The perspectives of Black caregivers on child therapy in Gauteng, South Africa

by

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ABSTRACT

The perspectives of Black caregivers on child therapy in Gauteng, South Africa

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The idea of utilising therapeutic services has gained more traction over the last few decades as society and caregivers are starting to realise the importance of the holistic well-being of children, especially their mental and emotional well-being. However, there are still discrepancies and inequalities when it comes to the number of Black caregivers making use of and allowing their children to go to child therapy. The onus of the research study was to explore and to describe the perspectives of Black caregivers on child therapy, specifically in the context of South Africa and find out what modern, contemporary perspectives from Black caregivers are.

The aim of the study was to explore and describe the perspectives of Black caregivers on child therapy in Gauteng and the research approach used to guide the research was of a qualitative nature with interpretivism being the paradigm through which the research was based. An applied research type was utilised to provide recommendations to real world practice, with a case study design outlined for the research design, particularly the instrumental case study design. The study population comprised of 8 Black caregivers residing in Gauteng and who were /are caregivers to children under the age of 18 years. Purposive sampling was method used to find participants as they had to meet the inclusion criteria. Data was collected through the form of face-to-face interviews and data was collected until data saturation was reached at 8 interviews. The data analysis technique used for the study was reflexive thematic analysis using sematic, descriptive coding. Ethical considerations that were considered during the study were avoidance of harm, no compensation, anonymity and confidentiality, informed consent and voluntary participation, adherence to the SACCSP code of ethics and finally analysis and reporting accuracy including competency.

Key findings were derived from the research question: "*What are the perspectives of Black caregivers on child therapy in Gauteng, South Africa?"* The research participants shared that they believe child therapy is important and an essential service that should be widely spread across communities and more awareness should be generated on the need for children across public institutions such as schools and clinics. Black caregivers main the idea that child therapy is reserved for White individuals and deem it weak for Black caregivers seek out this service. Contrastingly, they highlight the benefits of child therapy as way to empower and educate caregivers on the development of children and equip them with skills to aid their children in adverse times and acknowledge that they would make use of child therapy wholeheartedly

Recommendations for the social work profession include provide educational workshops and creating awareness on accessible child therapy at public service institutions such as clinics, schools and health facilities in order to bridge the gap of Black caregivers not making use of these services. Recommendations for future, prospective research could extend the study to a broader scale, studying the perspectives of Black caregivers on child therapy provincially and making child therapy equitable and legislatively mandated for all children and their caregivers seeking these services.

KEY WORDS

Black caregiverChild

Child therapy

Gauteng

Perspectives

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CHAPTER 1

GENERAL INTRODUCTION

1.1 INTRODUCTION AND CONTEXTUALISATION

There is a looming mental health crisis in children and adolescents, reportedly in South Africa one in ten children are in need of mental health intervention and treatment (Masson, 2022). With a recent shift towards increased awareness and recognition of mental health issues, there has been growing acknowledgement of the importance of addressing the mental well-being of children (García-Carrión, Villarejo-Carballido & Villardón-Gallego, 2019:2). However, despite this shift, studies conducted by the World Health Organisation (WHO) in 2022 indicated that worldwide, ten percent of children and adolescents experience mental health challenges but do not receive or seek treatment. The results of a United Nations International Children's Fund (UNICEF) report indicated that in 2021, 73 percent of children and youth in South Africa recognised the need for mental health care, however only 37 percent sought treatment (UNICEF, 2021). Access to mental health care, engagement in mental health treatment, and outcomes for children are influenced by the perceptions that children and their families hold towards mental health, as well as their help-seeking behaviours and their socio-economic status, particularly in communities where they reside (Crenshaw & Stewart, 2014:498).

Additionally, it remains a stigma and misunderstanding in certain communities around the use and perceptions of child therapy. Communities are inclined to not allow their children to make use of therapeutic services due to a variety of factors that may include cultural, personal, and societal. In South Africa, Themistocleous-Rothner (2017:104,107,109,115) observed that under the Children's Act 38 of 2005, courts can order children to receive therapeutic assistance or undergo emotional evaluation without parental consent. Section 28(1)(h) of the legislation authorises the court to make decisions based on the best interests of the children, ensuring their welfare and protection, even if parental consent is not obtained. This provision enables children to access vital therapeutic services deemed necessary by the court for their well-being, bypassing the need for the caregiver’s consent. As part of a child’s holistic development, Hudson, Minihan, Chen, Carl, Fu, Tully and Martiniuk (2023:593,634) state that

the areas regarding their emotional, psychological, and social well-being must not be undermined or ignored.

To make child therapy more accessible and stigma-free, knowledge needs to be gathered by researchers to understand the perceptions of the individuals and parents who do not permit their children to see therapists or counsellors and what the factors are that influence their view on the topic. By addressing these barriers and concerns, it becomes possible to create a more supportive environment where children can access the necessary therapeutic interventions mandated by the court, ensuring their overall well-being and development are adequately supported. Different aspects such as religious beliefs, norms and standards can easily influence how certain groups of people understand and assign meaning to mental health problems, the treatment, cure, and management of those mental health problems (Jacob, 2015; Singh, Kumar & Gupta, 2022).

Bailey, Mokonogho and Kumar (2019:608) state that there is a prevalent assumption, especially within black communities, that children and adolescents are impervious to mental health disorders. Because of this notion, Black communities use child therapeutic services sparingly, and parents hesitate to give consent when their children are diagnosed as needing therapy. The need for child therapy is pertinent and understanding the perspectives of the caregivers in black communities motivated the need for this study, while highlighting the importance of the sustainable development goals (SDGs) in the *2030 Agenda for Sustainable Development* as outlined by the United Nation (2015). SDG 3 aligns with the intention of this study as it seeks good health and well-being for all at all ages and envisages universal access to healthcare services, especially to vulnerable populations such as children (United Nations, 2015).
The following key concepts will be utilised throughout the study and will be presented in detail as follows:

Black caregivers: In the context of this study, the term ‘Black people’ will be conceptualised according to the definition provided in the Broad-Based Black Economic Empowerment Act 53 of 2003, as amended (2014:4). This definition encompasses Africans, Coloureds, and Indians who are citizens of the Republic of South Africa by birth, ancestry, or naturalisation. However, it's important to note that while this definition is being utilised, it is not exclusive to South African. Therefore, individuals belonging to any of the aforementioned groups who identify as caregivers, regardless of nationality or citizenship, will be included in the study.

Meaning that, parents and guardians who fall under the Black African group will be considered participants of the study.

Caregiver: “Caregiver” can have various definitions, depending on the context. Barker (2014:72) defines a caregiver as anyone who fulfils the physical, emotional, and social needs of individuals who are unable to care for themselves. This broad definition includes a range of roles, such as parents, healthcare professionals, and family members caring for elderly individuals. In contrast, the Children’s Act 38 of 2005 (2006:19) defines a caregiver as anyone other than a parent or guardian who provides care for a child, specifically excluding parents and guardians. For the purposes of this study, the term "caregiver" will be used in its broader sense, in line with Barker's (2014:72) definition, encompassing parents, guardians, and others who provide care and support to children.

Child: The Children’s Act 38 of 2005 (2006:20) defines a child as anyone under the age of 18. This definition, which is widely accepted, aligns with international human rights standards, including the United Nations Convention on the Rights of the Child (UNCRC, 1990), which similarly defines a child as anyone under 18 years old. Therefore, for the purposes of this study, children will be seen as individuals who are under the age of 18.

Child therapy: In the context of this study, child therapy refers to a specialized mental health intervention aimed at addressing the distinct psychological and developmental needs of children. In South Africa, child therapy encompasses a variety of therapeutic approaches that are adapted to meet the cultural and socio-economic diversity of children and their families. Various approaches including methods such as play therapy, cognitive behavioural therapy (CBT), narrative therapy, and also family therapy, among others (Peterson, 2022).

Gauteng: For this study, Gauteng refers to the province in South Africa that includes the country’s administrative capital, Pretoria. As the smallest of South Africa's nine provinces, Gauteng features urban areas such as Boksburg and the metropolitan municipality of the City of Tshwane. The City of Tshwane, situated in the northern part of Gauteng, includes Pretoria and had a population of 3,555,741 in 2017, with about 82% of residents being Black (City of Tshwane, 2020). Along with Johannesburg and Ekurhuleni, the City of Tshwane is one of Gauteng’s three metropolitan municipalities. This study focuses on the perspectives of Black caregivers on child therapy within Gauteng, specifically in the Eersterust community of the City of Tshwane.

Play therapy: Play therapy is a specialized form of child psychotherapy, designed to deliver therapy in a way that aligns with the developmental, emotional, cognitive, and relational needs

of children (Seymour, 2016:4). While child therapy serves as a broad term, play therapy is a key approach within it, offering tailored therapeutic support for children.

Perspectives: Perspectives are worldviews that define the nature of the world, the individual's place in it, and the possible relationships to that world and its parts (Schuh & Barab, 2008).

1.2 PROBLEM STATEMENT AND RATIONALE

Social workers perform a crucial role in recommending and providing child therapy services, especially in cases of abuse and maltreatment, as highlighted by Van Westrhenen (2017:49).

Guided by laws in the Children's Act 38 of 2005 in South Africa, social workers offer counselling and other necessary services to children in distress. Despite legal guidance, Black caregivers often hesitate to consent to therapy for their children, due to negative experiences with mental health services (Vázquez & Villodas, 2019). Shale (2006:87-88) emphasises the need for educational efforts in Black communities regarding play therapy, echoing the ongoing challenges faced by social workers in obtaining consent for child therapy services amongst Black caregivers. This reluctance results in social workers having to seek court permission for therapy, despite the child's best interests being a constitutional priority as written in the Constitution of the Republic of South Africa No. 108 of 1996. To address this, educational programmes targeting Black communities can raise awareness about the benefits of child therapy services, aligning with Shale's (2006:86) recommendation for further studies on Black parents' perceptions of therapy. By prioritising such initiatives, social service organisations can mitigate caregiver reluctance and promote the well-being of children in need.

The study has limited literature because there is little research that has been conducted on the intended topic and the previous studies were done long ago. Therefore, the current study stands to provide more contemporary perspectives of Black caregivers on child therapy while exploring what impacts and influences their perceptions and understanding what challenges they face in accessing child therapy.

The rationale for this research stems from the researcher's experience in the line of statutory social work, working as a social worker in an organisation rendering services to families and children, witnessing traumatised children being deprived the opportunity to access therapeutic services due to their caregivers undervaluing child therapy. This research addresses the issue of traumatised children lacking therapy due to caregivers undervaluing it, leading to long-term harm. It explores the challenges Black caregivers faces in consenting to therapy for children, aiming to understand why they may not perceive it as beneficial. The findings will enhance social work practices and aid childcare organisations in understanding caregiver perspectives.

Recommendations can support awareness campaigns to change caregiver views on therapy in Black communities, while social service providers can use insights to advocate for child therapy during service delivery in working with children in child protection organisations and in working with families and children.

The lacuna of this research will address and guide social workers to understand what the perspectives of their Black caregivers' service users are regarding child therapy. The research study will attempt to understand exactly the perspectives of Black caregivers on child therapy are in Gauteng. Furthermore, it will seek to provide more current, contemporary, updated data regarding the challenges Black caregivers face when accessing child therapy including what shapes their understanding of child therapy and the influences that make up their perspectives by analysing data from first hand interviews and providing a detailed report on the information provided. The research study will then provide current information to important stakeholders, in the field of social work extending to Black caregivers; raising awareness and providing recommendations on how to enable Black caregivers to access and utilise child therapy services and how to support them when they are reluctant to make use of these services.

The research question for this study intended to collect data that would provide insight into addressing issues around the perspectives of Black caregivers regarding child therapeutic services. The main research question for the study was: '*What are the perspectives of Black caregivers on child therapy in Eersterust, Gauteng Province, South Africa?'*

1.3 RESEARCH GOAL AND OBJECTIVES

The **goa**l of this study was to explore and understand Black caregivers' perspectives on child therapy in Eersterust, Gauteng Province. In order realise the study goal, the following research objectives were set:

1. To explore and describe the understanding of child therapy among Black caregivers in Eersterust, Gauteng.
2. To explore and describe the challenges Black caregivers face when seeking therapy for their children.
3. To identify cultural or religious values that may influence Black caregivers' perceptions of child therapy.

1.4 OVERVIEW OF RESEARCH METHODS

This research took on a specific paradigm and purpose to guide its understanding of reality and research goals (Nieuwenhuis, 2020:58). The interpretivism paradigm was chosen, which holds that truth is socially constructed and that individuals interpret experiences subjectively (Alharahsheh & Pius, 2020:41,42). This approach allowed the study to explore Black caregivers' perceptions of child therapy within their unique social and cultural contexts, recognizing the diverse factors shaping their viewpoints (Sefotho, 2021:8).

A qualitative methodology was employed, aimed at exploring phenomena in their natural contexts and gaining insight into participants' perspectives (Aspers & Corte, 2019:142). This approach is ideal for capturing the subtle views of Black caregivers on child therapy, emphasizing the process of data collection rather than seeking definitive outcomes (Nassaji, 2020:427). Through interviews and observations, the study aimed to gain deeper insights into how social contexts influences the understanding of Black caregivers' views of child therapy (Aspers & Corte, 2019:147). The research study has both exploratory and descriptive aims. The exploratory aspect was valuable in shedding new light on Black caregivers' perspectives in a field with limited prior research, while the descriptive aspect provided detailed accounts of participants' experiences, informing stakeholders such as the Department of Social Development and the Circle of Life organization (Rubin & Babbie, 2017:142).

This study adopted an applied research approach, aimed at understanding Black caregivers' perspectives on child therapy in Gauteng Province. According to Pawar (2020:47), applied research focuses on finding solutions, and this study sought to find a means to enhance the accessibility and acceptance of therapeutic interventions for children. Collaboration with social workers involved with families and children was key to identifying barriers that hinder effective communication and cooperation between caregivers and service providers. In addition to analysis, the study provided practical recommendations tailored to the unique challenges faced by Black caregivers, ensuring cultural sensitivity and alignment with their experiences.

A case study research design was employed to explore Black caregivers' perspectives on child therapy, specifically using an instrumental case study approach. This method allowed for a detailed examination of a particular case to understand its broader implications and generate actionable recommendations (Nieuwenhuis, 2020:90). The case study design was chosen for its ability to deeply investigate the views, concerns, and issues of Black caregivers regarding child therapy. By immersing in their real-world context, the researcher gained valuable

insights, which were used to develop recommendations for enhancing therapeutic services in Black communities.

The study used a non-probability sampling method, specifically purposive sampling, to select participants based on predefined criteria (Maree & Pietersen, 2021:220; Muzari, Shava & Shonhiwa, 2022:16). The focus will be on Black caregivers in Eersterust, Gauteng who utilised the community organisations of the Department of Social Development and Circle of Life, for family and child welfare services. The researcher provided organisations working with children and families with a letter of information and a letter seeking access to participants regarding all the details of the study identified to take part in the research.

The study included participants who met the following specific criteria:

- Participants had to be individuals who provide care and support, including parents, guardians, and other individuals involved, for children under the age of 18 years.
- Participants had to identify as Black South African.
- Participants had to be between the ages of 20-60 years of age.
- Participants had to reside in Eersterust, Gauteng, South Africa.
- Participants had to be able to communicate in English as a prerequisite.
- Participants had to agree to voluntarily participate in the research study.

Utilising a qualitative approach involves using methods like semi-structured interviews to explore participants' views and experiences, as suggested by Durand and Chantler (2014:44). Semi-structured interviews allow for a structured yet flexible approach, enabling researchers to delve into participants' lived experiences and perspectives, as noted by DeJonckheere and Vaughn (2018:1-2). For the study, the researcher applied a qualitative approach, and data was gathered by means of semi-structured, individual interviews. This approach allowed Black caregivers to freely express their perspectives on child therapy, addressing the research question directly.

The interview guide, composed of open-ended questions was constructed to gather detailed insights from participants, aligning with recommendations from DeJonckheere and Vaughn (2018:5). These interviews involved prepared questions to foster discussion, gathering insights from participants' unique experiences and beliefs (Dejonckheere & Vaughn, 2018:2-3). However, the researcher, a qualified social worker ensured confidentiality and employed proficient interviewing skills to navigate these challenges due to their competency in interviewing and as a qualified social worker. Interviews were conducted to the point of data

saturation and rich data was collated for the research study. A total of eight interviews were conducted.

The researcher sought permission from organisations and their gatekeepers, who are social workers or managers that render services to families and caregivers of children under the age of 18; to the community mentioned. The gatekeepers were given a detailed letter explaining the nature and reason for conducting the research study as well as a letter seeking permission to conduct research with their organisation.

The interviews were held in private offices of the Department of Social Development Eersterust office and Circle of Life, Eersterust offices in Gauteng, to ensure confidentiality. To refine the interview guide, a pilot study was conducted, while purposive sampling and ethical principles supported participants' engagement. Interviews were voice recorded with the permission of participants with an audio recording device for data collection accuracy purposes and later transcribed by the researcher with the help of transcription software.

Qualitative data analysis is an essential part in the research investigation process, helping researchers interpret and evaluate their data (Ngulube, 2015:1). Reflexive thematic analysis, chosen for this study, involves identifying patterns and themes in the data to address the research question (Byrne, 2022:13921393). This approach allows for thoughtful interpretation and theoretically informed analysis (Kua, Teo & Lim, 2023:1348). This study used thematic analysis, specifically a six-phase reflexive thematic analysis approach, to ensure a reflective and thorough examination of the data. This approach provides both flexibility and clarity, making it particularly advantageous for beginner researchers (Nowell, Norris, White & Moules, 2017:2-4). The data was analysed and interpreted both latently and inductively while coding that led to theme generation.

Trustworthiness is vital when using a qualitative approach to research to maintain and adhere a level of exceptional quality and with research standards. The researcher maintained trustworthiness through the models of creditability, transferability, dependability and confirmability.

Pilot studies are conducted to evaluate the feasibility and practicality of research methods and processes, offering an opportunity to make changes before the main study begins (Teresi, Yu, Stewart & Hays, 2022:96; Strydom, 2021:386-387). For this particular study, one Black caregiver meeting the inclusion criteria was included to pilot the interview guide and to

evaluate the suitability of data collection tools and criteria (Strydom, 2021:386-387). Data from the pilot study was incorporated into the primary research study to ensure rich data.

In terms of ethical considerations, various principles were adhered to ensure the integrity of the study. Firstly, gatekeeping permission was obtained from the Department of Social Development, Eersterust office and Circle of Life organisation, Eersterust office where the study was carried out. The study was reviewed and approved by the Research and Ethics Committee of the Faculty of Humanities at the University of Pretoria (Ethical clearance number: HUM025/0524) (Rankin & McFadyen, 2016:82). The following principles were followed to ensure the ethics of the study, including avoidance of harm, no compensation; abiding to the professional body SACSSP and its values, ethics, and principles; analysis and reporting; informed consent and voluntary participation, anonymity and confidentiality and finally competency.

Detailed information about the research approach and designs will be extensively detailed in Chapter 3.

1.5 LIMITATIONS OF THE RESEARCH STUDY

The following limitations should be taken into consideration for the context of this study:

- The research study was limited to the Black caregivers residing in the Gauteng province and therefore may not be representative of the perspectives of Black caregivers that reside across the republic of South Africa and in the different provinces.

- The research study inclusion criteria stipulated that participant be able to communicate in English however given the array of eleven official languages in the country, the research may have overlooked those who are not able to converse in English and may not missed integral information that could contribute to the richness of the study.

- Furthermore, the study outlined in the inclusion criteria that Black caregivers should be between the ages of twenty and sixty years of age and could possibly overlook important vital data of the ages above sixty years of age, given that many Black caregivers who are older than those sought out in the inclusion criteria.

1.6 CONTENTS OF THE RESEARCH REPORT

The research report has 5 chapters.

Chapter 1: GENERAL INTRODUCTION AND CONTEXTUALISATION

The first chapter provided a general introduction and contextualised the research background, goal and objectives, problem statement and rationale including the basic research methodology that guided the research. It presented the problem statement, research question, goals, objectives, and a brief overview of the methodology and limitations. Furthermore, it provided a summary of the research methodology employed.

Chapter 2: LITERATURE REVIEW

The second chapter includes a literature review, providing a thorough examination of existing research on the perspectives of Black caregivers in child therapy. It covers international, regional, and national studies, as well as relevant policies and legislation. A theoretical framework will also be included for analysis.

Chapter 3: RESEARCH METHODOLOGY

This chapter provides precise details on the methodology applied, including data collection methods.

Chapter 4: EMPIRICAL FINDINGS

The fourth chapter provides the demographic and biographical information collected for the study and it includes the empirical findings of the study.

Chapter 5: KEY FINDINGS, CONCLUSIONS & RECOMMENDATIONS

The final chapter discusses findings, conclusions, and recommendations will be presenting the study's conclusions, key findings and the goal attainment and objective discussion, and practical recommendations based on the outcomes.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 INTRODUCTION

To understand the perspectives of Black caregivers on child therapy, literature needs to be reflected on the current information available regarding the subject. A literature review will be provided, outlining the developments of child therapy over generations to be conceptualised as it is today as well as the global mandates and legislation governing child therapy. Emphasis further needs to be placed on the cultural and traditional notions of child therapy and the African context. These points will be discussed in the proceeding discussion.

2.2 History and development of Child therapy

In 1909, the National Committee for Mental Hygiene (NCMH) launched child therapy to address mental health issues by examining children's backgrounds (Han, 2012). Presentations by Freud and Carl Jung at NCMH programs marked the beginning of Child psychotherapy in the United States, leading to the development of play therapy (O'Connor, Schaefer & Braverman, 2015:19). In the 1930s, Anna Freud and Melanie Klein developed psychoanalytic techniques for children, emphasising the importance of play in therapy (Donaldson, 1996; Morris & Kratochwill, 2008; Seymour, 2016). Initially integrated into psychotherapy, play therapy tailored to children's needs, considering their development and emotions (Seymour, 2016:4). Recognising play as important for children's development, professionals adapted adult therapeutic approaches, integrating play into clinical work to support children's well-being (Seymour, 2016:3; O'Connor et al., 2015:7). Caregivers and teachers played crucial roles in aiding coping mechanisms and participating in intervention plans (Kottman, 2014:245). The Association for Play Therapy (APT) was established to provide resources and training, while the Foundation for Play Therapy (FPT) fundraised for research and public awareness campaigns (Seymour, 2016:5-7). Various effective play therapy approaches emerged, including Child-Centred, Filial, Adlerian, and Gestalt methods.

2.3 Challenges of child therapy in Africa

When considering therapy in Africa, it is crucial to employ culturally relevant approaches, as suggested by Goss and Adebowale (2014:353). This is because methods used in Western settings may not be suitable due to diverse cultural and religious values in African countries. In rural Africa, family guidance often involves distant relatives, reflecting the belief in communal child-rearing (Nwoye, 2006:7). However, the Western model of child therapy emphasises confidentiality, trust, and promoting independence (Oaklander, 2022:28). In contrast to the African values, western notions would suggest that parent-child interaction therapy is recommended at being effective for children with disruptive behaviours (DawsonSquibb, Davids, Chase, Puffer, Rasmussen, Franz & de Vries, 2022:2). Nwoye (2006:20) criticises the imposition of Western therapy models on African culture, which conflicts with traditional values. However limited resources have also been identified as a barrier to Africans participating in the Western model of child therapy. Limited resources and economic challenges hinder access and availability to mental health services in African communities, leading many to rely on traditional healers (Owen, Baig, Catherine-Abbo & Baheretibeb, 2016:45-46). Goss and Adebowale (2014:353) highlight disparities in mental health-seeking behaviour between Western and African contexts, influenced by factors like facility availability and government policies. Additionally, cultural barriers stigmatise seeking professional counselling services for mental health issues (McCann, Mugavin, Renzaho & Lubman, 2016:4). This stigma can be particularly challenging in rural areas where traditional beliefs hold sway.

2.3.1 Child therapy in South Africa

Limited resources in South Africa exacerbate challenges in accessing psychosocial services, particularly for children with mental health needs, where approximately 10% require such services, with 6% experiencing defiant disorders, leading to academic and social difficulties (Van Westrhenen, 2017; Dawson-Squibb,Davids,Chase, Puffer, Rasmussen, Franz, De Vries,2022). Despite the need, many children cannot access these services, impacting their long-term well-being (Mokitimi, Jonas, Schneider & De Vries, 2019:2).

Blom (2006:13) emphasises that therapeutic work with children requires specialised knowledge and skills hence in South Africa we have limited people offering training on play therapy that is culturally sensitive and embraces an Afro-centric view, nevertheless there are practitioners, namely Dr Hannie Schoeman who offers play therapy training programme using the Gestalt approach. Furthermore, therapists stress the importance of training and implementing child therapy, yet cultural perspectives on mental health hinder parental

commitment to therapy (Dawson-Squibb et al., 2022; Kleber, Van Westrhenen, Fritz & Vermeer, 2017). Addressing diverse beliefs about mental health is crucial for caregivers to understand therapy benefits, but this requires educating caregivers (Brooke-Sumner, Petersen & Lund, 2014; Kleber et al., 2017). Black caregivers as participants inform the development of tailored interventions that meet the unique needs of their communities. Brunissen, Rapoport, Fruitman and Adesman (2020:18-19) found that older caregivers maintain old beliefs about health such as using ice baths to bring down a child's fever or the use of butter as a minor burn relief remedy and and how to manage or treat their children's health and well-being and this could translate to the South African context with many caregivers being older, usually grandparents. South African grandparents often take on the caregiving role due to HIV and AIDS related deaths of their own children including the migration of their children to business districts in different towns and cities in order to secure and gain employment (Jennings, Farell & Kobayashi, 2021:27-29)

In lower and middle income countries, it is found that the gaps remain large in the rendering of child and adolescent mental health services such as therapy (Babatunde, van Rensburg, Bhana & Petersen, 2021:30). Specific for the South African context is that although there are mental health practitioners, most are located in urban, high-income areas and this means the accessibility of these resources are not equally distributed for all to utilise (Vorster, 2022:9).

2.4 Policy and Legislation on Child Therapy

The legislative frameworks in South Africa prioritise the mental health and well-being of children, ensuring that they also can access essential therapeutic services such as child therapy. In South Africa, the Mental Health Care Act 17 of 2002 integrates mental health services into primary, secondary, and tertiary healthcare, emphasising holistic care. Additionally, Section 150 (1) (f)(g) and (h) of the Children's Act 38 of 2005 (2006:96) is promoting that when children are exposed to physical, mental, and social harm, they should receive counselling services by social workers as a way of helping the families and the children with preservation services to address the caused harm.

The Constitution of the Republic of South Africa (2016) Section 2 has stipulated in the Bill of Rights that "A child's best interest should be of paramount importance in every matter that is concerning a child". Thus, in matters that are for serving the best interest of the child, caregivers should always consider the benefits for the child. Even when the children are in need of therapeutic services caregivers should consider providing informed consent for the

children to receive services that will positively impact their emotional, psychological and social well-being.

2.5 Black caregivers' perspectives of child therapy

The research that was aiming to understand the perception of Black caregivers on play therapy was conducted by Shale (2006:85), in South Africa, however it encountered limitations due to participants' limited knowledge about play therapy.Recommendations were made from this research study for future research and professionals working with Black communities and parents. However, this research does not account for recent experiences of social workers who struggle to engage Black caregivers in child therapy services. Research stresses the need for professionals to educate parents and communities about play therapy, noting limited awareness even among parents of children in therapy, especially among Black caregivers, who often use mental health services but may have less understanding of them (Shale, 2006:87-88; Vazquez & Villodas, 2019:324).

Fante-Coleman and Jackson-Best (2020) posit that are a number of barriers that are place hindering Black adolescents accessing mental health services including but not restricted to stigma that is individual focused, lack of awareness of these facilities and services within the communities and the belief that caregivers are more than capable to deal with issues in children and that therapy is not necessary.

Adugna, Nabbouh, Shehata and Ghahari (2020:3) write further barriers to access of mental health care services are influenced by the culture and attitudes of the community in which caregivers and parents reside and this could impact their decision to utilise these services or not.

2.6 Knowledge gap of previous research studies

Several studies have shed light on the challenges facing mental health care for children and adolescents in Sub-Saharan Africa. The challenges highlighted in accessing mental health care for children and adolescents in Sub-Saharan Africa, as elucidated by Owen et al. (2016:45-46), including limited resources, difficulties in accessing care centres, and inadequacies in diagnostic tools, underscore the importance of understanding the barriers faced by Black caregivers in accessing child therapy services in these regions. A study by Saade, Lamarche, Khalaf, Makke and Legg (2023:1-16) revealed the varied sources from which caregivers seek mental health care, including professional providers, traditional

methods, and religious leaders, emphasising the need to explore the preferences and experiences of Black caregivers regarding child therapy. Furthermore, the common hindrances identified across studies, such as preference for traditional methods, community stigma, and lack of mental health information, highlight the importance of addressing cultural and societal factors in understanding Black caregivers' perspectives on child therapy. However, while Fourie and Van der Merwe (2014:214-232) focused more on professionals' perspectives in family play therapy and Mokitimi et al. (2019:1-12) examined the challenges faced by mental health care providers and policymakers in the Western Cape, their findings on policy implementation, resource constraints, and neglect of mental health services, underscore the broader systemic issues that may impact Black caregivers access to and utilisation of child therapy services. Integrating these insights into the study design and analysis provides a comprehensive understanding of the perspectives and barriers faced by Black caregivers in seeking child therapy services in the specified regions. Hence these challenges are not only on children's mental health, but this is a wider problem even for adults in the Black communities.

3. THEORETICAL FRAMEWORK

The study of Black caregivers' perspectives regarding child therapy, draws upon Bronfenbrenner's Ecological Systems perspective and Social Constructivism. (Amali, Ridzuan, Rahmat, Seng & Mustafa, 2023:148-151) (Rachmad, 2025). These frameworks, backed by relevant literature, offer a nuanced understanding of how environmental factors and social interactions shape individuals' perceptions.

The study adopts Bronfenbrenner's Ecological Systems perspective to understand how various environmental factors influence Black caregivers' perspectives on child therapy (GuyEvans, 2020; Neal & Neal, 2013:726). This framework examines family dynamics (microsystem), interactions between family and school (mesosystem), cultural beliefs (macrosystem), external influences like workplaces and media (ecosystem), and temporal changes (chronosystem) (Louw & Louw, 2014:30). Each is explained in more detail:

- **Microsystem:** The microsystem refers to interactions within the family, encompassing values, communication styles, and available resources among family members (Rapholo & Makhubele, 2018; Louw & Louw, 2014). Additionally, the child's immediate surroundings, including parents, siblings, teachers, day care, and school, are part of their microsystem (Guy-Evans,2020:3). Interactions within this system are

bidirectional, influencing both the child and their environment (Bilhuda, 2012:139). Guy-Evans (2020:3) noted that it is essential to consider family values and norms, especially regarding perspectives of child therapy among Black caregivers, who regularly interact with children. Guy-Evans (2020:3) further added that these relationships within the microsystem play a crucial role in a child's development.

- **Mesosystem:** The mesosystem refers to interactions between different microsystems, like family and school (Rapholo & Makhubele, 2018; Louw & Louw, 2014). The mesosystem helps researchers understand if participants' views on child therapy are influenced by relationships with other systems in terms of sharing beliefs and values. Guy Evans (2020:3-4) noted that these interactions can shape their understanding of child therapy, such as relationships between teachers and parents or employers and schools. Neal and Neal (2013:726-727) highlight how the mesosystem shows the social interactions among various microsystems, affecting their overall functioning.

- **Macrosystem:** The macrosystem, according to various authors like Rapholo and Makhubele (2018) and Louw and Louw (2014), encompasses cultural beliefs and norms accepted within an individual's community. These cultural influences should be considered by researchers, as they can affect perspectives on child therapy. Cultural context significantly shapes attitudes and behaviours, as highlighted by Rapholo and Makhubele (2018:311-312), influencing individuals' thoughts and actions. Guy-Evans (2020:4-5) notes that the macrosystem considers broader societal cultures and values, shaping the mindset of children and individuals. Bilhuda (2012:139) emphasises the importance of this context in shaping cultural laws and values within families.

- **Exosystem:** The exosystem involves external institutions that impact a child indirectly, even if they are not directly involved with the child's immediate environment (Guy-Evans, 2020; Louw & Louw, 2014; Rapholo & Makhubele, 2018). These institutions, such as a parent's workplace, neighbourhood, or the media, can influence family dynamics and perceptions, even in the absence of direct interaction (Guy-Evans, 2020:3-4). Neal et al. (2013:726) suggested that although these external factors may not directly impact a child's life, they can shape the experiences and perceptions of those within the child's surrounding systems.

- **Chronosystem:** The chronosystem, introduced by Bronfenbrenner later in his career, examines the changes and events that occur throughout a child's life (Louw & Louw, 2014:30). These changes can involve anticipated transitions, such as moving or relocating to a new home, or unexpected events like divorce of parents, which can be stressful and have a significant impact on the family (Guy-Evans, 2020; Louw & Louw, 2014). Neal et al. (2013:726) argued that such events influence participants' perceptions and should be considered by researchers when assessing their effects on family dynamics and resources.

Bronfenbrenner's Ecological Systems perspective is well-suited to the study as it provides a comprehensive view that takes into account all the systems to which children and their families belong and are interconnected (Guy-Evans, 2020:8).

The study includes the Social Constructivism (SC) theoretical framework, that puts forward precious insight into understanding how individuals' perceptions and experiences are shaped by social interactions and cultural contexts. According to Allen (2005), social constructivism proposes that meaning is not individually created, but rather constructed through social institutions, indicating that social discussions influenced by historical, cultural, and geographic factors significantly impact individuals' understanding of the world. This concept, as highlighted by Burr and Dick (2017), who emphasise the role of language and culture in shaping perception, particularly among specific populations sharing common beliefs despite geographical differences. In the study focusing on Black caregivers' perceptions of child therapy, social constructivism, as suggested by Andrews (2012), proposes that these caregivers' views and attitudes towards therapy for children may be influenced by their social interactions, cultural backgrounds, language, and shared community experiences. By exploring how societal norms, values, and beliefs impact caregivers' perspectives on child therapy and guide their decision-making processes regarding seeking such services for their children, the study attempted to uncover the social and cultural influences affecting their perceptions and behaviours related to child therapy.

Applying Bronfenbrenner's Ecological Systems perspective and Social Constructivism to understand Black caregivers' views on child therapy, provides valuable insights into their experiences and challenges. This includes looking at family dynamics within the microsystem, such as communication styles and available resources, to understand how they affect caregivers' attitudes towards child therapy. Additionally, the study explores interactions between different systems, like family and school, within the mesosystem, to see if caregivers'

beliefs are influenced by these relationships. At the macrosystem level, consideration is given to how cultural beliefs within the Black community shape perceptions of child therapy. The study also looks at how external institutions, like workplaces or media, impact caregivers' views indirectly. Finally, understanding how temporal changes affect perceptions over time, such as life events or transitions, is crucial.

Social workers have noticed that Black caregivers, despite their diverse backgrounds, tend to have a negative view of child therapy and may be hesitant to give consent for their children to receive these services(Saade, Parent-Lamarche, Khalaf, Makke & Legg, 2023: 12-13). This reluctance often leads social workers to seek court orders to ensure children can access beneficial therapy. Social constructionism offers researchers a chance to examine this shared perception among Black caregivers, despite their varied backgrounds and cultural practices, all within the same racial group. Additionally, considering social constructionism will highlight how Black caregivers' perceptions are influenced by social interactions and cultural contexts, uncovering the social and cultural influences affecting their views on child therapy.

The Social Constructionism approach supports the identification of the specific challenges caregivers face in accessing therapy for their children and how their beliefs, values, and behaviours shape their perceptions of child therapy.

3.1 Summary

Chapter 2 provided a literature review regarding the various aspects related to the perspectives of Black caregivers' on child therapy that looked into the history of child therapy, what the mandates are regarding children receiving therapy and the theoretical frameworks that accompany this study. Chapter 3 will outline the research methodology that was followed for the study as well as the ethical considerations.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. INTRODUCTION

The aim of the research study was to explore and describe the perspectives of Black caregivers on child therapy in Eersterust, Gauteng. Chapter 3 will detail the research methodology used to guide and undertake the study. It will discuss the research approach taken, what sampling approach was taken and what the ethical considerations were, pertaining to the research, including all other information pertaining to the methodology of the study.

3.2. RESEARCH QUESTION

The research question that drove the entirety of the study was: "*What are the perspectives of Black caregivers on child therapy in Eersterust, Gauteng Province, South Africa?"*

3.3. RESEARCH APPROACH

The research approach consists of a paradigm and purpose, guiding the understanding of reality and research objectives, respectively (Nieuwenhuis, 2020:58). For this study, the interpretivism paradigm was employed, aligning with the notion that truth is socially constructed, and individuals interpret experiences subjectively (Alharahsheh & Pius, 2020:41,42). Through interpretivism, the study sought to delve into Black caregivers' perceptions of child therapy within their social and cultural contexts, acknowledging the diverse influences shaping their perspectives (Sefotho, 2021:8). This was employed through the interviewing process allowing the study participants to express their perspectives fully during the interview about child therapy and observed through the frameworks of the ecosystem's theory as well as the social constructivism lens.

A qualitative methodology was employed throughout the study focusing on understanding phenomena in their natural settings and uncovering participants' perspectives (Aspers & Corte, 2019:142). This approach allowed for exploring the subtle views of Black caregivers on child therapy, emphasising the process of data collection over obtaining finite outcomes (Nassaji, 2020:427). This research study primarily took on the attributes of a big "Q" research approach, falling under the category of using qualitative data generation approaches and

embraces researcher insight (Braun & Clarke, 2023:2; Braun & Clarke, 2024:5). By utilising interviews, the study aimed to achieve profound insights into how social contexts influence caregivers' understanding and application of child therapy concepts (Aspers & Corte, 2019:147). During the interviews, questions regarding the participant's community and their culture's views on child therapy were put forth, in order to understand what their environment (both social and natural) dictated regarding the idea of child therapy.

Both exploratory and descriptive purposes were served by the research study. Exploratory research is valuable in areas with limited prior literature, offering fresh insights into Black caregivers' perspectives on child therapy. Additionally, the descriptive aspect provided rich details of participants' experiences, guiding responses from stakeholders like the Department of Social Development and Circle of Life organisation, where the participants were interviewed (Rubin & Babbie, 2017:142). This was done using open-ended questions where participants were free to provide substantial, descriptive anecdotal information on their perspectives of child therapy during the interviewing process. In order to respond to the research question, interviews were concluded with an open-ended question asking participants to express any other information they would like to address on the perspectives of Black caregivers on child therapy.

3.4. TYPE OF RESEARCH

The current research adopted an applied research type, focusing on understanding Black caregivers' perspectives on child therapy in Eersterust, Gauteng province. Pawar (2020:47) indicates that applied research proposes solutions hence this study proposed solutions for improving the availability and acceptance of therapeutic interventions for children. In collaboration with social workers working with families and children, it was of utmost importance to identify barriers hindering effective communication and cooperation between caregivers and service providers in providing child therapy to children. Beyond analysis, the study provided practical recommendations tailored to address unique challenges faced by Black caregivers, ensuring cultural sensitivity and alignment with their experiences. The research aimed to drive positive change and support inclusive policies and practices, empowering caregivers to prioritize their children's well-being by encouraging their participation in therapy. The interviews provided a space for the Black caregivers to express reasons surrounding the underuse of child therapeutic services. Participants were invited to offer suggestions on how to improve access to child therapy in their respective living areas and how Black caregivers could be duly educated about child therapy and the impact thereof. This was outlined in the interview guide (Addendum A). This was collated to provide

recommendations to social service professionals and organisations on how to bring awareness to the topic to Black caregivers.

3.5. RESEARCH DESIGN

This study adopted a case study research design to explore the perspectives of Black caregivers on child therapy. Case study research investigates a contemporary phenomenon within their contextual realities, providing a deep understanding of the research issue in a real setting (Parwar, 2020:48). Specifically, an instrumental case study approach was employed, which allowed for a detailed examination of a particular case, to understand broader implications and generate recommendations (Nieuwenhuis, 2020:90). The case study design was chosen for its ability to delve deeply into the perspectives of Black caregivers, providing insights into their views, concerns, and issues related to child therapy. This approach allowed the researcher to immerse in the real-world context of caregivers, gaining comprehensive knowledge and formulating recommendations to improve future therapeutic service provision in Black communities, particularly in Eersterust, Gauteng province. During the interviews (Addendum A), participants were required to discuss what their community perceptions are. They were then asked what their social environment dictates and what opinions exist surrounding the idea of child therapy. They were asked to reflect on their personal upbringings including specific instances and whether they received child therapy or not. If they did not receive child therapy, what were the implications of not having those services available were to the caregiver.

This research project was conceptualised as a group theme project for the MSW (Master of Social Work specialising in Play-Based Intervention) programme. However, after approval from the University of Pretoria, Faculty of Humanities Ethics committee (HUM025/0524), each student conducted their own research project and eventual research report.

3.6. RESEARCH METHODS

Research methods are systematic approaches and techniques used to collect, analyse, and interpret data in a research project. The selection of a research method is influenced by multiple factors, such as the research topic, the type of data required, and the characteristics of the study population. In this research study, the methods are described in detail (Pickard, 2013:99). The topics that will be discussed include the study population and sampling, data collection, data analysis, data quality, and finally the pilot study.

3.6.1. Study population and sampling

This portion of the research report provides a thorough description of the study population including sampling processes, including the sampling techniques used while conducting the research study.

3.6.1.1. Study population

Lopez and Whitehead (2013:124) define a population sample as a subgroup chosen from a larger population whereas Bhardwaj (2019:157) describes sampling as the procedural task and method of selecting a sample from a larger population for research purposes.

3.6.1.2. Sampling

The focus was placed on Black caregivers in Eersterust, Gauteng, who utilise the Department of Social Development, Eersterust and the Circle of Life Organisation, for family and child welfare services, based on the notion that they are underutilised counselling services for their children, as observed by the researchers. To recruit participants, the gatekeepers of the organisations invited the prospective participants to contact the researcher directly, if they had any interest in participating in the study (Addendum G). Furthermore, prospective participants had to satisfy the requirements for inclusion criteria.

3.6.1.3. Sampling techniques

In this study, a non-probability sampling approach was employed, particularly purposive sampling, which allowed for the selection of participants based on specific criteria (Maree & Pietersen, 2021:220; Muzari, Shava & Shonhiwa, 2022:16). This was done as the study is a qualitative study and to isolate and locate the ideal participants, suited the aims and objectives of the study and assisted in answering the research question.

The study included 8 participants who met the following specific criteria, and they were recruited through the assistance of the Department of Social Development, Eersterust and the Circle of Life organisation:

- Individuals who provided care and support, including parents, guardians, and other individuals involved, for children below the age of 18 years.
- Identified as Black South African.
- Have been aged between the ages of 20-60 years of age.
- Reside in Gauteng, South Africa.
- Are able to converse in English.
- Agreed to participate voluntarily.

The participants were contacted to confirm their voluntary consent and participation in the research study and relevant dates and times were established for the interviews. Four participants from the Department of Social Development, Eersterust and four participants from the Circle of Life organisation were identified, respectively and they were then interviewed on the premises of the organisations.

The interviews commenced until rich data was collected. A total number of eight participants were interviewed and their data was utilised for the aims and objectives of the study. Each interview spanned no longer than 30 minutes. The researcher believed the interviews conducted were sufficient and adequate, for the study aim to explore and describe the perceptions of Black caregivers on child therapy as the interviews were rich and saturated enough to yield response and answers to the research questions.

3.6.2. Data collection

Utilising a qualitative approach involves using methods like semi-structured interviews to explore participants' views and experiences, as suggested by Durand and Chantler (2014:44). Semi structured interviews allowed for a structured yet flexible approach, enabling researchers to delve into participants' lived experiences and perspectives, as noted by DeJonckheere and Vaughn (2018:1-2). For the study, the researcher used a qualitative approach, and data was collected through semi-structured; one-on-one interviews (Addendum A) that allowed Black caregivers to freely express their perspectives on child therapy, addressing the research question directly. These questions were a catalyst for full discussions and allowed the participants to fully describe their perspectives.

The interview guide (Addendum A), composed of open-ended questions, was constructed to gather detailed insights from participants, aligning with recommendations from DeJonckheere and Vaughn (2018:5). These interviews involved prepared questions to foster discussion, gathering insights from participants' unique experiences and beliefs (Dejonckheere & Vaughn, 2018:2-3). While qualitative interviews yield rich data, they may be time-consuming and lack participant anonymity (Braun & Clarke, 2013:80). However, the researcher, a qualified social worker, ensured confidentiality and employed proficient interviewing skills, using pseudonyms and rephrasing questions, respectively, to navigate these challenges. The researcher sought and obtained permission from organisations and their gatekeepers (Addendum E & G), who are social workers or managers who render services to families and caregivers of children under the age of 18 years in the community. The gatekeepers were issued with a detailed letter explaining the nature and reason for conducting the study (Addendum C).

To ensure confidentiality, the interviews were conducted in private offices at the Department of Social Development Eersterust office and the Circle of Life, Eersterust offices in Gauteng. To refine the interview guide (Addendum A), a pilot study was conducted, while purposive sampling and ethical principles supported participants' engagement. The pilot study revealed some questions to be unclear to participants and the questions were rephrased. The questions altered for clarity after the pilot study were questions 9, 10, 11 and 15. The participants used in the pilot study formed part of the study population as the information provided great depth and insight into the research question. The interviews were promptly audio recorded with the permission of participants for data collection accuracy purposes. The interviews were then transcribed using Turboscribe, a transcription software application, to streamline and accurately transcribe the audio recorded interviews to assist with accurate code and theme generation. . The transcription provides verbatim transcription adding every sound, incorrect start or variations of the sentence into the transcription to show its accuracy and the researcher listened to the audio transcription to make sure it is error free and consistent with the transcription.

The data analysis method applied to the research study will be discussed, with a discussion related to the process followed for analysing the data.

3.6.3. Data analysis

Qualitative data analysis is a vital step in the research process, helping researchers interpret and evaluate their data (Ngulube, 2015:1). Reflexive thematic analysis, chosen for this study, involves identifying patterns and themes in the data to address the research question (Byrne, 2022:1392- 1393). This approach allows for thoughtful interpretation and theoretically informed analysis (Kua, Teo & Lim, 2023:1348).

The use of reflexive thematic analysis was conducted and applied through a six-phase reflexive thematic analysis approach. This method was chosen to provide a detailed and reflective analysis of the data. It also offers flexibility and clarity, which are particularly helpful for new researchers in conducting a thorough examination. (Nowell, Norris, White & Moules, 2017:2-4).

In the thematic analysis process, the following approach was implemented:

Step 1: Familiarising yourself with data and identifying items of interest

Initially, the researcher kept a daily diary to record the data collection process, helping to become more familiar with the data through interactions with participants as prior knowledge was gained (Nowell et al., 2017:5). The researcher conducted all eight interviews with participants independently and afterwards, carefully listened to each audio recorded interview

and then transcribed each interview using Turboscribe, a software application that aids in transcribing audio recordings. After each transcription, the researcher went back to the interviews and carefully relistened to each interview recording and meticulously examined the transcript. This process aided in becoming familiar with the data collected and assisted in developing an accurate understanding of the data. The researcher's *"insider"* positionality allowed the researcher to gain the respect rapport and understanding of the participants (Bukamal, 2022:332).

Step 2: Generating codes

The researcher then generated codes independently from the collected data and had continuous meetings with the supervisor who is familiar with the aim of the study, to review and discuss codes. The codes for this study were generated through semantic coding where for example, the individual views of Black participants on child therapy were explored. According to Braun and Clarke (2013:207) semantic codes record the participants' expressed feelings or words in their explicit form.

The researcher initiated this step by reading each transcript and highlighting relevant quotes that stood out to the researcher. This would be followed by highlighting and allocating different colours for the different quotes and providing a detailed phrase to describe the quote. This process was followed for every transcription and each quote was pasted onto a separate document for further scrutiny and code generation.

Step 3: Generating themes

Independent generation of codes from the data occurred after coding, with regular discussions with the supervisor aiding in refining them. Thematic coding was utilised to capture explicit content from participants' views (Braun & Clarke, 2013:207). Using an inductive approach, themes were generated themes directly from the raw data, closely linked to participants' responses (Nowell et al., 2017:8).

The researcher used the codes generated to form a table, categorising and allowing themes to be generated from the codes generated. This aligns with the techniques of the chosen qualitative, big "Q" approach to research (Braun & Clarke, 2023:5). The possible themes and subthemes were tabulated and given different colours to represent the various themes in one column, while a second column would house the sub themes that aligned or spoke to the research objectives. Consultation and supervision with the research supervisor were of paramount importance as generating themes was new to the researcher and guidance was provided on how to think about, and analyse the data collected to generate possible themes.

Step 4: Reviewing potential themes

The researcher revisited the raw data to see if there was a need to generate new themes and redefine the existing themes with the use of the generated codes. Nowell et al. (2017:9) report that the generated themes is being validated separately. and revised to consider the importance or non-importance of certain coding.

Supervision aided in reviewing the themes and consulting with the research supervisor allowed for refining the themes and determining their applicability to provide answers to the research question.

Step 5: Defining and naming themes

In this stage, the researcher defined and named the themes and identified any specification of what each theme fits into the story of the data and the research question (Nowell et al., 2017; Braun and Clarke, 2013). The researcher at this stage labelled and provided final descriptions of each theme and linked them to the overall aim of answering the research question.

Step 6: Producing the report

Finally, step six included reflecting on the research question, coding extracts, and defining themes to create a clear link between the data and literature. A comprehensive research report was written, detailing all research processes, and providing a concise, coherent, and logical account of the data within and across themes (Kua et al., 2023; Braun & Clarke, 2006). Quotations from the interviews were carefully selected and used to link to a specific theme and/or subtheme that in turn aided in understanding the perceptions of Black caregivers on child therapy and what challenges they face and whether cultural or religion factors influence their perception of the research question. This process included regular supervision to make sure that the quotations used, literature sources referenced, and the applied theory justified and provided a holistic discussion and overall provided an understanding of what the perceptions of Black caregivers are on child therapy. Braun and Clarke (2024:17) refer to the process of reflexive openness where the researcher details the research process and how and why it was done, and it is illustrated in the process of research as well as the sixth step of reflexive thematic analysis.

3.6.4. Data quality

In research, trustworthiness is crucial for confirming credibility. (Nowell et al., 2017:3). The study validated its data quality by applying the principles of trustworthiness, which were used to examine and verify the data collected for confirming its accurate representation (Muzari et

al., 2022:18). The researcher remained attentive to the methods used to assess the trustworthiness of the data analysis (Nieuwenhuis, 2020:144). Trustworthiness was established through the following principles during this study:

3.6.4.1 Credibility

Creditability was maintained and applied through strategies which included member checking and peer debriefing, allowing participants to verify data accuracy (Nieuwenhuis, 2020:144). Specifically, participants were invited to review transcripts or field notes for factual accuracy during the interview (Nieuwenhuis, 2020:144). Participants were made aware that they could review the transcripts however, no participants opted to do so. Peer debriefing was used to maintain accountability for the research process and provide a space for critical thinking to make sure the data that had been collected was indeed accurate through supervisor with the research supervisor (Stahl & King, 2020:23). This was further illustrated through the member checking to ensure the study sample presented both factual and correct information for the study. Furthermore, the method of theoretical triangulation was used to ascertain credibility in the study using two theoretical frameworks, namely social constructionism theory and the ecosystems approach (Stahl & King, 2020:23).

3.6.4.2 Dependability

Dependability was ensured by meticulously documenting every aspect of the research process in a reflective diary, Ensuring transparency and consistency in decision-making and implementation (Maree, 2020:145). Furthermore, audit trails will be kept to monitor changes and decisions throughout the study. (Maree, 2020:145). Raw data, supervision notes and interview transcripts were kept and stored safely in order to provide the clear trail of evidence and make reference to where the information was derived for the study.

3.6.4.3 Transferability

Transferability, which refers to the extent to which research findings can be applied to other contexts, was ensured by providing detailed descriptions of the research process in a mini dissertation format. These descriptions included information about the contexts, participants, settings, and conditions, which allowed readers to assess whether the results could be transferred to similar situations or populations (Braun & Clarke, 2013:282). In addition, purposive sampling was employed to ensure diverse representation by selecting participants based on specific criteria relevant to the research question, thereby capturing a wide range of perspectives (Maree, 2020:145).The researcher used purposive sampling to provide ease of transferability for future research studies that include Black caregivers to understand and explore their perceptions of child therapy and referred to applicable literature that not only supports the theoretical component but also the practical application of the research study to

recommend and identify some of the barriers faced by Black caregivers when accessing child therapy.

3.6.4.4 Confirmability

Confirmability is established when credibility, transferability, and dependability have been attained. Confirmability is concerned with proving that the researcher's interpretations and findings are clearly drawn from the data, which necessitates the researcher to demonstrate how conclusions and interpretations were reached (Nieuwenhuis, 2020; Nowell et al., 2017). The researcher established confirmability by ensuring that the process of the study of the perspectives of Black caregivers is substantiated by a relevant literature review and theoretical framework (Nowell et al., 2017:3). Moreover, the researcher kept a reflective paperwork, which contains the contents of all events in the field, personal reflection about the study, such as the fascinating phenomena that arise throughout the investigation processes (Anney, 2014:15). Confirmability was demonstrated by using direct quotations from the interviews to justify the research findings. Furthermore, the literature review and theoretical framework applied for the study was carefully reviewed and derived from limited previous studies on the perceptions of Black caregivers on child therapy and built on the previous studies by diversifying it to the Gauteng province and exploring what the specific challenges and what cultural and/or religious influences, impact the access of child therapy.

3.6.5. Pilot study

Using a pilot study allows the opportunity for applying of research methods and processes, allowing opportunities to make changes if required, to evaluate the feasibility and practicality of research methods and processes (Teresi, Yu, Stewart & Hays, 2022:96; Strydom, 2021:386-387). This helps to identify any issues or challenges in the research design, ensuring the methods are effective and suitable for the full study. In preparation for data collection, a pilot study was conducted involving a Black caregiver meeting the inclusion criteria, to evaluate the suitability of data collection tools and criteria (Strydom, 2021:386-387). The data collected from the pilot study was included in the main study provided rich data and was relevant to the aim of the study. This process allowed for the refinement of the interview guide (Addendum A) and the identification of potential ethical and practical challenges, ensuring the feasibility of the study (Mafokane & Shirindi, 2018:41). The interview guide (Addendum A) was altered for clarity, and this was specifically done on questions 9, 10, 11 and 15. These questions were simplified and altered, to enable the participants to answer with ease and full comprehension on whether they have received child therapy in their respective pasts.

3.7. ETHICAL CONSIDERATIONS

In terms of ethical considerations, various principles were adhered to ensure the integrity of the study. Firstly, gatekeeping permission will be obtained from the Department of Social Development, Eersterust office and Circle of Life organisation, Eersterust office where the study was conducted, and the study will be reviewed and approved by the Research and Ethics Committee of the Faculty of Humanities at the University of Pretoria (Addendum E&G) (Rankin & McFadyen, 2016:82). The following principles were upheld to maintain the study`s ethical standing and integrity.

3.7.1. Avoidance of harm

Babbie (2021:64) maintains that no harm should come to participants, both emotionally and psychologically and that the research should not injure them or pose a danger to their social lives and daily lives. Participant's emotional well-being was safeguarded by the researcher through offering debriefing services after the interview (Addendum D). If needed, a referral could be made for free counselling services post-study to Ms Escleston Barnett, a qualified and registered social worker who was available to provide debriefing services to the participants if any form of harm was experienced (Addendum D) (Braun & Clarke, 2013:63). Participants were informed before and during the interview of the possible emotional distress that could be caused, due to the nature of the questions being personal, therefore they were able to be referred to the social worker to seek any debriefing session if the interview caused any emotional harm. None of the participants opted to use the debriefing services however, it was offered to all participants. The researcher did not discredit any feelings arising during the interviews but allowed this to add to the authenticity of the interview and the research process.

3.7.2. Compensation

Researchers should be aware of the ethical concerns of compensation especially when asking vulnerable and marginalised groups to partake in research as they may do it solely for the compensatory purpose (Newman et al., 2021:5). The researcher did not provide any compensation for the participants, clearly stated when participants were making an informed decision regarding participation in the voluntary study. The study participants verbally and in writ, acknowledged that no financial compensation could be provided, however their opinion and participation in the study is highly valued for the data collection and write up of a mini dissertation (Addendum C).

3.7.3. Abiding to the professional body SACSSP and its values, ethics, and principles

Adherence to the professional ethics of South African Council for Social Service Professions (SACSSP) guided interactions with participants, ensuring a non-judgmental attitude, respect for opinions, and protection of dignity (Babbie, 2021:67). The researcher needed to be a

registered social worker with the council to conduct the research study and be familiar with the code of ethics as set out by the council and apply the social work values and characteristics of warmth, compassion, respect and a non-judgmental attitude before and during the interview. The researcher's positionality and intersectionality allowed as a Black female who shares a similarly locality as the participants allowed for the researcher to engage deeply with the participants and have a sense of shared identity but nevertheless, placing the identity of researcher as the primary identity (Braun & Clarke, 2024:17). The researcher made sure to put the position of social worker and researcher as primary by making sure to familiarise herself with the research goals before the commencement of the interviews and preparing and placing herself in the mindset of a researcher while still adhering to principles of empathy and rapport with participants.

3.7.4. Analysis and reporting

Analysis and reporting upheld honesty, accuracy, and integrity by accurately representing data, acknowledging limitations, and addressing negative findings in the final research report (Babbie, 2021:71; Braun & Clarke, 2013:63). A pilot study was conducted to ensure the practicality and feasibility of the research methods and processes (Strydom, 2021:386-387; Teresi et al., 2022:96). The pilot revealed discrepancies in the interview guide (Addendum A) and the structuring of the questions. This was therefore amended, and the questions were more clearly written and structured more logically and more clearly.

3.7.5. Informed Consent and Voluntary Participation

Informed consent was obtained from participants, emphasising their voluntary participation, right to withdraw, and their understanding of the research details (Babbie, 2021:63; Braun & Clarke, 2013:62). According to Babbie (2021:63) participants should not be forced to participate in the research study. Braun and Clarke (2013:62) emphasise that participants must provide written informed consent before engaging in research, acknowledging their right to withdraw at any point during or after the study without pressure. Newman, Guta and Black (2021:4) added that participants should also be made aware of all relevant aspects of the research, such as the process and their role in the study. For this study, participants were provided with an informed consent form (Addendum C) outlining the details of the research study to make sure they fully understood what the research was about and gave their consent to take part, knowing all the terms and conditions of the research study. The participants, in consultation with the researcher, went through the informed consent form (Addendum C) in detail and were explicitly made aware that they were allowed to withdraw from the study, without any fear of reprisal or negative consequences.

3.7.6 Anonymity and confidentiality

It was essential for the researcher to maintain confidentiality throughout the research process. (Addendum C). Participants' identities and private information will be protected by assigning codes and using assumed names (Babbie, 2021; Maree, 2020). To further ensure confidentiality, the organisation's gatekeepers were sent invitation letters allowing prospective participants to contact the researcher directly. This method not only ensured confidentiality but also empowered participants to engage with the research voluntarily and anonymously, further safeguarding their privacy. Furthermore, the researcher used codes and assumed names to adhere to confidentiality and interviews will be conducted in a private space. Interviews were conducted in private offices on the premises of DSD and Circle of Life in Eersterust, respectively, to ensure comfort, establish rapport and allow participants their privacy during the interview.

3.7.7 Point of Competence

Competence in research refers to the researcher's skills including interviewing, and knowledge regarding the subject matter make the researcher competent to conduct research studies accurately, responsibly and rigorously (Strydom and Roestenburg, 2011:126-127). It is of importance that the researcher can conduct research studies competently to ensure the protection of the participants, ensure the accuracy of the research data and analyse the data meaningfully and with the appropriate skills (Strydom and Roestenburg, 2011:127).

Researchers need to possess and be skilled in interviewing techniques, observation and data analysis, all related to qualitative research. This ensures that the meaningful responses are elicited, and the data is accurately collected and interpreted with accuracy (Strydom and Roestenburg, 2011:127).

The researcher has skills in conducting interviews and observation as well as data analysis and was therefore able to complete interviews and conduct the research. The researcher had a competent and qualified supervisor with prior research experience including research supervision experience and is currently completing a PHD in social work.

3.7.8 Reflexivity and Positionality

One strategy in which the researcher acknowledged their reflexivity was through the strategy of *“prolonged engagement”,* in which the researcher immersed themselves in the context and environment in which the participants exist in (Johnson, Adkins & Chauvin, 2020:142). The researcher was additionally cognisant of their body language, language use and the researcher-participant relationship that could have an influence in the way the participants

answered and tried to mediate this by being as respectful and approachable as possible to obtain transparent answers from the study participants (Johnson *et al.*, 2020:142).

The researcher acknowledges that their positionality was that of an insider since the researcher attributes of race and residing in the Gauteng province and takes on the position of being an "*inside*r" and this influences the research process by allowing the researcher to understand the participants and their social backgrounds (Bukamal, 2022:332). The researcher has experience in working with children, particularly in the space of delivering and providing therapeutic intervention with children and can acknowledge and advocate for the use of child therapy in working with children and their families. The researcher further believes that there is much dearth in families and communities to child therapy and can attest that it is an important intervention, pertinent for the functioning and holistic well-being of children, families and communities and society at large. The researcher does understand the circumstances of the research participants as the researcher identifies as part of an often marginalised and underrepresented population, being a Coloured female and often see the consequences of the lack of access to child therapy, prevalent in the researcher's community. Simultaneously, forming part of the profession of social worker and working in the social work fields, specifically play therapy and child protection, the researcher understands and views the immense need for these services and how they positively impact the lives of the children and their caregivers, especially Black caregivers and hence the researcher hopes the research study could encourage and create awareness amongst the Black caregivers of the benefits and importance of child therapy and be part of creating more access to child therapy.

3.8 Limitations

The study contained some limitations, and these were found through observation and further analysis of the entire research study. The following limitations should be taken into consideration for the context of this study, being methodological and unintentional such as that: The research study was limited to the Black caregivers residing in the Gauteng province and therefore may not be representative of the perspectives of Black caregivers that reside across the republic of South Africa and in the different provinces.

The research study inclusion criteria stipulated that participant be able to converse in English however given the array of eleven official languages in the country, the research may have overlooked those who are not able to converse in English and may not missed integral information that could add to the richness of the study. The researcher previously indicated her positionality in the study, and this may have contributed to the limitation of the study as the study participants may have different understandings of the researcher-participant relationship and unintentionally influence the manner in which the questions were answered

such as perceiving it to be a counsellor-client relationship or not being transparent enough given the personal nature of the study.

Furthermore, the study outlined in the inclusion criteria that Black caregivers should be between the ages of twenty and sixty years of age and could possibly overlook important vital data of the ages above sixty years of age, given that many Black caregivers who are older than those sought out in the inclusion criteria. However, the researcher tried to find participants that have a greater range in age to fully represent the Black caregivers' perspectives.

Finally, an unintentional limitation discovered in the execution of the research study was the lack of male caregivers and the imbalance of male to female caregivers in the research study as more Black, female caregivers took part in the study as opposed to Black, male caregivers (Horwood, Hinton, Haskins, Luthuli, Mapumulo & Rollins, 2021:2).

3.9 Summary

The methodology chapter outlined clear and concise information, regarding the meticulous methodology employed and used during the establishment and implementation of the research study. It provided a clear and concise discussion of the research methodology, sampling techniques used, the data collection process and the ethical considerations adhered while implementing the study. The proceeding chapter, Chapter 4 will discuss the biographical information of the participants and commence with a detailed discussion of the empirical findings with reference to literature and the theoretical framework.

CHAPTER 4

RESEARCH FINDINGS AND INTERPRETATION

This chapter will detail the demographic information of the participants and further discuss comprehensively the research findings in the forms of themes. Each theme will be fully reviewed with supporting literature highlighting each theme.

4.1 Biographical profile of participants

Eight (8) participants in total were interviewed for this specific study. Their biographical details such as their gender, age, their relation to the child in their care and how many children are in the care have been included in the study and have been summarised into table 4.1 below:

Table 4.1: Biographical Information of the participants

Participant number (P)	Gender	Age	Race	Relation to the child in their care	No. of children in their care
1	Female	60	Coloured	Biological grandmother and foster parent	3 children
2	Female	51	Coloured	Biological mother and biological grandmother	2 children
3	Female	49	Coloured	Biological mother and biological grandmother	3 children
4	Female	49	Coloured	Biological mother	2 children
5	Female	50	Black	Biological grandmother and adoptive grandmother	2 children
6	Female	54	Coloured	Biological mother	1 child
7	Male	45	Coloured	Biological Father	1 child
8	Male	48	Coloured	Biological Father	1 child

Table 4.1: Biographical Information of the participants

Six of the participants identified themselves as female while only two of the participants identified as male. The main race group represented in the sample were Coloured, apart from

one participant who identified as Black. All the participants had a biological, familial relation to the children in their care. Four of the participants were identified as being the biological mother of the participants and two of the participants were the biological grandmother of the children in their care. The remaining two participants were the biological fathers of the children in their care. It has often been found that primary caregivers of children are most likely their biological mother with the absence of a father (Hatch & Posel, 2018:268) The ages ranged from mid-40's to the oldest participant being 60 years old. The participants were provided with pseudonyms and given numbers to protect their identities. The least number of children in the participants' care was one child, while the participant with the most children in their care had three children. Three of the participants had two children who they provided care for.

The next part of the chapter will describe the themes generated after conducting the research interviews and will discuss them thoroughly.

4.2 EMPIRICAL FINDINGS

The following discussion will unpack each theme and discuss it within the contextual background of the research study and provide literature support and further link it to the overall aim and objectives of the study.

Table 4.2: Themes and sub-themes

Themes	Sub-themes
Theme 1: The use of child therapy as a space for children to express themselves.	
Theme 2: Child therapy as a tool to empower parents.	Sub-theme 2.1: Education and knowledge dissemination Sub-theme 2.2: Provide guidance/advice on dealing with child's development
Theme 3: Perspectives or views towards speaking of child therapy.	Sub-theme 3.1: Reluctance of speaking about the topic of child therapy. Sub-theme 3.2: Reluctance to use child therapy
Theme 4: Awareness of child therapy	Sub-theme 4.1: Lack of awareness Sub-theme 4.2: Importance of creating awareness

Theme 5: The importance of child therapy for the functioning of children.	Sub-theme 5.1: Child therapy as a right Sub-theme 5.2: Child therapy as part of a child's development
Theme 6: The Westernised view of child therapy/ Child therapy in the African context	
Theme 7: The influence of religion on perspectives of child therapy	

Table 4.2 : Themes and sub-themes

Theme 1: The use of child therapy as a space for children to express themselves

Participants provided their understanding of the term *child therapy* and what it meant to them personally and what can it mean for children to utilise and receive child therapeutic services. Their responses encompassed the following:

> *"For us, for child therapy, it's good. I'm going to describe it as an outlet system. Mm-hmm…Okay, yes. For a venting system…"*- **Participant 5 (P5)**

> *"I don't know if I make sense but it's for me it's some therapy speaks of a process then it's put in place to restore or to rehabilitate or to get somebody or to restore something that has been broken"*- **Participant 8 (P8)**

Half of the participants had provided their understanding of child therapy and provided a definition, or an explanation of what child therapy is to them or how they understand the term. They shared that they understood it is being a way in which children can have a way to relieve themselves of all their emotions and express it openly while another participant stated it is a process of rehabilitation to bring about the normal functioning of a child. The other half of the participants indicated that they did not know what it is, so the researcher provided a general explanation of what child therapy is, what it encompasses and who facilitates child therapy for children. Many of the participants then felt they had a better understanding of what the term is after having been read the definition.

This coincides with the literature presented that the therapeutic process not only provides a space for children to be free but view the therapeutic environment as free and permissive to them to express their emotions and empower children to feel welcome to actually express those often shameful or impermissible emotions (Núñez, Midgley, Capella, Alamo, Mortimer & Krause, 2021:994)

Caregivers gave insight into their understanding of child therapy and likened it to a place and environment where children were able to articulate their inner feelings and have a space where they could truly express themselves without any inhibitions or fear of consequence.

> "*You find that a child can't speak at home… Yeah. It's either mom is too strict or I'm a closed book, and at least with a child, with someone else, a counsellor or a therapist, then the child can open up."*- **Participant 6 (P6)**

The caregivers went to further describe the understanding of child therapy and few of the caregivers described it as being a place where children can freely confide in the therapist and reveal what they often feel uncomfortable sharing with their caregivers at home. The parents parenting style may often be authoritarian, and children do not feel at ease sharing with their parents or children are rather afraid of sharing what they feel with their caregivers.

Participants stated the child therapeutic space allowed children to feel at ease and comfortable enough to trust and provide the therapist with their innermost feelings and emotions and give them a platform and space for full emotional expression.

> *"To speak up. Yeah. To raise their voice and to let them realise that they are important also… Because I think the problem with our children is the peer pressure."* – **Participant 6 (P6)**

Allison and Rossouw (2013:26-27) have posited that the alliance with the therapist and the therapeutic relationship are prerequisite for a safe environment- an environment that that is supportive, trustworthy and open enough for children to enhance positive social interaction which in turn allows a child to open up and express themselves freely.

Theme 2: Child therapy as a tool to empower parents

Caregivers shared furthermore their understanding of child therapy and how, by extension, that entails providing and educating parents on child therapy as well. This provides the caregivers with the tools to aid in their children's overall well-being and functioning. The participants had this to say about this idea:

> *"We don't know what to do, what to expect, everything like that. So, if I can get therapy, then you can learn to stand on your feet and to think twice, to speak twice, the right words, and you know everything"* -**Participant 1 (P1)**

> *"…So, I want to empower myself so that I can help not only my children or my grandkids, but the children surrounding me."* -**Participant 5 (P5)**

Over half of the caregivers stated that they see child therapy as a tool to learn not only about their children but further gain important knowledge on their respective parenting styles and ways of understanding their children. It further served as a tool of self-reflection, which would on how to be a better parent and individual and apply any advice received to improve themselves. Two of the participants had gone further to say that they would use any advice, skills or knowledge gained in the process of child therapy to enhance the lives of children around them and in their communities.

Williams, Wood and Plath (2020:147) assert that there is importance in having a good positive support system in place, coming from friends, family and the therapists in the community to encourage the caregivers to attend and embrace the therapy process especially from the therapists side where they assist the caregiver with information or simply provide an ear to listen and empathise with their experiences Vorster (2022:27) does indicate that the intervention and support coming from a therapist does lead to better results especially in an interrelated setting or manner , in working with community and family.

Sub-theme 2.1: Education and knowledge dissemination

When the participants were questioned on what child therapy is to them, it was indicated it is educating parents on how to raise and assist in understanding their children's socio-emotional well-being and provide the professional and technical know-how and use skills that parents may not possess in understanding their children.

> *"Because although we can be educated but it's like we need each other. I can do counselling but there is some deeper thing like psychology or social worker that you guys can come in and help us as parents (with). And sometimes as parents also we are not that educated"*- **Participant 6 (P6)**

More than half of the participants indicated that child therapy assisted in providing an educational aspect for the parents as the task of parenting is not straight forward and parents often have a hard time with parenting. The child therapy would then empower them with skills that is more professionally associated, and parents would not necessarily have the information unless they have been informed by the practitioner provided the said child therapy.

Coombs, Joshua, Flowers, Wisdom, Crayton, Frazier and Hankerson (2022:90) state that many caregivers have empowered themselves with skills after receiving therapeutic services

and now feel equipped to deal with real life adversities that may impact them in future. This would enhance not only the micro system but also the meso- system as caregivers now have the tolls and knowledge to provide and refer others in their systems to seek child therapy services or provide some insight into what the child therapy process is.

Sub-theme 2.2: Provide guidance/advice on dealing with child's development

The study participants indicated that child therapy not only gives therapeutic services to the children but imparts guidance to the caregivers on adequate and appropriate ways on dealing with their children, with respect to the developmental level and can continually be a source of support in understanding the child throughout the continued development, specifically referring to the adolescent phase.

> *"So that I can communicate better and understand and adapt to the teenagers and especially the new ones coming up like Christian, he's the one-year-old. And also, then because there's an age difference. There's a one year eight months and then there's a four years difference and then there's a teenager. So, it would make, it will equip me better to understand from that age to that age…"* **Participant 5 (P5)**

Three participants pointed out to the fact that child therapy not only fulfils an educational function but also provides parents with the factual information such as the development of a child and the different phases of the development of a child. This was especially important to the parents who have adolescents in their care currently as they are facing difficulties in understanding their adolescent children. Therefore, child therapy would provide a knowledge gaining function in the technical aspect of raising and caring for their children. One Black caregiver made specific mention that it would aid her in raising her grandchild in future and be prepared for when the adolescent phase does approach.

It can be found that individuals rendering mental health services especially to adolescents and children do not have adequate training in place to counsel this specific group and this is to the disadvantage of those seeking service and additionally there may not be enough resources to employ those who have the training to provide therapeutic intervention (Weisenmuller & Hilton, 2021:7). Therefore, it is necessary to have social workers and therapists who are trained and versed in dealing with children, available in these communities.

Theme 3: Perspectives or views towards speaking of child therapy

Participants were prompted to share their views about child therapy and how the subject is handled within their personal as well as their social lives. They made mention that it remains a topic that is widely avoided and still considered somewhat taboo within their respective lives. These quotes speak to their perspectives and views surrounding the subject:

> *"Because I'll say I don't have much experience because it's me and my girlfriend. Normally when they come to me with problems, it's like we'll talk, I'll talk to them. If it's something outside in the street, bullying like you said, I would go out and I'll try and sort the problem out with them. But as you say, therapy is not known to us. We don't explain it like that."*- **Participant 7(P7)**

Almost all the participants with the exception of one participant revealed that the subject of child therapy is simply not spoken about in their daily lives and in their personal interactions with the community. It is often times viewed as a shameful and taboo subject and people do not engage in speaking about the topic, let alone using child therapeutic services. It also alludes to the fact that parents may use other terms or phrases for child therapy and may discuss it using alternative phrases or terms but do not directly engage or utilise the term "child therapy".

Du Plessis, Nel and Taylor (2021:528-529) explain that culture usually dictates what is seen as a problem, how the problem is viewed and what solutions can be generated to solve the problem and this certainly describes what the participants' views are towards child therapy and addressing the culture of silence within their cultures and communities, speak to the influence of the macro sphere of the topic of child therapy that culture often has a huge influence on how the subject is viewed.

Sub-theme 3.1: Reluctance of speaking about the topic of child therapy

Caregivers often spoke about the sheer reluctance to speak and elaborate about the topic of child therapy to their immediate family and close environment. This led to a rather avoidant manner when mentioning the idea and not disclosing the topic altogether and leads to the erasure of important ideas such as the above.

> *""And to me, I think it's a necessity, but you'll get most of the people, they just don't care. It's like it's not an option that comes up or something that people talk about. So, I can't say really what people think about it because we don't normally talk about stuff like that..."* -**Participant 7 (P7)**

Participants often pointed out that child therapy is not really spoken of as there is often a reluctance or complete avoidance altogether of the subject. It is not brought up in the family home nor is it a topic of discussion amongst other individuals in their close environment. This was often the sentiment for almost all the study participants, and many stated it simply not spoken about.

Sub-theme 3.2: Reluctance to use child therapy

The participants went further to state their avoidance of the topic does not stop at only talking btu also wholly using child therapeutic services in their families and communities. The participants pointed out that their communities and cultures were sceptical and rather reluctant to consult a child therapist or make use of child therapeutic services.

> *""why must I go for therapy, 'what, what therapy nonsense is this?' and we want to say 'ah my grandmother did it this way and this way and we must just make them man if they're wrong, we will just beat them…my culture we are not so so prone or so eager to get involved in this child business..."* -**Participant 8 (P8)**

All the participants echoed this sentiment that child therapy is very underutilised in their communities and their communities often prefer not to utilise these services. It was often the general opinion that their communities do not engage or use child therapy however all the participants similarly saw value in using child therapeutic services for their personal lives. They all agreed that they would use child therapy services but when speaking of the wider community, it was avoided.

Research by Jones, Anderson and Metzger (2020) asserts that Black children and adolescents are more likely to be confronted and experience stressors such as poverty and racial and class discrimination but have protective factors on a micro level, specifically pertaining to the family, such as strong emotional bonds and supportive structure, positive outlook and spirituality that enable them to adjust psychologically, and lessen the prevalence of poor mental and physical health outcomes. This in turn, could provide an explanation to the reluctance to use child therapy as families regards these protective factors as mediators to the child's larger socio-emotional well-being and avoid the use of child therapy. In social constructivist theory, there is importance placed on the learning and interactions of the knowledgeable members of society and hence people in these communities often look to those more informed and knowledgeable in their immediate families and communities than

themselves to provide support and a positive outlook and words of encouragement, rather than to search for rather foreign resources(Amineh & Asl 2015:14).

Theme 4: Raising awareness on the idea of child therapy

Participants were given the chance to provide suggestions as to what can be done to improve and enhance access to child therapy, not limited to their personal lives but also extending to public and social spaces that could potentially provide these services. Their answers provided suggestions such as:

> *"If you can just market it more. Oh, yes. If you can go out to places and market like the ones we have right now"*- **Participant 5 (P5)**
>
> *"…they can maybe educate the people at the clinics more about child therapy because it's also needed at places like that. And to us, we don't have any access to places like that …"* -**Participant 7 (P7)**

This was the comments given by three of the research participants that child therapy services are unknown by many of the community members. They shared that it is a vital service that can often be used by many of the community members, but it is unbeknownst to the larger community. They suggested that public institutions such as community health clinics be places of information dissemination where it is shared by the professionals at the clinics where they inform the patients about the availability of these services whilst the community members are visiting the clinic. One participant had very specific ideas that there should be a community fun day that introduces child therapy to the community. From the marketing thereof, it would have a mascot that encourages caregivers and children alike to find out about what child therapy is and provide an introduction to them at the fun day using a "*war room*". There would be a room specially designed for children to destroy objects using various mediums and this would in turn educate and inform caregivers and children on what child therapy can be and do for children and their families.

This was confirmed by Fante-Coleman and Jackson-Best (2020:117) in their reasons why Black communities do not make use of child therapy services due to the lack of awareness on the availability of these services within the community. Physical and geographic access remains another important aspect in having awareness of child therapy and this is often the case that it is not in close proximity for Black caregivers.

Sub-theme 4.1: Lack of awareness

Participants mentioned that there is a need for more organisations that are easily accessible by means of their geographic location, to the participants in order for them to use child therapy services. They highlighted there is a need for more organisations that assist parents and caregivers with the children in their care and trust the organisations will provide adequate care and counselling to the participants' children.

> *"…So, if there is more people like NYDO (NGO organisation) offices who you can go to and, talk to them and you can give consent, take the child and do what you can do…"* -**Participant 1 (P1)**

Participants felt that there was a need for more organisations that render child therapy services in and near their community. They felt that the organisations that already exist in the community had the responsibility to widen their fields of service and additionally render child therapeutic services in addition to their already existing services. This is due to the fact that child therapy is a big need, as the participant above mentioned and as long as parents can provide their consent, they would be willing to use these services, with the guarantee that the organisations are not too far in distance from their communities.

A study by Coombs *et al.* (2022:80) offers a similar idea that services that assist children and families specifically concerning child therapy be widely scattered throughout communities to ensure that all community members have access and are able to reach these services.

The quotation speaks directly to the fact that caregivers may not seek or utilise child therapeutic services often due to a lack of spaces that offer these services and the large unavailability of these types of interventions especially within lower income communities (Hayslip Jr & Maiden, 2023:144). Jacobs and Lekganyane (2022) report that there is, firstly; a dearth of resources and secondly; ineffective and imbalanced care and support for children living with mental health disorders especially, in schools and welfare organisations, with specific refence to the South African context. This speaks to the obstacles that Black caregivers face when trying to access child therapy services for their children.

Sub-theme 4.2: Importance of creating awareness

The caregivers stressed that there be compulsory, readily available child therapy services and child therapists at important spaces such as primary schools, where even the children are aware that they can seek and use these services on their accord. It was emphasised that these would not only encourage children but encourage and support their caregivers and guardians to seek help for their children, if they should need it.

> *"Yes, it must be something at your primary school like each primary school must have an office where there's a a child therapist 24/7…"* -**Participant 8 (P8)**

This was emphasised by one participant in particular who stressed the need for a readily available child therapist at primary schools throughout the community. This is to bring awareness to the children specifically as well as the school staff and body that children are allowed to seek out these services and teachers and staff may refer or seek information form the child therapist. The other participants' felt this was important but did not highlight the need for the services within primary schools.

Coetzee, Gericke, Human, Stallard and Loades (2022:197) proposed the idea of a universal based school programme as part in addressing the mental health and biopsychosocial development of children in the South African context that aims to address the socio emotional problems children may be facing, which is facilitated by as school professional working with children such as a counsellor or social worker. This in turn speaks to the micro level of service rendering that seeks to meet the needs of children in a more individual, direct ecosystem and would further engage the rest of the school on a meso- and communal level.

Theme 5: The importance of child therapy for the functioning of children.

Caregivers were asked to explain what reasons they believe children need therapy for and what they believe the aim of child therapy is. This led to a follow-up question asking caregivers what the advantages of child therapy is. Their responses revealed the following:

> *"…So, it's important for this child also to go through the process of the restoration. So, child therapy for me I see it as very vital…"* -**Participant 8 (P8)**

> *"…I think then they will be better, and they will go to school"*- **Participant 2 (P2)**

One participant highlighted in detail the importance of child therapy bringing restoration and a sense of healing to the child. The participants usually agreed child therapy is there to help children with their traumas while this participant specifically stated that it is important to restore the parts of the child that were disturbed and make sure that they are once again whole and

develop as normally as possible. This was a standout advantage of therapy for this specific participant.

All the participants were in mutual agreement that child therapy is an important factor that helps children not only with their socio-emotional problems, but it would further encourage them to stay in school and complete their school journey. This would be as a result of child therapy received that the children would be now motivated to strive to complete their schooling, which is an important goal for all of the participants in the research.

Bosgraaf, Spreen, Pattiselanno and Hooren (2020:2) explains that interventions in the lives of children and adolescents significantly reduce the outcome of adult mental or socio-emotional problems and lessen the impact of lifelong impact of the trauma endured and improves the outcomes for both the child and their families. This is shared by the participants that having received child therapy can really improve the child and family's overall health and well-being.

Sub-theme 5.1: Child therapy as a right

The majority of the caregivers in the study highlighted the need for children to get counselling and therapeutic intervention and even emphasised the need as being a fundamental right for all children, and it be part of the fundamental rights and treated as such.

> *"That it should be given. It's a necessity."* – **Participant 7 (P7)**

Half of the participants highlighted that child therapy should be compulsory for all children who have gone through traumas and to any child who is seeking to make use of this service. It should be readily available to them and be an important right of the child as much as other basic child rights.

Theron (2023:3) states it is important to pay attention to the development and well-being of the African child through increasing the amount of socio-emotional and mental health resources for children while also addressing systemic, structural disparities that exist for many children.

Sub-theme 5.2: Child therapy as part of a child's development

Participants stated that child therapy should form part of a child's holistic development, especially in cases where trauma is involved in the child's life. Hence, it be mandatory and

fundamental to the upbringing of children to receive child therapeutic intervention as they are growing and going through the different stages of their development.

> *"...like in my case, it's like you need somebody to talk to, and you need that therapy, especially when you're at a small age. You do need it because, like me, as I said, I'm 45, and I still have to deal with the problems..."* **-Participant 7 (P7)**

Two of the participants spoke about the negative consequences of not receiving child therapy as children to aid them in healing from the respective trauma. They both pointed out that they are still living with the consequences of not having received any intervention as children for their trauma therefore they believe it to be part of a child's holistic development to receive child therapy services. This would provide a mitigating factor for children who have experienced trauma and aid in their development process, as they are receiving child therapeutic intervention.

There is a correlation between poor mental health and the development of children and this lead to outcomes such as failures in academics, poor physical health which contributes to poor overall holistic health outcomes (Mabrouk, Mbithi, Chongwo, Too, Sarki, Namuguzi, Atukwatse, Ssewanyana & Abubakar, 2022:2). This can be linked to the consequences reported by participants that not receiving child therapy can have on a child or adolescent.

Theme 6: The Westernised view of child therapy/ Child therapy in the African context

Cultural, racial and personal views characterised the participants answers to what their views on child therapy are and what their wider communities' beliefs about the topic are. Many participants directly or indirectly made mention that the subject is still a relatively Westernised topic, and it is mainly suited for their white counterparts. Their responses illustrated this as follows:

> *"You know um we tend to think: Ah man what why do I need this no; this is for white people why must I go for therapy?"* -**Participant 8- (P8)**

> *"…my culture we are not so so prone or so eager to get involved in this child business..."* -**Participant 8 (P8)**

> *"I would say child therapy is actually a white thing again"* -**Participant 5 (P5)**

> *"We, as coloured or black people, don't do therapy. We just have this thing of you need to man up…"*- **Participant 5 (P5)**

This was a very apparent idea amongst all of the research participants and what their culture would normally dictate on the subject of child therapy. All the participants made mention that child therapy is still viewed as a mainly White ideal that Black caregivers and parents would not advocate for. Even in contemporary times, many of the participants cultures are of the view that child therapy is a white concept.

Afrocentric intervention as well as Afrocentric social work is vital in this area to speak to the holistic needs of African individuals and community and this would aid in understanding the interconnectedness of ideas of individual and community, while trying to solve individual and societal issues (Singh & Bhagwan, 2020:405). This would lead to the indigenisation of child therapy in Africa that seeks to find interventions that incorporates African culture but also respects the connectedness of individual, family and community (Singh & Bhagwan, 2020:405).

Parents and caregivers own mental health and their perception thereof usually have a contributing factor in the perception of child therapy and whether it is suitable for them or not and this trickles over into communities (Reardon, Harvey & Creswell, 2020:661). This is especially emphasised in social constructivist theory as one of the main components speaks to the idea of informal and formal interactions with others will shape their thought processes hence if parents speak or encourage use of child therapy or mental health generally , the child could use this and forms part of their complex thinking processes and will later on convey the same to their children or other in their families or communities(Shibina & Vidyapeetham, 2022: 376).

Theme 7: The influence of religion on perspectives of child therapy

Religion was a central theme when participants were asked what their beliefs regarding child therapy were as well as what influences their beliefs on the topic. Participants specifically stated that the Christian faith was their guiding faith, and this heavily influenced their ideas on the topic and issues surrounding the subject.

The answers shed light on this though these quotes:

> *"…The Bible. Okay. Train a child in the way he should go. Even when he missed the way, along the path, he or she will still come back. I really believe that what the Bible said is true,…So I think the Bible is my motto."* -**Participant 6 (P6)**

> *"But I ask God to help me, to give me strength. And thanks God for the social work and people like you, what can support us in this situation"* -**Participant 1 (P1)**

This was a very important aspect for the research participants. Half of the participants mentioned the religion of Christianity within their culture usually serving as a huge influence on their decision making. Making decisions on child therapy and whether or not to use these services was not exempt from this and their religion was usually a guiding factor in choosing to seek out child therapy services.

Practices of faith and religion often times served as protective factors to Black families when faced with adversity and influence the link between mental health issues and feelings of discrimination (Jones *et al.*, 2020:330). Singh and Bhagwan (2020) posit that religion is central to many of the participants lives and often helps people make sense of their lives especially significant events that often impact their live tremendously. They further elaborate that praxis should strive to include spiritually or religious based interventions to not only aid in their resilience building but physical and mental health outcomes (Singh & Bhagwan, 2020:404). Not only should praxis include religious based interventions but it should also attempt to promote this on a micro and macro scale by including this in undergraduate training to prepare social workers for this type of intervention (Singh & Bhagwan, 2020:405). Furthermore, social workers working with children and families should include spirituality and religious as part of their assessment tasks as it would try to tailor intervention needs to the uniqueness of the service user.

One participant had a contrasting influence and named social workers as a source of influence in shaping the views on child therapy. This was indeed a singular opinion however one to note in how caregivers are influenced on the idea of child therapy. The participant explained it as follows:

> *"Okay, what I can say what influences me is you people. It's the right people who can guide us, how to talk to your child, what can make him feel better, what can change his mindset, all the negative things out. So, you people can teach us what I'm saying, what to talk, what to do, the right thing"* – **Participant 1 (P1)**

Jin, Tang, Liu and Luo (2025:3) explain that the role of social workers is activism manifested through social justice to bring about social change-within this idea also to ignite societal debate and discussion and boosting actual change while simultaneously supporting the most vulnerable in society. This is very evident in the quotation above as social workers do have the ability to influence or bring about new perspectives to the caregivers and guide them into

finding new ways of thinking and actively parent while changing cycles of parenting in society in real time.

4.3 Conclusion

The biographical information of the participants was provided in the above chapter as well as the empirical findings. The chapter detailed each theme generating during analysis and provided an interpretation of the theme and sub-theme, when applicable and literature was integrated to help consolidate the themes and sub-themes. The final chapter, chapter 5, will outline the key findings, conclusions and recommendations.

CHAPTER 5

KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The preceding chapter provided extensive discussion on the biographical information of the participants as well as the in-depth empirical discussion on themes and subthemes. The final chapter will conclude the research study and attempt the answer the research question as well as examine the key findings and provide recommendations for research studies of a similar nature in future.

5.2 GOALS AND OBJECTIVES

The aim of this research study was to explore and describe the perspectives of Black caregivers on child therapy in Eersterust, Gauteng, South Africa

To reach the aim of the study, the following objectives had to be reached:

Objective 1: To explore and describe the understanding of Black caregivers regarding child therapy in Eersterust, Gauteng province

The researcher sought to explore and describe what the understanding of Black caregivers were regarding the idea of child therapy. In the pursuit of this, a qualitative research study was done to find out what their understanding of this topic is (Chapter 4). The research revealed through and met through Theme 2: Child therapy as a tool to empower parents; Sub-theme 2.1: Education and knowledge dissemination; Sub-theme 2.2: Provide guidance/advice on dealing with child's development. The research objective was hence met.

Objective 2: To explore and describe the challenges that Black caregivers experience when accessing therapy for their children

The research study provided a literature review (Chapter 2), obtaining information on challenges and barriers faced by Black caregivers when accessing child therapy for their children. Within chapter four, the researcher explored and described the specific challenges these caregivers faced through the empirical findings and was captured in Theme 4: Awareness of child therapy; Sub-theme 4.1: Lack of awareness; Sub-theme 4.2: Importance of creating awareness and lastly, theme 6: The Westernised view of child therapy/ Child therapy in the African context.

Objective 3: To identify specific cultural or religious values that could affect how Black caregivers perceive child therapy

The final research objective intended to identify the specific cultural and /or religious values that affect how Black caregivers perceive child therapy. Within the literature review, the researcher attempted to explore the cultural and religious reasons were noted on what some Black caregivers' perspectives on child therapy are and furthermore, the empirical findings attempted to meet the objective through Theme 6: The Westernised view of child therapy/ Child therapy in the African context and Theme 7: The influence of religion on perspectives of child therapy.

The findings and conclusions with respect to the goal and objectives will be discussed in the proceeding sections.

5.3 KEY FINDINGS AND CONCLUSION

The section will detail and discuss key findings referencing the literature review done in Chapter 2 and the empirical evidence provided in Chapter 4. The themes will then be discussed in chronological order, as presented in chapter 4, will be linked to report the key findings of the research study.

5.3.1. The use of child therapy as a space for children to express themselves

According to research, caregivers and parents of children who attend and receive therapeutic services are more likely to use the therapeutic environment as a space to express themselves and experience a catharsis of emotions when attending their play therapy sessions and this is often observed and noticed by parents

Findings indicate that parents and caregivers view child therapy as a place where their children able to articulate their feelings, where they would not normally do so when prompted by parents and the environment in which child therapy takes place often allows a feeling of trust and freedom to express feelings that are often suppressed by children.

Caregivers' perspective of child therapy is often linked with the idea that child therapy provides a space for children to speak about their feelings, without fear.

Conclusion: The research findings point to the fact that Black caregivers find that child therapy provides their children with a place to freely express themselves and their emotions in the process and space of the therapeutic environment. This has been linked with the idea that it

is safe for children to vent and speak out about their experiences are and therefore coincide with their overall perspectives.

5.3.2. Free of judgement

Research studies suggest the therapeutic environment and child-therapist relationship are factors that facilitate the therapy process and one of the prerequisites for this to ensue, is a non-judgemental and respectful environment in which children can speak about their experiences without feeling judged or feeling criticised.

Participants largely felt that their home environments were not conducive for children to feel free to speak up about what they are feeling, and that child therapy may provide a place for their children to articulate themselves without the fear or consequence of being judged or critiqued for what they think, feel or say in the therapeutic space.

The participants' often felt that their children did not want to or felt that they would judge, critiqued or reprimanded when they truly want to express how they feel, and participants felt that child therapy would provide a space where their children are aware that they are welcome to say what they are feeling.

Conclusion: It is concluded that the participants concur that the child therapy environment encourages children to speak and elaborate on their feelings as they feel they would not be judged for stating how they feel and what they experience, and this aligns with research on children feeling and experiencing emotional expression in child therapy and would not feel judged by their therapist. Black caregivers mainly felt that child therapy allows children to be open about their feelings without feel judged.

5.3.3. A safe place for emotional expression

Studies have shown that child therapy is often a space that facilitates emotional expression and specifically through the means of play therapy with children. This often forms part of the larger therapeutic goal and is needed for children to understand their experiences, make sense of their worlds and often work through their trauma.

The caregivers in the study mostly agreed with the sentiment that child therapy indeed provides children with a safe place to express their emotions and express the full range of emotions whereas their immediate environments at home and at school may not encourage this type of expression. The participants further echoed that child therapy gives children a voice and a chance to express their opinions and realise their value and importance.

Black caregivers often linked child therapy and their understanding thereof to a place where child can speak up and feel safe and comfortable enough to express their feelings and emotions and work through unresolved trauma.

Conclusion: Black caregivers felt that child therapy is often a safe and warm environment that facilitates children to express and be open about their experiences and this speaks to the literature on the advantages and goals of the child therapeutic space where a child should feel comfortable and secure enough to express their emotions.

5.3.4. Child therapy as a tool to empower parents

Research indicates parents and caregivers who consent to their children receiving child therapy are often empowered throughout the therapeutic process whether it be a on mental, social or educational stance, parents are empowered when taking steps to address their concerns regarding their well-being.

The caregivers asserted that child therapy is empowering to parents as it often gives them techniques, ways and methods to help understand their children and what they are experiencing whereas, without this intervention they would not be able to do so on their own.

The participants also indicated it gives and provides them with skills to deal with their children across their life span and expand their understanding and apply it to assisting other children in need of therapeutic intervention in their communities.

Conclusion: Child therapy can be a useful tool for parents to empower them to understand not only their children but further transfer and empower other caregivers to seek help with their children's socio-emotional issues and the research posits the therapeutic process can empowering not only for the children but for the caregivers involved as well. Black caregivers view this as a vital part of child therapy and influences their perspective of child therapy positively.

5.3.5. Education and knowledge dissemination

Studies have indicated that parents usually receive educational information and gain knowledge about their child's development and well-being as well as best practices to assist their child in times of turbulence to have an appropriate course of action, when their children are in the therapeutic process. This is usually prerequisite for the therapeutic process to take place.

Black caregivers in the study maintained that the child therapy process not only assists their children but helps hem gain skills and knowledge on topics such as better parenting practices, parental skills development and provide the parent with a more formal yet appropriate education on different topics related to raising healthy children

Participants perspectives encompassed the benefits of child therapy in providing education and knowledge building on topics that affect and are related to the child and the therapeutic process.

Conclusion: The Black caregivers in the study related their perspective of child therapy to the gaining of knowledge and skills that equip parents and caregivers to better understand their children. This correlates with the findings in literature that state that the benefits of the child therapeutic process also address and assist the caregivers of the child in educating them on the child's well-being and associated information.

5.3.6. Provide guidance/advice on dealing with child's development

Literature has shown that child therapy provides parents with an understanding of a child's biological, social and emotional development as they advance through the different stages of childhood and adolescence. This often fulfils an educational function for parents on child therapy where they may not have had this type of information before the initiation of child therapy.

Findings of the study had indicated that many of the Black caregivers saw a part of child therapy as educating parents and caregivers on their child's development. they especially pointed out that many of them needed assistance for the adolescent phase and their developmental needs ands.

This links to the perspective of Black caregivers that many of them need expert knowledge and guidance their children's holistic development.

Conclusion: The research study indicated that many of the Black caregivers were found in need of expertise and knowledge when dealing with their children's developmental and that child therapy may serve an educational function to the upbringing of their children but aching them about the child's phases of development and this aligns with the goals of child therapy to provide parents with the necessary know-how and information on their children's overall development and well-being.

5.3.7. Perspectives or views towards speaking of child therapy

Research has shown that Black communities often do speak about therapy, let alone child therapy in their interactions with their families and community and this adds to the often-stigmatised nature of child therapy and families and communities would not generally talk about the subject.

The participants stated their families and communities do not engage in conversations on child therapy, and do not engage with their wider community and family on this. One participant was the exception and found herself having open conversations on child therapy with her family and friends and was not afraid to address the subject. This does stray from the norm.

Black communities still find it difficult to speak about child therapy and often avoid the subject altogether, making it increasingly difficult to bring about positive change and a mindset shift to the ever-increasing need for child therapy.

Conclusion: Black caregivers in the study stated their communities and families do not speak about the topic of child therapy and there is often a reluctance to start the conversation on this therapeutic intervention. Literature provides us with an understanding that the culture around such subjects often influence how families and communities approach the subject, how they problematise and find solutions and Black caregivers already have reluctancy to speak on the subject indicating the culture surrounding child therapy.

5.3.8. Reluctance of speaking about the topic of child therapy

Language often has an influence on how a subject is experienced, problematised and imparted to other individuals in a person life and research asserts that language around a subject can either encourage or discourage people to discuss a certain topic such as child therapy.

Participants all shared similar experiences that their community and family often avoid speaking on child therapy and it is not really a conversation that is brought up within their families. They typically avoid this often difficult subject and do not address it until intervention is needed or necessary for the children in their care.

Conclusion: Black caregivers have pointed out that their families and communities avoid speaking about the topic of child therapy especially in their daily lives. All the participants agreed that this is the nature of the subject and it is often avoided and it relates to the research on Black communities often avoiding bringing up the topic of therapy, even more so child therapy.

5.3.9. Reluctance to use child therapy

Studies have shown there are disparities between the numbers of Black caregivers and parents utilising child therapy versus White caregivers and parents. This shows the vast inequality that exist between the levels of therapeutic intervention received by Black families and communities. It is further shown that Black caregivers attribute weakness with seeking therapeutic or counselling services and using those services.

The participants in the study referred to the fact that members of the community and their families were hesitant since that it is not something suitable for Black caregivers and as an extension, Black communities. Some of the participants pointed to the fact using child therapeutic services indicates weakness and shows the weakness of oneself and that child therapy is not needed, but participants narrated that they should "*man up"* and be strong without the use of any therapeutic intervention.

Black caregivers are not encouraged or supported to use child therapy services as it shows a weakness that exists in those with seek help or therapeutic assistance. This is accordance without the beliefs of the wider community and culture that often shames those who seek counselling and therapeutic services.

Conclusion: Black caregivers have shared that there is a general reluctance to use child therapeutic services due to the fact that the caregivers are viewed as a failure when approaching these services and they are deemed as weak when they seek out intervention for the child in crisis.

5.3.10. Awareness of child therapy

There needs to be more spaces that service the community for directly the reason of providing child therapy to the Black caregivers and their families. There may be an awareness of therapy but more work and awareness raising needs to be done to highlight the importance and benefits of child therapy among Black participants communities.

Conclusion: Much work still needs to be done in raising the consciousness of Black caregivers on child therapy services and there needs to be spaces provided with the intention of providing and render Black caregivers child therapy services and inform them on what its purpose is.

5.3.11. Lack of awareness

There is generally a lack of awareness and information on where to access child therapy resources in the communities of Black caregivers and this is to their detriment as they need to use these services. Participants pointed out that it would be more accessible when child

therapy services can be located in close proximity to their communities and residence as well as based in already existing organisations that render services to the community regardless of their scope of practice or services provided.

Conclusion: Black caregivers recommended the location of child therapy services be made physical and geographically accessible to their communities and that these be offered at the already established organisations providing services to their community.

5.3.12. Importance of creating awareness

Literature shows that issues of creating awareness are vital in bridging the gap in Black communities that do not use child therapy services. It is about trying to reduce inequalities and improve mental health outcomes in in lower- and middle-income communities.

Black caregivers reported the importance of having awareness created around child therapy as many of the participants were not sure or were unaware of any services that are available in the community. They knew of a singular organisation but could not think of any others and hence there is a need amongst the caregivers for more awareness on the availability and access of child therapy.

Participants emphasised the need for more awareness creation among caregivers and families in the community on the availability and access of child therapy services as it is an important resource and intervention, that the community could make use of. Participants would have liked public places such as clinics and hospitals to provide more information to children and their families on child therapy.

Conclusion: Black caregivers find it of utmost importance that awareness be created in their communities on the availability of child therapy services. Most of the participants would be willing to use these services but admit that there is not much awareness or knowledge of how and where to access theses services. This has been proven in numerous studies that is a shortage of information on the access to these therapeutic services and more effort should be placed into making children and families in communities aware of these services.

5.3.13. The importance of child therapy for the functioning of children

Studies done have presented that having children who have experienced any sort of trauma or disruption receive and attend child therapy services, have benefited to their overall well-being and been important to the development of a healthy childhood, as a result of seeking therapeutic services to remedy any impediments to the child's functioning.

Black caregivers indicated the importance of children receiving these services after adverse experiences in order to restore their functioning and make them better. They further discussed that child therapy would build skills in children to discern better in future and provide them with the knowledge and skills when they are faced with adversity at a later stage.

Participants responded that children receiving child therapy would not only function better in their personal capacity but have a good outlook and outcome in their academic capacity and do well at school. This was of high importance to many of the participants and what the caregivers envisioned for their children.

Conclusion: Literature has illustrated the importance of child therapy being a fundamental [art of a child's development as it equips children the skills and tools needed to address adversity in future and make sense of their experiences. Black caregivers of the study confirmed this by stating the importance child therapy has to the healing of their children and would benefit them not only in their lives but also their academic lives.

5.3.14. Child therapy as a right

Child therapy is acknowledged and mandated in local legislation such as the Children's Act and as part of the Sustainable Development Goals goal three, advocating for good health in across all ages and this is part of the rights of children.

The participants all agreed that child therapy is necessary and vital for the health of a child to be healthy and having the necessary intervention in adverse experiences. They highlighted that it is needed for many children in their communities and should be treated as a very important right and assigned to the necessary importance when seeking help for children and should be priority in schools and other public health spaces.

Conclusion**:** It is important to be aware that child therapy is mandated especially in the context of South Africa with the Children's Act which places the child best interest above all else and Black caregivers understand this principle and deem it vital for children to have access to this vital therapeutic intervention.

5.3.15. Child therapy as part of a child's development

Research reports it is necessary for children who have had adverse experiences or incidents of trauma to receive child therapy or counselling intervention in order to restore the optimal functioning of the child and equip the child with the necessary skills to overcome adversity in future events

This was the sentiment of half of the participants that it is important for children, especially in Black communities and families to receive child therapy and intervention when they have gone through trauma to curb any adverse complications or development of any mental and behavioural disorders. To have healthy adults, children need to have intervention as early as possible.

When Black caregivers have an understanding of what a child's development is and what happens when trauma or when a child has an adverse experience, they are able to use the knowledge gained to assist their child and impart that knowledge to other close family and members of the community, in turn, aiding in the change in perspective on child therapy and impacting the various systems within their environment.

Conclusions: Black caregivers have highlighted that child therapy has an important function of providing and teaching parents on a child's development and this forms part of the process of child therapy and research has shown that parents have found it helpful to receive this information regarding their children during child therapy process.

5.3.16. The Westernised view of child therapy/ Child therapy in the African context

Research has strongly suggested that Black communities attribute and associate therapy with their White counterparts and often contend that it is not something that Black caregivers and families ought to seek out as there are negative narratives attributed to the use of therapy and specifically child therapy.

Within the African context, alternative treatment methods are sought out to mediate any issues a child may be facing and may consult with cultural and community treatment methods.

Most of the participants is in the study pointed out to the fact that child therapy is not something that is done by Black communities and families and is more suited for White caregivers and their children, due to the negative connotation that is told that therapy is for the weak and Black communities do not perceive themselves to be weak.

Child therapy for Black caregivers still gets largely attributed for something that is done and sued by White caregivers and their families and not necessarily something Black caregivers do, due to the negative light in which child therapy is viewed; that it is for those viewed as weaker.

Conclusion: The literature regarding the perspectives of Black caregivers on child therapy largely indicate that Black caregivers do not deem child therapy appropriate for their children as it is dealt with on a culturally relevant and community-based treatment approaches. The

participants of the study conformed this position that child therapy is often used by White people and not applicable for communities of colour.

5.3.17. The influence of religion on perspectives of child therapy

Research has shown the huge influence religion and particularly, Christianity has on Black families and how they view child therapy through this lens of religion. Black caregivers and their families often look to their spirituality as a guide and way of understanding and living in the world. If child therapy has been introduced in their religious setting, they would use the assistance and intervention for their children.

The participants of this study made this very clear that Christianity is what guides them, and they view child therapy as an important intervention and that it is often their religion and spirituality that has prompted and led them to seeking out child therapeutic services.

Conclusion: Christianity in Black communities play a vital role in shaping and moulding how Black caregivers, and their communities view the world and more specifically and, in this context, child therapy. Christianity and the Bible often guides Black caregivers to seek out child therapeutic services to aid their children in their growth and view it as a means assist the and help to understand their children.

5.4 RESEARCH QUESTION

The main research question of this specific study was: "*What are the perspectives of Black caregivers on child therapy in Gauteng, South Africa?".* This research question was answered while carrying out the research process and answered within chapter 4 of the research study:

Answer to research question: The research question was answered though the themes and sub-themes generated and presented in chapter 4 that was centred on the empirical findings and discussion. The answer to the research question was revealed in key themes and account provided by the Black caregivers in providing their perspectives of child therapy as follows: 1) Black caregivers' viewed child therapy as a space where children feel free to express their emotions. This would not only be a space where they are open to express themselves but a space that is free of judgement as their home environment may not allow this and it being a safe and secure place for vast emotional expression as children could be reprimanded for feeling or expressing their emotions in an socially unacceptable manner. 2) Child therapy is a tool for Black caregivers to empower them in their parenting journeys and this is done through the process of gaining vital educational information during the process of child therapy as well as gaining guidance on their parenting styles and how to best understand their children, especially in times of difficulty. 3) Black caregivers are of the view that that speaking on the subject of child therapy is met with difficulty and reluctance and this is extended to utilising

any child therapy services. This usually makes it difficult for caregivers and children alike to seek put help as they are seen as weak. 4) Black caregivers have lamented that there is not enough awareness around child therapy, and it is pertinent that people in the communities where they reside know about these services and where to find them. Furthermore, not only iss there a lack of awareness that exist within the community but there is equal importance in raising awareness especially in places where the community often frequents and finds resources such as clinics and schools. 5) It had been reported by Black caregivers that child therapy is essential for the functioning of children and specially to those who have experienced trauma. If unresolved, it can lead to further behavioural and mental disfunction. It is pertinent to know that child therapy is a right of children and is absolutely necessary in times of adversity and should be treated with immediate effect. There is value associated in child therapy as it provides Black caregivers with insight into the developmental processes of their children. 6) Black caregivers still have the perspective that child therapy is often a non-African and Western concept that they do not use in their contexts and admitted that this is the perspective of many of the community and still ingrained in their cultures. 7) Religion, particularly, Christianity has a part and huge role in the decision making and serves as a guide for many Black caregivers on whether or not to use child therapy and participants stated they often look to find therapy as a positive solution that has been answered by their religion.

5.5 RECOMMENDATIONS

Based on the key findings and objectives above, recommendations will be formulated regarding the caregivers, recommendations tailored for social workers and recommendations for organisations. Finally, to conclude this research report, recommendations will be given for future research. While these recommendations have been written for the context of this study, it is important to note that the study recommendations are relevant and can be translated to other minority groups.

5.5.1 Recommendations for caregivers

Parallel to children receiving child therapy services, parents and caregivers should be enrolled in group therapy and information workshops and presentations on the advantages of child therapy and education should be provided on the important phases of a child's life and the healthy development of children.

Caregivers should reach out to their respective religious, cultural, educational and health institutions such as churches, clinics and community forums to find information on how to access these child therapy services and where these services are available in their

communities. And the main figures in these institutions such as pastors, social worker or nurses and community leaders could network, liaise and provide the details of places where child therapy is offered.

Black caregivers should be empowered to seek information at their children's schools on where to find child therapy services and how to access child therapy for children.

5.5.2 Recommendations for social workers in practice settings

Social workers employed in educational settings such as schools should possess basic counselling in which they can render and provide therapy to children and refer the children to the appropriate child practitioner such as a play therapist or child psychologist for specialised therapeutic services.

Furthermore, social workers operating at educational institutions such as schools should create and bring awareness around the available and access to child therapy services in the school through engagement with the parents and school community such as the parents' meetings, school websites and staff meetings with the schoolteachers and staff to encourage the referral of children to the social worker.

School social workers can bring awareness of the access to child therapy to the children by providing and displaying infographics around the school terrain and host introductory talks with children on an age and developmentally appropriate level, on what child therapy is and how children are free to make use of these services.

Social workers employed in medical and health institutions such as clinics should regularly create awareness on the access and availability to child therapy at the clinic by regularly hosting presentation days (awareness campaigns) that are culturally sensitive, where individuals visiting the clinic can find out about where and how to access these services.

Social workers working within child and family organisations should continually advocate and encourage their organisations to have an in-house child therapist or play therapist that is available with the communities they provide services to ensure that families and children do not have to travel very far to access these services. Or have a dedicated referral practitioner or organisation that is willing to collaborate with the organisation and able to render their services within the community or family in need.

5.5.3 Recommendations for organisations

Organisations delivering services to children and families must have up to date information regarding spaces and places in which caregivers could go to receive child therapy services and provide the most accurate information on where Black caregivers can go to receive child therapeutic services

Organisations should maintain relations with the educational, religious and health institutions within communities to provide a point of first contact and create awareness on the availability of child therapy to the community and these institutions would be ideal as many of the community members communicate and exchange information regarding the resources in the community.

Organisations can host open days where members of the community such as children and their families are invited to participate and gain information what services they organisation renders and link Black caregivers and their families with the appropriate resources and organisations where they can utilise these services. Furthermore, provide information that is culturally sensitive and informed about the culture of the community.

5.5.4 Recommendations for the training of social workers/ students at higher education institutions

For undergraduate courses in the Bachelor of Social Work programme, training and modules should be created and designed to provide a detailed child development and child therapy theoretical course that includes a basic understanding of these topics and how to work with children experiencing different trauma.

For postgraduate courses in the sphere of Social Work, scholars should focus on conducting further research on the topic of child therapy and Black caregivers' perspectives under different criteria, to expand the current literature that exists and fill the research gap for this subject.

For social workers pursuing postgraduate studies, courses should be provided to students to enrol in, that are culturally aware and culturally sensitive that provide current and contemporary issues that affect children and families in order to disseminate informed therapy services to children and their caregivers.

5.5.5 Recommendations for future research

Future research should expand the study parameters to the other provinces of the country to found out whether the perspectives of Black caregivers are corresponding with current research or if they will provide different outputs and information from prior studies.

For prospective studies on the topic, special attention could be given to Black male caregivers and focus the study population on males as the study received more feedback from Black female caregivers and to find out what Black male caregivers perspectives are on child therapy.

An important component to be considered in future research could be the replication of the study but the study be conducted in the other eleven official languages of South Africa as many Black caregivers cannot converse in English and have a vernacular mother tongue. This

could potentially provide important insight that is currently missing from research due to barriers in communication and language.

Lastly, studies conducted in future could expand the inclusion criteria to include caregivers that are older than the specified ages of the current study as many Black caregivers are often older and go beyond the age of sixty years and are categorised as caregivers well within the older years.

References

Adugna, M.B., Nabbouh, F., Shehata, S. & Ghahari, S. 2020. Barriers and facilitators to healthcare access for children with disabilities in low and middle income sub-Saharan African countries: a scoping review. *BMC health services research,* 20:1-11. doi: https://doi.org/10.1186/s12913-019-4822-6

Alharahsheh, H.H. & Pius, A. 2020. A review of key paradigms: Positivism VS interpretivism. *Global Academic Journal of Humanities and Social Sciences,* 2(3):39-43. doi: 10.36348/gajhss.2020.v02i03.001

Allen, B.J. 2005. Social constructionism. In: May, S. & Mumby, D.K. (eds.). *Engaging organizational communication theory and research: Multiple perspectives*: Sage Publications

Allison, K.L. & Rossouw, P.J. 2013. The therapeutic alliance: Exploring the concept of "safety" from a neuropsychotherapeutic perspective. *International Journal of Neuropsychotherapy,* 1(1):21-29. doi: https://doi.org/10.12744/ijnpt.2013.0021-0029

Amali, N.K., Ridzuan, M.M., Rahmat, N.H., Seng, H.Z. & Mustafa, N.C. 2023. Exploring learning environment through Bronfenbrenner's ecological systems theory. Journal of Academic Research in Progressive Education and Development, 12(2):144-162. doi: [Online] Available from:

Amineh, R.J. & Asl, H.D. 2015. Review of constructivism and social constructivism. Journal of social sciences, literature and languages, 1(1):9-16. doi: [Online] Available from:

Andrews, T. 2012. What is social constructionism? *Grounded theory review,* 11(1). doi: [Online] Available from:

Aspers, P. & Corte, U. 2019. What is qualitative in qualitative research. *Qualitative sociology,* 42:139-160. doi: https://doi.org/10.1007/s11133-019-9413-7

Babatunde, G.B., van Rensburg, A.J., Bhana, A. & Petersen, I. 2021. Barriers and facilitators to child and adolescent mental health services in low-and-middle-income countries: a scoping review. *Global Social Welfare,* 8:29-46. doi: https://doi.org/10.1007/s40609-019-00158-z

Babbie, E.R. 2020. *The practice of social research.* 15th ed. Boston, MA: Cengage Learning.

Bailey, R.K., Mokonogho, J. & Kumar, A. 2019. Racial and ethnic differences in depression: current perspectives. *Neuropsychiatric disease and treatment*:603-609. doi: https://doi.org/10.2147/NDT.S128584

Barker, R.L. 2014. *The social work dictionary*. 6th ed. Washington, DC: NASW Press.

Bhardwaj, P. 2019. Types of sampling in research. *Journal of Primary Care Specialties,* 5(3):157-163. doi: [Online] Available from:

Bilhuda, M.B. 2012. The Relevancy of Bronfenbrenner's Ecological Systems Theory in Early Childhood Education. *JIPE*. doi: [Online] Available from:

Blom, R. 2006. *The handbook of Gestalt play therapy: Practical guidelines for child therapists.* Jessica Kingsley Publishers.

Bosgraaf, L., Spreen, M., Pattiselanno, K. & Hooren, S.v. 2020. Art therapy for psychosocial problems in children and adolescents: A systematic narrative review on art therapeutic means and forms of expression, therapist behavior, and supposed mechanisms of change. *Frontiers in psychology,* 11:584685. doi: 10.3389/fpsyg.2020.584685

Braun, V. & Clarke, V. 2013. *Successful qualitative research: A practical guide for beginners.* Gosport, Hampshire: Sage Publications.

Braun, V. & Clarke, V. 2023. Toward good practice in thematic analysis: Avoiding common problems and be (com) ing a knowing researcher. *International journal of transgender health,* 24(1):1-6. doi: https://doi.org/10.1080/26895269.2022.2129597

Braun, V. & Clarke, V. 2024. Reporting guidelines for qualitative research: A values-based approach. *Qualitative Research in Psychology*:1-40. doi: https://doi.org/10.1080/14780887.2024.2382244

Braun, V. & Clarke, V. 2024. Supporting best practice in reflexive thematic analysis reporting in Palliative Medicine: A review of published research and introduction to the Reflexive Thematic Analysis Reporting Guidelines (RTARG). *Palliative Medicine,* 38(6):608-616. doi: https://doi.org/10.1177/02692163241234

Broad-based Black Economic Empowerment Act 53 of 2003. *(*Published in the *Government Gazette,* (25899). Pretoria: Government Printer)

Brooke-Sumner, C., Petersen, I. & Lund, C. 2014. Perceptions of psychosocial disability amongst psychiatric service users and caregivers in South Africa. *African Journal of Disability*, 3(1):1-10. doi: [Online] Available from:

Brunissen, L., Rapoport, E., Fruitman, K. & Adesman, A. 2020. Parenting challenges of grandparents raising grandchildren: Discipline, child education, technology use, and outdated health beliefs. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy,* 6(1):6. doi: https://scholarworks.wmich.edu/grandfamilies/vol6/iss1/6

Bukamal, H. 2022. Deconstructing insider–outsider researcher positionality. *British Journal of Special Education,* 49(3):327-349. doi: https://doi.org/10.1111/1467-8578.12426

Burr, V. & Dick, P. 2017. Social constructionism. In: Gough, B. (ed.). *The Palgrave Handbook of*
Critical Social Psychology. London, UK: Palgrave Macmillan.

Byrne, D. 2022. A worked example of Braun and Clarke's approach to reflexive thematic analysis. *Quality & quantity,* 56(3):1391-1412. doi: https://doi.org/10.1007/s11135-021-01182-y

Casey, S., Moss, S. & Wicks, J. 2022. Therapists' experiences of play therapy with Muslim families in Western Countries: The importance of cultural respect. *International Journal of Play Therapy,* 31(1):56. doi: https://doi.org/10.1037/pla0000142

Castro-Ramirez, F., Al-Suwaidi, M., Garcia, P., Rankin, O., Ricard, J.R. & Nock, M.K. 2021. Racism and poverty are barriers to the treatment of youth mental health concerns. *Journal of Clinical Child & Adolescent Psychology,* 50(4):534-546. doi: https://doi.org/10.1080/15374416.2021.1941058

Children's Act 38 of 2005. *(*Published in the *Government Gazette,* (28944). Pretoria: Government Printer).

Coetzee, B.J., Gericke, H., Human, S., Stallard, P. & Loades, M. 2022. What should a universal school-based psychoeducational programme to support psychological well-being amongst children and young people in South Africa focus on and how should it be delivered? A multi-stakeholder perspective. *School mental health,* 14(1):189-200. doi: https://doi.org/10.1007/s12310-021-09465-3

Constitution of the Republic of South Africa, Act 108 of 1996. *(*Published in the *Government Gazette* Pretoria: Government Printer).

Coombs, A., Joshua, A., Flowers, M., Wisdom, J., Crayton, L.S.S., Frazier, K. & Hankerson, S.H. 2022. Mental health perspectives among black Americans receiving services from a church-affiliated mental health clinic. *Psychiatric Services,* 73(1):77-82. doi: 10.1176/appi.ps.202000766

Crenshaw, D.A. & Stewart, A.L. 2014. Play Therapy with “Children of Fury”. *Play therapy: A comprehensive guide to theory and practice*: Guilford Publications.

Dawson-Squibb, J.-J., Davids, E.L., Chase, R., Puffer, E., Rasmussen, J.D., Franz, L. & de Vries, P.J. 2022. Bringing Parent–Child Interaction Therapy to South Africa: Barriers and Facilitators and Overall Feasibility—First Steps to Implementation. *International Journal of Environmental Research and Public Health,* 19(8):4450. doi: https:// doi.org/10.3390/ijerph19084450

DeJonckheere, M. & Vaughn, M.L. 2019. Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family Medicine and Community Health,* 7(2):e000057. doi: 10.1136/fmch-2018-000057

Dictionary, O.L.s. 2021. Oxford learner’s dictionary. *URL: https://www. oxfordlearnersdictionaries. com/definition/english* [Accessed: 25/05/ 2021].

Donaldson, G. 1996. Between practice and theory: Melanie Klein, Anna Freud and the development of child analysis. *Journal of the History of the Behavioral Sciences,* 32(2):160-176. doi: https://doi.org/10.1002/(SICI)1520-6696(199604)32:2<160::AID-JHBS4>3.0.CO;2-#

Du Plessis, C., Nel, L. & Taylor, H. 2021. You're going to do what? Patients' myths regarding hypnotherapy as described by South African psychologists. *Integrative Psychological and Behavioral Science,* 55:527-540. doi: https://doi.org/10.1007/s12124-021-09604-0

Durand, M.A. & Chantler, T. 2014. *Principles of Social Research.* McGraw-Hill Education.

Fante-Coleman, T. & Jackson-Best, F. 2020. Barriers and facilitators to accessing mental healthcare in Canada for Black youth: A scoping review. *Adolescent Research Review,* 5(2):115-136. doi: https://doi.org/10.1007/s40894-020-00133-2

Fourie, A. & van der Merwe, M. 2017. THE VIEWS OF PROFESSIONALS ON FAMILY PLAY THERAPY IN THE CONTEXT OF CHILD SEXUAL ABUSE IN SOUTH AFRICA. *Southern African Journal of Social Work and Social Development,* 26(2):214-240. doi: 10.25159/2415-5829/2248

García-Carrión, R., Villarejo-Carballido, B. & Villardón-Gallego, L. 2019. Children and Adolescents Mental Health: A Systematic Review of Interaction-Based Interventions in Schools and Communities. *Frontiers in Psychology,* 10. doi: 10.3389/fpsyg.2019.00918

Goss, S. & Adebowale, O. 2014. Counselling and guidance in Africa. *British Journal of Guidance & Counselling,* 42(4):353-358. doi: 10.1080/03069885.2014.918363

Han, A.Y. 2012. *Children's Mental Health in the United States: The Development of Child Psychiatry at Johns Hopkins, 1890–1945.* United States -- California: University of California, Berkeley. (Thesis-PHD). [Online]. Available from: https://www.proquest.com/dissertations-theses/childrens-mental-health-united-states-development/docview/1322968195/se-2?accountid=14717
http://UnivofPretoria.on.worldcat.org/atoztitles/link?sid=ProQ:&issn=&volume=&issue=&title=Children%27s+Mental+Health+in+the+United+States%3A+The+Development+of+Child+Psychiatry+at+Johns+Hopkins%2C+1890%E2%80%931945&spage=&date=2012-01-01&atitle=Children%27s+Mental+Health+in+the+United+States%3A+The+Development+of+Child+Psychiatry+at+Johns+Hopkins%2C+1890%E2%80%931945&au=Han%2C+Alysia+Young&id=doi: .

Hatch, M. & Posel, D. 2018. Who cares for children? A quantitative study of childcare in South Africa. *Development Southern Africa,* 35(2):267-282. doi: https://doi.org/10.1080/0376835X.2018.1452716

Hayslip Jr, B. & Maiden, R.J. 2023. Attitudes toward mental health and mental health care among custodial grandparents. *Aging & Mental Health,* 27(1):133-146. doi: https://doi.org/10.1080/13607863.2021.2024795

Horwood, C., Hinton, R., Haskins, L., Luthuli, S., Mapumulo, S. & Rollins, N. 2021. 'I can no longer do my work like how I used to': a mixed methods longitudinal cohort study exploring how informal working mothers balance the requirements of livelihood and safe childcare in South Africa. BMC Women's Health, 21:1-15. doi: [Online] Available from: https://doi.org/10.1186/s12905-021-01425-y

Hudson, J.L., Minihan, S., Chen, W., Carl, T., Fu, M., Tully, L., Kangas, M., Rosewell, L., McDermott, E.A., Wang, Y., Stubbs, T. & Martiniuk, A. 2023. Interventions for Young Children's Mental Health: A Review of Reviews. *Clinical Child and Family Psychology Review,* 26(3):593-641. doi: 10.1007/s10567-023-00443-6

Jacob, K.S. 2015. Recovery Model of Mental Illness: A Complementary Approach to Psychiatric Care. *Indian Journal of Psychological Medicine,* 37(2):117-119. doi: 10.4103/0253-7176.155605

Jacobs, C.L. & Lekganyane, M.R. 2022. The plight of social workers working with children and adolescents suffering mental health disorders in South Africa. *Research Square*. doi: https://doi.org/10.21203/rs.3.rs-1781769/v2

Jennings, E.A., Farrell, M.T. & Kobayashi, L.C. 2021. Grandchild caregiving and cognitive health among grandparents in rural South Africa. Journal of aging and health, 33(9):661-673. doi: [Online] Available from: /https://www.blueap.com/J/List/4/iss/volume%2001%20(2015)/issue%2001/2.pdf

Johnson, J.L., Adkins, D. & Chauvin, S. 2020. A review of the quality indicators of rigor in qualitative research. *American journal of pharmaceutical education,* 84(1):138-146. doi: https://doi.org/10.5688/ajpe7120

Jones, S.C., Anderson, R.E. & Metzger, I.W. 2020. “Standing in the gap”: The continued importance of culturally competent therapeutic interventions for black youth. *Evidence-Based Practice in Child and Adolescent Mental Health,* 5(3):327-339. doi: https://doi.org/10.1080/23794925.2020.1796546

Kleber, R., van Westrhenen, N., Fritz, E. & Vermeer, A. 2017. Reflections of social workers on working with abused children in South Africa. *Child Abuse Research in South Africa,* 18(1):1-10. doi: doi:10.10520/EJC-77dbc0b72

Kottman, T. 2014. *Play therapy: Basics and beyond.* John Wiley & Sons. [Online]. Available from: : http://ebook central.proquest.com/lib/pretoria-ebooks/detail.action? docID= 1873194 [Accessed: 21/05/2023].

Kua, J., Teo, W. & Lim, W.S. 2022. Learning experiences of adaptive experts: a reflexive thematic analysis. *Advances in Health Sciences Education,* 27(5):1345-1359. doi: 10.1007/s10459-022-10166-y

Lopez, V. & Whitehead, D. 2013. Sampling data and data collection in qualitative research. In: Sciences, E.H. (ed.). *Nursing & midwifery research: Methods and appraisal for evidence-based practice*. 5th ed. Australia: Elsevier.

Louw, D. & Louw, A. 2014. Vulnerabilities, resilience and rights of children. In: Louw, D. & Louw, A. (eds.). *Child and Adolescent Development*. 2nd ed. Bloemfontein: Psychology Publications.

Mabrouk, A., Mbithi, G., Chongwo, E., Too, E., Sarki, A., Namuguzi, M., Atukwatse, J., Ssewanyana, D. & Abubakar, A. 2022. Mental health interventions for adolescents in sub-Saharan Africa: A scoping review. *Frontiers in psychiatry,* 13:937723. doi: 10.3389/fpsyt.2022.937723

Makofane, M. & Shirindi, M. 2018. The importance of data collection for qualitative research in social work. In: Shokane, A.L., Makhubele, J.C. & Blitz, L.V. (eds.). *Issues around aligning theory, research and practice in social work education. Knowledge Pathing: Multi-, inter-and trans-disciplining in social sciences series*: AOSIS.

Maree, K. & van der Westhuizen, C. 2016. Planning a research proposal. In: Maree, K. (ed.). *First steps in research*. 3rd ed. Pretoria: Van Schaik Publishers.

Masson, E. 2022. Child and adolescent mental health services facing crisis. https://mg.co.za/news/2022-06-23-child-and-adolescent-mental-health-services-facing-crisis/: (Accessed on 16 June 2025)

McCann, T.V., Mugavin, J., Renzaho, A. & Lubman, D.I. 2016. Sub-Saharan African migrant youths' help-seeking barriers and facilitators for mental health and substance use problems: a qualitative study. *BMC psychiatry,* 16:1-10. doi: 10.1186/s12888-016-0984-5

Mokitimi, S., Jonas, K., Schneider, M. & De Vries, P.J. 2019. Child and adolescent mental health services in South Africa—Senior stakeholder perceptions of strengths, weaknesses, opportunities, and threats in the Western Cape Province. *Frontiers in Psychiatry,* 10:841-853. doi: 10.3389/fpsyt.2019.00841

Moore, C., Coates, E., Watson, A.R., de Heer, R., McLeod, A. & Prudhomme, A. 2023. "It's important to work with people that look like me": black patients' preferences for patient-provider race concordance. *Journal of racial and ethnic health disparities,* 10(5):2552-2564. doi: https://doi.org/10.1007/s40615-022-01435-y

Morris, R.J. & Kratochwill, T.R. 2007. *The practice of child therapy.* New York: Routledge.

Muzari, T., Shava, G.N. & Shonhiwa, S. 2022. Qualitative research paradigm, a key research design for educational researchers, processes and procedures: A theoretical overview. *Indiana Journal of Humanities and Social Sciences,* 3(1):14-20. doi: [Online] Available from:

Nassaji, H. 2020. Good qualitative research. *Language Teaching Research,* 24(4):427-431. doi: 10.1177/1362168820941288

Neal, J.W. & Neal, Z.P. 2013. Nested or networked? Future directions for ecological systems theory. *Social development,* 22(4):722-737. doi: 10.1111/sode.12018

Newman, P.A., Guta, A. & Black, T. 2021. Ethical considerations for qualitative research methods during the COVID-19 pandemic and other emergency situations: Navigating the

virtual field. *International Journal of Qualitative Methods,* 20:1-12. doi: 10.1177/16094069211047823

Ngulube, P. 2015. Qualitative Data Analysis and Interpretation: Systematic Search for Meaning. In: Mathipa, E.R. & Gumbo, M.T. (eds.). *Addressing research challenges: making headway for developing researchers,* . Johannesburg

Nieuwenhuis, J. 2016. Qualitative research designs and data-gathering techniques. In: Maree, K. (ed.). *First steps in research*. 3rd ed. Pretoria: Van Schaik Publishers.

Nowell, L.S., Norris, J.M., White, D.E. & Moules, N.J. 2017. Thematic analysis: Striving to meet the trustworthiness criteria. *International journal of qualitative methods,* 16(1):1609406917733847. doi: 10.1177/1609406917733847

Núñez, L., Midgley, N., Capella, C., Alamo, N., Mortimer, R. & Krause, M. 2021. The therapeutic relationship in child psychotherapy: Integrating the perspectives of children, parents and therapists. *Psychotherapy Research,* 31(8):988-1000. doi: https://doi.org/10.1080/10503307.2021.1876946

Nwoye, A. 2006. A narrative approach to child and family therapy in Africa. *Contemporary Family Therapy,* 28:1-23. doi: 10.1007/s10591-006-9691-6

Oaklander, V. 2022. *Hidden treasure: A map to the child's inner self.* London: Routledge.

O'Connor, K.J., Schaefer, C.E. & Braverman, L.D. 2015. *Handbook of play therapy.* John Wiley & Sons.

Owen, J.P., Baig, B., Abbo, C. & Baheretibeb, Y. 2016. Child and adolescent mental health in sub-Saharan Africa: a perspective from clinicians and researchers. *BJPsych international,* 13(2):45-47. doi: https://doi.org/10.1192/S2056474000001136

Pawar, N. 2020. Type of research and type research design. *Social Research Methodology*: KD Publications.

Pickard, A.J. 2013. *Research methods in information.* 2nd ed.: Facet publishing.

Pumariega, A.J., Aneja, J., Sharma, P., Breton, K., Thornton, K., Gann, S. & Rothe, E. 2024. Access to Child Psychotherapy in High-and Low/Middle-income Nations: A Cross-national Perspective and Potential Approaches. *Journal of Indian Association for Child and Adolescent Mental Health*:09731342241236297. doi: 10.1177/09731342241236297

Rachmad, Y.E. 2025. Social Constructivism Theory. United Nations Economic and Social Council. doi: [Online] Available from:

Rankin, J. & McFadyen, J. 2016. The Role of Gatekeepers in Research: Learning from Reflexivity and Reflection. *GSTF Journal of Nursing and Health Care (JNHC),* 4(1):82-88. doi: 10.5176/2345-718X_4.1.135

Rapholo, S. & Makhubele, J. 2018. Indigenising forensic social work in South Africa. *In: Issues Around Aligning Theory, Research and Practice in Social Work Education. Knowledge Pathing: Multi-, Inter-and Trans-Disciplining in Social Sciences Series*: AOSIS.

Reardon, T., Harvey, K. & Creswell, C. 2020. Seeking and accessing professional support for child anxiety in a community sample. *European Child & Adolescent Psychiatry,* 29(5):649-664. doi: https://doi.org/10.1007/s00787-019-01388-4

Rubin, A. & Babbie, E.R. 2007. *Research methods for social work.* 7th ed. Boston, MA: Cengage Learning.

Saade, S., Parent-Lamarche, A., Khalaf, T., Makke, S. & Legg, A. 2023. What barriers could impede access to mental health services for children and adolescents in Africa? A scoping review. *BMC Health Services Research,* 23(1):348. doi: https://doi.org/10.1186/s12913-023-09294-x

Schuh, K.L.; Barab, S.A., 2008. Philosophical perspectives. In Handbook of research on educational communications and technology. Routledge: 67-82.

Sefotho, M. 2021. Research and professional practice. *In: Research at grass roots for the social sciences and human service professions. 4th edition. Pretoria: Van Schaik Publishers*. 5th ed. Pretoria: Van Schaik Publishers.

Shale, N.C. 2004. *Perceptions of Black parents regarding play therapy.* University of Pretoria (South Africa). (Dissertation-MSW) http://hdl.handle.net/2263/27844.

Shibina, K. & Vidyapeetham, A. 2022. Social constructivism: A fundamental approach towards oral development. Journal of Russian and Comparative Literary Studies, 22:375-380. doi: [Online] Available from:

Singh, C. & Bhagwan, R. 2020. African spirituality: unearthing beliefs and practices for the helping professions. *Social Work,* 56(4):403-415. doi: http://dx.doi.org/10.15270/56-4-882

Singh, V., Kumar, A. & Gupta, S. 2022. Mental health prevention and promotion—A narrative review. *Frontiers in psychiatry,* 13(898009):1-17. doi: 10.3389/fpsyt.2022.898009

Statistics South Africa. 2017. The Poverty trends in South Africa: An examination of absolute poverty between 2006 and 2015. Pretoria. http://www.statssa.gov.za/publications/Report Report-03-10-06/Report-03-10-062015.pdf

Stahl, N.A. & King, J.R. 2020. Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of developmental education,* 44(1):26-28. doi: [Online] Available from: https://www.jstor.org/stable/45381095

Strydom, H. 2021. Sampling techniques and pilot studies in qualitative research. *Research at grass roots: For the social sciences and human services professions*. 5th ed. Pretoria: Van Schaik Publishers.

STRYDOM, H.F.C. & Roestenburg, W. 2021. *RESEARCH AT GRASS ROOTS-FOR THE SOCIAL SCIENCES AND HUMAN SERVICES PROFESSIONS* 5th ed.: Van Schaik Publishers.

Tanhan, A. & Strack, R.W. 2020. Online photovoice to explore and advocate for Muslim biopsychosocial spiritual well-being and issues: Ecological systems theory and ally development. *Current Psychology,* 39(6):2010-2025. doi: https://doi.org/10.1007/s12144-020-00692-6

Teresi, J.A., Yu, X., Stewart, A.L. & Hays, R.D. 2022. Guidelines for designing and evaluating feasibility pilot studies. *Medical care,* 60(1):95-103. doi: 10.1097/MLR.0000000000001664

Themistocleous-Rothner, N. 2017. *Child care and contact evaluations: Psychologists' contributions to the problem-determined divorce process in South Africa.* Pretoria: University of South Africa. (Unpublished Doctoral Thesis-PHD) https://hdl.handle.net/10500/29871.

Theron, L. 2023. Resilience of sub-Saharan children and adolescents: A scoping review. *Transcultural Psychiatry,* 60(6):1017-1039. doi: 10.1177/1363461520938916.

City of Tshwane Metropolitan. 2023. Profile: City of Tshwane [Online]. Available from: https://www.cogta.gov.za/cgta_2016/wp-content/uploads/2023/11/2nd-Take_Final_DistrictProfile_TSHWANE2306-1-002.pdf.

van Westrhenen, N. 2017. *The art of healing: traumatic stress and creative therapy in South Africa.* Amsterdam: Utrecht University. (Thesis-PHD) https://dspace.library.uu.nl/handle/1874/354869.

Vázquez, A.L. & Villodas, M.T. 2019. Racial/ethnic differences in caregivers' perceptions of the need for and utilization of adolescent psychological counseling and support services. *Cultural Diversity and Ethnic Minority Psychology,* 25(3):323. doi: http://dx.doi.org/10.1037/cdp0000255

Vorster, A. 2022. An overview of the barriers to in-person therapy and viability of Internet-Based Cognitive Behavioural Therapy in the South African context: A counsellors' perspective. doi: [Online] Available from: http://hdl.handle.net/10019.1/124718

Weisenmuller, C. & Hilton, D. 2021. Barriers to access, implementation, and utilization of parenting interventions: Considerations for research and clinical applications. *American Psychologist,* 76(1):104. doi: 10.1037/amp0000613

Whitehead, D., LoBiondo-Wood, G. & Haber, J. 2016. *Nursing and Midwifery Research: Methods and Appraisal for Evidence Based Practice.* Elsevier.

The United Nations Convention on the Rights of the Child. 1990. Convention on the Rights of the Child Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989.

United Nations International Children's Emergency Fund. 2021. The state of the world's children 2021.https://www.unicef.org/eu/media/2021/file/State%20of%20the%20World's%20Children%2 02021.pdf Accessed on: 17/02/2024.

Williams, L.T., Wood, C. & Plath, D. 2020. Parents' experiences of family therapy for adolescent anorexia nervosa. *Australian Social Work,* 73(4):408-419. doi: https://doi.org/10.1080/0312407X.2019.1702707

Addenda

Addendum A: Interview Schedule

Interview Schedule: Semi Structured interviews with Black caregivers.

Title of research study:

The Perspectives of Black Caregivers on Child therapy in the City of Tshwane, Gauteng, South Africa.

Researcher name: Cherezaan Hartze

Semi-structured Interview:

The following information pertains to the process of the interview and the procedures that will be followed:

- The research participants (The Black caregivers of children) will complete an informed consent form prior to the interview, which details all the information regarding the research process and the procedures regarding data collection and confidentiality.
- The duration of the interview will be approximately 45 minutes to 1 hour long.
- The interviews are to take place during working hours, if permission is not given, then the interviews will be conducted after hours, at the convenience of the research participants.

Interview questions:

Participants will be required to provide their biographical information by answering the following questions to record their demographic information.

- What is your name?
- How old are you?
- Are you a caregiver to a child between the ages of 0-18 years old? o
- What is your relation to the child in your care?
- Where do you reside?
- How do you identify yourself in terms of gender? / What is your gender?
- How do you identify yourself in terms of race? / What is your race?

The following questions will address the research question:

1) How long have you been a caregiver to a child?
2) How many children are in your care?
3) Do you know what child therapy is? If yes, What is your understanding of child therapy (If the participant does not have adequate knowledge regarding child therapy, the interviewer will provide information).
4) What are your views on child therapy (either for yourself or others).
5) What reasons do you think children need therapy for?
6) Would you make use of child therapeutic services?
    1. If yes, why would you make use of child therapeutic services?
    2. If not, why would you not use child therapeutic services?
7) Do you have access to child therapy, should your child need it?
8) Where in your area can you access child therapeutic services?
9) As a caregiver, have you encountered any experiences that required you to make use of child therapy for your child? / Has there been a time in your life where you needed child therapy services for your child?
    1. If yes, did you make use of it? and;
    2. If no, how did you cope or what other alternatives did you make use of?
10) Did you encounter adverse / challenging experiences during your childhood that required child therapy? If yes, did you receive therapy? Please elaborate if possible (Was there a difficult time in your childhood where you needed therapy?)
11) What are the beliefs that you hold when it comes to child therapy?
12) What influences your beliefs or values on child therapy?
13) What does your culture say about child therapy?
14) What are the attitudes of your family and community members towards child therapy?
15) What do you think are the advantages and disadvantages of child therapy?/ What are some of the good or bad things about child therapy?
16) Do you have any suggestions on improving access to child therapy?
17) In which way has this interview changed your initial view on child therapy?

Addendum B: Ethical Approval Letter

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Humanities 100. Since 1919

26 July 2024

Dear Ms C Hartze

Project Title:	The perspectives of black caregivers on child therapy in Gauteng, South Africa
Researcher:	Ms C Hartze
Supervisor(s):	Mrs LC Jordaan
Department:	Social Work and Criminology
Reference number:	19191457 (HUM025/0524)
Degree:	Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 26 July 2024. Please note that before research can commence all other approvals must have been received.

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,

Prof Karen Harris
Chair: Research Ethics Committee
Faculty of Humanities
UNIVERSITY OF PRETORIA
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Addendum C: Informed Consent Letter

07 May 2024

Principal Investigator:

Our Ref: Cherezaan Hartze

Email: u19191457@tuks.co.za

Informed Consent Form

1. Title of the study

The Perspectives of Black Caregivers on Child Therapy in Gauteng, South Africa.

Goal of the study

The goal of the study is to explore and describe the perspectives of Black caregivers regarding child therapy in Gauteng Province.

Interview Procedure

The participant will be interviewed by the principal investigator from the University of Pretoria. The face-to-face interview will take up to 1 hour. The interviews will take place at the offices of Department of Social Development, Eersterust offices and Circle of Life offices. With the participants permission, the interview will be audio recorded.

Risks and discomforts

No risks or discomforts are foreseen. However, should you feel or experience any emotional discomfort while reflecting on your perspective on child therapy, you should inform the researcher, who will refer you to Ms Escleston Barnett, a qualified and registered social worker for debriefing services and support.

Compensation

You understand that you will not be compensated financially for your participation in the research study.

Benefits of the study

As a research participant, you confirm that you understand that this study has no immediate benefit for you. However, the results of the study could contribute to enhancing the knowledge on the perspectives of Black caregivers on Child therapy in Gauteng, South Africa.

Participants rights

You will not be coerced into participating in the interview. Participation in the study is completely voluntary. You will participate of your own free will and can withdraw from participating at any given time without reason. Withdrawing will not affect any relations between you and the organisation or the researcher. If you feel uncomfortable with any of the questions, you may decline to answer. If you withdraw during the interview, the data gathered will be destroyed**.** The participants have the right to request a copy of their data and informed consent form.

Confidentiality

All information gathered will be treated confidentially. Data gathered during the interview will be utilised for a mini-dissertation. The researcher will remove any personal information in accordance with the Protection of Personal Information Act 4 of 2013. All information obtained will be treated confidentially. To protect the identity of the participant, the researcher will use a pseudonym. Neither the data nor the conclusions reported will include any information which may lead to the identification of the participant, unless required by law.

Management of information

The documentation will be accessed by the researcher and authorised University of Pretoria research team. The researcher, with assistance from the University of Pretoria, will keep all documentation collected from the interviews in a safekeeping cabinet for 10 years post-study. The electronic documents will be stored in a password-protected format at the Department of Social Work and Criminology for a minimum of 10 years. Data might be used in future research studies. The findings gathered from the study will be published as a research report and articles in scientific journals and conference papers. The terms of confidentiality will be kept to throughout these engagements or publications.

Contact Details of the researcher

Cherezaan Hartze can be contacted via email at u19191457@tuks.co.za. The study will be conducted under the supervision of Mrs. L.C. Jordaan, Department of Social Work and Criminology, University of Pretoria (leanne.jordaan@up.ac.za).

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Participant Consent:

I understand that the data will be stored for a minimum of 10 years at the Department of Social Work and Criminology at the University of Pretoria and may be used in future research studies.

I understand my rights as a participant, and I voluntarily consent to participate in the research study. I understand what the study is about, and the researcher has explained what the research study is about and why and how it is being done.

I understand that I will be provided a pseudo name for the study and all information shared will be handled with confidentiality and all information will be kept at the University of Pretoria for safekeeping for 10 years.

Participant name: ……

Participant signature: ……..

Date: ……

Place: ……

Researcher name: ……

Researcher signature: ……..

Date: ……

Addendum D: Debriefing Letter

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

215 Willie Swart Street
Circle of life
Eersterust
Pretoria
0022

11 April 2024

RE: TO WHOM IT MAY CONCERN

This letter serves as a confirmation that, Ms. Escleston Lorez Barnett Female, born :06/03/1995, registration number: 10-46301, is available to provide debriefing services to research participants involved in the research project: ***The Perspectives of Black Caregivers on Child Therapy in the City of Tshwane, Gauteng, South Africa***, as implemented by the student, Cherazaan Hartze, Female, born 14/05/2001 at the offices of The Department of Social Development, Eersterust office.

The first session of debriefing will be provided free of charge, thereafter a referral for further counselling will be provided, if necessary.

If there are any questions or concerns, please do not hesitate to contact the undersigned social worker on the contact details listed below.

Kind regards

GAUTENG PROVINCE
TSHWANE REGION
2024 -04- 11
PRETORIA 0001
DEPARTMENT OF SOCIAL DEVELOPMENT

Escleston Barnett

Social worker
Registration number: 10-46301
066 291 9189 / 010 345 1580
escleston.barnett@gauteng.gov.za

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Addendum E: Confirmation of permission to conduct research (Letter from Department of Social Development)

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

215 Willie Swart Street
Circle of life
Eersterust
Pretoria
0022

30 April 2024

TO WHOM IT MAY CONCERN

DEAR SIR/MADAM

I , Escleston Lorez Barnett, social worker at The Department of Social Development , Eersterust Service point , received a request from a student at University of Pretoria to use our organization to do research on the topic: ***The perspectives of Black caregivers on child therapy in the City of Tshwane , Gauteng***

Pending the approval outcome of the Humanities Ethics Committee , I hereby give permission to :

Student name : Cherazaan Hartze
Student number : 19191457
Email: u19191457@tuks.co.za

Yours Faithfully

Escleston Barnett

Social worker

066 291 9189 / 010 345 1580

GAUTENG PROVINCE
TSHWANE REGION
PRIVATE BAG X...
2024 -04- 30
PRETORIA 0001
DEPARTMENT OF SOCIAL DEVELOPMENT

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Addendum F: Confirmation of permission to conduct research (Letter from Circle of Life)

Circle of Life
HIV and AIDS support
215 Willie Swart Ave | Eersterust | 0022
Call and fax us on | 012 806 5295
Email | circleof life@axxess.co.za
Registration number | 039-124

Our Ref No.: CoLLETSS00028
Date: 20 Feb 2024

To: WHOM IT MAY CONCERN

Dear Sir/Madam

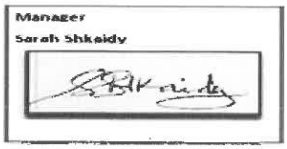
RE PERMISSION TO RESEARCH AT CIRCLE OF LIFE

I, Sarah Shkaidy, the manager at Circle of Life Community Support received a request from a student at University of Pretoria to use our organization to do research on the topic: **The Perspectives of black caregivers on child therapy in the City of Tshwane, Gauteng South Africa**.

Pending the approval outcome of the Humanties Ethics Comminttee, I hereby give permission to:

Student Name: Cherezaan Hartze
Student No.: 19191457
Email Address: u19191457@tuks.co.za

Yours Faithfully



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SARAH SHKAIDY
MANAGER
Contact Details:
Landline: 012 806 5295
Cell no.: 083 376 7187
Email: sarah@col-hiv.co.za

Addendum G: Research Poster

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

The Perspectives of Black Caregivers on Child therapy in Gauteng, South Africa.

RESEARCH PARTICIPANTS NEEDED FOR STUDY

GET IN TOUCH TO BE PART OF THE STUDY:

Please contact :
CHEREZAAN HARTZE
u19191457@tuks.co.za
Supervisor: MS LEANNE JORDAAN
Leanne.Jordaan@up.ac.za
0733673762

WHO CAN PARTICIPATE?

- Must reside in Gauteng.
- Must be Black South African.
- Must be between the ages of 25-60 years.
- Must be able to converse in English/Afrikaans.
- Must be a parent, guardian or caregiver of a child/children under the age of 18 years.

WHO IS THE RESEARCHER?

Ms Cherezaan Hartze is a master's candidate in Social Work and researching the perspectives of Black caregivers on Child therapy in Gauteng, South Africa.

Goal

To explore and describe the perspectives of Black Caregivers on Child therapy in Gauteng, South Africa.

What does the study involve?

A face-to-face,1 hour interview consisting of questions related to the perspectives of Black Caregivers on child therapy. Participants will share their views on child therapy.

Timeline

Interviews will be held end of August 2024.

Interviews

- Interviews will be recorded and permission needs to be given by the participant to voice record the interview, both verbally and in the informed consent form and is detailed as such.
- Confidentiality is guaranteed through the use of a pseudonym.