parents the grandparents and tell them the*
170 *issue of the child and to hear again from the grandparents*
171 *how the child are behaving at home so that we can meet*
172 *half-way we can meet the child at the Drop-in-centre and the*
173 *grandparent can also work with the child at home".*
174 **Researcher:** *"Yes, thank you, P3 what is your role".*
175 **P3:** *"My role as a caregiver...."*
176 **Researcher:** *"Uhm as a caregiver to support these*
177 *grandparent-headed families".*
178 **P3:** *"...is to support the family well...what is my role, my role*
179 *is to support that is the the best one to support each and*
180 *every way possible if needs be to talk to the child I need to*
181 *do it, if needs be to go to the shop for the grandmother if the*
182 *child is refusing I need to do that. At times if the grandmother*
183 *is actually bedridden at some point sick, if I get to the family*
184 *and I find that okay the family house is not clean I'm*

P5.Parental support

Q2.What are the roles of Community Care Workers in supporting the resilience of grandparent-headed families?

P2. *Advocate* between children and grandparents to improve communication and relationships
P5 **Mediator** between grandchildren and grandparents
P6 ,P2 **Mediator**- facilitate communication

P3,4,5.6*Support is the main role*
-Talking to children
-Shop for the grandparent
-When the grandparent is bedridden
-Cleaning the house

263 P5: "I think we give grandparents a support to to understand
264 that orphan that when to raise an orphan is difficult to
265 understand because orphan come across with different
266 problems to understand and then each time there is a
267 problem they can sit down as family".
268 Researcher: Uh-hum thank you, you want to add"?
269 P1: We do give them counselling remember some of our
270 grandparents they take care of orphans that are on
271 medication e.g their daughters or sons they leave children
272 that they on ARV's after their death it is when their
273 grandparents it's when start to know that their daughter was
274 on ARV's that's when they found that the grandchild is on
275 ARV, we give them support, health talk to understand what

P1Counselling support
-Sick grandchildren(HIV-
ARVs)
-Grandparents know later tha
their children were on ARVs
-Deaths of their daughters

276 is ARV's, to plan, we refer them to clinics to get medication,
277 how to take medication".
278 Researcher: "Okay, thank you"
279 P3: "I think now they have said everything. I was also going
280 to say talk about referrals you find that sometimes the
281 grandmother is actually raising a child that is now supposed
282 to be going to school so by us telling the grandmother it's
283 June it's time for you guys to apply that's how to support the
284 grandmother".
285 P3: "Another thing sometimes you find that the child does
286 not have ID you refer them to the Home Affairs office,
287 reminding them to take medication maybe BP, asking them
288 are you taking your medication properly, are you eating
289 healthy that's how we support the grandmothers because
290 and most of the times the grandmother is the pillar if
291 anything happens to them the kids we'll be left out without
292 anyone and so also make sure if she is healthy, is she well,
293 mind wise and body wise things like that".

Do Referrals
P1. referrals to clinics to get
medication
Support on how to take
medication
 P3.Referrals to school for
children enrolment
P3.Referral to Home Affairs fo
IDs

**P3.Making sure grandparen
are health**
-remind to take medication
-checking if eating healthy
Since she is the pillar

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Transcribed Focus Group 2 discussion (Extract)

653	I indicated. I want to understand what your role as a	**Q3.What are the roles of**
654	community care worker or as a care giver to support these	**Community Care Workers**
655	grandparents headed families resilience or for them to be ok	**in supporting the resilience**
656	or to cope with difficult situations. What is your role? We can	**of grandparent-headed**
657	mention and give each other uhm chances to talk. What is	**families?**
658	your role?"	
659	P7: "I create a relationship between me and the	P7. Relationship building
660	grandparent...inaudible...important to know what she she	between a caregiver and a
661	want"	grandparent
662	Researcher: "ok thank you very much. Yess"	
663	P8:"umm my role is umm i have to be there for the	
664	grandparents household because most of the times they	P8.Have to be there for the
665	face difficulties and challenges that they don't know how to	grandparents'
666	resolve especially when they are raising teenagers umm	Help in raising their children
667	adolescence kids ummm so when you are there listening to	
668	what they have to say and give them the solution if you can	
669	or refer them where it's relevant, that is my role"	
670	Researcher: "Ok, so can I probe, you spoke about to refer	
671	them, where do you refer them"	
672	P 8:" We do referrals to the clinic, we do referrals to the	P8. Referrals
673	Social Workers, we do referrals to SASA, it depends on the	-Clinic, vaccinations
674	situation or, which is what where exactly is required to be	Social Workers
675	referred to, so maybe if the child, you find out that the	SASA for social grants
676	grandparent has been was left with a child with no	Home Affairs for certificates
677	certificate we have to refer home affairs to do the certificate,	Psychologists
678	then also from home affairs they have to apply for child	
679	support grand, they are referred SASA to apply for support	
680	grant then the child also have to go for monthly vaccinations	
681	we also also refer to the clinic, then if you find that a child	
682	aaa somehow they are not coping , or they are slow	
683	learners if I can put it that way, we refer them to the	
684	Psychologist.. that's where eeeeh UP Psychologist will	
685	come in there at Itsotseng/Thuseni clinic yes, we work hand	
686	in hand with them	
687	."	
688	Researcher: "Ok, thank you. What is the other roles as	
689	community care workers or caregivers in supporting these	
690	families"	
691	P 9: We provide parental support, whereby we assist	P9.Parental support
692	children with homework and we safeguard from by 1	-homework support
693	0.oclock until 4 o'clock ""	-aftercare support
694	Researcher: "Ok, thank you what else, what is your role?"	Provide advice
695	P10:"umm remember they are facing with problems, they are	
696	allowed to speak with me if ever they want maybe advises,	
697	we would advise them, I help them whenever they need	
698	help	

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maybe look at it and breakdown a bit to say the family can have grandchildren and other relatives right? So let's look at first grandparents themselves. What support are we giving a grandparent as a caregiver?"

P12:"We give them parental support"

Researcher: "yes umm"

P11:"umm, we give them health talks"

Researcher: "Health talks, yes"

P10:" Hygiene advice"

Researcher: "Hygiene advice"

P 9:"Emotional support"

Researcher: "Emotional support yes and can I probe you a bit about emotional support. If you are talking about emotional support do you want to talk more about it, what exactly are you supporting them on what exactly are the issues."

P9:" Eeee may if there someone in the family who passes away or is sick maybe that is when we take some intervention and try talk to the family and maybe provide offer some support"

Researcher: "Ok, thank you, yes"

P8: "It more or less like family support we call it family therapy because most of the time grandparents are the most vulnerable around the society so they need that person who is going to be there for them, yes so therapy does better for them and sometimes they don't want you to talk per say they just want you to listen to what they have got to say".

Researcher: "Ok thank you, what else?"

P7: "Parental support"

Researcher: "Parental support, yes"

P12: "Support groups sometimes grandparents share the same needs for example umm grandparents who are taking care of orphan children umm.. how can I can I say it.. grandparents whose children passed away and they are taking care of their children's children yeah"

Researcher: Grandchildren?

P12: Yes

Researcher: "So if I want to know about support groups you are doing support groups for grandparents with the same challenge aaah do you have like at then moment support group for grandparents and if you have what are their common needs?"

P12: "umm their needs ....umm... the common, the major needs neh its when raising or dealing with adolescence children yaah they will share ideas to say that I also have a grandchild who is adolescence stage when she behaves like

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Q4. What kind of support are you providing to improve grandparent headed families coping mechanisms with difficult circumstances?

P12.Parental support
P11. Health talks
P10. Hygiene advice
P9. Emotional support-in case of death in the family

P8- Family therapy as the grandparents are most vulnerable

P7 Parental support

P12. Support groups- have same needs, going through the same challenge-death of their children.

P12.Support groups-how to raise adolescents,
Share ideas
Individual with same situations and same problems

1023 Researcher: "Ok thank you very much, so we touched on	
1024 other external support where here we are supporting them i	
1025 don't know if we have also missed anything in terms of	
1026 where they are getting support outside their families ahh with	
1027 our support or without our support?"	
1028 P12: "Neighbours, at school the teachers of the children	P12 Neighbours
1029 some of them give their family support".	Teachers
1030 P11:" aaahh its neighbors, sometimes professional help and	P11 Neighbours
1031 families sometimes they go to seek help of social workers"	Professional help-Social
1032 Researcher: "Ok, what else?	Workers
1033 P 9:"Support from the community".	
1034 Researcher: "Yes support from the community as a whole	P9 Community support
1035 and from the community what exactly are they getting?".	
1036 P9:"uumm mainly assistance with some food".	• Food assistance
1037 Researcher: "Yes food support. What else do you want to	• P12.funerals
1038 add?".	• P11,Income
1039 P12: "Yes even when there's a funeral in that family the	
1040 community helps and support each other".	
1041 Researcher: "Yes"	
1042 P11:"Maybe another source of income maybe in a someone	
1043 in community is a friend or a neighbor they tell the	
1044 grandparents there's someone looking for washing during	
1045 the weekends so sometimes they may help the family in	
1046 need".	
1047 Researcher: "Ok community is helping, Refiloe you wanted	
1048 to say something".	
1049 P8:" uuuuund regarding physical support they they form their	Physical support
1050 groups of gymning together by exercising together, besides	• Exercising
1051 us intervening or besides the family members intervening but	
1052 there is this grandparent that we know that this one she does	
1053 not do any mistake, she does exercise, like she eats well,	
1054 she is on diet and everything is according to order".	
1055 Researcher: "Ok, ok, thank you. So the last discussion we	
1056 want to have now is looking at umm we we we touched a bit	Q4. What are the stressors
1057 to say what is stressing them, what are they needs we want	experienced by grandparent
1058 to touch on what are the major stressors they are facing?".	headed families?
1059 P11:"Mostly its financial, the stress most financially	
1060 (unclear)".	P11: Financial stress
1061 Researcher: "yes mostly financial stress and what else?".	P12. Children
1062 P12: "The children are stressing them".	
1063 Researcher: "Grandparents are being stressed by the	

APPENDIX F

Final inclusion and exclusion criteria

Theme 1: Focus on grandparents-headed families		
Sub-theme	**Inclusion criteria**	**Exclusion criteria**
Sub-theme 1.1: Perceptions of the composition of grandparent-headed families	Reference to grandparent family composition	Reference to family composition other than grandparent family
Sub-theme 1.2: Livelihood and welfare needs of grandparent-headed families	Any references to livelihood and welfare needs that relate to grandparent-headed families	References to livelihood and welfare needs of families other than grandparent-headed families
Theme 2: Supporting and strengthening family relationships		
Sub-theme	**Inclusion criteria**	**Exclusion criteria**
Sub-theme 2.1: Parental support for a functional family	Any support targeted at the grandparents to help them enhance family functioning	Any support targeted at the grandparents that does not enhance family functioning
Sub-theme 2.2: Enhancing relationships between grandparents and grandchildren	References to support-targeted at building relationships between grandparents and grandchildren	Any references to support that is not aimed at building family relationships between grandparents and grandchildren
Theme 3: Provision of psychosocial support for health and well-being		
Sub-theme	**Inclusion criteria**	**Exclusion criteria**
Sub-theme 3.1:	Any reference to emotional support	Any reference to emotional support to other

Emotional support to cope with challenges	targeted at grandparents	target groups except grandparents
Sub-theme 3.2: Facilitating support groups for peer sharing	Any reference to support groups for grandparents	Any reference to support groups other than for grandparents
Sub-theme 3.3: Focusing on staying healthy	Any mention of health interventions and practices for grandparents	Any mention of health interventions and practices for target groups other than grandparents
Theme 4: Perceptions of stressors and protective factors		
Sub-theme	**Inclusion criteria**	**Exclusion criteria**
Sub-theme 4.1: Understanding of resilience	Any reference to what resilience means in their context	References to what resilience means for other people
Sub-theme 4.2: Stress factors diminishing resilience	Reference to any stress factors for grandparents	Reference to any stress factors to family members other than grandparents
Sub-theme 4.3: Protective factors enhancing resilience	Reference to any protective factors for grandparents	Reference to any protective factors for individuals other than grandparents