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**DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A
PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE.**

by

Tshinanne Mudau

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Supervisor: Prof. Maretha Visser

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DECLARATION OF ORIGINALITY

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Declaration

1. I understand what plagiarism is and am aware of the University's policy in this regard.
2. I declare that this thesis..... is my own original work. Where other people's work has been used (either from a printed source, Internet or any other source), this has been properly acknowledged and referenced in accordance with departmental requirements.
3. I declare that I obtained the applicable research ethics approval in order to conduct the research that has been described in this dissertation.
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SIGNATURE

DATE

DEDICATION

I dedicate this study to my childhood friend, Dr. Masindi Muthambi, who inspired me to pursue this PhD. I also dedicate this research to my ancestors, particularly Granny Masindi, who deeply understood my decision to pursue my calling in healing after completing my PhD. They have been quite patient with me. *”AAAA Ndawese!! Ndia livhuwa.*

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Abstract

Various challenges confront South Africa, including tragic deaths due to murders, accidents, and suicide. The South African Police Service (SAPS) experiences a significant loss of personnel annually due to the prevalence of violent crime in the country, leaving behind a number of orphaned children and adolescents. This research explored the needs of orphans following the death of their parents on duty in the South African Police Service (SAPS). The aim of this research project was to develop an intervention strategy which would be implemented as part of the SAPS' support services for orphans. The research adopted an action research process, starting with a needs assessment among orphaned adolescents. The study used purposive sampling to choose 15 orphans for semi-structured individual interviews. Ten personnel from the Employee Health and Wellness (EHW) programme of the South African Police Service participated in focus group discussions as key informants to explore the needs of orphans and the available interventions for them. Thematic analysis was used to explore and interpret the needs assessment data. It was found that orphans showed indications of heightened anxiety and depression. Children's frequent exclusion from family grieving rituals could be a contributing factor. Moreover, adults are often preoccupied with their responsibilities and may lack the necessary communication skills to effectively listen to the needs of a grieving child and to explain the situation at hand. Additionally, the orphans' limited access to essential psychological resources, crucial for their ongoing survival and mental well-being, could lead to psychosocial challenges.

Based on the needs assessment results, this study developed a psychosocial group intervention for orphaned adolescents who lost their parents, who were employees of the South African Police Service (SAPS). The intervention, based on the principles of cognitive behavior therapy (CBT), consisted of six sessions that focused on emotional awareness and expression, skills training, and social support. A small group of 9 orphaned adolescents in the Gauteng province participated in the sessions of the group-based intervention over a one week period. A summative evaluation method was adopted using a mixed methods design. The study used the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1999) and the Resilience Scale (RS) (Wagnild & Young, 1987) in a pre- and post-intervention design. The qualitative evaluation used observation and feedback from the sessions in order to assess the process of the intervention. Analysis of pre- and post-intervention scores ($n = 9$) revealed significant differences in the conduct and peer problem subscales of the SDQ, indicating that the orphans exhibited increased challenges following the intervention. The intervention focused on making orphans aware and helping them to express suppressed emotions. The short intervention, stretching over five days in one week, was not sufficient for orphans to

overcome emotional, behaviour and peer problems. However, using the RS scale, orphans showed significant improvement in terms of meaningfulness, self-resilience, and equanimity.

This demonstrates that despite ongoing emotional problems, peer relationships, and behavioral issues, the intervention successfully boosted their sense of meaning and self-resilience, a measure of their ability to believe in their own abilities and capabilities. Furthermore, observation, participant feedback after each session, and facilitator feedback were used as qualitative data. The qualitative results revealed numerous factors, both pre-intervention and during the intervention, that could have contributed to the diverse outcomes. The findings highlight the importance of a tailored group intervention for orphans of SAPS members while also emphasising the need for continuous assessment and refinement of support services to ensure optimal outcomes for affected children.

Key words: Orphans, grief experiences, South African Police Service, Employee Health and Wellness, psycho-social group intervention, cognitive behaviour therapy.

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Abbreviations and acronym

AR	Action Research
AIDS	Acquired immune Deficiency Syndrome
BDI-II	Beck Depression Inventory II
CAMH	Child and Adolescent Mental Health
CBT	Cognitive Behaviour Therapy
CSSR	Centre for Social Science Research
CTG	Childhood Traumatic Grief
CERI	Children's Emergency Relief International's
COVID-19	Coronavirus Disease of 2019.
EHW	Employee Health and Wellness
HIV	Human Immunodeficiency Virus
MH	Mental Health
NACCW	National Association of Child Care Workers
NDA	National Development Agency
NGO	Non Profit Organisation
NSFAS	National Student Financial Aid Scheme
HV	Home Visiting
OVC	Orphaned and Vulnerable Children
TF-CBT	Trauma-Focused Cognitive Behaviour Therapy
PAR	Participatory Action Research
PEPFAR	President's Emergency Plan for AIDS Relief
PF	Participant Female
PM	Participant Male
POLMED	Police Medical Aid
PPCT	Process–Person–Context–Time Model
PSS	Psycho-Social Support
PTSD	Post-Traumatic Stress Disorder
REPSSI	Regional Psychosocial Support Initiative
RS	Resilience Scale
SACE	South African Council for Educators
SAPS	South African Police Service
SAPSET	South African Police Service Education Trust
SDQ	Strengths and Difficulties Questionnaire

SMT	School Management Teams
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNICEF	United Nations International Children's Emergency Fund
USAID	The United States Agency for International Development
WHO	World Health Organisation

CHAPTER 1: Introduction

1.1 Introduction

This chapter provides an overview and context for the study. It offers a concise overview of the research background, highlights the rationale for undertaking the study, addresses the problem statement, and outlines the study's aim, objectives, and research methods. The research aims to identify the needs of orphans after the death of a parent on duty in the SAPS and develop an intervention to address the psychosocial needs of orphans to promote their psychological wellbeing and resilience. This study investigated the challenges faced by orphans after the death of a parent on duty as a member of the South African police service. Numerous studies have indicated a rise in the population of orphaned individuals as a consequence of various factors, including wars and conflicts, natural disasters, epidemics, poverty, malaria, tuberculosis, HIV/AIDS, pregnancy complications, accidents, natural disasters, pandemics, and mass migration (Huynh et al., 2018; Nar, 2020).

According to UNICEF (2006), the definition of an orphan encompasses individuals under the age of 18 who have experienced the loss of one or both parents as a result of any cause of death. The concept demonstrates a distinct character contrasted to common perceptions of orphanhood in many industrialised countries, where a child is generally deemed an orphan only after losing both parents. In the mid-1990s, UNICEF and various international organisations adopted a more inclusive interpretation of orphanhood due to the global impact of the AIDS pandemic, which resulted in the unfortunate deaths of a significant number of parents worldwide. Consequently, an escalating population of children found themselves navigating the challenges of growing up without the presence of one or both parents. In contemporary times, the concept of a "single orphan" has been defined as the experience of losing one parent, while a "double orphan" pertains to the circumstance of losing both parents (UNICEF, 2021). Despite UNICEF's revised definition in 2021, Nar (2020) highlights the existence of multiple definitions that clarify the concept of orphanhood, including the notion of social orphanhood. Fundamental beliefs commonly hold that we should classify individuals as orphans if they experience the most crucial stage of their development without parental care, or if they have at least one living parent who fails to fulfil their parental responsibilities. Contrary to popular belief, Hall (2022) argues that being an orphan does not necessarily determine the level of care that children receive. Instead, it is crucial to analyse the specific circumstances surrounding orphanhood, as the loss of one parent may have distinct implications for children compared to the loss of both parents. Moreover, the conceptualisation provided by UNICEF (2006) is reinforced by Hall's (2022) characterisation of an orphan as an individual below the age of 18 years whose biological parents, either one or both, have passed away (this encompasses cases where the vital status is reported as unknown but excludes instances where the vital status is unspecified).

1.2 Psychological implications of losing a parent

People often assume that the demographic subset in question consists of individuals in the developmental stage known as children. These children account for 2.2 billion of the world's expected 7.7 billion people (Nar, 2020). Around 147 million orphans, aged 0 to 17 years, comprise the global population. Furthermore, according to the World Population Review (2023) and UNICEF SA (2022), a total of 14.9 million people have lost one or both of their parents to AIDS related causes as of 2021. Research indicates that a significant proportion of these orphans, specifically 11.2 million (with a confidence interval of 9.1-13.6 million), reside in the sub-Saharan African region (UNICEF SA, 2022). Moreover, Africa is home to a substantial population of orphans, estimated at 52 million (Nar, 2020). Researchers have documented this numerical value to encompass three distinct categories: individuals who have experienced the loss of a maternal figure, individuals who have experienced the loss of a paternal figure, and individuals who have experienced the loss of both parental figures (Nar, 2020).

The prevalence of the crisis in Africa has reached such a level that the continent currently accounts for 30 percent of the total orphan population (Heart for Africa, 2023; UNICEF SA, 2022). UNICEF (2022), Nar (2020), and Hall (2022) estimate that South Africa is home to approximately 3.7 million orphans. The majority of these orphans, accounting for approximately 60% of the total, are paternal orphans. Additionally, a small percentage, approximately 3% of all children in South Africa, are maternal orphans who are living with their fathers. However, Hall (2022) reported that the increased mortality rates among men and the frequent absence of fathers in their children's lives significantly elevate the prevalence of paternal orphans in South Africa. The study revealed a notable concentration of double orphans in three provinces: KwaZulu-Natal (24% of double orphans), Gauteng (24%), and the Eastern Cape (17%). Hall (2016) reported that collectively these three provinces encompass a significant portion, specifically 60%, of the total population of double orphans in South Africa. Researchers have identified Gauteng province as experiencing the most rapid increase in the number of orphans. Gauteng classified 13% of its children, or 566,000 individuals, as either single or double orphans, signifying the loss of one biological parent while living with the other (Rantao, 2023).

Every year, South Africa faces various challenges such as tragic deaths, murders, accidents, or suicide, in addition to the impact of HIV/AIDS related fatalities and other diseases (Breckenridge et al., 2019). Nar (2020) attributes the increasing number of orphans in the country to two primary factors: crime and interpersonal conflict, along with wars and internal conflicts. The South African Police Service (SAPS) has experienced a significant loss of personnel annually due to the prevalence of violent crime within the country. Additionally, since March 2020, a total of 840 SAPS members and support staff have tragically lost their lives to Covid-19, leaving behind a number of orphaned children (Palm, 2021; Pitt & Cruywagen, 2021).

The focus of this study is on SAPS children who become orphans due to the death of a parent while on duty as a member of the South African police service. However, this study's literature will focus on children affected by AIDS because of limited research about orphans in other contexts of some findings of research on AIDS orphans (Cluver et al., 2012). Chitiyo et al. (2016) noted that some AIDS-orphaned

children displayed signs of increased anxiety and depression, likely due to their restricted access to crucial psychological resources for their continued survival and mental wellbeing. The experience of losing a parent or other family member during childhood is a distressing event that can potentially result in trauma. Grief symptoms and an increased vulnerability to various social, emotional, and behaviour difficulties often accompany this traumatic experience. These difficulties have the potential to endure throughout childhood, adolescence, and into adulthood (Blumberg et al., 2020). Chen and Panebianco (2018) conducted a study that links grief to psychophysiological symptoms children may experience after losing a loved one. Brenner (2022) links the occurrence of parental loss during early stages of development to various adverse consequences. These include heightened levels of anxiety and depression, prolonged grief reactions, negative impacts on one's sense of self, increased susceptibility to suicide, substance abuse, and eating disorders, impaired executive functioning, diminished quality of life, and altered dynamics in adult relationships among survivors.

Breckenridge et al. (2019) observed that a child's intense grieving process typically lasts for approximately two years. Howell et al. (2015) discovered that communal, social, and cultural norms frequently discourage children and adolescents in African cultures, including those who have lost parents to HIV and AIDS, from openly expressing their grief. Contrary to the common assumption that bereaved children do not experience grief and therefore do not receive significant attention during the entire mourning period (Ngesa et al., 2020). Alem (2020) conducted a study that identified a lack of communication regarding parent death as a significant factor contributing to various negative emotional states, including heightened negative emotions, diminished self-perception, reduced confidence, elevated levels of daily stress, inadequate handling of both internal and external stressors, psychosocial difficulties, impaired engagement in creative activities, and decreased cognitive motivation.

While previous research has suggested a lack of African literature specifically addressing the grief experiences of adolescents, this area remains underexplored and insufficiently documented (Ngesa et al., 2020). Apelian and Nesteruk (2017) have highlighted the necessity of establishing a robust support system for children who have experienced parental loss in order to facilitate their psychological adjustment. Psychosocial support is an additional form of intervention that encompasses various dimensions of wellbeing, including social, emotional, spiritual, and psychological aspects. Researchers have identified this particular intervention as a facilitator of healing, mentorship, the cultivation of responsibility, and the development of leadership skills for effective management of various circumstances (Ngesa et al., 2020).

According to SA News (2020), SAPS provides its members' spouses with ongoing support for the educational advancement of children whose parents have tragically lost their lives while on duty. After the death of their parents, orphans require support that encompasses not only educational assistance but also comprehensive psychosocial support (Ngesa et al., 2020). The challenges of orphans, their material needs, living arrangements, and literature on their well-being have received much attention, but the provision of interventions in Africa and South Africa has received less attention (Ntuli et al., 2020). According to Mwoma and Pillay (2015), the implementation of psychosocial intervention has the potential

to facilitate the active participation of orphaned individuals in the progress of their families and communities while also addressing the psychological and emotional difficulties associated with the loss of their parents or other significant individuals. Bello and Pillay's (2019) research findings underscored the significance of providing suitable healthcare for orphans to optimise their overall well-being.

Supplementary psychosocial support effectively mitigates the progression of emotional distress into more severe forms, facilitating individuals' adaptation and enabling them to resume their regular activities, thereby fostering favourable outcomes (Schonfeld & Quackenbush, 2020). Robust support systems are essential in mitigating the adverse effects linked to being an orphan. According to Chitiyo et al. (2016), there is a need for intervention to provide support to children experiencing bereavement and facilitate their adjustment to life changes. Hence, it is imperative to examine the difficulties encountered by orphaned individuals, analyze the existing measures implemented by the South African Police Service's (SAPS) to support them, and find ways to develop interventions to improve the wellbeing of orphans in this context.

1.3 Research Problem

The research problem at hand is the central issue or question that this study aims to address. Cruywagen (2021) reports that South Africa exhibits the third-highest crime rate globally, with Gauteng province exhibiting the highest incidents of criminal activities within the country. The World Population Review (2023) has identified Pretoria as the city with the highest crime index score of 82 on the African continent. Following Pretoria, reports also highlighted notable crime rates in the cities of Johannesburg, Durban, Cape Town, and Bloemfontein. Observations of the correlation between crime levels and population numbers have led to the unsurprising finding that Gauteng, the Western Cape, and KwaZulu Natal are the three provinces most significantly impacted by crime (Independent Online, 2023). This then influences the work of police officers in these areas. The South African Police Service observes an annual national commemoration day on the first Sunday of September, dedicated to honouring and paying tribute to police officers and reservists who have tragically lost their lives while fulfilling their duties fighting crime (The Presidency, 2020). The ceremony inscribes and affixes the names of police officers to the National Memorial Wall at the Union Buildings. This act symbolises the nation's appreciation for their courage and dedication to safeguarding and serving all communities within the territorial boundaries of South Africa (Mafolo, 2020). According to Noxhaka (2019), the prevalence of police officer fatalities does not constitute the most significant subset of non-natural deaths within the nation. However, it is noteworthy that this particular category of mortality often elicits heightened apprehension and attention. Cruywagen (2021) and Perkins (2018) have identified the prevalence of violence and violent crime within the country as a significant factor in the deaths of 28 South African Police Service (SAPS) members during the 2017/18 financial year. Additionally, in 2019 and 2020, a total of 77 officers lost their lives while on and off duty. Furthermore, since March 2020, a total of 840 SAPS members and support staff have tragically succumbed to Covid-19.

Therefore, it is common for active duty personnel who die while performing their duties to leave behind children who lack parental care (Lamberg, 2004). Nar (2020) and Hall (2022) estimate that there are just over 52 million children in Africa and 3.7 million orphaned children in South Africa. This includes children without a living biological mother, father, or both parents, which is equivalent to 14% of all children in South Africa. The majority (64%) of all orphans in South Africa are paternal orphans (with deceased fathers and living mothers). The experience of parental loss frequently gives rise to various psychological and social challenges for children, including trauma, grief, anxiety, stigmatisation, depression, aggression, and vengeful emotions (Cluver et al., 2015). When a child experiences the loss of one or both parents, they encounter a multitude of economic, developmental, and mental challenges (Phaladze et al., 2018). The initial 18 years of an individual's life encompass not only physical maturation but also the cultivation of social interactions, which can have psychological ramifications. The developmental phase not only plays a crucial role in shaping an individual's future prospects as an adult but also has significant implications for the overall mental wellbeing of a society (Nar, 2020).

In their study, Phaladze et al. (2018) observed that a significant number of children experience a lack of emotional support following the death of their parents, resulting in profound impacts on their wellbeing. African societies, with their prevalent communal, social, and cultural norms, often discourage the open expression of sorrow, particularly among young individuals like children and adolescents who have lost their parents (Barrett-Becker et al., 2015). Chen and Panebianco (2018) assert that children who have lost a loved one often experience disregard and lack of recognition during their grieving process. Blumberg et al. (2020) have established that certain children who reside in impoverished conditions, encounter insufficient assistance within the educational framework, or face restricted availability of fundamental healthcare, undergo protracted periods of grief and emotional instability. The South African Police Service (SAPS) maintains its commitment to assisting the families of SAPS members by providing ongoing support for the educational advancement of children whose parents have tragically lost their lives while on duty. This support is facilitated through the generation of funds for the SAPS Education Trust (SAPSET), an organisation established specifically to address the educational requirements and associated expenses of bereaved children (SA News, 2020). On 23 November 2010, the South African Police Service (SAPS) established the SAPSET to protect the educational welfare of the offspring of deceased members. SAPSET is a non-profit organisation that receives financial support through donations and contributions from individuals.

The SAPSET has established a system that provides eligible students with resource support and financial assistance. The trust grants this assistance at its discretion, with the aim of benefiting the student. The funds are directed towards educational institutions that have been officially recognised, approved, and accredited by either the Department of Basic Education (for Grade R to 12) or the Department of Higher Education and Training.

Upon successful completion of their academic pursuits, the South African Police Service (SAPS) offers beneficiaries the opportunity to engage in internships should they desire to advance their professional trajectories within the organisation. The Trust provides supplementary assistance through diverse

frameworks, including Employee Health and Wellness (EHW) services (TimesLive, 2022). Amhere (2017) argues that it is imperative for the trust to guarantee the availability of adequate funds in order to allocate and maintain resource support for its beneficiaries. Gifts, donations, and sponsorships from private individuals, institutions, organizations, and companies primarily provide the trust's funds. According to TimesLive (2022) findings, the SA Police Service Education Trust (SAPSET) has delayed the allocation of bursary funds to approximately 500 children whose parents served as police officers and tragically lost their lives while on duty since 2020.

According to Police Minister Bheki Cele's parliamentary statement, only 146 of the 349 beneficiaries who received allocations for the 2020 academic year actually received the corresponding payments. For the academic year of 2021, 292 individuals received allocations, but none received any payments. Amhere (2017) reported that the non-payment was due to systemic issues and budgetary constraints. It is evident that SAPS's considerable focus has been directed towards the physical welfare (limited access to educational expenses) of orphans. Researchers have found that orphans, specifically addressing the plight of orphans resulting from war, invasion, conflict, and violence who lack support after the death of their parents, are more susceptible to psychological disorders due to their increased emotional and behaviour issues (Behrendt & Mbaye, 2008; Bray, 2003; Mufalali et al., 2022; Zhou, 2012). The lack of intervention for orphans within SAPS and the high demand for intervention to support positive adolescent mental health point to an ever-widening mental health treatment gap for this group in sub-Saharan Africa (Owen et al., 2016). This study assists in addressing the psychosocial challenges faced by orphaned children through developing the intervention, including but not limited to depression, exposure to traumatic events, and struggles in coping with parental loss. The goal is to incorporate the developed intervention into the SAPS' orphan support services. (Chapter five will provide a comprehensive outline of a possible intervention for orphans).

1.4 Aim and Objectives

The aim of this research is to develop a psychosocial intervention to address the challenges faced by orphans after the death of a parent on duty as a SAPS member, which can be implemented as part of the SAPS' support services for orphans.

This study has three objectives:

- To understand the challenges that orphaned children encounter.
- To study the interventions that they currently receive from the SAPS staff and identify the gaps in current services.

- To develop, implement, and evaluate an intervention to alleviate the issues experienced by SAPS employees' orphans and make it a routine service for them.

Although previous research has focused on the psychosocial issues facing orphans and vulnerable children due to AIDS both in South Africa and other countries (Cluver et al., 2012), this study explored the challenges experienced by orphans after the death of a parent on duty as a member of the South African Police Service. The study focused on the development, implementation and evaluation of an intervention for the orphans to address their challenges and contribute to their wellbeing and resilience.

1.5 The study will contribute

- To the design of intervention to address the current challenges faced by orphans after the death of a parent in the line of duty as SAPS member;
- To use participatory action research to develop intervention for improving psychosocial programs in SAPS for orphans after the death of a parent in the line of duty as SAPS members;
- To strengthen the scientific basis of the professional practices of psychology within SAPS.

The study will thus contribute to the awareness of the SAPS organisation and other organisations of the importance of interventions for orphans and provide them with appropriate interventions they can implement to promote orphans' ability to cope with their challenges and to promote emotional well-being and resilience.

1.6 Personal motivation for the study

My interest in the study topic began in 2008, when I worked for the International Center for AIDS Care and Treatment Programs in South Africa as a registered counsellor. At that time, my responsibilities included providing trauma counselling to patients infected and affected by HIV/AIDS, and preparing adolescents for transition to the adult wards. I gained knowledge about the difficulties faced by the adolescents and the unaddressed mental health issues. I learned about many children who grew up without parents and had no help addressing their challenges. Upon joining SAPS in 2012 to work for EHW: Psychological Services, I found that SAPS did not provide any assistance to children who had lost their parents. The majority of SAPS EHW activities focus on offering services to adults, but less so to children. This is where my genuine motivation for the study came from.

SAPS Spiritual Services was in charge of the orphan initiatives, which prioritized activities such as having fun, distributing food, and giving gifts. However, SAPS Spiritual Services did not provide any

psychological or psychosocial care for the children and orphans, leaving them to deal with issues independently and without any assistance.

I was intrigued by the challenges orphans face after the death of their parents, with the aim of developing psychological intervention to address these issues. The lack of studies on interventions for orphans resulting from causes other than HIV/AIDS, particularly in South Africa, astounded me.

My objective was to comprehend the challenges they face, examine the interventions they currently receive from SAPS staff, identify any gaps in current services, and develop, implement, and evaluate an appropriate intervention to address the challenges faced by orphans of SAPS employees. I hoped to achieve the objective by interviewing the orphans. Their stories deserve to be heard so as to spark the much-needed change in the intervention that was developed.

1.7 Use of Urie Bronfenbrenner's Process–Person–Context–Time (PPCT) model

Urie Bronfenbrenner's (1977) PPCT model theory, among many other theories of human development, guided the research on the challenges orphans face and the necessary interventions for their wellbeing. The theory further provides guidelines by explaining how five layers of the system (microsystem, mesosystem, exosystem, macrosystem, and chronosystem) influence human development (Bronfenbrenner, 1986). The current research specifically focused on the microsystem, which is the core system in Bronfenbrenner's model (1977), as well as the exosystem layers. The theory was applied in understanding the complexity of the relationship between the developing orphans and their immediate environment, which is the most intimate, influential level of interaction (Liang et al., 2017), where most of a child's behaviours are learnt (Crawford, 2020). The exosystem incorporates other formal and informal social structures (the parent's workplace), which do not themselves contain the child but indirectly influence them as they affect one of the microsystems (Guy-Evans, 2020). Such a system can provide assistance and benefits that positively contribute to the child's growth by engaging with the lives of orphans (Mwoma & Pillay, 2015). The Ecological System Theory, as a broad framework, will be discussed further in chapter 2.

1.8 Research Methodology

The present study employed participatory action research as explained by Kemmis et al. (2014) and sequential explanatory mixed-methods design as defined by Creswell (2013) to collect data. The chosen research designs were deemed suitable for the study's objective of comprehending the challenges experienced by orphans, as well as developing an intervention in order for them to improve their social and psychological functioning. The research process involved engaging in a series of participatory action research cycles, which encompassed the following stages: initial exploration of the problem area, formulation of a plan to address the problem, execution of the plan, and evaluation and reflection on the outcomes resulting from the plan's implementation. The research design facilitates the generation of

knowledge through an active partnership with orphaned children who experienced loss. It used a form of collective self-reflective inquiry within the participants' social situations. Semi-structured interviews were conducted with orphans to understand their experiences and needs. After the implementation of the intervention, observational data and a pre- and post-quantitative assessment were used to evaluate the outcome of the intervention.

1.9 Operational definitions of concepts

- **Child:** The South African Children's Act No. 38 of 2005 describes a child as any person who is 18 years and younger (CHILDREN'S ACT NO. 38 OF 2005).
- **Orphan:** An orphan is any person under the age of 18 who has lost one or both of his/her parents due to any cause of death (UNICEF, 2006).
- **Maternal orphan** is a child whose mother has died but whose father is still alive (Rustein, 2008).
- **Paternal orphan** is a child whose father has died but whose mother is alive (UNAIDS, 2010).
- **Double orphan** is a child whose mother and father have both died (FHI & USAID, 2001).
- **Vulnerable children:** Children who are younger than 18 years of age and whose survival care and protection of development might have been jeopardized due to a particular condition and who are found in a situation that precludes the fulfillment of his or her right (Ntshuntshe & Taukeni, 2019).
- **South African Police Service:** This is the department that derives its powers and functions from Section 205 of the Constitution of the Republic of South Africa of 1996 and from the SAPS Act of 1995. Its core function is to prevent, investigate, and combat crime. Its aim is to create a safe and secure environment for all people in South Africa (Official Guide to South Africa, 2019).

1.10 Chapter Outline

This study consists of the following chapters:

Chapter one serves as an outline of the study. It represents the background of the study, the statement of the problem, research questions, goal and objectives of the study.

Chapter two contains a literature review that focuses on psychosocial challenges faced by orphans and interventions thereof. The chapter also presents the theoretical framework of Urie Bronfenbrenner's socio-ecological systems theory, which was used to guide the current study in relation to the challenges the orphans face and the interventions necessary for children's well-being. The behaviour therapy (CBT) framework, which is considered the most empirically based foundation for mental health interventions, was also employed in this study.

Chapter three discusses the process of action research methodology. This provides a detailed explanation of sampling techniques, sample size, participants, and the intervention to be implemented, the research instruments, analysis of data, validity, reliability, the trustworthiness of data, and ethical considerations of the research design, sampling procedures, data collection method, data analysis procedures, and ethical issues.

Chapter four, the researcher discusses the needs assessment results of the study. It analyses and interprets the emerging findings from the interviews with orphaned children. The analysis was based on emerging themes and issues as well as interpretation of the findings in an attempt to answer the research questions presented.

In Chapter five, the researcher describes the steps involved in developing the intervention. The intervention's purpose and the theoretical framework of the behaviour therapy (CBT) underpins its creation are thoroughly explained. The construction of a group work intervention program for orphans, as well as the session content, are also discussed.

Chapter six discusses the needs evaluation results of the study. The quantitative pre- and post-assessments and data analysis are covered in this chapter. It analyses and interprets both quantitative (strengths & difficulties and resilience questionnaire) and qualitative (observations and findings) results. The evaluation was carried out in order to find out if the interventions could address some of the challenges orphans faced.

Chapter seven, the researcher provides an overview of the study and also draws conclusions based on findings. The researcher further discusses the strengths and limitations of the study and makes recommendations for future research.

1.10 Conclusion

This chapter provided a broad overview of the study. Chapter Two discusses the body of literature on the psychosocial challenges and potential interventions studied in the process of developing the group-based intervention.

Chapter 2: Review of relevant literature

2.1 Introduction

This chapter provides a comprehensive examination of existing literature on psychological challenges faced by orphaned children, with a particular focus on studies conducted in South Africa. These studies shed light on the psychological challenges encountered by orphans and the potential psychosocial interventions that may be used to assist them. The chapter concludes by emphasizing the theoretical approaches employed in this research.

2.2 Challenges of orphans

An orphan refers to a child who has experienced the loss of one or both parents due to various circumstances, which makes them more vulnerable to psychological difficulties (Ntuli et al., 2020). The psychological consequences of orphanhood may not become apparent until a significant period of time has elapsed (Christopher & Mosha, 2021). The escalating rates of sickness and death among the adult population, attributed to many factors including HIV/AIDS, poverty, violence, and traffic accidents, have been associated with the concurrent increase in the vulnerability of orphaned children in South Africa. According to Bhengu (2021), children who have experienced the loss of their parent(s) may encounter challenges in the subsequent years. Emotional and behaviour difficulties can influence the general development of orphaned children (Ntuli et al., 2020). Therefore, it is imperative to evaluate and ascertain the mental health issues present in such children in order to provide appropriate interventions for them in a timely manner (Kaur et al., 2018). The objective of this study is to examine the psychological and social obstacles that orphans face following the loss of a parent who was serving as a member of the South African police service. The majority of the psychological and social literature utilised in this part was derived from research conducted on AIDS orphans, as such individuals are considered to have comparable experiences to other orphans (Cluver et al., 2012). The subsequent section will address the issues faced by orphans.

2.2.1 Psychological challenges:

2.2.1.1 Parental Loss

In South Africa, over 25% of children have lost a parent, and many more have lost a family member (Thurman et al., 2018). Nel (2022) defines childhood parental loss as the death of one of a person's parents during their formative years. Parental loss at any age is a significant transition that creates profound consequences (Antony & Kapoor, 2024). Encountering this loss in emerging adulthood may be particularly difficult since children lack parental support, emotional support, and financial resources to meet their basic requirements (Shulga et al., 2016). Due to their higher emotional and behaviour problems, those who struggle are more likely to suffer from psychological disorders (Mufalali et al., 2022).

Children who lose their parents typically express their condolences in a manner that is comparable to that of adults dealing with serious issues, but they are not the same. Children find it somewhat more difficult to accept death, and occasionally the emotions become apparent after a few years (Wijayanti Suatin, 2020). One of the most traumatic occurrences in a person's life is the death of a close family member. Depending on how close you were to the deceased, the way this loss unfolds varies from person to person (Hlophe & Jooste, 2022). Children who have lost a parent exhibit a variety of behaviour and emotional responses, including sadness, suicidal thoughts, anxiety, insomnia, addiction, and decreased function at school and home (Guzzo & Gobbi, 2021). The most significant psychological issues that orphans experience are mentioned here.

2.2.1.2 Bereavement

Bereavement refers to the state or circumstance of experiencing the loss of a loved one due to various circumstances. Grief is a typical and inherent emotional response to the experience of loss. In essence, the phenomenon comprises several expressions, including physical, emotional, cognitive, behaviour, and spiritual aspects. Individuals experience this emotional toll as a result of their deep connections, affections, and emotional ties to individuals, endeavours, and material belongings. According to Venkatesan (2022), the experience of grief typically precedes the process of mourning, initially manifesting as a personal and internal response. People commonly acknowledge that the mourning process involves a series of stages, including denial, anger, negotiation or bargaining, despair, and acceptance (Akerman & Stathan, 2014). VandenBos (2013) asserts that the process of mourning encompasses various manifestations, such as shedding tears, vocalising through yelling, or engaging in wailing. Moreover, this phenomenon can also manifest through the mediums of laughter, dancing, painting, or music. Subsequently, mourning is characterised by numerous individual expressions and behaviours. It is important to note that there is no universally prescribed or incorrect manner in which to engage in the process of mourning (Akerman & Stathan, 2014).

- **Children's bereavement**

The death of a loved one can be devastating at any age. The occurrence of loss through death, bereavement, grief, and grieving has become a prevalent phenomenon among children (Venkatesan, 2022). Despite the fact that adults, with their life experiences and higher order of thinking, are more adept at handling loss than children, some adults, like children, experience a phase of sorrow and bereavement, which involves a substantial grieving process (Ferow, 2019). In accordance with the findings of Kurniawan et al. (2018), the period of adolescence is characterized by a multitude of transformations in various domains, including physical, cognitive, psychological, and societal. According to Isnaeni et al. (2021), individuals aged 12 to 17 experience a significant phase of psychosocial development referred to as the time of identity versus identity uncertainty. The identity-versus-identity crisis developmental stage holds great importance in an individual's maturation process and is considered essential to navigating through life successfully. This psychosocial developmental stage

poses difficulties for adolescents who have experienced parental loss in expressing and exhibiting initial signs of grief, particularly in the absence of appropriate support from adults to facilitate their grieving process (Argyriadi et al., 2021).

When a child loses a parent, sibling, or relative through death, it can have a profound impact on a child, permanently shaping their perception of the world and heightening their vulnerability to various health, scholastic, and interpersonal challenges, as well as premature mortality (Paul & Vaswani, 2020; Weaver, 2019). Additionally, researchers discovered that children exhibiting psychological disturbances were susceptible to notable levels of internalising difficulties, such as depression, anxiety, introversion, social withdrawal, sadness, fear, and challenges in social expression. Others tend to display external issues like physical and verbal aggression, anger, irritability, and defiance (Doku et al., 2019; Gumede, 2020; Mfidi, 2017; Ntuli et al., 2020).

It is important to understand that children may not receive the support they need from their surviving parent as they go through the grieving process. In this difficult time for both parent and child, it's important to support and care for the child. Losing a spouse to death is a life changing event, with varying implications for the survivor (Thomas, 2021). For instance, the traumatic nature of homicide leaves survivors more vulnerable to a variety of other deleterious psychological outcomes, including depression, anxiety, and PTSD, than survivors of other types of losses. This can contribute to parents not being emotionally available for a child during the mourning period (Bottomely et al., 2015). Many consider the death of a parent to be the most profoundly distressing event for a child. Unfortunately, as adults navigate their grief and move forward with their lives, we often assume that the bereaved child does not experience such high levels of sadness and, as a result, receives limited care throughout the entire mourning process (Ngesa et al., 2020). According to Huynh et al. (2019), parents typically prioritize the provision of material help, such as food, shelter, clothing, and health services, while offering limited attention to the psychological support of a child.

Therefore, it is probable that the absence of psychological assistance for orphaned children and adolescents could result in the emergence of emotional and behaviour issues, including anxiety, tension, diminished selfworth, decreased belief in one's abilities, and depression (Huynh et al., 2019). This was also supported by Kuehn (2013), Limo and Kibowen (2017), Ngesa et al. (2020), and Yendork and Somhlaba (2014), who indicated that if another parent, parent figure, or primary caregiver is not able to step in to offer the child's emotional support, stability, and structure, it can inhibit the grieving process and cause permanent negative effects, and it can also lead to them developing complex grief disorders and cause severe developmental, emotional, behaviour, and intellectual delays.

Ngesa et al. (2020) found that the complex grief disorders negatively affect their capacity to concentrate and maintain motivation in an academic setting, potentially leading to a decline in academic performance.

2.2.1.3 Complicated grief of children

The prevalence of childhood grief is increasing and warrants ongoing investigation, particularly in light of the rising number of South African children who experience the loss of a parent or primary carer during their formative years (Jackson, 2007). Grief manifestations in children encompass a range of emotional, behaviour, and cognitive responses when confronted with painful reminders (Haine & Knoetze, 2021).

In contrast, complex grief is described as a persistent and pervasive longing for and/or persistent preoccupation with the deceased, accompanied by symptoms that indicate intense emotional pain for at least six months following bereavement (Alvis et al., 2022). Intense emotional pain manifests in, for example, sadness, guilt, anger, denial, and blame; difficulty accepting the death; feeling one has lost a part of one's self; an inability to experience positive mood; emotional numbness; and difficulty in engaging with social or other activities. Complex sorrow may be diagnosed in children following a minimum of six months post the death of a significant individual (Alvis et al., 2020).

Intrusive trauma related thoughts, memories, and images associated with the death trigger these distressing responses (Haine & Knoetze, 2021). Ntuli et al. (2020) found that some children express sadness in a silent manner due to their inability to effectively communicate their sorrow following the loss of their parents, particularly when it involves the demise of their mother. Horn and Govender (2019) cautioned that the suppression of grieving reactions may result in their manifestation when children encounter additional stressors. Shear (2015) found that some of the children needed to connect with the departed individual by persistently reminiscing or engaging with their personal possessions, such as looking at or smelling them. Furthermore, certain children may erroneously internalize the belief that their lack of knowledge regarding their parents' deaths was a contributing factor to their passing (Shafiq et al., 2020). This leads to children viewing the act of not expressing this loss as a customary habit, perceiving it as a normal reaction in such circumstances (Breckenridge, 2019). Moreover, this can instill in them the perception that mortality is an overwhelming concept beyond their capacity to cope with (Shafiq et al., 2020).

The experience of parental loss is anticipated to be more distressing for children who were not adequately prepared for it, potentially leading to feelings of confusion, hurt, and anger stemming from the lack of disclosure (Apelian & Nesteruk, 2017). Argyriadi et al. (2021) have observed that orphans display altered behaviours, including low mood, reduced social interactions, and intermittent episodes of excessive sobbing, depression, and feelings of despair. Reports indicate that these emotional manifestations persist for several hours each day, spanning a significant portion of the week. It is important to note that the reactions observed among these children are diverse. Individuals experience psychological issues due to their inability to effectively cope with feelings of bereavement (Ntuli et al., 2020).

- **Cultural approach to children's grieving process**

One's socio-cultural context also shapes the deeply personal experience of bereavement (Thomas, 2021). According to prevailing societal conventions, this particular state is characterized by an extended period of intense grief that exceeds the typical duration and hinders one's ability to engage in daily activities (Shear, 2015). Research suggests that children are more likely than adults to experience complicated sorrow. One could attribute this to the frequent exclusion of children from family grieving coping processes.

During this period, family members collect the necessary provisions for a ceremonially appropriate interment (Phaladze et al., 2018). Bereavement rituals in Black South African cultures before and after the burial include bereaved spouses ingesting specially prepared herbs, shaving their heads, wearing mourning clothes, and undergoing ritual cleansing after the traditional mourning period elapses. Ancestor reverence rituals also take place before and after the burial and continue in varying forms long thereafter (Thomas, 2021). The significance of these rites lies in their role in upholding equilibrium and concord between the living and the deceased (Baloyi & Makobe-Rabothata, 2014). Moreover, Horn & Govender (2019) have argued that adults are often preoccupied with their responsibilities or may lack the necessary communication skills to effectively listen to a grieving child's needs and elucidate the situation at hand. The absence of adequate assistance or therapeutic interventions to assist children in their bereavement process following the death of their parents may be the identified cause of this phenomenon (Ntuli et al., 2020).

2.2.1.4 Depression

A lack of social and psychological support, limited social interactions for economically disadvantaged parents, and the loss of parental figures can exacerbate the psychological issues associated with orphanhood, including depression (Christopher & Mosha, 2021; Tariku et al., 2018). Depression, as defined by the World Health Organisation (WHO, 2019), is a prevalent mental disorder marked by enduring feelings of sadness, diminished interest or enjoyment in previously gratifying activities, reduced energy levels, experiences of guilt or diminished self-esteem, disrupted sleep or appetite patterns, and impaired concentration abilities. The condition under consideration is a mood disorder that encompasses a spectrum of emotions, ranging from typical, temporary sadness experienced in everyday life to a clinical illness characterized by prolonged and pronounced symptoms that deviate significantly from the norm (Bernard, 2018).

Adolescent depression, often referred to as childhood depression, is a form of depressive mood disorder characterized by feelings of sadness and a diminished desire to engage in activities (Li et al., 2021). Unmanaged grief increases the risk of complicated grief disorders in children (Alvis et al., 2022). Complex bereavement slows and complicates the process of adapting and accepting the finality of a loved one's death, making it difficult for the individual to return to normal functioning (Ngesa et al., 2020).

According to Bhatt et al. (2020) and Li et al. (2021), adolescent depression may encompass heightened levels of anxiety and, in more extreme instances, a propensity toward suicidal ideation and experiencing premature mortality in comparison to their non-depressed counterparts. Argyriadi et al. (2021) found that other orphaned individuals had observable manifestations of prior regressions, such as diarrhea, sucking, dependence on adults, yearning for the return of the deceased, and a pervasive sense of debilitation. Furthermore, a significant number of orphaned children demonstrated diminished self-esteem, a lack of existential direction, and a pervasive sense of worthlessness. According to Li et al. (2021), it is important to note that additional adverse consequences may arise from several causes, such as developmental influences, sex hormones, and psychological trauma. These factors can interact and contribute to an increased risk through hormonal mechanisms, as well as disrupt brain pathways in numerous instances.

These effects encompass profound feelings of isolation, helplessness, and mourning for their deceased parents (Saraswat & Unisa, 2017). When parents pass away, children experience the absence not only of their physical presence but also the loss of other beneficial attributes bestowed upon them during their parents' lifetime, including love, care, and protection (Argyriadi et al., 2021). When orphaned children receive insufficient assistance during the mourning period and receive inadequate support in adapting to a parental loss, it can trigger depressive symptoms that affect their quality of life, physical and social wellbeing, human rights, and economic, educational, productive, cultural, and reproductive rights (Argyriadi et al., 2021; Christopher & Moshia, 2021).

Moreover, individuals in this situation may experience a diminished capacity for engaging in academic tasks, leading to a potential decline in their academic performance. Ultimately, the presence of distressed feelings may potentially exert pressure on the dynamics of relationships with carers, educators, and fellow orphaned individuals, who may not be aware of the depressive state they are experiencing.

2.2.1.5 Trauma

The loss of a parent significantly impacts a child's emotional wellbeing, regardless of the circumstances surrounding the death (Breckenridge et al., 2017). Children who experience the loss of a loved one face an increased likelihood of developing symptoms associated with trauma, such as childhood traumatic grief (Haine & Knoetze, 2021). The term "trauma" refers to the responses that occur after an emotionally distressing or unfavorable experience, often resulting in lasting psychological and physiological consequences (Arasa et al., 2020).

Therivel and McLuckey (2018) found that symptoms associated with trauma hinder a child's ability to participate in a traditional grieving process. In the immediate aftermath of the occurrence, children who have experienced trauma may exhibit symptoms such as shock, denial, hyperarousal (e.g., difficulties with sleep, irritability), re-experiencing the trauma (e.g., distressing thoughts, recurring nightmares), and avoidance or numbing behaviours (e.g., detachment, difficulties with focus or concentration) (Breckenridge et al., 2017). Researchers have observed that these trauma-related symptoms can

manifest in the short term and significantly impact their long-term developmental stages, such as trust, autonomy, industry, and independence (Braband et al., 2014).

Over a longer period, these children may also manifest unpredictable emotional responses, recurring memories of the event, strained interpersonal connections, and even physical manifestations like headaches or nausea. Childhood traumatic grief (CTG) refers to a condition in which the symptoms of trauma hinder children's ability to navigate the typical grieving process (Braband et al., 2014). The manifestation of trauma related symptoms in children characterises childhood traumatic grief, impeding their ability to navigate the customary grieving process in situations where the death is sudden, astonishing, and fear-inducing (Haine & Knoetze, 2021).

2.2.1.6 Anxiety

Exposure to stressful situations is damaging to children, particularly in the early years. Chronic stress undermines children's immune systems and impairs their neurological development, presenting long-term health, behaviour, and academic challenges. Negative psychological emotions such as sadness, anger, tension, depression, anxiety, or a combination of these, are known to affect adolescents who have lost one or both of their parents (Babedi & Pillay, 2019). Researchers have discovered that anxiety symptoms in orphans include fear, low self-esteem, and hesitancy when interacting with others (Iqbal et al., 2022). Orphans who suffer from anxiety do so without understanding the real cause, and the more intensely they worry, the more they may express emotional or behaviour reactions (Demoze et al., 2018). In South Africa, there is no standard test to screen for anxiety in young children, despite childhood anxiety being the most prevalent mental health concern among children (Adebiji et al., 2022).

2.2.2 Social problems

2.2.2.1 Challenges in poverty and education

Worldwide, especially in developing countries like South Africa, children suffer from poverty (Christopher & Mosha, 2021; Ngobese, 2020). Child poverty has proven to have a massively negative effect on children psychologically, physically, academically, and spiritually. While child poverty impacts all children, it disproportionately impacts orphans and vulnerable children (Ngobese, 2020). Alem (2020) has identified the field of education as a particularly challenging area for orphaned children. According to Nar (2020), there is an existing direct correlation between the absence of a parent and adverse academic performance. The psychological consequences of parental loss have a detrimental effect on a child's capacity to concentrate and maintain motivation within an educational setting (Limo & Kibowen, 2017).

Ngesa et al. (2020) assert that children who have experienced the loss of a parent are more susceptible to experiencing severe grief disorders, which can manifest as sleep disturbances, difficulties concentrating in the classroom, lower grade attainment, failed enrolments, poor behaviour in the

classroom, and higher dropouts from school. Mothers' deaths have been found to have a greater negative impact on children's psychosocial wellbeing, even after 18. Furthermore, a longing for maternal presence has an adverse influence on children's ability to develop effective coping mechanisms, resulting in feelings of isolation, sadness, hopelessness, and apprehension regarding an uncertain future (Ntuli et al., 2020).

The literature on child bereavement has suggested that poverty can be an additional stressor, independent of parental loss, for children's psychological wellbeing (Cluver & Gardner, 2009). World Bank (2017) indicated that children are the ones who endure the pain of being poor, as poverty has a direct impact on their health, emotional wellbeing, psychosocial status, and general development.

Additionally, in the absence of a financially stable family member, a family's descent can lead to poverty, thereby increasing the likelihood that an orphaned child will be unable to access education (Eneji & Archibong, 2021). Ntuli et al. (2020) found that orphans who left school early suffered psychologically due to their worries about missing class, their clothing, school costs, school uniforms, and food. Ranthamane (2020) demonstrated that depression and other psychological issues prevent the mind from being able to focus on their schoolwork.

Furthermore, Mfidi (2017) reported that educators have acknowledged that orphans often exhibit emotional difficulties, as some of them exhibit reluctance to confide in their teachers. Certain teachers inappropriately compare orphans to their peers from more affluent backgrounds, disregarding the orphans' hardships. Consequently, the responses of teachers can discourage orphans from attaining academic success. These distressing experiences have a profound impact on children's development, their perspectives on society, their interpersonal interactions, and their overall outlook on life (Arasa et al., 2022). Such psychological issues can have long term effects, which may include low self-esteem, a lack of life skills, learning difficulties, and problematic social conduct (Mwoma & Pillay, 2015).

Parental loss disrupts children's socio-economic and socio-emotional stability, and this negatively affects their nutritional status and their subsequent development path (Bridgman & Von Fintel, 2021). Ntuli et al. (2020) discovered that being a maternal orphan makes a child nutritionally vulnerable and more likely to drop out of school.

The experience of poverty can lead to the development and intensification of stressful circumstances, resulting in significant burdens for children and their families (Hutchful, 2018). Poverty may compel children to engage in child labour or turn them into street children. Furthermore, Pillay (2016) discovered that poverty contributes to the emergence of street children and exposes them to various forms of child abuse, including neglect, discrimination, and domestic violence. Bridgman and Von Fintel (2021) emphasize the importance of public services, such as infrastructure and social services, in mitigating the prevalence of stunting among this vulnerable population. Double orphans, who lack private support, are particularly reliant on public services compared to other children.

Families with modest incomes often force children to withdraw from school to care for an ailing family member (Ntuli et al., 2020). Consequently, many children find themselves unable to afford school fees as well as basic educational materials such as notebooks and pencils (Alem, 2020). Others face challenges in completing their homework when darkness falls, as they lack access to electricity or the means to purchase candles (Mpofu & Tshabalala, 2021). Some orphans frequently attend school without having bathed, as the arduous and time-consuming task of boiling water on a fire in the absence of electricity makes it impractical in the mornings (Pillay, 2018). This underscores the difficulties that the absence of electricity poses for families. Furthermore, the majority of these orphans reported experiencing frequent mockery and criticism from fellow students due to their disadvantaged financial circumstances.

These barriers encompass factors such as living in impoverished conditions, lacking institutional support, and facing limited access to essential healthcare, which are often accompanied by prolonged grief and mental instability (Breckenridge et al., 2017).

2.2.2.2 The challenge of high-risk behaviour

Gray et al. (2016) assert that orphans constitute a susceptible demographic whose prevalence is increasing, particularly in sub-Saharan Africa and Asia. Research indicates that orphans have heightened susceptibility to HIV and other socioeconomic adversities as a result of intersecting and mutually reinforcing social and structural factors (Chibuye et al., 2022).

Alcohol and drug abuse, unsafe sexual behaviour, and bullying are just a few of the risky behaviours of school aged adolescents that have been linked to mental health issues (Mfindi, 2017). Researchers have found that orphaned youth exhibit higher levels of risky sexual behaviour and nearly twofold greater odds of HIV infection due to psychological difficulties, which in turn affects their self-efficacy to engage in safer sex practices compared to their non-orphaned peers (Thurman et al., 2016). Cluver et al. (2013) present evidence from the sub-Saharan region of Africa that identifies numerous factors contributing to risky behaviour. Economic needs may compel girls to engage in risky partner selection behaviours, including transactional sex, while peer influence or low self-esteem may elevate the likelihood of engaging in sexual activities following alcohol consumption.

The prevalence of sexual risk behaviour and HIV infection among orphaned and vulnerable adolescents necessitates the implementation of evidence-based approaches (Thurman et al., 2016). Gray et al. (2016) have contended that the provision of supportive services for this substantial population of orphans throughout their childhood and adolescence poses a significant challenge for individuals, governments, and international donors. Given the well documented heightened vulnerability of orphans and vulnerable children to mental health issues, psychological distress emerges as a crucial risk factor for making poor sexual decisions (Thurman et al., 2016). Gray et al. (2016) have further emphasised that, as younger orphans transition into adolescence, their sexual health and HIV-related risk behaviours assume paramount importance in terms of health considerations. Bekker et al. (2018) have demonstrated that

failure to address the specific needs and challenges faced by orphans can lead to adolescent orphans adopting HIV related risk behaviours. The psychosocial problems children experience highlight the necessity for psychosocial interventions for orphans.

2.3 Psychosocial Interventions for Orphans

According to Thurman et al. (2017), few evidence-based bereavement support services are available to children in South Africa. Shulga et al. (2016) assert that orphaned individuals often face challenges due to their limited access to parental guidance, emotional assistance, and financial means necessary to fulfil their basic requirements after the loss of one parent. This section provides a comprehensive outline of possible interventions for orphans as described in both local and international literature. The objective of this research is to develop a psychosocial group intervention that effectively addresses the challenges faced by orphans following the death of a parent who served as a member of the South African Police Service (SAPS). The intention is that the developed intervention be implemented as part of the SAPS' support services for orphans. By consulting relevant and recent literature, appropriate intervention can be selected and developed to effectively address the psychosocial challenges faced by these orphans. Additionally, this section reviews research on group-based intervention as potential strategies to be incorporated into the routine services provided to these orphans. Lastly, the literature on the evaluation of group-based intervention and the experiences of adolescents participating in such intervention is examined.

2.3.1 The Provision of Psycho-social Support for Orphans

This section provides an overview of the existing literature on the findings of various studies that examine the fundamental needs and psychosocial support provided to orphaned individuals. The literature highlights two types of social interventions, namely home visiting programs and school based interventions, which serve as supportive measures aimed at safeguarding and enhancing the psychosocial well-being of orphans. Some interventions discussed can be implemented outside these two categories thus there are not only two types. Furthermore, psychotherapeutic interventions constitute the third type of intervention. These interventions also aim to prevent or address mental disorders that may arise as a result of the challenging circumstances faced by orphans following the loss of their parent(s).

2.3.1.1 Home visiting schemes

A child's immediate family and environment play a crucial role in shaping their development, as this environment nurtures them by fostering feelings of love and acceptance, a sense of belonging, safety, and security, and the development of trust, respect, and confidence (Alem, 2020). Apelian and Nesteruk (2017) reported that children who have lost their parents need a strong support system to help them

cope with their loss. Early interventions like home visiting can mitigate the effects of adverse life events, improving outcomes for children and their families (McWilliam, 2012). A home visiting approach may provide a platform for SAPS EHW practitioners (serving as home visitors) to develop supportive relationships with orphans and their families (World Vision International, 2012). Home visiting (HV) programs attempt to address the needs of at-risk families with young children by offering services and support that they might not otherwise access (Konrad et al., 2013).

Home visiting programmes exhibit significant variation in terms of their characteristics, encompassing a diverse range of formats, frequencies of visits, and durations of service provision. In addition to furnishing psychosocial support, home visit personnel also offer assistance in areas such as health, nutrition, economic and livelihood support, legal services, child protection services, educational support, and access to community services (Penner et al., 2020). It is important to note that home visiting programmes are regarded as a mode of service delivery rather than based on a specific theoretical approach. Home visiting programmes differ depending on factors such as the child's age, the family's risk status, the array of services provided, the frequency of home visits, and the content of the program's curriculum (Howard, 2009). By targeting these underlying risks and protective factors, home visiting programmes have the potential to mitigate social and emotional difficulties in children and adolescents (Donelan-McCall & Olds, 2020).

Over the course of the past four decades, two distinct forms of home visiting have emerged, each catering to different populations: infants and young children with disabilities and young children from disadvantaged backgrounds (McWilliam, 2012). In sub-Saharan Africa, home visiting programmes have gained popularity as a family centered approach, having been implemented for over two decades. These programmes have proven effective in enhancing overall wellbeing by facilitating connections with external service providers and providing direct material assistance to socially isolated or disadvantaged families within their own homes. Consequently, such programmes have the potential to enhance individuals' sense of control and comfort, enabling them to derive maximum benefit from the available services (Konrad et al., 2013; Thurman et al., 2014).

To effectively accomplish the objectives of home visiting programmes, it is crucial to involve the orphans they cater to in shaping the programmes, and to regularly evaluate the outcomes of these programmes as a means of enhancing their effectiveness (Konrad et al., 2013). The configuration of these programmes may differ in terms of the frequency of visits and the duration of services provided, and they also encompass the provision of psychosocial support (Penner et al., 2020). Home visit programmes are often implemented by paraprofessionals from the same community. People largely presume that paraprofessionals provide a higher standard of support services during regular visits, including culturally appropriate mental health services and basic counselling (Thurman et al., 2014). Although home visit programmes have much potential to provide valuable services for the orphans and their families, they were not used in this research, since it may be too costly to work with families individually.

The National Association of Child Care Workers (NACCW), 2014, has shown that the Isibindi Model has a strong empirical foundation in improving children's wellbeing, educational outcomes, skill development, and employment opportunities for the youth during its five year implementation period.

The NACCW in South Africa developed 'Isibindi,' which means 'courage' in IsiZulu, as a community-based care and protection intervention in response to the HIV/AIDS crisis and its impact on children. As part of the Isibindi model, trained community members conduct home visits, teaching adolescent orphans basic life skills and building resilience through ordinary human interaction. This approach transcends basic care to meet the emotional needs of children, particularly in child headed and parentless families (NACCW, 2014).

This intervention aimed to provide various essential services and referrals to support children, including but not limited to nutritional interventions, psychosocial support, educational support, access to healthcare, and economic strengthening. The parents of orphans who are experiencing financial strains can work with Isibindi, as it encourages schooling and collaborates with the Department of Basic Education and the National Student Financial Aid Scheme (NSFAS). They further provide the therapeutic elements, including teaching life skills relationship building, problem-solving, conflict resolution, and dealing with stress; assessing and referring children and families health, trauma, and the need for material assistance relating to severe food insecurity and crises; transferring knowledge and skills HIV/AIDS awareness, testing and management, safety, nutrition, and educational assistance; and life-space counselling in the moment assistance with difficult situations of conflict, crisis, stress, and grief. A multi-disciplinary team plans services around each child, their family, and caregivers (Visser et al. 2015; NACCW, 2014). Bello and Pillay (2019) supported this by finding that providing appropriate health care for orphans is crucial for maximizing their wellbeing.

Visser et al. (2015) conducted a mixed-methods quasi-experimental study to investigate the distinctions between individuals who had previously participated in the Isibindi programme (aged 18 years and older) and a control group with similar backgrounds. The study found that the majority of participants (76.8%) had lost one or both parents and had grown up with grandparents (32.9%), another family (10.1%), or in households with older children (9.8%). A significant proportion of former participants (70%) had engaged in various components of the Isibindi programme for over a year, with some participating for up to five years. These components included career counseling (66%), job empowerment (54%), and life skill training (54%). The evaluation indicated that the Isibindi model yielded certain advantageous outcomes that served as protective factors for orphaned and vulnerable children (OVC). Pillay and Twala (2008) deemed the project's achievements remarkable, as they provided hope and opportunity to orphans nationwide and brought about positive change in underprivileged communities. The authors further noted that despite limited resources, the project exerted a significant impact on the lives of individuals residing in these neighborhoods.

SAPS EHW practitioners can use the information in the ISIBINDI program to carry out some of the interventions or direct children to ISIBINDI if such services are available in their area (Pillay & Twala, 2008; SA News, 2020).

2.3.1.2 Intervention at the school level

The absence of education for orphans, as highlighted by Mpofo and Tshabalala (2021), often leads to socioeconomic disadvantages that significantly hinder their ability to derive benefits from formal education. Alem (2020) has identified education as one of the most challenging areas for orphaned children. Mwoma and Pillay (2015) have observed that schools frequently neglect the psychosocial needs of orphans, leading to heightened psychological difficulties. Researchers have found that these psychological issues have enduring consequences, such as diminished self-esteem, a lack of life skills, learning challenges, and problematic social behaviour.

School management teams (SMTs) and designated staff coordinators in each school received training, according to Wood and Goba (2011). We identified the management of emotions, risk-taking, and disruptive behaviour as primary concerns in the behaviour of children with challenges, and this training focused on these areas. Teachers see the provision of school support for orphans as beneficial in identifying mental health problems, potentially serving as a protective factor against the development or exacerbation of depression symptoms over time (Shafiq et al., 2020; Skinner et al., 2019). In many schools, the responsibility of coordinating services for orphaned and vulnerable children falls on life orientation teachers who have gained knowledge and awareness of the challenges such children face. However, the absence of regular mental health screenings in South African schools and other settings increases children's vulnerability to undetected depression (Khoza & Mokgatle, 2021; Ntuli et al., 2020). Mwoma & Pillay (2015) identify the lack of support for teachers providing care services as a significant obstacle.

Fourie (2017) argued that teachers should create open networks that increase the social capital of educators in fulfilling the different learning demands of students in mainstream schools. Nzheleni (2015) added that collaboration with school bodies is necessary for the provision of extra services that actively ensure the safety and support of children, including those from the community/parents, NGOs, SAPS/SAPS EHW, and the South African Council for Educators (SACE). The Department of Social Development (2005) supported this in July 2005 by introducing the Policy Framework for Orphans in South Africa, which outlines the focus and role of each government department in providing support and care for OVC. These programmes were found to have gone beyond just offering nutrition to OVC but also looked into their physical needs (such as school uniforms and stationery) and their psychosocial needs (Mbatha et al., 2016). Sitienei and Pillay (2019) also found that school-based psychosocial interventions have yielded promising improvements in the psychosocial status of children with mental health problems. Schools should thus implement psychosocial interventions for all children, but specifically for orphans and vulnerable children. The SAPS orphans come from various places and are

not all in one school, making this intervention inappropriate for use. Eventually, the programme developed may be implemented in school contexts as well.

2.3.2 Psychological therapeutic interventions

This section provides an overview of the existing literature on the psychological support provided to orphans, as described in various studies. Subsequently, research on this topic is examined. Psychological therapeutic interventions refer to the various approaches and techniques employed in the field of psychology to address and alleviate psychological distress and promote psychological wellbeing (Arnberg et al., 2013). The following literature discusses psychological interventions that may aid in the implementation of group based interventions as potential strategies for addressing the needs of orphans. The primary objective of these group based interventions is to enhance psychological well-being and/or mitigate the occurrence or severity of mental health problems among orphans as well as to promote resilience among orphans.

Psychological wellbeing means more than being free from stress and not having other psychological problems (Saricaoğlu Arslan, 2013). There should be no psychological ill-being, and enhancing resilience requires the presence of psychological wellbeing. Resilience refers to the ability of individuals to effectively adapt to facing acute stress, adversity, or trauma without losing their psychological wellbeing and physiological equilibrium (Fernandes et al., 2018). The developed intervention in this study will enhance resilience by better promoting mental health, enabling orphans to manage stress following the loss of their parents. The intervention will provide some of the major factors that contribute to resilience: psychological attributes (i.e., self-esteem, optimism, and emotional regulation), other peers' support and cohesion, and external support systems.

2.3.2.1 Provision of professional counselling services

Children's mental health issues received little attention in the global research and intervention agenda until recently (Ventevogel & Spiegel, 2015). The greater recognition that children's mental health conditions can negatively affect health outcomes in later life has changed this (Ventevogel & Spiegel, 2015). In light of this, the provision of counselling services has become essential (Nzeleni, 2015). Shumba and Moyo (2014) define counselling as a planned discussion between a counsellor and one or more clients, aimed at assisting the clients in resolving specific issues they are facing. This process has been described as interactive, involving an individual seeking support and another individual ready to provide it.

Counselling provides clients with the opportunity to express themselves and engage in activities such as talking, crying, shouting, or reflecting (Nzeleni, 2015). Sitiene and Pillay (2019) support this notion by emphasising that psychological counselling enables children to effectively address their traumatic conditions by allowing them to express their concerns, anxieties, and tensions.

Scarcity of well trained counsellors, psychologists, and other mental health professionals, especially in the SAPS, primarily hinders the provision of counselling services for orphans. The research incorporated counselling as a modality into a group intervention programme. Given that orphans are inherently social beings, incorporating group counseling will facilitate their engagement in meaningful interactions with their peers (Mmowa & Pillay, 2015). As posited by Christopher and Moshia (2021), counselling enables orphans to gain a deeper understanding of their personal experiences and effectively integrate in their respective environments. Moreover, counselling aids orphans in recognising and refining their abilities, as well as making well informed decisions about their futures (Nzeleni, 2015).

Furthermore, it is imperative to address the various challenges faced by orphans, such as behaviour issues involving cognitive functions like attention, memory, and reasoning that affect performance and learning; diminished self-worth; and limited interaction with educators and peers, along with the persistent grief stemming from parental loss. Bolton et al. (2015) emphasised the necessity of implementing effective mental health interventions, adapting existing ones, and enhancing the monitoring of intervention outcomes.

2.3.2.2 Cognitive behaviour therapy (CBT) as a therapeutic approach

Professionals commonly employ cognitive behaviour therapy (CBT) in individual and group settings to address the needs of clients, including orphans. CBT is a category of interventions founded on the fundamental principle that cognitive factors play a crucial role in perpetuating mental disorders and psychological distress (Hofmann et al., 2012). This method is well established as one of the most empirically validated types of psychotherapy, appropriate for clients across diverse socioeconomic backgrounds, cultures, and age ranges (Halder & Mahato, 2019; Heath et al., 2014). The integration of behaviour therapy improves the efficacy of treatment for anxiety, insomnia, chronic pain, and mood disorders. This form of therapy is increasingly recognised as the “gold standard” for addressing these difficulties (Rector, 2010).

In the 1950s, South African clinicians at the University of the Witwatersrand, led by Joseph Wolpe, made pioneering contributions to the early development of behaviour therapy (Young, 2009). Wolpe (1958) claimed that it was possible to treat the symptoms of anxiety or phobias by teaching patients to relax and confront their fears. Since its emergence in the 1960s, CBT has remained one of the mainstays of psychotherapeutic intervention for different mental health conditions (Halder & Mahato, 2019). However, CBT is a broad and heterogeneous concept, representing a variety of therapeutic approaches that emphasize, to varying degrees, cognitive, behaviour, emotional, physiological, and environmental factors in psychological disorders (Farmer & Chapman, 2016). Interventions using CBT are beneficial for reducing disruptive sorrow and effective for addressing a wide range of children’s behaviour and emotional needs. The theory relies on the interconnectedness of thoughts, emotions, and behaviours (Heath et al., 2014). The cognitive triangle visually represents the interconnectedness of thoughts,

emotions, and behaviour. It illustrates how thoughts influence emotions, leading to actions that, in turn, affect thoughts, creating a continuous cycle. This cycle persists without intervention to disrupt the pattern.

For instance, changing unhelpful beliefs can result in improved emotions and actions (Farmer & Chapman, 2016). Since changing one's emotions directly is challenging, CBT focuses on changing the thoughts and behaviours that cause distressing emotions and emphasises the present issues "here and now". It searches for methods to enhance the patient's present condition rather than concentrating on the origins of disruptions or symptoms in the past. Both the client and the therapist must accept the goals established during CBT sessions (Cully et al., 2020).

Each session of the proposed intervention for orphaned children employed cognitive behaviour therapy as an educational method. During the sessions, the theory was utilised to enhance self-awareness, facilitate emotion identification, address melancholy, improve communication skills, identify strengths, and provide psychoeducation, including information on available support resources for orphans. CBT can assist orphans in mitigating the likelihood of developing adverse reactions to their loss, potentially preventing subsequent psychological disorders such as major depression, anxiety, or prolonged mourning (Ferow, 2019). The theory instructs the researcher, acting as the facilitator, to employ supportive language to assist orphans in accepting their circumstances, fostering self-confidence, and achieving their full potential. This takes place when the facilitator recognises participants' contributions, encourages engagement, and conducts debriefing and relaxation activities. Homework assignments aim to extend adolescents' efforts beyond session boundaries and strengthen the understanding of CBT concepts, facilitating the development of more effective coping skills for their situations.

2.3.2.3 Trauma-Focused Cognitive Behaviour Therapy (TF-CBT)

Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) is a therapeutic method designed to mitigate the psychological effects of trauma through the integration of cognitive and behaviour strategies. TF-CBT is a commonly utilised therapeutic method for the treatment of trauma. This model utilises the core principles of cognitive-behaviour therapy (CBT) to reduce symptoms of post-traumatic stress disorder (PTSD) in children. TF-CBT seeks to provide children with psychoeducational resources regarding coping mechanisms, responses to trauma, and cognitive processes associated with beliefs, emotional recognition, and behaviour patterns. Therapeutic collaborative sessions aim to achieve these objectives (Gallagher & College, 2020).

Isnaeni et al. (2021) conducted a recent study that demonstrated positive outcomes in alleviating PTSD symptoms among orphaned individuals who experienced the separation or death of their parents. This finding aligns with a recommendation from the World Health Organization (Dorsey et al., 2020) to use CBT with a focus on trauma in the treatment of PTSD and prolonged grief. Moreover, CBT with a trauma emphasis is not only implemented in medical facilities but also in educational institutions, vocational programmes, client residences, and various other settings such as group therapy and rehabilitation centres, as highlighted by Halder and Mahato (2019). The involvement of the child's primary carer and

the application of the standardised TF-CBT protocol are primary distinctions in childhood traumatic bereavement therapy (Haine & Knoetze, 2021).

A randomised controlled trial conducted by Cohen et al. (2023) evaluated the efficacy of abbreviated TF-CBT for adolescents in South Africa. Youth trauma exposure is prevalent in low and middle-income countries (LMICs), where mental health services are significantly under-resourced. Seventy-five adolescents experiencing trauma (21 males and 54 females) exhibiting PTSD symptoms were randomly assigned to either eight sessions of TF-CBT or a standard care procedure.

Participants completed the Child PTSD Symptom Scale for DSM-5 (CPSS-5) and the Beck Depression Inventory II (BDI-II) at baseline post-treatment. At the three-month follow-up, findings indicated that the group that received the TF-CBT had significantly greater reductions in PTSD symptoms and depression symptoms than the standard procedure control group. The results of the study showed that cognitive therapy can be effective with a variety of psychological problems in different South African cultural contexts.

The present study employed a methodology that incorporated the participation of orphaned individuals in therapeutic sessions. These sessions encompassed various activities, including psychoeducation, relaxation techniques, development of affective regulation skills, cultivation of cognitive coping strategies, exploration of trauma narratives, cognitive processing of traumatic experiences, and the promotion of safety (Haine & Knoetze, 2021).

2.3.2.4 Abangane Grief Support Group

The programme known as the Abangane Grief Support Group for Teen Girls is a notable initiative in the field of adolescent mental health. The programme's name, Abangane, translates to "friends" in Zulu. The Abangane Grief Support Group for Teen Girls' programme was developed by Khululeka Grief Support, as documented by Thurman et al. (2017). Six women professionals specialising in social work, child psychology, palliative care, nursing, and education founded Khululeka in 2005. Their objective was to assist children whose primary caregivers were succumbing to AIDS related illnesses prior to the widespread availability of antiretroviral therapies (Thurman et al., 2017). The programme focuses on delivering psychological support to adolescent girls between the ages of 13 and 19 who have experienced the loss of a loved one.

Thurman et al. (2017) conducted a study involving a sample of 453 bereaved ninth grade students between the ages of 13 and 17, who expressed interest in participating in the group. The findings indicated that adolescent participants in the intervention group experienced improvements in their psychological wellbeing, including a decrease in problematic grief and depression symptoms, as well as a reduction in internalising and attention problems compared to the wait-listed control group.

The programme comprises eight sessions, with each session consisting of 100 minutes of meticulously planned scripted activities (Thurman et al., 2017). The majority of sessions incorporate two structured

core activities that center on experiences of loss and grief, coping interconnections between emotions, thoughts, and behaviours (based on CBT), and help participants understand grief and loss, facilitate the grieving process, achieve closure, develop effective coping mechanisms for challenging emotions, and cultivate skills for life planning. The programme further facilitates the development of new coping skills and habits among the participants; the sessions incorporate group discussions, pair/group work, and assignments to be completed at home (Thurman et al., 2017).

The Abangane programme was chosen for its alignment with the principles of Cognitive Behaviour Therapy, which constitutes the theoretical framework for this study (Thurman et al., 2017). It also incorporates contextually relevant scenarios and facilitates discussions on various cultural rituals and traditions associated with death (Thurman et al., 2017). Moreover, the programme also provides assistance to orphans by fostering support from fellow group members through highly interactive activities. Notably, published and peer reviewed evidence has substantiated Abangane as the only grief support group model in South Africa (Centre for Social Science Research (CSSR), 2023).

2.3.2.5 A group intervention utilising expressive art

Expressive arts therapy is a therapeutic approach that addresses clinical issues in various populations, as described by Kheibari et al. (2014). This method involves utilising diverse artistic modalities, such as movement, writing, sound, painting, sculpture, music, and improvisation, within a nurturing environment. The aim of expressive arts therapy is to facilitate individuals in expressing their emotions (Alfred, 2018). Expressive, creative modalities were at the core of five interventions (combined art, play, yoga therapy, and drawing and writing) that aimed to support participants in expressing their thoughts and emotions in the context of bereavement (Seekles et al., 2023). It is believed that all children can derive benefits from engaging in expressive arts for the purposes of healing and self-discovery. By employing expressive art as a form of therapy, children can effectively address unresolved past issues and manage challenging emotions, such as fear and anger, thereby supporting their overall healing process (Fernandez, 2014). Expressive art interventions showed positive outcomes in pre–post evaluation studies done by Seekles et al. (2023).

Clements (2001) argues that understanding the significance of a child's expressive art allows psychologists to evaluate the child's grieving process and provide valuable support. This study implemented expressive art therapy as a session activity. This approach would tailor social support to the specific developmental level of orphans, incorporating creative intervention strategies like role plays, road map drawing, and memory box creation. Those activities would assist orphans in generating an effective platform from which to discuss their loss and the associated emotions (Haine & Knoetze, 2021). Grieving children open up to their counsellors to freely share their feelings and work through their losses, demonstrating the efficacy of creative strategies (Wong, 2013). According to Howell et al. (2015), children can explore the traumatic aspects of their loss via the lens of personal ownership of their work through the use of creative arts, such as writing and painting. In choosing to express their experiences

and feelings, children have the chance to self-regulate in communicating their sadness, which improves their impression of control in chaotic surroundings or recollections (Braband et al., 2014).

2.3.2.6 Memory box

Between 2008 and 2011, the Sinomlando Centre for Oral History and Memory Work in Africa, School of Religion and Theology, University of KwaZulu-Natal, and Children's Emergency Relief International (CERI) collaborated to carry out the Memory Box Project in South Africa in six provinces: Eastern Cape, Free State, KwaZulu-Natal, Limpopo, Mpumalanga, and North West to provide caregivers of orphans and vulnerable children across South Africa with psychosocial rehabilitation and resiliency training (Children's Emergency Relief International (CIRI), 2019).

The memory box methodology is a family centered psychosocial intervention that promotes intergenerational communication between immediate and extended family members. Although the memory box technique is not a cure-all for children's and caregivers' emotional losses, it is a tried and true best practice methodology for assisting children and families in coping and processing the fear, sadness, and trauma associated with loss (CIRI, 2011). The memory box was developed in response to the large number of persons affected by HIV/AIDS (Denis 2003). The memory box technique includes a variety of therapeutic modalities, including oral history, life stories, narrative therapy, and child counseling, all of which aim to promote healing (Denis and Mafu, 2005). The work on memory extends beyond the distant past, primarily emphasising future planning and the development of life stories. People widely employ it to tackle contemporary problems (Denis & Mafu, 2005). Furthermore, this technique aims to increase resilience, build a sense of identity, and restore a positive attitude toward life after parental loss (CIRI, 2019).

A memory box is a wooden, metal, or cardboard box that contains photos, identification documents, and things relating to deceased family members (Denis and Mafu, 2005; UNICEF, 2005). Denis (2011) identified the specific objects in the memory box to assist orphans in reminiscing about their loved ones and the memories they shared (CIRI, 2019). There are various ways to cope with the loss. A pilot randomized controlled trial with orphans discovered that memory therapy, in which participants explored their life narrative via artwork, significantly improved general mental health symptoms (Seekles et al., 2023).

Children who use a memory box can select whichever objects remind them of the memories they want to love the most (Denis, 2011). This study will use the memory box technique to facilitate the preservation of illustrations and narratives, allowing orphans to recount their personal experiences and assisting in the integration of their emotions and thoughts surrounding their unique grief response (Barbara et al., 2014). At home, orphans and their families will create the memory box, fostering a "safe place" where adults and children can share previously silenced family memories without fear of stigma or revelation.

2.3.2.7 Photovoice

Photovoice is a participatory action research methodology involving photography and reflection. It involves the creation of a visual reality of a person's lived experience with a particular topic (Werremeyer et al., 2020). Caroline Wang and Mary Ann Burris developed this strategy in 1992, previously known as a photonovel (Wang & Burris, 1997). Action research methodology, explores the interplay of society, politics, and power, forms the foundation of this strategy (Wang & Burris, 1997). By utilising photographs taken and selected by participants, respondents can reflect upon and explore the reasons, emotions, and experiences that have guided their chosen images. Individuals picture their daily lives as part of the participatory action research technique known as photovoice (Baker & Wang, 2006). Participatory action research has widely used photovoice as a method or strategy in problem-solving through photography or documentaries, encompassing educational, social, health, and non-traditional literature (Suprpto et al., 2020). It is a visual research methodology that puts cameras into the participants' hands to help them to document, reflect upon, and communicate issues of concern while stimulating social change (Wang, 1999). The three main objectives of photovoice are to: (1) enable people to reflect on and record the strengths and weaknesses of their community; (2) foster critical dialogue and knowledge about individual and communal issues through discussions of their photographs in both large and small groups; and (3) influence policymakers (Wang, 2009). Through the use of the photographic method, orphans can identify with their loss, build on a deep, historical foundation of their psychosocial being, and find words to express their psychosocial needs (Wang, 1999).

According to Moletsane et al. (2007), the utilisation of photovoices and other participatory methodologies offers an alternative approach to engaging young individuals in the construction of their own knowledge and in the process of cultivating a sense of personal agency for taking action. Benninger & Savahl (2016) demonstrated that the implementation of the photovoice strategy facilitated self-expression among children, with their emotions closely linked to their personal safety and the safety of their peers.

The objective of this approach is to examine the process by which children develop and interpret their sense of self following the loss of their parents. Factors such as feelings of safety, social connectedness, and the physical environments children find themselves in influence this process (Adams et al., 2017). The methodology involves the creation of a visual representation of the experiences of orphaned children on a specific topic. Photographs are taken and subsequently analysed based on their content and then shared and discussed with other group members within a group setting (Suprpto et al., 2020). Through the use of photovoice, orphaned children are considered the experts on the subject matter, as they capture photographs and engage in deep reflection on them, both individually and in group settings (Werremeyer et al., 2020). Importantly, this approach allows the orphans to actively express their thoughts and opinions about the photographs (Suprpto et al., 2020). Photovoice distinguishes itself from other photo elicitation techniques by requiring the participants to generate the photographs used in the intervention.

By granting orphans autonomy to select the images used, this strategy fosters increased engagement in the intervention. Photovoice participants are encouraged and guided to capture photographs that shed

light on important subjects relevant to their daily lives. In order to effectively mobilise resources, Abma & Schrijver (2020) instruct participants to capture images that are both "accurate" and "representative" of their personal experiences or surroundings. The inclusion of photographs that symbolize significant events in their lives within the intervention offers potential benefits as a therapeutic group modality. Furthermore, photovoice often engenders a sense of empowerment and group support through the collective exploration of experiences (Werremeyer et al., 2020). Photovoice activities will be integrated into the intervention for orphans.

2.3.2.8 Tree of Life as a narrative method

Hope and Timmel published a version of the Tree of Life in 1984. In Zimbabwe, Ncube (2006) and The Regional Psychosocial Support Initiatives (REPSSI) (2012) further developed and expanded that version to understand children's concerns about their lives during times of change. People affected by various problems use the tree of life, a counselling method, for assistance. Originally, the design of the tree of life method targeted children and young people between the ages of five and twenty. The method provided support and assistance in coping with loss, bereavement, and grief (Lock, 2016). In many other contexts of working with counsellors, individuals adapted the method to meet their needs, using it as a narrative method to help displaced orphans tell their life stories in a group therapy setting (Hirschson et al., 2017; Lock, 2016).

This approach facilitates children's expression of their experiences in a manner that avoids re-traumatisation and fosters positive connections with their personal history, cultural background, and important individuals in their lives (REPSSI, 2012).

Narrative therapy is a tool that uses different parts of a tree as metaphors to represent the different aspects of life. People draw their own 'Tree of Life', which represents their roots (origin, family, ancestry, culture), ground (place of residence, hobbies), trunk (skills, memories), branches (hopes, dreams, wishes), leaves (important people), and fruits (gifts) (Ncube, 2006; REPSSI, 2016). This helps the child speak about their own lives in terms of their "roots" (where they come from), their skills and knowledge, their hopes and dreams, and the special people in their lives (REPSSI, 2012). It draws on the concepts of collective narrative practice, an approach that aims to respond to orphans who have experienced psychosocial suffering in contexts where support or therapy may not be culturally resonant (Denborough, 2012). The rationale behind narrative therapy is that orphans shape their self-identities through their own accounts of their lives and the stories they tell about themselves. It also incorporates three widely recognized narrative principles, which facilitate the development of a second narrative about the orphans' psychosocial lives (Lock, 2016).

This study uses the tree of life methodology because it has the potential to enhance the resilience of orphaned individuals and provide them with psychosocial support. This approach involves engaging children in exploring their family histories and using their knowledge to inform interventions (Ncube, 2006). By acknowledging and responding to both the individual and collective experiences expressed

through the tree of life, facilitators can effectively address children's understanding of their families, as well as their psychosocial support needs and protection concerns.

2.3.2.9 Bibliotherapy

Bibliotherapy is a therapeutic intervention that uses literature as a means of promoting personality growth and development. The utilisation of written material as a technique and tool for emotional problem-solving has been practiced for centuries, albeit under different names depending on the historical period and geographical location (Magaji, 2016). Since its inception, the practice of bibliotherapy has been referred to by various terms, including bibliopsychology, biblioeducation, bibliocounseling, biblioprophylaxis, and library therapeutics (Ludwig, 2002). Basbane (2001) reports that literature bearing the title “house of healing for the soul” stayed in a motor at the entrance to King Ramses II of ancient Egypt's Royal Chamber. This implied that literature might be used to heal the mind.

Abilash and Jothimani (2019) assert that the establishment of the International Federation for Biblio/Poetry Therapy took place in 1983. Detrixhe (2010) contends that bibliotherapy has been recognised as a form of psychological and cognitive therapy since 1916, aimed at assisting individuals grappling with various disorders such as depression, social phobia, and childhood phobias, among other conditions. A study conducted by Mitchell-Kamalie (2002), examining the nature, essence, and use of bibliotherapy as an educational means using topics like fun, sadness, loneliness, loss, self-concept, and independence, was also dealt with, followed with discussion with children aged nine to eleven. Before and after bibliotherapy, the students underwent testing. Discussions focused on topics such as enjoyment, joy, grief, loneliness, loss, self-concept, and independence. This study aimed to investigate the potential relationship between bibliotherapy and variations in adjustment, satisfaction, attitudes, and behaviour. The findings demonstrated statistically significant differences between the pre-test and post-test results. The implementation of bibliotherapy as an intervention significantly improved the participants' self-concept and self-esteem levels.

This approach serves as a complementary or adjunctive modality to various therapeutic interventions, utilising literary resources to promote optimal mental wellbeing. It offers a versatile and cost effective treatment option. Prescriptive bibliotherapy, also referred to as self-help readings, encompasses the utilisation of specific reading materials and workbooks to address a wide range of mental health concerns. By implementing this approach, it has been observed that it facilitates enhancements in individuals' lives by providing knowledge, support, and guidance through the medium of books and narratives (Lindberg, 2021). The method can be categorised into two distinct domains based on its applications: clinical literature, which aims to influence readers' perceptions of psychological needs and therapeutic goals, and developmental literature, which is employed by educators and healthcare professionals to assist patients in navigating normative life transitions, such as puberty (Gepp, 2022).

The utilisation of bibliotherapy, encompassing various literary forms such as novels, short stories, poems, plays, and biographies, has been found to contribute to the improvement of psychological wellbeing and

the addressing of specific mental health concerns (Oelofsen & Grobleron, 2014). This approach offers several advantages, including the provision of knowledge and information regarding problems, the creation of awareness that others have encountered similar issues, the stimulation of discussions about these issues, the provision of potential solutions, and the communication of diverse values and attitudes that enable individuals to acquire alternative perspectives and problem-solving strategies (Gepp, 2022).

2.3.2.10 The Regional Psychosocial Support Initiative (REPSSI)

The Regional Psychosocial Support Initiative (REPSSI) is an organisation that focuses on providing psychosocial support to various regions. In 2005, REPSSI emerged as a non-governmental organisation functioning on a regional scale. Its headquarters are located in South Africa, with sub-regional offices in Tanzania, Zimbabwe, and Zambia. The establishment aimed to mitigate the psychosocial consequences of poverty, violence, and HIV/AIDS on children and youth, their families, and communities. Psychosocial support refers to a range of interventions aimed at promoting the cognitive, emotional, and spiritual well-being of individuals while also fostering their social and cultural connections (REPSSI, 2012).

REPSSI has emerged as a prominent authority in the field of psychosocial care and support, offering a wide range of resources such as tools, manuals, and guidelines. The primary objective of REPSSI is to promote optimal mental and psychosocial wellbeing among young individuals. To achieve this goal, REPSSI provides comprehensive guidance, exceptional technical assistance, and specialised expertise in the domain of psychosocial care and support (PSS) for children and youth.

In 2008, Babedi (2013) explored the implementation of school based psychosocial support through REPSSI for Grade 12 students who have behaviour and emotional issues after losing both parents to HIV/AIDS. The behaviour and emotional problems reported included violent and aggressive behaviour; sexual and substance dependency; teenage pregnancy; early school dropout; and truancy. The initiative focused on taking care of children's developmental needs—social, emotional, behaviour, physical, and spiritual. The results showed that providing help had been successful. Teachers need in-service training to implement some of the PSS techniques (REPSSI et al., 2009).

The practitioners of the South African Police Service (SAPS EHW) can collaborate with the Regional Psychosocial Support Initiative (REPSSI) to ensure comprehensive care for orphans by providing them with healthcare interventions and programmes that use a family-centered approach and prioritise the strengthening of families and existing community-based systems.

Furthermore, it will be essential for SAPS to establish partnerships and engage in inter-sectoral networking with other organisations, programmes, and service providers to enhance capacity. It is widely recognised that psychosocial support (PSS) has a more significant impact when it originates from the immediate family of the child or adolescent. There is a growing consensus that the psychosocial wellbeing of children relies on holistic access to their psychosocial care (REPSSI, 2007).

The programme additionally offers emotional support through the provision of continuous daily affection, nurturing, and grief counselling tailored to specific cultural contexts in order to address the loss of parents (REPSSI, 2008). The components of psychosocial support (PSS) are of paramount importance as they encompass the values, aspirations, actions, and aspirations that orphans hold for their own lives (Matikanya et al., 2006).

2.3.2.11 Adolescent Let's Talk Curriculum

The programme known as Let's Talk is a comprehensive HIV prevention initiative designed for adolescents. It encompasses various aspects, including family dynamics and mental health, in addition to the conventional information and skill-based training (Visser et al., 2018). The Highly Vulnerable Children Research Centre at Tulane University and the University of Pretoria in South Africa collaborated to develop the curriculum, with financial support from USAID Southern Africa and PEPFAR (Let's Talk Adolescent Curriculum, 2021). Its primary objective is to address the pressing challenges faced by HIV and AIDS affected teenagers, such as their heightened vulnerability to psychological health issues and engagement in risky sexual behaviors (Gumede et al., 2022).

The current intervention closely aligns its session framework with the Let's Talk Adolescent Curriculum phases 1 and 2 (2017). In phase 1, participants build emotional coping, communication, and problem-solving skills with a specific focus on resolving issues that arise in family life (Thurman et al., 2018). They learn techniques to solve problems and recognise the link between their thoughts, emotions, and behaviors in order to better cope with feelings of sadness and anger (Let's Talk Curriculum, 2021). According to Thurman et al. (2018), CBT posits a link between thoughts, emotions, and behaviours, suggesting that modifying one can predictably affect the others. The cognitive triangle visually represents the interconnectedness of thoughts, emotions, and behavior. It illustrates how thoughts influence emotions, leading to actions that, in turn, affect thoughts, creating a continuous cycle. This cycle persists without intervention to disrupt the pattern. For instance, changing unhelpful beliefs can result in improved emotions and actions (Farmer & Chapman, 2016). In phase 2, adolescents and caregivers learn about HIV and STI transmission, testing, and prevention and how to avoid unintended pregnancy. Interactive exercises provide adolescents with an opportunity to consider real-life situations that may put them at risk and practice skills to use when refusing sex and negotiating condom use (Let's Talk Teens, Phase 2 Curriculum, 2018). However, from phase 2, this study considers qualities that are present in healthy and unhealthy relationships not in terms of health or disease, but the quality of the relationship, that is, how couples treat each other and what each person gives and gets from the partnership/relationship.

In a study involving 105 adolescents who engaged in the Let's Talk intervention and completed both surveys, significant improvements were observed in their knowledge of HIV and condom use, as well as in their self-efficacy regarding condom negotiation. Adolescents exhibited markedly improved mental

health in the post-test evaluation. The connection and communication regarding healthy sexuality between adolescents and carers also showed improvement (Thurman et al., 2018).

Furthermore, the group intervention programme incorporates various components into its structured approach. Each two-hour session includes an introductory ceremony, a review of the home practice from the previous session, and three to five core interactive exercises (Thurman et al., 2018). At the conclusion of each session, participants engage in a discussion to reflect on the lessons learned and receive a practice assignment to complete at home (Adolescent Let's Talk Curriculum, 2021). The intervention in this research employed a similar structure.

2.3.3 Conclusion

In conclusion, this section provided an overview of the underlying factors contributing to the challenges commonly faced by orphaned individuals. Various studies have examined the psychosocial difficulties encountered by orphans, highlighting the urgent need for interventions aimed at helping them manage the emotional repercussions associated with parental loss. Existing literature has demonstrated the existence of suitable interventions, particularly within the South African context, that effectively assist orphans in navigating the psychosocial challenges arising from the death of their parents. Furthermore, elements of these interventions can be utilised to develop a group based intervention tailored to the specific needs of orphans in this particular context, addressing their psychosocial requirements. Chapter 5 will include a description of the interventions that were designed. The outcomes of the needs assessment among orphans and the SAPS staff members involved in working with them will inform these interventions.

Two theoretical frameworks will guide the intervention: the socio-ecological framework of Urie Bronfenbrenner's theory, which offers a perspective on the context, and CBT as described by Cully et al. (2020), which serves as a specific framework for the intervention

2.4 Theoretical approaches used

2.4.1 Socio-ecological systems theoretical framework

This study used Urie Bronfenbrenner's socio-ecological systems theory to guide the current study, focusing on the challenges orphans face and the necessary treatments to enhance their wellbeing. The theory also offers directions through its explanation of how the five system layers affect human growth and wellbeing (Bronfenbrenner, 1986). It also served as a conceptual tool for directing public mental health treatments by studying socio-economic and psychological issues that hindered orphans from achieving psychosocial wellness (Eriksson et al., 2018). These studies will provide guidance on the exchange of children within a broader societal framework (NDA, 2016). The public mental health field has used Bronfenbrenner's theory and analysed its value in guiding public mental health policy and practice (Eriksson et al., 2018).

From its inception in the late 1970s until his death in 2005, Bronfenbrenner's theory underwent significant changes (Eriksson et al., 2018). In Phase 1, an ecological approach to human development (1973–1979), Bronfenbrenner named his emerging theory either an ecological approach or model to human development, referring to it on occasion as a science or a theoretical perspective (Rosa & Tudge, 2013). Initially, in 1973, the theory emerged as an ecological framework, describing the context that influences the development and behaviour of individuals (Eriksson et al., 2018; Vélez-Agosto et al., 2017). Phase 2 of Bronfenbrenner's bio-ecological theory incorporated biology and the chronosystem into the ecological framework. The primary objective of the theory was to demonstrate the theoretical and empirical conceptualisation of the environment (Vélez-Agosto et al., 2017). This was done because phase 1 lacked any explanation of the role of personal characteristics in the course of development. Later research revealed that human growth entails interactions between an individual's biological and psychological surroundings, and in order to fully realise one's potential, an intermediary mechanism that gradually establishes a two-way process connecting the inner and the outer is necessary (Eriksson et al., 2018). The emphasis was more on the intimate and reciprocating nature of face-to-face contact with the child's immediate surroundings. Later, this was referred to as "proximal processes," a term that fully developed in phase 3 (Rosa & Tudge, 2013).

During phase 3 (mid-1990s–2006), proximal processes were articulated and positioned as central to bioecological theory (Rosa & Tudge, 2013), leading to the development of Bronfenbrenner's Process–Person–Context–Time (PPCT) model. Proximal processes are now termed the engine of development. In the third phase, various changes took place, resulting in an increased focus on the proximal process as a crucial component of bioecological systems theory, which seeks to illustrate the influence of individual characteristics and environmental factors on proximal processes (Eriksson et al., 2018). Bronfenbrenner highlighted the application of the PPCT model in research in order to illustrate how interactions among processes, people, contexts, and time can elucidate individual development (Hayes et al., 2017; Tudge & Rosa, 2013).

After reviewing the three phases of Bronfenbrenner's theory, the study has found that Bronfenbrenner's PPCT model could comprehensively explain the development of an intervention for orphans. The theory has four primary components, and it focuses on the interactions between processes, person, context, and time (Hayes et al., 2017). According to Krishnan (2010), process refers to the progressively more complex reciprocal interaction between a person and their environment. Person refers to those aspects of human personality that can influence development. Context refers to all the systems that make up one's environment. Finally, time and people's perception of it also play a significant role (Eriksson et al., 2018).

It is therefore crucial to consider all the influences in a child's lived experiences, no matter how remote, and further understand their development (Crawford, 2020). The impacts of environments and ecological realities on the development and behaviour of orphaned children are significant. In order for such children to develop in a successful manner, the presence of positive, healthy, and safe social interaction is of utmost importance (Jugessur, 2022). Addressing multiple layers of issues simultaneously is

necessary to promote their mental health. Therefore, a comprehensive understanding of mental health must encompass biological, psychological, and societal perspectives. Consequently, the promotion of mental health necessitates a broad public health approach (Eriksson et al., 2018). Crawford (2020) recommends investigating the child's ecological system to comprehend and elucidate their development.

2.4.2 The Process - Person - Context - Time (PPCT) Model

2.4.2.1 Procedures

Bronfenbrenner (1979) provided a definition of proximal processes as a recurring cycle of interaction that occurs within an individual's immediate environment. The bio-ecological theory identified and positioned proximal processes as a central component during Phase 3 (1993-2006) (Krishnan, 2010). Individuals observe these reciprocal interactions in their homes, which significantly impact their lives (Eriksson et al., 2018). Bronfenbrenner (1979) underscores the significance of establishing positive relationships to counteract the potentially detrimental effects of an unfavourable and ineffective environment. He argues that even a highly constructive environment may not sufficiently support positive emotional development without the presence of a warm and nurturing relationship. The behaviour of either party can influence the dynamic processes of relationships, which involve two individuals (Shelton, 2019).

Krishnan (2010) explains that the first component, the process, includes all the interactions (from the proximal to the distal) that occur between developing individuals and their surroundings. Regularly providing professional counselling to a child after a parent's death, allowing them to discuss their loss and experience the intense grieving process, can reduce mental health challenges in orphans. The child will likely enjoy a feeling of calm, which in turn will allow them to act with greater intention in their daily lives. This happens in the microsystem (described below) as it helps an orphan to develop broader interpersonal relationships with more than one person (ElZaatari & Maalouf, 2022). The interactions have an indirect influence on individual development (Krishnan, 2010). This is the essence of reciprocal interaction, as it takes place in the home within the microsystem over an extended period of time (Bronfenbrenner, 1993).

2.4.2.2 Person

The individual, as the second component of the PPCT model, plays a significant role in shaping their own development and is particularly concerned with biological influences (ElZaatari & Maalouf, 2022). Bronfenbrenner recognizes that personal factors like beliefs, skills, and perceptions influence development (Bronfenbrenner, 1979). An individual with high intellectual capacity will experience a distinct developmental trajectory compared to someone with exceptional creativity but lower cognitive abilities. The proximal process is subject to variation based on specific individual characteristics and the diverse interactions an individual has with their environment (Hayes et al., 2017).

2.4.2.3 The Significance of Context

The context, the third component of the PPCT, encompasses all ecological systems and is considered the most critical component in understanding individual development (Krishnan, 2010). Meanwhile, context refers to interconnected systems that make up a person's ecology, such as their home, school, or workplace (Crawford, 2020). Bronfenbrenner's systems theory describes development within the context of interrelated complex systems, including microsystems, mesosystems, exosystems, and macrosystems (Jugessur, 2022; Ryan & Deci, 2001). He stressed that these four systems, which include various environmental factors that have an impact on people, contribute to how well humans develop (Jugessur, 2022). These systems will be outlined briefly.

2.4.2.3.1 Microsystems

The microsystem, as defined by Bronfenbrenner (1979), is a pattern of activities, roles, and interpersonal relations that a developing person experiences in a specific face-to-face setting, where they have specific physical and material features and interact with other individuals who have distinct temperamental, personality, and belief systems. The microsystem, the most influential level of the ecological systems, places children at the center of multiple, interacting layers of influence (Crawford, 2020). The most proximal to the child are relationships with family and their everyday caregiving environment (Cluver et al., 2012; Guy-Evans, 2020). Family was considered the most influential microsystem in the social development of a child (Crawford, 2020). The family is closest to the child's everyday life, family such as parents, siblings, guardians, caregivers, or other people living in the home with whom an orphan has daily, face-to-face contact, such as family members (Guy-Evans, 2020). The microsystem is the starting point for developmental processes such as language, social, and self-esteem development, all of which take place in playgroups (Crawford, 2020). Furthermore, the reactions of the child to individuals in their microsystem can influence how they treat them in return (Härköönen, 2007). Recognizing that human development encompasses not only objective understanding but also subjective elements like personal feelings and opinions is crucial. Acknowledging the grieving process of orphans and providing them with support can facilitate healthy grieving and potentially prevent the development of complicated grief (Venkatesan, 2022).

The interactions within microsystems are often very personal and are crucial for fostering and supporting the child's development (Guy-Evans, 2020). A child requires parental love, care, and protection in the early stages of development. The immediate family and environment of a child are critical in determining how that child develops. This environment nurtures them, fostering feelings of love and acceptance, a sense of belonging, safety, and security, and the development of trust, respect, and confidence (Kiambi & Mugambi, 2017). For orphaned children, the support of the surviving parent is crucial in helping bereaved children cope and adjust to life in the absence of one of their parents (Philips, 2015).

After experiencing the death of a parent, surviving parents play a significant role in supporting a child's intellectual, social, and academic development at home and school. This can increase an orphan's motivation and their sense of belonging (ElZaatari & Maalouf, 2022).

Nonetheless, the ecological systems perspective acknowledges the significance of external microsystems and their influence on a child's socialisation process (Crawford, 2020). These microsystems encompass individuals outside the immediate family, such as teachers, peers, healthcare providers, religious institutions, and neighborhood members. Celik and Ozipinar's (2017) research revealed that children who have lost their parents to war or accidents encounter diverse challenges in their survival. The absence of a parent leads to emotional and behaviour challenges among orphans, including sadness, hopelessness, maladaptive grief, suicidal ideation, and anxiety (Chen & Panebianco, 2018). However, consistent and regular contact between these individuals (parents, peers, and individuals associated with the parent's workplace) and the orphan can foster the development of social structures within the child's life (Crawford, 2020; ElZaatari & Maalouf, 2022).

2.4.2.3.2 Mesosystems

The mesosystem comprises the linkages and processes taking place between two or more settings containing the developing person. The mesosystem, a layer within the child's microsystem, establishes the connection between the various structures. An example of this would be the relationship between the child's teacher and his parents. Alem (2020) identifies the field of education as a particularly challenging area for orphaned children. There is an existing direct correlation between the absence of a parent and adverse academic performance (Nar, 2020). This shift in the mesosystem impacts orphans, causing them to face challenges due to a lack of parental support, emotional support, and adequate financial resources to meet their basic needs (Shulga et al., 2016). According to Ashiabi and O'Neal (2015), losing a parent results in limited financial resources, which leads to orphans experiencing a variety of socio-emotional and behaviour problems. Consequently, many children find themselves unable to afford school fees, as well as basic educational materials such as notebooks and pencils (Alem, 2020).

Ngesa et al. (2020) assert that children who have experienced the loss of a parent are more susceptible to experiencing severe grief disorders, which can manifest as sleep disturbances, difficulties concentrating in the classroom, lower grade attainment, failed enrollments, poor behaviour in the classroom, and dropping out of school. These barriers include living in impoverished conditions, experiencing a lack of institutional support, and having limited access to essential healthcare, often leading to prolonged grief and mental instability (Black-Hughes, 2017).

Conversely, teachers expressed that they find it challenging to communicate with students, recognizing orphans as experiencing emotional difficulties due to their unwillingness to open up to them. Some of the teachers inappropriately compared orphans to children with richer resources while ignoring their

suffering (Mfidi, 2017). According to Ngesa et al. (2020), children who experience sorrow are more likely to experience severe grief disorders, which include sleep issues and difficulties focusing in class.

Hence, it is imperative to ascertain the health condition and life prospects of orphaned individuals, as well as comprehend the extent of the issue and the socio-demographic attributes of orphans, as identified at schools after the passing of their parents. Khoza and Mokgatle (2021) argued the lack of routine screening for mental health in schools and other settings in South Africa increases orphans' vulnerability to undetected depression. Chitiyo et al. (2016) supported this by suggesting that school health services should develop interventions for mental health screening in schools. This knowledge serves as a basis for developing programmes that are appropriately designed, scaled, and comprehensive (Bello & Pillay, 2019; Kiambi & Mugambi, 2017).

Furthermore, empowering the surviving parents and teachers to support the children after a parent's death can significantly contribute to a child's intellectual, social, and academic development at home and school. This can increase an orphan's motivation and their sense of belonging (ElZaatari & Maalouf, 2022).

2.4.2.3.3 Exosystem

The exosystem refers to a level of the ecological systems theory that encompasses the external environments in which an individual is indirectly involved. The exosystem is a context that does not directly situate the developing individuals of interest, but rather situates those who interact with them (Siraj & Runke, 2020). It incorporates other formal and informal social structures, which do not themselves contain the child but indirectly influence them as they affect one of the microsystems (Guy-Evans, 2020). An event such as a parent's death at their workplace (exosystem) directly impacts the child's development and may exacerbate maltreatment due to the orphan status (Senefeld & Perrin, 2014). Additionally, a child may not directly participate in a parent's workplace, yet the death of a parent who was a breadwinner can affect the family's income and family stress levels (Siraj & Runke, 2020). Guy-Evans (2020) pointed out that these environments, while not directly involved in the child's experience, still have an impact on them. In this scenario, it is crucial for the child's development to receive support from within and outside the parent's workplace. The workplace can offer assistance and advantages that will positively contribute to the child's growth (Mwoma & Pillay, 2015). According to the South African Police Services Education Trust (SAPSET) (2014), in the unfortunate event of a parent's death while on duty, the organization provides financial and non-financial support to orphans. This support encompasses the payment of school fees, the provision of necessary school supplies and uniforms, the referral of cases from the deceased families to SAPS EHW practitioners for the orphans' wellbeing, and the provision of internships to graduated orphans. This study intervention for orphans will assist at this level, which is the parent's workplace where the developed intervention will assist in providing support to the orphans. This intervention will enhance the SAPSET program and bridge the

gap between the SAPS EHW psychosocial programmes, specifically the psychological programme for orphans who have lost their parents.

2.4.2.3.4 Macrosystems

Macrosystems encompass the overarching societal or cultural contexts that exert influence on all other systems. Within the macrosystem, there are sets of values and cultural belief systems that serve as organising principles for societal life (Siraj & Runke, 2020). Various channels, such as families, educational institutions, religious establishments, and other social and governmental organisations, transmit these values (ElZaatari & Maalouf, 2022). Furthermore, the macrosystem can indirectly impact the social and psychological characteristics of microsystems (Bronfenbrenner, 1993).

The macrosystem, which encompasses the broader cultural and ideological context, belief systems, and societal values, plays a significant role in a child's development. Within this context, the presence of a violent society can contribute to the death of parents (Mulisa, 2019). Noxhaka (2019) argues that while the killing of police officers is not the most prevalent form of unnatural deaths in the country, it is the category that tends to generate considerable concern. Consequently, the children's experiences of parental loss often lead to various psychological and social challenges, such as trauma, grief, anxiety, stigmatisation, depression, aggression, and anger (Cluver et al., 2015).

Moreover, Phaladze et al. (2018) reported that a significant number of children experience profound emotional distress following the death of a parent. African societies' prevailing communal, social, and cultural norms discourage the open expression of grief, especially among children and adolescents who have lost parents to HIV and AIDS (Howell et al., 2015). During this period, family members come together to muster resources for a "proper burial" (Phaladzea et al., 2018). Unfortunately, bereaved children often find themselves overlooked and unrecognised as individuals who are grieving (Chen & Panebianco, 2018).

2.4.2.4 Time

Time is a fundamental element of the PPCT Model, playing a critical role within this framework (Reijer, 2013). When Bronfenbrenner first developed the ecological systems theory, he did not account for time as a construct in human development. Later, he added this concept, noting that many human developmental theorists had only looked at time as it pertained to the process of ageing (Crawford, 2020). This system encompasses the dimension of time as it relates to a child's environments (Mulisa, 2019). Elements within this system can be either external, such as the timing of a parent's death, or internal, such as the physiological changes that occur with the ageing of a child. Bronfenbrenner (1993) defined an ecological transition as the movement within a microsystem that changes or alters its makeup. These transitions are observed to influence the development of the orphan setting. The transitions exert a

developmental influence on individuals, relationships, settings, exosystems, macrosystems, and various other components of the ecosystem across the lifespan (Shelton, 2019).

Time encompasses both chronological time, which refers to the developmental stage of adolescence spanning from 12 to 18 years of age (Krishnan, 2010), and events, which encompass changes occurring within the environment, family life, socio-economic structures, and other relevant factors (Bronfenbrenner, 1993). These events vary in duration and can have significant long-term consequences, whether positive or negative, on an individual's future experiences, self-efficacy, and motivation (Hayes et al., 2017; Krishnan, 2010). Bronfenbrenner and Morris (2006) further delineated time into microtime, mesotime, and macrotime components.

2.4.2.4.1 Microtime

Microtime pertains to the dynamics of the orphans' relationships and interactions with individuals, particularly their parents, referred to as "proximal processes." It examines the degree of continuity or discontinuity in these activities or interactions (Siraj & Runke, 2020). Research in the field of bereavement has indicated that parents often lack the time to engage in discussions about death with their children, resulting in feelings of exclusion and neglect among them.

2.4.2.4.2 Mesotime

Mesotime refers to the frequency with which the developing individual engages in a proximal process over the course of days, weeks, and years. Both microtime and mesotime are necessary for an interaction to qualify as a proximal process; the definition states that to be effective, the interaction must occur on a fairly regular basis over extended periods of time (Smit et al., 2020). Some young children endure negative effects due to loss and bereavement for a year or longer (Venkatesan, 2020). When funerals are held very soon after death, they may be relatively small, but grand preparations are often made for an event held months or years after the death to remember the dead or to mark their passing to the land of the ancestors. Most visibly, there are status concerns, family bonds, and succession issues at stake (Jindra & Noret, 2011). When a family bond is broken, children have a high chance of experiencing complicated grief after lengthy funeral processes that occur when people are deeply saddened by the death of an attachment figure during a period of weeks or months of acute grief (Enezs, 2018). Phaladze et al. (2018) discovered that this was due to the lengthy funerals, often lasting for 14 days.

2.4.2.4.3 Macrotime

Macrotime refers to the historical time period in which the developing individual lives. Cultural beliefs, values, morals, and practices are dynamic across time and generations, even within the same population (Navarro et al., 2020).

One's socio-cultural context also shapes the deeply personal experience of bereavement (Thomas, 2021). According to prevailing societal conventions, this particular state is characterized by an extended period of intense grief that exceeds the typical duration and hinders one's ability to engage in daily activities (Shear, 2015). The experience of losing a parent during adolescence has enduring consequences. Observations suggest that children may display a higher prevalence of complicated sorrow than adults. This may be attributed to the frequent exclusion of children from family grieving processes. In such circumstances, children may refrain from seeking assistance due to familial factors and their upbringing (Phala et al., 2018). Additionally, adolescents residing in households where the surviving parent is grappling with their own grief may encounter greater challenges in managing their own emotions. The absence of adequate assistance or therapeutic interventions to assist children in their bereavement process following their parent's death may be the identified cause of this phenomenon (Madiba et al., 2020). This study intervention will provide a session where orphans will discuss the emotions related to the loss of their parents and the coping skills to deal with those emotions.

2.4.2.4.4. Summary

In conclusion, it can be stated that the aforementioned points discussed in 2.4.1 Socio-ecological systems theoretical framework and 2.4.2 The Process-Person-Context-Time (PPCT) Model can be summarised as follows:

Urie Bronfenbrenner fostered Bronfenbrenner's Ecological Systems Theory, which underpins this study. Urie Bronfenbrenner's ecological theory presents a framework that focuses on the dynamic interactions between individuals and their diverse environmental systems. Bronfenbrenner's theory is an example of a multidimensional model of human development that postulates that there are levels of coating within the interacting systems that consequently result in growth and development. What happens or takes place in one system influences the other systems.

The primary objective of the intervention is to impart participants with novel coping strategies and alternative perspectives on their circumstances. The intervention's actual implementation will be led by the application of socio-ecological theory, particularly by utilizing some of the more recent developments made by Bronfenbrenner (1993), such as the inclusion of the PPCT model in the intervention's developmental stage. This study will employ the four main elements of the PPCT model—processes, person, context, and time. There are four main parts of the PPCT model that say development happens over time as part of a complicated process that includes interactions within the person, between the child and others, and within the child's environment (Vest Ettekal & Mahoney, 2017). Within the PPCT model, the five system layers have explained the socio-economic and psychological issues that hindered orphans from achieving psychosocial wellness. What happens or takes place in one system influences the other systems.

This study based its development of intervention on only two system layers: microsystem and exosystem. A group of orphans participated in a group intervention, which became part of their direct experiences,

thereby forming a micro system where children could receive support and learn coping mechanisms for their emotions. Furthermore, the child receives peer support from other orphans, enabling them to assist each other through challenging experiences. Lastly, the SAPS EHW practitioners thus became a support structure for the orphan and their caregivers over the long term.

The exosystem (the child's parent's workplace) incorporates other formal and informal social structures, which do not themselves contain the child but indirectly influence them as they affect one of the microsystems. As layers interact, workplace aspects like therapy services can become part of the child's microsystems when directly interacting with them. In this scenario, it is crucial for the child's development to receive support from within and outside the parent's workplace. The workplace can offer assistance and advantages that will positively contribute to the child's growth

2.5 Cognitive behaviour therapy (CBT) as framework for the intervention

The intervention is based on the use of cognitive behaviour therapy (CBT) as a theoretical framework (Halder & Mahato, 2019). The model serves as a straightforward and efficient framework for professionals and orphans alike to comprehend and navigate their challenges and difficulties in coping with parental loss (Hofmann et al., 2012). It establishes a fundamental basis for identifying recurring patterns experienced by orphans following the demise of their parents and facilitates individuals in generating their own potential solutions and ideas for initiating change (Cully et al., 2020). The CBT framework divides problems into five distinct domains: thoughts, emotions, physical symptoms, behaviour, and environment, as well as background factors (Hays, 2019). Each of these domains contributes to the emergence and perpetuation of issues such as complicated grief, depression, and anxiety (Ferow, 2019).

CBT have been found to be a psychological intervention model grounded in scientific and empirical principles. This method of therapy has become standard among clinical, educational, and organisational psychologists, as well as other professions (Hernández-Pineda, 2017).

The foundation of CBT is the idea that automatic thought patterns often marked by exaggeration, distortion, mistakes, or unrealistic content underlie emotions and behaviors that are known to be crucial to psychopathology (Chand et al., 2022; Fenn & Byrne, 2013). Boelen et al. (2013) link the experience of losing a loved one during childhood and adolescence to thoughts that increase the likelihood of emotional difficulties, including heightened levels of depression, anxiety, and posttraumatic stress, as well as somatic complaints and behaviour issues.

The present study will incorporate CBT principles in a group intervention programme designed to influence the cognitive processes and behaviours of the orphans. The aim is to enhance the orphans' emotional coping mechanisms, communication skills, and problem-solving abilities. The programme will specifically address the psychological challenges commonly experienced by orphans following the loss of a parent. By acquiring these skills, the orphans will be better equipped to adapt socially and improve

their overall quality of life, as reflected in their satisfaction and perception of the world (Castillo-Martínez et al., 2020).

CBT is widely recognised as an effective therapeutic approach due to its structured nature, problem-focused orientation, and emphasis on goal attainment. CBT is known for its ability to teach evidence-based strategies and skills while also highlighting the importance of establishing a collaborative therapeutic relationship between the therapist and client. In terms of its implementation, CBT typically involves a concentrated and time limited programme, often consisting of six sessions, designed to facilitate rapid progress and goal achievement (Rector, 2010). This approach has garnered substantial empirical support and is considered the psychotherapeutic approach with the most robust evidence base for addressing a wide range of psychological difficulties (Castillo-Martínez et al., 2020).

These thoughts significantly influence an individual's emotional and behaviour responses to various situations. One could argue that negative thoughts can ensnare individuals in harmful cycles, especially when it comes to orphans. Consequently, these negative thoughts may contribute to the development of destructive emotions and behaviours (Ourtani, 2021). CBT aims to alleviate psychological distress and dysfunction (Teater, 2018). Research has demonstrated that negative automatic thoughts significantly contribute to the development of depression in orphans (Tokera & Avc, 2015).

With CBT, orphans will learn to identify, question, and change their thoughts, attitudes, beliefs, and assumptions related to their problematic emotional and behaviour reactions to certain situations. By reducing the orphans' maladaptive behaviour, the treatment can achieve the goal of cognitive, emotional, and behaviour transformation (Castillo-Martinez et al., 2020). Much of the change actually occurs between group work sessions when practising the skills as well as at their own home as part of homework (Rector, 2010). The orphans also learn to recognise thinking distortions, see thoughts as ideas about what is happening rather than as facts, and "stand back" from their thinking to consider situations from various angles (Rector, 2010). The CBT model focuses on encouraging realistic, correct, and balanced thinking; this will lead to corresponding changes in mood and behavior (Farmer & Chapman, 2016).

In order to achieve success using CBT, it is essential for the facilitator to encourage the orphans to openly and willingly express their thoughts, beliefs, and behaviors during sessions. Additionally, active participation in exercises and completion of assigned homework between sessions is crucial (Rector, 2010). Ultimately, the orphans will acquire the ability to monitor and document their thoughts during emotionally distressing situations using the tools provided in therapy, leading to a reduction in emotional difficulties. This process enables them to recognize the influence of their thoughts on emotional problems, such as depression and anxiety (Rector, 2010). Fundamentally, the resolution of the present issue hinges upon the orphans' willingness to replace their existing flawed or distorted beliefs, feelings, and behaviors with more positive and socially acceptable alternatives. Participation in role plays and activities guided by CBT techniques facilitates this transformation (Teater, 2018).

2.5.Conclusion

The death of a parent is considered the most traumatic experience for a child. Orphans can experience a variety of psychosocial difficulties after losing a parent. These difficulties can ultimately have a lasting impact on their adulthood unless they receive appropriate support and guidance. The literature proposes a variety of interventions that can enhance the child's circumstances. Group based interventions, developed to meet the needs of orphans dealing with psychosocial difficulties following the loss of their parents, receive support from the existing literature. These group-based interventions appeared to have improved orphans' wellbeing, particularly in terms of their mental health. The goal of the research was to identify and understand the challenges that orphans experience after the death of a parent. Using this knowledge, the researcher aims to develop a psychosocial intervention for the SAPS's orphan support services, targeting the psychological challenges orphans encounter following parent death.

The next chapter will describe the methodology used in this research. An action research process will be explained, and how the research was implemented.

Chapter 3: Research Methodology

3.1 Introduction

This chapter introduces the research methods used in conducting this study. This chapter provides, among others, a brief overview of action research and outlines the reasons for choosing the participatory action research (PAR) methodology. There will be a discussion of the research strategy for the implementation, monitoring, and evaluation of the intervention. The main points of discussion will include the study's methodology, sampling procedures, sample size, participants, the used intervention, research tools, data analysis, data quality, and ethical considerations.

3.2 Action research

Action research is a research methodology commonly linked to the contributions of Kurt Lewin during the 1940s (Jacobs, 2016). Action research, also referred to as participatory action research (PAR), community based study, cooperative inquiry, action science, and action learning, is a methodology frequently employed to enhance conditions and practices across various healthcare settings and communities (Koshy et al., 2010). Kurt Lewin, a social psychologist, developed action research techniques in the United States of America in 1944. Lewin formulated an action research theory, describing it as a spiral of steps that include planning, action, and evaluation of the action's outcome (Kemmis et al., 2014). Lewin introduced the term "action research" to denote a method that integrated both the investigation and the necessary action to address the problem (Lufungulo et al., 2021).

Lewin (1947) aimed to encourage social action through democratic decision making and the active involvement of the target population in the research process. Action research allows for the simultaneous accomplishment of social change (Lewin, 1947). The implications of Lewin's coining of the term "action research" dissolve the barrier between the researcher and the participants, implying that the researcher actively participates in the situation, simultaneously teaching while conducting the research (Lufungulo et al., 2021). Lewin's description of the basic principles of action research remains relevant today. According to Burns (2015), action research (AR) is gaining acceptance in a variety of study fields as an empirical approach adaptable to many research studies, as well as in the engagement of practitioners in their personal and professional growth through reflective practice and local practical inquiry. These ideas have evolved into several types of action research, spanning various fields. The participatory strategy of action research reflects a holistic, systemic, and relational viewpoint. While qualitative approaches often associate with action research, the process can also incorporate quantitative approaches (Danley & Ellison, 1999). Researchers can develop knowledge through action research from a critical standpoint (Lazarus et al., 2012)

3.2.1 Participatory action research (PAR)

This study used PAR because it emphasizes the use of local knowledge and developmental philosophy. De Vos et al. (2011) define PAR as a collective self-reflective inquiry that participants in social situations undertake to enhance the rationality and justice of their own social or educational practices, depending on the research field, and to enhance their understanding of these practices and the situations in which they operate. PAR is an orientation and method of inquiry rather than a methodology in itself. PAR is appropriate for research in a variety of fields, including education, health, and community development (McDonald, 2012).

According to Reason and Bradbury (2006), study participants participate with the professional researcher throughout the research process, from the initial design through to the final presentation of the results and discussion of their action implications. Correspondingly, Baldwin (2012) asserts that the theories, methodological frameworks, or conceptual frameworks that underpin other methodologies are not always what make them unique. In pursuit of noble human goals, PAR focuses on acquiring useful information. It aims to bring together action and reflection, theory and practice, in collaboration with others, in the quest for real world solutions to problems that people are now grappling with, and more broadly, in the flourishing of individuals and their communities (Reason & Bradbury, 2006).

Another crucial aspect of this approach is its extremely proactive and active conception of critical self-reflection (Kemmis & McTaggart, 2014). The researcher is able to critically examine his or her own conduct as well as the effects of his or her practices and power dynamics in the research (Kemmis et al., 2014). All participants expressed their perspectives on the research process during the group self-reflective inquiry, which improves the study's ethics and validity (Kemmis & McTaggart, 2014).

In addition, participants learn how to handle their own situations, recognize their resources and abilities, and improve their situations (Greenwood & Levin, 2007). Action research incorporates the "unheard voices" of community members into its liberating philosophy. This facilitates the researcher's creation of information in collaboration with individuals affected by the issue, thereby enhancing their social and psychological functioning (Terre Blanche & Durrheim, 2022). In this research, collaboration with orphans who are experiencing challenges after the deaths of their parents can provide valuable data, and at the same time, such data can help them function well socially and psychologically.

3.2.2 The participatory action research cyclical process

The PAR cycle procedure was used to undertake research tasks. Planning, action, and reflecting on the outcome are all parts of the PAR process (Kemmis et al., 2014). These processes include investigating a problem area, creating a plan to act to address the situation, carrying out the plan, and assessing or considering the results of the implementation of the plan (Kemmis et al., 2014). The researcher collaborated with participants at every stage of the process. Each of the following steps was an integral part of the research process (Figure 1).

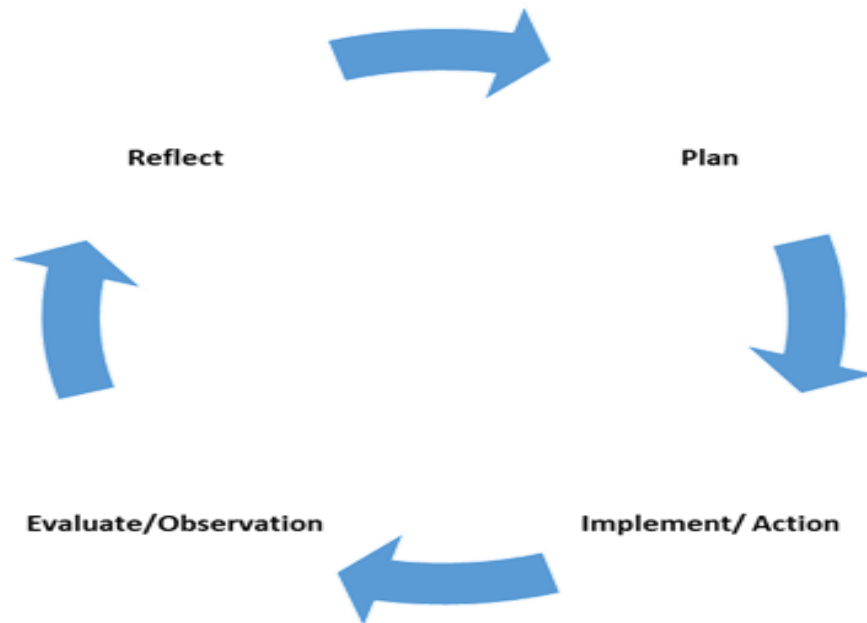


Figure.1: Action research protocols (Kemmis et al., 2014).

3.3 Research process

Kemmis et al. (2014) conducted the research using the cyclical PAR method. The potency of the PAR process stems from its repetitive cycles, which enable individuals to progress from mere knowledge acquisition to a deeper understanding of the problems they are addressing (Coghlan & Brannick, 2002). The most significant feature of the research cycles is that they improve rigor by requiring practitioners to expand on the data obtained in earlier rounds (Dick, 2001). Research teams engage in a cyclical process in which they define their social problem initially, devise a workable action plan, implement the action plan, observe and collect data on the outcomes, and then evaluate and reflect on the action and its effects in order to learn, revise their understanding, and inform the following cycle of research action (Cornish et al., 2023). The team continuously refines methods, data, and interpretation as the cycles progress, developing a greater understanding (Dick, 2001). The research process involved the following participants.

3.3.1 Context of the research

The South African Police Service (SAPS) carried out this study on employee health and wellness (EHW). As of April 2020, a total of 33 members of the South African Police Service have lost their lives while on duty. Since March 2020, 840 SAPS members and support staff have died due to Covid-19 (Pitt & Cruywagen, 2021). Plani et al. (2003) report that the SAPS loses members in the line of duty annually, resulting in numerous orphaned children. The South African Police Service (SAPS) established the South African Police Service Education Trust (SAPSET) in response to the high number of police deaths and the resulting loss of children. The trust assists orphans with money for education, stationery, and school

uniforms. SAPS provides some assistance, but it does not provide psychosocial support for orphans following the death of a parent.

The purpose of this study is to develop a psychosocial intervention for the SAPS's orphan support services that will address the challenges orphans face after a parent dies and foster their psychological wellbeing and resilience. The study started with a process of building relationships and doing a needs assessment.

3.3.2 Relationship Building (Reflection Phase): Needs Assessment

To understand the orphans' experiences that the planned intervention should address, the research began with a needs assessment. Definitions of the terms need, needs assessment, or need analysis may vary depending on the discipline or source consulted (Azimi & Rahmani, 2013). Cuiccio and Husby-Slater (2018) define needs assessment as a systematic examination of the gap between the current and desired states of an organisation or individual and the factors that contribute to bridging this gap. We began this study by conducting a needs assessment on 15 orphans, aiming to comprehend their experiences that could inform potential interventions. After identifying the problem or need, a needs assessment can identify the goal, content, target audience, and outcome of an intervention (Azimi & Rahmani, 2013). This phase covers the participants and data collection methods for the needs assessment.

3.3.2.1 Qualitative research method

As part of the action research process, we conducted the needs assessment using qualitative research methods. Burns and Grove (2001) view qualitative research as a systematic, subjective approach that describes life experiences, gives them meaning, and provides insights through meaning discovery. The qualitative research method is an approach that employs non-numerical data to address the study topic (Christensen, 2011). Therefore, qualitative research employs a variety of data collection methods like interviews, focus groups, and observations. Additionally, it seeks understanding by systematic, in-depth analysis that is largely impressionistic, subjective, and diagnostic (Wagner et al., 2012).

This study used the qualitative method to collect data on the experiences of orphans following the death of their parents, who were SAPS members. The researcher decided to use a qualitative study approach so that she could learn from the unique experiences of orphans' perspectives following the death of their parents. This made it possible for the researcher to observe orphans in their natural environments and in their daily lives. The researcher was also able to identify the psychosocial requirements of orphans and the significance they place on those needs. Additionally, the technique allowed the researcher to acquire data from a variety of sources, such as in-depth interviews (one-on-one interactions between the researcher and orphans) and focus group discussions (with the key informants).

3.3.2.2 Sampling procedures

Qualitative research designs typically use distinct sampling techniques (Holloway & Wheeler, 2013). The researcher used non-probability, purposive sampling and established the inclusion criteria before recruiting the individuals. Mack et al. (2011) define non-probability sampling as a subjective method that determines which elements to include in the sample. Qualitative research frequently employs non-probability and purposive sampling (Holloway & Wheeler, 2013). The samples typically have a small sample size due to the intensive and in-depth nature of data gathering in qualitative research (Bhardwaj, 2019; Maree, 2010; Wagner et al., 2012).

Purposive or judgemental sampling is a strategy where the researcher deliberately selects particular settings, persons, or events to provide important information not available from other choices (Palinkas et al., 2015). The researcher includes cases or participants in the sample because they deem them worthy of inclusion (Taherdoost, 2016). In this research, The researcher selected a sample of orphans who lost their parents while serving as SAPS members in Gauteng province from 2016 to 2019, starting the study in 2020. The study sample for the needs assessment consisted of 15 participants, of whom 9 eventually became part of the group intervention program. The sample was selected based on their informed understanding of the phenomenon of interest, attributed to their knowledge and experience (Etikan et al., 2016).

The inclusion criteria for participant selection were as follows:

Orphans between the ages of 12 and 18 were significant because, according to Erikson's theory (1968), adolescents in this age range are in the process of developing a sense of self, developing an identity, and seeking answers about their lives.

- Children who lost one or both parents either as a result of being shot, stabbed, in a car accident, or by work conditions while on duty as a SAPS member from 2016 to 2019.
- The parents of the orphans should have stayed in Gauteng Province before they died while working at SAPS Gauteng Province between 2016 and 2019, as Gauteng is one of the provinces where most police killings occur (Hyman, 2016; South African Government News Agency, 2018).
- Participants in the intervention could be of any race, gender, or belief and speak any African language.
- Participants who have lost a parent or parents in the preceding period of 12-48 months.

The following exclusion criteria were used in the selection of participants:

- Mentally challenged orphans were excluded because they are more vulnerable and require special attention and protection. They would not have the cognitive ability to benefit from the intervention (Carlson, 2013).

3.3.2.3 The selection process of participants: Ophans

A group of orphans was selected for the study due to their pertinent background. Approval for the research was obtained from the Provincial Office of Gauteng and the head office of SAPS management in 2020 (refer to Appendices 4, 5, 6, and 7). The researcher identified 74 names of surviving parents from 2016 to 2019, who were from Gauteng Province: Greater Pretoria/Tshwane region, Johannesburg East/Erkhuruleni region, and Johannesburg South region. The remaining parents were a mix of whites and Blacks. Both the SAPS EHW Head Office Spiritual Services and the Gauteng EHW Spiritual Services Provincial offices submitted their names. However, we were unable to reach and authenticate 44 contacts, a mix of White and Black parents. We contacted 10 Black parents, all of whom had children under the age of 12, and 5 of them declined to participate in the study. The SAPS Gauteng EHW Provincial Office provided the researcher with the contact information of 15 Black parents, and their parents consented to an interview. Thus, 15 orphans aged 12 to 18 years were eligible to participate in the study. The 15 orphans thus formed the target population for the research. The target population refers to all the members who fulfil the specific criteria required for a research investigation (Alvi, 2016).

The researcher explained the research to the childrens' parents or guardians and requested their permission for the children to participate in the study. The researcher sent the parental information sheet (*see Appendix 9*) to the parents of the 15 orphans via email for their signature. The researcher received all parent/guardian consent (*see Appendix 10*) to interview their children. The participants were eight males and seven females. They were all African; six of them spoke Setswana, three ISiZulu, two Xitsonga, and two Tshivenda languages. The list of the children from other races was under the age of 12 years. The research was explained to the adolescents based on the information sheets (*Appendix 11*) and they signed assent forms (*see Appendix 12*), before the study began, considering any child under the age of 18 as a minor.

- **Key informants: SAPS EHW personnel**

Once SAPS management granted the researcher permission to conduct the study, the researcher approached the SAPS EHW Section Heads at both the Head Office and the EHW Gauteng Provincial Office, requesting volunteers from the EHW staff to participate in the research. The SAPS EHW within Head Office and Provincial Offices is comprised of the quality of work-life programmes section (illness and disability management), social worker services, spiritual services, and psychological services. The agreement allowed EHW practitioners from Gauteng Province with orphan care experience to participate in the study as volunteers. Eighteen members of staff volunteered to participate in the study. The researcher then conducted interviews with all the volunteers to see whether they met the study's eligibility requirements. The eligibility requirement for EHW staff was that they should have experience in working with SAPS orphans. Out of the 18 volunteers, 10 from the Greater Pretoria/Tshwane and Johannesburg North regions satisfied the study's requirements and consented to participate in the study. The group

included practitioners from the quality of work-life section (illness and disability management), social worker services, spiritual services, and psychological services.

The researcher selected the SAPS EHW practitioners as key informants to identify concerns to discuss with the orphans. Since they currently work with the orphans daily, the EHW employees play a crucial part. The SAPSET recommends forwarding any reports from parents, beneficiaries, and/or schools to them for appropriate client care (SAPS, 2014). They are also aware of the shortcomings of the current interventions and could know about new interventions that should be used. The researcher provided them with an opportunity to participate as part of the action research methodology.

3.3.3 Data collection (Getting information about the problem) (reconnaissance)

Maree (2010) asserts that decisions about purposive sampling influence not only the choice of participants but also the venues and activities used to gather data. To answer specific research questions, data collection involves the systematic acquisition of information on topics of interest (Kabir, 2016). The objective of data collection with orphans was to get a focused understanding of their experiences and the way they interpret the passing of their parents, as well as the consequences the experiences had in their lives (Ravitch & Carl, 2016). The researcher chose focus group discussion as the research method due to its potential to yield rich data from participant conversations and interactions (Cropley, 2019; Tomkins & Eatough, 2010). Unfortunately, the researcher was unable to conduct focus group discussions at the time of data collection due to COVID-19 limitations during 2021. Level five restrictions, which forbade social engagement, were in effect. As an alternative, the researcher conducted face-to-face, semi-structured interviews with parentally bereaved participants in their homes. The researcher obtained the parents' permission to conduct interviews in their homes. Because the topic was delicate and interviews were likely to take a while, the method was considered the best for gathering high-quality data (Fox et al., 2009).

Face-to-face interviews have the advantage of allowing an interviewer to call on or meet with the respondent to conduct the interview. Further, the interviewer can explain questions and tasks in a much more comprehensive way than would be possible with self-administered questionnaires (Schröder, 2016). Semi-structured interviews included open-ended questions, allowing orphans to share their experiences alongside answering the questions (Creswell, 2012; Cropley, 2019). The researcher complied with all COVID-19 adherence guidelines during the one-on-one interviews.

3.3.3.1 Instruments for data collection

3.3.3.1.1 Semi-structured interviews

The goal of the interviews was to give participants the chance to reflect on their situations, challenges, and experiences after losing a parent who died in the line of duty as SAPS members. The interviews also offered the advantage of flexibility, providing the researcher with detailed and fresh information that

differed from what she had predicted or anticipated (Mbatha, 2015). Semi-structured interviews were appropriate in this research as they use open-ended questions. Open-ended questions allowed the participants to openly disclose their opinions, experiences, personal feelings, and the challenges they were facing after the death of their parent(s) (Kabir, 2016). This allowed the researcher to listen empathetically to the views of the interviewees and to encourage lengthy discussions to build rapport and gain trust from the participants (Zucker, 2009).

The researcher collected data using a semi-structured interview guide. The semi-structured interview guide provides a clear set of instructions for interviewers on what to ask so that reliable, comparable qualitative data can be obtained (Kabir, 2016). The interview guide included a list of necessary questions and topics to cover during the conversation. Because it was semi-structured, the researcher could ask additional questions, and the participants could express their experiences. Thus, the researcher could gather detailed information from the respondents, and the respondents could seek clarification when they didn't understand the questions (DeJonckheere & Vaughn, 2019).

The researcher scheduled appointments with the participants' parents in order to explain the importance of interviewing the orphans in a private room with the door closed. The researcher received permission to interview the orphans in their respective rooms upon request. This enabled the researcher to conduct face-to-face interviews and ensured confidentiality. It also enabled the adolescents to share their experiences more accurately and meaningfully with the researcher (Fontes et al., 2010; Pietkiewicz & Smith, 2014). The interviews took place on Saturday afternoons after they got back from attending extra classes.

The researcher explained the aim of the study and that she would be using a structured guide to interview them. The researcher further explained the research to the orphans, allowing them to decide if they wanted to participate in the interviews. After the researcher had gained permission to continue with the interview informed assent (*see Appendix 11*), from the participants, the researcher explained the use of the audio recorder to assist her in the analysis of the data. The researcher audio recorded the interviews with the participants' and parents' permission.

Participants occasionally responded in their vernacular during the English conducted interviews. They also asked for clarification and rephrasing of questions where necessary. Allowing them to ask questions and to speak in their vernacular gave some orphans a chance to vent their frustrations, wishes, and concerns regarding the challenges that they were facing after the death of their parents (Pietkiewicz & Smith, 2014). During the interview sessions with participants, the researcher asked questions and probed for information. The primary purpose was for the researcher to attempt to enter the lives of the participants to understand their experiences (Willig, 2013).

- **Interview guide: Face-to-face interview**

The interview guide consisted of a few questions:

1. Please share with us the experiences and challenges you have faced since the death of your parent(s).

Probing questions:

- Where are you currently living, with whom are you staying, and for how long have you been staying with that person?
 - How many of you are in the house, and were you staying somewhere else before staying there?
 - Kindly describe what it is like to stay where you are now.
 - What are the activities you typically engage in on a daily basis?
2. I would like to ask you some questions about the support you and your family are receiving after the passing away of your parent(s).
 - Education
 - Psychosocial support: counselling
 - Food
 - Health care
 - Clothes and shoes
 - Shelter
 - Legal and protection
 - What challenges have you faced when accessing these services?

3.3.3.1.2 Focus group discussions with SAPS EHW practitioners

The researcher used the 10 SAPS EHW practitioners as key informants in a focus group discussion to gain a deeper understanding of the orphans, their current needs, and the SAPS interventions in place to assist them. To gather in-depth qualitative data about the group's perspectives, attitudes, and experiences, the researcher facilitated the discussions among them (Maree, 2016). The researcher provided the information sheet (see *Appendix 13*) and consent form (see *Appendix 8*) to the key informants. They also signed the assent form (see *Appendix 14*) in agreement to participate in the study as volunteers. The focus group discussion with 10 EHW practitioners took place in a large boardroom, adhering to COVID-19 protocols due to the restrictions. The large boardroom was private and secure enough. We held the two-hour focus group session on September 6, 2020. We held the discussions in

English and recorded them on audio with their permission. The researcher established a connection with the group during the focus group discussion by listening intently, showing interest in what they had to say, and respecting their opinions (Mocke, 2002). The information the researcher collected from the key informants helped the researcher pinpoint the actual requirements of the orphans.

- **Focus group interview guide**

The following questions were asked as part of the focus group discussion.

1. What is your role in SAPS?
2. What experience do you have in working with the SAPS orphan programs?
3. What programs are offered to SAPS orphans?
4. How are SAPS orphans and their needs identified?
1. In your opinion, and to your knowledge, what steps has SAPS taken to address the needs of orphans?
2. Which programs are working well? Which ones are not working well and why?
3. What other issues are important for SAPS to consider when implementing future programs for orphans?
4. What are the tools used to register orphans, track them, and monitor and evaluate the programs of orphans and their caregivers?

3.3.3.1.3 Qualitative Data Analysis

Data analysis is the process of organising, ordering, and giving meaning to the vast amount of data gathered (De Vos, 2011). According to Creswell (2014), qualitative data analysis reduces the amount of raw data, searches for noteworthy patterns, and builds a framework for articulating the core of what the data reveals. Thematic analysis (Braun & Clarke, 2006) was used to examine the qualitative data collected from orphans and SAPS EHW practitioners separately. Thematic analysis was found to be an appropriate method to analyse experiences, meanings, and the reality of participants, which examines how events, realities, meanings, and experiences affect a range of discourses operating within society (Braun & Clarke, 2006). The method also allowed the researcher to recognise and organise patterns and themes in content and meaning (Braun & Clarke, 2006; Willig, 2013).

3.3.3.1.4 The data analysis process

The data of orphans and SAPS EHW practitioners were analysed separately. However, the same data analysis method was used. During data analysis, the six-phase framework of Braun and Clarke (2006) was used.

Phase 1: Familiarising yourself with your data

The process of familiarization involves reading and rereading transcripts and taking initial notes (Maguire & Delahunt, 2017). Thematic analysis begins with immersing oneself in the data to understand its depth and breadth. Participating in the transcription of the material is a crucial step in becoming familiar with it. While the majority of the data was collected in English, the participants also spoke in their native languages, including Setswana, Sepedi, Tshivenda, IsiZulu, and Xitsonga. The researcher translated the vernacular statements into English and then examined them to preserve what the individuals had to say. The transcription of the interviews with orphans took about two-and-a-half hours each, and the focus group discussion took approximately four hours. Braun and Clarke (2006) noted that, while the transcription process may seem time-consuming, frustrating, and at times boring, it is the first step involved in familiarizing the researcher with the data. Immersing oneself in the research involves cycles of reading the data repetitively to familiarise oneself with all the aspects related to the data. The researcher achieved this by listening to the audio recording multiple times during the transcription and subsequently recording each response verbatim. The researcher then verified the accuracy of the transcription of the respondents' data.

Phase 2: Generating initial codes

At this stage, the researcher reads through the entire transcript systematically to assign codes to aspects relevant to the research question. The researcher generated an initial list of ideas and noted what was intriguing about them. The researcher first created a table to classify similar or related words, concepts, and sentences from the transcripts that resembled the category. Following the initial stage, the researcher methodically reread the entire transcript, incorporating words, sentiments, experiences, and opinions that aligned with the research question and were recurring. Furthermore, the researcher noted differing views.

Phase 3: Initial themes

Phase three's goal is to group codes into potential themes while compiling all information pertinent to each potential subject (Braun & Clarke, 2006). Subsequently, the researcher selected quotes from the transcript and filled up the initial response categories derived from the coding. During this stage, the researcher observed that some data extracts were associated with more than one response category. After coding, compiling a list of various codes, and identifying them throughout the data set, the researcher looked for similarities and differences among the response categories to group them into prospective themes and sub-themes. The following themes and sub-themes were identified by the researcher during the needs assessment with orphans:

Table 1 Themes and sub-themes identified

Theme 1: Psycho-social challenges faced by orphans	Sub-themes: <ul style="list-style-type: none">• Emotional pain and trauma• School performance• Situational and environmental adaptation
Theme 2 Lack of emotional support	
Theme 3 A need for intervention	<ul style="list-style-type: none">• Need for ongoing support/counselling• Benefit for others - Continuation of the entertainment activities

Phase 4: Reviewing the themes

The fourth stage of thematic analysis involved a review of the themes and sub-themes that emerged in the previous stage. The researcher reviewed the identified themes by examining each theme and reviewing the extracts that comprised that theme. The researcher checked the data extracts that identified the sub-themes, which in turn informed the overarching themes, to confirm their consistency with the quotations from their respective response categories. This process also entailed rereading the transcript to ensure that the emerging themes matched the data and to confirm that nothing from the earlier coding process had been overlooked. In the next chapter, the researcher provides a table that provides an overview of the identified themes, sub-themes, and coding categories.

Phase 5: Defining and naming themes

This stage involved the ongoing defining and refining of themes. Defining themes involves identifying and detailing how a particular theme fits in and is relevant to the research topic and research questions. This was carried out by reviewing the sub-themes and ensuring they all corresponded with the theme and were related to the research question.

Phase 6: Writing Up

This marks the final stage of the research, culminating in a report, and represents the final window of opportunity for analysis. The final analysis of the chosen extracts will be compared to the literature and research question and will then result in a report of the analysis. The next chapter will provide the outcomes of the needs assessment.

3.3.3.1.5 Steps to Ensure Research Quality

During qualitative data analysis, the researcher personally participates in the interpretation of the data. However, in qualitative research, the trustworthiness of data refers to the process of ensuring that the results are valid. Lincoln and Guba (2005) define trustworthiness as the conceptual soundness that evaluates the value of qualitative research. To ensure the quality of research results, four main principles found in the works of Lincoln and Guba (1985), Lincoln (1995), and Anney (2014) were used for assessing the quality of qualitative research: credibility, transferability, dependability, and confirmability.

In the context of this research, to ensure the trustworthiness of data, the researcher employed the following strategies:

Trustworthiness: When research methodologies are transparent, tenable, and auditable, they are considered trustworthy (Gunawan, 2015; Korstjens & Moser, 2018; Pandey & Patnaik, 2014). The process of building trustworthiness starts the moment the participants are recruited. This entails preparing the interview recording equipment and taking thorough notes. Once you play back the tapes, you produce basic interpretations. Providing thorough transcription techniques and methodical planning for the identification of themes establishes the groundwork for credibility and dependability (Connelly, 2016; Cope, 2014; Gunawan, 2015). Providing detailed transcript descriptions that included participant quotes was the last stage (Cope, 2014; Pandey & Patnaik, 2014). The materials utilised in the study process that recorded the researcher's choices, interpretations, and presumptions were then retained, creating the audit trail (Cope, 2014). If a subsequent researcher needs further details regarding the procedure of identifying the themes, the researcher's notes would clearly illustrate it. If another researcher wishes to review the paper, the audit trail increases credibility (Cope, 2014; Gunawan, 2015). Upon request, the audit trail will be made available.

Credibility: Gunawan (2015) defines credibility as the researcher's interpretation and representation of participants' opinions and their veracity. Building rapport, trust, and a secure setting ensured participants' honest responses and long-term involvement (Cope, 2014; Pandey & Patnaik, 2014). Using a reflective journal to record the researcher's reactions to participant responses and potential biases in interpretation helped develop credibility in the data interpretation process (Cope, 2014). Using multiple interpreters and discussing the results can reduce interpretation bias (Anney, 2014; Connelly, 2016; Korstjens & Moser, 2018; Moon et al., 2016). To enhance the quality of the data analysis, the researcher collaborated with a research colleague who has completed a similar qualitative study. The researcher and the colleague reviewed and discussed the themes that emanated from the data analysis. The research colleague provided input and verified the logic of how the researcher had identified the themes. In this research study, this method for establishing credibility was applied.

Dependability: Dependability refers to the stability and consistency of the findings over time (Connelly, 2016; Korstjens & Moser, 2018). Shenton (2004) ensured dependability by describing the research design, detailing its implementation, and repeatedly interpreting the data. The study achieved this by providing enough details for future researchers to replicate the research.

Transferability: Transferability is the relevance and applicability of the study's findings to other research in another setting (Connelly, 2016). The transferability of the data was limited due to the potential differences in participant needs across different areas. The research findings, while easily comprehensible, also provided sufficient contextual information about the fieldwork site. The methodology section provided a brief description of the research location's background and participant demographics, suggesting that similar groups of children could potentially yield similar results.

3.3.4 Development of intervention

In areas where orphanhood is prevalent, the needs assessment revealed that the psycho-social challenges faced by orphans range from emotional pain and trauma to situational and environmental adaptation to school performance. The orphans face these challenges daily, which could potentially jeopardize their well-being and future prospects. The themes from the needs assessment show that the orphans endure numerous difficulties. Sub-themes include emotional trauma and anguish; lower academic achievement; situational and environmental adaptation; a lack of emotional support; and the need for ongoing counseling activities associated with grieving when a parent dies. The orphans were having trouble receiving emotional support from their immediate family. They believed that getting counselling would be essential because of the difficulties they are currently experiencing (*see chapter 4 for the results of the needs assessment*).

Although SAPS EHW practitioners want to provide counter-bereavement care for orphans, there are obstacles to overcome, such as a lack of financing and the absence of a dedicated program to support them. This demonstrates how crucial a psychosocial intervention program is to help them cope with their new circumstances and improve their psychological well-being following the death of their parent(s).

3.3.4.1 Development of the program material

The primary goal of the group work intervention for orphans is to develop, implement, and evaluate an appropriate intervention that addresses the challenges faced by the orphans of SAPS employees.

The findings from the needs assessment led to the development of a structured group work intervention for orphans. Group based interventions involve small groups of selected individuals who meet regularly with a therapist. The researcher used CBT as the underlying theory and the manuals of other related interventions described in Chapter 2 to guide the development of the intervention. The 18-hour intervention consists of 6 sessions, three hours each.

Each session has a distinct topic that aids in keeping the session on track and a justification for why the session is necessary. A session format similar to the "Let's Talk Adolescent Curriculum" (2017) was used, as it adheres to an educational framework in each session and significantly integrates concepts of Cognitive Behaviour Therapy (CBT). Each session commenced with an icebreaker, a review of feedback from the previous session, and the exchange of personal experiences. Each session included two or

three primary topics aimed at promoting healthy lifestyle choices by teaching orphans on effectively managing their emotional experiences and daily life challenges (WHO, 1997). Activities employ experiential learning methods, including pictures, role-playing, storytelling, practical exercises, and the exchange of personal experiences. The sessions conclude with a summary of the material covered and homework assignments to reinforce the concepts learnt during the session.

The content of the intervention is summarised in Table 2.

Table 2: Content of the group work intervention programme for orphans

Session	Intervention	Intervention Activities
Session 1	Psycho-social challenges of orphans Self-awareness Building cohesion	<ul style="list-style-type: none"> • The pre-test evaluation was done at the beginning of the session. • Establish group norms • Family tree • Photovoice: About me • Take home point: Assignment: Memory box
Session 2	About our loss	<ul style="list-style-type: none"> • Feedback from the previous session • Ice breaker • Memory box • Debriefing • Relaxation technique • Take home point: Assignment: A road map
Session 3	Identifying Emotions about grieving	<ul style="list-style-type: none"> • Feedback from the previous session • Ice breaker • The roadmap • The Feeling thermometer • Take home point: a picture of an event that made them happy

Session 4	Coping with sadness Emotional mastery	<ul style="list-style-type: none"> • Icebreaker, Feedback from the previous session • the bereavement Scenario • Change negative thought patterns • STOPP worksheet • Take home point: Participants are requested to bring two pictures of their two favourite people they have a great relationship within the family.
Session 5	Healthy and unhealthy relationship	<ul style="list-style-type: none"> • Feedback from previous session • Icebreaker • Healthy and unhealthy relationships: Scenarios • Consent 'Scenario: Who wants tea • Communication skills • Take home point: Names/pictures: identification of sources of support
Session 6	My strengths, support and future planning	<ul style="list-style-type: none"> • Feedback from previous session • Icebreaker • Positive qualities • Goal-setting: I CAN DO IT • Problem Solving • Social support - Bibliotherapy • The post-test evaluation • Closing the session: Celebration and certificate

The development and content of the intervention are outlined in Chapter 5.

3.3.4.2 Pilot study

Prior to implementing the intervention, it was necessary to conduct a pilot study. The researcher conducted the pilot study during the December holiday in 2021 to determine if the intervention addressed the needs of the orphans, use their feedback to align the intervention with their needs, and eliminate activities that were not effective (de Vos et al., 2011). This was done to ensure the internal and external validity of the instruments to be used to evaluate the six sessions of the intervention.

The sessions were piloted with two participants, a male of 17 years and a female of 14 years old who lost their parents in the same way, who did not participate in the main implementation sessions.

During the pilot study, the two participants provided relevant responses that covered the study's scope. However, they offered feedback regarding necessary alterations or additions to the intervention. They recommended a few amendments to the sessions: (a) They preferred engaging in activities that required physical involvement and movement over discussions. (b) They expressed discomfort discussing sexual activities and relationships with their peers, prompting them to suggest substituting the session with a focus on communication skills. (c) The sessions should be held outside the boardroom, rather than outdoors, to accommodate more physical activities. These adjustments were made to the final programme.

3.3.5 The implementation of the intervention

The intervention was conducted over a period of six days. The intervention sessions were scheduled during the school holidays in April 2022, in line with the relaxation of Covid protocols to facilitate participant attendance. The implementation occurred at a local police station in Gauteng Province. The location was selected as a central gathering location for all attendees. The main reason for using the police station was to guarantee the safety of the orphans. Additionally, given that the research participants were children, parents were informed about the entire research process and the study location. Familiarity with the environment and participants contributed to a greater sense of ease compared to arriving as an unfamiliar individual. This facilitated increased engagement.

The researcher presented six sessions of the intervention and facilitated the group interaction. The researcher presented the intervention in English, although some participants occasionally spoke in their vernacular. The plan was for SAPS EHW practitioners to present the intervention as part of their services. They were unable to participate due to other business commitments. As a facilitator, the researcher demonstrated approachability by occasionally using their language and encouraging them to speak it if they felt comfortable doing so. On second thought, the researcher believes that their familiarity with her may have helped them be more forthcoming. With the participants' permission, we recorded the session audio to evaluate the group interaction process. The facilitator also kept a reflective journal that documented the group processes and the personal growth of the participants in each session.

3.3.5.1 Participants

The intervention involved nine of the original 15 orphans interviewed for the needs assessment. Six could not attend the intervention because they were on vacation at the time. The participants ranged in age from 13 to 18 years, with an average age of 16 years. Six were female and three were male. Two participants lost their mothers, while seven of the participants lost their fathers. Participants were all attending high schools. They were living with their surviving parents and siblings.

3.3.5.2 Preparation for intervention

Prior to the commencement of the SAPS group work intervention for orphans, the researcher conducted a telephone briefing to prepare participants for the photovoice activity, which involved gathering items for the memory box activity. This was conducted to prepare participants and improve the effectiveness of the sessions. The group meeting occurred during the final phases of the COVID-19 outbreak, which had attained level 1 status nationally. Public places maintained adherence to COVID-19 protocols due to the ongoing presence of the virus. Parents and participants relaxed and felt more at ease attending the group sessions as a result of churches beginning to open up and people being permitted to form small groups. Despite the relaxation of COVID-19 restrictions, both the researcher and the participants agreed to adhere to the guidelines for COVID-19 adherence during the group sessions in April 2022.

3.3.6 Evaluation of the intervention and reflection

The process and outcome of the intervention were evaluated as part of the action research process to reflect on the value of the intervention for orphans.

3.3.6.1 Summative Evaluation method

According to Mark et al. (2000), programme evaluation is an ongoing process where a researcher decides what to evaluate, how the evaluation should be done, how to collect data, review it, learn from the data, and implement change. A summative evaluation method is used after the programme or intervention has been implemented to assess its effectiveness and to establish whether the goal of the intervention has been reached or not (Bhat & Bhat, 2019). Summative assessment focuses on reporting achievements and should be based on criteria to show the extent to which the intervention realized its outcomes (Lahrchi, 2019). The evaluation methods provide information about the appropriateness, effectiveness, equity, and efficiency of initiatives. Kapur (2019) takes into account the learning effectiveness, the participants' reactions to the intervention, their impact on the participants, and the overall activities during the sessions.

3.3.6.2 Evaluation Process: Mixed methods

In the evaluation process, the researcher used a sequential explanatory mixed-methods design to evaluate the intervention (Creswell, Ivankova & Stick, 2006). According to Creswell (2009) and Johnson and Onwuegbuzie (2004), sequential explanatory mixed-methods include at least one quantitative (to collect numbers) and one qualitative method (to collect words). Quantitative data are suitable for measuring the levels and changes that took place (Creswell, 2009). On the other hand, qualitative methods are more effective in understanding the process of impact and the reasons for the change or lack thereof (Bamberger et al., 2010; Mishra et al., 2017). Furthermore, the use of a small sample precluded power calculations. Therefore, we will conduct a qualitative evaluation of each candidate's

results, represented by graphs. By only using quantitative data, there is a risk of failing to examine the detailed process of project implementation. This makes it challenging to determine the reasons for the project's success or failure.

The evaluation identifies data collection methods and instruments based on the research questions. Different sources of data can be integrated into a holistic perspective of the outcome of the intervention (Ivankova et al., 2007). Due to the importance of using both methods, the concept of mixed methods came into existence (Creswell & Clark, 2007). Finally, action researchers do not attempt to remain objective but openly acknowledge their biased attitude toward the participants. Therefore, the evaluation aspect of action research (Auriacombe, 2015) could integrate both quantitative and qualitative research (mixed methods) to gather both objective and subjective data.

The researcher used a pre- and post-intervention design alongside two psychometric assessment tools to quantitatively evaluate changes in the psychological wellbeing of orphans. The researcher used an observational technique to evaluate the orphans' experiences during the intervention. The entire intervention was audio recorded to assess participant reactions through observation. This document will outline the quantitative and qualitative methods employed in the evaluation of the intervention.

3.3.6.2.1 Quantitative evaluation

The participants completed the psychological health scale, also called the strengths and difficulties questionnaire (Goodman, 1999), and the Resilience Scale (Wagnild & Young, 1987), before and after participating in the intervention to assess the possible change in the wellbeing of participating orphans. The motivation to use these two instruments and their properties will be outlined below.

Strengths and Difficulties Questionnaire

Robert Goodman from the Department of Child and Adolescent Psychiatry at King's College, London, developed the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1999). The scale consists of 25 items assessing five different domains: conduct difficulties, emotional symptoms, hyperactivity—inattention, peer relationship problems (focusing on internalizing and externalizing problem behaviors), and prosocial behavior (strengths) (Koskelainen et al., 2001). The 25-item SDQ instrument requires participants to respond using a three-point Likert scale, with scores of 0, 1, and 2. Higher scores on problem behavior scales indicate more significant problems, while a high prosocial score indicates improved or better prosocial behavior (Aaro et al., 2022). Adolescents themselves can complete the scale in a self-report format with a pencil and paper, taking five to ten minutes to complete.

The scale is an easy-to-use, reliable screening tool for early identification and comprehensive assessment of mental health disorders in children and adolescents (Boduszek et al., 2018). Patalay et al. (2018) assert that the SDQ serves various purposes such as clinical assessment, outcome evaluation,

research, and screening. Research and clinical practice in child mental health have long recognized the scale as one of the most frequently used screening tools (Bezborodovs et al., 2022). Community samples widely use the Strengths and Difficulties scale to predict psychopathology, as it effectively captures the perspective of children and young people (Bryant et al., 2020). Children and adolescents between the ages of 11 and 17 can complete the SDQ (Hall et al., 2019). Numerous countries and languages have used the scale (Hoosen et al., 2018). The scale can evaluate the impact made by a group intervention programme that is developed to assist children in expressing their internal and external problems that they are facing after the death of a parent, as well as to assess mental health in the context of bereavement.

Despite the need for further research, there is a growing awareness of child and adolescent mental health (CAMH), and little is known about the prevalence of child mental health (MH) problems in sub-Saharan Africa, where poverty, HIV, and family disruption increase risk (Mellins et al. 2018). Several studies across Europe, Asia, Australia, and South America have examined the reliability and validity of the SDQ, but its use on the African continent remains limited (Hoosen et al., 2018; Mellins et al., 2018). Therefore, the SDQ may be a very useful tool in an African setting to screen for mental health problems in children and adolescents (Adeniyi & Omigbodun, 2017; Hoosen et al., 2018; Magagula et al., 2020; Mellins et al. 2018). It is a recommended comprehensive evaluation of the psychometric properties of the SDQ in various African languages (Hoosen et al., 2018). The SDQ, particularly the total difficulties score, may be a useful screening tool in South Africa. However, some subscales did not function well in this language and context; if we consider social skills and hyperactivity/inattention, we may need to modify or add additional measures (Mellins et al., 2018).

- **The reliability and validity of the Strengths & Difficulties Questionnaire**

Aaro et al. (2022) reported on the reliability and validity of the Strengths and Difficulties Questionnaire.

The research of Aaro et al. (2022) used the scale on a sample of 3,542 adolescents in Grade 8 (mean age = 13.7 years). Those adolescents completed the SDQ-S in a three-language questionnaire (Afrikaans, English, and isiXhosa). The data were collected from 42 secondary schools in Cape Town, South Africa. IBM SPSS Statistics 22 conducted the descriptive analyses, which included an analysis of the Cronbach alpha values. All analyses of the dimensionality of the SDQ-S scale, which included the confirmatory factor analyses with no restrictions on inter-factor correlations and control or cluster effects, were analysed using Mplus Version 7. Mplus Version 7 was also used for testing the measurement invariance by gender and by language spoken at home.

Only RMSEA (0.052) showed close to adequate fit when testing the five-factor model of the SDQ-S scale (emotional symptoms, conduct problems, hyperactivity/inattention, peer problems, and prosocial behaviour). Using other standard fit indices (CFI = 0.629; TLI = 0.580) yielded a poor fit. For two of the

subscales (emotional symptoms; prosocial behaviour), all factor loadings were higher than 0.40, while the other three subscales only had between two or three loadings that were higher than 0.40.

Thus, the dimensions achieved the minimum threshold as proposed by Hair et al. (2019). The Cronbach's alpha values for the SDQ-S subscales, the total scale, two subscales (emotional symptoms, prosocial behaviour), and the total difficulties and impact were 0.60 or higher for both genders combined. For the hyperactivity/inattention subscale, alpha was 0.52. The conduct problem and peer problem subscales obtained low alpha values of 0.37 and 0.29, respectively. Even though Aaro et al. (2022) found that the five-factor model of the SDQ scale was unfit, the model suggested in their paper is not a final answer to the scale's evaluation. Goodman et al. (2010) indicated that there is no one single best set of subscales to use in the SDQ. Aaro et al. (2022) assert that the use of the measure determines a satisfactory level of reliability. Healthcare settings in South Africa continue to widely use SDQ due to its free availability. For instance, "stepped care" contexts use the SDQ for decision-making. In such a clinical care pathway, the SDQ can be used safely and appropriately, mindful of the limitations in terms of its psychometric properties. The South African Integrated School Health Programme (ISHP) has also recommended it as a screening tool for young people. Despite the need for standardization in the use of the SDQ as a screening tool in South Africa, its value in adolescent mental health is evident (Mohang et al., 2020).

This research employs the SDQ and hypothesizes that the intervention will aid orphans in reducing their encounters with psychological issues. Thus, it is hypothesized that

- Orphans will score significantly lower on the hyperactivity/inattention, emotional symptoms, conduct, and peer problem subscales in the post-test compared to the pre-test, reflecting fewer significant problems after the intervention.
- Orphans will score significantly higher on the prosocial subscale in the post-test compared to the pre-test, indicating improved or better prosocial behavior after the intervention.

The Resilience Scale (Wagnild & Young, 1987)

Wagnild and Young (1990) developed the Resilience Scale (RS) with its 25 items to assess an individual's level of resilience. Resilience is defined as a phenomenon in which an individual in a stressful environment develops the ability to adapt well to face setbacks, difficulties, and dangers in positive ways in that environment (Zuo et al., 2023). The RS fits well with the objective of this intervention, which is to promote participants' resilience, encouraging them to positively overcome difficulties and producing effective results (Zuo et al., 2023).

Over the years, the main resilience scale for multi-age groups has undergone many stages of development (Konaszewski et al., 2021; Zuo et al., 2023). The scale was available and pretested in 1988, and its initial development was based on a qualitative study of 24 women who had effectively

adapted after a significant life event. We asked each female participant to explain how she dealt with a loss she had identified. Their stories revealed five interrelated elements: equanimity, perseverance, self-reliance, meaningfulness, and existential aloneness (Amaral et al., 2018).

The authors then did a full review of all the literature on the subject at the time to confirm and explain the concept of resilience. They also made the first RS, which had 50 items, each of which was a direct quote from their study (Cajada et al., 2023). Wagnild and Young (1993) reported that two psychometricians and two nursing researchers reviewed and analysed the RS scale before further testing, leading to some alterations in the item phrasing. Following factor analysis, Fernandes et al. (2018) reduced the scale to 25 items that represented five interrelated components of resilience: meaningfulness, perseverance, self-reliance, existential aloneness, and equanimity. Cajada et al. (2023) instructed participants to complete the RS on a seven-point scale, which ranged from 1 "Totally disagree" to 7 "Totally agree". The scoring and interpretation followed a pattern: 25-100 for very low resilience, 101-115 for low resilience, 116-130 for moderately low resilience, 131-145 for moderately high resilience, 145-160 for high resilience, and 161-175 for very high resilience (Cajada et al., 2023). Wagnild and Young (1993) reported a reliability coefficient of .91 for the scale, and the present study established an alpha reliability coefficient of .861, both confirming the reliability of the resilience scale (Oladipo & Idemudia, 2015). Researchers regarded the scale as valid for the age group of 12 years and older (Amaral et al., 2018; Cajada et al., 2023; Zuo et al., 2023).

Konaszewski et al. (2019) and Losoi et al. (2013) supported the use of the RS as a valid and trustworthy method to measure resilience, assess trait-like resilience, and apply it to adolescents and young adults.

Cajada et al., 2023 further developed the RS to emphasize positive psychological characteristics rather than deficits. The RS scale's 25-item version by Wagnild and Young (1993) viewed personal resilience in terms of process and outcome rather than as a fixed set of characteristics (Fernandes et al., 2018).

In this study, we utilized the 25-item version of the RS scale by Wagnild and Young (1993) to evaluate the influence of the SAPS orphans' group work intervention on their lives. This intervention helped them develop resilience, enabling them to manage their emotions, engage in critical thinking, and modify their behavior in response to the challenges posed by parent death. The original version has been chosen over the Resilience Scale (RS25) because of its translation into approximately 40 languages, rendering it one of the most widely published and validated scales across various cultures and age groups. It is applicable across various age groups (Wagnild, 2016). The RS scale is a standardised 25-item self-report assessment tool designed to evaluate individual resilience by emphasising positive psychological traits rather than deficits (Cajada et al., 2023). More than 3 million individuals across 150 countries have utilised the tool, establishing it as the most extensively employed measure of resilience (Cajada et al., 2023; Damosio et al., 2011). Fernandes et al. (2018) identified the resilience scale as the most effective instrument for examining resilience across diverse age groups.

- **The reliability and validity of the Resilience Scale questionnaire**

Oladipo and Idemudia (2015) conducted a study to determine the validity and reliability of the 25-item Wagnild and Young's resilience scale to establish its suitability for use in Nigeria. The cross-sectional survey involved 284 participants, of which 154 males (54.2%) and 130 females (45.8%) were the randomly selected sample. To determine if the subscales were suitable for factor analysis, two statistical tests were conducted: the Bartlett Test of Sphericity, which tests for the inter-independence of the subscales, and the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO), which examines sample sufficiency. This section presents the results of a reliability test for the scale. The composite reliability of the scale was tested using the emerging 22 items and a Cronbach's α reliability test. The value of the Cronbach's coefficient alpha of the entire scale is 0.867, or 86.7 percent, which is considered to be a good value for the internal consequence of the conceptual construction of the scale being investigated.

With the reliability coefficient established for the scale, the resilience scale was used for measuring resilience among samples in Nigeria. The results of the analysis in this study suggest that Wagnild and Young's resilience scale is valid and reliable and has strong psychometric properties. This implies that despite the strong psychometric properties of the Wagnild and Young 25-item resilience scale, cultural variances exist in the understanding and perception of some of the scale's items. Therefore, revalidation is necessary before using the scale in a setting different from its original development.

Fernandes et al. (2018) conducted another study on the validation of Wagnild and Young's resilience scale for information systems students, examining the psychometric properties of the Resilience Scale. They believed that the purpose of a resilience scale was to identify the degree of individual resilience, considering a positive personality characteristic that enhances individual adaptation. Cronbach's Alpha was computed to test the reliability and internal consistency of the responses. Cronbach's Alpha is 0.863 (25 items), which is considered excellent (above 0.7 is a desired threshold, indicating a high degree of internal consistency in the responses). Before the factor analysis, Bartlett's test of sphericity and a Kaiser-Meyer-Olkin (KMO) test were conducted to assess the factorability of the data. For Bartlett's test of sphericity to be significant, the p-value should be less than 0.5. In general, factor analysis is considered appropriate if the KMO is higher than 0.6, with 0.7 and above serving as a better indicator of 'factorability'. In summary, the factory analysis reveals a structure with five themes. 'Perseverance,' 'Self-Reliance,' 'Equanimity,' 'Meaningfulness,' and 'Existential Aloneness' emerged as components from the principal components analysis, as in the original study by Wagnild and Young (1990). These results provide evidence for the reliability and validity of the resilience scale to measure resilience in information systems students, and therefore we can conclude that this is a useful instrument for studies that propose to evaluate resilience and to guide educational practice.

It is hypothesised that the intervention will assist orphans to increase their sense of resilience to deal with their emotional problems and adapt to their new context. It is thus hypothesised that

- Orphans will score significantly higher on the subscales of the RS in the post-test compared to the pre-test, reflecting improved or better resilience after the intervention.

The implementation of the evaluation tools

Nine orphans completed the Resilience Scale of Wagnild and Young (1993) and the Psychological Health Scale (Goodman, 1999) using pencil and paper before and after the intervention. The first day of the intervention marked the pre-evaluation, while the sixth and final day of the program marked the post-evaluation. The two scales were used to assess the extent of the group intervention's impact on the orphans' lives by facilitating their emotional management, critical thinking, and behaviour modification in response to the challenges brought about by parental loss. The researcher helped the orphans understand each item from both questionnaires by explaining difficult words and sentences and answering follow-up questions.

Data analysis

The two questionnaires were scored according to the manuals, and all data were subsequently transferred to an EXCEL spreadsheet. The mean and median scores for each subscale of the two scales have been calculated for the participant group to facilitate a comparison of pre- and post-assessment scores. The Shapiro-Wilk normality test was used to test the normality of all sub-scales utilised. Pre- and post-intervention assessment scores were analysed using the Wilcoxon Signed-Rank Test (Field, 2009) for non-normally distributed subscale scores, while paired t-tests were used for normally distributed scores to assess the significance of mean score differences before and after the intervention. The Wilcoxon Signed Rank Test is a non-parametric statistical method used to test hypotheses regarding differences in the median of paired scores. This method is applicable for small sample sizes (Rosner et al., 2006).

Scores for each participant were calculated for all sub-scales before and after the intervention and presented in multiple graphs for each sub-scale. The completion of the scales was feasible due to the presence of only nine participants. The purpose of this analysis was to determine which participants derived the most benefit from the intervention and which did not experience significant benefits.

The qualitative data processes in the intervention allowed us to identify participant characteristics that may have contributed to some participants' improvement, while others did not significantly improve. This is then a qualitative interpretation of the quantitative data, which is possible in such a small sample. All tests for the quantitative data analysis used the statistical software program Statistical Package for the Social Sciences (SPSS) version Windows 14.0 (Arkkelin, 2014).

3.3.6.2.2 Qualitative evaluation

3.3.6.2.2.1 Observation and feedback from session

The methods of qualitative data collection and analysis are not always as distinct and sequential as they are in quantitative research; instead, they are more flexible, open, and context-responsive (Busetto et

al., 2020). According to Burns (2015), action researchers often employ qualitative techniques that are common in naturalistic exploratory research. Document studies, semi-structured interviews, focus group discussions, and observations are the most often employed techniques for gathering qualitative data (Busetto et al., 2020). According to Ciesielska et al. (2018), observation is one of the most significant and versatile research methodologies in the social sciences. Observations necessitate sustained involvement and ongoing monitoring of the progress and developments made during an intervention (Smit & Onwuegbuzie, 2018). As an observer during the summative evaluation process, the researcher relied on the audio recordings of the sessions of the intervention (Ciesielska et al., 2018).

The audio recording aimed to document and analyse the topics discussed in the sessions, the interactions among participants, and the processes that emerged during the intervention. The researcher focused primarily on two areas during participant observation: the interactions among participants, including roles, relationships, and responses, and their behaviours, encompassing timing, activities, and events. Additionally, participant feedback was collected after each session (Burns, 2015; Busetto et al., 2020). Conducting observations, according to Busetto et al. (2020), has several advantages, including revealing subjects the researcher was unaware were significant, understanding the group dynamics, and supplementing information gathered from the intervention. Participants' nonverbal communication can be analysed to provide insights into their experiences during group interactions. Observational data significantly enhance the understanding of the processes involved in the intervention and clarify why certain participants receive greater benefits from the interaction than others.

- **Data analysis**

The audio recordings from the sessions were transcribed. The group process notes were subsequently analysed and incorporated into the transcripts, with some serving as hypotheses regarding the events of the session. Thematic analysis, as described by Braun and Clarke (2006), was applied to interpret qualitative data from the needs assessment and the observation transcripts, as detailed in section (3.3.3.1.4) concerning the data analysis process. Conducting a thematic analysis entails examining transcripts to find recurring patterns of meaning by identifying themes related to participant experiences, reactions, and interactions with one another during the sessions, as well as factors that led to such changes. By analyzing the data independently, two researchers increased the validity of their interpretation. In order to avoid any tainting of the interpretation process, the researcher maintained a reflective journal throughout the analytical phase. This allowed them to be more aware of their own viewpoints, attitudes, and beliefs (Cope, 2014; Mrkaljevic, 2017), and to avoid excessive influence from their own preconceptions and beliefs. The aim of interpretation is to ensure that themes are articulated in a manner that directly correlates with the experiences of the orphans throughout the intervention. The strategies outlined in the previous section (3.2.3.1.5) were used to improve the quality and reliability of the data. The interpreters analysed the identified themes and achieved a consensus on their interpretation. Strategies similar to those outlined in the previous section (3.2.3.1.5) were employed to

enhance the quality and reliability of the data. Chapter 6 presents the findings gathered from participant observation and feedback..

3.4 Ethical Considerations

Ethics should be considered during every step of the research design and implementation process so as not to harm and/or exploit the participants (Wagner et al., 2012). The researcher obtained ethical clearance to conduct the research from the Ethics Committee of the Faculty of Humanities at the University of Pretoria. Thereafter, the South African Police Service Head Office and Gauteng Provincial Office granted permission to conduct the study.

Participants (*see Appendix 11*) and their parent/guardian (*see Appendix 9*) received sufficient information about the purpose and methods of the study and that participation was voluntary. Any child under the age of 18 is regarded as a minor, and therefore, before the commencement of the study, consent indemnity forms and assent forms were explained and signed by participants (*see Appendix 8 and 12*) and their parent/guardian (*see Appendix 10*) (Allan, 2016). Similarly, the SAPS EHW personnel who participated in the research received information about it (*see Appendix 13*) and signed consent forms (*see Appendix 8*). The participants did not benefit financially from their participation in the study. They were informed that their participation was voluntary and that they could withdraw from the study at any time.

One fundamental ethical precept is that researchers should never subject subjects to needless stress, according to Neuman (2011: 146). "Unnecessary" refers to stress that is produced without a clear, justifiable study goal or that goes beyond the smallest level needed to produce the desired result. Throughout the needs assessment and implementation of the intervention, the researcher attentively observed the impact of the interviews and intervention on the children (Noon, 2018). The researcher is a Registered Counsellor, competent in identifying mental health symptoms and offering counselling to resolve the situation prior to making a recommendation. Fortunately, counselling was not required for any child during and after the interviews and implementation of sessions. In the event that counselling was required, a counselling psychologist from SAPS EHW Psychological Services was ready to provide assistance.

Interviews were conducted confidentially, and group norms were established to assure confidentiality of information during the intervention sessions. In addition, the researcher preserved confidentiality by assigning the participants numbers to report their data in the dissertation. Institutional processes require the Department of Psychology to store participants' information confidentially in their archive for 10 years. Research findings should be freely published in textual form so that the general public, colleagues, and other researchers can access them, according to Strydom (2005:65). It has been stated that the subjects of the research ought to be kept objectively informed about the results and refrain from disclosing all the specifics to avoid violating confidentiality. Babbie (1998:443) asserts that researchers should inform the public and their peers about the deficiencies and failures discovered during the study. The participants

were told that the results would be combined into a dissertation, and they would be informed that a paper would be written and sent to a reputable journal for publication.

As a researcher and a registered counsellor with HPCSA, I was required to uphold the principles of justice, ensuring fair treatment of participants and responders, while also respecting the values of others and causing no harm (Collins et al., 2000: 116). Moreover, I upheld the rights and dignity of others and did not intentionally discriminate against participants based on the following factors: I honoured the respondents' privacy and liberty while recognising cultural and individual variances, including age, gender, ethnicity, religion, language, and socioeconomic background. Participants aged 12 to 18, encompassing all genders, ethnicities, religions, languages, and socioeconomic statuses, were invited to partake in the study during data collection. The researcher permitted all participants to articulate their emotions in their native language during the study's execution.

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3.5 Conclusion

This chapter addressed the research design and methodologies employed in this investigation. The study's research objectives determined the appropriateness of the chosen design. The investigation has been defined according to the several phases of the action research methodology. The fundamental elements of the research process, encompassing sampling, data collection methodologies and timelines, data analysis, and ethical considerations, were examined. Furthermore, we defined the distinct phases of thematic analysis concerning the requirements assessment data, as well as the methodology for selecting and describing the themes and sub-themes. The intervention was assessed via mixed techniques. In chapter 4, the researcher will present the findings from the needs assessment that guided the intervention's creation.

Chapter 4: Results of the Needs Assessment

4.1 Introduction

This study aimed to develop an intervention for orphans following the death of a parent serving in the South African Police Service (SAPS). This chapter analyses and interprets the emerging findings from interviews with orphans and SAPS EHW practitioners, identifying the challenges they face that require intervention. The researcher initially performed face-to-face interviews with SAPS orphans, followed by a focus group discussion with SAPS EHW as key informants. The data analysis employed bracketing and reflexivity techniques to discern emerging themes and issues. The data were analysed to address the research questions regarding the challenges faced by orphans. The objective of interpretation is to link themes to experiences of orphans during the intervention.

4.2. Table 3: The biographical information

Pseudonyms used	Age	Gender	Diseased parent	Area
P1	18	Female	Father died	Tshwane District
P2	18	Female	Father died	Tshwane District
P3	17	Male	Father died	Ekurhuleni District
P4	16	Male	Father died	Tshwane District
P5	14	Male	Mother died	Tshwane District
P6	14	Female	Father died	Tshwane District
P7	14	Female	Father died	Johannesburg District
P8	13	Female	Father died	Johannesburg District
P9	13	Female	Mother died	Johannesburg District
P10	15	Female	Father died	Johannesburg District
P11	14	Female	Father died	Johannesburg District
P12	15	Male	Father died	Johannesburg District
P13	15	Female	Mother died	Johannesburg District
P14	14	Female	Father died	Johannesburg District
P15	16	Male	Mother died	Johannesburg District

4.3 Themes from the needs assessment: Orphans

The following three themes emerged from the analyses of the interviews with orphans. They are psychosocial challenges faced by orphans, a lack of emotional support, and a need for intervention. The sub-themes under each theme are listed and further explored below. The identity of the participants was replaced with a code: PM1 or PF1 up to PM16 or PF16, where "P" stands for the word participant and "F" or "M" indicates the gender of the participant. The numbers are the counts of the participants from the 1st to the 16th participant. Table 4 summarises the themes.

Table 4: Themes from the needs assessment: Orphans

<p>Theme 1: Psycho-social challenges faced by orphans</p>	<p>Sub-themes:</p> <ul style="list-style-type: none"> • Emotional pain and trauma • Financial constraints • School performance • Situational and environmental adaptation
<p>Theme 2 : Lack of emotional support</p>	
<p>Theme 3 Value of intervention</p>	<ul style="list-style-type: none"> • Need for ongoing support- counselling • No need for ongoing support- counselling • Benefit for Others - Continuation of the entertainment activities

4.3.1 Theme 1: Psycho-social challenges faced by orphans

The first theme is about the challenges faced by orphans following the loss of their parents, who were once SAPS members. Their challenges range from emotional pain and trauma to situational and environmental adaptation to school performance. The researcher found that most of the challenges are daily and may threaten orphans' wellbeing and future. Some orphans have similar challenges like sadness, crying, and shock, but they experience these challenges in a different way, while others have unique challenges. All orphans shared similar experiences, whereas others had different experiences whereby they experienced shock and were in denial after being told that their parents had passed.

4.3.1.1 Sub-themes: Emotional pain and trauma

The orphans still find it difficult to get through the emotional pain and trauma caused by the tragedy of losing their parents. Regarding other themes, there remains a connection between emotional pain and trauma. Some of the orphans experience unexpected emotions such as shock, anger, disbelief, and sadness. These emotional reactions can disrupt their physical health, making it difficult to sleep, eat, and think properly. Some orphans struggle with school performance while others have flashbacks, and others are still in disbelief. It often makes it difficult to cope with their daily activities and manage their normal tasks.

This is an integrative sub-theme because most of the challenges discussed below are exacerbated by emotional pain and trauma. Out of 15 participants, almost all of them experienced emotional difficulties after the death of a parent, as is clear from the quotes below.

***PF11:** "I did not know how to believe that it was real; it took a long time to process that it was true. I was in denial for a long time. It was not a favourable feeling or experience to see him in the coffin. It was traumatic. After the burial, it was different. We fight with the reality of losing our father and finding ourselves solely with our mother. It was not something that we had experienced before. It was overwhelming. When it was fresh, like in the first year, it was difficult because I had lost him, and two months later, my grandfather passed on too. It was overwhelming. It was something not to get over; imagine the world without them. It was difficult."*

***PF6:** "When I learnt that my dad had died, I was shocked and saddened. I couldn't believe it. I did not sleep well, and I was crying and thinking a lot. It took me two to three days."*

***PF2:** "Yhoo. I couldn't believe it; I felt like it was a dream or a lie, so I was not myself, and I was crying. Because I couldn't believe it, I felt so empty, and it is still painful. I couldn't sleep; I had nightmares because I was imagining him every now and then."*

PF11, PF6, and PF2 were shocked and in denial about their father's death. PF11, was traumatised by her father's death and expressed long-lasting sadness. Even after the funeral, she was struggling to overcome the pain of his death; after the event, she lost her grandfather too. PF2 and PF6 could not sleep after the funeral because they would be thinking a lot about their loss.

***PM12:** "Days after the passing, I don't think I was coping well emotionally. Any mention of my father would trigger a sudden emotional outburst in me, particularly when I saw pictures of him. All memories would flash back to my mind, and then I would start crying."*

***PM5:** "When I was told about my mother's passing, I felt like it was the end of the world for me, and I also wanted to follow. I wasn't okay. I wanted to die with her. I felt like there was nothing left for me."*

***PM15:** "I have pictures of my mom, but I do not mostly look at them because I am scared of feeling sad when I look at them. Living without her has presented a challenge, as we had grown accustomed to her presence and her amazing activities."*

PM12, PM15, and PM5 did not seem to handle the death of their parents well. They mentioned that their parents' death brought a lot of sadness to them. In most instances, they would avoid objects that reminded them of their parents because the reminders caused them to be sad and cry.

All of the orphans in this study were emotional when they related the experiences of losing a parent. Some were trying to avoid reminders that could bring sadness and tears. Avoidance seems to be a coping mechanism that helps them to cope with the grief.

4.3.1.2 Financial constraints

One of the critical challenges the orphans face is their financial needs, as most of them lost their families' breadwinners. This puts more pressure on the remaining parents as well as the orphans because their lives are not the same anymore. Most of the things they used to afford are no longer affordable. For some, their situations have to change from best to worst.

***PF11:** "I want to be assisted with 100% school fees because it is so expensive, and it stresses my mom, and it is difficult as she is the only one working."*

Insufficient finances in households may be stressful for the remaining parent, especially if the parents have been working as a team. This is uttered by PF3, who says that financial assistance is necessary as it would release stress from her parent. Some children experience drastic changes in their lives after the death of a breadwinner, such as changes in schools and living arrangements.

***PF13:** "I was attending a private school, and my brother could not afford to pay the school fees, so I had to go to the public school that year."*

PF13 mentions that due to a lack of sufficient financial support, she had to change schools and adapt to a new environment. Her brother also finds it difficult to cope with financing her personal needs, such as sanitary pads, cosmetics, and hair maintenance.

***PF13:** "For the menstruation part, I have to ask my brother for pads. When I ask him for money to buy pads, sometimes I become moody, and he has his own stress. We fight every month when it comes to the hair because I have to do my hair every month, and he forgets it, and every time I tell him, like, 'Next week I need money to do my hair,' and if I would tell him when that day comes, he would give me less money, and we would fight."*

Other orphans indicated that they were concerned about how their mothers were adapting to the new situation. They felt sad as they observed that their mothers were handling the household alone without their fathers. They expressed that a lack of financial support was causing their mothers to be stressed.

***PM2:** "Mom is doing her best, but it's difficult to care for four children alone on her salary with everything going on."*

PF14: "Sometimes, because my mom does not have money, she remembers him because they were both working hand in hand, so now that he is no longer here, we are having some other challenges because he was the one providing food, paying my transport, and paying my school fees. So now we only have one salary, and sometimes she complains like she is forced to work overtime in order for her to push and close some gaps."

It is evident that orphans can identify symptoms of grief in others, and by doing that, it causes them to worry.

4.3.1.3 School performance

School performance is one of the critical challenges that threatens the orphans' future, as education is one of the essential keys to human development and economic freedom (Mpofu & Tshabalala, 2021). Some of these orphans indicated that they have been experiencing difficulties in terms of focusing on their studies and getting excellent grades following the loss of a parent.

PM4: "Days after the passing of my father, I was emotional and not coping well at school. If someone mentions my father, I would just freak out."

PM12: "It was very difficult to study because I was thinking a lot and did not pass at the end of the year."

PF14: "I sometimes feel disturbed while studying because I think a lot about my parent's death."

PM5: "My grades went down because I was emotional after the passing of my mother, and I couldn't sleep."

PF11: "When he passed away, it was literally around the end-of-year exam. It was really frustrating and overwhelming, but at the same time, it was really difficult. I would be writing and thinking about my dad at that moment."

PF13: "When I am in class, I experience flashbacks about my mom and stuff; I will just walk out of class and go to my vice principal. She knew everything. I used to talk to her even when I was not feeling well."

PF14: "After my father passed on, I struggled and got disturbed when studying, particularly a subject like math, because my dad used to help me with math, and I would be thinking about him a lot."

Some orphans still find it difficult to cope at school; however, they do find it within themselves to push through hardships, even though they are facing challenges. Although most of the orphans except PF5 have not had lower grades, it is challenging for them to cope. Orphans were struggling after their parents died, but they helped themselves manage their schoolwork by building resilience.

PM4: "It was not well, but I did believe that indeed he passed away, and I had to accept that I did not have the father and that I would be left with my mother. All I had to do was focus on my schoolwork."

PM12: *"The passing of my dad affected me at school because it made me unable to concentrate. My mom talked to me and encouraged me, saying, 'Even if it is painful, you should not lose focus on schoolwork; you must keep on trying.'"*

PF14: *"The whole of September I did not go because I couldn't believe; after September I did manage to go to school, but it was not easy. So I have a friend who also lost his father. When I told him about my father, he felt the very same pain that I was feeling; his father passed away when he was still young. I told my friend, 'To me, it is not easy because I still don't understand why he died.'"*

PM11: *"I attended school in order to make my mother happy so that she wouldn't be sad."*

PM13 encouraged himself to work hard, even though it was not easy, to make his late father proud. The surviving parents assisted in encouraging their children to work hard in their schoolwork, and their support pushed them to be better. Talking about the loss with a friend shows that PF10 used it to comfort herself.

4.3.1.4 Adaptation to new environment

This sub-theme emerged from the response of PF5 following the loss of her mother, which has been difficult for her. She had to change schools, which resulted in lower grades and struggles with maths.

PF10: *"I have changed schools. It is hard to adjust to new people, a new class, new teachers, and a new grade. At school, we write tests twice a week, and it is difficult to catch up on everything at once."*

It was difficult for PF10 to change from a private to a public school in an unfamiliar and new environment. This was a challenging moment for her, and it had a long-term negative impact on her wellbeing.

4.3.2 Theme 2: Lack of emotional support

The orphans were found to be experiencing sadness and having it difficult to get emotional support from their extended family (aunts, uncles, and parents' cousins) and immediate family (surviving parents and siblings). This was evident in the responses of the orphans.

PM1: *"Basically, we don't get any form of support (from others); sometimes we go to other family members and find out that their attitude toward us has changed. They no longer care about us; when they visit us, we can see that they are pretending, and they no longer want us."*

PM2: *"During the day of the funeral, I went and sat, and they called some of my father's relatives. The thing that made me sad is that they never called me and were never involved in any activity at the funeral. I arrived, and they never saw me. I came in and sat on the chair with my uncle; when we went to bury him, they never called me."*

PM1 and PM2 show signs of lacking emotional support from the extended family. Ever since the loss of their fathers, the extended family is no longer friendly and supportive. PM1 and PM2 feel unwanted by

their extended family members. The orphans felt uncomfortable because they needed emotional support from their extended family during bereavement.

Some of the orphans experienced a lack of emotional support from their surviving parents. It was evident that, mainly because the surviving parent was also mourning, she or he could not offer support to the child. Seeing the parents sad made most of the children not want to talk about their feelings to the surviving parent because they did not want to make them feel worse, as is indicated in the following statements.

PF11: *"She (my mother) was mourning, as I did not want to tell her how I felt when she already had her own stress. When I told her what I felt, it was like putting too much on her. So I tried to be strong for my sister and my mom. Sometimes I am inadequate at expressing my emotions, so I would rather keep them all to myself. I think that I can deal with them by myself."*

PM4: *"If I tell her, it will stress her out. She won't concentrate at work; she will be saying, "My kid is still traumatised and still crying." I don't tell her because I know I will stress her out, and she will also cry."*

PM12: *"For me, I feel like, ok, he used to knock off earlier than my mom; at least I could talk to him because mom comes home late and tired. At least now she tries to make time, but it is not enough, so when he was around, I could talk to him about all the stuff. A lot of things, because, as you grow up, you cannot talk about other things with my mom."*

PF14: *"I do not share my feelings with anyone. It is not easy, and I sometimes feel like it is best if I keep quiet. I do not want to hurt my mother's feelings and bring back the sad memories."*

PM12, PF14 and PM4 said that after the loss of their father, they saw that their mothers were mourning, sad, and having many stressors. They decided not to talk to them because they did not want to add stress to their mothers by asking for emotional support. PM12 and PM4 care for their mothers and do not want to strain them with their problems, as their mothers have their own stresses. This results in PF14 deciding to be strong for her mother's and sister's sake, as she keeps most of her emotions to herself. While PM12 feels like his mother is not giving him enough time as she comes home late, he is also not comfortable talking to her about being a teenager and what comes with it.

According to PF14, she and the mom do talk about the passing of her father, but every time they talk, they both cry, which makes her think that the reason for her crying is because she might not have accepted that her father passed away.

PF14: *"Sometimes when I talk to my mom about dad, we both cry, and nothing changes. Maybe it is because I did not accept it."*

PM13 lost his mother, and according to him, he is left with no one to talk to. He indicated that he is not close to his father, even though his father sometimes does want to talk to him. However, he does not feel comfortable talking to him, which leads to him deciding to keep his feelings to himself.

PM13: *“Now that my mom is gone, I do not have anyone to share my feelings with. I keep them to myself. I do not talk to my dad; he does try to talk to me, but I am not used to him, and I am scared of him. I am not talking to anyone. I keep things to myself.”*

The results show that orphans want to talk about their loss after losing their parents. However, the parents who are still alive appear to be pressed for time and find it difficult to share their sorrow with them. Even when some parents wish to discuss the loss with their kids, the kids find it difficult to talk about it because they are not used to having emotional conversations with their parents. Orphans who lack the opportunity to express their sorrow end up suppressing their emotions.

The findings also show that orphans did not even get support from SAPS EHW practitioners after the death of their parents while on duty as SAPS members. The lack of support from SAPS EHW practitioners made them feel unimportant, as the practitioners only offered support to their parents. This was evident in the responses of the orphans.

PM1: *“Yes, they just came before the funeral, and after the funeral, my mom just told me that they were here.”*

PF2: *“I do not remember, but they came, but they never told me who they were, and they only spoke to my mom, not me. They spoke to my mom and only asked me my name, and I told them my name.”*

PM5: *“They came and had meetings with the family, but as for me, it was them and the family after the burial.”*

PF14: *“When my dad passed on, I did not receive counselling; people from SAPS came on the day of the funeral. I was still young; I did not hear anything, and also they were talking to my mom.”*

4.3.3 Theme 3: Value of intervention

4.3.3.1 Need for on-going support and counselling

Some orphans felt that it would be important to receive counselling because of the challenges that they are facing. They understand the importance of being provided with counselling as it would help them to cope with the loss of their parents. Even though PF5 indicated the lack of knowledge about the existence of SAPS EHW practitioners, she still felt that it was important to receive counselling.

PM2: *“Yes, psychologists need to support us because we won’t be having parents— a mom and a dad.”*

PF3: *“Counselling should be offered a month after the parent passed away, and it should be easily accessible 24 hours a day.”*

PF5: *“I am not aware of any services that are happening at SAPS that I can access. If I was aware, I was going to access them. I would like to have a person that I can talk to every month, personally about my feelings and personal life.”*

PF11: *“If they can be available anytime for talking, I can call or go and see them.”*

PM5: *"I would like counselling because every time we speak about our mom, we start to think about bad things, like when we watch action movies where there are guns, my hurt becomes sore."*

PM6: *"Counselling is important for children whose parents pass away because they are not able to cope with the past they carry within themselves".*

Research has shown that orphans are often interested in receiving counselling. They seem to emphasise the importance of SAPS EHW practitioners being available at all times. Even though PM5 seems unaware of the SAPS EHW services, he and others seem to understand the importance of receiving counselling after the death of a parent. PM5 reported that counselling should be available all the time so that he can access it when he needs it.

PM12: *"I can inform my mom so that she can call people like you (counsellor) so that you can assist."*

PF14: *"It will be a good idea if they can offer counselling."*

PM6 and PM12 claimed they do not need counselling, but they explained why it should be provided to others.

4.3.3.2 No need for ongoing support and counselling

Some of the participants appear not to want to deal with the loss of a parent to avoid feelings of sadness and loss that they felt could prolong the grieving process. What these participants are not aware of is that unresolved grief can lead to complications such as anxiety, panic attacks, and other mentally related illnesses.

PM13: *"I do not think I need counselling, but some of the kids will need it. I am fine with dealing with challenges on my own and not getting solutions."*

PM12: *"Not for all of them, but for some of them. It's bad for those who won't need it because talking about it will bring back the past after refreshing their minds. Others will want it."*

4.3.3.3 Benefit for Others - Continuation of the entertainment activities

Before the research, the Gauteng Province SAPS EHW practitioners conducted a youth leadership camp once a year to groom the SAPS orphans. This camp did not take place in 2020 and 2021 because of the COVID pandemic. The orphans in the study did not participate in this camp.

Orphans expressed a need to participate in activities that involve others. They strongly believe that participating in activities with others brings a sense of joy and helps one learn a lot from others and speakers. PM7 highlighted that it helps him not to feel alone and to think a lot about the passing of his father.

PM1: "A group that can motivate us and talk to us mostly so that we could understand each other and our beliefs of each other; this helps share with other kids your sadness and joy and other things that can uplift one's spirit."

PM6: "I would choose to go on a trip three to four times a year to swim and eat with others, as it will be good for us."

PF7: "I would like them to continue with entertainment activities, maybe two or three times a year. Taking us to different places because sometimes when I am at home, I feel lonely, and if my dad was here, I would ask him to take me there. Motivational speaker, to be motivated, and so on, and assistance with homework."

PM12: "I would like to be taken out where lots of children are swimming."

4.4. Key informant interviews with SAPS EHW practitioners

The following themes are based on the discussion with SAPS EHW practitioners and the roles they play within the Head Office and Provinces: *Psychological services, social work services, spiritual services, and quality of work life: HIV/AIDS, STI, and TB management, and disability management.* These practitioners work as an integrated team, providing psychosocial services to the members and their immediate families. After receiving an individual referral, each SAPS EHW practitioner is responsible for providing the necessary bereavement support for orphans. The themes stipulate what SAPS EHW practitioners encounter during youth leadership camps, referrals from families, and mostly from SAPS EHW spiritual services in response to bereavement support for orphans.

The three themes emerged from the data collected from SAPS EHW practitioners as key informants. Table 5 outlines the themes and sub-themes.

Table 5: SAPS EHW practitioners as key informants: The themes and sub-themes

Themes	Sub-themes
Theme 1: Available SAPS services provided to orphans	
Theme 2: Challenges experienced by orphans	<ul style="list-style-type: none"> • Psychosocial challenges • Financial constraints

Theme 3: Value of intervention for orphans	<ul style="list-style-type: none"> • Need for ongoing support- counseling counselling and developmental programs
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4.4.1 Theme 1: Available SAPS services provided to orphans

In the focus group discussion with SAPS EHW practitioners, the current services provided for orphans were outlined. The services provided for orphans are based on the roles played by the available SAPS EHW practitioners in response to bereavement support for SAPS orphans. SAPS EHW practitioners operating from the Head Office and Provinces are: psychological services, social work services, spiritual services, quality of work life, HIV/AIDS, STI and TB management, and disability management. These practitioners indicated that they do not have specific services to support orphans; they depend on referrals from orphans' families as well as from SAPS EHW spiritual services during burial processes and after death programs. They also specified that quality of work life services only provide services for orphans from the communities. All SAPS EHW practitioners indicated that they lack the finances to develop and implement programs for supporting orphans within SAPS. These also encourage SAPS EHW practitioners to work solo.

Financial constraints prevent SAPS EHW social work services from offering and developing programs intended to support orphans.

They don't currently have any programs in place to support orphans. The issue of finances does limit them sometimes. Because of these limitations, Baruti (the Chaplain) takes on additional responsibilities.

(Social work Services).

SAPS EHW Psychological Services indicated that they also do not have specific services to support orphans. They sometimes rely on families and SAPS EHW spiritual services for referrals. SAPS EHW Psychological Services acknowledges that orphans do need their support.

"There are no programs at psychological services that are specifically for orphans. They only wait for referrals from SAPS EHW spiritual services and the families of the orphans." **(Psychological Services).**

The same response that there were no interventions designed to assist SAPS orphans was given by the quality of work life management team (HIV/AIDS, STI, and TB Management). They indicated that they do have interventions for community orphans, but not for SAPS orphans. The lack of intervention to support the SAPS orphans shows a lack of teamwork in support of the SAPS orphans.

"There are no programs or inventions that focus on orphans among SAPS employees. Their intervention focuses more on orphanages as Mandela Day projects—to give back to the community." **(Quality of work life management: HIV/AIDS, STI, and TB management)**

Lack of intervention also contributes to a lack of funding for SAPS orphans. The disability section receives referrals from other sections, usually SAPS members, not children. In that case, they end up not helping the child/children with disabilities.

"They do not physically participate in any other program that directly works with orphans. They are also budget-limited most of the time. They only refer SAPS members to other SAPS EHW practitioners and do not open files for them; they only keep their names in the database." **(Quality of Work-life Management: Disability Management)**

Although SAPS EHW Spiritual Services provides some of the interventions for orphans and actually visits the families after the death of their family member, the findings show that they lack monitoring tools for their programs and do not know how effective their contact with the families are.

"Spiritual Services works closely with SAPSET, which manages the educational trust for SAPS orphans. Spiritual services handle death ceremonies for families but do nothing for orphans during the burial processes. They also experience issues with finances, which end up resulting in few interventions for SAPS orphans. Additionally, with the few programs that they provide for orphans, they also do not have a monitoring tool for our programs. They desire to develop a tool to monitor the impact of their programs, as they believe that all programs that they are conducted need to be monitored". **(Spiritual Services)**

Of the five sections within SAPS EHW, four indicated that SAPS EHW services do not have a specific program for SAPS orphans. A lack of intervention also correlates with insufficient funds to support SAPS orphans. Researchers have found that a lack of teamwork hinders SAPS EHW practitioners from collaborating holistically to support SAPS orphans.

4.4.2 Theme 2: Challenges experienced by orphans

4.4.2.1 Psycho-social challenges

SAPS EHW spiritual services and the SAPS EHW psychological services reflect the exact challenges that orphans are experiencing. These orphans find themselves in difficult times, and their state of mind gets challenged. As much as the SAPS is the workplace for economic development and freedom, the orphans find it hard to understand when their family members are killed in the line of duty, and they put the blame on the organisation. According to the orphans' observations, their parents are exposed to potentially unfavourable conditions. In some cases, orphans find themselves in situations exacerbated by the emotional pain and trauma they are currently experiencing. During the interaction with SAPS orphans, SAPS EHW practitioners highlighted the challenges that the orphans face after the death of their parents. It is clear from the following quotes:

"After the death of their parents, SAPS orphans were found to have been experiencing a certain level of anxiety, anger, and uncertainty, blaming SAPS for putting their parents in danger." **(Spiritual Services)**

"Orphans were found to have been experiencing anger, a feeling of hopelessness, being on the edge, having lost their parents, fearing that anything could happen, and showing signs and symptoms of depression such as sleep disturbances, withdrawal, and nightmares." (Psychological Services)

"After the death of parents, orphans displayed behaviour changes. This is attributed to the feeling that they had lost their role model. This results in them becoming antisocial, engaging in substance abuse and gang-related activities. At school, they are reported to be bullying other kids just to express the anger within themselves, but in a wrongful way". (Social Work Services)

The SAPS EHW practitioners' remarks redirect us back to the first theme, where some of the challenges these orphans face could be the consequences of the challenges that the social worker and chaplain indicated. Bullying other kids at school might have an effect on school performance and the possibility of being expelled. The lack of emotional support seems to be one of the causes of the bullying.

4.4.2.2 Financial constraints

The personnel highlighted the financial strain that orphans experience, especially if there is a delay in pension payout. This might lead to insufficient funds for basic needs such as groceries, school fees, and clothing, which challenges the mental state and strength of the orphans.

"The orphans expressed that the delay in receiving the pension fund of the deceased parent becomes a challenge, which leads them to anger, hopelessness, and anxiety." (Spiritual Services)

"Police Medical Aid (POLMED) does not pay an educational psychologist anymore, and accessing their services is very expensive." (Psychological Services)

Finance seems to be a challenge for orphans. Due to a lack of finances, they are not able to access the expensive services of an educational psychologist for career counselling. Furthermore, the delay in receiving the pension money of their deceased parent is also contributing to their depression symptoms.

4.4.3 Theme 3: Value of intervention for orphans

4.4.3.1 Need for ongoing support: counselling and developmental programs

All SAPS EHW practitioners indicated the need to provide support to SAPS orphans. They have indicated different programs according to professional specifics that they think would benefit the orphans. The lack of specialised programs for SAPS orphans leaves gaps within the organisation as it relates to supporting orphans. SAPS EHW does not provide psychological services for orphans, but at times refers a child for external help. Having all relevant psychologists and programs within SAPS EHW psychological services would be crucial in providing support to SAPS orphans and other non-orphans. This would also be essential for the future of the orphans who are in need of group work, like learning life during the bereavement process.

"There is a need for training other psychologists, having a child psychologist, psychologically specialised toys and programs, as well as an educational psychologist to provide support to the 12-year-old orphans." **(Psychological Services)**

"A child psychologist doesn't exist within our organisation. They rely on referrals from outside the organisation. It would be beneficial if SAPS EHW could improve its aftercare services that would provide group work like life skills and career guidance, which are vital." **(Social work Services)**

"A program that provides SAPS orphans with school uniforms is needed, as is a health parental guidance program that encourages members to disclose illness to their children so that children can be empowered on how to handle the situation and to support their sick." **(Quality of Work life Management: HIV/AIDS, STI, and TB Management)**

SAPS EHW practitioners highlighted that they did not have a specific intervention for orphans or families. Social workers and psychologists can only deliver some individual services to clients referred to them by the chaplain. The SAPS EHW practitioners are not working together as a team to support the program for orphans. It has been found that the project to support SAPS orphans and widows is led by SAPS EHW spiritual services while other EHW practitioners wait for referrals. Finance also seems to be an issue, as practitioners reflect on the lack of services for orphans. The SAPS EHW psychologist indicated that they do not have specialised toys and equipment to work with small children. Even though spiritual services is providing some services to SAPS orphans, they do not have specific programs at present that assist in identifying other needs for orphans, which leads to such needs not being met. They also do not have tools to use for conducting monitoring and evaluation for the orphans and widows' programme.

4.5 Conclusion

There is agreement among the themes identified in the data collected from different sources. It is evident that the orphans face many challenges related to bereavement following the death of a parent. However, there are psychosocial services for SAPS members and their immediate families, but the practitioners describe them as reactive programs for SAPS members. Members need to be referred for services. In other words, there is no formalised, planned program that specifically focuses on SAPS orphans as structured and consistent counter-bereavement support. Albeit there are efforts and desires from SAPS EHW practitioners to offer counter-bereavement support for orphans, there are challenges like a lack of funding and the fact that no specific program has been developed. This is a clear indication that there is a need for a psychosocial intervention program, especially for SAPS orphans, to assist SAPS orphans in adjusting to their new situation and developing their psychological wellbeing after the loss of their parents.

Chapter 5: Development of Intervention

5.1 Introduction

A needs analysis was the first step in the development of the intervention. This was followed by a literature search to investigate the relevant interventions that would help in providing psychological support to orphans after the death of their parents.

The action research methodology by Kemmis and McTaggart (2014) was helpful during the creation of the structured intervention programme for orphans. In a variety of healthcare situations, action research is a method frequently utilised to improve conditions and procedures (Koshy et al., 2010). In their writing, Kemmis et al. (2014) identified two key characteristics of action research, namely (i) community members being involved in resolving social problems and (ii) the process involving an ongoing cycle of planning, doing, observing, and reflecting. Thus, evaluating the process continuously and having enough flexibility to make modifications form part of the intervention process (Visser et al., 2005).

Given the above, this chapter looks at the development of an intervention where the goal, theory, and programme will be considered. The development of an intervention is an important part of the action research process to establish the desired change.

5.2 The Goal of the Intervention

The needs analysis was done to establish what should be addressed in the intervention for the orphans. During the needs analysis, it was found that orphans are experiencing psychosocial challenges such as emotional pain and trauma, lack of school performance, and lack of emotional support, and that they need ongoing support counselling and school adaptation, as highlighted in Chapter Four. These challenges impacted their daily functioning negatively.

According to Shafiq et al. (2020), lack of communication about the death of a parent can cause intense negative emotions, a poor sense of oneself, low confidence, an increase in daily stress, ineffective stress management, psychosocial problems, as well as deficits in cognitive motivation. To address the needs identified during the analysis, the researcher developed a group work intervention for orphans that was guided by Cognitive Behaviour Theory (CBT) (Halder & Mahato, 2019) and Urie Bronfenbrenner's Ecological System (ElZaatari & Maalouf, 2022). The developed material was guided by the literature and session framework closely related to the framework used in the Let's Talk Adolescent Curriculum Phase One (2017), which follows an educational process in each session and incorporates concepts from CBT. Even though this study used Let's Talk Adolescent Curriculum Phase One to develop the programme, it also used the Abangane Support Group programme as an example of how the sessions should be formulated and what programs should be included in the sessions. The Abangane Support Group programme offers psychological support to bereaved adolescent girls aged 13-19 years, with the aim to help participants better understand grief and loss, process their grief and gain closure, develop skills to

cope with difficult emotions, establish life planning skills, and further help girls gain support from others (Thurman et al., 2017).

This study's intervention aims to encourage orphans to express the internal and external psychosocial challenges that they are experiencing after the death of their parents to prevent the development of psychological difficulties and to teach orphans coping mechanisms to overcome the challenges that come with bereavement that can contribute to them developing resilience. The impact of the intervention will be evaluated before and after the intervention, using the Resilience Scale by Wagnild and Young (1987) and the Psychological Health Scale (Goodman, 1999).

5.3 Theoretical framework

5.3.1 Cognitive behaviour theory (CBT)

Cognitive behaviour therapy (CBT) is considered the most empirically-based foundation for mental health interventions (Heath et al., 2014). The theory uses a psychotherapy approach known to teach patients how to recognise and alter unhelpful or distressing thought patterns that harm their emotions and behaviour (Epel et al. 2021). As outlined in Chapter 2, interventions using CBT are beneficial in reducing disruptive sorrow and also effective in addressing a wide range of children's behaviour and emotional needs. The premise that thoughts, emotions, and behaviours are all interconnected is an important aspect of CBT (Heath et al., 2014).

Importantly, Halder and Mahato (2019) stress that the theory helps in treating adolescents with mental health disorders, and it is utilised for clients from a variety of socioeconomic backgrounds, ethnicities, and ages. Previous studies by Epel et al. (2021) have proven that the theory is highly effective in reducing emotional distress and alleviating distress in children. Agreeably, Shafiq et al. (2020) narrate that when negative thoughts about the death of a parent prevail, children usually accept blame easily, which could lead them to believe that they are to blame for their parent's death. Therefore, to increase adaptive behaviour, CBT deconstructs negative ideas and replaces them with a constructive mentality, which promotes the creation of positive feelings and self-confidence (Pramono & Astuti, 2017).

Given the above, throughout the sessions, the theory will be applied through psychoeducation to teach self-awareness, emotion identification, coping with sadness, communication skills, and strengths identification. The theory will also enable orphans to reduce the possibility of experiencing unhealthy reactions to their loss, which can result in the reduction of the development of psychological difficulties such as depression, anxiety, or extended mourning.

5.3.2 Use of Urie Bronfenbrenner's Process–Person–Context–Time (PPCT) model in intervention development

The importance of developing the intervention for orphans necessitates a thorough theoretical framework that takes into account the complex interaction between individuals and their surroundings. Bronfenbrenner and Morris (2006) state that human development should not only be perceived objectively but also include an experiential or activity element. This helps orphans to perceive the environment through personal feelings or opinions, resulting in them becoming active participants in their own development (Engeström, 2016). Thus, the orphans should have been participating in constructing the microenvironment through person–context interactions (Bronfenbrenner & Morris 2006). The individual, as the second component of the PPCT model, plays a significant role in shaping their own development and is particularly concerned with biological influences (El Zaatari & Maalouf, 2022). Bronfenbrenner acknowledges that development is impacted by personal factors such as beliefs, skills, and perceptions. The third component of the PPCT is the context, which covers all the ecological systems, the most critical component in understanding individual development (Krishnan, 2010). Meanwhile, context refers to interconnected systems that make up a person's ecology, such as their home, school, or workplace (Crawford, 2020). Within the third component of the PPCT, which is the context, the intervention is based on understanding the complex within the microsystems and the exosystems that hinders the child's development. The microsystem (parents, peers, and individuals associated with the parent's workplace) is the most influential level of the ecological systems that see children at the centre of multiple, interacting layers of influence (Crawford, 2020). Within the microsystem, the group intervention will be developed, where children could experience support and learn how to cope with their emotions. Furthermore, the child gains support from the other orphans (peer support), whereby they assist each other with difficult experiences. Lastly, the SAPS EHW practitioners thus become a support structure for the orphan and their caregivers over the long term. The exosystem (the child's parent's workplace) incorporates other formal and informal social structures, which do not themselves contain the child but indirectly influence them as they affect one of the microsystems. The intervention will be facilitated by SAPS EHW professionals, who have integrated their direct experiences into the microsystem. In this scenario, it is essential for the child's development to obtain support from both the parent's workplace and external sources. The workplace can provide support and benefits that will contribute to the child's development.

5.4 Development of a group work intervention for orphans

The term "intervention" is defined as any organised activity, program, or initiative that is supported by resources and established to enact change (Jones et al., 2022). Similarly, O'Donnell and Wehrich (in De Vos, 2011) define an intervention as a collection of objectives, guidelines, regulations, task assignments, actions to be taken, resources to be used, and other components required to carry out a certain course of action.

The needs analysis served as the basis for creating a six-session curriculum to address the psychosocial needs identified through the assessment.

Each session has a specific focus that helps it stay on course and an explanation for why it is required. The intervention was designed as a group intervention that took advantage of group dynamics as therapeutic properties (Ezhumalai et al., 2018; Yalom, 1985). According to Cameron (1999), one of the psychological advantages of group membership is the conviction that the group will help the member achieve their goals. Adolescents can explore a variety of facets of who they are and develop self-acceptance in these settings because there is no judgement and no criticism (Collie et al., 2006). Yalom's (1995) group therapy theory confirms that group self-esteem enhances wellbeing by reducing depression and personal self-esteem.

Yalom (1985) proposed that group members who have experienced similar traumas can assist each other by understanding and modelling behaviours. The sessions utilised a semi-structured framework to address participant requests and promote group engagement. The initiation of each session incorporated an icebreaker, feedback on prior homework, and sharing of personal experiences to promote group cohesion. The session framework chosen for this intervention was closely related to the framework used in the Let's Talk Adolescent Curriculum (2017), which follows an educational process in each session and incorporates concepts from CBT. In the current intervention, each session provides the participant with an opportunity to learn through experience during their participation in role plays, scenarios, the sharing of personal stories, and homework exercises. Instead of focusing only on the loss, the intervention included educational activities aimed at assisting orphans to make healthy lifestyle decisions by preparing them to successfully manage the demands and challenges of daily living (WHO, 1997). However, the group climate remained safe, in which participants could verbalise what had happened to them if they felt they needed to. The Let's Talk Adolescent Curriculum Phase One (2017) was used in this study because it provides examples of how to assist participants in developing emotional coping, communication, and problem-solving skills with an emphasis on resolving challenges that frequently arise after a parent dies.

An outline of the session content is given in Table 6

Table 6: Content of the group work intervention programme for orphans

Session	Intervention	Intervention Activities
Session 1	Psycho-social challenges of orphans Self-awareness	<ul style="list-style-type: none"> • The pre-test evaluation was done at the beginning of the session. • Establish group norms • Family tree • Photovoice: About me

	Building cohesion	<ul style="list-style-type: none"> • Take home assignment: Memory box
Session 2	About our loss	<ul style="list-style-type: none"> • Feedback from the previous session • Ice breaker • Memory box • Debriefing • Relaxation technique • Take home assignment: A road map
Session 3	Identifying Emotions about grieving	<ul style="list-style-type: none"> • Feedback from the previous session • Ice breaker • The roadmap • The Feeling thermometer • Take home assignment: a picture of an event that made them happy
Session 4	Coping with sadness Emotional mastery	<ul style="list-style-type: none"> • Icebreaker, Feedback from the previous session • the bereavement Scenario • Change negative thought patterns • STOPP worksheet • Take home assignment: Participants are requested to bring two pictures of their two favourite people they have a great relationship within the family.
Session 5	Healthy and unhealthy relationship	<ul style="list-style-type: none"> • Feedback from previous session • Icebreaker • Healthy and unhealthy relationships: Scenarios • Consent 'Scenario: Who wants tea • Communication skills • Take home assignment: Names/pictures: identification of sources of support
Session 6	My strengths, support and future planning	<ul style="list-style-type: none"> • Feedback from previous session • Icebreaker • Positive qualities • Goal-setting: I CAN DO IT • Problem Solving

		<ul style="list-style-type: none"> • Social support - Bibliotherapy • The post-test evaluation • Closing the session: Celebration and certificate
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A description of the different sessions and their theoretical background will follow.

5.4.1.1 Session 1: Self-awareness

The session explored how orphans experienced the challenges of life and how they perceived themselves after the deaths of their parents, using the activities described below. This was done in support of Bandura's social learning theory, which is predicated on the notion that we gain knowledge from social interactions with other people (Nabavi & Bijandi, 2012).

There are 4 activities in Session 1:

Activity 1: Introduction. The session started with an explanation of its goal. Then participants introduced themselves and shared expectations and experiences so they could learn more about each other.

Activities 2: Ground rules. Throughout the sessions, the participants developed group rules that fostered confidentiality, mutual respect, and cohesion. Everyone could see and read the rules on the flip chart during sessions. The purpose and expectations of the group were to get everyone to be comfortable and feel safe.

Activities 3: Family tree. The participants were asked to describe the history of their family based on the family tree they had drawn and explain what it meant for them. The family tree contained their family members, including those who passed on. This approach has proved to be so successful and popular and is now being used with children, young people, and adults in a wide range of countries (REPSSI, 2012). The activity enables children to speak about their lives in ways that are not traumatising and strengthens their relationships positively with their history, their culture, and significant people in their lives (REPSSI, 2012). It can also assist children to express their grief (Ncube, 2006).

The participants displayed their family tree and had 5 minutes to present it to the group. After they presented their family trees, which was an emotional activity, the facilitator asked the participants how they felt and allowed them to express their emotions in order to gain support and emotional relief.

Activity 4: Photovoice: About Me

Photovoice is a participatory action research methodology that was coined by Caroline Wang in the 1990s. Photovoice was originally developed as a research method in which individuals photograph their everyday health and work realities (Wang & Redwood-Jones, 2001). Wang describes photovoice as a methodology that focuses on individual and community assets, co-creation of knowledge, community building, and individual and community empowerment, and combines research with action (Wang &

Burris, 1997). The methodology contributes to the self-development of participants by fostering recognition of the need for change, improved self-awareness of local circumstances, personal worthiness and confidence, as well as awareness of social resources and problem-solving abilities (Save the Children, 2014). The stories they tell about the photographs identify and represent issues of importance to them. This is thus an important way to start an intervention to raise self-awareness and build cohesion in a group.

The activity aims to investigate how participants create and interpret their sense of self. In this study, this methodology contributed to the self-development of participants by fostering recognition of the need for change, improved self-awareness, personal worth, and confidence, as well as awareness of social resources and problem-solving abilities (Save the Children, 2014). Because the photos were taken and selected by participants, they could reflect upon them and explore the reasons, emotions, and experiences that have guided their chosen images. In the photovoice activity, participants are requested to present photos that tell a story about themselves. The photos could be personal photographs taken by a phone or a camera, from a magazine, or newspaper image. The guideline is that pictures should present something of the following:

- **Picture of yourself:** Tell us your name, age, gender, race, culture, language, and favourite color.
- **Pictures of the house:** Tell us about the area you are from.
- **Pictures of school:** Tell us about the grade you are in.
- **Pictures of people:** Friends, pets.
- **Pictures of your:** Favourite food, holiday destination.
- **Pictures of activity:** Favourite sport.

Group discussion using the *SHOWeD* technique open-ended statements and questions stimulated the activity's discussion. The aim was for the participants to identify common stories presented, what those stories say about them, and what felt most important to communicate about those stories. Before the presentation of photos commences, the facilitator first introduced the *SHOWeD* method (see Appendix 15). The facilitator then distributed handouts to participants, encouraging them to start expressing the meaning behind their photos using the *SHOWeD* technique. Participants were given 20-30 minutes to review and examine photographs and select and share six favourite photos following the photovoice guide: *the about me guide* on what types of pictures they should present. While the participant presented, the facilitator displayed the phone's unprinted photos on the laptop. Each participant shared photographs in a round-robin format, whereby they shared one photo at a time. This process was flexible, and in the discussion, the participants connected over the photographs through shared experiences or feelings. In this manner, the captions reflected the collective themes discussed within the group. However, if the participants had taken pictures that others in the group could not relate to or felt differently about themselves, the facilitator facilitated a process where each individual wrote a caption to go with their

photograph. In this case, the captions represented the individual meanings behind each photo. This was crucial as it clarified the children's perception of the most significant aspects of the explored topic. The facilitator made sure the participants were answering the questions from the *SHOWeD* technique, which served as a guide to help them express their thoughts through their photographs. When each participant finished presenting his/her photos, the facilitator expressed her gratitude for their effort and requested that group members acknowledge it too.

Home assignment: During the session's closure, the participants received an assignment for the following session. We asked participants to create a memory box at home with their family members. Participants received the memory box instructions and the photovoice guide a month prior to the implementation. The memory box instruction describes how to make and the contents of the box.

5.4.1.2 Session 2: About our loss

The session aimed to recognise and understand the perspectives and emotions related to grieving. The facilitator encouraged group members to share their memories of a deceased loved one and reflect on their feelings. This included being empathic to the experiences of others, being able to see and understand the perspectives of oneself and others, and the tolerance and acceptance of cultural and background diversity. During session activities, members learnt to recognise the importance of talking and sharing their feelings in a safe and supportive environment. The session also aimed to improve group members' listening and support skills. The activity used the CBT approach, as it has been proven highly effective in reducing emotional distress. The session adapted this activity from the Abangane Grief Support Curriculum Manual.

There are four activities in Session 2:

Activity 1: Feedback and reflection. The session began with welcoming all participants, followed by a recap of the ground rules and an explanation of the activities of the day and its objectives. Then participants provided feedback on the previous session on how they felt about the previous session and what they enjoyed most and learned. The activity aimed to inform the researcher how the orphans experienced the session and whether redirection is required.

Activity 2: Memory box

The Memory Box Programme Training Manual (2003) was used as it aims to train on providing a basic understanding of the psychosocial needs of children (Denis et al., 2003). Politis (2020) infers that a memory box is a box or other container that contains special items that can help a child remember the loved one and the memories they shared with that individual. By using a memory box, the facilitator gains information about the participants' past and current levels of functioning, and the participants build trust and group cohesion as they share their experiences and support one another.

A child can use this box to help him/her deal with the loss they are experiencing (Denis, 2011). The Memory Book provides a platform for preserving these illustrations and narratives and enables the children to retell their stories to actual or imagined audiences to help them integrate their feelings and thoughts about their particular grief reaction (Barbara, 2018). In addition to being involved in the memory box activity, it helps build resilience and develop the ability to cope with difficult situations. Resilience is the ability to cope in difficult situations such as disease, death, abuse, or crime (Denis et al., 2003).

The objective of the activity was to allow participants to express their feelings of loss, understand them, and learn how to cope with them. The actual process of creating a memory box was, in itself, supportive of the grief process because participants sat together with their families and shared memories and feelings about their parents. Memory boxes stored sentimental items, including letters, recordings, beloved pieces of music, and images. That gave participants a platform for preserving these illustrations and narratives and enabled them to retell their stories to help them integrate their feelings and thoughts about their particular grief reaction.

The instruction for making the memory box was given at the end of session 1, as it was a project to be done at home with their family members. This included creating a memory box about the parent who passed on and decorating the box to reflect some aspect of the parent who passed on, which comprises a minimum of 10 items in the box. The items and pictures that were included in the box represented something about their loved ones who passed on: character, life, personality, and significant events.

The facilitator introduced the concept of the memory box to participants and requested each participant to present his/her 10 items that reminded them of their parent who passed on. This was done to show them the importance of remembering important events and people who were once part of their lives. While they were presenting their memory box, the participants were allowed to express their emotions, and the facilitator was supportive, non-judgemental, and interested in what they shared and directed the conversations to engage with them. This was a crucial role for a facilitator, as it required significant cultural awareness and sensitivity to emotions and family dynamics. While each participant presented his or her memory box to the group, other participants showed support by listening and supporting and not being judgmental. The facilitator paid attention to the participants' body language, was empathetic, and reflected on what was not being said as well as what was being said. The facilitator achieved this by remaining relaxed, sensitive, reassuring, kind, and open. When participants finished presenting their memory box, the facilitator expressed her/his gratitude for their effort and requested that the group members acknowledge it too.

The questionnaire from the *general evaluation skills questionnaire* (see Appendix 16; Denis et al., 2000) was used by the facilitator to guide the debriefing process after the memory boxes were shown. The goal was to give orphans an opportunity to express themselves, whether through talking, crying, shouting, or contemplating. Additionally, it helped children identify and hone their skills, enabling them to make informed decisions in the future.

The facilitator requested the participants relax comfortably in their chairs and listen to the questions asked in the general evaluation skills questionnaire. While each participant provided an answer, the facilitator normalised all clinical impressions presented and further provided psychoeducation on how to cope with emotions. When participants are done with the activity, the facilitator expresses gratitude for their effort and requests that group members acknowledge it by clapping hands for each other.

Activity 4: Relaxation technique 'Stillness' (see Appendix 17). The purpose of the exercise was to help orphans learn how to relax and how to use the technique as a strategy to cope with negative emotions that arose during the session and in the future.

The facilitator requested the participants to relax comfortably in their chairs, close their eyes, and follow the facilitator's voice during the exercise. During the relaxation exercise, the facilitator used a calm and relaxed voice while making sure that the voice was not rushing in doing the exercise. After the exercise, the facilitator asked participants how they felt and reminded them they can do this exercise at home and whenever they feel anxious about life decisions.

Home assignment: Participants had to draw a roadmap of their lives. The facilitator needed to show participants on the flip chart an example and share a copy as an example of how they should draw the roadmap. The facilitator requested them to draw the roadmap using paper and pencil so that they can be able to rectify any mistakes and ensure a clear, clear image. Their maps had to be as colourful as they wanted them. The roadmap represented a life journey, detailing events, celebrations, and activities from their lives both before and after their parents' deaths. They had to demonstrate happy and sad moments in their lives. They had to draw in a private space, where they could think clearly and without disturbance, and they had to draw the roadmap alone.

5.4.1.3 Session 3: Identifying emotions about grieving

Orphans often experience difficult emotions, especially after the death of their parents. This session aimed to help them develop the ability to recognise and understand their thoughts regarding sadness. It further developed their ability to change their negative thoughts to cope with sadness using CBT. They explained and applied the links between thoughts, emotions, behaviour, and bodily sensations to their life experiences. The CBT model also assisted in redirecting negative thoughts to positive ones. They demonstrated this by highlighting key events in their timeline that transpired following their parents' deaths. Lastly, it assisted them in identifying pleasant activities to incorporate into their lives. In this case, participants built trust and group cohesion as they supported one another. We adapted this activity from the Let's Talk Adolescent Curriculum (2017).

There are four activities in Session 3:

Activity 1: Feedback and reflection from the previous session.

Activity 2: Emotional awareness using the roadmap

The activity aimed to encourage the participants to share and discuss their life challenges.

There were two main reasons why they need to be aware of their emotions and be able to express them. Psychoeducation explained this to the participants after the activity.

- First, once they were aware of their emotions, they could begin to take action to feel better. They had to decide what they wanted to do about the situation that caused the emotion.
- Second, if they were unable to express their emotions, they could build them up and even make them physically sick. It is like getting food stuck in your throat: you need to get it out or you will choke. Being open about their emotions prevented them from accumulating and helped others understand and support them. This activity was adapted from the Let's Talk Adolescent Curriculum (2017).

Participants presented their road maps to other group members. In this case, the facilitator gained information about participants' history and current level of emotional functioning. At the end of session 2, the facilitator assigned homework instructions on how to draw a road map. Each participant presented his/her road map to the other group members and only shared what they felt comfortable with, whether only the high "when happy," low "sad," or both. Before the participants started sharing their presentations with other group members, the facilitator requested other participants to relax and pay attention to their feelings and thoughts as they listened. During the presentation of the roadmap, participants also became aware of the different emotions and thoughts that came with life challenges. Participants reported feeling happiness, sadness, anger, fear, guilt, or embarrassment, among other emotions. While they are sharing, the facilitator identifies bodily sensations, emotions, thoughts, and behaviours related to their experiences and writes them on paper. The facilitator normalised those clinical impressions through psychoeducation. The facilitator also knew those reactions were normal for most people and would pass. People must learn to express and manage their emotions, no matter what they may be. If a person doesn't express or deal with unresolved troubling emotions, their health may eventually suffer. For some participants, talking about emotions and life experiences was unfamiliar or uncomfortable; therefore, the facilitator had to be sensitive and encouraging during the discussion. After presenting, the facilitator praised them for sharing their experiences. When participants had accomplished sharing their experiences using the road map, the facilitator conducted a group discussion using the following questions:

- How did their body feel?
- Can they remember what they were thinking?
- How did this situation affect their behaviour?

This exercise helped participants become aware of how bodily sensations are connected to emotions and to use tools to understand and express emotional states. Recognising emotions allows us to take steps to improve how we feel, which helps keep us healthy.

Activity 3: The Feeling Thermometer

Emotions are like messages that tell you what is going on and how you are reacting to a situation. The aim of the activity was for participants to learn to evaluate their emotions in order to accurately perceive one's emotional state. Paying attention to your body can help you understand what you are feeling and why. The facilitator needed to introduce the 'feeling thermometer' to the group members. The facilitator further draws a thermometer on the flip chart to demonstrate a feeling thermometer. Similar to measuring heat, you can measure your feelings. The more you are aware of your emotions, the easier you can cope with them and even try to change them so that you feel better. The thermometer is a tool to help you do this. We adapted this activity from the Let's Talk Adolescent Curriculum (2017).

Instructions: output:

Following the demonstration and explanation of the Feeling Thermometer, the facilitator distributed papers for participants to draw their own versions of the thermometer. The participants then demonstrated their past feelings related to their situation that they had illustrated in the road map on the feeling thermometer. Meaning that, if on the roadmap, they had indicated a situation that made them feel sad, uncomfortable, comfortable, and happy, they had to use that situation to rate themselves using a feeling thermometer. The numeric feeling thermometer was on a scale of 1-10 readings, with 5 to 1 being "very sad, sad, and uncomfortable" and 6-10 being "not so sad, comfortable, and happy." Once they completed the scaling, they exchanged their thermometers with each other. After presenting, the facilitator asked them how they felt after expressing their emotions. Before the activity ends, the facilitator praised them for sharing their experiences.

Road map group discussion: CBT sign

The activity aimed to teach participants about the connection between emotional experiences and bodily sensations, thoughts, and behaviours. The activity was adapted from the Let's Talk Adolescent Curriculum (2017).

Instructions: Post the blank CBT sign (see Appendix 18) on the wall for everyone to see it. The facilitator allowed participants to think about their road map journey and the emotions rated on the feeling thermometer and made sure the atmosphere in the group was supportive while the participants shared, identified bodily sensations, emotions, thoughts, and behaviours related to their experiences. Write these on the CBT sign and probe if needed. They had to listen with empathy and made it comfortable for participants to share their emotions. The facilitator encouraged multiple participants to share their experiences and praised participants for sharing their experiences.

Home assignment required participants to share and elucidate a favourite event on their road map that brought them joy. The group then discusses what events usually make a person happy.

5.4.1.4 Session 4: Coping with sadness

This activity used CBT to illustrate how important it is to transform negative, irrational thoughts into more constructive ones as a coping mechanism for sadness. Sadness is a natural emotion when you experience loss or disappointment. However, it can provoke thoughts that are negative, irrational, or otherwise unhealthy. Negative thoughts often manifest as negative self-talk that emerges instantly, often without conscious awareness, in response to a specific stimulus. These thoughts are often irrational and negative for our mental wellbeing (Halder & Mahato, 2019). For instance, a person may tend to overestimate or draw hasty conclusions without sufficient evidence, even when logic suggests otherwise. By learning to recognise these negative thinking patterns associated with sadness, a person can begin to make changes that could improve associated feelings to improve mental health. This activity was adapted from the Let's Talk Adolescent Curriculum (2017).

There are three activities in Session 4:

Activity 1: Feedback and reflection from the previous session.

Activity 2: Icebreaker: Each participant shared a favourite event on their road map that brought them joy. The group then discussed what events usually make a person happy.

Activity 3: The Bereavement Scenario

This activity aimed to teach participants how to identify their emotions after experiencing bereavement. This assisted them to know where to seek help and how to handle those emotions. The facilitator presented the participants with a scenario of bereavement (*see Appendix 19*) and asked them to identify the character's feelings, thoughts, and behaviour in the form of a CBT sign.

While the participants shared their answers, the facilitator wrote them down on a CBT sign to present to the group. The group then discussed whether the character's feelings, thoughts, and behaviour were realistic or healthy. Thereafter, the facilitator introduces how to change negative thoughts.

Activity 4: Change negative thought patterns

This activity aimed to teach participants how to cope with negative emotions, such as sadness, by identifying and changing negative thought patterns into positive or more constructive ones. This heightened cognitive behaviour awareness can help participants shift their thinking, resulting in better emotional wellbeing. This activity was adapted from the Let's Talk Adolescent Curriculum (2017) and the Abangane grief support curriculum (2017).

Participants were asked if the thoughts were a realistic or healthy way to cope with the situation. Then they had to brainstorm more constructive ways of thinking. By changing thoughts, one can change feelings to be healthier. We do this using Rendani's scenario (*see Appendix 20*). The facilitator introduced the *STOPP* worksheet to assist participants.

Activity 5: STOPP Worksheet

The purpose of the exercise was to develop practical skills for changing negative thoughts. This helped participants achieve emotional wellness by changing the way they thought about problems or difficult situations. This was done using the *STOPP technique* (see *Appendix 21*) as one way to assist participants in changing negative thoughts that developed during the process of grief. The facilitator needed to emphasise that when they felt sad or experienced any other negative emotion, they followed the *STOPP* method by taking some time to think about their thoughts and changing them to more rational or constructive ones. This activity was adapted from the *Let's Talk Adolescent Curriculum* (2017). After using a scenario as an example, this activity is then implemented using the real-life experiences of the participants' losses to assist them in changing their negative or unhelpful thoughts to a more realistic way of thinking. Thereafter, participants discuss the experience and what was difficult for them.

Home assignment: Participants were requested to bring two pictures of their two favourite people, with whom they had a great relationship in the family. They were expected to explain the reason why they said they had the best relationship with them.

5.4.1.5 Session 5: Healthy and unhealthy relationships

In adolescence, young people start to become interested in intimate relationships. This may mean beginning to be attracted to others and even having a boyfriend or girlfriend for the first time. Some adolescents may start having sex. Orphaned youth have been found to have higher levels of risky sexual behaviour and nearly twofold greater odds of HIV infection because they are experiencing psychological difficulties, which affects their self-efficacy to engage in safer sex practices when compared to their non-orphaned peers (Visser et al., 2018). Alcohol and drug abuse, unsafe sexual behaviour, and bullying are just a few of the risky behaviours of school-aged adolescents that have been linked to mental health issues (Mfindi, 2017). CBT is used because it has been found to be beneficial in reducing disruptive sorrow and is also effective in addressing a wide range of children's behaviour and emotional needs. This approach posits the interconnectedness of thoughts, emotions, and behaviours (Heath et al., 2014). This activity aims to teach participants to consider what qualities are present in healthy and unhealthy relationships—not in terms of health or disease, but the quality of the relationship, that is, how couples treat each other and what each person gives and gets from the partnership/relationship. Yalom's (1995) group therapy theory confirms that group self-esteem enhances wellbeing by reducing depression and personal self-esteem. Yalom (1985) suggested that group members who have gone through similar traumas can help one another by comprehending and emulating conduct. In this case, participants learn from each other about how to identify healthy relationships from unhealthy relationships. In this activity, the facilitator uses scenarios to explore healthy and unhealthy relationships. The activity used the scenarios "Girl talk" (see *Appendix 21*), "Guy talk" (see *Appendix 22*), and group discussion. The activity was taken from the *Let's Talk Adolescent Curriculum* (2017).

There are five activities in session 5:

Activity 1: Feedback from the previous session.

Activity 2: Icebreaker: The participants brought two pictures of their two favourite people. They have a wonderful relationship within the family. They went on to explain why they believe they have the best relationship within the family.

Activity 3: Healthy and Unhealthy Relationships: Scenarios

The facilitator reads the relationship scenarios and uses discussion questions to identify the participants' understanding of healthy and unhealthy relationships. Thereafter, the participants discuss aspects of a healthy relationship. *Appendix 21* contains the "Girl talk" scenario.

The facilitator presents the questions for a quiz on the topic of healthy and unhealthy relationships (see *Appendix 23*). While participants are giving answers, the facilitator probes for brief explanations of why they think the relationship is healthy or unhealthy. The activity was taken from the Let's Talk Adolescent Curriculum (2017).

Activity 4: Consent 'Scenario: Who wants tea?'

Consent provides a foundation for a healthy relationship where both partners' wellbeing is respected. The activity aims to assist participants in understanding and recognising consent—what it looks like and how to give it. This will help them to prepare for healthy relationships in the future. The activity was taken from the Let's Talk Adolescent Curriculum (2017).

Instruction: output

The facilitator needs to prepare for potentially negative responses during the group discussion, as this activity involves sensitive material. The facilitator introduces the activity. Scenario: Who wants tea? (*Appendix 24*) and reads the exercise by asking participants: Who wants tea? Who does not want tea? Allow for a show of hands on who does and does not like tea. This should be brief; do not get into reasons for liking it or not. After each question, allow for brief responses and then give the responses provided in the sub-bullet. Praise them when their responses are correct/match the response provided and add to their comments as needed.

Activity 5: Communication skills

The activity aims to improve orphans' listening skills alongside their communication skills, helping them to use active listening, convey a problem without hostility, and express their feelings constructively. Participants can learn communication skills from one another and strengthen their healthy future relationships. The activity was adapted from the Let's Talk Adolescent Curriculum (2017).

- ***Broken Telephone***

The purpose of this exercise is to engage participants in an activity that requires careful listening in order to highlight the importance of active listening skills. The Broken Telephone is a game that is played to test communication skills, which is done to ensure active listening, a key to effective communication. The participants are standing in a semicircle. The facilitator whispers a sentence into the first person's ear and asks this person to whisper the same message to the person standing next to him/her. The group then repeats the message. The last person in the semicircle has to say the message out loud. We then compare this message with the original one, often finding significant differences. Discuss why the message was distorted along the way and how communication can break down, leading to misinterpretation. Then introduce the exercise, referring to "Broken Telephone. The activity was adapted from the Let's Talk Adolescent Curriculum (2017).

- ***A fixed telephone: Active listening***

Active listening helps people to understand each other, helps them to show compassion towards each other, and helps them to appreciate each other. The purpose of this exercise is to increase the adolescents' understanding of active listening and to improve their ability to reflect (stating back what they heard). The main skills involved in active listening are seeing the situation from the other person's perspective and communicating that you understand what he or she is telling you, reflecting to them what you think you heard. The "Fixed Telephone" game replicates the previous activity, but this time, the speaker ensures that the receiver understands the message clearly. The receiver has the opportunity to seek clarification, contemplate, and explore any ambiguities. The last participant will say the message they heard out loud to the group. The Let's Talk Adolescent Curriculum (2017) inspired this activity.

Guidelines for active listening and assertive communication

Try to elicit the following:

- *Listening carefully*
- *Checking for understanding*
- *Keeping the other person talking*
- *Not interrupting with questions or other statements*
- *Not judging*
- *Reflecting on what they heard the other person say*

- ***Effective communication***

The purpose of this exercise is to improve the participants' knowledge of the different types of communication styles and how to communicate assertively. In this case, participants will learn through

communication how to build a healthy relationship with others. The facilitator introduces aggressive, passive, and assertive communication.

- **Assertive communication**

Assertion is a healthy communication technique that empowers individuals to get their needs met and avoid being taken advantage of while still respecting others' requirements. Assertiveness is a way of life. An assertive person is saying to the world, "Here I am, just as important as everybody else, and my opinion counts. My feelings and needs are mine, and I have a right to express them."

The activity starts with a role play, Bereavement: *Tami and Rohie's* (see Appendix 25). The scenario focuses on adolescents who are friends and one who lost her father in a car accident. The exercise is about assertive communication and the importance of assertiveness. The goal is to provide adolescents with skills to improve their communication, assist adolescents to communicate assertively, enable adolescents to express their feelings through "I" statements instead of "you" (see Appendix 26) statements, and assist adolescents in learning to listen effectively to others.

In a group discussion, participants identify ways to be assertive based on the role-play scenario and ways they could be persuasive in everyday life.

Home assignment: Names/pictures: Identification of sources of support that assist the youth within communities with psychosocial support. We expect them to explain how they know it, what it is for, and why they have chosen it.

5.4.1.6 Session 6: My strengths, support and future planning

In this session, participants focused on identifying external support networks and resources, identifying and recognising their strengths, and the strengths and support of others to set achievable goals. This helped them to improve participants' confidence and their appreciation of others. It was really useful for participants to hear what other group members thought about their strengths because they cannot always see them. This included their personality, talents, or the things they did to help others. Participants learnt from each other about how to identify strengths in themselves and strengths in others to set achievable goals. We adapted this activity from the Let's Talk Adolescent Curriculum (2017) and the Abangane grief support curriculum (2017).

There are six activities in Session 6:

Activity 1: Feedback: Reflection and sharing

Activity 2: Icebreaker. Each participant presented two photos of their favourite people they had a great relationship with in the family. The aim was for them to learn how to establish the best healthy relationship with others. In this case, it emphasised the benefits of having a healthy relationship with family members and friends. Furthermore, the activity assisted the facilitator in learning whether the participants have a favourable support structure within the family.

Activity 3: Positive qualities

The aim of this exercise was for adolescents to identify and recognise strengths in themselves and others. This helped improve group members' confidence and their appreciation of others.

The facilitator requested participants write the three best qualities about themselves on a sheet of paper. The facilitator then asked participants to share their three best qualities with the group and explain how they used these qualities to overcome life challenges. While they were presenting, the facilitator probed their answers (see Appendix 28). Once they concluded their presentation, the facilitator urged them to utilise their strengths to persuade another individual of its advantages. The Let's Talk Adolescent Curriculum (2017) inspired this activity.

Activity 4: Goal-setting: I CAN DO IT

Through this exercise, participants learnt the value of setting goals and how to apply them in their own lives (see Appendix 29). Setting realistic, specific goals offered participants something to work towards achieving them. This programme assisted participants in setting both long-term and short-term goals. Setting a personal long-term goal (for the next five years) was like setting a point on the horizon and then walking towards it. On their journey towards that point, they had to adjust their course based on changes in their lives or what they learnt along the way. Short-term goals were often the smaller steps they took towards achieving long-term goals, or they had to be new goals they wanted to achieve in a shorter time to give participants hope and direction for the future. This activity was taken from the Let's Talk Adolescent Curriculum (2017) and the Abangane Grief Support Curriculum (2017)

In the practice of goal setting, the 'I can DO IT' framework is used (see Appendix 30). The facilitator explained to them that each letter in the word "Do it" stands for:

The handout contains the IT guidelines for setting goals.

- *Discover your interests and options*
- *Obtain and organise information.*
- *Identify your goal and implement a plan.*
- *Take action and take stock*

Participants identified two long-term goals and two short-term goals and steps to achieve and work towards doing so. Participants then presented their goals to learn from and support one another.

Activity 5: Problem-solving steps

Problem-solving strategies were useful to cope with any problem that can be solved by taking action. This exercise used a structured approach to help participants learn and follow the problem solving process. The activity was adapted from the Let's Talk Adolescent Curriculum (2017).

Instruction

In this activity, orphans focus on problem solving, which helps them consider problem solving skills. Initially, the facilitator forms a group discussion to explore potential solutions to the problem. The facilitator introduces the activity by giving *out a handout of problem-solving steps (see Appendix 31)*. After introducing the problem-solving steps, the facilitator instructed the participants to apply them to solve the problems in the scenario. Then the facilitator reads the scenario of Tshinakaho's netball school trip (*see Appendix 32*). After reading the scenario story, the facilitator *poses the first question for the group discussion (see Appendix 33)*. This is to encourage participants to come up with a solution to the problem in the scenario. While they are providing suggestions for a solution to the problem, the facilitator notes their suggestions on the flipchart. When participants are done providing suggestions for a solution to a problem, the facilitator asks them to choose the best one from the list. During the group discussion while they are choosing the best options that are in the flip chart, a facilitator needs to ask: Why did they select those options? The facilitator should provide guidance in this process, as outlined in (*see Appendix 34*). The facilitator should allow the group to decide which option is best and to justify their reason. Furthermore, the facilitator needs to make notes on the flipchart of possible solutions. To solve this problem, orphans used some of the steps in problem solving (*see Appendix 31*).

The facilitator should close the activity by providing the take-home point: The problem-solving steps offer a helpful strategy for dealing with challenges. Practicing the steps can help you get better at using them. Praise participants and encourage them to apply the problem-solving steps in their own lives.

Activity 5: Social support—bibliotherapy.

Bibliotherapy is the use of books as an emotional problem solving technique and tool (Shem, 2016). The term is also known as self-help reading, as it involves the use of particular reading materials and workbooks. Researchers have accepted this method as a psychological and cognitive therapy tool to assist patients struggling with various psychological needs. By implementing the method, it has been discovered that it helps to improve an individual's life by giving information, support, and direction in the form of reading books and stories (Lindberg, 2021). The goal was to encourage reading to gain knowledge to assist in alleviating mental health, as well as to identify external supportive structures for them and their family members when they face future life challenges through reading marketing materials (Lindberg, 2021).

The facilitator gave out handouts/pamphlets to assist participants in the future in reaching out to the relevant organisations whenever they face life challenges. In addition, handouts/pamphlets assisted participants to learn about mental health, better understand grief and loss, process their grief and gain closure, and develop skills to cope with difficult emotions and establish life planning skills. The materials included, but were not limited to, SAPS EHW practitioners' marketing materials, which had their contact details and services that they provide, and a list of NGOs and NPOs that can also be contacted, such as LoveLife, Childline, and Lifeline.

Activity 6: We completed the post-test evaluation at the conclusion of the session.

Closure: The facilitator closed the session by thanking the participants for being part of the group and for being a wonderful group. Furthermore, the facilitator shared appreciation and hope that the participants had enjoyed the sessions and that the skills they learnt would be applied in many situations, including in their families. The facilitator awarded certificates to the participants for attending the group sessions, took a group photo, and then arranged lunch, music, and dance until closing time.

5.5 Conclusion

In this chapter, the introduction to how and why an intervention programme for orphans was developed for this study was discussed as a proposed future intervention. The chapter explained the appropriateness of the chosen theoretical framework. The key goal of the development of a group intervention programme for orphans was outlined. Either Table 2 or Table 6 provides an outline of the sessions' content, including activities. Additionally, the researcher identified, defined, and discussed various activities and their methods of implementation. In the next chapter, the researcher will give both quantitative and qualitative evaluation results of the group work intervention programme for orphans that address the needs assessment findings.

Chapter 6: Results

6.1 Introduction

Chapter 3 describes the implementation of the intervention with a group of nine participants over a one week period. This chapter discusses the evaluation of the intervention's effect and its results. In the evaluation of the intervention, the researcher used a sequential explanatory mixed methods design. A sequential explanatory mixed methods design includes at least one quantitative (to collect numbers) and one qualitative method (to collect words) (Creswell, 2009; Johnson & Onwuegbuzie, 2004) as outlined in Chapter 3. The chapter starts with the demographic data for the participants in the intervention. Thereafter, the quantitative and qualitative results will be discussed.

6.2 Biographical data

Table 7 provides a summary of the participants' biographical information in terms of age, gender, the area they come from, and which parent they have lost. To protect their identities, pseudonyms were used (e.g., participant 1, participant 2, etc.).

Table 7: Biographical information

Pseudonym used	Age	Gender	Diseased parent	Area
P1	18	Female	Father died	Tshwane District
P2	18	Female	Father died	Tshwane District
P3	17	Male	Father died	Ekuruleni District
P4	16	Male	Father died	Tshwane District
P5	14	Male	Mother died	Tshwane District
P6	14	Female	Father died	Tshwane District
P7	14	Female	Father died	Johannesburg District
P8	13	Female	Father died	Johannesburg District
P9	13	Female	Mother died	Johannesburg District

Nine orphans from Gauteng consented to participate in the intervention and the evaluation. The age range of the participants was 13–18 years. There were six females and three males. Most of the

participants were from Tshwane, three were from Johannesburg, and one was from the Ekurhuleni district. Two participants lost their mothers, while the rest lost their fathers.

6.3 Quantitative results

As part of the quantitative evaluation of the intervention, the participants completed the Resilience Scale (Wagnild & Young, 1987) and the Strengths and Difficulties Questionnaire (Goodman, 1999) before and after the intervention. This study presents the findings by detailing the descriptive statistics of the two questionnaires administered before and after the intervention. The statistical significance of differences between the pre- and post-assessment will be reported using dependent t-tests and the Wilcoxon Signed-Rank Test (Field, 2009). Results of the Strengths and Difficulties Questionnaire (SDQ) The child-rated version of the Strengths and Difficulties Questionnaire (SDQ) was used to assess behaviour and emotional difficulties among orphans who lost one or both parents. The Shapiro-Wilk normality test was used to see if the differences in scores for each subscale—emotional problems, behaviour problems, hyperactivity, peer problems, and the prosocial scale—were spread out normally. The tests for normality suggest that differences in three of the sub-scales—emotional problems, conduct problems, and peer problems scores—were not significantly different from being normally distributed. Having a normal distribution means that the paired t-test (parametric method) is appropriate in comparing the differences in mean scores before and after the intervention. The distribution of differences in scores for two sub-scales of the SDQ, namely hyperactivity and prosocial behaviour, was found to be significantly different from how they were normally distributed using the Shapiro-Wilk normality test. This means that non-parametric statistics, more specifically the Wilcoxon signed rank test, can be used to look at the differences between these two scales' scores before and after they were tested. For the comparison of the differences between the pre- and post-test, the null hypothesis was that there are no important differences in the mean or median scores for the SDQ sub-scales. The alternative hypothesis was that there are significant differences between pre- and post-assessments. Table 8 provides a comparison of the pre- and post-assessment using the results of the SDQ sub-scales.

Table 8: Significance of differences of the sub-scales of the Strengths and Difficulties Questionnaire, pre- and post-data

Scales	Mean	SD	t-test	df	P-value
Paired t-test analysis					
Emotional problems (pre)	1.16	0.371	0.91915	df = 8	0.3849
Emotional problems (post)	1.31	0.302			
Conduct problems (pre)	0.667	0.5	2.5	df = 8	0.03694
Conduct problems (post)	1	0.447			

Peer problems (pre)	1.09	0.247	3.0237	df = 8	0.01647
Peer problems (post)	1.36	0.194			
Wilcoxon analysis	Median		Wilcoxon	V-score	P value
Hyperactivity (pre)	1.2		0.78282	V = 13.5	0.1362
Hyperactivity (post)	1.4				
Pro social behaviour (pre)	1.8		0.53581	V = 3	0.3458,
Pro social behaviour (post)	1.8				

The results in Table 8 will be explained per subscale. The discussion will start with a figure with the pre- and post-data illustrated, and thereafter an interpretation of the difference will be given.

Emotional problems

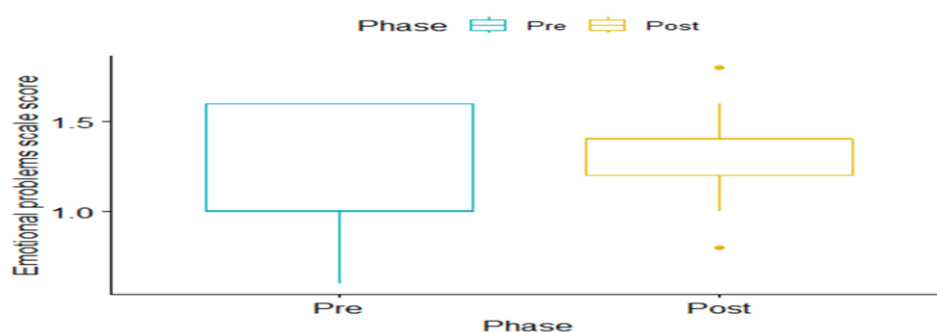


Figure 2. Pre- and post-intervention scores per emotional problems sub-scale

The scale measures emotional symptoms (e.g., “Has many worries or often seems worried”). The results show that the null hypothesis cannot be rejected ($t=0.91915$; $p=0.3849$). The difference in the mean scores for the emotional problems scale before and after the intervention is statistically not significant. Participants thus do not have significantly different levels of emotional problems after the intervention than before.

Conduct problems sub-scale

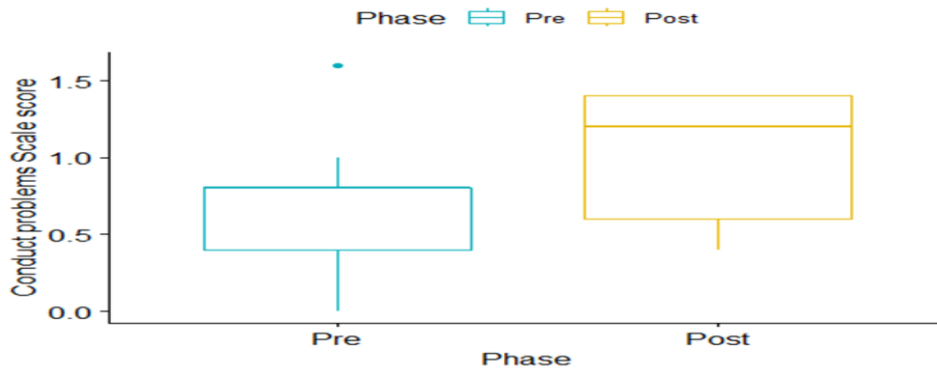


Figure 3. Pre- and post-intervention scores per conduct problems sub-scale

The scale measures conduct problems (e.g., “Often loses temper”). The results show that the null hypothesis can be rejected ($t = 2.5$; p -value of 0.03694). There is thus a statistically significant difference in the mean scores for the conduct problems subscale before and after the intervention. The higher scores in conduct problems indicate that participants reported more conduct or behaviour problems after the intervention. This result was not anticipated.

Peer problems sub-scale

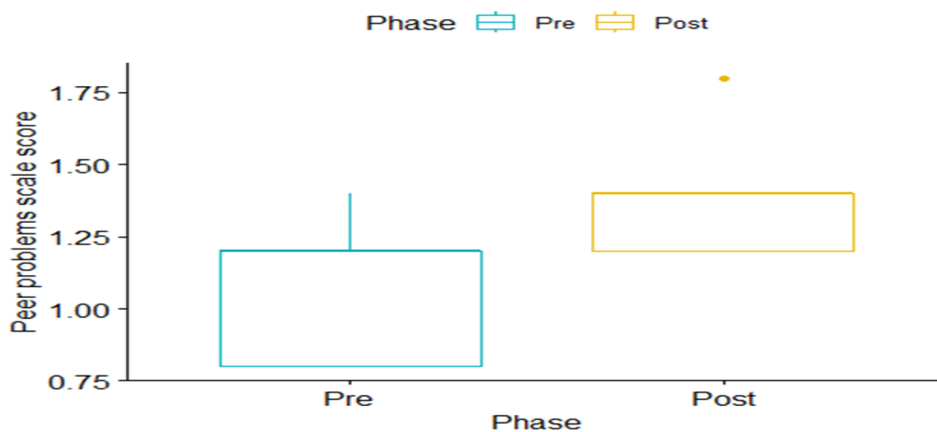


Figure 4. Pre- and post-intervention scores per Peer problems sub-scalesub-scale

For peer relationship problems (e.g., “Often fights with other youth or bullies them”). The results show that the null hypothesis can be rejected ($t = 3.0237$; p -value of 0.01647). There is thus a statistically significant difference in the mean scores for the peer relationship problems subscale before and after the intervention. The higher scores in peer relationship problems mean that participants reported more peer relationship problems after the intervention. This result was not anticipated.

Hyperactivity-inattentive

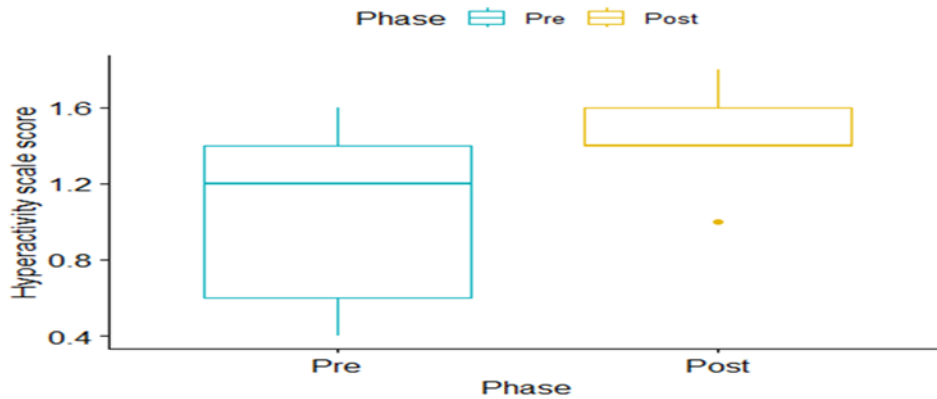


Figure 5. Pre- and post-intervention scores per hyperactivity-inattentive sub-scale

The scale measures hyperactivity-inattention problems (e.g., “Is restless, overactive, cannot stay still for long”). The Wilcoxon signed-rank test with continuity correction was done in the analysis. The results show that the null hypothesis cannot be rejected ($v = 13.5$; p-value of 0.1362). The differences in mean hyperactivity-inattention problem scores before and after the intervention are thus not statistically significant, although the median score in the post-test increased.

Pro-social sub-scale

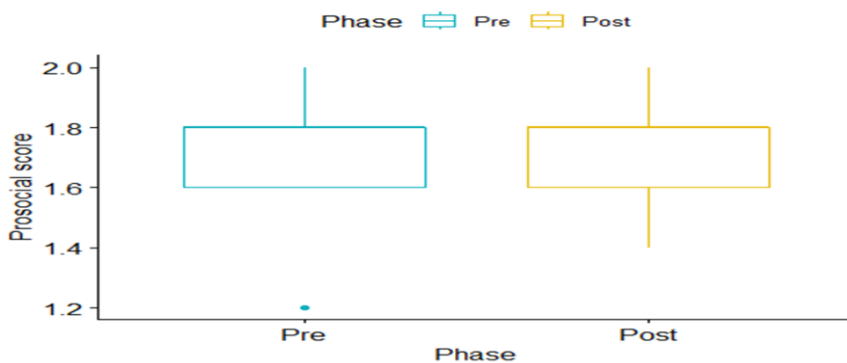


Figure 6. Pre- and post-intervention scores per pro-social sub-scale

The scale measures prosocial behaviour (e.g., “Voluntary behaviour intended to benefit another”). The results show that the null hypothesis cannot be rejected ($v = 3$; p-value of 0.3458). The difference in the median scores for the prosocial behaviour scale before and after the intervention is thus not statistically significant. Participants have thus not changed in prosocial behaviour before and after the intervention.

6.3.1.1 Comparison of Strengths and Difficulties Questionnaire scores of the individuals per sub-scale before and after the intervention

We administered the subscales of the questionnaires before and after the intervention to identify changes in each participant's strengths and difficulties. Due to the small sample size, each participant can be analysed before and after the intervention to determine if they improved. This allows for qualitative interpretation of the individual scores. *Figures 7–11* plot the scores of each participant to represent their reactions. The scores for each participant showed some intriguing results.

Emotional problems sub-scale

Figure 7 shows the results of nine participants who completed the emotional problems scale before and after the intervention.

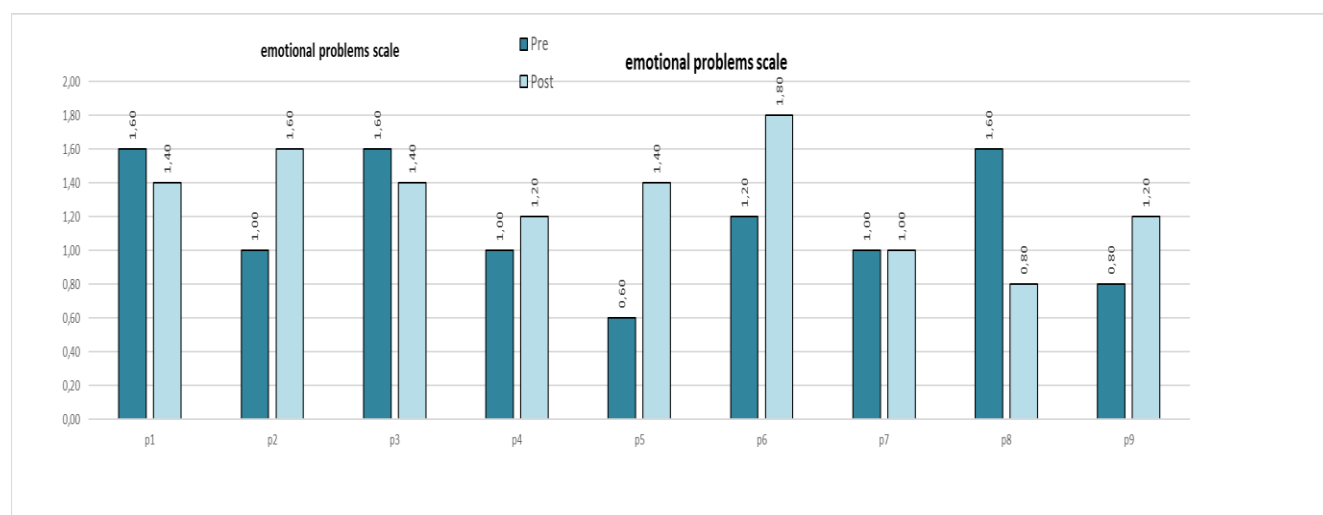


Figure 7. Pre- and post-intervention scores of emotional problems sub-scale per participant

The results of the analysis of the scale (above) did not show significant differences for the group as a whole. Figure 7 presents the results of nine participants who completed the emotional problems subscale before and after the intervention. As shown in *Figure 7*, three participants (P1, P3, and P8) showed a decrease in emotional problems. Participant 1 (P1) is the elder sister among her siblings. During the sessions she was very active and supportive of others, portraying high levels of resilience. Even though P3 did not attend one of the sessions, he was active in all the other sessions and not shy about expressing his feelings towards others. Participant (P8) did not express much emotion throughout the sessions because her father was not staying with her when he passed on. This means his death did not affect her much, as she was not that close to him.

Five participants (P2, P4, P5, P6, and P9) showed an increase in emotional difficulties, and one participant (P7) showed no change in the emotional problems scale after the intervention. It is possible that the sessions that encouraged emotional expression made these participants more aware of the emotions they experienced. These results are supported by Haine and Knoetze (2021), who state that

grief manifestations in children encompass a range of emotional, behaviour, and cognitive responses when confronted with painful reminders.

Conduct problems sub-scale

Figure 8 shows the results of nine participants who completed the conduct problems sub-scale before and after the intervention.

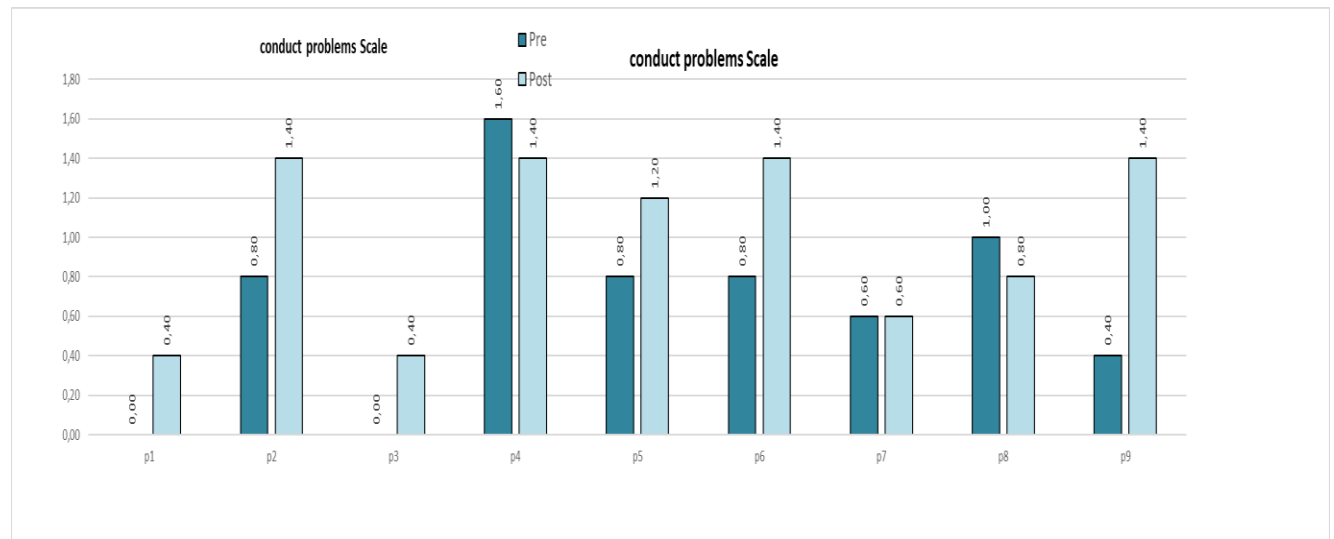


Figure 8. Pre- and post-intervention scores of conduct problems sub-scale per participant

The scale showed statistically significant differences for the group as a whole, with an increase in behaviour difficulties among the participants. *Fig. 8* shows the results of nine participants who completed the conduct problems subscale before and after the intervention. As shown in *Figure 8*, participants P4 and P8 showed a decrease in conduct problems, and one participant (P7) demonstrated no change in the conduct subscale after the intervention. P4 displayed being reserved, calm, and getting along with other peers during the intervention. Also, see his scores on the peer problems subscale (*Figure 9*). Participant 8 (P8) showed some willingness to engage with others and was playful. This explains why she scored lower in terms of behaviour problems as well as the emotional subscale, where she displayed being less worried. On the other hand, six participants (P1, P2, P3, P5, P6, and P9) showed an increase in the behaviour problem scale after the intervention. We did not anticipate this outcome. Session 2's events could explain the unexpected results. Identifying emotions. The aim of this session was for them to recognise and understand perspectives and emotions related to grieving. During this session, most participants struggled to express their emotions while recalling their parents. Additionally, children who exhibited psychological disturbances were found to be susceptible to notable levels of internalised difficulties, including depression, anxiety, introversion, social withdrawal, sadness, fear, and challenges in expressing themselves socially. On the other hand, some children are more susceptible to externalising issues like physical and verbal aggression, anger, irritability, and defiance (Doku et al., 2019; Gumede, 2020; Mfidi, 2017; Ntuli et al., 2020). The post-assessment took place at the conclusion

of the week-long intervention. The orphans thus expressed their emotions in this assessment but did not have time to overcome them yet. If the intervention was presented over a longer period of time, the SDQ scores may have shown a decrease in scores on emotional problems, conduct, and peer relations problems.

Peer problems sub-scale

Figure 9 shows the results of nine participants who completed the peer problems sub-scale before and after the intervention.

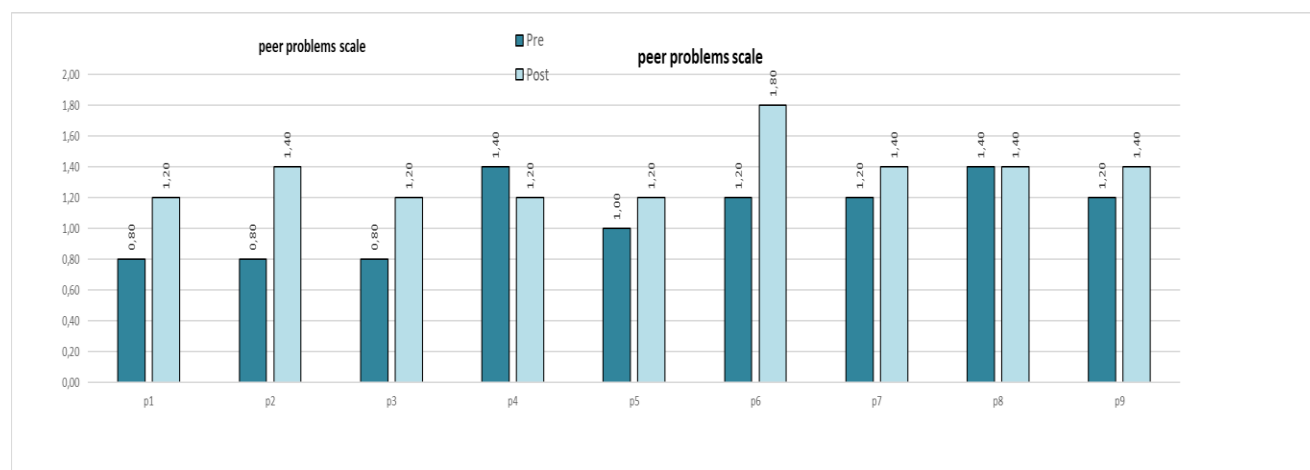


Figure 9. Pre- and post-intervention scores of peer problems sub-scale per participant

The analysis of the data on this scale proved to be statistically significant for the group as a whole, and participants reported more peer problems after the intervention. *Figure 9* shows the results of nine participants who completed the peer problem subscale before and after the intervention. As shown in *Figure 9*, one participant (P4) showed a lower score in the peer problems subscale in the post-test. This means he gets along better with others after the intervention. This was supported by the results of the conduct subscale (*Figure 8*), where he scored lower after the intervention, showing that he reported fewer behaviour problems as well. During the session, he was active but calm and was giving others a chance to talk.

In contrast, seven participants (P1, P2, P3, P5, P6, P7, and P9) showed an increase in scores, and participant (P8) showed no change in the peer problem subscale after the intervention. Such results were not anticipated. In session 4: Communication skills, participants said that even though they've learnt communication skills, practicing them with others will be difficult because people are different and they find it hard to listen. This explains why most of them on the conduct scale showed an increase in the behaviour problem scale after the intervention. Furthermore, during session 5, "Healthy and Unhealthy Relationships," participants expressed that they had learnt the importance of communication as a tool for self-expression. This came after they were modelling some of their communication skills. This explains that they were struggling with expressing their emotion to others and that they felt

misunderstood by others, which might have brought peer problems. Researchers Argyriadis et al. (2021) and Christopher and Moshia (2021) agreed with this. They said that having bad feelings could put pressure on relationships with carers, teachers, and other orphaned people who might not be aware of the depressive state being experienced.

Hyperactivity sub-scale

Figure 10 shows the results of nine participants who completed the Hyperactivity sub-scale before and after the intervention.

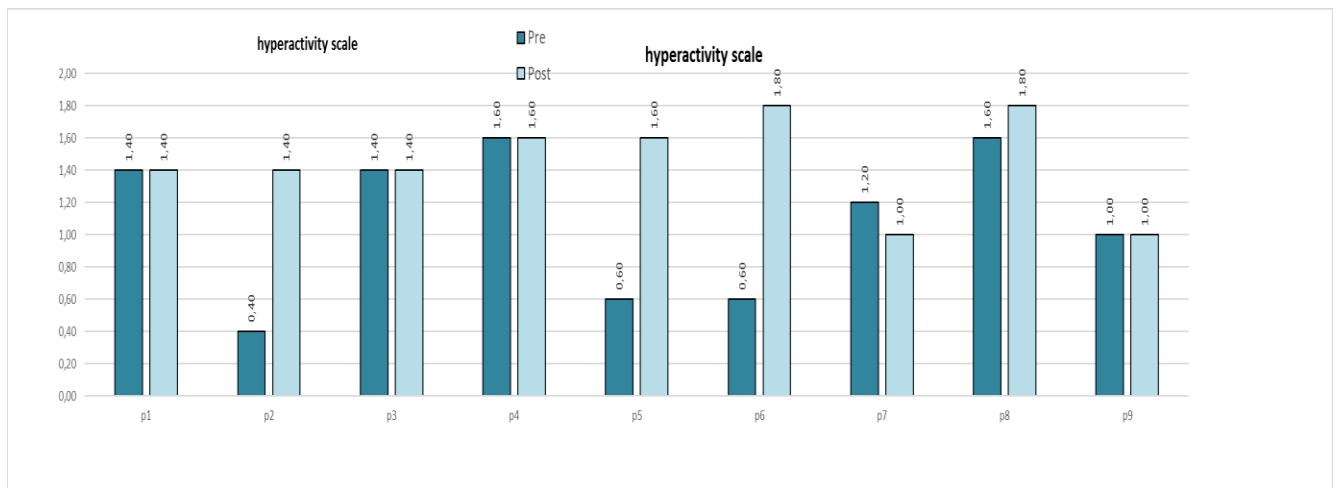


Figure 10. Pre- and post-intervention scores of hyperactivity sub-scale per participant

The scale did not show significant differences for the group as a whole. Figure 10 shows the results of nine participants who completed the hyperactivity subscale before and after the intervention. As shown in *Figure 10*, participant 7 (P7) showed a lower score on the scale after the intervention. This indicates a decrease in hyperactivity-inattention issues, such as the ability to remain still for extended periods. The participant was rather reserved and expressed less of her emotions than the others. She would answer most of the asked questions but not volunteer to respond. She was one of the participants who were not doing the home assignment. During session 4, which focused on coping with sadness, she expressed that the session had been beneficial to her, as she had previously struggled to express her emotions to others. She showed a willingness to learn other things. She conveyed her emotional distress and her desire for self-healing.

In contrast, four participants showed no change in terms of hyperactivity (P1, P3, P4, and P9), while P2, P5, P6, P7, and P8 demonstrated an increase in scores after the intervention. Their score can be explained in session two, where they expressed their emotions about loss. Most of them felt uncomfortable talking, were very tearful, and expressed how much they missed their parents.

Prosocial sub-scale

Figure 11 shows the results of nine participants who completed the peer problems sub-scale before and after the intervention.

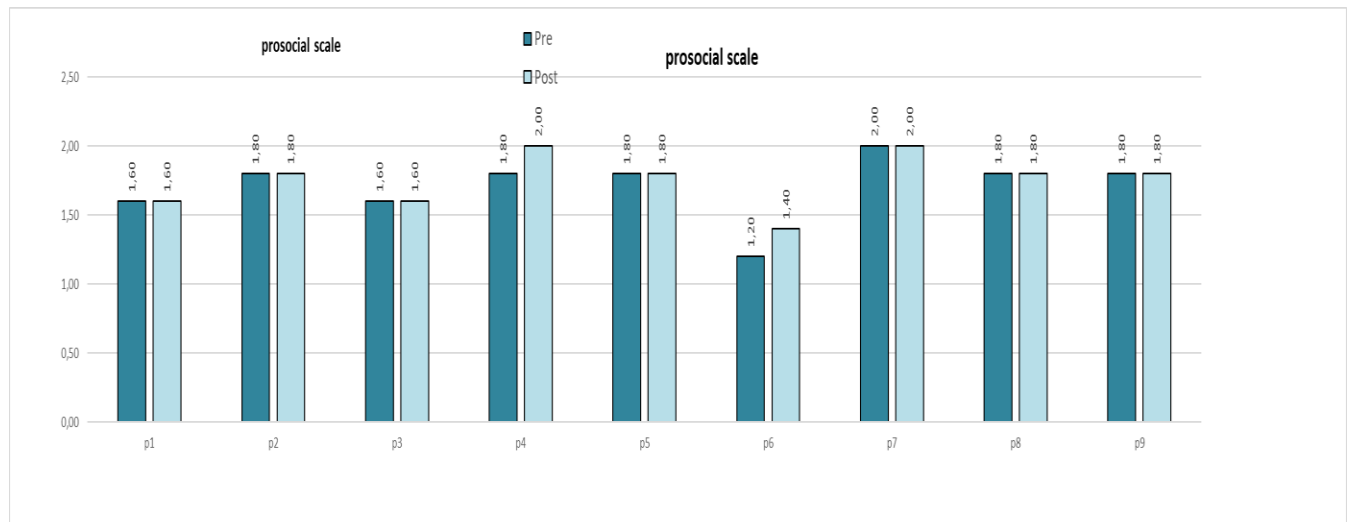


Figure 11. Pre- and post-intervention scores of Prosocial sub-scale per participant

The scale did not show significant differences for the group as a whole. As shown in *Figure 11*, most participants showed similar scores in the pre- and post-tests. Two participants (P4 and P6) showed an increase in the prosocial subscale, which assesses behaviours intended to benefit others. In addition to more prosocial behaviour, P4 scored more positively after the intervention in terms of conduct problems and peer relationships. This explains why he even scored high in the prosocial subscale. He was getting along with others and being active in the group. He could have benefited and learnt from the interaction.

Participant (P6) improved in terms of pro-social behaviour but scored high on other sub-scales. This could be because she did not cope well with the death of her father. His death affected her in many ways. During the sessions it was challenging for her to express her emotions, especially during the memory box activity where they were sharing memories of their parents who passed on. In session 2, during the memory box activity, she constructed a box, but she did not fill it with any items. She expressed that she does not have memories of him. However, she displayed a willingness to learn from others and from the intervention. She expressed that she was pleased that she finally had a chance to express her emotions. This could explain her complex reaction in the post-intervention evaluation. However, the intervention was done over a week's time, with many activities and homework, which could have affected them by not giving them a chance to process their thoughts on what they have learnt, to engage more with group peers, and to practice learnt activities at home. A longer presentation of the intervention could have resulted in a decrease in the SDQ scores.

6.3.2 Summary

The self-rated version of the SDQ was employed to evaluate behaviour and emotional challenges in orphans who have experienced the loss of one or both parents. The aim was to determine if the intervention managed to assist or provide a platform for the orphans to express their emotions that they kept before the intervention, due to a lack of support after the death of their parents. The scores for each participant showed some intriguing results.

In the emotional problems, hyperactivity, and prosocial sub-scales, there were no significant differences for the group as a whole. However, some of the participants scored higher/lower after the intervention in those subscales, which means there were individual differences. Even in the conduct problems and peer problems subscales, which showed a statistically significant increase in problem behaviour for the group as a whole, there were individual differences in scores. This indicates that the intervention did play a role in the experiences of the individuals who participated in it.

However, participant 6 (P6) on the post-intervention analysis results seems to be the only participant that scored high in all five SDQ sub-scales. This means that she presented with high levels of emotional and behaviour problems. This could be attributed to her expressed experience of the unexpected death of her father, which she struggled to deal with and accept. Since his death she never got a chance to express her emotions, and that affected her a lot. On the prosocial subscale, she scored highly, meaning she displayed high prosocial behaviour. In session one, she appeared reserved; however, during the photovoice activity, she started to engage with others and showed a willingness to learn from others and the intervention to do well in life. The high score of the prosocial subscale indicates that the intervention helped her, as before the intervention she did not want to engage with people due to anger and frustration over her mental wellness not being understood well by her family and friends.

Participant 4 (P4) scored lower in conduct and peer problems and higher in prosocial behaviour after the intervention. He appeared helpful in physical activities (assisting others in drawings, etc.). He appeared to be calm and active and would volunteer to participate in activities.

In conclusion, the SDQ scale managed to assess the outcome of the intervention. Most participants expressed the emotional and behaviour challenges they had experienced before the intervention. This shows that the intervention gave them a platform to express their emotions. It may explain this reaction that we see in the higher scores for behaviour problems and peer relations. Those who scored higher in SDQ sub-scales after the intervention were further referred to EHW: psychological services for further assessment and support.

6.3 Results of the Resilience Scale pre- and post-data

The analysis of the data of the resilience scale was done for each of the five sub-scales: Meaningfulness, perseverance, self-reliance, existential aloneness, and equanimity. Firstly, the distribution of differences in scores for each subscale was assessed for normality using the Shapiro-

Wilk normality test. The tests for normality suggest that differences in the following subscale scores were not significantly different from being normally distributed: Meaningfulness, perseverance, self-reliance, and existential aloneness. This means that paired t-tests would be appropriate in the analysis of the comparison of the pre- and post-assessment of these sub-scales. The Shapiro-Wilk normality test showed that the scores for the equanimity subscale were not normally distributed. Because of this, the Wilcoxon signed rank test was the right one to use for the comparison between the pre- and post-tests. The null hypothesis was that there were no significant changes in subscale mean/median scores before and after the intervention, while the alternative hypothesis was that score differences existed between pre- and post-assessment. Table 9 compares the pre- and post-assessment using the resilience scale's sub-scale results.

Table 9: Significance of differences of Resilience sub-scale using the pre- and post- data

Scales	Mean	SD	t-test	df	P-value
Paired t-test analysis					
Meaningfulness (pre)	5.26	0.725	2.7136	df = 8	0.02651
Meaningfulness (post)	6.16	0.671			
Perseverance (pre)	5.77	0.427	1.0023	df = 8	0.3455
Perseverance (post)	6.01	0.496			
Self-reliance (pre)	5.09	0.996	4.859	df = 8	0.001257
Self-reliance (post)	6.07	0.794			
Existential Aloneness (pre)	5.63	0.806	2.148	df = 8	0.06397
Existential Aloneness (post)	6.16	0.525			
Wilcoxon analysis					
	Median		Wilcoxon	V-score	P-value
Equanimity (pre)	5		0.81314	V = 45	0.008969
Equanimity (post)	6				

The results in Table 9 will be explained per subscale. The discussion will start with a figure illustrating the pre- and post-data, and thereafter an interpretation of the difference will be given.

Meaningfulness sub-scale

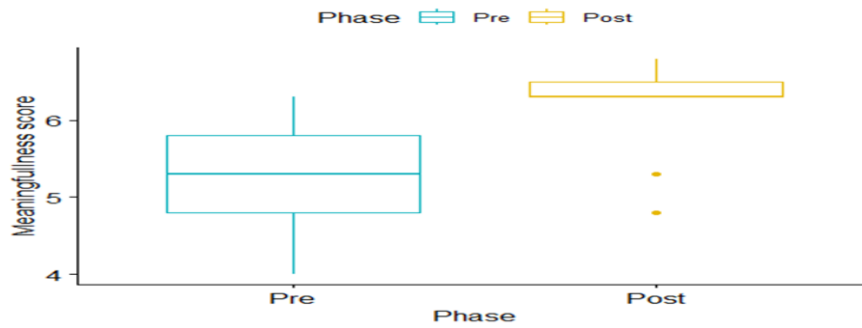


Figure 12. Pre- and post-intervention scores per meaningfulness sub-scale

The scale measures meaningfulness, which characterises the realisation that there is something to live for—a life purpose (Caplan, 1990; Wagnild, 2009). The results show that the null hypothesis can be rejected ($t = 2.7136$; p -value of 0.02651). There thus is a statistically significant difference in the mean scores for the meaningfulness subscale before and after the intervention. Participants have gained the realisation that there is something to live for—a life purpose.

Perseverance sub-scale

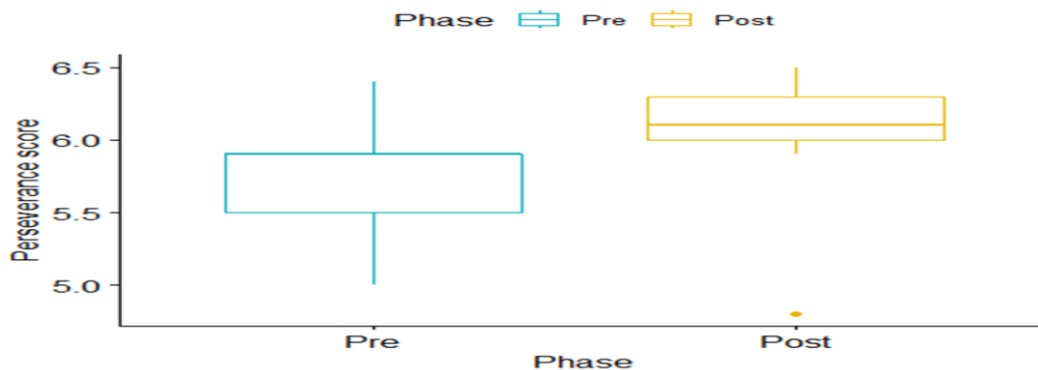


Figure 13. Pre- and post-intervention scores per perseverance sub-scale

Perseverance represents the act of persistence despite hardship or discouragement, implying a willingness to remain involved, keep going, and continue the struggle to rebuild one's life despite setbacks (Wagnild, 2009). The results show that the null hypothesis cannot be rejected ($t = 1.0023$; p -value of 0.3455). The differences in mean perseverance scores before and after the intervention are statistically not significant, although the mean score improved. This means that participants gained persistence to rebuild their lives despite setbacks, although not significantly.

Self-reliance sub-scale

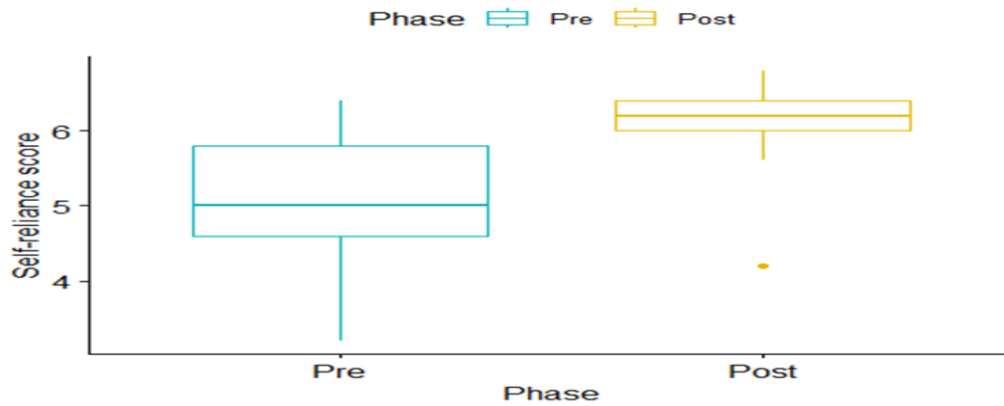


Figure 14. Pre- and post-intervention scores per self-reliance sub-scale

Self-reliance denotes the capacity people have to believe in themselves and their capabilities, being able to depend on them while recognising their strengths and limitations (Caplan, 1990; Wagnild & Young, 1993). The results show that the null hypothesis can be rejected ($t = 4.859$; p -value of 0.0012). The differences in the mean scores of the self-reliance scale before and after the intervention are thus statistically significant. Participants have changed in self-reliance scale before and after the intervention. This means that participants rely on themselves and know that they have the strength to cope.

Existential Aloneness sub-scale

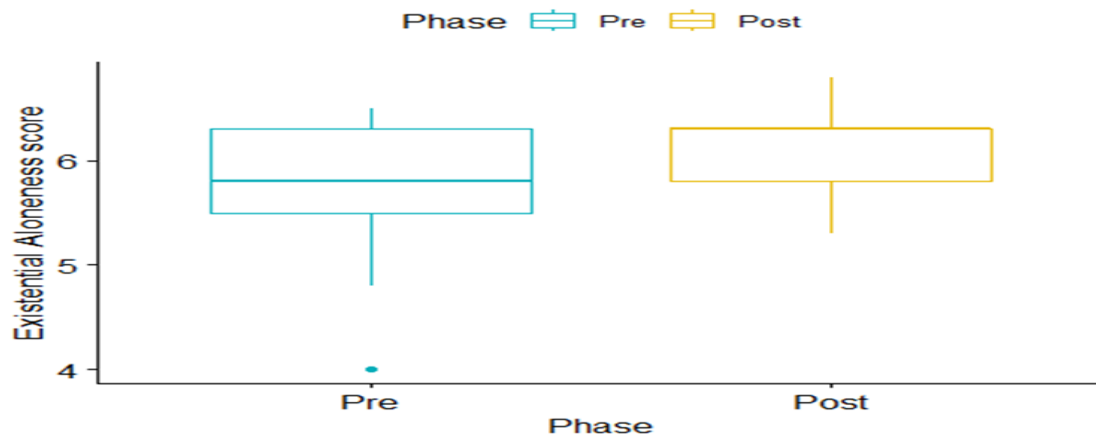


Figure 15. Pre- and post-intervention scores per existential aloneness sub-scale

Existential aloneness (subsequently labelled authenticity) characterises a sense of individuality and the awareness that each person is unique and that people have to go through some experiences by themselves, even if other experiences can be shared. This characteristic also denotes a sense of freedom (Wagnild, 2009; Wagnild & Young, 1990, 1993). The results show that the null hypothesis cannot be rejected ($t = 2.148$; p -value of 0.063). The differences in the mean scores for existential aloneness before and after the intervention are statistically not significant. Participants have not changed

significantly in existential aloneness before and after the intervention. This indicates that participants did not learn self-awareness since the scores remained the same.

Equanimity sub-scale

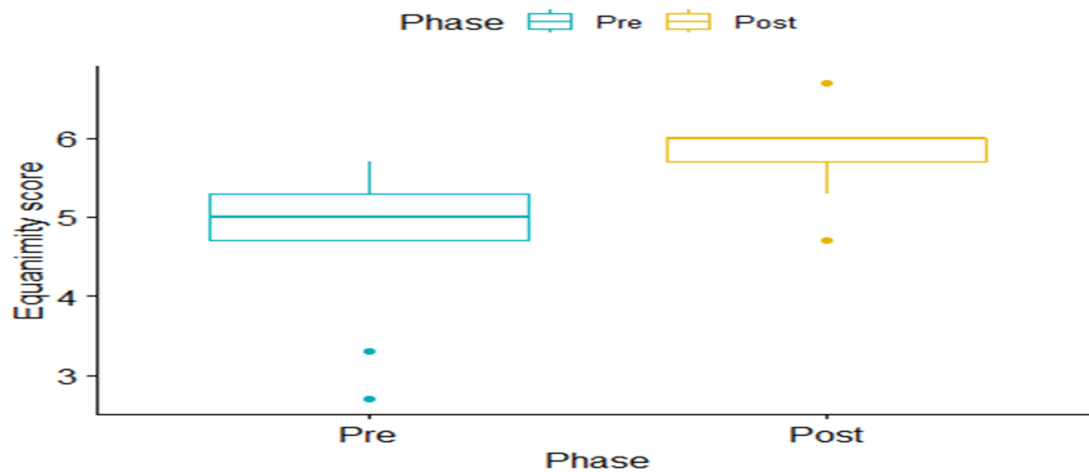


Figure 16. Pre- and post-intervention scores per equanimity sub-scale

Equanimity represents a balanced perspective that people can have on their lives and experiences, and it implies the ability to “sit loose and take what comes,” consequently regulating extreme reactions to adversity (Beardslee, 1989; Wagnild & Young, 1993, p. 167), often with a sense of humour (Wagnild, 2009). The results show that the null hypothesis can be rejected ($v = 45$; p-value of 0.008969). The differences in median equanimity scores before and after the intervention(s) are thus statistically significant. Participants improved their sense of equanimity from before the intervention. This means that participants gained a sense of regulating their extreme reactions to adversity. This suggests that they possess the ability to handle challenges with composure.

6.4.1 Comparison of The Resilience Scale scores of the individual participants before and after the intervention

Similar to the results of the SQD, the individual scores of participants before and after the intervention are compared to identify how individuals reacted after the intervention.

Meaningfulness sub-scale

Figure 17 shows the results of nine participants who completed the meaningfulness sub-scale before and after the intervention.

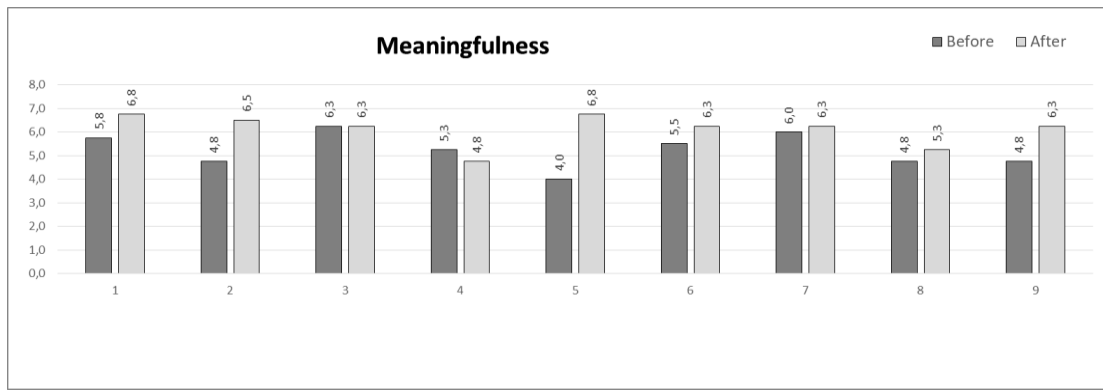


Figure 17. Pre- and post-intervention scores of meaningfulness sub-scale per participant

The results showed that the group as a whole improved on the subscale of meaningfulness after the intervention. As shown in *Figure 17*, the scores of seven participants showed an increase in the meaningfulness subscale. This means that participants gained the realisation that there is something to live for—a life purpose (Caplan, 1990; Wagnild, 2009). One participant's score (P3) remained the same, and one's score (P4) declined somewhat. Participant 4 (P4) lost his mother, whom he was very close to. He had a difficult time. During the sessions he showed negative thoughts and feelings of hopelessness about life. His decreasing score on meaningfulness could potentially reflect this trend.

Perseverance sub-scale

Figure 18 shows the results of nine participants who completed the Perseverance sub-scale before and after the intervention.

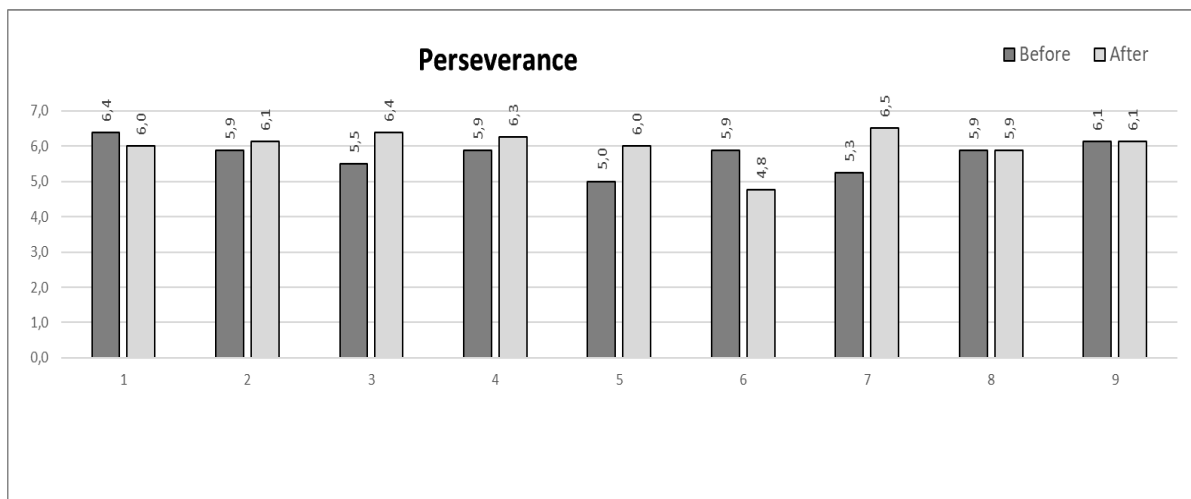


Figure 18. Pre- and post-intervention scores of perseverance sub-scale per participant

Persistence despite hardship or discouragement implies a willingness to remain involved, keep going, and continue the struggle to rebuild one's life despite setbacks (Wagnild, 2009). *Figure 18* shows that after the intervention, the scores of five participants increased (P2, P3, P4, P5, and P7), two participants (P1 and P6) went down, and P8 and P9 did not change in the perseverance subscale. However, there

were no statistically significant differences in the scores for the group as a whole. Participant (P1) also scored lower on the post-intervention evaluation for the SDQ scale. During the intervention, she expressed that she had lost hope in life. This was due to the fact that her dream of attending university had been dashed after her father's death, and her surviving parent was unable to cover her tuition fees. Furthermore, the post intervention analysis revealed a lower score for participant P6. However, she scored high on the four SDQ subscales. We explained that her emotional and behaviour problems before the intervention were the reason for the high score. We assume that had the intervention lasted longer than six sessions, she could have achieved high scores on both scales. During the intervention, she showed an interest in learning more and engaging with others. Her high score on the prosocial SDQ subscale demonstrated this.

Self-reliance sub-scale

Figure 19 shows the results of the nine participants who completed the resilience scale self-reliance sub-scale (Wagnild & Young, 1987) before and after the intervention.

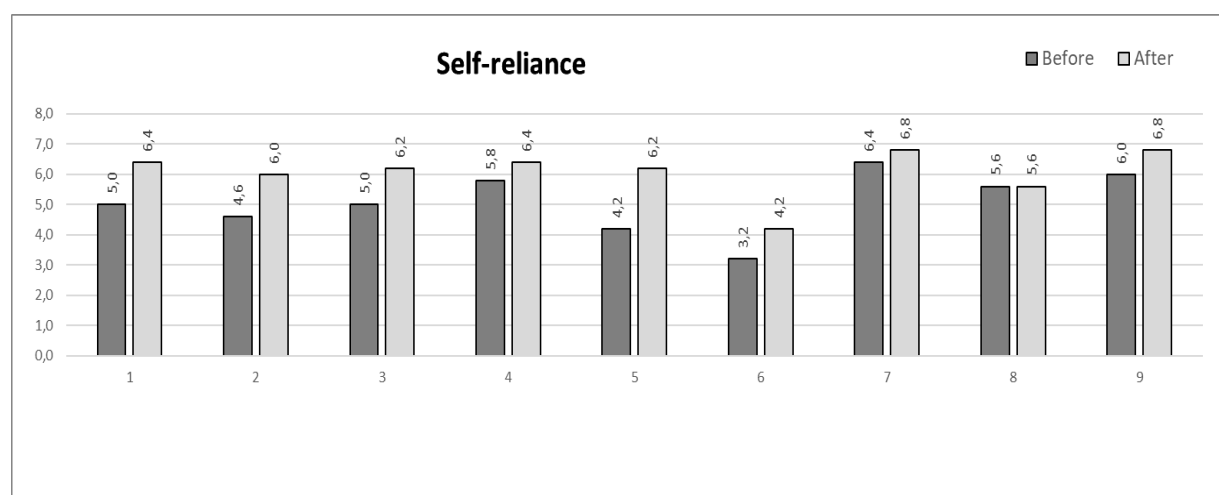


Figure 19. Pre- and post-intervention scores of self-reliance sub-scale per participant

Self-reliance denotes the capacity people have to believe in themselves and their capabilities, being able to depend on them while recognising their strengths and limitations (Caplan, 1990; Wagnild & Young, 1993). The scale shows significant differences for the group as a whole. As shown in *Figure 19*, the scores of eight participants (P1, P2, P3, P4, P5, P6, P7, and P9) have increased on the self-reliance scale after the intervention. There was one participant (P8) who showed no change. This was shown in the intervention when the participant was not actively participating, which could mean that she did not believe that she was capable of contributing to bringing change in herself or others.

Existential Aloneness sub-scale

Figure 20 shows the results of nine participants who completed the existential aloneness sub-scale before and after the intervention.

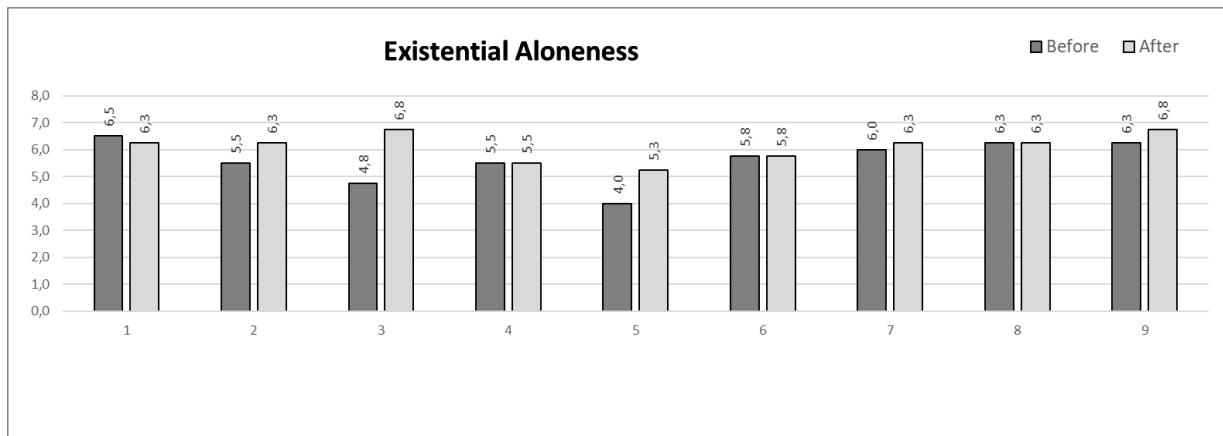


Figure 20. Pre- and post-intervention scores of existential aloneness sub-scale per participant

Existential aloneness implies that the characteristic also denotes a sense of freedom (Wagnild, 2009; Wagnild & Young, 1990; 1993). The scale did not show significant differences for the group as a whole. In Figure 20, the scores of the five people who took part (P2, P3, P5, P7, and P9) on the existential aloneness subscale went up after the intervention. This shows that participants learnt about individuality and that each person is unique and must go through some experiences alone, even if others can be shared. Three participants showed no change (P4, P6, and P8), and one participant (P1) showed a decreased score in the existential aloneness subscale after the intervention. During the road map activity, participant P1 expressed that the death of her father was shattering her wishes and dreams.

Equanimity sub-scale

Figure 21 shows the results of nine participants who completed the equanimity sub-scale before and after the intervention.

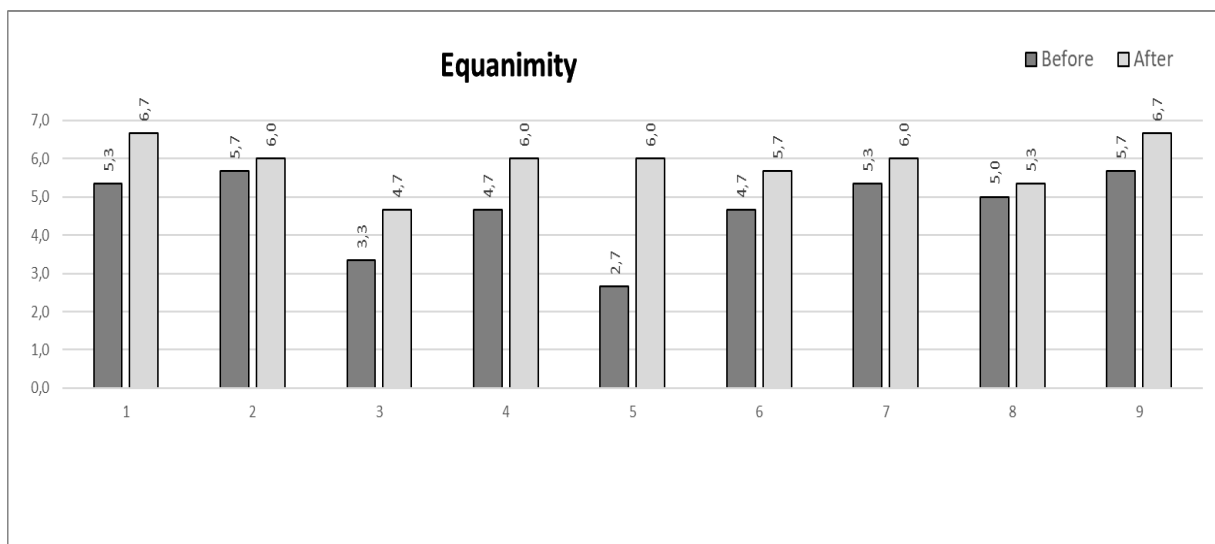


Figure 21. Pre- and post-intervention scores of equanimity sub-scale per participant

Equanimity represents a balanced perspective that people can have on their lives and experiences, and it implies the ability to “sit loose and take what comes,” consequently regulating extreme reactions to adversity (Beardslee, 1989; Wagnild & Young, 1993, p. 167), often with a sense of humour (Wagnild, 2009). The scale shows significant differences for the group as a whole. As shown in *Figure 21*, the scores of all nine participants showed an increase in equanimity after the intervention. This means that all participants learnt calmness and composure, especially in difficult situations. Session 3: Emotional awareness—this session aims to help them develop the ability to evaluate, recognise, and understand their thoughts related to sadness. Furthermore Session 4: Coping with sadness strengthened what they have learnt in session 3, which is the importance of changing negative thoughts into positive thoughts as a way of coping with sadness. Lastly, under session 5: Healthy and unhealthy relationships: Activity 5: Communication Skills: The orphans have improved their listening skills, communication skills, enabling them to use active listening, convey problems without hostility, and express their feelings constructively. Their key takeaway was that, despite encountering life's challenges, it doesn't mean they can't cope or find solutions. The power to better solutions lies in the positive mind and the ability to communicate effectively about the challenges to cope well with life challenges.

6.4.2 Summary

There are some intriguing results from the SDQ scale after the intervention. After the intervention, there was a statistically significant difference between the mean scores for the conduct problems and peer relationship sub-scales on the SDQ that was used to measure the whole group. The difference in the mean scores for the emotional problems scale before and after the intervention is statistically significant. Furthermore, the difference in the median scores for the prosocial behaviour scale before and after the intervention is not statistically significant. The differences in mean hyperactivity-inattention problems scores before and after the intervention are not statistically significant, although the median score in the post-test increased.

Looking at the individual results for each subscale, P2, P5, P6, and P9 scored higher after the intervention in most of the SDQ subscales. Following the intervention, P2, P5, P6, and P9 had high scores on the SDQ subscale, indicating emotional and behaviour issues. One possible explanation for these issues is that they persisted for a considerable amount of time without seeking assistance or counselling before the intervention. It might have caused them to experience complex grieving symptoms. Mental health conditions such as complicated grief symptoms require time to address. The changes in behaviour after a loved one's death tend to diminish with time—usually 6–12 months after the loss (Alvis et al., 2020; Black-Hughes et al., 2019; Hirschson et al., 2017). In that regard, the intervention, which has eight sessions and typically takes place once a week, could assist the orphans in expressing the emotional and behaviour problems associated with grieving. Providing orphans with additional time to articulate and recognise emotions and behaviour issues related to grief enables them

to manage these challenges more effectively. The intervention demonstrated positive outcomes by facilitating emotional expression, mutual support, beneficial identification of grief-related emotions, empathy among peers, and enhanced resilience. This was achieved through the following sessions: 1: Self-awareness, 2: Understanding our loss, and 3: Recognising emotions related to grieving.

In the other scale, the scores for each participant showed some intriguing results in each subscale of the resilience scale compared to the SDQ scale. For the group as a whole, three subscales were found to be statistically significant: meaningfulness, equanimity, and self-reliance sub-scales. On the other hand, the analysis revealed no statistically significant differences in the existential subscales. However, all RS subscales show that some of the participants scored higher/lower after the intervention in those subscales, which means there were individual differences.

Following the intervention, P2, P5, and P7 received higher scores on all the RS subscales. With the exception of P1, P4, and P6, who received both higher and lower scores in various RS subscales, participants P3, P8, and P9 showed no change in some subscales following the intervention. Participant P1 scored lower on perseverance and existential aloneness, P4 in meaningfulness, and P6 in perseverance sub-scales after the intervention. Three participants (P1, P4, and P6) may have scored lower after the intervention due to changes after their parents' deaths. P1 has lost hope in the future since the surviving parent could not afford to pay university fees. P4 lost his best friend, his father; he does not have a person to share his worries with. He is not close to his mother, so he is keeping most of his emotions to himself. Lastly, P6 expressed frustration, anger, and sadness because she did not expect her father to die soon. Worse still, she never received support from family members, and it made her angrier. This explains why they scored higher for emotional and behaviour problems after the intervention.

Even though a few scored lower after the intervention in RS, many scored higher in RS after the intervention. This shows that as much as they have difficulty with emotional and behaviour problems, the intervention managed to build self-reliance, which denotes the capacity people have to believe in themselves and their capabilities; being able to depend on themselves while recognising their strengths and limitations and equanimity that represents a balanced perspective that individuals can have in their lives and experiences, which implies the ability to “sit loose and take what comes.”

6.5 Conclusion

The quantitative data made it possible to understand how the intervention made an impact. The results indicated many factors that contributed to getting different results on both scales. This research showed that participants scored differently on the SDQ and RS subscales. In both scales, per individual, results show improvement in some of the participants. This shows that the intervention assisted them in mourning and expressing their emotions, which also helped them feel relieved. In the SDQ subscale scores, age, how the parent died, the support that the child received after the parent died from family, and the type of relationship the child had with the parent who died contributed to them showing different

results. The RS scores showed that all of the participants have gained resilience by scoring higher on self-reliance and equanimity after the intervention. Sessions 3 and 6 of the intervention contributed to their learning skills on how to balance the emotional and to recognise their strengths in them to overcome life challenges. In session 6, they learnt how to set goals and solve a problem that impedes their plans.

Furthermore, those who scored higher in the SDQ subscales (meaning that they experienced more problems) have been shown to have improved in the RS subscales. This may indicate that the higher scores on the post-test of the SDQ sub-scales could be related to the expression of emotions or behaviour from their past experiences before the intervention. During the intervention, the participants expressed these experiences, bringing them into their consciousness again. The intervention was done in one week; therefore, it is possible that there was not enough time for them to express those emotions and overcome the effect thereof before the post-test was done. It is believed that if the intervention had had more than six sessions spread over a longer time frame, then those who scored higher on the SDQ subscales could have scored lower after a longer period.

In Chapter seven, the researcher will further discuss the results in detail. In the next section of this chapter, the researcher will outline the qualitative results.

6.6 Qualitative data

To evaluate the process and outcome of the intervention, various data sources were used to strengthen the results (Creswell 2003). In this study, the researcher used observations of the implementation of the sessions, participant feedback after each session, and facilitator feedback to gather qualitative data (Busetto et al., 2020). The recorded sessions and the facilitator's process notes were transcribed and used to find things that helped people participate and grow as people, as well as issues with the implementation process. The following sections present the results: Analysis of participant interaction in the session transcripts, therapeutic aspects of the group interaction, facilitator challenges in the implementation of group intervention programme. And analysis of participant interaction from the session transcripts. The transcripts show how the sessions were implemented and how participants benefited from the content and activities. Participants also expressed what they had gained from the group sessions by providing feedback at the start of each session on what they had learnt from the previous session. Observations and feedback from each session will be outlined, and verbatim quotes will be given to illustrate participants' experiences of the intervention.

6.6.1 Analysis of participant interaction from the session transcripts

6.6.1.1 Feedback of specific sessions

- **Session 1: Self-awareness through photovoice**

Session 1 is about how participants perceive themselves after the death of their parents using process activities (family tree and photovoice: About me). The notion was for them to gain self-awareness from

social interactions with each other (Nabavi & Bijandi, 2012). In this session, the ground rules were established as a basis for the development of group cohesion so that group intervention can be effective through positive interaction with each other. Group cohesion is the relationship among members in a group, the positive bond that exists between all group members (Fonseca et al., 2019; Yalom & Leszcz, 2005). The stories they told about the photographs they brought to the session, which identified and represented issues of importance to them, contributed to the development of group cohesion. This is thus an important way to start an intervention to raise self-awareness and build cohesion in a group. One of the activities in this session was drawing and explaining the family tree to the group. Participants described the history of their family using the family tree they had drawn. They were further explaining their family culture, how much their family means to them, and how the loss of a parent affected them and other family members. The participants learnt to share about themselves and learnt more about each other. The photo voice activity gave participants the opportunity to share photos of themselves and to tell a story about who they are, what they like, and what they don't like so that they learnt more about each other. The participants' evaluation of the group interaction was very positive. Sharing about their family, ground rules, and photos helped them learn more about each other and develop closeness. All participants indicated that they felt group members listened to them, accepted, and understood them. They felt they belonged in the group and could talk freely about who they were. This strengthened their relationships in the group. This is illustrated by the quotation below: P4: "We learnt more about ourselves, knowing about each other and what our dislikes and our likes are."

Session 2: About our loss

In this session, participants were able to recognise and understand the perspectives, emotions, and changes they experienced after losing their parents. They further learned how some emotions they experienced were the same or different from those of others. The participants presented their memory boxes with items belonging to their deceased parents and shared some of their memories. In this session, most participants struggled to express their emotions while recalling their parents. We observed that others would smile and nod to show support and understanding when a participant presented a memory box. Identifying their emotions helped them to express the emotions that they never expressed towards their family members. Emotional expression resulted in a positive impact on self-esteem. The following quotations summarise the participants' experiences:

P7: "We talked about the memories that we had with our loved ones; it felt beneficial to talk about them since we don't share our feelings with people. It was nice, and it was kind of beneficial because we don't really talk to certain people about it."

P4: "We also learned about different types of emotions, how to recognise them, and what our bodily sensations are."

Session 3: Identifying Emotions about Grieving

In Session 2, it was difficult for participants to express their emotions about their parents who passed on. Session 3 started with sharing a road map. The session's activities assisted them in identifying, assessing, and comprehending their thoughts associated with sadness. The road map activity helped them reflect on their journey before and after their parents passed on their emotions and how they coped with them. This activity assisted them in developing coping skills that contributed to self-understanding and self-confidence. The following quotations from participants illustrate:

P4: "So it started when I was enjoying my life with my mom. And then she passed on. I was sad, like weak. Talking to others made me feel much better and helped me understand that I was not alone in experiencing this."

P2: "I've also learned that we all go through different things and we all have different ways of dealing with different situations, and that it is also good that we open up more and talk to other people about things we believe in."

The feeling thermometer helped them to name, be aware of, and evaluate the intensity of their emotions so they could accurately perceive one's emotional state. The more one is aware of their emotions, the easier one can cope with them and even try to change them so that they feel better.

Session 4: Coping with sadness

This helped them to understand when they needed to change some of their negative emotions into positive ones. In the remaining part of the session, participants learned the importance of changing negative thoughts into positive thoughts as a way of coping with sadness. They learned to identify their underlying thoughts and how to challenge them. At the end of the session, participants learned that we all go through different things and have different ways of dealing with different situations, as illustrated in the quotations below. They discovered that they can experience their emotions in their body sensations as illustrated in the following statements:

P8: "When I'm sad, I cry. When I'm nervous, I fidget a lot and move my fingers. When I'm anxious, I shake. When I'm calm, I'm just relaxed. When I'm happy, I experience butterflies and goosebumps."

P5: "We were explaining one another's thoughts, emotions, and behaviour, and we also encouraged each other in terms of changing negative thoughts into positive ones."

Session 5: Healthy and unhealthy relationships

In this session, they learned that healthy relationships involve trust, respect, and good communication. It was observed that most participants were actively involved in providing answers to the questions of the scenarios, which required them to identify healthy and unhealthy relationships.

P2: *“I’ve learned about healthy and unhealthy relationships and communication.”*

Participants also learned that healthy relationships involve giving consent to participate in the activity freely. On unhealthy relationships, participants gave one another advice on how to identify problematic situations that involve controlling or manipulating someone or being abusive. It was observed that most participants were actively involved in providing answers to the questions.

P4: *“To give consent is to know if someone is willing to do it or not. Everyone has the right to set their life and body goals.”*

In this session, participants also learned to improve their listening skills alongside their communication skills, helping them to use active listening, convey a problem without hostility, and express their feelings constructively. Even though they have learned ways of communicating, they expressed that it will not be easy to practice it. Participants expressed that they have learned that communication is important when they need to express themselves. Most expressed that they prefer to communicate *face-to-face*.

P1: *“Due to individual differences, some individuals may find it challenging to listen to others.”*

P2: *“I’ve learned about good communication.”*

P1: *“We learned about communication and how to talk to someone when you’re not okay and also suggestions of who you can talk to.”*

Session 6: Identifying strengths and social support

In session 6, participants were identifying and recognising their own strengths and strengths in others in order to set achievable goals. Sharing their positive characteristics and strengths was beneficial for their self-esteem.

P5: *“I’m very confident, and I’m proficient at playing the guitar.”*

Participants also learned to understand the importance of having goals in their future planning and to identify and affirm individual strengths.

P4: *“How to set your long-term and short-term goals and your wants.”*

P1: *“Session six was about identifying strengths and social support when we were reminded of our short- and long-term goals, our interests, and our wants.”*

Participants also discussed support structures that can be contacted whenever they would need help in the future. Some were unaware of any support organisations that they could contact for assistance, but through the discussions, they became aware of them.

6.6.2 Therapeutic experiences in the group

The facilitator gained information about the participants' past and current levels of functioning, and the participants built trust and group cohesion as they shared their experiences and supported one another. The participants experienced the following therapeutic activities during the intervention.

- **Building of group cohesion**

From the first session where group rules were discussed and participants shared their photos, a process of group cohesion developed where participants started to trust one another and expressed their emotions freely.

- **A sense of shared experiences**

In all of the sessions, participants openly shared their experiences and emotions. In session two, they particularly shared their memories of their parents' passing. It was therapeutic for the participants to realise that they all had similar experiences. They gained support and strength in knowing others had been through similar trauma and experienced the same difficult emotions. This gave them a sense of relief that they had opened up and shared their emotions with others. The following statements from the participants clearly show that they valued sharing their emotions.

P7: "It was nice, and it was kind of beneficial because we don't really talk to people about it."

P5: "We were explaining one another's thoughts, emotions, and behaviour, and we also encouraged each other in terms of changing negative thoughts into positive ones."

- **The sharing of meaningful materials**

Participants shared valuable items from their deceased parents, such as a father's 20 years of loyal service medal from the South African police service, a picture of me and my mother, and a police badge. This assisted them to feel free and safe to express their emotions about loss without risk of stigmatisation or fear of disclosure, which were mostly silenced by their family. They expressed their sentiments about the memory box as follows:

P8: "A memory box can also be like certain things that you'd rather keep."

P6: "A box that has items that remind you of something that has all events."

- **Emotional expression**

During the sessions, participants expressed the bottled-up feeling of sadness as they presented their memories of their parents and explained their road maps. This helped them feel relieved, and it further contributed to their ability to regulate their emotions. They expressed how much they missed their parents and how they used to encourage them to do better in life. This is clear in the quotes below:

P5: "I never got to share her police medals; I really, really miss her."

P1: "His songs elicit a sense of joy and laughter in me, and they never fail to lift my spirits."

- **Relaxation technique: 'Stillness.'**

During the discussions of memories, participants expressed their sadness. A decline in their mood was observed. The relaxation technique was implemented to aid in their calming process. We instructed them to utilise this technique in the face of life's challenges. We noted their smiles and the gradual relaxation they exhibited during the exercise. Their approach was illustrated through a relaxed seating posture. Upon concluding the exercise, they all exhaled deeply and exchanged smiles, glancing at one another. Their relief was noted by the facilitator.

- **Modelling behaviour**

The heterogeneous nature of the group (some of the participants lost their fathers while others lost their mothers in different ways and at different times) encouraged mutual help because they could learn from each other's experiences. In sessions 3 and 4, participants role modelled how to identify emotions and change negative emotions to positive emotions. Informally, participants gave one another advice on how to overcome sadness (*during the road map activity; session 3*), how to deal with relationship challenges (*session 5*), and in session 6, they were identifying strength from themselves and others as well as sharing social support contacts. Participants expressed that they had learned how communication is important when they needed to express themselves. The following statement reflects this.

P1: "We learned about how to talk to someone when you're not okay and also suggestions on who you can talk to."

6.6.3 Facilitator feedback in implementation's success

- **Implementation of the intervention**

The implementation of the programme was regarded as successful. This research showed that the formation of support groups can be a source of valuable support for orphans. The emphasis was on addressing needs using intervention content that enhanced group participation and interaction.

The process of action research in developing the programme content to be used in support groups for orphans was an advantage. The intervention group provided participants with skills and activities to assist them in dealing with issues about the loss of a parent. A programme like this, developed according to the needs of orphans, can be widely used because it helps participants to better understand grief and loss, process their grief and gain closure, develop skills to cope with difficult emotions, and establish life planning skills.

- **Most successful and participated sessions**

The facilitator noted that the most successful participation was in sessions where active participation took place and not only discussions. This was through storytelling, through pictures, and role-play

situations. These activities were found to be very successful in creating a reality in the room, much more than through discussions. The participants confirmed this:

P4: "We were talking about our likes and dislikes, getting to know other people, and learning about different types of people."

P1: "Session six reminded us of our short- and long-term goals, our interests, and our wants."

6.6.4 Facilitator challenges

- **Assignments**

The facilitator experienced a few challenges in the implementation of the program. The participants did not do the assignments given for the next session. Given that the sessions ran daily for a week, it's possible that they lacked the time to complete the assignments in between sessions. Perhaps they thought about it but did not do it, like one participant said:

P7: "I never wrote it down because I kind of know them."

P1: "I forgot."

- **Participants**

During sessions, some participants found it difficult to express their emotions about their parents during the memory box activity. It could be that they found it to be too emotional to talk about the loss of a parent.

P6: "I made the box, but in it there's nothing; I don't have memories of him."

P1: "I made the box, but it's difficult not to talk about him."

- **Attendance**

All participants attended the sessions regularly. There was one participant who was absent for one day due to illness.

- **Less participation**

Two participants did not respond openly. Only specific questions prompted them to respond.

- **Intervention implementation**

The plan was for SAPS EHW practitioners to assist the facilitator in implementing the intervention, but this did not occur. The facilitator thus conducted the group alone. Having a co-facilitator could have contributed to the initiative taken by the co-facilitators, especially in the observation notes process.

6.7 Conclusion

Even though the implementation of the intervention had challenges, this study concluded that the process of action research in developing programme content was successfully used in support groups for orphans. A programme like this is developed according to the needs of orphans and can be widely used. Most successful participation was in sessions where active participation took place and not only discussions. This was achieved through storytelling using pictures and role-play scenarios. The materials used (*e.g., memory box, road map, photovoice, and the feeling thermometer*) were low-cost materials using their own phones, old magazines, pencil boxes, paper, coloured crayons, and glue.

This research showed that the formation of a group intervention can be a source of valuable support for orphans. All indicated that they gained from participation. As an outcome of the intervention, participants gained through the sharing of their personal information. That assisted them to form a close friendship and to freely express their emotions. It was observed that session two was particularly therapeutic as they shared emotions about their loss, which they had never shared with anyone before. They felt relieved that they managed to share them. They further learned that they were not the only ones experiencing emotions associated with loss. Through that intervention, they gained self-esteem and confidence to share more of their emotions throughout the sessions. They further learned to identify their emotions, learned how they expressed their own emotions, learned about healthy and unhealthy relationships, identified their own strength, and planned for the future.

In Chapter 7, the researcher will provide an overview of the study and draw conclusions based on its findings. The researcher will further discuss the strengths and limitations of the study and make recommendations for future research and implementation of the results.

Chapter 7: Discussion and Conclusion

7.1 Introduction

The focal point of this study was to create a psychological intervention that can be used as part of the SAPS' support services for orphans to address the difficulties faced by orphans after the loss of a parent while on duty. The study had three main objectives. The first was to understand the problems orphans face. The second was to learn about the solutions offered by SAPS EHW professionals. The third objective was to devise, execute, and assess an appropriate solution to the challenges encountered by the orphans of SAPS employees. This chapter discusses the study's findings in relation to existing literature and the employed theoretical frameworks. The needs assessment results determined three topics to describe the orphans' experiences after their parents' passing. As a result, the topics covered in this chapter are interconnected and intended to represent the depth of the orphans' lived experiences as they live with difficulties following the loss of their parents. This discussion will outline the themes that emerged from the interviews conducted with orphans, as well as insights gathered from the focus group discussion with SAPS EHW practitioners. Recognising the multifaceted challenges facing orphans, the inquiry focusses on identifying and analysing specific needs. The results of the evaluation of the effects of the intervention will be discussed, as well as how effectively the implemented program met many of the needs of orphans. This systematic approach aims to show the intervention's success or failure and its complex effects on orphans' lives. As the subsequent sections progress, focus is placed on dedicated, targeted strategies to target each specific need that contributes to playing an important role in the overall well-being of the orphan's life.

7.2 Themes from the needs assessment with orphans

This discussion will provide an overview of the themes that emerged from the interviews conducted with orphans, as well as insights gathered from the focus group discussion with the SAPS EHW practitioners, who acted as key informants. The exploration seeks to establish the challenges and experiences that orphans face after the death of their parents.

7.2.1 Lack of emotional support

Lack of communication regarding the death of a parent contributed to high negative emotions, low confidence, an increase in daily stress, ineffective stress management, and psychosocial problems. According to Tladi et al. (2018), orphans who lack emotional support report difficulties such as emotional distress and trauma related to adapting to home, school, and academic achievement. The majority of the difficulties were experienced on a day-to-day basis, although they were encountered in various ways, and certain difficulties were experienced by specific individuals (Case et al., 2020; Shea, 2015). According to Crawford (2020), the microsystem is the most influential level of the ecological system that

sees children at the centre of multiple, interacting layers of influence. The most proximal to the child are relationships with family and their everyday caregiving environment (Cluver et al., 2012; Guy-Evans, 2020). In this system, the family was considered the most influential microsystem in the social development of a child (Crawford, 2020; Christophe & Moshia, 2021).

The study findings revealed that orphans found it difficult to communicate with either their immediate family or their extended family. It seemed that their extended family was not encouraging or concerned about them. Those who have a mother who is still alive did not want to put their mothers under undue stress because they observed that the mothers were dealing with their own issues of loss. Other orphans with fathers who were still alive found it difficult to communicate with them because they did not have such relationships with their fathers, as they were used to only speaking with their mothers. Furthermore, children believe that the surviving parents cannot support them in their grief, which makes them not want to burden them, primarily because they are also grieving, and when they talk to them, they also start to cry. This puts the orphan in a difficult situation because they need the support of the remaining parent and their extended family to go through the grieving process.

Orphans ultimately demonstrate resilience for their parents and suppress their emotions. Madiba et al. (2020) assert that children demonstrate sadness silently, as they struggle to articulate their grief after the loss of their parents. Another reason parents may be unable to support their children following death is the influence of African cultural norms, which often prohibit children and adolescents, particularly those whose parents have died from HIV and AIDS, from publicly expressing their grief (Barrett-Becker et al., 2015). The idea is that children are not part of the cultural grieving process and therefore experience their grief alone (Black-Hughes et al., 2017). This view is corroborated by Ngesa et al. (2020), who found that parents believe that the bereaved child is not grieving, and in that regard, they end up not giving much attention during the full mourning process, while they can manage their sadness and go on with their lives.

To address the need for orphan support, a group intervention was implemented using CBT principles to enhance the orphans' emotional coping mechanisms, communication skills, and problem-solving abilities.

7.2.2 Psycho-social challenges faced by orphans

The experience of losing a parent as an orphan introduces a myriad of psychosocial challenges that significantly impact the wellbeing of orphans. The term "psychosocial challenges" encompasses a range of interconnected psychological and social difficulties that orphans may encounter as they grapple with grief, loss, and the absence of familial support. These challenges extend beyond the emotional realm to encompass various aspects of daily life, such as identity formation, interpersonal relationships, and access to essential resources. According to the data, orphans face a variety of difficulties, from emotional distress and trauma to situational and environmental adaptation to home, school, and academic achievement. This was also emphasised by Case et al. (2020), who said that orphans can suffer in many

ways, including feeling alone, lamenting the loss of their parents, expressing emotional pain like sadness, shock, and confusion, and worrying about being separated from their siblings. This is because of the constant stress that comes from grief, depression, and getting used to a new situation. According to Shea (2015), bereavement is characterised by intense sorrow that interferes with the daily functioning of orphans. The study findings illustrate that some orphans were found to be struggling academically, some have trouble falling asleep, some experience flashbacks, and some are still in shock.

One of the major issues revealed by the study was that the orphans experience financial difficulties as a result of the passing of their parents, who were formerly the family's main source of income. According to Eneji and Archibong (2021), the absence of a financially secure family member may put the orphans and the remaining parent under increased financial stress. Items they could once afford are now out of their price range, including school fees and stationery (Alem, 2020). Other orphans expressed their worry about their mothers' adjustment to the new circumstances. The fact that their mothers were managing the household without their fathers saddened them. They acknowledged that a lack of financial assistance contributes to their mothers' stress.

Education was one of the other major obstacles concerning the orphans' future (Alem, 2020). The study findings indicate that some orphans had trouble concentrating on their academic work, especially those who had to switch schools. They find it challenging to adapt to the new school settings. Previous research shows that many orphans had inferior grade attainment, failed enrolment, bad classroom behaviour, and dropped out of school (Chitiyo et al., 2016; Mensi et al., 2023; Mfidi, 2017; Nar, 2020). The study findings support the claim that orphans are improperly venting their frustrations by bullying other students at school. Regardless of the reason for death, a child feels emotional pain when a parent passes away (Black-Hughes et al., 2017). One could contend that unfavourable thoughts and feelings can trap orphans in destructive patterns. As a result, unpleasant thoughts could trigger negative emotions and actions (Ourtani, 2021).

The goal of the intervention is to use CBT to change negative thoughts to resolve psychological challenges that frequently occur after the death of a parent. Additionally, the intervention assisted in reducing risky behaviours among adolescents that could potentially hinder their developmental growth and enhance their resilience.

7.2.3 Themes from the key informant interviews with SAPS EHW practitioners

The SAPS EHW practitioners should be leading the way in providing psychosocial intervention for SAPS members and their immediate families. The results demonstrate that orphans who lost their parents while serving as SAPS members did not receive substantial support from SAPS EHW practitioners. Furthermore, they hold the SAPS organisation accountable and struggle to understand why officers lose their lives while carrying out their duties. They noticed that EHW practitioners only helped parents and not orphans, making them feel unimportant. The exosystem, identified in Bronfenbrenner's ecological systems theory, such as the parents' workplace, directly impacts the child's development, and the death

of a parent who was a breadwinner can affect changes in family income, parental time, and family stress levels (Siraj & Runke, 2020). During the focus group discussion, SAPS EHW practitioners, particularly EHW psychological services, acknowledged the need to offer intervention for orphans but indicated that they do not have specific programs for orphans. They lacked the resources to support the creation and execution of programmes and the care for orphans inside SAPS. They therefore provide limited psychological/psychosocial interventions to address the challenges experienced by orphans. Zhou (2012) argues that it is no longer acceptable to disregard the psychosocial challenges that orphans face, including depression, exposure to trauma, and trouble coping with parental loss. Mwoma and Pillay (2015) indicate that it is crucial for the child's development to receive support from both within and outside the parent's workplace. This study developed an intervention to address the absence of support for these children's mental and emotional needs.

7. 3 Development of an intervention

Providing emotional support reflects an important aspect of the multi-pronged approach of the programme that engages in analysing the impact of interventions that provide emotional support to orphans. Psychological wellbeing is a cornerstone in the full development of orphans, especially those facing psychosocial challenges after the death of their parents. The study examines both qualitative and quantitative factors, assessing the quality and effectiveness of psychological support. The intervention aimed to foster their psychological wellbeing and enhance their resilience. The development of the structured intervention for the orphans employed an action research approach (Burns, 2015). The researcher used a circular process that involves a repeating cycle of planning, action, observing, and reflecting with orphans during the intervention. The researcher uses the feedback from each step to plan the upcoming steps of the research. Because it is structured, problem-focused, and goal-oriented, it teaches tested techniques and skills; it also emphasises the value of a positive therapeutic alliance between the therapist and the client. This was done to promote social action through democratic decision-making and the active participation of the target group in the research process (Lewin, 1947). The needs analysis served as the basis for creating a six-session intervention to address the psychosocial needs identified through the needs assessment. The findings demonstrate that orphans need and desire to engage in social activities. The six-session curriculum was developed to meet the psychological needs and emotional health of orphans. The first important need that was considered when developing the intervention was to develop an intervention that would also be suitable for participants' different backgrounds and ethnicities (Vha-Venda, Tsonga, Zulu, and Batshwana). Cognitive behaviour therapy (CBT) was delineated as a treatment approach because it has been found to be effective in trauma-focused therapy for individuals and groups from various socioeconomic backgrounds, cultures, and age groups (Halder & Mahato, 2019; Heath et al., 2014). The intervention, centred around group dynamics, has the potential to empower orphaned individuals by fostering a collective understanding of their shared experiences of loss. Through collaborative learning, participants can draw upon each other's insights to cope with their grief. The study's intervention will involve psycho-educational exercises such

as role-playing, peer evaluation, and group discussions for orphans. The activities conducted in these sessions provided a safe space for children to articulate their life stories without causing trauma, ultimately reinforcing their connections to their personal history, cultural roots, and significant individuals in their lives positively (REPSSI, 2016).

7.3.1 The development of sessions

- **Session 1:**

When a child loses a parent, sibling, or relative through death, it can have a profound impact on the child, permanently shaping their perception of the world and heightening their vulnerability to various health, scholastic, and interpersonal challenges, as well as premature mortality. Session 1 was designed to address the issue of interpersonal challenges. Researchers have found that when a parent dies, it changes the child's microsystem. A child's microsystem is made up of the activities, roles, and relationships they have with other people in a face-to-face setting that has certain physical and material features and other people who have different temperaments, personalities, and belief systems. To tackle this challenge, the session explores self-awareness by delving into the experiences and perceptions of orphans after the death of their parents. To help orphans establish a foundation for identifying common patterns experienced after the death of their parents and to empower them to generate their own solutions for initiating change, CBT was used as an approach to achieve this goal. The activities enable children to speak about their lives in ways that are not traumatising and strengthen their relationships with their history, their culture, and significant people in their lives positively. It can also assist children in expressing their grief, contribute to fostering recognition of the need for change, improve self-awareness of local circumstances, personal worthiness, and confidence, as well as awareness of social resources and problem-solving abilities. The session also gave orphans a place to build a network of peers and access social and emotional support. Yalom's group intervention theory firmly believes that engaging in group activities makes people happier and increases one's ability to learn from others and presenters (Nabavi & Bijandi, 2012).

- **Session 2:**

One's socio-cultural context also shapes the deeply personal experience of bereavement (Thomas, 2021). One could attribute this to the frequent exclusion of children from family grieving coping processes. Researchers have found that the macrosystems contribute to the child's inability to grieve. Macrosystems encompass the overarching societal or cultural contexts that exert influence on all other systems. Within the macrosystem, there are sets of values and cultural belief systems that serve as organising principles for societal life. The identified cause of this phenomenon might be attributed to the absence of adequate assistance or therapeutic interventions provided to assist children in their bereavement process following the death of their parents. Session two provides orphans an opportunity to identify emotions about grieving to recognise and understand the perspectives and emotions of oneself and others after the death of a loved one. Lack of communication about the death of a parent can cause

intense negative emotions, a poor sense of oneself, low confidence, an increase in daily stress, ineffective stress management, psychosocial problems, as well as deficits in cognitive motivation. CBT was used to help reduce disrupted sorrow and effectively address a wide range of children's behaviour and emotional needs. This is done through the memory box activity, which allows participants to show their feelings of loss, understand their feelings, and learn how to cope with these feelings. The actual process of creating a memory box is, in itself, supportive of the grief process because orphans sit together with their families and share memories and feelings about their parents. In this session, orphans managed to talk about the memories of their loved ones, which was something that they were allowed or given an opportunity to do. That made them feel relieved and joyful.

- **Session 3:**

Orphans often experience difficult emotions, especially after the death of their parents. Over a longer period, these individuals may also manifest unpredictable emotional responses, recurring memories of the event, strained interpersonal connections, and even physical manifestations like headaches or nausea. This session aims to help them develop the ability to evaluate, recognise, and understand their thoughts related to sadness. The CBT model was used to understand the value of emotional awareness and assist in redirecting negative thoughts into positive thoughts. This activity assisted them in developing coping skills, which contributed to self-understanding and self-confidence.

- **Session 4:**

The focus of the session is on coping with sadness. Individuals' inability to effectively cope with feelings of bereavement leads to psychological issues (Ntuli et al., 2020). This activity aims to teach participants how to identify their emotions after experiencing bereavement. This will assist them in deciding where to seek help and how to handle those emotions. CBT model was used to highlight the significance of transforming negative thoughts into positive ones as a coping mechanism for sadness. A group intervention allows children the opportunity to express their worries, anxieties, and tensions so they may deal with their traumatic situations in an appropriate way (Pillay & Sitiene, 2019). Participants learned that good communication is important when they need to express themselves and how to talk to someone when one is not fine and were provided with suggestions of who you can talk to. Most expressed that they prefer to communicate face-to-face.

- **Session 5:**

The focus of the session is on healthy and unhealthy relationships. Adolescents start to become interested in intimate relationships. Orphans are more likely to get HIV and face other social and economic problems, according to research. This is because of a number of social and structural factors that interact and reinforce each other (Chibuye et al., 2022). Failure to address the specific needs and challenges faced by orphans can lead to the adoption of HIV-related risk behaviours by adolescent orphans (Bekker et al., 2018). This session aims to teach participants to consider what qualities are present in healthy and unhealthy relationships—not in terms of health or disease, but the quality of the

relationship (to give consent, effective communication skills, active listening to convey a problem without hostility, and express their feelings constructively). CBT principles aim to enhance the orphans' emotional coping mechanisms, communication skills, and problem-solving abilities. Participants also learned that healthy relationships involve giving consent to participate in the activity freely. They further gave one another advice on how to deal with problematic situations that do not involve controlling or manipulating someone or being in an abusive relationship.

- **Session 6:**

The session addresses strengths, support, and future planning. Research found barriers that encompass factors such as living in impoverished conditions, lacking institutional support, and facing limited access to essential healthcare, which are often accompanied by prolonged grief and mental instability (Black-Hughes, 2017). In this session, participants identify and recognise their own strengths, as well as the strengths of others and the support they need to set achievable goals. It is really useful for participants to hear what other group members think about their strengths because they cannot always see their own strengths. This could include their personality, talents, or the things they do to help others. Ntuli et al. (2020) mentioned that longing for maternal presence has an adverse influence on children's ability to develop effective coping mechanisms, resulting in feelings of isolation, sadness, hopelessness, a lack of inner tranquillity, and apprehension regarding an uncertain future. CBT provides a basic framework for identifying recurring patterns that orphans experience after the death of their parents and helps individuals come up with their own possible solutions and ideas for starting to change (Cully et al., 2020). Participants learned to understand the importance of having goals in their future planning and to identify and affirm individual strengths. They further learned about other support structures outside SAPS that can be contacted whenever they need help in the future. Some participants were unaware of any support organisations that they could contact for assistance, but during the discussion, they became aware of them.

7.4 Discussion of the evaluation of the intervention

In this study, the researcher used a mixed-methods design to evaluate the intervention. A mixed methods design includes at least one quantitative and one qualitative method (Creswell, 2013; Johnson & Onwuegbuzie, 2004). The evaluation aimed to determine whether the intervention brought about a change in the strengths and emotional difficulties (assessed by the SDQ) and resilience (assessed by the RS scale) of the orphans. Furthermore, to evaluate the process and outcome of the intervention, various data sources were used to strengthen the results (Creswell, 2003). In this study, the researcher used observations of the implementation of the sessions, participant feedback after each session, and facilitator feedback to gather qualitative data (Busetto et al., 2020). The transcriptions of the sessions and the process notes of the facilitator were used to make comparisons between pre- and post-scores to identify the elements that enhanced participation and personal growth for individuals, as well as

problems in the implementation process. The quantitative and qualitative results will be integrated and discussed below.

7.4.1 The strength and emotional difficulty scale results

The emotional and behaviour problems of orphans were identified through the pre-intervention SDQ assessment as a screening tool. The comparison of the pre-intervention and post-intervention scores of participants ($n = 9$) showed significant differences for the subscales: conduct problems ($p = 0.037$) and peer problems ($p = 0.0164$). For the groups as a whole, there were more conduct problems and peer problems after the intervention. On the other subscales—emotional problems, hyperactivity, and prosocial behaviour—there were no significant differences for the group as a whole after the intervention. The graphs where individual results of the participants are given per subscale show that the results of participants were diverse; some improved in some subscales after the intervention while others did not improve. The qualitative results showed many factors from the pre-intervention and during the intervention that could have contributed to the diverse outcome results. The results will be discussed briefly.

Following the intervention, the conduct problem subscale showed a statistically significant change for the group as a whole, indicating more conduct problems. In the graph of the scores, it was shown that some participants scored higher and some lower in the post-intervention assessment. Participants (P1, P2, P3, P5, P6, and P9) showed an increase; one participant (P7) showed no change, while participants (P4 and P8) showed a decrease in conduct problems after the intervention.

Similarly, the peer problem scale was shown to be statistically significant for the group as a whole, indicating that the group showed more peer relationship problems after the intervention. It was mostly the same participants who showed an increase in peer problems (P1, P2, P3, P5, P6, P7) and conduct problems, while P4 and P9 showed fewer peer problems and P8 remained the same.

The emotional problems scale did not show significant differences for the group as a whole, although the same diverse pattern of individual scores was identified before and after the intervention. Five participants (P2, P4, P5, P6, and P9) showed an increase in emotional problems, while one participant (P7) showed no change, and three participants (P1, P3, and P8) showed a smaller emotional problem scale after the intervention. There was an overlap between participants that showed an increase and decrease in scores.

The results of the study showed that orphans' emotional, behaviour, and social problems got worse after the intervention, which went against the original idea that these problems would get better. Although CBT is effective for many psychological issues, some orphan adolescents may not respond due to many factors (how the parent died and lack of support over a long time). Due to a lack of support after the death of their parents, orphans were found to be more prone to psychological disorders because they had greater emotional and behaviour issues. This pattern suggests that before the intervention, these

individuals experienced heightened emotional distress and behaviour difficulties, manifesting in concerns related to conduct, peer interactions, and emotional problems. Furthermore, it is possible that the sessions that encouraged emotional expression made these participants more aware of the emotions they experienced. These results are supported by Haine and Knoetze's (2021) observation that grief manifestations in children encompass a range of emotional, behaviour, and cognitive responses when confronted with painful reminders. This observation aligns with existing literature, as highlighted by Ntuli et al. (2020), which emphasises that orphans frequently grapple with psychological problems and may demonstrate internal issues. Internalising problems, as outlined by Mfidi (2017), encompass a spectrum of challenges, including depression, anxiety, shyness, social withdrawal, sadness, fear, and difficulties with social assertion demands. This finding is further supported by Doku et al. (2019) and Gumede (2020), who emphasise that externalising problems may manifest in orphans due to their challenges in dealing with profound loss. Notably, the lack of changes in scores on the prosocial subscale, where individuals voluntarily exhibit behaviours intended to benefit others, may be explained by the inherent struggles associated with social assertion demands, as highlighted by Mfidi (2017).

In the pre-assessment phase of the study, Participant 6 (P6) emerged as a distinctive case, being the only participant who scored high in all five subscales of the Strengths and Difficulties Questionnaire (SDQ). The elevated scores across emotional, conduct, hyperactivity, peer relationship, and pro-social sub-scales pointed to a comprehensive range of challenges faced by P6. Upon closer examination, P6 revealed that the death of her father was an unexpected and particularly difficult experience. She acknowledged struggling to cope with and accept the loss, expressing that she never had the opportunity to adequately process her emotions, leading to a significant impact on her well-being.

The intervention aimed to address some of the psychological problems the orphans may have experienced. The activities during the intervention focused specifically on how to deal with difficult emotions (sessions 2 and 3), which helped them develop the ability to recognise, evaluate, and understand their thoughts and emotions. For some individuals, this may have provided the tools to improve their emotional regulation. Other activities provided specific skills to encourage positive behaviour and positive peer relationships. With the group cohesion they built in sessions 1 and 2, they could finally express their long-bottled emotions and support each other. Some said talking to others helped them feel better because they realised many others had similar experiences. Others expressed their gratitude for the opportunity to express their grief. Furthermore, through telling their stories, they learned the importance of changing negative thoughts into positive thoughts as a way of coping with sadness and issues of importance to them. That contributed to them gaining self-awareness from social interactions with each other.

Furthermore, in session 4 (healthy and unhealthy relationships), they have learned to improve their listening skills alongside their communication skills, helping them to use active listening, convey a problem without hostility, and express their feelings constructively. Moreover, they expressed that they learned that communication is important when they need to express themselves. They have learned how to talk to someone when they are not alright. Participants observed the sessions as therapeutic because

they gained support from each other and strength from knowing others had experienced similar trauma. All participants indicated that they felt group members listened to them and accepted and understood them.

They felt they belonged in the group and could talk freely about who they were. This strengthened their relationships in the group and could have contributed to them scoring high in resilience after the intervention.

Despite the positive learning taking place during the intervention, some participants scores (P1, P2, P3, P5, P6) did not improve in terms of their conduct problems, emotional problems, and peer relationship scores. Six sessions of the intervention took place over the course of a week. Some of the participants did not do the assignments given for the next session. Because the sessions were held daily for a week, they perhaps did not have time between sessions to process their emotions and to do the homework assignments. During sessions, some participants found it difficult to express their emotions about their parents, especially during the memory box activity. It could be that they found it to be too emotional to talk about the loss of a parent. The sessions being so close together also contributed to the orphans not processing what they have learned in each session at home with the families. Furthermore, orphans showed little interest in sessions that contain activities that require more discussion than physical activities; this was indicated during feedback for the previous session.

If there were more sessions, or if it was over a longer time, they could have learned to deal with the emotions better. An intervention consisting of 8 sessions, typically taking place once a week in a closed group (which means that the same children will attend each session together), could have given participants more time to work on their homework with family. Doing homework with family over a long time would contribute to sharing emotions associated with grief, coping skills, and discussing issues that were never discussed before. This could contribute to healing.

- **Hyperactivity-inattention problems**

The literature indicated that parental loss can have a detrimental effect on a child's capacity to concentrate and maintain motivation within an educational setting (Limo & Kibowen, 2017). This was not addressed specifically in the intervention. The scale scores for hyperactivity-inattention problems did not change significantly for the group as a whole. However, the intervention succeeded in raising awareness of hyperactivity-inattention problems among orphans. Through observation in sessions that were about discussions, participants seemed not to be enjoying, but they seemed to be restless. They expressed that they enjoyed sessions that had more physical activities than discussions. Despite challenges that were found, CBT Sign taught participants to understand that emotional experiences are connected to bodily sensations, thoughts, and behaviour.

7.4.2 Resilience Scale results

The comparison of the resilience scale scores before and after the intervention showed significant differences for the subscales: meaningfulness ($p = 0.027$), self-reliance ($p = 0.001$), and equanimity ($p = 0.009$). The other subscales, perseverance and existential aloneness, showed no significant differences after the intervention. Observation results showed many factors from the pre-intervention and during the intervention that contributed to the resilience of participants. The results of each subscale will be discussed briefly.

Similarly, the self-reliance scale showed significant improvements for the group as a whole in the post-intervention assessment. All but one participant (P8) showed an increase on the self-reliance scale after the intervention, while P8 showed no change.

Equanimity represents a balanced perspective that people can have on their lives and experiences and implies the ability to “sit loose and take what comes,” consequently regulating extreme reactions to adversity. The scale showed significant differences for the group as a whole after the intervention. All the participants' scores increased (except for P4).

Through different sessions and activities, participants gained a sense of meaningfulness by explaining one another's thoughts, emotions, and behaviour, and they encouraged each other by changing negative thoughts into positive ones. The use of CBT could have assisted in deconstructing negative ideas and replacing them with a constructive mentality, which promotes the creation of positive feelings and self-confidence. This was achieved through activities in Session 2 (*relaxation technique 'Stillness'*). Participants learned how to relax and how to use the technique as a strategy to cope with negative emotions. It was observed that while they were doing the exercise, they were smiling and starting to relax. They demonstrated this by sitting in a relaxed manner. At the end of the exercise, they all breathed heavily and smiled, looking at each other. It was observed that they felt relieved. Participants also discussed support structures that can be contacted whenever they need help in the future. Self-reliance denotes the capacity people have to believe in themselves and their capabilities, allowing them to depend on them while recognising their strengths and limitations. Moreover, session 6 strengthened their resilience as they managed to identify and recognise their own strengths and strengths in others to set achievable goals. During Session 6 they identified and expressed their own strengths and the strengths in others to set achievable goals. It was beneficial for their self-esteem to share their positive characteristics and strengths. The positive intervention results were achieved by combining Bandura's Social Learning Theory with CBT, focusing on the notion that people gain knowledge from social interactions with other people (Nabavi & Bijandi, 2012). According to the theory, learning takes place in a social situation, like a support group, through first-hand experience, observation, modelling, and imitation (Bandura, 1977). People adopt and imitate other people's conduct after witnessing it, particularly if their observational experiences are rewarding or include rewards associated with the behaviour observed. Participants also discussed support structures that can be contacted whenever they would need help in the future. Some were not aware of any support organisations that they could contact for assistance, but through the discussion, they became aware of them.

- **Perseverance and Existential Aloneness:**

The perseverance subscale did not show statistically significant differences between the groups as a whole. However, the scores of five participants (P2, P3, P4, P5, and P7) went up after the intervention, while the scores of two participants (P1 and P6) went down.

Similar to existential aloneness, the scale did not show significant differences for the group as a whole, although five participants (P2, P3, P5, P7, and P9) showed an increase in their sense of existential aloneness after the intervention. Three showed no change in participants (P4, P6, and P8) in the existential aloneness subscale after the intervention.

Observation results showed that session 2, which focused on the expression of their emotions, could have contributed to higher scores of resilience. Existential aloneness implies that this characteristic also denotes a sense of freedom and grief. This shows that participants learnt about individuality, that each person is unique, and that they must go through some experiences alone, even if others can be shared. Furthermore, session 6 helped them identify and enhance their skills, enabling them to make informed decisions in the future. Participants were identifying and recognising their strengths and the strengths in others to set achievable goals. At the end of session 6, participants showed persistence despite hardship or discouragement, which implies a willingness to remain involved, keep going, and continue the struggle to rebuild one's life despite setbacks.

Despite the positive learning taking place during the intervention, some participants did not improve in terms of their existential aloneness subscale and perseverance participants (P1, P4, P6, and P8) after the intervention. During the intervention, the qualitative results showed many factors that contributed to the decline of resilience (the timing of a parent's death and lack of support over a long time). Those two factors contributed to their losing hope; they caused emotional and behaviour problems before the intervention. This was also evident in their SDQ scores on conduct, emotional issues, and peer problems. Due to their interests in learning and socialising, more sessions could have improved them.

In the quantitative results, the SDQ scale shows that most participants did not improve in emotional and behaviour problems. Even though the SDQ and RS results after the intervention showed mixed results, the observation results after the intervention showed some success. The programme content and the group interaction addressed some of the needs of the participants. The intervention allowed participants to express their emotions and provided them with skills and activities to assist them in dealing with the loss of a parent. The most successful sessions were those that involved physical activities and included discussions. Even though this intervention had challenges, it can be widely used because it helped participants to better understand grief and loss, process their grief and gain closure, develop skills to cope with difficult emotions, and establish life planning skills.

7.5 Lesson learned

CBT plays a crucial role in providing mental health support to adolescent orphans by addressing emotional challenges and promoting resilience. However, we acknowledge that not all adolescent orphans benefited from the six-session CBT intervention. There is thus a need to consider including more sessions in the intervention, specifically looking at orphans who did not show a change in their SDQ and RS scores.

Although CBT is effective for many psychological issues, some orphaned adolescents may not respond due to many factors (how the parent died, age, gender, and lack of support over a long time). You can present the intervention over a longer period to give the orphans more time to process their emotions and develop their skills. Being the sole facilitator may have hindered the management of the sessions, particularly in observing the orphans' gestures and following up on them. Another contribution could be that orphans showed little interest in sessions that contained activities that required more discussion than physical activities; this was indicated during feedback from the previous session. The lessons learned have contributed to suggesting how the intervention can be improved to be effective in enhancing the psychological well-being of orphans after the death of their parents.

7.5.1 Re-developing CBT intervention

Based on the results, the researcher will make suggestions for improving the intervention to affect the mental health outcomes for orphaned adolescents. The suggestion is to enhance the intervention's effectiveness and promote engagement. Hence, this research suggests alternative approaches in the development of the intervention to better suit the needs of orphan teenagers who are not showing improvements.

Through observational results, a decrease in emotional and behaviour symptoms may be evident; this does not automatically translate to significant enhancements in overall functionality or quality of life. The results of the post-intervention showed that not all participants have shown significant clinical improvement through SDQ results. This difference must be made in order to accurately judge the success of interventions and to figure out how to change treatment for people who don't get better as shown in the study's post-intervention results.

The redeveloped CBT intervention will consist of eight sessions, typically taking place once a week in a closed group (which means that the same children will attend each session together). This will give participants more time to work on their homework with family. Doing homework with family over a long time will contribute to sharing emotions associated with grief, coping skills, and discussing issues that were never discussed before. This will contribute to healing. Each session could include 100 minutes of scheduled activities. All sessions will have more physical activities, feedback/lessons learned, and questions rather than group discussions. This will assist the group members to participate more in activities rather than just listening to the facilitators speak. The main facilitator will ask more and talk less. As facilitators, your goal is to get group members to think and talk. The group will be led by two facilitators:

one will assist with the interactive activities, while the other will assist in providing support (offering tissues, water, and individual counselling if needed) to those who might be crying and observing the gestures. Furthermore, after each session, the facilitators will complete a session report. These reports will help facilitators to keep track of what is working well or less well during sessions, troubleshoot problems, and identify ways to improve in the future. The report will also assist in the qualitative observation analysis.

The facilitator will provide participants with the journal at the beginning of the intervention programme. The journal will encourage group members to reflect during breaks or at home and to complete homework assignments and bring them to sessions every week. The journal is a therapeutic tool where orphans will be writing down their thoughts and feelings, keeping notes on what is learnt, and keeping a record of the intervention's progress. The journal will also serve as a new coping skill that they can continuously use in the future to express their emotions and track their improvement. The intervention will incorporate the "using ritual to heal" activity from the Abangane support group into session 3, following session 2: Identifying Emotions. "Using Ritual to Heal" is an activity that encourages group members to explore the rituals surrounding death and highlights the importance of saying goodbye to the loved ones they lost as a part of the bereavement process. Furthermore, the session will help them to recognise and manage strong emotions through modelling the behaviour of the activities in the sessions. The intervention will add session 8: "Reflecting and completing" from the Abangane support group. This activity was available in the current session in session 6; however, limited time was given to it. In this session, the group members will be able to review their efforts to date and reflect on their learning (or reflect on the key things they learned) and progress (to recognise and celebrate the progress they have made). Lastly, Session 8 will include their parents. The facilitator will conduct a session where it will provide children with an opportunity to reflect on how they were when they started the session, what they have learned in the intervention, how it feels to complete the programme, make new friends, and learn new skills, and lastly how they would like their parents to support them. The reflection will contribute to enhancing qualitative observation data and recommendations on redeveloping the intervention and future research.

7.6 Strengths and limitations

The assessment of research requires a thorough analysis of its inherent strengths and areas in need of improvement. In this particular framework, it is essential to thoroughly examine both the strengths and limitations to gain a nuanced comprehension of the overall strengths and areas for enhancement within the study. The strengths of research are commendable features that can bolster its credibility and reliability, ultimately contributing to the validity of its findings. Conversely, while deficiencies do not diminish the significance of the research, they provide valuable insights into potential areas for enhancement or alteration in future studies. The way the research is evaluated in this way allows for a helpful and enlightening conversation, which encourages ongoing improvement and enhancement in the pursuit of scholarly distinction. In this section, the researcher explores the significant strengths that

support the value of the study and provides an analysis of the recognised limitations. This will allow for a detailed and thoughtful examination of the research effort.

7.6.1 Strengths

The needs assessment among orphans brings to light the needs that may be experienced by orphans of SAPS officers but also many other orphans (and children) in the country. In conversation with the orphans, the researcher who could interview them in their vernacular built an understanding of orphans, as the orphans felt comfortable expressing their deeper feelings in their vernacular.

Multiple types of data collection were used by the researcher to find out how the participants felt about the intervention and what they learnt from it. These types of data collection included interviews, group process notes, observation, and well-known and reliable quantitative scales. The data from various sources were integrated to increase the trustworthiness of the data and the transferability of the results, as it produced a rich description of the participants' experience of the intervention (Morse et al., 2002). The researcher purports that it is possible that similar groups can experience such an intervention as beneficial. The researcher developed trusting relationships with the participants. These relationships could have affected the research process as the participants were comfortable sharing personal information with the researcher, which led to richer data.

Although the intervention produced some positive results, there are opportunities for improvement. The researcher is thinking about improving some parts of the programme, like how it's delivered, what it covers, and how participants are involved. The main advantage of this study was that it was carried out from within SAPS to create psychological intervention that may be used as part of the SAPS' support services for orphans to address the issues faced by orphans following the death of a parent while performing official duties. The involvement of the EHW practitioners makes the programme immediately usable, as the staff participated in the development of the programme.

To help people better understand and gain insight into the mental and social problems that South African orphans face, the results of this study will add to and build on a larger investigation, giving a fuller picture of their lives. Moreover, a successful intervention is feasible to implement in practice, and its successful implementation enhances the credibility of the study. The intervention's structured plan, viability, and practical utility contributed to the research's practical significance.

7.6.2 Limitations of the study

Examining the limitations of a study is an essential component of any research effort, providing a clear assessment of its weaknesses and areas in need of further examination. Recognising these limitations serves to support the overall validity of the study by offering a well-rounded perspective on its range and possible limitations. In this section, the researcher analyses the weaknesses of the study while acknowledging that all research projects have inherent limitations. This will encourage a culture of

constructive criticism and support future research endeavours that can benefit from the lessons learned from the identified limitations.

- **Gap in existing literature:** The lack of literature on the experiences of orphans of police personnel presented an obstacle during this research. There is less research and information on orphans of parents who died of any other causes than HIV/AIDS; therefore, the literature on AIDS orphans was used as well.
- **Consent hurdles:** The small sample size constrained the study's findings. To gain a deeper understanding of the participants' experiences, a larger sample size would have offered richer and more varied encounters. Because of the COVID-19 restrictions at the time, it was challenging to find study volunteers and hold focus group discussions, since parents were concerned that their children would be infected. In addition, it was originally planned that the needs evaluation and intervention would be carried out during a weeklong vacation for orphans that was annually hosted by SAPS: Gauteng EHW. Because of the COVID-19 pandemic, the excursion did not take place in 2021 and 2022. Therefore, the delay in conducting the intervention was caused by the researcher's need to arrange for a different period and location. Furthermore, the programme was presented in one week because it had to be fitted into the school holiday. Interventions stretched over a longer period usually have more effect because there is time in between sessions to think about the content of the intervention and to practice the skills learned.
- **Participation discrepancies:** The initial plan of the research was to use empowerment evaluation (Fetterman & Wandersman, 2005) so that, once the proposed interventions are put in place and implementation commences, the researcher would discuss the evaluation criteria and process with the SAPS EHW practitioners. Empowerment evaluation is designed to be constructive, helpful, pragmatic, and useful at every step of the evaluation. It aims to increase the likelihood that programmes will achieve results by increasing the capacity of programme stakeholders to plan, implement, and evaluate their own programmes (Fetterman & Wandersman, 2005). However, the EHW practitioners participated in the development of the intervention but did not participate in the implementation of the intervention because of other work commitments. They also did not contribute to the evaluation of the intervention, which can be seen as a missed opportunity for the EHW practitioners. This led the researcher to using a summative evaluation method.
- **SAPS EHW practitioners** could not assist the facilitator in implementing the intervention. The facilitator thus conducted the group alone. Having a co-facilitator could have supported the initiative of the co-facilitators, particularly in the process of taking observation notes to enhance the data.
- **Researcher's dual role:** The researcher played a dual role in this research, as developer and implementer of the intervention as well as the evaluator of the effect of the intervention. The facilitator experienced a few challenges in the implementation of the programme, where the

facilitator facilitated the group alone. Including an additional group facilitator could have supported their initiative, particularly in the process of taking observation notes. Even though it is not necessary in the implementation process, it is, however, preferred that one facilitator and one co-facilitator implement such an intervention. Additionally, the facilitator was also the evaluator/researcher of the process. This dual role could have influenced the objective/outsider role of the evaluator in assessing the value of the intervention. It could also have added a subjective/insider role to benefit the evaluation with an insider's observation and understanding of the process.

- **Sequential explanatory mixed-methods:** A small sample was used, and the power calculations were not possible. Therefore, a qualitative evaluation of results per candidate (graphs) was also done.

7.7 Implications of the research

This section provides an overview of the far-reaching implications and valuable contributions of the research, which includes the planning and execution of an intervention designed to meet the needs of children who have lost parents. The first step is to analyse the potential outcomes of the intervention, considering how it can be effectively utilised to have a significant impact on the wellbeing of orphaned adolescents. One more thing that is thought about is the bigger picture of using CBT. This includes looking at how our research has helped people understand and use CBT to help kids deal with trauma and grief. Moreover, the impact of the research on advancing theoretical understanding is highlighted, specifically in clarifying the use of CBT in the treatment of traumatised and bereaved children. Furthermore, the researcher would look into how ecological theory can help us understand the results of the intervention and what those results mean for future research and use. With this in-depth analysis, the goal is to illuminate the potential for transformation resulting from the intervention, as well as its wider implications for the field and possible directions for future research and progress.

7.7.1 Clinical implications

The potential impact of the intervention proposed in the study is substantial and wide-ranging, with significant promise to positively affect the psychological wellbeing of orphans. The intervention seeks to promote resilience, improve coping abilities, and enhance overall psychological wellbeing. The execution of this intervention shows potential for making significant impacts in various important areas:

Emotional Resilience and Coping Skills: The program provides orphaned adolescents with the necessary tools and techniques to effectively cope with the challenges of grief, loss, and emotional struggles. By promoting the development of emotional resilience and coping skills, individuals will be more equipped to face and handle challenges in their lives, which in turn will contribute to their overall mental and emotional health. Notably, participants (P1, P4, and P6) exhibited lower scores in the assessment of emotional and behaviour changes following the intervention. This indicates a potential

limitation in the intervention's capacity to cater to the individual emotional needs of these participants. Due to the inherent circumstances of their orphanhood, these individuals may encounter intricate emotional obstacles that necessitate tailored interventions. The recorded low scores highlight the necessity of refining the intervention to better address emotional wellbeing, offering targeted assistance to those participants still grappling with their emotions. Recognising and fixing these problems is important for making interventions more effective and ensuring they include all of the different emotional experiences of the orphan population.

Empowerment and goal-setting: The intervention aims to foster self-awareness and self-efficacy in participants by helping them identify their strengths, establish realistic goals, and imagine a hopeful future for themselves. The intervention aims to empower orphans by encouraging them to actively participate in shaping their future. This activity is meant to instill a sense of agency, self-efficacy, and hope in the adolescents, thereby setting the stage for their personal growth and accomplishments.

Practical Life Skills: Besides providing emotional support, the intervention also includes teaching important skills for everyday life, like how to communicate effectively, how to solve problems, and how to set and achieve goals. Mastering these skills is crucial for adolescents to overcome the difficulties of adolescence and successfully transition into adulthood. By acquiring these skills, they will be better prepared to excel in different areas of their lives.

However, the intervention can be put into effect by working together with relevant stakeholders, such as orphanages, schools, and mental health experts. Stakeholders can increase the intervention's reach and impact by integrating it into existing support systems or educational plans. This will ensure that orphaned teens receive the necessary resources and support for their overall health. Additionally, monitoring feedback and results and making necessary adjustments to the intervention can enhance its effectiveness and extend its duration. This can have a hugely positive effect on the lives of orphans by building their resilience, wellbeing, and hope for the future.

7.7.2 Contribution to Understanding Cognitive Behaviour Therapy (CBT)

CBT is a fundamental component of psychotherapeutic treatment, providing a methodical and empirically supported strategy for managing a wide range of mental health issues. Due to its effectiveness and adaptability, this intervention has become extensively used in clinical settings, addressing a range of issues including anxiety, depression, trauma, and addiction. This subsection explores the significance of CBT within the field of therapy and emphasises how this research has enhanced the understanding of its underlying principles and practical uses. CBT, as affirmed by Turner and Napolitano (2010), is based on a set of fundamental principles that inform its therapeutic methodology. These principles encompass acknowledging the cognitive model, prioritising time-limited therapy, cultivating a collaborative therapeutic alliance, encouraging active involvement from the client, and adopting an educational focus aimed at empowering patients to be the instigators in their own personal growth and change process.

The study has advanced the comprehension of CBT in the specific context of orphaned adolescents. This was achieved by investigating its fundamental principles, assessing its efficacy in addressing the distinct challenges and issues faced by this demographic, and examining the mechanisms through which it promotes favourable developments within this population. The study has increased our understanding of the effectiveness of CBT in meeting the unique needs of orphan adolescents, underscoring its adaptability and evidence-based nature as a therapeutic intervention.

7.7.3 The Process–Person–Context–Time (PPCT) model and Understanding Intervention

Results

Comprehending the effects of interventions on vulnerable groups, such as orphaned adolescents, necessitates a thorough theoretical framework that takes into account the complex interaction between individuals and their surroundings. Through the utilisation of ecological theory, we can obtain a deeper understanding of how the intervention functions within the intricate network of environments and systems that influence the growth and experiences of adolescent orphans. This method enables us to not only identify specific alterations but also to recognise predominant systemic elements that impact the success of interventions and the welfare of the disadvantaged. Ecological theory, as expounded by Rattani and Shah (2011) and Adu and Oudshoorn (2020), is rooted in the understanding of how individuals interact with their environments and offers a holistic perspective on the development of emotional, conduct, peer, and hyperactivity problems, as well as prosocial behaviour among orphan adolescents. By examining these challenges through the lens of ecological theory, we gain insights into the complex interplay between individual characteristics, interpersonal relationships, societal influences, and historical contexts, shaping the experiences and outcomes of the vulnerable.

Emotional Problems: The outcomes of interventions at the microsystem level may demonstrate enhancements in emotional regulation, self-esteem, and overall emotional wellbeing in orphaned adolescents. As an illustration, adolescents might exhibit decreased signs of depression, anxiety, and other emotional difficulties due to the intervention's emphasis on developing coping mechanisms, nurturing interpersonal assistance, and attending to individual emotional requirements in their immediate surroundings.

Conduct Problems: The findings may indicate decreases in behaviour issues such as aggression, non-compliance, and violation of rules within the immediate social environment. The intervention's focus on educating orphan adolescents in problem-solving skills, fostering positive social interactions, and reinforcing appropriate behaviours has the potential to result in enhancements in their conduct and adherence to societal norms.

Peer Problems: The results of the intervention may demonstrate enhancements in peer connections, interpersonal abilities, and social inclusion at the microsystem level. As a result of the intervention's focus on facilitating peer support and strengthening social connections within their immediate environment,

orphaned adolescents may exhibit heightened levels of social engagement, positive interactions with peers, and a stronger feeling of belonging.

Prosocial Behavior: Results of the intervention may demonstrate a rise in positive social behaviours like understanding, collaboration, and selflessness at the microsystem level. As a result of the intervention's focus on cultivating a supportive and collaborative social environment, orphaned adolescents may exhibit heightened levels of empathy towards their peers, a greater inclination to assist others, and enhanced abilities in resolving conflicts. Participant 4 displayed a willingness to learn from others and the intervention, which is also something she expressed that she was happy that she finally had a chance to express her emotions. Moreover, it was established how the workplace of the parent can have a significant influence on their well-being and development.

When we use ecological theory to look at intervention outcomes for emotional, behaviour, and social problems in orphan teenagers, we can see how the intervention works in their complex environments and systems. This helps us understand how the intervention affects their experiences and development. This study concentrated on the creation of psychosocial intervention that can be employed as a component of the SAPS's support services for orphans to address the difficulties faced by orphans following the death of a parent. This will help in the creation of initiatives that will educate parents about how to care for orphans after the death of a parent. Furthermore, the study's findings suggest that psychological group-based interventions can be used to treat orphans who have lost both or one of their parents in a way that is both efficient and affordable. However, future research should consider developing a group intervention with more than six sessions and sessions spread out over a longer period to allow time between sessions. This study found it to be beneficial to assist participants to reflect on what they have learned and also have a chance to discuss and model within the group and at home. It was found that physical activities were more successful than discussions, therefore more physical activities should be induced in the intervention.

Future research should provide support for the remaining parent so that the parent will be able to support the children. The interactions within microsystems are often very personal and are crucial for fostering and supporting the child's development (Guy-Evans, 2020). For orphaned children to cope and adjust to life without one of their parents, the support of the remaining parent is essential (Philips, 2015).

7.8 Dissemination of research results

The findings showed that the intervention helped to address some of the psychosocial issues orphans face. The intervention's execution may improve the lives of orphans and strengthen psychosocial intervention programmes, particularly by providing the orphans a chance to voice their feelings and experiences and to learn coping skills and resilience through interaction with the group members. This can contribute to lowering the rate of mental health challenges among orphans within SAPS and other varied parties.

The research on orphans and the results of the intervention may increase public awareness of orphans' needs and the need to participate in an intervention like this. This would make it more likely that more money would be given to long-term studies that look at the qualitative effects of programmes that help orphans get more psychosocial support. Urie Bronfenbrenner's Process–Person–Context–Time (PPCT) model can be used to understand the intervention. It can be thought of as an intervention on the exosystem that SAPS EHW can provide to help parents and teens get help with dealing with their grief. The role of SAPS EHW Psychological Services in assisting SAPS orphans in preventing post-traumatic stress disorder will be vital.

7.9 Reflexivity

Reflection 1: Data Collection

- **Needs assessment with orphans**

In my proposal, a focus group discussion was chosen as the research method because discussions might yield rich data from participant conversations and interactions (Cropley, 2019; Tomkins & Eatough, 2010). The initial plan was to collect data from orphans and key informants at the SAPS EHW Gauteng provincial orphans camp. Unfortunately, the camp was cancelled; I was unable to conduct focus group discussions at the time due to COVID-19 limitations in 2021. Level five restrictions, which forbade social engagement, were in effect. I was confronted with the dilemma of cancelling data collection, postponing it indefinitely, or continuing it with the attendant risks to their own health and the health of the participants. As an alternative, I had to change the focus group data collection method to face-to-face, semi-structured interviews with parentally bereaved participants in their homes and SAPS key informants at their workplaces. In order for the parents and SAPS key informants to agree, I had to guarantee them that I would adhere to COVID-19 protocol. Luckily, both parties asserted to be part of the study. Throughout the one-on-one interviews, I followed all COVID-19 adherence guidelines. The whole process was frustrating and emotionally draining. However, as a researcher, it is always important to act in an innovative, responsible, and ethical manner when faced with dilemmas in the field. These challenges require solutions that are robust and address systemic and embedded barriers. I kept reminding myself of the reason I started the journey in the first place. This experience has taught me that adequate preparation is crucial before venturing into the field. The preparation should include, among other things, planning for the unexpected and anticipating possible obstacles that a researcher may encounter as well as thinking of possible remedies.

During the interviews I became emotional because of what the orphans were expressing. At times, I found myself shedding tears as well. Even though it was painful to listen to them, I had to be strong and professional because they were relying on me to comfort them. Hearing their challenges inspired me to think hard about the type of psychological intervention that will help support them with the challenges they face after the death of their parents.

- **Key informant interviews with SAPS EHW practitioners**

During the interview with SAPS EHW practitioners, I was experiencing mixed feelings. Although I was pleased that they agreed to participate in the study, I was shocked and frustrated when they said they did not serve orphans during the interview. The orphans' expressions during the needs assessment shaped my emotions. I also felt like I was the only one who understood the need to provide intervention for orphans. Even though I was emotional about their responses, I had to also understand their side. After conducting the interviews, I had more reasons to create an intervention to help orphans cope with their parents' deaths.

Reflection 2:

- **Implementation of intervention**

I was supposed to have implemented the intervention with EHW practitioners who were part of the interview. However, due to work commitments, they did not join me. That made me frustrated and sad at the same time. It made me think that maybe the intervention was not that important to them. I had to continue without them because I understood how much the orphans need the intervention. At the beginning of the intervention implementation, I was nervous because I did not know how the children would react during the sessions. In that regard, I made sure that I arranged for the EHW psychologist to be on standby for counselling.

Seeing how willing they were to honour the invitation gave me hope that things would go well. It was not straightforward for them to express their emotions during all 6 sessions. To help them express some emotions, I had to probe more and praise them for coming. Nonetheless, my status as a registered counsellor with extensive expertise in working with adolescents enabled me to conduct the sessions with professionalism.

Reflection 3: Data analysis

The results from the data analysis were not what I expected. However, as a facilitator, I understood the results, considering their needs and how most of them struggled to express their emotions during sessions. While I would have liked all positive results, I was glad I was able to create an intervention that helped them express some long-held emotions. The experience deepened my understanding of the struggles orphans face and underscored the need for further support. Based on this research, I hope to conduct more research in the future to enhance the wellbeing of orphans.

7.10 Conclusion

This study provides a better understanding of the difficulties and hardships faced by orphans after the death of their parents. The study was unique in that it examined most SAPS orphans' problems from their own perspectives. A qualitative method captured the worries and consequences that pervade the larger psychosocial settings of orphans' lives while also understanding their in-depth, real-time experiences.

To help them, the researcher created an intervention that could address some of the psychological issues that follow the loss of their parents, especially the chance to share their own stories and experiences. The study's findings can be fully understood through the lens of ecological theory, which offers a comprehensive framework that takes into account the complex interplay between individuals and their surroundings. The study used ecological theory to look into how different ecological systems, like the microsystem, mesosystem, exosystem, and macrosystem, affect the health and development of children whose parents died while on duty as police officers. The application of ecological theory provided researchers with the opportunity to investigate the effects of interactions among different environments, such as the home and school, on children's adaptation. The exosystem, which encompasses external environments that indirectly influence development, such as the parent's workplace, directly impacts the wellbeing of orphans. We also discovered that SAPS EHW Psychological Services was not providing any assistance to the orphans. An ecological framework provided a better understanding of the study's results. This framework considered how individual, familial, societal, and deceased parent workplace influences affect the lives and outcomes of children whose parent died while on duty as a South African Police Service member.

Regarding possible negative behaviour as a result of losing a parent, CBT has played a role in facilitating the analysis of the findings by providing a theoretical framework for comprehending the cognitive and behaviour mechanisms that influence the reactions of grieving children. The theory helped the researcher to recognise and understand harmful thought patterns that could intensify grief symptoms in children who have experienced loss. In terms of behaviour responses, CBT also highlights the significance of behaviour reactions in the management of emotional challenges. The analysis of the findings was guided by the emphasis placed in CBT on instructing individuals about coping mechanisms and encouraging behaviours that support emotional regulation and adaptation to experiencing loss. The researchers established that children who exhibit avoidance behaviours, such as isolating themselves from social interactions or avoiding conversations about their deceased parents, may face more challenges coping with grief compared to those who use active coping methods, such as seeking support from others or participating in expressive activities.

CBT greatly improves comprehension by offering a theoretical framework for understanding the cognitive and behaviour mechanisms that contribute to grief-related distress in children. This study helps develop interventions to improve coping and adjustment after loss, even if goals are not fully achieved.

8. References

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9. List of Appendices

Appendix 1: Ethics Approval Letter from Ethics Committee



Faculty of Humanities

Fakulteit Geesteswetenskappe
Lefapha la Bomothe



04 December 2020

Dear Ms T Mudau

Project Title:	Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service.
Researcher:	Ms T Mudau
Supervisor(s):	Prof MJ Visser
Department:	Psychology
Reference number:	23188834 (HUM009/0820)
Degree:	Doctoral

I have pleasure in informing you that the above application was approved by the Research Ethics Committee on 04 December 2020. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Pikirayi'.

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Appendix 2: Application letter to conduct a research study at SAPS



Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho
Department of Psychology



31 August 2020

Lt Col Gideon Joubert

COMPONENT RESEARCH

South African police service

RE: Research study of Lt Col T. Mudau

Lt Col T. Mudau working in EHW: Psychological Services Development in SAPS is enrolled as a PhD student in the Department of Psychology, University of Pretoria under my supervision. The topic of her study is **Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service**. This study can contribute to the services provided by the SAPS and the mental well-being of the orphans. The student has to collect data from orphans of SAPS members who died as police officers and therefore she needs permission from the SAPS to do this research.

Her research proposal has been approved by the Research Committee of the Department of Psychology. In the process of applying for ethical clearance she needs a letter from the SAPS to give permission that she may collect data from the target group. I know that you need ethical approval to give her such permission. I suggest that you provide UP with a **preliminary approval letter** stating that you agree that she can collect data from orphans in the EHW programme **on the condition that the research is ethically approved by the university**. When she receives ethical approval she can present the approval to you to finally approve the data collection process.

I thank you for assisting ms Mudau to get ethical approval for her study.

A handwritten signature in black ink, appearing to read 'M. Visser'.

Prof Maretha Visser
Department of Psychology, Research supervisor

Appendix 3: SAPS indemnity undertaking form

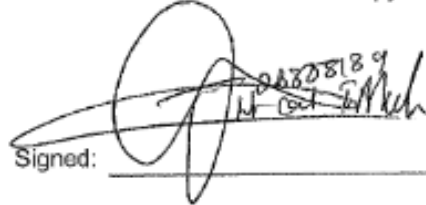
UNDERTAKING

I, Tshinanne Mubai (Name and surname)
Hereby indemnify the South African Police Service (SAPS) against any claims for any loss or damage caused by or to any equipment used during the research and against any claims for any loss or damage or any other moneys for which the Service may be held liable as a consequence of its involvement in the project.

I further undertake to conduct the research without any unreasonable disruption to the duties of the members of the Service, where it is necessary for the research goals, *research procedure or research instruments* to disrupt the duties of a members, prior arrangements must be made in good time with the commander of such employee;

I undertake—

- not to divulge information received from any employee of the SAPS or any person with whom I conducted an interview, and that the information will at all times be treated as strictly confidential;
- that the research will be performed at my exclusive cost, that I will provide all equipment of whatsoever nature used to conduct the research;
- will pay fees or comply with further procedures in the SAPS, such as fees or procedures applicable to obtain access to a record of the SAPS; and
- to donate an annotated copy of the research work to the SAPS.

Signed: 

Date: 2020.09.07

Place: Pretoria

Appendix 4: Ethics Approval Letter for South African Police Services: Research

SUID-AFRIKAANSE POLISIEDIENS  SOUTH AFRICAN POLICE SERVICE

Privaatsak/Private Bag X 94

Verwysing/Reference:	3/34/2
Navrae/Enquiries:	Lt Col Joubert AC Thenga
Telefoon/Telephone:	(012) 393 3118
Email Address:	JoubertG@saps.gov.za

THE HEAD: RESEARCH
SOUTH AFRICAN POLICE SERVICE
PRETORIA
0001

- A. The Provincial Commissioner
GAUTENG
- B. The Divisional Commissioner
HUMAN RESOURCE MANAGEMENT

PERMISSION TO CONDUCT RESEARCH IN SAPS: DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE (SAPS): UNIVERSITY OF PRETORIA: DOCTORAL DEGREE: RESEARCHER: T MUDAU

- A-B. 1. The above subject matter refers.
- 2. The researcher, T Mudau, is conducting a study titled: Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service (SAPS), with the aim *to develop psychosocial interventions which can be implemented to address the challenges of orphans as part of the SAPS' support services for orphans after the death of a parent on duty as SAPS member.*
- 3. The researcher is requesting to interview five (5) Employee Health and Wellness (EHW) members from National Head Office and five (5) EHW members from the Provincial Head Office, Gauteng.
- 4. The proposal was perused according to National Instruction 1 of 2006. This office recommends that permission be granted for the research study, subject to the final approval and further arrangements by the offices of the Provincial Commissioner: Gauteng and the Divisional Commissioner: Human Resource Management.
- 5. We hereby request the final approval by your office if you concur with our recommendation. Your office is also at liberty to set terms and conditions to the researcher to ensure that compliance standards are adhered to during the research process and that research has impact to the organisation.

PERMISSION TO CONDUCT RESEARCH IN SAPS: DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE (SAPS): UNIVERSITY OF PRETORIA: DOCTORAL DEGREE: RESEARCHER: T MUDAU

6. If approval is granted by your office, this office will obtain a signed undertaking from researcher prior to the commencement of the research which will include your terms and conditions if there are any and the following:
 - 6.1. The research will be conducted at his/her exclusive cost.
 - 6.2. The researcher will conduct the research without the disruption of the duties of members of the Service and where it is necessary for the research goals, research procedures or research instruments to disrupt the duties of a member, prior arrangements must be made with the commander of such member.
 - 6.3. The researcher should bear in mind that participation in the interviews must be on a voluntary basis.
 - 6.4. The information will at all times be treated as strictly confidential.
 - 6.5. The researcher will provide an annotated copy of the research work to the Service.
 - 6.6. The researcher will ensure that research report / publication complies with all conditions for the approval of research.
7. If approval is granted by your office, for smooth coordination of research process between your office and the researcher, the following information is kindly requested to be forwarded to our office:
 - **Contact person:** Rank, initials and Surname.
 - **Contact details:** Office telephone number and email address.
8. A copy of the approval (if granted) and signed undertaking as per paragraph 6 supra to be provided to this office within 21 days after receipt of this letter.
9. Your cooperation will be highly appreciated.



THE HEAD: RESEARCH
DR PR VUMA

MAJOR GENERAL

DATE: 2020-10-12

Appendix 5: Ethics Approval Letter for South African Police Services; Gauteng provincial commissioner

SUID-AFRIKAANSE POLISIEDIENS  SOUTH AFRICAN POLICE SERVICE

SAPS 21

Private Bag / Privaatsak X 67, BRAAMFONTEIN, 2017

Reference Verwysing	3/342(20200042)
Enquiries	Col. Peters
Navrse Telefoon	Capt VJ Ncwumani (011) 547-8112
Fax number Faksnommer	(011) 547- 9180

PROVINCIAL COMMISSIONER
GAUTENG

- A. The Provincial Head
Legal and Policy Services
S A Police Service
GAUTENG
- B. The Deputy Provincial Commissioner
Corporate Services
S A Police Service
GAUTENG
- C. The Provincial Commissioner
S A Police Service
GAUTENG

APPLICATION TO CONDUCT RESEARCH IN SAPS: DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE (SAPS): UNIVERSITY OF PRETORIA: DOCTORAL DEGREE: RESEARCHER: T MUDAU

- A-B: For your recommendation
- C: For approval

1. Attached herewith is an application of T Mudau to conduct research on the above mentioned topic, within the South African Police Service.
2. The application has been evaluated by Provincial Strategic Management (Research) as per attached Annexure and found to be in compliance with National Instruction 1 of 2006: Research.
3. In the opinion of Strategic Management (Research), the research study will be beneficial to the Service as it aims to develop psychosocial interventions which can be implemented to address the challenges of orphans as part of the SAPS' support services for orphans after the death of a parent on duty as SAPS member.

APPLICATION TO CONDUCT RESEARCH IN SAPS: DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE (SAPS): UNIVERSITY OF PRETORIA: DOCTORAL DEGREE: RESEARCHER: T MUDAU

4. The researcher will conduct the study without disrupting the duties of members of the Service. Prior arrangements will be made with the commander of the applicable business unit.
5. The research study will be conducted at the researcher's exclusive cost.
6. In line with National Instruction 1 of 2006, you are afforded the opportunity to comment on the relevance and feasibility of the proposed research within your area of responsibility. Any objections against the research will be noted and you will be requested to clarify and motivate those with the Provincial Head: Organisational Development & Strategic Management.
7. In order to ensure the effective and efficient finalisation of this application you are requested to submit your comments to the Strategic Management office within the allocated time frame.
8. Your cooperation and assistance is appreciated.

Regards



**BRIGADIER
PROVINCIAL HEAD: ORGANISATIONAL DEVELOPMENT & STRATEGIC
MANAGEMENT: GAUTENG
DF BENDER**

Date: 2020-10-21

ANNEXURE A

APPLICATION TO CONDUCT RESEARCH IN SAPS: DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE (SAPS): UNIVERSITY OF PRETORIA: DOCTORAL DEGREE: RESEARCHER: T MUDAU

COMMENTS & RECOMMENDATION: PROVINCIAL STRATEGIC MANAGEMENT: RESEARCH

i	OFFICIAL FILE NO:	3/34/2(202000042)		
	FILE COMPUTER REFERENCE NO:	8160813		
ii	MOTIVATION FOR RESEARCH:	To develop psychosocial interventions to address the identified challenges of orphans and to determine to what extent the interventions developed through the research address the challenges of the orphans.		
	APPLICATION FOUND TO BE COMPLETE:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
	INDEMNITY / UNDERTAKING SIGNED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
iii	APPLICATION PERUSED BY:	SAC BA Mphatse		
	CONTACT NO:	011 547 9131		
	SIGNATURE:			
	DATE:	2020-10-22		
iv	APPLICATION VERIFIED BY:	Colonel NS Peters		
	APPLICATION RECOMMENDED:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
	CONTACT NO:	011-5479110		
	SIGNATURE:			
	DATE:	2020-10-22		

ANNEXURE A

APPLICATION TO CONDUCT RESEARCH IN SAPS: DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE (SAPS): UNIVERSITY OF PRETORIA: DOCTORAL DEGREE: RESEARCHER: T MUDAU

COMMENTS & RECOMMENDATION: PROVINCIAL STRATEGIC MANAGEMENT: RESEARCH

i	OFFICIAL FILE NO:	3/34/2(202000042)		
	FILE COMPUTER REFERENCE NO:	8160813		
ii	MOTIVATION FOR RESEARCH:	To develop psychosocial interventions to address the identified challenges of orphans and to determine to what extent the interventions developed through the research address the challenges of the orphans.		
	APPLICATION FOUND TO BE COMPLETE:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
	INDEMNITY / UNDERTAKING SIGNED	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
iii	APPLICATION PERUSED BY:	SAC BA Mphatse		
	CONTACT NO:	011 547 9131		
	SIGNATURE:			
	DATE:	2020-10-22		
iv	APPLICATION VERIFIED BY:	Colonel Ns Peters		
	APPLICATION RECOMMENDED:	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>
	CONTACT NO:	011-5479110		
	SIGNATURE:			
	DATE:	2020-10-22		



PERMISSION TO CONDUCT RESEARCH IN THE SAPS

APPLICATION TO CONDUCT RESEARCH IN SAPS: DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE (SAPS); UNIVERSITY OF PRETORIA: DOCTORAL DEGREE: RESEARCHER: T MUDAU

RESEARCHER: T MUDAU

Permission is hereby granted to the researcher above to conduct research in the SAPS based on the conditions of National Instruction 1 of 2006 (as handed to the researcher) and within the limitations as set out below and in the approved research proposal.

This permission must be accompanied with the signed Indemnity, Undertaking & Declaration and presented to the commander present when the researcher is conducting research.

This permission is valid for a period of Twelve (12) months after signing.

Any enquiries with regard to this permission must be directed to Col. Peters or Capt VJ Nevumbani at PetersNS@saps.gov.za/nevumbanivj@saps.gov.za

RESEARCH LIMITATIONS / BOUNDARIES:

Research Instruments: Interviews
Target audience/subjects: 5 SAPS members
Geographical target:

<i>Provincial Component</i>	<i>District Stations</i>
Provincial EHW	None

Access to official document: No


**LIEUTENANT GENERAL
 PROVINCIAL COMMISSIONER: GAUTENG
 E MAWELA (SOEG)**
 DATE: 2020/10/31

South African Police Service



Suid-Afrikaanse Polisie

Private Bag: X94 Pretoria 0001

Your reference: 3/34/2

THE DIVISIONAL COMMISSIONER

My reference:

HUMAN RESOURCE MANAGEMENT

Enquiries: Col Mashilo

PRETORIA

Tel: 012 393 1010

0001

The Head
RESEARCH

PERMISSION TO CONDUCT RESEARCH IN SAPS: DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE (SAPS): UNIVERSITY OF PRETORIA: DOCTORAL DEGREE: RESEARCHER: T MUDAU

1. Your correspondence with reference 3/34/2, dated 2020-10-12 pertaining to the above mentioned research has bearing.
2. Permission is hereby granted for the researcher to pursue the topic and interview five (5) members from Division: Human Resource Management Employee Health and Wellness (EHW) taking into consideration paragraph 6.2 and 6.4 of the SAPS letter with reference 3/34/2.
3. It is requested that a copy of the research be submitted to this office after finalization to determine the use of recommendations to benefit SAPS.
4. Contact person: Maj Gen Temba on 012 393 5167 and e-mail address TembaBusi@saps.gov.za.

Kind regards

A handwritten signature in black ink, appearing to read 'L. Ntshiea', written over a circular stamp or seal.

**LIEUTENANT GENERAL
DIVISIONAL COMMISSIONER: HUMAN RESOURCE MANAGEMENT
LNTSHIEA**

Date: 2020-10-23

Appendix 7: Ethics Approval Letter for South African Police Services



Private Bag 9011 Private Bag 9011	Pretoria 0001	Fax No. Fax No.	(012) 334 3518
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Your reference/My verwysing:

My reference/My verwysing: **3042**

THE HEAD: RESEARCH
SOUTH AFRICAN POLICE SERVICE
PRETORIA
0001

Responsible/Verantwoordelike:
Tel:
Email:

Lt Col Joubert
AC Thenga
(012) 393 3118
JoubertG@saps.gov.za

T Mudau
SOUTHERN BUSINESS SCHOOL

RE: PERMISSION TO CONDUCT RESEARCH IN SAPS; DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE (SAPS); UNIVERSITY OF PRETORIA; DOCTORAL DEGREE; RESEARCHER: T MUDAU

The above subject matter refers.

You are hereby granted approval for your research study on the above mentioned topic in terms of National Instruction 1 of 2006.

Further arrangements regarding the research study may be made with the following offices:

The Provincial Commissioner: Gauteng:

- Contact Person: Col Peters
- Contact Details: (011) 547 9131
- Email Address : PetersNS@saps.gov.za


- Contact Person: Captain Nevumbani
- Contact Details: (011) 547 9131
- Email Address : nevumbanivj@saps.gov.za

The Divisional Commissioner: Human Resource Management:

- Contact Person: Maj Gen Temba
- Contact Details: (012) 393 5167
- Email Address: TembaBusi@saps.gov.za

RE: PERMISSION TO CONDUCT RESEARCH IN SAPS: DEVELOPMENT OF AN INTERVENTION FOR ORPHANS AFTER THE DEATH OF A PARENT ON DUTY AS A MEMBER OF THE SOUTH AFRICAN POLICE SERVICE (SAPS): UNIVERSITY OF PRETORIA: DOCTORAL DEGREE: RESEARCHER: T MUDAU

Kindly adhere to paragraph 6 of our attached letter signed on the 2020-10-12 with the same above reference number.


MAJOR GENERAL
THE HEAD: RESEARCH
DR PR VUMA

DATE: 2020 -11- 0 2

Appendix 8: Research written consent to participate in this study



Research Title: Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service.

{ETHICAL APPROVAL NUMBER} (HUM009/0820)

WRITTEN CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

STATEMENT	AGREE	DISAGREE	NOT APPLICABLE
I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any			
I understand that information collected during the study will not be linked to my identity and I give permission to			
I understand that this study has been reviewed by, and received ethics clearance from Research Ethics			
I understand who will have access to personal information and how the information will be stored with a clear			
I give consent that data gathered may be used for dissertation, article publication, conference			
I understand how to raise a concern or make a complaint.			

STATEMENT	AGREE	DISAGRE E	NOT APPLICABL E
I consent to being audio recorded.			
I consent to being video recorded.			
I consent to having my photo taken.			
I consent to have my audio recordings /videos/photos be used in research outputs such as publication of articles, thesis and conferences as long as my identity is protected.			
I give permission to be quoted directly in the research publication whilst remaining anonymous.			
I have sufficient opportunity to ask questions and I agree to take part in the above study.			

_____ _____ _____
Name of Participant **Date** **Signature**

_____ _____ _____
Name of person taking consent **Date** **Signature**

Appendix 9: Information sheet for Parent/ Guardian of Children under the Age of 18



Information and Consent sheet for Parent/ Guardian of Children under the Age of 18

Research Title: Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service.

Researcher: Tshinanne Mudau

Dear Parent/ Guardian

I am Tshinanne Mudau, a PhD Psychology candidate/researcher at the University of Pretoria.

I am conducting a study titled “Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service.” For this, I am conducting focus group sessions to explore the challenges experienced by orphans because of the death of a parent. This information will be used to develop and implement interventions to address these challenges. I need your permission to include your child who is under your care to be a participant in this research.

Participation in the research will involve:

- Your child/children to take part in a group discussion related to discussing the challenges that they are facing as orphans after the death of a parent/parents. An orphan is any person under the age of 18 who has lost one or both of his/her parents due to any cause of death.
- Your child/children will be encouraged to express his/her experiences and view point as honestly as possible during the focus group discussion.
- The duration of the focus group discussion may be 60 to 90 minutes.

- Your/children child will participate in the development of interventions after the focus group discussion which will be based on what he/she has said the needs are.
- Your child/children will also contribute to the evaluation of the effectiveness of the current and newly proposed intervention to be used by South African Police Services Employee health and wellness (EHW) staff after orphans has lost their parents.

Please note the following aspects of the research:

- Participation is voluntary and there will be no penalty or loss of benefit if your child/children decide not to take part of the study.
- Your child/children has the right to withdraw from the research at any time without any explanation.
- You will be given the opportunity to ask questions about the proposed study before signing consent form.
- Personal information shared in the group will not be shared with anyone outside the group. No personal information will be attached to any data or in reports on the findings of the study.
- During the focus group discussions notes of everything that you're your child/children will be expressing will be taken as well as video and voice recording.
- Due to the sensitivity of the topic, a follow-up session or debriefing sessions may be conducted by SAPS EWH. If your child is in need of counselling after the research, a session will be organised with the SAPS EWH staff.
- Storage of data: We need to keep all information from the project in storage for 15 years. The results will be kept in a password protected file stored in the Department of Psychology archive. We may use the information from the research to do other studies, but no person's identity is related to the data.
- After the study you have the right to access the data.

Should you have any questions or concerns my contact details are included below:

Tshinanne Mudau
Student/Researcher
Cell: 0768587490

Email: tshitshi.mudau@yahoo.com

Prof Maretha Visser
Supervisor
Work: 012 420 2549

Email: maretha.visser@up.ac.za

Appendix 10: Parent/ Guardian Assent Form for Children under the Age of 18



Parent/ Guardian Assent Form for Children under the Age of 18

Research Title: Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service.

Researcher: Tshinanne Mudau

I confirm that I have read the contents of the information sheet and understand that my child/children have been invited to participate in the study. I agree that my child/children can participate in this study. My child/children are under no obligation to participate and I am fully aware that he/she can withdraw at any time in the course of the study. I give permission that the information from the group discussion may be used for further research – although I know that my child's/children names will never be connected to the research results.

With full knowledge of all foregoing, I agree that my child/children may participate in this study on this _____ (day) of this _____ (month) and this _____ (year).

Parent/ Guardian:

Name: _____ Contact No: _____

Signature: _____

Date: _____

Researcher Signature:

Supervisor Signature:

Appendix 11: Information for Children under the Age of 18



Information sheet for Children under the Age of 18

Dear Group Participant

I am Tshinanne Mudau, a PhD Psychology learner/researcher at the University of Pretoria. I am conducting a study topic “*Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service.*” For this, I will be conducting focus group sessions to find out about the challenges experienced by orphans because of the death of a parent/parents. This information will be used to develop and put solutions in place in order to address these challenges.

The researcher is inviting you to be part of this study as a participant. You are kindly requested to:

1. Take part in a group discussion related to challenges of orphans experienced after the death of a parent/parents.
2. You are encouraged to express your experiences and view point as honestly as possible.
3. The duration of the focus group discussion session may be 60 to 90 minutes.
4. You will also form part in the development of solutions to your challenges after the focus group discussion session.
5. Again you will also contribute in evaluating the current and previous programs used by South African Police Service Employee Health and wellness (EHW) staff if they are helping or have previously helped you to cope better with the loss of your parent/parents.

Please note the following aspects of the research:

- Participation in this study is voluntary and there will be no penalty or loss of benefit if you decide not to take part.
- You have the right to withdraw from the research at any time without any explanation.
- You will be given the opportunity to ask questions about the proposed study before signing consent.
- Personal information shared in the group will not be shared with anyone outside the group. No personal information will be attached to any data or in reports on the findings of the study
- During the focus group discussions notes will be taken of everything that you will be expressing as well as video and voice recording.
- Due to the sensitivity of the topic, a follow-up session or debriefing counselling sessions may be conducted by SAPS Employee health and wellness staff. If there is any reason that you feel uncomfortable during or after the research, you can inform the researcher to organise a counselling session for you with SAPS EWH staff.
- Storage of data: We need to keep all information from the project in storage for 15 years in the archive of the Department of Psychology. The information from the study may be used for other studies, but your identity will not be disclosed
- After the study you have the right to access the data and results.

Should you have any questions or concerns my contact details are included below:

Tshinanne Mudau

Researcher (23168634)

PhD Psychology University of Pretoria

Cell: 076858740

Email: tshitshi.mudau@yahoo.com

Prof Maretha Visser

Supervisor

Work: 012 420 2549

Email: maretha.visser@up.ac.za

Appendix 12: Assent Form for Children under the Age of 18



Assent Form for Children under the Age of 18

Research Title: Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service.

Researcher: Tshinanne Mudau

I confirm that I have read the sentences in the information sheet and understand that I have been invited to participate in this research. I have asked the researcher all questions I had concerning the study. I understand that my participation is voluntary and that I may withdraw from the study at any time.

I agree to participate voluntarily. I give permission that the information from the research may be used for further research – although I know that my name will never be connected to what I said in the research.

I _____ agree to participate in this research on this _____ (day) of this _____ (month) and this _____ (year).

Name: _____ Contact No: _____

Signature: _____ Date: _____

Should you have any questions or concerns my contact details are included below:

Tshinanne Mudau
Researcher (23168634)
PhD Psychology University of Pretoria
Cell: 0768587490
Email: tshitshi.mudau@yahoo.com

Prof Maretha Visser
Supervisor
Work: 012 420 2549
Email: maretha.visser@up.ac.za

Appendix 13: Information sheet Sheet for SAPS EHW Practitioners



Research Title: Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service

Researcher: Tshinanne Mudau

Dear Group Participant

I am Tshinanne Mudau, a PhD Psychology candidate at the University of Pretoria. I am conducting a study titled “Development of an intervention for orphans and vulnerable children after the death of a parent on duty as a member of the South African Police Service.” For this, I am conducting focus group sessions to explore the challenges experienced by adolescents because of the death of a parent. This information will be used to develop and implement interventions to address these challenges.

I invite you to be part of this research. As a participant you will:

6. Take part in a group discussion related to challenges OVC face after the death of a parent. You are encouraged to recount your experiences and perspective as honestly as possible.
7. The duration of the focus group may be 60 to 90 minutes.
8. Take part in the development and implementation of the intervention that follows the group discussion.
9. Contribute to the evaluation of the effect of the intervention on your experiences.

Please note the following aspects of the research:

- Participation is voluntary and there will be no penalty or loss of benefit if you decide not to take part.
- You have the right to withdraw from the research at any time without any explanation.
- You will be given the opportunity to ask questions about the proposed study before signing consent.
- Personal information shared in the group will not be shared with anyone outside the group. No personal information will be attached to any data or in reports on the findings of the study
- Due to the sensitivity of the topic, a follow-up session or debriefing sessions may be conducted by SAPS EWH. If there is any reason that you feel uncomfortable during or after the research, you can inform your facilitator who will organise a counselling session for you with SAPS EWH.
- Storage of data: We need to keep all information from the project in storage for 15 years in the archive of the Department of Psychology. We may use the information from the research to do other studies, but your identity is not related to the data.
- After the study you have the right to access the data.

Should you have any questions or concerns my contact details are included below:

Tshinanne Mudau

23168634

PhD Psychology University of Pretoria

Email: tshitshi.mudau@yahoo.com

Prof Maretha Visser

Supervisor

Work: 012 420 2549

Email: maretha.visser@up.ac.za

Appendix 14: Assent Form for SAPS EHW Practitioners



Research Title: Development of an intervention for orphans after the death of a parent on duty as a member of the South African Police Service

Researcher: Tshinanne Mudau

I volunteer to participate in a research project conducted by Tshinanne Mudau from the University of Pretoria. I understand that the project is designed to gather information about Orphans for SAPS officers who were killed in the line of duty.

1. My participation in this project is voluntary. I understand that I will not be paid for my participation. I may withdraw and discontinue participation at any time without penalty. If I decline to participate or withdraw from the study, no one on my campus will be told.
2. I understand that most interviewees will find the discussion interesting and thought-provoking. If, however, I feel uncomfortable in any way during the interview session, I have the right to decline to answer any question or to end the interview.
3. Participation involves being in a focus group discussion with colleagues and the researcher. The interview will last approximately 90 minutes. Notes will be written during the interview. An audio tape of the interview and subsequent dialogue will be made. If I don't want to be taped, I will not be able to participate in the study.
4. I understand that the researcher will not identify me by name in any reports using information obtained from this interview, and that my confidentiality as a participant in this study will remain secure. Subsequent uses of records and data will be subject to standard data use policies which protect the anonymity of individuals and institutions.
5. I understand that this research study has been reviewed and approved by the University of Pretoria.

6. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.

7. I have been given a copy of this consent form.

My Signature

Date

My Printed Name

Signature of the Researcher

Should you have any questions or concerns my contact details are included below:

Tshinanne Mudau
23168634
PhD
Psychology University of Pretoria
Email: tshitshi.mudau@yahoo.com

Prof Maretha Visser
Supervisor
Work: 012 420 2549
Email: maretha.visser@up.ac.za

Appendix 15: Photovoice techniques

There are two methods that can be used to help the sharing and discussion of photographs (Amos et al., 2012):

*The first method is the **SHOWED technique**, where the researcher asks the children the following questions to get more information about the photographs:*

S: What do you see?

H: What happened or is happening in the picture?

O: How does this relate to our lives?

W: Why does this happen?

E: How could this image educate others?

D: *What can we do about it?*

*The second method is the **PHOTO technique**, where the facilitator asks the participants the following questions to get more information about the photographs:*

P: Describe your photo?

H: What is happening in your picture?

O: Why did you take a picture of this?

T: What does this picture tell us about your life?

O: How can this picture provide opportunities for us to improve life?

Appendix 16: Debriefing: General evaluation skills evaluation questionnaire

- If you had to explain the memory box process to a family what would you say?
- How did you go about recording a family story?
- How was it when your family was assisting you in creating a memory box?
- Did you experience any difficulties or challenges in creating a memory box?
- How many families' members assisting you in creating a memory box?
- Did you encounter any resistance or hesitation on the part of the families?
- If it was the case how did you handle the situation?
- To how many families have you introduced the memory box methodology?
- Did you experience emotional difficulties when doing memory work?
- How did you deal with your own emotion?

Appendix 17: Relaxation technique 'Stillness

- Do not read the word '**PAUSE**,' you instead pause at this point).
- Allow yourself to sit in a comfortable position.
- Just let yourself breathe naturally.
- Close your eyes.
- Take a deep breath and let it out slowly. **PAUSE**
- Feel the warm air flowing out. **PAUSE**
- Feel the warm air releasing all the tension in your body. **PAUSE**
- Make a fist and hold it. **PAUSE**
- Open your fist and let the tension go. **PAUSE**
- Bring your shoulders up to your ears and hold them. **PAUSE**
- Let your shoulders drop and feel the tension release. **PAUSE**

- Breathe in deeply **PAUSE**
- And let it go. **PAUSE**
- Say to yourself, “My breathing is quiet.” **PAUSE**
- Say to yourself, “My mind is calm.” **PAUSE**
- Say to yourself, “My mind is at peace.” **PAUSE**
- Say to yourself, “My mind is still.” **PAUSE**
- Just breathe naturally. **PAUSE**
- Breathe naturally. LONG PAUSE
- You can open your eyes now.

Appendix 18: Post the blank CBT sign

Event	Bodily sensation	Emotions	Thoughts	Behaviours
Parent died	Pain in my chest, tiredness, no appetite	Sad, sorrow	I will never see my father again. No one will be taking me to wimpy	Cried run out of the room/ cried and sleep the whole day in my room

Appendix 19: Scenario of bereavement

My Mother pass away: Scenario 1

Often, we cannot change the facts of our lives, but we can think about things in a way that makes us feel better. Let's use an example. Rendani feels sad because he his mother died who was his bread winner. He thinks that he is loser. He feels hopeless and that he will never be able to go to the university. He does not even want to do his homework and study for exam because it will not help.

Appendix 20: Rendani's scenario: Thought patterns

Now we will work on learning a way to change negative thoughts. We can change our thinking so that we can feel better. Remember the example of Rendani. Let's focus on his thoughts and emotions.

CBT sign for Rendani's situation: negative thinking

Event	Thoughts	Emotions	Behaviour
Rendani's mother died.	I am a loser, even if I study I will never go to the university	Sad, hopeless	Passive, Not motivated to study.

Appendix 21: STOPP technique

The STOPP process:

- Take some time to think
- Observe/reflect on what you feel, think and do.
- Pull back and get a wider perspective/talk to someone you trust: is there another way to look at this?

- Practice what works better

Appendix 22: Scenario 1 Girl talk

Thandi and her friends are walking home from school together and talking about boys.

Thandi talks about Sipho – she likes him and thinks he is the hottest guy in her school. Thandi’s friend Ayanda says, “But you know, Sipho has a reputation! Everyone says he cheats on his girlfriends. Once he gets ‘you know what’ from a girl, he dumps her and finds a new one. He also buys girls presents so that they will have sex with him.” Then Thandi’s other friend Bongzi says “I also heard that he is jealous – remember when he was dating Nancy? Anytime Nancy would even talk to a boy in class he would get angry, even if they were only talking about homework!” Then Thandi says, “Yes, but Nancy was his girlfriend and he was buying her expensive presents. I would rather have Sipho than be alone any day!”

Group discussion 1

- Was the relationship between Sipho and Nancy healthy or unhealthy? Explain.
- Having sex to get presents is also called “something for something sex.” Is this a healthy relationship? What are the risks of this relationship?
- What about how Sipho treats Nancy when she speaks to other boys—is that healthy or unhealthy?

Appendix 23: Scenario 2 Guy talks

Khaya and his friends are walking home after their soccer match. Lucky says to Khaya, “I saw your girlfriend Mbali talking to that guy Sipho at school the other day.” The other boys start laughing and say, “Oooh, your girlfriend is playing you Khaya!” Khaya laughs with them but doesn’t say anything in response. Lucky says, “My girl Sindi knows better than to talk to other boys. Women must know their place!” Then Khaya says to Lucky “But what about you man? You are always flirting with girls,

wherever you go! I know you also go out with other girls. What about Sindi?” Lucky responds “Ahhhh, but me I’m a man! I can do what I want and I have needs! Khaya, if you want to be a real man and if you want Mbali to respect you, you better lay down the rules! Or else everyone will be laughing at you!” Khaya responds “But I respect Mbali – she is her own person and can make her own decisions. I trust her.” The other boys are shocked and say, “What?? You are talking nonsense!” Lucky agrees and says “Yes man, who cares about stupid things like that, all that matters is how hot a girl is, and whether she will sleep with you. Like Sindi – she’s got a hot body and likes sex. That is all I need, I don’t care what she thinks about.”

Appendix 24: “Quiz: Healthy or Unhealthy”

Quiz: Healthy or Unhealthy

- Having sex without a condom. No
- Being pressured to have sex when you are not ready. No
- Getting regular HIV tests. Yes
- Asking your partner to get tested for HIV. Yes
- Making your partner feel guilty for not wanting to have sex. No
- Making your partner feel like something is wrong with him/her for not wanting to have sex. No
- Saying “no” when you don’t want to have sex. Yes
- Telling your partner you won’t have sex without a condom. Yes
- Having sex with many partners. No
- Forcing your partner to have sex even if they say “no”. No
- Having sex just to please your partner. No
- Agreeing to have sex for money, even if you don’t want to. No

Appendix 25: Consent Scenario: Who wants tea?

Scenario: Who wants tea?

- Imagine you are with your friend, someone you have romantic feelings for. You want to have some tea and decide to offer them some tea too.
- You say, “Hey, would you like a cup of tea?” and if they say, “Oh my goodness, yes, I would LOVE a cup of tea! Thank you!” Then what do you think? Do they want tea? What are you going to do?
- Yes, they definitely want tea and you make it for them.
- If you say, “Hey, would you like a cup of tea?” and they um and ahh and say, “I’m not really sure...” – then what are you going to do?
- ✓ You can make them a cup of tea or not, but be aware that they might not drink it, and if they don’t drink it then — this is the important bit —
don’t make them drink it.
- ✓ You can’t blame them for you going to the effort of making the tea on the off chance they wanted it; you just have to deal with them not drinking it. Just because you made it doesn’t mean you are entitled to watch or make them drink it.
- If they say, “No, thank you,” then what are you going to do?
- ✓ You don’t make them tea, don’t make them drink tea, don’t get angry at them for not wanting tea. They clearly don’t want tea.

Appendix 26: Role play: Bereavement- Tami and Rofhie’s story

- TAMI: I need to talk to you.
- ROFHIE: Go ahead. (Rofhie turns her back to Tami)
- TAMIE: My father passes away today. He has a car accident.
- ROFHIE: So what.
- TAMI: I hate it when you act like this (Tamie cried).

- ROFHIE: Sorry.
 - TAMIE: All I needed was to talk to my best friend (Tami carrying).
 - ROFHIE: Counselling is for a Psychologist.
 - TAMIE: I know but even friend are for that. You know, I can't keep on talking to your back. (Tami walks around Rofhie until she faces Rofhie).
 - ROFHIE: We can talk about it, but I do not have too much time, I need to be somewhere.
 - TAMIE: How much time?
 - ROFHIE: 5 minutes.
 - TAMIE: What happened to my best friend, the one that I supported when she lost her mother last year? I will feel very relieved if I get my best friend back.
 - ROFHIE: Ohk, let me sit down and give you all the time you need. I am sorry.
- TAMIE: That will be good, I really appreciate it. Thank you.

Appendix 27: Examples of applying the assertive communication guidelines

1. Say clearly what you want and need

"I don't want to feel like I have to do something I don't want to do."

2. Say how you feel in a situation and why you feel that way

"I feel upset because I need....." "I am ... because."

3. Say how you will feel if you get what you are asking for

"I would feel relieved if we talked about this because I've been concerned for some time now."

4. Say what you want the other person to do, be specific

"I want you to stop pressuring me because it makes me feel tense..."

5. Make it clear that you understand the other person's point of view

"I know you want me to spend more time with you, but....."

Appendix 28: Examples of positive qualities and probing questions

The facilitator should close the discussion by providing possible answers facilitators should try to elicit from participants:

Portia made it clear what she wanted and explained why she needs the money:

She wanted her money back that she loaned to Winnie "to buy her college books."

- Portia said how she felt about the current situation: She is "not happy."
- Portia said how she would feel if she gets what she was asking for: "Feel relieved."
- Portia said what she wants Winnie to do: "Pay back her money in a week's time."
- Portia made it clear she understood Winnie's point of view: "I know your hair is important to you."
- Body language: Portia faced Winnie.
- I statements: Portia used "I" statements to express herself

Examples of positive qualities and probing questions

- I am clever
- I am loving
- I am good at sports
- I can sing
- I can cook well
- I am honest
- I am a good friend
- I never gossip

Probing questions to identify positive qualities

- What are you good at?
- What type of friend are you?
- What do you think your best friend says about you?
- What positive things does your caregiver say about you?

Appendix 29: Guidelines on the importance of goals

Goals are important and possible to achieve

- It is important for everyone to have goals.
- If you don't have goals then it is harder to strive for or accomplish anything.
- The best way to figure out your goals is to look at your life and see what you want:

» Example: If your goal is to go to university, then you should set a goal that will help you to do well at school.

Examples of Specific and Realistic goals

- Goals should be specific, simple, clear and not overly complicated.
- » Not a Specific Goal: I want to get good marks.
- » Specific Goal: I want to graduate with an 85% average in all of my subjects.
- Goals should be Realistic, so you won't get frustrated:
- » Unrealistic: I want to score 50 goals this soccer season.
- » Realistic: I want to score 3 out of 5 goals that I attempt this soccer season.

Example long-term goals with short-term goals/steps to achieve them

- Short-term goals to achieve long-term goal: spend an extra twenty minutes studying or doing homework every day; learn about different careers by interviewing at least one person working in a field that interests you this month; research universities costs and degrees to identify a few target universities; research and apply for bursaries/loans.

Long term goal: To learn how to drive a car

- Short-term goal/steps to achieve long-term goal: Study for the Learners test; take the Learners test; find a family/friends car that you can use to practice driving or source money to take driving lessons; take the driving exam.
- Each of you is capable of accomplishing great things if you believe in yourselves and your own strengths and capabilities and if you set and work towards achieving your goals.

Appendix 30: I can DO IT

One model to help us to set and work towards goals is the DO IT Model. We provide you with a copy of this in your workbooks. Let's review the 'I can DO

IT guidelines for setting goals hand-out.

- Discover your interests and options
- Obtain and Organise information
- Identify your goal and Implement a plan
- Take action and Take stock

Do you understand how to set and achieve goals using 'DO IT'?

Appendix 31: Problem Solving Steps'

*To solve this problem you have used some of the steps in problem solving.
Let's review the Problem Solving Steps hand-out together that outlines these steps:*

- Define the problem
- Understand the problem
- Set a goal
- Determine options
- Decide on a plan of action
- Try it and see if it work

Appendix 32: Scenario on Tshinakaho's netball school trip

To put this skill into action, let's use the following scenario. Tshinakaho wants to go on a netball school trip organised by the school. It will cost her R150. She knows that her family does not have enough money to send her on the netball school trip, but she really wants to go. How can Tshinakaho solve his problem?

First question in the 'Group discussion'

- Tshinakaho have a problem. The is a school trip.
- What can she do?
- What suggestions do you have?

Consider the options on the flipchart.

- Which option do you think she should choose?
- Why would you select this option to try first?

Appendix 33: Group discussion

Let's use the problem solving strategy to decide how Tshinakaho can solve his problem.

For example

What is the problem? (Define the problem)

How does the problem affect the people involved? (Understand the problem)

What is the goal? How does she want things to be? (Set a goal)

What are the options? What can he do? (Determine options)

Let's consider the options one by one.

Which one do you think would work best to solve her problem?

Why? (Decide on a plan of action)

Appendix 34: Facilitator guidance Suggested responses for Thabo's problem

1. What is the problem?

Thabo wants to go on a field trip organised by his school but his family does not have enough money to send him on the trip.

2. How does the problem affect the people involved?

Thabo will not be able to go on the field trip if he does not pay the R100.

3. What is the goal?

The goal is for Thabo to go on the field trip, and therefore have enough money to pay for it.

4. What are the options/possible actions? What can he do?

Thabo can ask another family member for money. He can do small jobs in the community such as washing cars or selling sweets. He can sell his old toys and clothes he doesn't not want anymore. He can do chores around the house to earn money. He can ask for sponsorship at the shop.

5. Decide on a plan of action

Allow the group to decide which option is best and to justify their reason