

**VOLUNTEERS' USE OF MEMORY WORK TO PROMOTE
PSYCHO-SOCIAL SUPPORT OF CLIENTS FACING
POVERTY-RELATED ADVERSITY**

MARIA ANNAH MNGUNI-LETSOALO

2015

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TO PROMOTE PSYCHO-SOCIAL SUPPORT OF
CLIENTS FACING POVERTY-RELATED ADVERSITY**

by

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Submitted in partial fulfilment of the requirements for the degree

PHILOSOPHIAE DOCTOR
(Educational Psychology)

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JANUARY 2015

This dissertation is dedicated to ...

*My loving husband William Setswatswa Letsoalo,
my grandparents the late Johannes Chief mazibuko and Anna Pheladi
Mazibuko, my mother Matlakala Emma and my late father (who departed
to the eternal planet just a few months before I completed my studies) Levi
Boysnana Tsankie S. Mnguni for their unconditional love and support and
for always believing in me. I so wish that my dad could have lived a few
more months to see me graduating. Thanks for always encouraging us to
study dad.*

ACKNOWLEDGEMENTS

I wish to express my sincere gratitude and appreciation to the following people who contributed towards the completion of my study:

- My Heavenly Father, for guiding and protecting me. The least that I can say is that *'ITS ALL ABOUT YOU, JESUS AND I OWE IT ALL TO YOU, MY GOD!'*
- My supervisor, Prof. R. Ferreira for her unconditional support and her calm soothing spirit that always gave me hope when the going got tough.
- My co-supervisor, Prof. L. Ebersöhn for her guidance and support.
- My pastor Bishop Dudu Joseph Comfort and his wife Pastor Peggy Comfort for their guidance, support and prayers. My children Ellen Emmah Lepelle and her husband Moses Lepelle, my sons Itumeleng Vincent Jabulani Mnguni, Vuyani Kamogelo Mashego, Neo Kgosana, Lethabo Kgosana, Khensani Matjeke and my grandson Tumelo Lepelle. My sister Nkele Jane Kgosana, my brothers Elliot Molefe Kgosana, Thomas Sunny Mnguni, David and Bosty Mashego, my sister Dimakatso Onicca Sipiwe and her husband Thembane Matjeke, Refiloe Annah Mashego and Esther Mashego, Lucy Mnguni, Leah Pholosho Mnguni, Kedibone Mashego, my mother-in-law, Maria Sekita Letsoalo, my in-laws "Kgadi e kgolo" Maite Letsoalo, Vero and Hendrick Mosupye, Johannah Letsoalo, abuti Solomon and Damaris Letsoalo, Gabriel and Debora Letsoalo and Saki Letsoalo.
- All my friends and relatives, Favors Cathedral members and colleagues for their loving support during my studies. Dr. Elmarie Van Heerden, for her loving guidance and support, Ms Shafeeka Dockrat, Ms. Nomsa Bokaba, Tshepo, Khumo and Tshepiso Bokaba for being my pillars of strength and for their unconditional support. My H.O.D Mr. Frederick Papo, my colleagues Ms. Magdeline and Keneilwe Kgakane, Moruti Ramokgadi, Mr. Sethole, Ms. Thembeke Shange, Ms. Amanda Du Plooy, Ms. Mmaphuthi Tshivase, Ms Winny Ntabeni and Ms. Lizzy Peega for their support. My prayer partners Pastor Eunice Magagula, Ms. Bella Nhlapo, Mr. Moses Mokwena, Dr. Ruth Mampane, Prof. Dinah Magano, Prof. Mokgadi Moletsane, Christinah and Simon Mashego, Moses Mashego, Ms. Gladys Matjeke and Ms. Tebogo Makgabo.
- The educators and community volunteers who participated in this study.
- Financial support for the study by the National Research Foundation (NRF, project 74455) of South Africa (2011-2014)
- My editors, Mr. A.K. Welman and Mr F.M. Papo and technical editor, Mrs. A. van Dyk.

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DECLARATION OF LANGUAGE EDITING

I, ARLEN KEITH WELMAN, the undersigned, hereby certify that I have revised the language of the PhD thesis titled: *“Volunteers’ use of memory work to promote psycho-social support of clients facing poverty related adversity”* as submitted to me by Mrs M.A. Mnguni.

A.K. Welman, B.Ed. M.A. (English) UP

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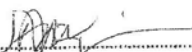
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ABSTRACT

VOLUNTEERS' USE OF MEMORY WORK TO PROMOTE PSYCHO-SOCIAL SUPPORT OF CLIENTS FACING POVERTY-RELATED ADVERSITY

by

Maria Annah Mnguni-Letsoalo

Promotor : Prof. R. Ferreira
Co-promotor : Prof. L. Ebersöhn
Degree : PhD (Educational Psychology)

In South Africa the magnitude of poverty and the number of vulnerable individuals within the population calls for comprehensive strategies to support individuals at all levels. One possible way of supporting vulnerable people may be through participatory research with community volunteers who are willing to support others in need. This study forms part of a longitudinal project that has been ongoing since 2003 (STAR, Supportive Teachers, Assets and Resilience), focusing on the role that schools and teachers may fulfil in psycho-socially supporting vulnerable communities, thereby enhancing resilience. Following the progress and outcome of STAR, the STAR intervention was adapted in 2011 for use with community volunteers. As an outcome, the SHEBA (Supporting Home Environments in Beating Adversity) intervention was implemented with community volunteers during 2012 and 2013.

As such, my study is conceptualised against the background of the STAR and SHEBA projects. As part of the broad SHEBA project (Ferreira & Ebersöhn) I specifically focused on how community volunteers may implement the skill of memory work in supporting clients facing poverty-related adversity. I employed an intervention design applying Participatory Reflection and Action (PRA) principles. For data collection and documentation, I utilised PRA-based workshops, individual interviews, observation, field notes, a research diary and audio-visual techniques. I selected interpretivism as meta-theory and relied on the asset-based approach as theoretical framework. Thirty-eight community volunteers participated in my study.

Following thematic inductive analysis, three themes emerged, relating to the cases with which community volunteers utilised memory work; the benefits community volunteers experienced and reported on, also on behalf of their clients; and the challenges community volunteers experienced when utilising memory work with clients facing poverty-related adversity. Based on the findings of the study, I can conclude that memory work can successfully be used by community volunteers with clients in poverty contexts. Despite certain challenges and myths that need to be addressed, community volunteers may feel equipped to facilitate change when applying memory work as activity with vulnerable individuals, thereby empowering them to deal with challenges by relying on existing assets and resources. Subsequently, both community volunteers and vulnerable clients can benefit by of utilising memory work as a supportive technique or potential therapeutic tool.

KEY WORDS

- Asset-based approach
- Community volunteers
- Memory work
- Participatory research
- Poverty-related adversity
- Psycho-social support
- SHEBA project
- STAR project
- Ubuntu
- Vulnerable communities

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CHAPTER 1

INTRODUCING THE STUDY

"I am of the opinion that my life belongs to the whole community and as long as I live it is my privilege to do for it whatever I can. I want to be thoroughly used up when I die. For the harder I work the more I live. I rejoice in life for its own sake"

(George Bernard Shaw).

1.1 INTRODUCTION, BACKGROUND AND PURPOSE OF THE STUDY

This study is an extension of in my Master's study (Ebersöhn, Ferreira & Mnguni, 2008), in which I explored the relationship between memory work and counselling skills with teachers in a primary school within the STAR¹ project. We found that teachers employed the following counselling skills when implementing the memory box making technique with children: basic counselling skills (empathy skills; warmth, respect and trust; listening skills; and skills of genuineness and sincerity); and counselling skills related to pre-bereavement, bereavement and grief (support, collaboration and skills transference; skills of valuing mementoes; and skills to discover family structures and relationships). We also found that teachers experienced memory box making as challenging with regard to confidentiality; that memory box making was an emotional strain on teachers; and that cultural beliefs regarding death impacted negatively on teachers' ability to use memory box making with children. We concluded that teachers experienced some difficulty to fulfil their pastoral (supportive) role when using memory box making (Ebersöhn *et al.*, 2008).

In as much as teachers are expected to fulfil a supportive (counselling) role in school (Department of Education, 2000) many teachers are concerned about the practical reality of this and their competence to fulfil this role (Bhana, Morrell, Epstein & Moletsane, 2006; Harley *et al.*, 2000, Ogina, 2007). By negotiating collaboration and partnerships between schools and communities the emotional strain that teachers typically face in their fulfilling pastoral role is alleviated (Cagampang, Brindis, Peterson, Berglas & Barenbaum, 2002). An assumption in the South African care

¹ STAR: Supportive Teachers, Assets and Resilience (2003 –)

policy is that community volunteers can extend the supportive role that teachers are required to fulfil. For example volunteers could discuss cultural beliefs regarding issues such as death with community members, as they may have enough time to support vulnerable people, as opposed to this being done solely in a school environment by teachers.

In the STAR project, volunteers collaborated with teachers to support children, families, and community members (Ebersöhn & Ferreira, 2012; Ferreira & Ebersöhn, 2012). This longitudinal project (on-going since 2003) focuses on teachers' role to promote resilience in school contexts with significant adversity. Following the collaboration with volunteers, the STAR intervention was adapted in 2011 for implementation with community volunteers. The resulting SHEBA (2011-2013)² intervention (Appendix A) was implemented with community volunteers during 2012 and 2013.

Figure 1.1 shows the STAR and subsequent SHEBA interventions. My study forms part of the SHEBA project. Like STAR, the SHEBA intervention involves four three day sessions over two years. During these intervention sessions community volunteers participated in Participatory Reflection and Action (PRA) sessions to build their capacity to function as volunteers. One thematic focus in SHEBA was on memory work, exploring community volunteers' experiences when implementing memory work and interviewing community volunteers individually on how they implemented the skill of memory work with individuals vulnerable due to poverty.

² SHEBA: Supporting Home Environments in Beating Adversity (2011-2013).

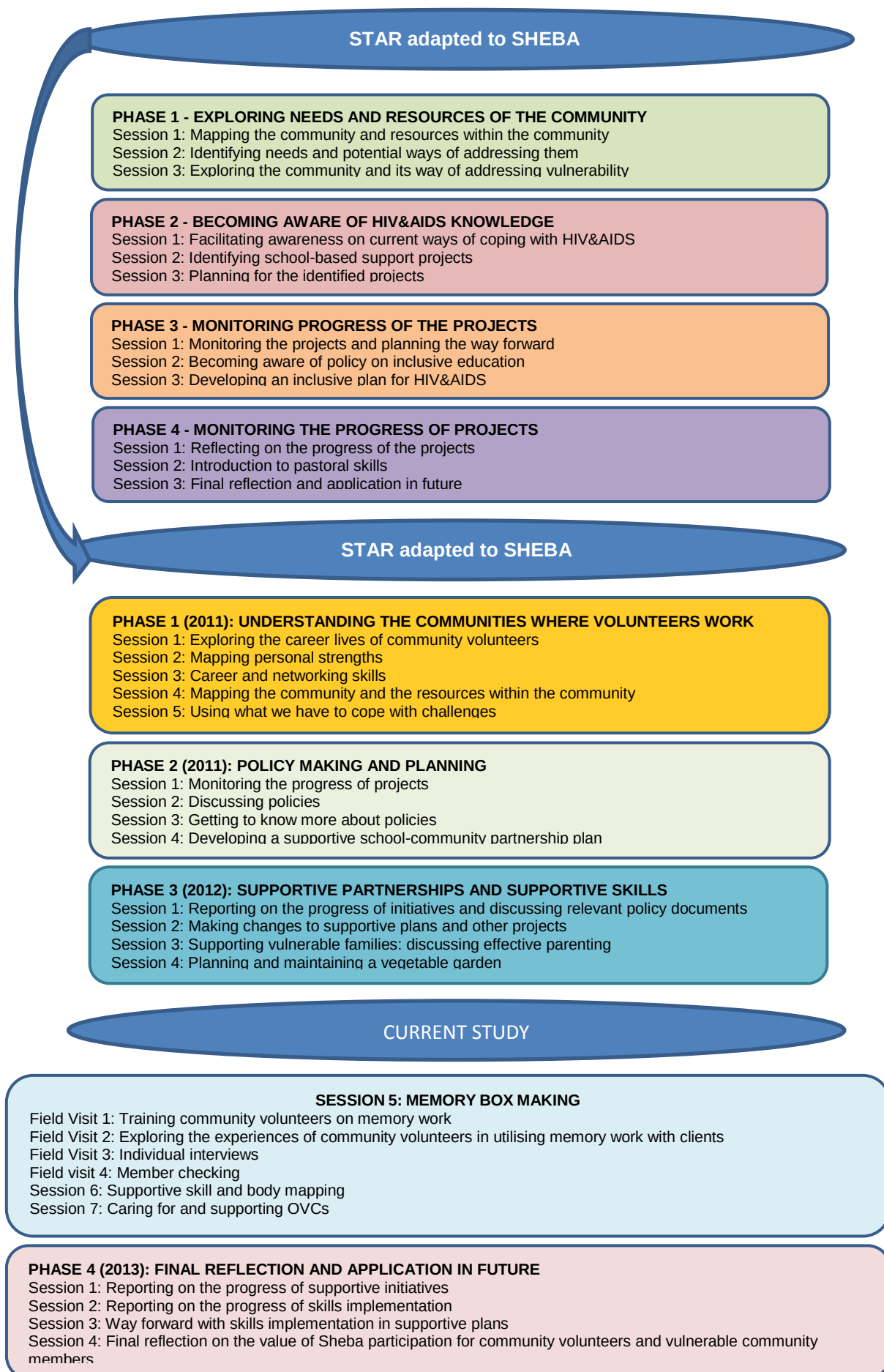


Figure 1.1: SHEBA intervention as an adaptation of STAR

South Africa today is faced with significant risks including intrapersonal risks (e.g. illness), social risks (e.g. abuse), school risks (e.g. lack of trained teachers), community risks (e.g. high level of unemployment) and service level risks (e.g. poor service delivery). These risks may (in the South African context) be appraised as chronic and cumulative stressors by individuals (Ebersöhn, 2012). The risks may be compounded because of scarce resources.

Research has shown that psychological factors can play an important role in linking poverty and health risks. It has been discovered that community stress may result from factors such as crime, gang violence and unemployment. Indicators of poverty and community stress are perceived as more severe among people who are at risk of HIV infections (Kalichman, Simbayi, Jooste, Cherry & Cain, 2005). These authors report that perceptions of community stressors related to poverty, crime, violence and poor education are also related to perceptions of HIV as a community stressor.

South Africans at large thus face the challenge of supporting vulnerable individuals to maintain a functional society (Ferreira, 2012; Loots, 2011; Motha, 2010). The magnitude of the population of vulnerable individuals calls for comprehensive strategies to support individuals on all levels. One effective way of supporting vulnerable people is by leveraging a philosophy of Ubuntu so that community volunteers can support those in need. Community volunteers typically set out to support vulnerable people emotionally, physically and at times even materially (Motha, 2010). However, community volunteers often find it difficult to be of service because of a lack of training and resources to support vulnerable individuals (Loots, 2011). They often indicate the need to acquire supportive skills, in order to be able to support others.

In this study I set out to explore how community volunteers could use memory work for psycho-social support of vulnerable individuals in a context of poverty-related adversities. My conceptualisation of memory work is based on my integration of the meanings implied by existing theory on 'memory box making' (Catlin, 2005; *Irin News*, 2005; Waddington, 2002) and 'nurture groups' (Boxall, 2002). Furthermore, I regard relationships to be at the core of supporting others and accessing resources (Ebersöhn, 2012). Consequently, my working assumption was that community

volunteers may be able to establish sound relationships with clients and offer psycho-social support by using memory work.

The purpose of this study was thus to investigate the utility of memory work for community volunteers who provide psycho-social support to clients facing poverty-related adversity. To this end, one focus in the SHEBA research project (see Figure 1.1) was to train volunteers to use memory work. In this study I describe how this group of volunteers reported using memory work to support their clients who are vulnerable because of poverty. I also explored what volunteers perceived as the benefits and challenges while implementing memory work. By describing the use of memory work by community volunteers, I aim to explain how memory work could be viewed as a supportive tool (or not) when providing psycho-social support in a context of poverty. Therefore, I aim to yield new insights (Babbie & Mouton, 2001) and add to the theoretical knowledge base on volunteer work (specifically psycho-social support) in an ecology of poverty.

1.2 RESEARCH QUESTIONS

In line with the purpose of the study, the primary research question that guided my study is:

How can insight into volunteers' use of memory work with clients facing poverty-related adversity inform knowledge on promoting psycho-social support in poverty contexts?

In order to address the primary research question, the following sub-questions directed the study:

- Which client cases were used by community volunteers for memory work?
- Which benefits did community volunteers experience when using memory work in supporting clients facing poverty-related adversity?
- What challenges did community volunteers experience when using memory work in supporting clients facing poverty-related adversity?

1.3 CONTEXTUALISING THE STUDY: POVERTY AND VOLUNTEERS

In this session, I provide some contextualisation for this study.

1.3.1 POVERTY AS CHRONIC AND CUMULATIVE ADVERSITY

Members of communities who live with poverty face the challenge of making ends meet and not having the financial means to meet their basic needs, on a daily basis. Currently 25% of South Africans are unemployed (Statistics South Africa, 2011). Related challenges in poverty-stricken communities include a high incidence of HIV&AIDS, abuse, school drop-out tendencies and lack of resources.

Chambers (1988) distinguishes five dimensions of poverty, which are poverty proper (a lack of adequate income or assets to generate income); physical weakness (due to under-nutrition, sickness or disability); physical or social isolation (due to peripheral location, lack of access to goods and services, ignorance or illiteracy); vulnerability (crisis and the risk of becoming even poorer); and powerlessness (within existing social, economic, political and cultural structures).

May, Govender, Budlender, Mokate, Rogerson, Stavrou and Wilkins (1998) regard poverty as the inability of individuals, households, or communities, to mobilise sufficient resources in order to satisfy a socially acceptable minimum standard of living. I concur with Noble, Ratcliffe and Wright (2004) who liken poverty in a society to mirror-image the ideals of that society: in conceptualising and defining what is unacceptable in a society we are also saying a great deal about the way we would like things to be. It is therefore vital that the definition of poverty is appropriate to the society in which it is to be applied. Noble *et al.* (2004) further explain absolute poverty as an approach characterised by the absence of a reference group. Sometimes poverty can be regarded as scientific and unchanging over time. Relative poverty is characterised by poverty in relation to living standards of a reference group; or in terms of resources required to participate fully in society. Notwithstanding the above view, the truth of the matter is that, although nobody can dispute the fact that poverty exists, there is no consensus thus far regarding the meaning thereof. This can be related to the fact that poverty is a multifaceted phenomenon (World Bank, 2001).

Everatt (2005) is of the opinion that clarifying what we mean by poverty can contribute to effective poverty eradication in various ways: there can be initiatives to geographically map where poverty is more severe and so direct resources

accordingly. The various dimensions of deprivations experienced by people in poverty can be studied. Government can focus its resources on specific programmes, such as housing and basic services. At appropriate intervals, poverty programmes can be evaluated as being effective and to move people out of poverty and improve their wellbeing. Information about the levels of poverty and the resultant inequality in South Africa can be placed in the public domain to build a national commitment to eradicate poverty that goes beyond government.

Eradicating poverty and inequality in South Africa requires long-term and vigorously pursued redistributive strategies and policy frameworks (Everatt, 2005). Seekings (2007) is of the opinion that South Africa's affluent are unusually rich and South Africa's poor are exceptionally poor, even relative to other unequal societies. The effects of unemployment on poverty are heightened by the growth of an 'underclass' of people who thrash systematic disadvantage in the labour market. As a result, they face no real possibility of escaping from poverty (Seekings, 2007).

According to Seekings (2007) for most unemployed people, poverty is transitory, ending when they find employment. For others it may be a far-fetched dream as they lack the skills (including language skills), credentials and (especially) the connections (i.e. social capital) which are crucial in terms of securing employment. Seemingly the most significant form of social capital is having family or friends who have jobs and are able to help someone find employment. As such it is found that the number and proportion of the unemployed living in 'workerless' households, i.e. where no one is in wage employment, have risen. In spite of considerable expenditure on public education (amounting to about 7% of GDP) most young South Africans leave school and enter the labour market with limited or irrelevant skills. Due to the type of education that is currently offered in South African schools they are not equipped for semiskilled or especially skilled employment. The fact that the economy continues to restructure around skilled employment, has resulted in a serious mismatch between the supply and demand for labour and as such fuels unemployment among the unskilled and low earnings among those unskilled workers who are fortunate enough to find jobs (Seekings & Nattrass, 2005).

Behrens (2013) explains that constitutionally guaranteed rights do not restore the dignity of those whose identity was denigrated for centuries as, despite improved

access to basic services, education and healthcare, and an expanded system of social grants, most vulnerable people remain mired in poverty. Unemployment and inadequate housing, which are the results of poverty, leave a majority of vulnerable communities prone to hopelessness and the associated social problems of crime, violence and substance abuse. It is argued that many current moral failures in South Africa are a result of greed, materialism and the lust for power among a new elite and middle class, who cannot blame poverty or deprivation for their failures. This is not in line with the principles of Ubuntu, can give rise to a situation of self-dehumanisation and outright self-subversion both in terms of dignity and self-esteem, leading to what may be perceived as a collapse of traditional culture and of traditional ethics of the principles of Ubuntu (Andoh, 2011). Such a lack of care for others and the community is foreign to a traditional African way of Ubuntu. I concur with Behrens (2013) that the emphasis on community, identifying with others, and solidarity and caring makes ubuntu a relational ethic that prizes harmonious relationships.

The poverty context in South Africa is further encumbered by HIV&AIDS. According to Statistics South Africa (2011) the estimated overall HIV prevalence rate is approximately 10.5%, which is around 5.24 million people. Seventeen per cent of all adults between the ages of 15 and 49 are HIV positive, with 43.6% of babies who died in 2011 being AIDS related. New HIV infections amongst adults in 2011 were 316900 and amongst children 63600. The number of orphans in 2011 was 2.01 million. According to USAID (2005) South Africa is faced by an orphan crisis that is higher than in many other countries in the world. It is estimated that South Africa will have 3.05 million maternal orphans and that 5.7 million children would have lost one or both parents by the year 2015 (UNAIDS, 2002).

Closely related, the challenge of child headed households seems to be rising in South Africa due to increasing numbers of children being orphaned with no relatives to take care of them (Ardington, Lam, Leibrandt & Welch, 2005). The loss of parents by children may lead to older children having to replace the role of their parents. Very often, older children need to take care of their siblings physically, emotionally, materially and/or financially. Traditionally, children were not supposed to be left without being taken care of by other relatives in the African culture. Motha (2010) is of the opinion that South Africans have been socialised to be relational and

independent. In the past it was general practice that if both parents have passed away relatives would gather and decide on the future of the children. This would usually involve taking children to one of the relatives or assigning one of the relatives to stay with the children. Culturally, children belong to their relatives and they are not supposed to suffer or be stranded whilst there are relatives who are still alive. Mkhize (2004) is of the opinion that the responsibility for raising children is not meant for biological parents only, but also involves extended family members and the entire community who are expected to be actively involved.

Due to the impact of HIV&AIDS and the rate at which relatives are affected it has become difficult for them to support one another. Subsequently providing homes for orphans also includes the incorporation of extended families, adoption, foster care, shelters and orphanages (Foster & Williamson, 2000; Nyambedha, Wandibba & Aagaard-Hansen, 2003).

1.3.2 VOLUNTEERING AS INDIGENOUS RESPONSE TO HARDSHIP

Behrens (2013) explains that, unless the adversity of poverty and social inequity are solidly addressed, most vulnerable people may never recover their basic human dignity and be able to become partners in building a better society for all. Democracy and policies that are not implemented are insufficient, as radical social change is required to improve health indicators. Wastage of resources, mismanagement and incompetence must be dealt with, and poverty, unemployment, poor education, inadequate housing, nutrition, sanitation and other vital services must be addressed. Behrens (2013) is of the opinion that South Africa needs a new approach to bioethics that is solidly grounded in the values of South Africans to reclaim their dignity and re-affirm their identity by being able to appeal to their own culture, moral traditions and ethical values when reflecting on their ethical problems and dilemmas. A contextualised and indigenous approach to ethics is necessary to restore the dignity of vulnerable people and to ensure that far more people have a decent quality of life and their dignity is restored (Andoh, 2011).

According to Ritcher, Manegold and Pather (2004) psycho-social support may be regarded as mobilisation and support of households and communities in order to deal with adversity in the community. Foster and Williamson (2000) refers to psycho-

social support as the ability to create hope through community healing and initiating community support which may enhance a sense of belonging amongst vulnerable people thereby improving their wellbeing. The mobilisation of assets can be done through collaboration with volunteers, government donors, NGOs and faith-based organisations which share resources with vulnerable people (Ferreira, 2006; Foster & Williamson, 2000). The World Health Organization (WHO) (2009) emphasises partnership between professionals and community members involved in community support, and indicates that relationships can be stressful if roles are not clearly defined or where there are no role conflicts.

Norris, Susan, Stevens, Pfefferbaum, Wyche and Pfefferbaum (2007) regard psycho-social support as concrete, tangible and practical or informational, like advising people who are in need of advice or providing emotional support. Vulnerable people often rely on the psycho-social support of others to cope with the challenges that they may face. Letsema is another indigenous way of support and relates to being resourceful or accessing resources. This indigenous support includes volunteering to support people in need. Therefore, volunteering can be viewed as an indigenous knowledge system used in South African communities to give support when needed. Foster and Williamson (2000) agree that family members traditionally used to feel responsible and obliged to take care of vulnerable people.

I am of the opinion that the core ingredient that is important in helping community volunteers to be able to identify the resources (letsema) that community members can utilise to cope in vulnerable situations relates to the principle of Ubuntu (which I regard as a universal value in my culture) as without this urge to make a difference to the life of vulnerable people, one may not be able to support fellow community members. To my mind the ability of the participants to apply memory work and assist one another in identifying different resources (letsema) that are available could assist vulnerable individuals to deal with challenges, giving them a sense of accomplishment and hope for the future. I think that when volunteers use memory work they can craft on to letsema and Ubuntu to provide psycho-social support in a way that is familiar to clients.

In poverty stricken South Africa the services of community volunteers are often leveraged by providing much needed support in the spirit of Ubuntu, without

compensation. Ubuntu is a philosophy according to which people take responsibility for vulnerable people (Munyaka & Motlhabi, 2009). In a South African context, typified by diversity and valuing the Ubuntu principle to cope with vulnerability, community-based responses abound. It is typically found that when faced with challenges, an individual will rely on extended family, the immediate community, or a combination of these to access resources (letsema). More often than not, already scarce resources and external assistance is generously shared with others who are vulnerable and in need of resources (letsema) and support. By implementing Ubuntu community members take collective responsibility to access resources to deal with challenges faced by vulnerable people in the community, Ubuntu encompasses communalism and interdependence which is a foundational cornerstone of the African Philosophy (Olinger, Britz & Olivier, 2005).

People who apply ubuntu principles are generally welcoming, hospitable, warm, generous and willing to share their inter- and intra-personal resources with vulnerable individuals and communities. Such people are usually open and available to others, and do not feel threatened by these other people, as they believe that they all belong to the same greater communities, and that the successes of their communities will be of mutual benefit to all members of the societies. The practitioners of ubuntu also believe that they themselves are diminished when others are humiliated or treated in a demeaning manner. Ubuntu is not consistent with success through aggressive competitiveness, but emphasises that the purpose of human beings is to live in social and communal harmony with the holistic aim of nurturing the well-being of vulnerable communities (Allen, 1997). The application of this principle to my personal life and African culture may be seen in the practice of African communities wherein people would often personally refrain from using their best crockery, blankets and food for themselves, but to rather save these for the use of their visitors. It is also in line with the underlying principles of Ubuntu that African people (of which I form part of) are often more likely to show respect to others than they would seem to do so to themselves. This is because it is considered a sign of Ubuntu and social grace to rather show deference to others than to blatantly assert or promote self-importance and interests.

Andoh (2011) explains that there is much more to the communitarian ethic than just an emphasis on the importance of community as a person is a person through other

persons which denotes that authentic personhood or true humanity require being in relationship with others as we are all interdependent, and this is pervasive in African culture (Tangwa, 2010). Metz (2010) explains that the key to the African ethic is harmonious relationships characterised by identifying with others (or conceiving oneself as part of a group or community) and by solidarity (caring for one another and seeking the good of others).

According to Munyaka and Motlhabi (2009) the philosophy of Ubuntu teaches esteem for the dignity and goodness of all humankind, and respect for human interdependence. Ubuntu encompasses practical services to humanity and respect for fellow human beings. It springs from within oneself or better still, from within society and can be viewed as the sum total of human behaviours instilled in the individual by society through established traditional institutions over a period of time.

According to the Ubuntu principle priority is given to both duties and rights, which are inalienable to each person. People in need of support are seen to have a right to be helped, while others are regarded as having the duty and obligation to render their services to those who are in need. This is not typically regarded by South African communities as charity, but as a human imperative and obligation (Munyaka & Motlhabi, 2009). It is based on the notion that the presence of the other should arouse feelings of respect, kindness, compassion and sacrifice towards others. Even though a person's responsibility is not concealed through group effort, one is expected to also participate in ways of Ubuntu as an individual. Such participation in community may either enhance or decrease an individual's self-respect or recognition as a person. A person is, in effect, seen as a person through what one does (Munyaka & Motlhabi, 2009).

I share the opinion of Munyaka and Motlhabi (2009) who explain that Ubuntu is a call to service and participation in serving humanity in a practical way. It may deal with many feelings of compassion, related to making life more humane for others; especially in caring for the disadvantaged, namely the sick, the bereaved, the poor and for strangers. This implies a resolute effort and commitment by community members to advance the interests of others. Ubuntu is found in compassion and cooperation, which are regarded as essential virtues for the survival of any community (Munyaka & Motlhabi, 2009).

Individualistic and self-centred acts are not just seen as not contributing to the wellbeing of both the person and the community, but are also viewed as potentially bringing about harm, misery and pain to other members of the community. This shows that one contributes to the definition of oneself through everything that one does. One's identity or social status goes hand in hand with one's responsibility or sense of duty towards, or in relation to others in the community (Munyaka & Motlhabi, 2009). This argument provides an indication that the ability to volunteer has been in existence for a long time in African cultures.

Van Delft (2002) highlights that the main characteristic of volunteering is the absence of reward. Akintola (2008) further regards volunteering as pro-social behaviour which is done out of one's free will, without any financial reward with the aim of benefitting vulnerable individuals by acknowledging the importance of societal responsibility and upholding the spirit of servicing vulnerable individuals to the best of their ability. This confirms that volunteering is often performed purely for altruistic reasons. Volunteering entails the demonstration of good morals, is driven by compassion, goodwill and empathy; is performed out of generosity and should demonstrate kindness and dedication, and strive to promote cohesion amongst community members.

Volunteering also involves activities that allow a network of social relations with the aim of encouraging vulnerable people to collaborate in accessing resources (letsema) so as to contribute in being a Thari³ in their community. As such community volunteers have the potential of conveying new skills and knowledge to others, in other words they can add value to tasks at hand (Campbell, 2003). It is important that community volunteers are able to empower themselves and ensure that their voices and those they represent are heard and that their potential for psycho-social change is fulfilled (Ziemek, 2006).

1.4 RATIONALE FOR THE STUDY

As is evident from my contextualisation of the study, in the emerging economy context of South Africa communities face a number of challenges related to poverty,

³ In this study I use "Thari" in a metaphoric way, implying a method/way/tool that may comfort or support a vulnerable individual, just as a "Thari" refers to a protective blanket or comfort to small children in African cultures.

such as unemployment, the loss of loved ones through death, divorce and separation, HIV&AIDS, sick relatives and care givers (Ferreira, 2008; Loots, 2011; Motha, 2010; UNAIDS, 2002). Such adversity adds to the vulnerability of communities in contemporary times. Individuals who experience emotional problems are seldom able to function and perform optimally (Mnguni, 2006), requiring others to provide support to vulnerable individuals and communities on various levels. In the South African context policy leans strongly on volunteers to provide such support. This is the case because of limited numbers of social workers (Brown, 2008), psychologists (Akintola, 2008), and counsellors (WHO, 2009). However volunteers' training to provide psycho-social support to individual challenges of chronic and cumulative poverty-risks is questionable (Ozoemena, 2010, Seekings, 2007, Woolard & Leibrandt, 1999). As a result, I wanted to explore if memory work could perhaps assist volunteers in the task of providing psycho-social support within a poverty context.

Community volunteers require information and should be trained in how to care for vulnerable individuals, specifically by providing emotional support, and enabling their communities to deal with the effects of e.g. HIV&AIDS. In this regard, UNAIDS (2004) proposes that local governments ensure that volunteers who care for HIV susceptible communities, receive the necessary training and support. It is however imperative that the training of community volunteers be monitored and updated in terms of new treatment guidelines and other clinical as well as psycho-social insights regarding wellbeing. Community volunteers require appropriately tailored and comprehensive support which may contribute to self-efficacy, in turn implying the promise of reducing care supporter burdens. It is also important to facilitate effective linkages between community volunteers and formal (public health-based) as well as informal (non-public health-based) health sectors, including indigenous healers, pharmacists, chemists, herbalists, and prayer healers in order to help dispel confusion and misinformation that may fuel issues such as HIV denialism (Campbell, 2003).

Faulkner and Davies (2005) emphasise that even though volunteerism is demanding, the responsibilities that go with it cannot be avoided and that it is important to delegate these to people who are truly dedicated to caregiving, as such work often requires physical and emotional reserves. Community volunteers may not

only be challenged physically but the trauma of the vulnerable people they support may thus also affect them emotionally, in turn even resulting in e.g. post-traumatic stress. To this end community volunteers may suffer 'caregivers' burden' (O'Neill & McKinney, 2003).

These challenges may be even more intense if the family members of a vulnerable person are involved as this may cause secondary stress and lead to caregiver conflict with other family members (own family or client's family) (Orner, 2006). Volunteer burden or volunteer stress may thus result in high levels of chronic stress stemming from the intensity of the care activities, role overload, family frictions or reduction in social contacts (Van Dyk, 2001). Volunteering could potentially negatively affect the family life of community volunteers when they experience burnout or feel too tired to be meaningfully involved in their own family relationships.

In terms of the need for community volunteers to provide psycho-social support to vulnerable individuals, they often find it hard to fulfil their supportive role based on their feeling that they are not adequately trained to deal with emotional challenges of vulnerable communities (Loots & Mnguni, 2008; Ogina, 2008). For most community volunteers this is a frustrating experience as they are aware of the fact that vulnerable communities need their support yet they do not know how to support individuals in a way that may be fulfilling for both the vulnerable individual and community volunteer.

In many cases community volunteers are not well equipped to support vulnerable people, as training in this area is usually limited. Furthermore the need exists for community volunteers to be trained on how to take care of themselves emotionally (Bokaba, 2011). In setting out to conduct this study I believed that exposure to the skill of memory work could be valuable to community volunteers supporting vulnerable communities and encouraging other members of society. In this regard, Loots and Mnguni (2008) explain that memory work may provide a skill that is cost effective and which may potentially be used when providing support to others. In the case of memory work, vulnerable individuals are able to work in groups, allowing them to understand the value of and appreciate every moment in life as they share life experiences. Furthermore information can be shared in terms of individuals' challenges, fears and family backgrounds.

It follows that memory work may be a helpful tool to support vulnerable individuals, as individual counselling or support is neither accessible nor affordable for most people in emerging economy countries such as South Africa (Collins, 1998; Winter, 2000). Community volunteers may be able to assess a situation that warrants individual counselling and deal with it accordingly. However the main focus of this study was not to train community volunteers to provide group counselling, but rather to introduce them to the skill of memory work so that they could select to use it when supporting clients.

1.5 CONCEPT CLARIFICATION

In this section I discuss key concepts of this study in order to provide my understanding of what the concepts entail within the context of this study.

1.5.1 VULNERABLE COMMUNITIES

In South Africa unemployment is a reality which directly leads to high levels of poverty (Coetzee, 2010). In addition unemployment impacts on the education system, where children often find it difficult to access basic services such as food, shelter and educational resources (Benell, 2004; Evans, 2004; Smit & Fritz, 2008). Challenges like these may lead to vulnerability on a variety of levels.

It follows that many communities in South Africa face risks such as intrapersonal risks, interpersonal risks, school risks, community risks and service level risks (Ebersöhn, 2012). In this study high risk resource-scarce settings refer to communities that are typified by limited resources, high levels of unemployment, poverty, challenges associated with HIV&AIDS and social problems such as abuse, at-risk sexual behaviour and early school drop-out rates.

More specifically, resource-constrained (or vulnerable) communities are communities characterised by limited basic resources such as food and water, economic resources, physical and material resources (e.g. sanitation, buildings and equipment), and human resources (people with different expertise and strengths). To this end Donald, Lazarus and Lolwana (2002) define lack of resources in a community as the unavailability of basic needs or resources that people can access.

Lack of resources may in turn impact on social relationships, with people in resource-constrained communities feeling insecure, unloved and unaccepted (Ebersöhn, 2012). In this study vulnerable communities refer to communities characterised by limited basic, physical, and economic material as well as human resources.

1.5.2 POVERTY-RELATED RISKS AND ADVERSITY

Risks can be defined as predictors (such as individual attributes, interpersonal situations, or broader contexts within the environment) that may affect the likelihood of increased vulnerability of people towards maladaptation (Kaplan, 1999). Adversity has different meanings in different cultures. Adversity relates risk to individual wellbeing, development and functioning, and refers to variables that may increase the likelihood of psychopathology or developmental impairment.

Poverty-related risks and adversity thus refer to scarce resource factors that may predict an increase in the chances of negative outcomes. Poverty-related adversities are evident in economic deprivation (Choksi, 2004; Coetzee, 2010), health challenges (Anabwani & Navario, 2005), social problems, high unemployment rates (Hall, 2009), low household incomes (Hendricks & Bourne, 2010), HIV&AIDS (Campbell, Nair & Maimane, 2007; Louw, 2008) and limited opportunities and choices (Mayekiso & Tshemese, 2007). Dercon (2002) argues that risk is not simply another expression of poverty, but is regarded as an important cause of persistent poverty and poverty traps. Poverty-related risks include factors such as parental unemployment, poor health, substance abuse, crime (e.g. theft or intentional destruction of property), economic shocks (e.g. job loss or death), government regulations (e.g. forced resettlement, land redistribution), environmental hazards (e.g. flooding, drought), housing disasters (such as fire or collapse), illness or death of a mother, father or other household member, and other family adversities (e.g. separation, divorce, imprisonment and abandonment) (Dercon, 2002).

Two categories of risks are distinguished, namely interpersonal and intrapersonal risks. Interpersonal risks are risks surrounding the environment of a vulnerable person, e.g. a sick parent, abuse, drug abuse, inability to be provided for or to provide essential resources, and lack of leadership in families or in the community

(Ebersöhn, 2012). Most poverty-stricken communities are affected by these risks, resulting in difficulty for vulnerable people to cope with their daily lives. The impact of interpersonal risks on children is associated with a number of negative health and social consequences. Not only are children whose parents are vulnerable at a greater risk of developing a wide range of behavioural problems, these children are also often neglected by their parents, who have to cope with their own vulnerabilities and adversity they face.

Intrapersonal risks on the other hand are risks within a vulnerable person over which the person does not have control, such as anxiety, low self-worth, and depressive symptoms. These are usually embedded in a vulnerable individual and will lead to the person feeling helpless and unable to deal with other risks faced in the environment. Discrimination against people living with HIV&AIDS is another example of an intrapersonal risk (Winkler, 2003). These people often feel unaccepted in society. Such feelings of not being accepted may in turn negatively impact on, for example, the education of children, and children's academic performance (Chabilall, 2004; Makame, Ani & Grantham-McGregor, 2002). Within the context of this study, poverty-related risks and adversity entail both inter- and intra-personal risks surrounding vulnerable communities.

1.5.3 COMMUNITY VOLUNTEERS

Van Delft (2002) emphasises charity and a generally supportive attitude amongst South Africans. Based on this element some people choose to become volunteers and eventually take up the role of caregivers. Volunteering can be described as the process of doing something positive, helpful and rewarding without seeking financial gain (Van Delft, 2002). Volunteering thus implies any activity that involves the acts of spending time unpaid, doing something which aims to benefit someone (individuals or groups) other than or in addition to close relatives. In such cases people may get together through groups or organisations to help others without expecting financial gain (Akintola, 2008).

One of the main challenges that affect community volunteers in supporting vulnerable people is that they are often not formally equipped with skills necessary to support people, especially emotionally (Akintola, 2008). To add to this, culturally, it is

not always easy for African volunteers to talk to other people about their emotional challenges. For example in some cultures it is taboo to talk about death. Children may for example even be socialised not to talk about death (Ebersöhn *et al.*, 2008). In addition volunteers often lack sufficient resources in terms of places where they can refer vulnerable people to when they need to be referred, such as psychologists, social workers or clinics (Van Dyk, 2001).

According to Faulkner and Davies (2005), volunteerism and care giving is demanding, implying responsibilities that cannot be avoided, nor delegated to people who are not interested in caring for others. Sometimes volunteer work requires physical and emotional reserves that may occasionally drain the energy of people.

In this study community volunteers refer to people who volunteer to support vulnerable people emotionally with the aim of helping them to cope with the challenges they face. In supporting a vulnerable person a community volunteer should not expect any form of remuneration but rather have a desire to make a difference in the life of another. In undertaking this study, I considered the possibility of exposure to a skill such as memory work as potentially valuable to community volunteers supporting vulnerable communities. As such, I set out to explore this possibility.

1.5.4 MEMORY WORK

In my study memory work refers to any kind of work that may demonstrate how people who have passed away, had celebrated their lives but also how people are still celebrating their lives when alive. Memory work in its originally intended form is done with the aim of maintaining or harbouring memories of people when they die and helping children to remember loved ones, such as their parents, when they have passed away (Waddington, 2002). It can thus be used as a means of remembering a person who has passed away, and what he or she valued, yet also as a way of communicating with him or her by being a therapeutic tool to the people that are left behind (*Irin News*, 2005).

Memory work can be used by individuals to communicate with others about themselves. Besides maintaining memories, people can rely on memory work to

identify the assets and resources that may help them celebrate their lives (Mnguni, 2006). In this study I emphasise this celebratory characteristic of memory work. 'Celebratory' implies that people can strive to live their lives in a positive way, by trying to continually celebrate their lives positively. The community volunteers participating in this study were thus exposed to the possibility of using memory work in supporting vulnerable people.

1.5.5 PSYCHO-SOCIAL SUPPORT

Dalton, Elias and Wandersman (2001) view psycho-social support as the collaboration of community members to create an environment that promotes competence and helps prevent problems. In support, the World Health Organisation (WHO) (2009) regards psycho-social support as structured programmes aimed at enhancing skills, counselling and educational support which are facilitated by a multidisciplinary team, with the aim of addressing the specific needs of a community.

Broadly speaking psycho-social support thus refers to support provided to people who need to deal with vulnerability (Ferreira, 2006; Ferreira, 2008). Psycho-social support can take on various forms such as religious interaction, support in work settings or providing basic commodities to vulnerable people. The aim of psycho-social support is to enhance quality of life for an entire community, thereby indirectly improving individual wellness (Dalton *et al.*, 2001).

According to Kim, Sherman and Taylor (2008) psycho-social support is one of the most effective means by which people can cope with stressful events. Psycho-social support involves access to and direct contact with people or agencies whose assistance is perceived as supportive. Lack of psycho-social support during stressful times on the other hand can be very distressing, especially for people with high needs for support.

Psycho-social support is not a static construct but a resource that evolves throughout life. Psycho-social support is shaped through reciprocal and transactional processes between characteristics of individuals and those of other people in their environments (Newcomb, 1990). As such a need for emotional, informational, spiritual and physical support implies the need for psycho-social support. Such

support can motivate communities in becoming self-sufficient to actively participate in their own development. It follows that psycho-social support programmes should be strategically integrated into community-based programmes that provide support (including unconditional positive regard, respect, nurturing, involvement and developing networks) (Foster & Williamson, 2000; Ritcher *et al.*, 2004). For the purpose of this study, I regarded psycho-social support as a way of holistically supporting vulnerable people, by providing physical, emotional, social and spiritual support.

1.6 PARADIGMATIC PERSPECTIVES

In the following subsections I introduce the selected epistemological and methodological paradigms for this study. More detailed discussions follow in Chapter three.

1.6.1 EPISTEMOLOGICAL PARADIGM

I relied on an interpretivist paradigm in this study. Qualitative research often has an interpretive nature, due to the methods that are used to collect empirical data such as visual techniques, observations, interviews and reflections (Denzin & Lincoln, 1998). The interpretivist paradigm has the aim of understanding and interpreting meanings and intentions that underlie everyday human action (Schurink, Schurink & Poggenpoel, 1998). Interpretivism regards people's subjective experiences as real and believes that others' experiences can be understood by interacting with them. Interpretivism strives to comprehend how individuals in everyday settings construct meaning and explain the events of their worlds (Wimmer & Dominick, 2000). As an interpretivist I believe that multiple realities of phenomena exist which may differ across time and place.

The interpretivist perspective is based on the assumption that the social world does not exist independently of human knowledge (Schurink *et al.*, 1998). In this way human behaviour is affected by knowledge of the social world. Human life can therefore only be understood from within, as social life is viewed as a distinctively human product. It follows that the human mind is viewed as the source or origin of meaning (Wimmer & Dominick, 2000).

As an interpretivist I aimed to understand and interpret the meanings and intentions that underlie the actions of community volunteers when collecting data through observations, Participatory Reflection and Action (PRA)-driven workshop sessions and individual interviews. I interacted with the community volunteers in an attempt to understand how they supported vulnerable individuals in their environment when utilising memory work. I also wanted to understand how they viewed the use of memory work and how they constructed meaning in their environments, not forgetting that multiple realities exist which may differ from one environment to another.

The interpretivist paradigm therefore enabled me to interpret the actions and meanings of community volunteers when they explained how they supported vulnerable clients by utilising memory work. I interpreted their meanings with the aim of gaining a better understanding of their experiences.

1.6.2 METHODOLOGICAL PARADIGM

I conducted this study by implementing Participatory Reflection and Action (PRA) (Chambers, 1994a). PRA entails a process in which people in a community are encouraged to define and identify their challenges and become actively involved in a study. Action research is driven by the need to solve practical, real world problems, aiming to serve as a source of enablement to participants (Babbie & Mouton, 2001; Descombe, 2003). During PRA the truth and solutions to concrete problems typically occur simultaneously in collaboration with participants (Seale, 2002).

Participatory research (PR) is defined as “systematic inquiry, with the collaboration of those affected by the issue being studied, for purposes of education and taking action or effecting change” (Cargo & Mercer, 2008:326). It is an umbrella term inclusive of approaches that share a core philosophy of inclusivity and of recognising the value of engaging those who are intended to be the beneficiaries, users, and stakeholders of research (Cargo & Mercer, 2008; Green & Mercer, 2001; Israel, 2003). Rahman (2008) explains that the essence of PR is for marginalised people to take the responsibility of researching problems that affect them in a partnership with researchers and to take action in order to improve their lives. In most cases PR projects are conducted with a view to social change agenda.

In following a PRA-based intervention research approach, as introduced by Ferreira (2006), I implemented intervention *via* research and research *via* intervention. In many cases researchers focus on their research, with participants benefiting less from the research than the researchers themselves. As such participants may feel that researchers are using them for their own benefit, resulting in a reluctance to participate in future research projects. In my opinion a PRA-based intervention approach allowed me to do research while empowering participants, thereby subsequently facilitating a change in their lives and environments. To my mind this approach resulted in the participants being involved, which in turn may have led them to take ownership in applying memory work when fulfilling their daily responsibilities. As such the project may be sustainable in future as it was reported to be meaningful to the participants.

According to the principles of PRA I (the researcher) did not perceive myself as professional who could provide advice to the participants (etic-approach), but as an insider (emic-approach) who attempted to understand the situation from the participants' view in the environment. Implementing visual techniques, during workshop activities, as suggested by the PRA approach, is regarded as suitable for undertaking research in communities characterised by poverty (such as the setting of this study), upon which participants might not possess a high level of literacy and may probably be addressed more effectively on a concrete, visual level than on an abstract level (Archer & Cottingham, 1996).

1.7 THEORETICAL FRAMEWORK: ASSET-BASED APPROACH

Kretzmann and McKnight (1993) introduced the asset-based approach (intervention) in the early 1990s, within the context of community development and empowerment. Eloff (2006) however views the asset-based approach as more than just an intervention tool, and as a perspective rather than a comprehensive approach.

The main focus in the asset-based approach falls on assets, strengths, capacities and resources that are available, but may have not been utilised by vulnerable people in the community yet. This approach aims to create a sense of enablement and self-determination by working with what is present in the lives of vulnerable individuals and emphasising the formation of networks and building of relationships

(Ebersöhn & Eloff, 2006). The asset-based approach is viewed as an alternative to the needs-based approach, which is often implemented during intervention with individuals or groups of people in their communities. Du Preez (2004) is of the opinion that these two approaches should not be regarded as opposites but rather as two approaches on the same continuum but at different levels of the spectrum that aim to complement each other. The needs-based approach focuses on challenges, needs and deficits that people regard as being beyond their control whereas the asset-based approach centres on discovering resources and capacities in order to address existing challenges in a community (Eloff, 2006).

The needs-based approach results in vulnerable individuals highlighting their deficiencies instead of thinking of the possibility of accessible assets and resources in order to improve their own wellbeing (Cordes, 2002; McNulty, 2005; Saylor, Graves & Cochran, 2006). The main idea of the asset-based approach is, on the other hand, the belief in the presence of assets in every individual and resource in every system. The asset-based approach is based on three fundamental principles, which are, a focus on the positive, considering people as possessing the necessary inner strength for taking charge of their own lives, and building relationships and networks (Bouwer, 2005; Eloff, 2006; Ebersöhn & Eloff, 2006; Ebersöhn & Ferreira, 2012). I discuss the underlying principles of the asset-based approach, and elaborate on this selected theoretical framework in Chapter two.

1.8 OVERVIEW OF THE RESEARCH PROCESS AND METHODOLOGY

Figure 1.2 provides an overview of the research process of this study. I briefly explain my selected methodology in the sections that follows and elaborate on this initial discussion in Chapter three.

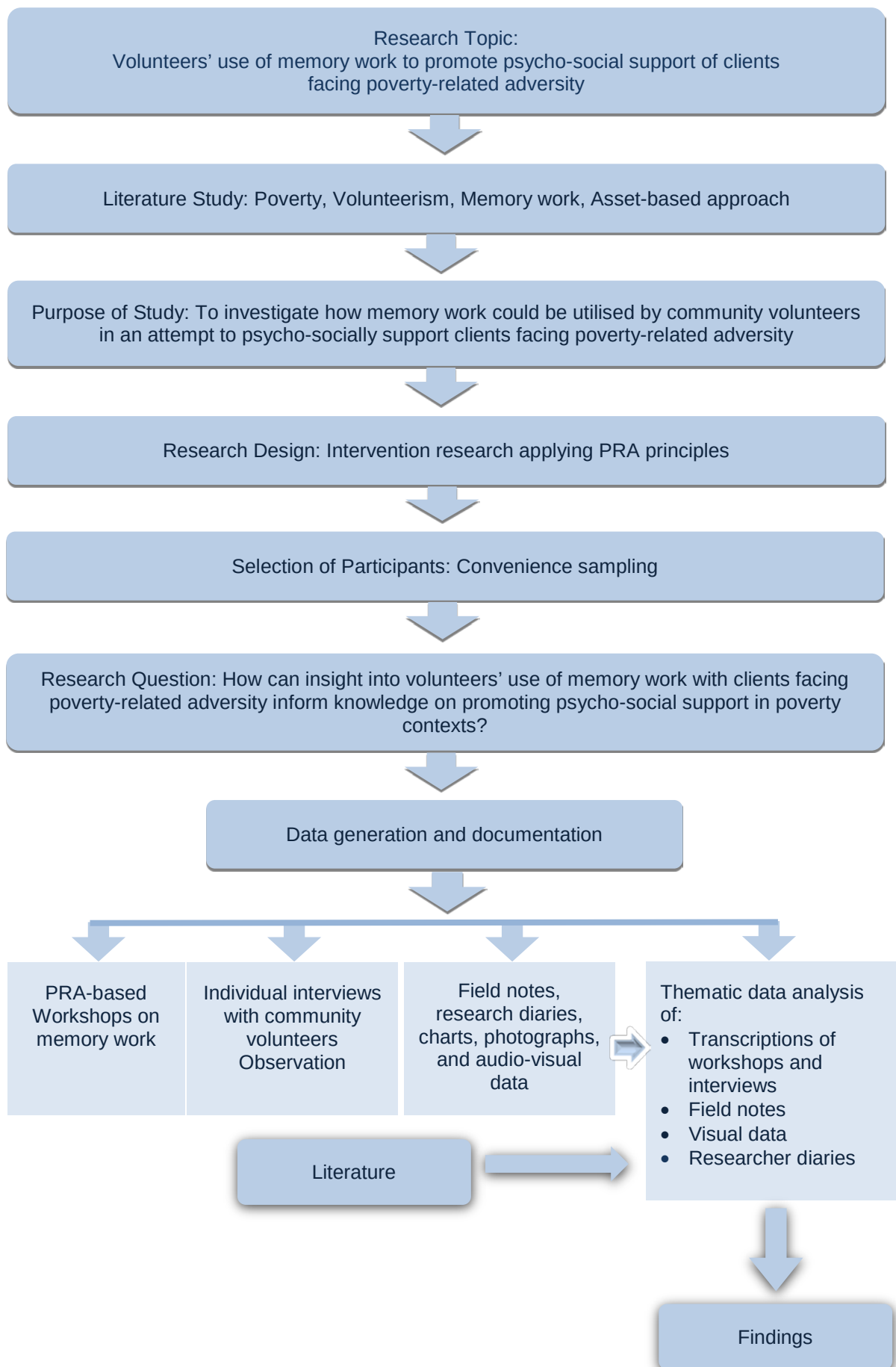


Figure 1.2: Research process

1.8.1 RESEARCH DESIGN

Mouton (2001) describes a research design as a “blue print” of how the researcher intends to conduct research. In support Terre Blanche and Durrheim (2002) describe a research design as a strategic framework for action that serves as a bridge between research questions and the execution and implementation of research. In attempting to answer my research questions I used an intervention research design, applying PRA principles.

Intervention research is carried out for the purpose of conceiving, creating and testing innovative human service approaches, in order to address problems or maintain quality of life (De Vos, Strydom, Fouche & Delport, 2011). An intervention design therefore implies an applied action undertaken by a helping agent, to enhance the functioning and wellbeing of an individual or community (Cozby, 2009; Neuman, 2006). Intervention should be deliberate, structural, sustainable, valid and reliable, leading to clearly identifiable outcomes and benefits for participants in a particular environment (Monette, Sullivan & De Jong, 2008).

As indicated earlier the main outcome that I wanted to achieve with the intervention was to facilitate awareness amongst community volunteers about a skill that could perhaps help them in supporting vulnerable people in their community in order to enhance the functioning of the individuals (Cozby, 2009). If community volunteers could utilise this skill it may ultimately prove to be a sustainable and resourceful tool that can be used in communities to help people adapt positively to challenges and thereby cope with poverty-related adversity.

In my study I co-facilitated an intervention on memory work with community volunteers (as part of the SHEBA intervention), upon which I requested them to implement the technique in the environment where they work (De Vos *et al.*, 2011). Following this implementation I facilitated workshop discussions to explore their experiences, concerns and perceptions of the use of memory work as potential supportive technique in vulnerable communities. Furthermore, I conducted individual interviews with ten community volunteers to further explore their experiences.

In utilising an intervention research design I relied on multiple data sources. I however did not aim to obtain generalisable results that may be applied to other situations or environments. I rather attempted to gain a deep understanding of the experiences and perceptions of a specific group of community volunteers working in their specific context.

1.8.2 SELECTION OF PARTICIPANTS

I conveniently selected (Nieuwenhuis, 2007) community volunteers associated with two schools in the Eastern Cape, which have been participating in the broader SHEBA project since January 2012. The reason for relying on convenience sampling is thus that the study forms part of a national PRA study conducted under the leadership of Ferreira and Ebersöhn (Ebersöhn & Ferreira, 2011; Ferreira & Ebersöhn, 2011; Ferreira & Ebersöhn, 2012). The site and participants were easily accessible based on already established relationships between the school stakeholders and the research team. In this manner I used convenience sampling to select an information-rich site for an in-depth study.

I involved 38 community volunteers (all the SHEBA participants). The two schools they are associated with have been participating in the STAR and SHEBA projects since 2003 and 2006 respectively. The community volunteers were thus selected based on their participation in the SHEBA project.

As convenience sampling implies the possibility of participants not reflecting a true representation of the greater population (Nieuwenhuis, 2007), the possibility exists that the results may not be generalised to the greater population. However it was not my aim to obtain generalisable findings, but rather to focus on the experiences of a selected group of people in order to understand and describe the specific social phenomenon from the participating community volunteers' points of view within the specific context and background of the SHEBA project. The results of the study will therefore not be generalised due to the fact that they will not be representative of the greater population.

1.8.3 DATA GENERATION, DOCUMENTATION AND ANALYSIS

In generating and documenting data I used PRA-based workshops, individual interviews, observation, field notes, audio-visual techniques, photographs and a research diary.

1.8.3.1 PRA-based workshops

I co-facilitated two PRA-based workshops on memory work to discuss the various ways of using memory work by community volunteers. The first workshop took place in October 2012 and the next one in January 2013. The first workshop was primarily facilitated by local teachers and volunteers who formed part of discussions over the last few years within the broad STAR and SHEBA projects, with me fulfilling the role of co-facilitator. The workshop was interactive and guided by the needs of the participants, following PRA principles.

After discussing memory work and the background to memory box making, participants compiled their own memory boxes/containers, implementing the principles of memory work. Hereafter, I requested the community volunteers to implement memory work when supporting community members in the next three months either with individuals or in a group.

In January 2013 a follow-up workshop was conducted, in which I co-facilitated PRA-based workshop activities, exploring the experiences of the community volunteers in utilising memory work with vulnerable individuals since the first workshop. After this workshop I requested ten community volunteers to further support at least one vulnerable person by utilising the skill of memory box making before my next field visit in May 2013. I provided each community volunteer with a disposable camera so that they could take pictures when using the skill of memory box making.

1.8.3.2 Individual interviews

Individual interviews are referred to as one-to-one or in-depth interviews (De Vos *et al.*, 2011). To me the main purpose of individual interviews was to understand the experiences of the participants and the meaning they had given to their experiences. Interviewing implies a process that involves reading between the lines what

participants say, and noticing how participants react, talk and behave during interviews (Babbie & Mouton, 2001).

In my study I conducted individual interviews (refer to Appendix F) with nine (of the 10 requested) community volunteers after they had implemented the skill of memory work with vulnerable people. The volunteers discussed the pictures they had taken with the disposable cameras whilst having sessions on memory work with vulnerable people. The volunteers thus explained the process and their experiences while supporting a vulnerable person. In conducting individual interviews I was able to gain insight into the challenges that the community volunteers faced and how they handled the challenges (Babbie & Mouton, 2001; Miller & Glassner, 2004). I could also explore their perceptions on the outcome of memory box making, specifically in terms of their experiences about benefits in psycho-socially supporting vulnerable individuals.

1.8.3.3 Observation-as-context-of-interaction

Angrosino and Mays de Perez (2000) state that observation-as-context-of-interaction might motivate participants not to react passively to a position that is assigned to them but to participate actively in a social setting. It was important for me as a researcher to understand the context in which the participants were engaged. I observed the reaction of the participants when they practiced the skill of memory work as part of the PRA-based workshop and their reactions in the process. I later observed how they reported back on their experiences when implementing memory work and how they presented themselves when viewing the pictures they had taken when making memory boxes with vulnerable people.

1.8.3.4 Audio-visual data

Audio-visual data generation and documentation provided an opportunity for the participants to share their 'reality' unobtrusively. I collected audio-visual material by taking photographs and making audio recordings during discussions and PRA-based workshop activities (refer to Appendix A). As I documented all sessions, I was able to access the information at my convenience, revisiting what had taken place (Tashakkori & Teddlie, 2003). Taking photographs was not disruptive to the participants, as this had been done by my supervisors and co-facilitators of the PRA-

based sessions since the start of the project, with the participants being comfortable in their presence.

During PRA-based workshops community volunteers compiled posters (refer to Appendix H) to document their experiences and views. After each discussion they presented their posters to the group that was then allowed to ask questions where they needed clarity and to also share their experiences. These posters served as visual data that I subsequently analysed thematically.

I requested the participants with whom I conducted individual interviews, to take photographs when supporting vulnerable people in their communities by means of memory box making. These photographs (refer to Appendix I) captured how people constructed their memory boxes, what they wrote in their discussions when presenting their memory boxes and what information they added inside their memory boxes. The community volunteers explained the process of using memory work and how they experienced this process by referring to the photographs. As such I was able to analyse this visual source of data in line with the transcriptions of the interviews I conducted.

1.8.3.5 Field notes and research diary

I aimed to maintain a reflective balance by using field notes together with my research diary (Appendix E). I used a research diary to document observations and reflect on what had transpired during the research process. Clandinin and Connelly (2000) state that field notes combined with a research diary of one's field experiences can provide a reflective balance.

In making field notes I aimed to record a detailed account of the occurrences during the research process. In addition my research diary includes a systematic attempt to facilitate the interpretive process that is at the heart of qualitative research. Keeping a research diary encouraged me to document my observations and to routinely reflect on my emerging understanding of the data (Clandinin & Connelly, 2000).

1.8.3.6 Data analysis

Data analysis is regarded as a systematic search for meaning, and a way of processing data so that what has been learned can be communicated to others. In analysing the data I aimed to understand the various constitutive elements of the data through an inspection of the relationship of concepts, constructs and variables, in order to see whether or not there were any trends that I could identify or isolate to establish themes in the data (Hatch, 2002).

I employed thematic inductive analysis, as discussed by De Vos, Strydom, Fouche and Delport (2005). The reason for using thematic analysis was to enable me to identify relevant themes and subsequently compare them with the existing literature. In conducting thematic inductive analysis, I used the following steps as described by Braun and Clarke (2006): familiarising myself with the data by transcribing the data; reading and re-reading the data and noting down my initial ideas; generating initial codes by coding interesting features of the data in a systematic fashion across the entire data set; collating data relevant to each code; searching for themes by collating codes into potential themes after gathering all data relevant to each potential theme; and reviewing themes, thereby checking if the themes had worked in relation to the coded extract (level 1) and the entire data set (level 2). Reviewing themes assisted me in defining and naming themes. Throughout I refined the specifics of each theme, generating clear definitions and names for the themes.

1.9 ETHICAL CONSIDERATIONS

In this study I followed the norms, values and principles related to research with human participants. I was guided by the principles of informed consent and voluntary participation, the principle of safety, the principles of confidentiality and anonymity, and the principle of trust (Babbie, 2005; Leedy & Ormrod, 2001; Mouton, 2001).

Participants were informed about the nature of the study that was being conducted and given the choice of either participating or not. They were informed that they had the right to withdraw from the study at any time (Leedy & Ormrod, 2001). I thus obtained informed consent from the participants as part of the broad SHEBA project, explained the purpose of the research and also indicated to them that their participation was voluntary.

In terms of the ethical principle of safety, the possibility existed that participants could experience psychological discomfort, due to the sensitive nature of the technique employed and the fact that they participated in memory work themselves during the first PRA-based workshop. Furthermore community members who employed memory work could potentially experience discomfort (Babbie, 2005). I discussed possible ways of supporting individuals who would need support with the participants (Creswell, 2003) when they seemed to have been affected emotionally. I also discussed ways of referral in cases where it seemed necessary. During the PRA-based workshop, I included debriefing with some of the participants.

Anonymity was guaranteed as I ensured that readers of the findings would not be able to identify a particular given response or a participant (Babbie, 2005). I also made sure that participants were not subjected to any acts of deception as this could contribute negatively to a mutually trusting relationship with the participants.

I explained to the participants that I could not guarantee confidentiality due to group work involved, but I emphasised the importance of confidentiality regarding the issues that the participants discussed when doing memory work. I also discussed the ethical manner in which community volunteers should utilise memory work with vulnerable people as I was not present when they used this with individuals. During my visit in January 2013 we reflected on the challenges that the community volunteers came across when implementing the skill of memory work with vulnerable clients. I discuss the manner in which I implemented ethical guidelines in more detail in Chapter three.

1.10 RIGOUR OF THE STUDY

According to Babbie and Mouton (2001) trustworthiness refers to how a researcher can persuade the research audience that the findings of a study are worthwhile. Seale (2002) argues that trustworthiness is always negotiable and open-ended. The author further explains that it is however not a matter of proof. In this study I aimed to ensure trustworthiness by striving towards the following criteria (Seale, 2002): credibility, transferability, confirmability, dependability and authenticity.

In striving for credibility I continually reflected on my subjectivity and biases, and engaged extensively with the participants with the aim of building a trusting relationship which implied professional integrity, intellectual methodological capability and intellectual rigour (Lincoln & Guba, 2003; Patton, 2002). As my study does not represent the whole community, results cannot be generalised yet may be transferable to similar contexts. In terms of confirmability I constantly reflected in my research diary and relied on my co-researchers by discussing the data and my interpretations thereof with them. In striving towards dependability I provide a detailed, rich description of the research setting in this thesis, as well as the research process I followed. For authenticity I report contradictions that I found and any values that are conflicting (Huberman & Miles, 2002) in Chapter five. I include more detail on the specific strategies I used to enhance the trustworthiness of the study in Chapter three.

1.11 OUTLINE OF CHAPTERS

The structure of this thesis is outlined below.

CHAPTER ONE: INTRODUCING THE STUDY

Chapter one provides a general overview of the study and the reasons for me undertaking the study. I formulated my research question and explained the key concepts that guided me during this study. I also discussed my selected paradigms, and provided a framework of my research methodology. I briefly introduced ethical considerations and quality criteria applicable to this study.

CHAPTER TWO: EXPLORING EXISTING LITERATURE

In my literature review I unpack literature related to poverty and poverty-related adversity, significant risks, stressors and causes of vulnerability. Next, I explore volunteer intervention by using memory work and nurture groups, volunteerism and the role of community volunteers in psycho-socially supporting vulnerable communities.

CHAPTER THREE: RESEARCH METHODOLOGY AND STRATEGIES

In this chapter I discuss the details of the research process, as well as the choice of my research design and methodology. I explain the methods that I used for data generation and documentation. Throughout I relate the choices I made to the purpose and focus of the study. I also explain how I analysed and interpreted the data. Furthermore I discuss ethical considerations and the quality criteria that I respected during the study.

CHAPTER FOUR: THEMATIC ANALYSIS

In Chapter four I present the results of my research, in terms of the themes and sub-themes that emerged subsequent to the data analysis I completed. Throughout I include visual and written excerpts from the data generated to illustrate the themes and subthemes.

CHAPTER FIVE: DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

In Chapter five I present the research findings against the existing literature I discussed in Chapter two. I aim to relate the findings of this study to existing theoretical frameworks in order to reach conclusions in terms of the research questions formulated in Chapter one. I highlight and interpret correlations and discrepancies between my findings and relevant literature, and identify new knowledge that was created. I conclude the thesis with recommendations for further research, practice and training.

1.12 CONCLUSION

Chapter one provided an introduction to the study and stipulated the purpose of the study. I formulated my primary research question as: *How can insight into volunteers' use of memory work with clients facing poverty-related adversity inform knowledge on promoting psycho-social support in poverty contexts?*

After clarifying key concepts, I provided an overview of my selected epistemological and methodological paradigms. Next I introduced the asset-based approach as theoretical framework that guided me in planning and undertaking the study. I briefly introduced ethical issues and quality criteria that were relevant to the study.

In Chapter two I explore poverty and poverty-related risks and adversity, more specifically in the South African context. After explaining volunteerism I contemplate the potential role of community volunteers in supporting vulnerable communities and the possibility of volunteers using memory work when providing community-based psycho-social support to vulnerable clients.

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CHAPTER 2

EXPLORING EXISTING LITERATURE

“Overcoming poverty is not a task of charity; it is an act of justice. Like Slavery and Apartheid, poverty is not natural. It is man-made and it can be overcome and eradicated by the actions of human beings. Sometimes it falls on a generation to be great. YOU can be that great generation. Let your greatness blossom”

(Nelson Mandela, *BBC News*, 2005:2).

2.1 INTRODUCTION

I commence this chapter by discussing literature on poverty and poverty-related issues affecting the lives of vulnerable people, as poverty and poverty-related adversity formed the underlying context of this study. Even though I acknowledge poverty as a world-wide phenomenon, I focus the largest part of my discussion on poverty in the South African context, due to the guiding research questions and the specific context in which I undertook my research. In this way I contextualise the lives of the people who were involved in memory work by the participating community volunteers in this study. My discussion on poverty and poverty-related issues is followed by an exploration of volunteerism and the role of community volunteers in supporting vulnerable communities, thereby attempting to understand the lives of the participants who took part in the study. Next, I explore memory work as a possible way of providing psycho-social support. In this discussion, I use the formulated research questions as a guide to the discussion.

Even though the first part of the chapter primarily focuses on discussions on risks, challenges and needs, my discussion is situated against the background of the underlying theory, namely the asset-based approach, whereby I acknowledge resources in the midst of poverty. I therefore simultaneously acknowledge challenges faced by individuals (volunteers and clients alike) together with assets available to mediate the impact of these challenges. Volunteers function as one such asset.

2.2 POVERTY AS DEVELOPMENT CHALLENGE

Conceptualising poverty in terms of a universal definition is challenging due to a multiplicity of theories on the subject and because the concept is multidimensional. Any definition of poverty adopted in a specific environment implies an indication of how a particular country may handle the problem reflecting that particular society's value system.

Generally poverty is seen as the deprivation of wellbeing due to and related to a lack of material income, low level of education and health, low food security, high level of vulnerability and exposure to risk, as well as the lack of opportunity to be heard (Chambers, 1988; World Bank, 2000b). In this regard May *et al.* (1998) define poverty as the incapability of individuals or communities to appreciate or command sufficient resources to satisfy socially acceptable minimum standards of living. It follows that the inability to command sufficient resources may lead to poor people typically feeling powerless within existing social, economic, political and cultural structures (Chambers, 1988).

According to Machado (2006) and Bradshaw (2006) poverty may be viewed in two ways, namely as absolute and relative poverty. Absolute poverty is regarded as “the inability of the poor to afford the basic or minimal necessities of life such as food or shelter” (Machado, 2006:4), whereas relative poverty refers to the financial income needed for survival. Bradshaw (2006) relates poverty to vulnerability, inequality, exclusion and underdevelopment. To this end vulnerability can be regarded as the probability of a person or group of people not being able to access assets and as such continuously experiencing risks associated with poverty, such as hunger, disease, homelessness and limited choice of resources in the environment.

Addressing absolute poverty, which is regarded as extreme poverty by the United Nations, forms part of the 2015 Millennium Development Goals (MDGs, 2011). Opportunely absolute poverty can be identified easily as it indicates a state of lack of, amongst others, basic needs, which may threaten the lives of vulnerable people. Providentially this type of poverty can be eradicated if it is addressed as its extent is not as contentious as that of relative poverty (Machado, 2006).

In its most basic definition people are thus regarded as poor when they are incapable of satisfying their basic needs for food, clothing, shelter and health (Yapa, 1996). Yapa (1996) argues that poverty in the third world is not instigated by a state of general scarcity in the economy but may instead be regarded as a socially specific condition. This socially specific condition is clearly seen when one recognises that poor people's concerns go beyond just an adequate income to also include aspects of security, capability, independence, choice, health and wellbeing, and the ability to conceive applicable coping strategies when faced with shocks and crises (Kepe, 2002; Kingdon & Knight, 2003).

In South Africa, issues of security are exacerbated by the increasing rate of crime, because crime increases feelings of vulnerability, not only in public areas but also in the privacy of individual homes. In past years people used to leave doors open, sleep outdoors and allow children to play freely outside the home; this is no longer done, however, as people feel insecure and in danger of becoming victims of crime, which is often violent in nature. It would appear that it is only a minority of people who are involved in such deeds, often due to their own vulnerability and poverty-related challenges such as their not having their basic needs met. To my mind, the majority of South Africans, however, believe in Ubuntu principles, resulting in respect for fellow human beings and shying away from inequality.

2.2.1 POVERTY AND INEQUALITY

Although inequality differs from poverty, these concepts are also related. Inequality is concerned with dissemination of wealth within a population group whereas poverty focuses mainly on vulnerable people whose standard of living falls below an appropriate threshold level (Kircher, 2002; World Bank, 2000a). As inequality increases, poverty may also increase thereby diminishing the constructive effect of economic growth which may benefit the economy and vulnerable people. I concur with Kircher (2002) who state that if South Africa can become a country where inequality is reduced, the poor will naturally be inclined to acquire and benefit a higher share of the gains from growth than in an economy where inequality remains high.

The proximate causes of poverty in the current scenario include unemployment and a low demand for unskilled labour, a strong demand for skilled labour, an unequal education system, and a social safety net that is unusually widespread but nonetheless has many limitations. It seems clear that economic growth alone will not reduce poverty or inequality, and that pro-poor social policies are also important (Seekings, 2007). Although South Africa is ranked as a middle-income country, the majority of households in South Africa, particularly those in rural areas, live in dismal poverty. Inequality in South Africa is one of those highest in the world (Gini coefficient score = 0.6), with the gap between the rich and the poor continually widening (Hunter, May & Padayachee 2003; Landman, Bhorat, Van der Berg & Van Aardt, 2003). Regrettably there is little sign of the political conditions required to promote a more pro-poor pattern of economic growth.

In pre-democratic South Africa, many African people were dispossessed of most of their land, faced restricted opportunities for employment or self-employment, received low-quality public education and health care, and were physically confined to impoverished parts of cities or the countryside. Poverty did not exist alongside affluence, because segregation kept the rich and poor apart, but coexisted in the same country (Seekings & Nattrass, 2005). In response the African National Congress (ANC) promised “a better life for all” in its 1994 election campaign, introducing the Reconstruction and Development Programme (RDP), which promised that the first priority of the democratic government would be to attack poverty and deprivation (ANC, 1994). The RDP focused on empowering poor communities to pursue opportunities and develop, while the South African Government at the time promised to ensure access to social security, better public education and other services of their choice (ANC, 1994). Unfortunately, the South African government seems to find it difficult to ensure social security and to address poverty and deprivation amongst vulnerable people. Furthermore, many schools – especially in rural areas – still have inadequate classrooms, with some children receiving education out in the open and under trees. In my view, this is an unfair practice, and the children are treated with inequality.

Poor people in South Africa are often of African descent and live in rural areas. The poor are generally characterised by a low level of education, lack of access to wage employment and many female-headed households. Such families often lack access

to basic services and transport. As such they are typically more vulnerable to illness and stunted growth (Seekings, 2007). Inequality undermines social cohesion, and often becomes a seedbed for crime and conflict (Green, 2008). Moreover inequality will typically transmit poverty from generation to generation as most poor parents are not equipped to give their children a good start in life. I concur with Green (2008) that the South African dream of a better life for all remains incomplete in the face of great inequalities in terms of the distribution of the remaining resources, despite the current Government's indication that this matter would be addressed.

2.2.2 POVERTY, VULNERABILITY AND RISK AS A GLOBAL CHALLENGE

Human vulnerability acknowledges that all people may at some point lack the ability or means to protect themselves, their health and their wellbeing. All people face the possibility of disease, disability and environmental risks throughout their lives (UNESCO, 2013). In South Africa specifically poor people may experience alienation from the community, food insecurity, crowded homes, the use of unsafe forms of energy, and fragmentation of the family as dimensions of poverty which will in turn increase their vulnerability (May *et al.*, 1998). Even though certain combinations of vulnerability strongly correlate with poverty, such as female-headed households, families living in remote and isolated regions, the presence of minority groups, illegal immigrants, illiterate individuals and seasonal employees, vulnerability is not the same as poverty (Woolard, 2002).

According to the World Bank (2001) vulnerability namely implies a probability or risk of being poor or falling into poverty in the future. Vulnerability is viewed as a function of the following two main variables: exposure and response to downward pressures. According to Shaffer (2001) downward pressures can be referred to as stresses and shocks, with the former being gradual and cumulative, and the latter sudden and unpredictable. In existing studies vulnerability stands central to research on risks (Smit, 2003), in terms of livelihoods and poverty (Chambers, 1988), food security and climate change (Barnett, 2003; Downing, Butterfield, Cohen, Huq, Moss, Rahman, Sokona & Stephen, 2001; Klein & Nicholls, 1999). Downing *et al.* (2005) identify the following common elements of most approaches to vulnerability: a threat, e.g. climate change; a place or sector, e.g. health outcomes; a socioeconomic

group, e.g. the poor; and consequences or outcomes of vulnerability, e.g. loss of livelihood.

Sengendo and Nambi (1997) describe vulnerable communities as those that share a stressful social disorganisation as a normative reality of life. Vulnerable people often feel excluded, and may be encouraged into deviant associations and activities that serve neither their own or the community's long-term interests. Vulnerability involves several interrelated dimensions such as individual capacities and actions; the availability or lack of intimate and instrumental support; and neighbourhood and community resources that may facilitate or hinder personal coping and interpersonal relationships. Deviant associations may start as a way to survive, which however subsequently end up being a way of life, as vulnerable people end up thinking that these associations are the only means for survival, especially if they are not empowered with the necessary skills and resources to deal with the challenges in their lives.

Vulnerability is usually treated as a notion of need, risk, and susceptibility to harm or neglect, or lacking durability or capability to deal with challenges. Vulnerability inevitably involves poverty and often race, and related issues of stigma and discrimination. In some situations family deprivation will increase the probability of abuse and neglect of children, who may seek to escape the household associated with inappropriate peers, form tenuous sexual partnerships, have early pregnancies, and repeat the pattern of inadequate parenting they have experienced (Mechanic & Tanner, 2007).

Examples of such incidences can be seen in the tendency of adolescents who, because of their poor circumstances, tend to engage in sexual relationships with elderly people for financial gains. Furthermore, there is a trend amongst young girls to deliberately fall pregnant and have as many children as possible, in order to receive financial grants from the local government. I am of the opinion that the South African government should revisit this policy, as it results in many young women destroying their future for temporary meagre financial gains. I believe it would be a better, more sustainable and beneficial strategy for local government to rather invest the money in job creation, which would in turn contribute to the human dignity and pride of the beneficiaries of the job opportunities. This could further address reliance

on hand-outs in vulnerable communities, and so empower vulnerable individuals to take control and deal with the poverty-related challenges in their own lives.

Within the context of this study I view vulnerability as the diminished capacity of an individual or group to anticipate, cope with, resist and recover from the impact of a natural or man-made disaster. Vulnerability is most often associated with poverty, but it can also arise when people feel isolated, insecure and defenceless in the face of stress, shock or risk (USDA, 2012). In conducting this research I kept these possibilities in mind when analysing the data pertaining to the vulnerable individuals who were supported by the participating volunteers.

USAID (2005) indicates that despite a large number of vulnerable individuals living in (or being taken into) stable and caring homes, many may develop mental health problems because they were not exposed to positive influences such as bonding experiences, caring human relations and support, and the necessary discipline needed for emotional stability. Sengendo and Nambi (1997) confirm that vulnerable people often experience emotional challenges. Studies generally acknowledge the critical role that schools may fulfil in supporting vulnerable and orphaned children (Giese, Meintjies, Croke & Chamberlain, 2003; Loots & Mnguni, 2008; McBride, 2002; Ogina, 2008; Richter, 2003). However research in terms of practical ways for teachers attending to the needs of vulnerable children is limited and still emerging (Mohangi, 2008; Ogina, 2008). To this end this study may add to existing literature in this field as it focuses on a potential way that community volunteers, as aid for teachers, may support vulnerable individuals (including children). In the next sections I briefly describe some types of vulnerability that apply to this study. I elaborate further on vulnerability in the South African context in section 2.2.4.

2.2.2.1 Financial and developmental vulnerability

According to Statistics South Africa (2013), the official unemployment rate in South Africa was 36,7% in 2013, and in 2014 it is estimated at 25%. Lack of employment amongst many people in South Africa leads to difficulty in coping financially. If people experience financial difficulties they may become holistically vulnerable as they will in turn be affected physically, emotionally, socially and spiritually. If such people do not receive emotional support it may be difficult for them to think of ways

in which they can overcome the challenges they face. Their situations may depreciate even more when they find it difficult to identify the assets and resources that exist in their environments (USDA, 2012) that could potentially support them in coping with their challenges.

2.2.2.2 Social vulnerability

Social vulnerability is associated with individuals' experiences of social exclusion which may in turn affect quality of life when accessing support services such as health care, education, available grants and employment opportunities (USDA, 2012). Situations of social vulnerability often interfere with the power of self-determination of individuals and may lead to significantly increased exposure to a variety of risks. Contextual factors that typically generate social vulnerability in communities include poverty and low educational level, difficulty in accessing healthcare, being female and coming from marginalised ethnic backgrounds (UNESCO, 2013).

I concur with Ferreira (2012) who associates social vulnerability with the possibility of being stigmatised by community members due to any challenges that an individual may be exposed to. People are often afraid of seeking help because of their fear of being perceived as being socially vulnerable, and also of not being accepted and supported by others. If vulnerable individuals are accepted and supported by others, initiatives for intervention and support would probably be more effective. It would thus seem that the use of memory work, especially in groups, with vulnerable people, may make them aware of the importance of seeking help where and when it is needed. This may help address the challenge of the stigmatisation that is associated with vulnerability.

2.2.2.3 Psycho-social vulnerability

Emotional vulnerability, which may lead to psycho-social vulnerability, may limit an individual's ability to adapt to the environment. USDA (2012) indicates that children and youth who experience emotional vulnerability may be hyper vigilant, display temper outbursts and have difficulty in forming relationships. This may be linked to previous experiences of abuse, neglect, rejection and trauma. Such experiences may in turn lead to mental vulnerability which are associated with problems in

learning, memory, perception and problem-solving, culminating in problems with reading, writing and mathematics (USDA, 2012).

Psycho-social vulnerability may also manifest itself in personal vulnerability, for example in the case of people infected with HIV or living with AIDS, displaying feelings of shock, fear and anger, as well as a tendency not to disclose their status. Vulnerable individuals who decide to disclose their status often do not have the financial means to obtain treatment and medical care (Ferreira, 2006; Tindyebwa, Kayita, Musoke, Eley, Nduati, Coovadia, Bobart, Mbori-Ngacha & Kieffer, 2004). In addition the lack of sufficient clinics and counselling services in poverty-stricken areas may contribute to psycho-social vulnerability of individuals facing such challenges (Ferreira, 2006).

Furthermore low educational levels and various social problems such as teenage pregnancies, alcoholism, domestic violence, child abuse, child neglect, crime, substance abuse, early school dropout and difficulty in accessing resources in the community, may add to people being psycho-socially vulnerable. During my undertaking of this study, I kept these various types of vulnerability in mind, as this provided contextual background of the people who were involved in memory work.

2.2.3 CURRENT IMPACT OF POVERTY, WITH SPECIFIC REFERENCE TO THE SOUTH AFRICAN CONTEXT

In this section I explore the impact of poverty in more detail. After briefly describing the impact of poverty in other parts of the world, I focus my discussion on the South African context. As already emphasised, the effects of poverty and the challenges associated with poverty are experienced worldwide.

According to the World Bank (2014) poverty is measured in relation to the median living standard of each country. Thus, the living standards of poor people in rich countries cannot be compared to those in poorer countries. The United Kingdom counts 17 % of poverty, but the poverty threshold at 60 % is 853 Euro per month per person, against 176 Euro for Romania, which counts 21 % of people who are poor. The British poverty threshold is found to be 2.8 times higher than the Romanian median income.

Asia's 2010 poverty rate increased to nearly one-third of the population, adding 343m people to the ranks of the poor. Food insecurity, and the risks of natural disasters, as well as global economic shocks should also be taken into account when measuring poverty as this may further raise Asia's 2010 poverty rate to nearly 50% (The Economist, 2014). As indicated by the World Bank (2014) about 20 per cent of the population of Asia and the Pacific, or 743 million people, were living in extreme poverty in 2011, indicating a significant reduction when compared to the 52%, or 1.6 billion people, in 1990 (World Bank, 2014).

Poverty is a major challenge in Africa (World Bank, 2014). In this regard, the Millennium Development Goals (MDGs) have been an effective instrument to fight poverty. However, the situation remains critical in Sub-Saharan Africa as, for example, approximately 1.2 billion people reported to be living below the poverty line (less than US\$1.25 a day) in 2010, with 48% in Africa. The continued economic slowdown after the 2008 global financial crisis has implied that people continue to loose their jobs and income. Major challenges relate to translating economic growth into sustainable jobs, improving service delivery, and attending to gender and spatial inequalities. Despite a decline in poverty, Africa's poverty rates remain high. In 1990, an estimated 56.5% of the population lived below US\$1.25 per day, with the estimation for 2010 being 48.5%. This is in sharp contrast to East Asia and the Pacific where the figure fell from 56.2% to 12.5%.

In 2012, South Africa published a set of three national poverty lines which can be classified as: the food poverty line (FPL), lower-bound poverty line (LBPL) and upper-bound poverty line (UBPL). These variables were used to measure poverty in South Africa. The FPL relates to the level of consumption below that where individuals are able to purchase sufficient food that will provide them with a diet that is up to standard. People who are regarded as being below this line are most likely consuming insufficient nutrients for their nourishment, requiring of them to change their consumption patterns from those preferred by low income households. Poverty levels in the country have dropped since 2006, reaching a low of 45,5% in 2011 when applying the upper-bound poverty line. This means that approximately 23 million people are living below the upper-bound poverty line. When one looks at extreme poverty, defined as those living below the food poverty line, the dramatic impact of the global financial crisis of 2008/09 on the livelihoods of South Africa's

poorest is apparent. The number of people living below the food line increased to 15,8 million in 2009 from 12,6 million in 2006, before dropping to 10,2 million people in 2011. Despite this adverse impact of the financial crisis, the 2011 estimates indicate that poverty levels did noticeably improve. This change was driven by a combination of factors ranging from a growing social safety net, income growth, above inflation wage increases, decelerating inflationary pressure and an expansion of credit (Statistics South Africa, 2014).

Despite its status as Africa's biggest economy, South Africa is still faced with high levels of poverty. However it is apparent from the policy statements of the African National Congress (ANC) that addressing poverty has been high on the agenda of the current Government. According to Mayekiso and Tshemese (2007) poverty does not only include the lack of essential earnings and material possessions, but also human capital factors such as a lack of opportunities and choices which may result in vulnerability based on hunger and limited access to food, which is essential to human wellbeing and development. Vulnerability to hunger particularly affects individuals living in poverty, and the effects of hunger and malnutrition on children are particularly harsh. According to the 2011 Statistics South Africa report, nearly one-third (28,6%) of children had inadequate or severely inadequate access to food at the time of this study (Statistics South Africa, 2011). Khumalo (2013) ascribes the persistent manifestations of poverty to the fact that the neo-liberal approaches used are inadequate in addressing the complexities that fuel poverty in South Africa.

An endeavour to understand poverty in the context of South Africa will be incomplete without understanding the historical politics that illuminate the social dynamics of poverty. As indicated by Khumalo (2013) it is important to understand the historical reality of poverty in its totality in order to be able to reverse its oppressive course. The geographical, racial dynamics of poverty can thus be traced back to the socio-political and economic history of the country.

It is almost twenty years after the attainment of democracy in South Africa yet some of the ills of the Apartheid era still show in the socio-economic scenery of Africa's biggest economy. As observed by the National Planning Commission (NPC) (2011) the legacy of apartheid means that South Africa's rural areas may be characterised

by high levels of poverty and unemployment, and that this challenge needs to be addressed.

The South African challenge of black poverty is described by Ndlovu-Gatsheni (2012) as neo-apartheid and is attributed to the enduring colonial or racial hierarchies which were put in place during successive colonial and apartheid administrations. Ndlovu-Gatsheni (2012) contends that South Africa is presently at the “neo-apartheid” period rather than a “post-apartheid” period, indicating that the key feature of this neo-apartheid period is the economic exclusion of the demographic black majorities and economic dominance of a demographic white minority.

Furthermore the NPC (2011) recognises that the country’s development path has not necessarily broadened economic opportunities for black South Africans. The incapacity of the economy over the years to generate new job opportunities has rendered it difficult for South African youth to be economically productive. The manifestation of poverty in South Africa is ingrained in a history of systematic disadvantaging certain people groups by the Apartheid regime. In some occasions those that have benefited from oppression are claiming that South Africa itself is the source of its poverty and underdevelopment (Ndlovu-Gatsheni, 2012).

Furthermore if the legacy of colonialism and apartheid is maintained, excuses for failure to meet the legitimate expectations of the people are merely created (Holborn, 2010). This is irrespective of the statistical record that specifies that the country has experienced enhanced economic growth in the post 1994 years when compared with the Apartheid years. Nonetheless, regardless of the significant increase in economic growth the socio-economic disparities between the majority blacks and minority whites still remains (Green, 2008).

In trying to transform democracy the current South African government introduced eight Batho Pele principles to serve as an acceptable policy and legislative framework regarding service delivery in the public services. These are namely: consultation; setting service standards; increasing access; ensuring courtesy; providing information; openness and transparency; redress and value for money (NPC, 2011). These principles are aligned with the Constitutional ideals of promoting

and maintaining high standards of professional ethics; providing service impartially, fairly, equitably and without bias; utilising resources efficiently and effectively; responding to people's needs; encouraging citizens to participate in policy-making; and rendering an accountable, transparent, and development-oriented public administration. The Batho Pele principles are used in all government sectors as a means of transforming democracy so that people in the country may be treated with dignity (Africa's public service delivery and performance review, 2012). It is encouraging to note that Batho Pele principles posters written in different official languages are currently used in almost all governmental sectors in South Africa. However, many elderly people are illiterate and they may thus be deprived of the access to knowledge relating to whether or not they are being treated with dignity.

The essence of the MDGs paradigm shift relates to the belief that poverty reduction will provide the foundation for further development. This belief is based on the view that once the basic needs of the poor in a developing state have been satisfied through poverty reduction, a solid platform will be created for continued democratisation and the liberalisation of political and economic systems in the country (Sachs, 2006). The combination of short-term poverty reduction as a condition for effective democratisation and liberalisation could in turn inspire good governance and contribute to the integration of developing states into the global economy.

Building on the MDGs, the global community should move beyond meeting basic human needs to promoting dynamic, sustainable and inclusive development. Surveys show that even for the poorest, merely meeting basic needs is not enough. According to the World Bank's *Voices of the Poor* (2000) the priorities of the poor are jobs, better connections to the rest of the world, reduced threats of violence, and ending humiliation and disrespect amongst vulnerable individuals. These goals do not only provide for basic human needs, but may also ensure essential human rights and create enabling conditions to help individuals realise their full potential and become proud citizens by being involved in economic growth. I am of the opinion that vulnerable communities should not only rely on local government to address the challenges they face. They should also take some initiative in empowering themselves with skills that would assist them to deal with the risks they face.

2.2.4 TYPICAL RISKS FACED BY SOUTH AFRICAN VULNERABLE COMMUNITIES

According to Winkler (2003) risk factors are contextually sensitive, with the risk impact being cumulative as factors combine exponentially. In South Africa communities may face intrapersonal and interpersonal risks. Intrapersonal risks entail risks within a vulnerable person over which the person does not have any control. As such, intrapersonal risks such as anxiety, low self-worth, and depressive symptoms are usually embedded in a vulnerable individual and will result in the individual feeling helpless and finding it difficult to deal with other risks faced in the environment (Jolla, 2014).

In addition to the fact that limited resources add to the vulnerability of people living with HIV&AIDS, discrimination against people living with HIV&AIDS will add to them feeling unaccepted in some environments, resulting in them not talking about their situation due to fear of being discriminated against (Winkler, 2003). In many cases the education of children will in turn be affected when children are forced to stay home in order to take care of their loved ones who are ill. In the case of parents' deaths children may even be forced to relocate (Evans, 2005). Once children have lost their parents it may also become difficult for them to cope scholastically, resulting in them dropping out of school. In addition, elderly children may stop attending school in order to take care of their younger siblings (Chabilall, 2004; Makame *et al.*, 2002). It is important for community members to maintain the spirit of ubuntu by supporting vulnerable children so that they have a better future by not dropping out of school in order to take care of their siblings. In the African culture every adult is viewed as a parent to the children s/he comes across, and this suggests that adults should therefore, ensure that all vulnerable children are provided with the support they need.

Interpersonal risks on the other hand are risks surrounding the environment of a vulnerable person, e.g. a sick parent, abuse, the inability to be provided for or to provide essential resources, and lack of leadership in families or in the community (Ebersöhn, 2012). Poverty-related needs, discussed separately in the next section, form the basis of these risks. Most vulnerable people will be affected by one or more of these risks, resulting in difficulty for them to cope with their daily lives and the challenges they face. The impact of interpersonal risks on children is associated with

a number of negative health and social consequences. Not only are children whose parents are vulnerable at greater risk of developing a wide range of behavioural problems (Gardner, 2005), these children are also more likely to experience poor, ambivalent and neglecting parenting. They may furthermore fall victim to physical or sexual abuse, being vulnerable themselves.

In South Africa 3 964 million people (8% of the population) older than 60 years of age do not have proper houses with running water, electricity and basic services. Overall, 317 120 people (8% of the population) are said not to have houses (Muller, 2014). Related to elderly people, other people who are typically at risk are people with disabilities who do not have access to housing, water, electricity, and employment, as well as suitable facilities at their homes, such as accessible toilets and other sanitary facilities (Muller, 2014). On the other end of the age spectrum, children living in formal housing, as opposed to informal or traditional housing, have over recent years increased from 12.48 million (68.3%) in 2007 to 13.2 million (73%) in 2012 (Hall, Woolard, Lake & Smith, 2012), with many of them not having access to adequate housing. The challenge of insufficient basic services is a harsh reality in South Africa and this is felt most acutely in rural areas whether this factor contributes to health hazards. This once again highlights the importance of having vulnerable people empowered with the necessary skills to take agency and deal with health challenges in their immediate communities.

As already stated, poverty is underlying to the majority of risks experienced by vulnerable individuals and communities in the South African context. According to the MDGs (2011) some notable achievements have been realised in developing states since 2000. The average income of people in developing states has for example improved by approximately 21%. People exposed to extreme poverty have declined by an estimated 130 million; child mortality rates have fallen from 103 deaths to 88 deaths per 1000 live births; an additional 8% of people in the developing world have gained access to clean water; and an additional 15% of people in the developing world have acquired access to better-quality sanitation services (MDGs, 2011).

Despite the accomplishments identified globally, enormous poverty gaps still exist across, and between certain regions and states, as only 49 out of 87 states are

within reach of accomplishing the poverty reduction target (World Bank, 2011). It is indicated that in South and South East Asia, 17% of the population currently lives in absolute poverty. In contrast, 51% of the population of sub-Saharan Africa lives in absolute poverty (World Bank, 2011). The achievement of the MDGs in sub-Saharan Africa is marginal, and in some instances even failing (Brown, 2008). Chen and Sapford (2005) view sub-Saharan Africa as the most marginalised region in the world and the only continent where poverty is rising and where the MDGs will probably not be achieved by 2015. In the following subsections, I briefly highlight various current poverty-related needs, specifically those in South Africa.

2.2.4.1 Need for basic services – Water, sanitation and infrastructure

According to Statistics South Africa (2011) 8.8% of South Africans do not have tap water in their communities. In an attempt to counter this humanitarian crisis, Water Aid called on international leaders to recognise the need for a framework to substitute the MDGs in 2015 which will accurately reflect the contribution of water, sanitation and hygiene to other areas of poverty reduction, including health, education, gender equality, economic growth and sustainability (MDGs, 2013). It is sad to note that the South African Government has not been able to provide for the basic needs of vulnerable communities, despite the commitment to do so.

The infrastructure that affects the productivity and quality of life includes an economic component (transport, communications, extension services, and irrigation) as well as a social component (education, health care, water, and sanitation). As most elements of a country's infrastructure are provided through public funding, the level of spending, cost effectiveness, quality of service, and access of the rural poor to infrastructure and public services will have an important effect on human capital and productivity in rural areas (Khan, 2001).

In South Africa lack of proper infrastructure is one of the contributing factors of homelessness, which may in turn contribute to malnutrition and exposure to infectious diseases, and could compromise the earning potential of working household members as a result of lower productivity. In this regard, National Development Programme (NDP) (2011) emphasises the link between being homeless and not getting treatment for illness. It is sad to note that most people are

still homeless and that a high percentage of South Africans still live in housing that is overcrowded, informal, and is more often than not likely to be unsafe.

2.2.4.2 Health-related needs – Health, HIV and mortality

Health-related needs concern any physical, developmental, mental, behavioural, cognitive, or emotional condition that requires medical management and health care intervention. One of the most prominent health-related needs in South Africa is HIV&AIDS, and related to this, tuberculosis. Even though the availability of HIV&AIDS treatment has increased in South Africa, antiretroviral medication still reaches less than half the people who need treatment (WHO, 2011a).

HIV&AIDS constitutes much more than merely a health problem. It can be seen as a developmental crisis as it reduces life expectancy, increases child mortality, places unendurable strains on health-care systems, and leaves households impoverished. Poverty usually creates situations of vulnerability to HIV infection and in most situations HIV may in turn aggravate poverty (Kelly, 2000). Individuals living with HIV&AIDS often experience social stigma, scorn or maltreatment which can be an obstacle to both prevention and care and may lead to isolation of the vulnerable individual, caused by social exclusion that may start in the family yet extend into the community (Siyam'kela Project, 2003).

Sikkema, Kalichman, Hoffman, Koob, Kelly and Heckman (2000) emphasise the fact that HIV&AIDS place strain on the psychological coping skills of both the HIV-infected individuals and those close to them in their communities because HIV-infected individuals do not function in isolation. They are rather viewed as being in a dynamic and mutually reciprocal relationship with their environment.

In coping with death or dying, children may find it difficult to express their feelings about the death of a loved one (Swanepoel, 2006). In many cases unresolved grief may lead to personal, interpersonal, or social problems for vulnerable children. In some instances an orphan's caregivers may also die of AIDS, resulting in the child facing multiple bereavements. Separation from siblings could further intensify orphaned children's vulnerability (Doughty & Hoskins, 2011; Thompson & Rudolph,

2000). I am of the opinion that the use of memory work may assist children in expressing their feelings regarding the loss of loved ones.

The increase in AIDS orphans in South Africa places a burden on affected households, especially those headed by grandparents as well as child-headed households. It is not uncommon to find elderly grandmothers looking after young grandchildren whose parents have died of AIDS. The care of AIDS orphans, and the presence of an AIDS patient in the household, place a substantial toll on household resources. Not only is income lost, if the household member had been employed, expenditure will also increase, e.g. on medical care (Aliber, 2003), as more money will be needed to cater for medication and consultations.

However it seems clear that South Africa has limited health care resources, and as more individuals are becoming ill, hospitals, hospices and other care institutions may not be sufficient. This emphasises the potential role of community volunteers in caring for people who are too ill to take care of themselves. Home-based care volunteers may for example be able to provide a fundamental service to vulnerable individuals in the comfort of their own homes with the aim of mitigating the effects of poverty in their lives. It is against this background that I set out to explore the potential use of memory work for psycho-socially supporting vulnerable individuals, in the comfort of their personal environments.

2.2.4.3 Education needs – Need for access to high quality education

Dass-Brailsford (2005) and Evans (2004) relate many risk factors in educational settings to poverty, such as reduced access to educational resources, lower quality education and academic performance, and less communication between parents and schools. In addition Evans (2004) refers to crowded surroundings, higher levels of crime, greater residential instability, lower social support and less nutritional food intake as potential risk factors in most poverty-stricken communities.

The restructuring of the school curriculum after 1994 has seemingly not yet improved the quality of education in South Africa, and may in fact have aggravated inequalities due to the fact that teachers in schools in poor neighbourhoods often lack the necessary skills or motivation (NPC, 2011). In spite of considerable expenditure on

public education, most young South Africans leave school and enter the labour market with inadequate skills as they are not equipped for semiskilled or especially skilled employment. The current education structure does therefore not seem beneficial to learners as it does not directly correspond to the prevailing economic activities outside the school system. Very often, theory is taught instead of providing useful skills to learners. A mismatch between the supply and demand for labour exists, which will in turn fuel unemployment among the unskilled and low earnings among unskilled workers who do indeed find jobs (MDGs, 2011). In addition the tendency of dropping out of school negatively affects the future of vulnerable children (Statistics South Africa, 2011). Poor-quality education not only denies many learners access to employment, but also affects the career mobility of those who do find employment. In South African communities, many parents discourage their children from choosing careers that are generally manual in nature and are related to practical skills. This tendency is typically informed by parents' beliefs that such careers are meant for children who are less gifted, and that educated people should not be involved in careers that are practical or skills-related.

A shortage of classrooms and high teacher-child ratios are regarded as general stressors for teachers in South Africa (Bennell, 2004; Bhana *et al.*, 2006; De Lannoy, 2009; Hayward, 2002). I agree with De Lannoy (2009) who argues that teacher-child ratios will have an influence on the quality of education. To add to this, Hayward (2002) and Taggart (2008) regard a shortage of physical resources at schools as a barrier to teaching. Furthermore, Loots and Mnguni (2008) point out that teachers are often challenged to take on a pastoral role, which they are frequently not fully competent to offer and which they find difficult to engage in, particularly when they are faced with overcrowded classes.

Similarly Smit and Fritz (2008) argue that teachers are not always trained in the basic counselling skills needed for the many emotional problems that South African children are facing. They also do not always have the opportunity to be debriefed on their own emotional experiences following the challenges they face daily. Bhana *et al.* (2006) and Hall (2009) agree that teachers often lack the skills to address children's problems and that they may find themselves to be out of their depth when required to provide pastoral care. It is against this background that I set out to

explore how community volunteers may potentially support vulnerable individuals in their community (and schools) by implementing the technique of memory work.

Studies in the United Kingdom focus on supportive schools and caring communities as protective resources that can act as buffers against stressors and risks. Knight (2007) argues that schools and teachers could play a role in supporting young people. In this regard Smit and Fritz (2008) explain that poverty is a challenging factor within many South-African school contexts, requiring support of learners on various levels.

2.2.4.4 Economic needs – Need to have job opportunities and be employed

Africa has a very youthful population compared with other continents as youth roughly accounts for 65% of its total population. As such the threat of unemployment poses a great risk to the growth and strength of Africa. The effect of unemployment may increase poverty since it creates a situation that will deprive the populace of good income and resources. Consequently many Africans are not able to meet the basic needs of life. Poverty that stems from unemployment sometimes results in people living on the streets in major towns due to the lack of ability to afford accommodation (Aliber, 2003; NDP, 2011).

According to Dass-Brailsford (2005) socio-economic stressors such as poverty and unemployment will result in individuals being vulnerable based on their lack of trust and safety. Amongst those most at risk in poverty-stricken communities are children due to the fact that their access to basic food, shelter and housing is usually limited. According to Statistics South Africa (2013) approximately 3,5 million (33,5%) of the 10,4 million people aged 15-25 years were unemployed at the time.

Measures such as public work programmes, antipoverty support programmes and social safety-net arrangements may assist the poor, but these cannot replace the need for an expanding labour market and job creation (Aliber, 2003; Landman *et al.*, 2003). Natrass (2004) regards the existing unemployment situation in South Africa as a major socio-economic crisis as unemployment levels in the country are amongst the highest in the world (Kingdon & Knight, 2001). In addressing this

challenge leadership and governance training and capacity building needs to be provided (National Strategic Framework for HIV and AIDS, 2009-2014).

2.2.4.5 Social needs – Need for gender equality, social protection and psycho-social support

The South African Constitution's Bill of Rights stipulates that everyone has the right to access housing, health care services, and sufficient basic needs such as food, water and social security (NDP, 2011). Government can however only provide for the above mentioned rights to the extent of available resources. Expanded social assistance and grants by the Department of Social Development have undoubtedly improved the lives of millions of people and those benefiting have grown from 3 million to 12,4 million since 1994 (Ozoemena, 2010). The change in social grants policy has decreased the incidence of poverty by at least 15% with about 60% of young children receiving child support grants in 2013 (Statistics South Africa, 2013). Despite these changes many individuals however continue to live in informal dwellings scattered across all cities in the country.

Numerous factors may contribute to poverty amongst women, including gender disparities in economic power-sharing and changes in family structures. These factors usually place additional burdens on women, particularly those who have to provide for several dependants (Ozoemena, 2010). The *Convention on the Elimination of All Forms of Discrimination against Women* (CEDAW), adopted in 1979 by the UN General Assembly, seeks access to social, economic and political liberty for women globally. In 1995 at the Fourth World Conference on Women, the *Beijing Declaration and Platform for Action* was similarly adopted whereby critical areas of concern were identified that require strategic action, including the persistent and increasing burden of poverty on women, violence against women, the effects of armed or other kinds of conflict on women, inequality in economic structures and policies, and inequality between men and women in the sharing of power and decision-making at all levels. Furthermore insufficient mechanisms at all levels to promote the advancement of women, lack of respect for and inadequate promotion and protection of the human rights of women stereotyping of women; and inequality in women's access to and participation in all communication systems were identified as areas that require attention (Department of Labour, Basic Conditions of

Employment, 1997). I am of the of the opinion that inequality between men and women further aggravates vulnerability, as many women are single parents and face the burden of single handedly bringing up and financially supporting their children.

Effective social protection and welfare services are an important part of inclusive economic growth and central to the elimination of poverty and reduction of inequality. Social protection may fulfil various roles in society, for instance, it may provide a platform for social solidarity, according to which no person should live in poverty. Social protection may also play a significant role in helping households and families manage life's risks and ease labour market transitions, thereby contributing towards a more flexible labour market and economic dynamism (NDP, 2011).

According to Winkler (2003) vulnerable young people often choose the route of denial when diagnosed with HIV, thereby blocking family communication with family members undergoing the various different stages of the grieving process (Owens, 2003). In some instances cultural factors may play a role in people's reluctance to talk about death and dying. For example as far as HIV&AIDS are concerned strict privacy is often maintained because children are regarded as lacking the level of judgement required to deal with such painful information, resulting in them being affected emotionally (Swanepoel, 2006). In my view, memory work may be an appropriate tool to be used by parents and guardians in discussing information related to the challenges associated with HIV&AIDS and death. It would seem that the suitability of the technique lies in memory box making being a non-directional tool that could assist vulnerable people when sensitive information is being discussed.

Psycho-social support can be defined as an on-going process of meeting the social and emotional needs of an individual, which may be regarded as essential elements for positive living (Nyawasha, 2006). Owens (2003) identifies three primary categories of support that may potentially assist individuals in coping with vulnerable situations, namely emotional, concrete and cognitive support. Emotional support includes affective support, love, sympathy and acceptance by families and communities. The second category, concrete support, denotes physical support, such as providing a place to live when a person is in need; assistance with parental responsibilities, including the preparation of meals; and transportation to clinics,

doctor's appointments and social services offices. To my mind, this kind of support is needed in the lives of most vulnerable people in South Africa, who often find themselves with no access to this kind of support. Finally cognitive support denotes providing vulnerable people with information they will need in order to cope with their vulnerability (Owens, 2003). In focusing on the potential use of memory work by community volunteers while psycho-socially supporting vulnerable individuals, I kept these categories in mind when conducting data generation and analysis.

Closely related to psycho-social support, Norris *et al.* (2007) suggest that social interactions will provide individuals with assistance and enable them to have social relationships. Social support, which may be received or perceived, may be characterised by primary support groups such as friends, neighbours and co-workers. In addition emotional, informal and tangible support may be provided. It is against this background that I contemplated the potential role that community volunteers may fulfil in this study, especially in terms of psycho-socially supporting vulnerable people.

In the South African context community volunteers may specifically fulfil an important role in supporting vulnerable people to cope with death or dying, especially children who might find it difficult to express their feelings about the death of a loved one (Swanepoel, 2006). According to UNAIDS (2004) people who work with orphaned children often struggle to understand the emotional pain of these children as they watch their parents die. In support Ebersöhn (2012) explains that a source of strength will stem from people's interactions with others, with the ability of a vulnerable person to access social support being significant in support of wellness. In this manner vulnerable people may develop a network of supportive relationships with others, which may serve as a buffer during adversity and create opportunities for positive interaction, messages and experiences with relevant people in the environment. The ability of vulnerable people to find and make use of social support outside the family may also help in improving communication skills and problem-solving abilities when the need arises (Ebersöhn, 2012). I concur with Ebersöhn (2012), who believes that the extent and nature of the support, resources and structures available to vulnerable people may either build wellbeing or further increase vulnerability. To this end this study may contribute to existing literature in

the field, indicating the outcome of support when provided by community volunteers by means of memory work.

2.2.5 ROLE OF THE SOUTH AFRICAN GOVERNMENT TO MITIGATE THE IMPACT OF POVERTY

According to Ferreira (2006) and Eloff (2006) most communities possess assets that can be identified and mobilised by vulnerable individuals and communities when facing challenges. The assets include assets related to individuals (skills, knowledge, experiences and values); schools and classrooms (in terms of leadership and management, human assets, technical assets, assets related to structures and procedures, resources, and books in school libraries); families (being supportive and providing assistance to relatives who are in need of support); peer groups (in the form of care and support); associations (such as churches, faith-based organisations and NGOs); local institutions (hospitals, clinics and community care centres) and the social system (such as the media and political structures). As much as South Africa is faced with poverty, I agree with these authors who highlight the fact that if people can focus on identifying what they have and try to use this to the best of their ability, their circumstances may be viewed in a different light.

Broadly speaking, poverty alleviation can be defined as lessening the deprivation of wellbeing. In this regard Campbell *et al.* (2007) regard poverty alleviation as a multidimensional problem requiring holistic solutions that are sustainable over time. Economic growth and increased income are important but not the only routes to poverty reduction as these need to be complemented by trends such as more equitable distribution of income and assets, reduction of insecurity and vulnerability, better access to basic services, reduction of social exclusion and empowerment of the poor, and good governance and the use of safety nets. Safety nets refer to mechanisms that may mitigate the effects of poverty and other risks on vulnerable households (World Bank, 2004). The term is often used to refer to public social security transfers such as unemployment benefits, child grants, pensions and subsidies (World Bank, 2004).

In relation to poverty the MDGs aim for poverty reduction in developing countries by 2015. The focal objectives are state-specific and can be summarised as follows

(MDGs, 2011): eradicating extreme poverty; achieving universal primary education; empowerment of women; reducing child mortality; improving maternal health; combating HIV&AIDS and other diseases; ensuring environmental sustainability; and developing global partnerships. Some of the poorest and most marginalised households may have few sources of cash income. It has been reported that 5% of households in South Africa earn no cash income whatsoever (although they may receive gifts from kin and neighbours), while 12% rely entirely on social grants, and 26% on remittances from urban areas (Government of South Africa, 2000). As a result governmental grants have become important in improving the lives of the poor.

Pension grants currently reach some 1.9 million elderly people in South Africa. Most pension benefits are shared within households; significantly reducing the probability of households with a pensioner living in abject poverty (Moller & Ferreira, 2003). Pensions are often identified as the most important source of cash income for households. These grants may not only provide a household with an income, they may also play an important role in stimulating the local economy and providing an opportunity for informal sector activity. Social grants include disability grants and child grants. The disability grant targets persons 18 years or older who are medically regarded as disabled (Moller & Ferreira, 2003). This grant is also available to 'full-blown' AIDS sufferers (Nattrass, 2004). Disabled children may receive a care dependency grant, which is presently extended to the care of children with AIDS (Nattrass, 2004).

The post-apartheid South African government has embarked on introducing numerous policies and programmes meant to achieve a better life for all. Some of the prominent programmes comprise the 1994 Reconstruction and Development Programme (RDP), the Growth Employment and Redistribution (GEAR) of 1996, and the Accelerated and Shared Growth Initiative of South Africa (AsgiSA) (Human Development Report, 2000). The main focus has fallen on growing the economy and redistributing the gains in order to meet the social needs of the poor. Amongst others, one of the policy responses to the challenge of black poverty has been Black Economic Empowerment (BEE). The rationale behind this policy was to raise the majority blacks to effectively participate in the main stream economy of the country. It is however observed that the policy has done little to undo the status quo (Holborn, 2010). Rather the Congress of South African Trade Unions points out that BEE has

been limited to advancing a minority of well-connected black individuals who heavily rely on white capital (Holborn, 2010). The NPC (2011) points out that programmes such as affirmative action, black economic empowerment, and land reform are responses to the country's legacy, but that these may contribute much more when the economy is growing and the education system improves (NPC, 2011).

Some criticism has however been raised against interventions that the government has employed to address the poverty problem in South Africa especially against a culture of hand-outs which may create perpetual dependence for poor people. This culture of dependence currently cripples the South African economy as vulnerable people end up relying on hand-outs instead of realising the need to actively contribute to the economy of the country by, for example, seeking employment or initiating projects that would result in self-employment. I agree with Khumalo (2013) who states that poverty cannot merely be reduced to temporary relief of the poor, but that socio-economic empowerment is important by creating an environment where poor people can actively participate in their own development with the aim of restoring their dignity.

In order to eliminate poverty and reduce inequality, a country's economy must become inclusive and grow faster. The South African Government's New Growth Path has as target to create 5 million new jobs by 2020. It will seek to do so by providing a supporting environment for growth and development, and by promoting an economy that can absorb more labour. This may lead to lowering the cost of living, raising the standard of living and encouraging investment (NDP, 2011). Furthermore the aim should be to improve the skills base through better education and vocational training, increase investment in social and economic infrastructure to lower costs, raise productivity and bring more people into the economy, and reduce the regulatory burden in sectors where the private sector is the main investor (NDP, 2011).

United citizens and a more cohesive society are not only national objectives. They are also potential means to eradicate poverty and inequality. Social cohesion can be enhanced by reducing poverty and inequality, by broadening opportunities through economic inclusion, education and skills development, by promoting mutual respect, inclusiveness and cohesion and by acting on the constitutional imperative that South

Africa belongs to all who live there (NDP, 2011). For 2030 it is aimed that people living in South Africa will feel safe and not fear crime, and that the government will ensure that the police service is a well-resourced professional institution that is staffed by highly skilled officers who value their work, serve the community, and safeguard lives and property (MDGs, 2011; NDP, 2011).

It is further proposed that by 2030, the health system in South Africa should provide quality care to all (MDGs, 2013). In an attempt to reduce the burden of disease to manageable levels, coverage of antiretroviral (ARV) treatment to all HIV-positive people should be pursued, also providing ARV to high-risk HIV-negative people (MDGs, 2013). The provision of ARV treatment has saved many lives, such that high numbers of children have also been saved the hardships of being orphaned. As such, the local government is saving money in not having to provide grants for orphans. Furthermore, and as a result of the provision of ARV treatment to affected individuals, government saves money, as many HIV positive people get to live normal lives and continue to be employed.

In increasing social protection the number of public works job opportunities needs to rise from the present level to about 1 million in 2015 and then to about 2 million by 2030, with an increase in the number of social service professionals from about 15000 to 55000 by 2030. A single national grants payments system is also required by that time (MDGs, 2013) as 32.4% of children currently live in households without any member of the household being employed (Statistics South Africa, 2011). Furthermore a strategy is required that focuses on the housing gap market, involving banks, subsidies and employer housing schemes, as such steps may ensure that women are not discriminated against in terms of home ownership and financing, thereby improving the situation of vulnerable individuals (MDGs, 2013; NDP, 2011).

As 52.3% of South African youth (up to age 22) do not attend school or work, a big challenge is faced in employing youth who do not possess the relevant skills to be employed or become self-employed (Statistics South Africa, 2011). To this end it is important that the South African Government focuses on increasing the further education and training graduation rate to 75% by 2030, and produce 20 000 artisans per year (MDGs, 2013; NDP, 2011). In terms of basic resources, the local Government hopes that before 2030 all South Africans will have affordable access to

sufficient safe water and hygienic sanitation to live healthy and dignified lives (MDGs, 2013).

Another challenge that is faced by many South Africans relates to transport. South Africa's transport system should support economic development, job creation and growth, providing equitable access to opportunities and services for all and reducing poverty. Modes and infrastructure that encourage social interaction, healthy practices and street-level movement may create a sense of space and social inclusion that South Africa needs (MDGs, 2013; NDP, 2011).

Furthermore, the demand for social welfare services is high in South Africa due to the different types of vulnerability that many people face. The local government needs to increase the supply of social service professionals in responding to the demand for appropriate basic social welfare services, in the form of social workers, auxiliary or assistant social workers, community development workers, and child and youth care workers (Brown, 2008). Hendricks and Bourne (2010) explain that social policy can be a strong instrument in overcoming extreme cases of poverty through building safety nets as the vulnerable and those caught up in poverty require direct intervention in their lives. Social Policy can also be employed proactively not only as a cushion for the failures of market but as a move by the state to try and reallocate wealth through investing in public infrastructure.

The mission of eliminating poverty should thus be a collective effort from the different governmental sectors, businesses, non-governmental organisations and civic organisations. The state should try to deal with policies that re-enforce poverty and inequality in the country. The state's developmental role should furthermore be validated through active management of inclusive development.

Throughout Africa traditions of volunteerism are rooted in social, cultural, and community daily practices and understood through a diversity of terms and concepts including Ubuntu (United Nations Volunteers, 2011). In South Africa the local government has not defined the term 'volunteer' in any legislation or policy. As countries in Southern Africa examine peace and development challenges in pursuit of sustainable social, economic, and environmental national goals, the MDGs and beyond 2015, volunteerism is increasingly recognised as a substantial and under-

recognised asset. According to the *International Labour Organisation* (ILO, 2011), volunteer work is a critical renewable resource for social and environmental problem-solving.

2.3 VOLUNTEERISM AS COMMUNITY-BASED SUPPORT IN THE CONTEXT OF POVERTY

In addition to the role of local government in addressing poverty, communities themselves are expected to support vulnerable individuals facing poverty-related challenges. In the view of Van Dyk (2001) vulnerable communities should thus take control over their challenges and wellbeing. In this regard, Kretzmann and McKnight (1993) explain that the importance of community-based support is embedded in the community itself as vulnerable communities will become stronger when community members use their full potential by accessing their resources and directing their capacities towards the wellbeing of fellow community members.

As stated community volunteers may fulfil a role here. According to Lindsey, Hirschfield, Tlou and Ncube (2003) community home-based care (CHBC) implies care rendered to individuals in their natural environment, which is their home, by their families; supported by skilled welfare officers and communities in order to meet spiritual, material and psycho-social needs; with the individual playing a crucial role. Even though the target group for the study by Lindsey and colleagues (2003) were people living with HIV&AIDS or other chronically ill people, this definition may apply to vulnerable individuals on a broader level (HSRC, 2009).

According to Loots (2005) community-based support relates to the ability of a community to effectively deal with challenges within the community, within the specific, dynamic and multifunctional social system. In an attempt to deal with their challenges, vulnerable community members should strive towards a mutual goal. In community-based support community members will share responsibilities in their environment and strive towards the wellbeing and health of vulnerable communities. It is important that community-based support be steered by community members themselves for them to become aware of their own capabilities, resources and assets.

Community-based support encourages the Ubuntu principle, a philosophy characteristic of South African indigenous communities which expects community members to be supportive to vulnerable people. Community-based support also involves intervention by outside organisations, facilitating change in communities by involving community members in accessing their resources and assets in order to support vulnerable individuals (Foster & Williamson, 2000). The use of existing resources to address challenges links with the asset-based approach, which aims at empowering individuals or communities in order to foster community-based support with the aim of improving the wellbeing of vulnerable people.

Community-based support may encourage community mobilisation, thereby guiding vulnerable individuals to accept responsibility and take action with regards to the challenges they face and to take ownership themselves (Kretzmann & McKnight, 1993). In encouraging community-based support, external agencies may be required to facilitate a process of mobilising assets, thereby assisting community members in helping themselves, and providing training and support where needed (Ferreira, 2006; Richter, Manegold & Pather, 2004).

Unlike relying on external resources when facing challenges, the ability of community members to encourage community-based support will help them identify their assets and move away from a so-called welfare or hand-out approach. As a result, the self-esteem and self-confidence of individuals may be enhanced, as well as their feelings of efficacy and self-reliance, building on relationships and working collectively (Ferreira, 2006).

2.3.1 CONCEPTUALISING VOLUNTEERISM

In this section I explain volunteerism, discuss the reasons for becoming a volunteer, and stipulate types of community volunteers. Following these sections, I focus on the supportive role that community volunteers may fulfil in South Africa, in poverty-stricken communities.

Volunteerism is regarded as the rendering of services for charitable or humanitarian reasons, whereby a person does not expect any compensation for rendering such services (Young, 2004). Volunteerism implies taking up an activity for no financial

gain in order to be of benefit to someone other than oneself. Volunteerism is as such regarded as a pro-social behaviour, which is rendered out of one's free will (Barnett, 2003).

Young (2004) perceives volunteerism as an initiative that acknowledges the importance of societal responsibility where this responsibility is displayed by the manner in which community volunteers take their time in supporting vulnerable individuals. Community volunteers may empower vulnerable individuals with new skills and knowledge (Campbell & Ellis, 2004). They can fulfil the role of lay workers by taking on tasks that are within their scope while referring cases that go beyond their expertise to relevant trained professionals (Campbell & Ellis, 2004). Volunteering generally results in people feeling good about themselves because they know that they have made a social contribution in their communities.

In supporting vulnerable individuals, community volunteers will typically utilise their existing assets, which may include knowledge, skills and social networks, enabling them to enhance the physical, economic, spiritual and social wellbeing of themselves, their families and their communities. Furthermore a strong sense of community may lead to an increase in people volunteering. This may create a cycle during which people volunteer, thereby strengthening community ties, which may in turn lead to more people volunteering. Volunteers are more likely to develop 'civic skills', attaching importance to serving public interest as a personal life goal, and be politically active. Thus, in going about their voluntary activities, community volunteers may cultivate an outlook that contributes to a social environment that will nurture the wellbeing of all (Young, 2004).

Community volunteers may be expected to intervene in supporting vulnerable individuals in care institutions and also continue to support them in their homes after they have been discharged. Community volunteers may for example assist in administering medication and delivering first-aid care when the need arises (Bertolino & Thompson, 1999). Community volunteers may help in fostering resourcefulness within vulnerable individuals, utilising relationships and providing vulnerable individuals with the skill of accessing their resources, and finding ways of dealing with the challenges they face.

According to Faulkner and Davies (2005) appraisal support involves helping individuals to evaluate the personal relevance (or impact) of the challenges they face. Community volunteers are able to create a relaxed environment conducive to private discussion in an 'unhurried' demeanour. In this regard vulnerable individuals will typically appreciate the longer consultation period when compared to other professionals. Faulkner and Davies (2005) explain that another role of community volunteers involves referring patients (with their permission) to voluntary, community-based services depending on their assessed needs. Community-based services may help vulnerable individuals in accessing contact with external services, thereby receiving a variety of tangible resources to alleviate their problems such as volunteers sharing the burden of a patient's tasks (e.g. helping patients to complete complex benefit forms), or the provision of material or financial aid (e.g. supplying patients with wheelchairs). Community volunteers within hospital settings may offer a range of instrumental support activities such as helping patients to eat and drink, washing and dressing them. Emotionally, community volunteers can provide vulnerable individuals with the opportunity to talk about their problems when they have no one else to turn to. In this manner community volunteers can support vulnerable people in dealing with challenges and facilitating effective decision-making processes.

2.3.2 REASONS FOR BECOMING A VOLUNTEER

Besides indigenous stances, such as Ubuntu and letsema (discussed in Chapter one) several other reasons exist for volunteerism. According to Jolla (2014) volunteering provides physical and mental rewards. It can reduce stress in an individual when focusing on someone other than the self. It may interrupt usual tension-producing patterns, lead to healthier moods and emotions such as optimism, joy, and control over one's fate, and strengthen the immune system. Volunteering can also be a route to employment, or a chance to try something new which may potentially lead to a future career (Ebersöhn, 2007). In this regard volunteering can provide an avenue for gaining new skills, knowledge and experience, further developing existing skills and knowledge, and improving one's employment prospects or gaining accreditation.

Volunteering brings people together, will unite people from diverse backgrounds to work toward a common goal, and support teamwork. Furthermore volunteering implies social benefits such as meeting new people and making new friends, providing people with a chance to socialise and getting to know the local community. Volunteering may also promote confidence, personal growth and self-esteem by helping volunteers to foster empathy and self-efficacy. Volunteers may as a result feel valued and part of a team when spending time away from work or a busy lifestyle (Jolla, 2014). In addition community volunteers may expose themselves to the world of work and create an opportunity for personal contact and establishment of relationships with others, such as stakeholders (Smit, 2003).

Besides benefits on a personal level to the community volunteer him/herself, volunteerism will typically strengthen the community concerned. Volunteerism may support vulnerable people in discovering hidden talents that may change, for example, their view of their self-worth, allowing them to learn more about the functions and operation of local government and to gain knowledge of local resources available to solve community needs. For the community volunteer volunteerism may offer a chance to give something back to the community or make a difference to other people by giving something back to an organisation/people who have impacted on a person's life. In this sense volunteerism may result in making a difference to the lives of others, assisting the environment and encouraging civic responsibility without any remuneration (Jolla, 2014; Schondel & Boehm, 2000).

Community volunteers generally regard their work as a calling (Smit, 2003). The recognition that community volunteers receive from vulnerable individuals therefore results in them feeling appreciated. This may serve as a form of intrinsic reward for them, motivating them in terms of the role they are fulfilling. In undertaking this study I remained aware of the potential reasons for the participants being volunteers, when exploring their use of memory work with vulnerable clients.

In line with volunteerism Maslow (1969) presented an eighth category to his hierarchy of human needs, which is described as the need for self-transcendence and by implication giving back to society. Transcendence actualises the highest human potential (Finsterwalder, 2010) and involves living in order to enhance functioning, adaptation, and wellbeing, in an attempt to produce products that are

valuable within a cultural context or community. Finsterwalder (2010) understands transcendence as referring to the highest and most inclusive or holistic levels of human consciousness, relating to oneself and to other human beings and the environment. The individual will thus look for transcendent experiences and transcendent values (Finsterwalder. 2010; Maslow, 1969). Figure 2.1 illustrates how the Maslow hierarchy of need theory was adapted to include greater complexity in the area of self-actualisation. In this study, I relate the reasons for becoming a community volunteer to this hierarchy and eighth level of human needs.

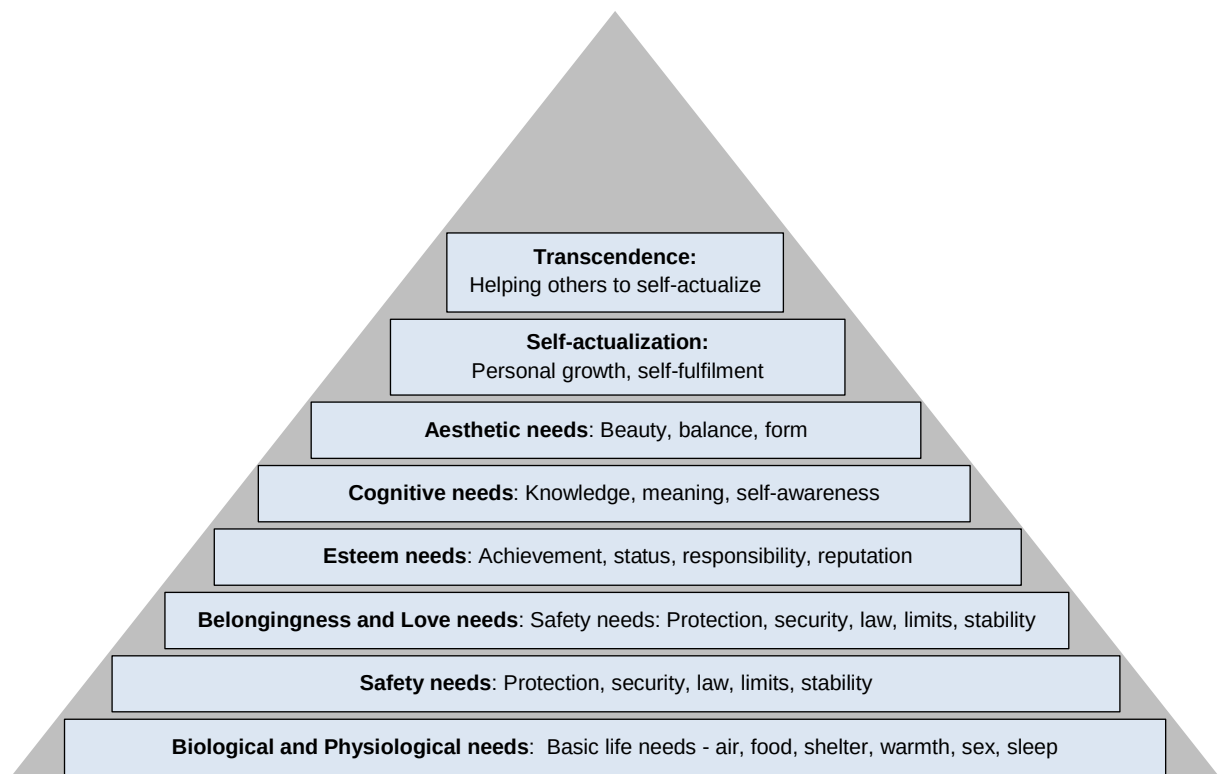


Figure 2.1: Maslow's hierarchy of needs (adapted from Maslow, 1969)

According to the egocentric approach, altruistic acts by volunteers are done for future benefits or cooperation. This approach highlights the belief that people are motivated to support others based on the tangible and perceived benefits they may gain, directly or indirectly. This approach rejects the idea of altruistic motivation by volunteers, and perceives satisfaction and benefits to the self as the "true" motives for volunteering (Clohesy, 2000; Khalil, 2004). Batson (2009) is of the opinion that empathic concern can be another motivating factor for helping others, but argues that numerous egoistic alternatives exist that may also be the driving factors behind volunteerism. These alternatives include the tendency to seek for rewards (either

from oneself or from others, or from a feeling of being in power or in control), to avoid punishment (again either self-punishment in the form of guilt feelings or punishment from others or from a higher power, e.g. God), and to prepare oneself for a future career (Haski-Leventhal, 2009).

I agree with these authors, and this is based on my experience among some communities which would establish volunteering organisations with the aim of receiving funding from donors. Even though funding benefits can be seen as a positive factor for encouraging some volunteers to support vulnerable people, many organisations do not verbally admit this. It would thus seem that the point is valid as is made by Batson (2009) who argues that egoistic motives should not be viewed as the only cause for people providing help to others. This is because many volunteers are not driven by egoistic motives when they support vulnerable communities, but rather by the principles of Ubuntu.

2.3.3 TYPES OF COMMUNITY VOLUNTEERS

Various types of community volunteers can be distinguished (Campbell & Ellis, 2004), *Bereavement volunteers* provide emotional support to grieving families. As many South African cultural groups believe that talking about death is a taboo, it may be difficult to support others during a time of bereavement (Loots & Mnguni, 2008). Individuals may have to rely on bereavement volunteers during such times, as they may be in need of support in such a difficult time yet they may not be supported by close family and friends. A second category of community volunteers, *patient care volunteers* provide companionship to patients. This does not mean that their task as community volunteers is limited to only providing companionship, implying that these volunteers should also be equipped with other skills of supporting vulnerable people. A third group, *extended care facility volunteers* provide companionship in extended care facilities, e.g. nursing homes. In most cases these volunteers support vulnerable people with physical care such as bathing, clothing and feeding. Whilst supporting them physically they may also need to provide emotional support to vulnerable people.

Next, *11th hour volunteers* provide care and support on a call basis when a person is close to dying and resides in an extended care facility. Such volunteers may be of support spiritually and emotionally to both the vulnerable patient and the immediate

family during the difficult moment when a patient is about to pass on. *Hospices house volunteers* also provide care and support to patients in facilities and their families. They may have to cater for the needs of both the family and the vulnerable patient. In most cases the families of vulnerable patients may find it difficult to cope with the challenges faced by their loved ones. As such they may also need emotional support to be able to accept the situation (<http://www.centerforhospice.org/volunteertypes.htm>, 2013).

Another group of volunteers, *Fund raising volunteers* provide assistance with fundraising for e.g. hospice homes. Such volunteers may use their own resources to raise funds with the aim of sustaining the particular environment that is offering support to vulnerable communities. *Board volunteers* are motivated business or professional people and family members who have an interest in the operation of a specific organisation. Their main aim is to raise funds for a particular organisation without any financial gain on their part. Finally *student volunteers* may gather experience by volunteering for a specific time. They may do so for purposes of internship or to familiarise themselves with the real world in order to see if they may cope in a particular career (<http://www.centerforhospice.org/volunteertypes.htm>, 2013).

Faulkner and Davies (2005) distinguish between volunteers based on their motivation to volunteer. *Achievement-motivated volunteers* have the primary goal of being successful in any situation that they volunteer in through excellent performance. Such volunteers will always strive for excellence irrespective of the situation that they find themselves in. *Power-motivated volunteers* primarily strive to have an impact or influence on others. They will typically try to convince people they come across to support their ideas, in other words those who are vulnerable and others whom they may try to recruit to also volunteer. *Affiliation-motivated volunteers* have the primary goal of being with others and enjoying mutual friendship. This group includes volunteers who may be interested in forming a group of people who experience similar vulnerabilities.

In my opinion achievement, power and affiliation-motivation are elements that are all needed in the context of volunteer care work in South Africa. In this manner, volunteers may be motivated to perform their duties with excellence, make an impact

in terms of what they are doing and develop inter- and intra-personal skills that may help them sustain the relationships they have established.

2.3.4 THE ROLE OF COMMUNITY VOLUNTEERS TO ALLEVIATE THE IMPACT OF POVERTY-RELATED BURDENS IN SOUTH AFRICA

According to Claxton-Oldfield and Claxton-Oldfield (2008) community volunteers can provide a variety of services, including social support (offering friendship, listening to what a vulnerable person would like to discuss), emotional support (discussing fears and anxieties with a vulnerable individual), informational support (providing information which is required, e.g. places where people can access resources), spiritual support (reading scriptures) in order to strengthen hope, physical support (assisting in feeding terminally ill persons) or accessing relevant resources on their behalf. Because community volunteers donate their time to assist vulnerable individuals, they are generally passionate about what they are doing and will typically go the extra mile even in challenging conditions. Within the context of this study, I kept in mind which potential services the participants could provide to vulnerable individuals, more specifically investigating these in relation to the use of memory work. To this end I contemplated how new knowledge on the implementation of specific techniques by volunteers may contribute to the knowledge base in this field.

CANSA (1995) highlights the importance of involving community volunteers in providing home-based care to vulnerable individuals as they may provide cost-effective ways to render services with additional manpower and expertise. Volunteers may also lighten the workload of staff, allowing them to concentrate on other responsibilities.

In this regard the Department of Health (2000) proposes that every community should provide individuals who are chronically ill with some form of home-based care, as well as with access to community-based care. Communities are urged to establish home-based care that is comprehensive and holistic, in other words, care that does not focus only on specific aspects or needs of an individual or community, but on the whole person or community, attending to every area that is affected by poverty or by living with HIV&AIDS, or watching loved ones die of the disease.

In South African rural areas vulnerable people often find it difficult to access information and transport. The role of community volunteers is highlighted in this context as community volunteers can play a major role in supporting vulnerable people, who are supposed to access services, yet find it hard to do so. Relative to clinic personnel, community volunteers are often intensely engaged in clients' experiences of sickness, stigma and poverty, supporting individuals' decision-making about e.g. accepting and dealing with the challenges they face (Campbell & Ellis, 2004).

Furthermore support by community volunteers may include spiritual support through prayer and Bible reading. Religion and counselling are often integrated into the support of vulnerable individuals in South Africa as they are encouraged to pray for themselves (Ferreira, 2006). By so doing their hope may be increased and they may feel encouraged to face their challenges and also encourage others to do the same.

I agree with Campbell (2003) that community volunteers may assist vulnerable individuals to cultivate self-efficacy, resulting in vulnerable individuals feeling that they are in control of important aspects of their lives. Self-efficacy in the context of community volunteerism may be mediated through the formation of new modes of social relationships that include clients, family members, and community volunteers, some of whom may be experiencing the same challenges than the people they support (Campbell, 2003).

Community volunteers can thus support vulnerable individuals facing poverty-related challenges such as emotional or psychological problems; abuse at emotional, physical or sexual level; substance abuse, neglect of school work, lack of sufficient healthy food and constantly showing signs of hunger; overcrowded households or the ratio of children to caregivers being too high, divorced parents, living far from home and having to walk long distances to get to school (Louw & Louw, 2007; WHO, 2006).

Community volunteers who assist in schools may help in bridging the gap between teachers and the community by providing social support to vulnerable children. Community volunteers may thus provide safe channels through which community members can share their experiences. They also can serve as guides in creating a

culture of acceptance for vulnerable individuals (Swanepoel, 2006). Furthermore, volunteering can help to reduce crime. In this regard the direct connections and the knowledge that neighbours have of one another, may provide a natural surveillance (Clarke, 2004), driven by community volunteers.

2.3.5 ROLE OF COMMUNITY VOLUNTEERS TO SUPPORT PEOPLE LIVING WITH HIV&AIDS

Community volunteers' agility at creating safe settings is often seen as one of their most important practices, especially when supporting people living with HIV&AIDS. Community volunteers may create household conditions for productive disclosure of e.g. HIV&AIDS so that family members can also be empowered to support a vulnerable person, for example with adherence to medication (Campbell, 2003).

The potential of community volunteers supporting poverty alleviation amongst vulnerable individuals is highlighted by many studies where people reportedly lived better lives due to the commitment of community volunteers in supporting them (Campbell *et al.*, 2007; Winkler, 2003). According to Root and Whiteside (2013) for example, 92% of the participants in their study (HIV&AIDS-related) indicated that their health had improved as a result of care supporters becoming involved in their lives. An estimated 53% of the participants indicated that they would have died, a few from suicide, had a care supporter (volunteer) not intervened in their lives. Some of the participants indicated that they sought HIV testing after a community volunteer started visiting them and others reportedly commenced with anti-retroviral treatment as a result of such supportive interventions. In other instances vulnerable people reported that care supporters (volunteers) assisted them in disclosing their HIV-positive status to family members and that they as a result felt encouraged to share their lives with their loved ones. Based on community volunteers' care and support, vulnerable people may thus be encouraged to rejoin the social arena and accept their HIV status, seek support when needed, and deal with denial (<http://www.who.int/pmnch/ITPCMTT8report.pdf>, p57).

According to a statement by the Department of Health (2005) the increase in the incidence of AIDS requires that the best possible care be provided to people with a chronic illness and their vulnerable families. Since South Africa has limited health care resources available, with an increase in vulnerable individuals who become ill,

hospitals, hospices and other care institutions are only able to admit a percentage of the patients. This need for support emphasises the potential role of community volunteers in caring for people when they become too ill to take care of themselves.

Due to the AIDS pandemic home-based care has become an important reality in South Africa (Winkler, 2003). The main aim is to get community volunteers involved in caring for those who are ill, not only providing for their physical needs, but also rendering emotional and spiritual support. I agree with Kmita, Baranska and Niemiec (2002) who believe that such intervention will diminish the social isolation of families who are living with HIV&AIDS, and support children and their families to cope with the illness and with any loss associated with HIV&AIDS, as mentioned earlier. It is however essential to provide caregivers and volunteers with some form of training in order to prepare them for the task of providing psycho-social intervention or support.

By physically supporting vulnerable people community volunteers will for example make sure that vulnerable people have food, and remind them to drink their medication and go for checkups at the hospital or clinic. Vulnerable people may as a result find that they are able to stand their ground and continue with e.g. medication due to the education received from community volunteers. In a study by Campbell *et al.* (2007), vulnerable people described volunteers' on-going treatment guidance and encouragement, their counselling to avoid traditional herbal remedies, their readiness to respond to HIV-related questions, and their attendance of clinics as among the most important roles that volunteers should fulfil. In this way volunteers can reinforce counselling and create opportunities for a deeper understanding of people's diagnosis, when diagnosed with an illness such as AIDS.

According to UNAIDS (2004) the contribution of community-based initiatives is widely recognised and home-based care has become part of many countries' health campaigns. However, progress towards drawing such care programmes into the wider public health system has been limited, resulting in the services being implemented, yet in a restricted manner (UNAIDS, 2004). Government policy documents recommend that home-based care be person centred, placing the focus on what the individual is experiencing and not only on his/her HIV status (Akintola, 2008). Sensitivity to culture, religion, values and respect for privacy and dignity, as well as the preservation of self-esteem are regarded as important, thus, providing

care that is humane, care that knows no boundaries and care that does not discriminate in any way against a vulnerable person. I concur with Lindsey *et al.* (2003) that a non-judgemental attitude is of particular importance as people living with HIV&AIDS already face distinct challenges.

Lindsey *et al.* (2003) suggest that one of the needs most often identified in terms of home-based care is the need for counselling. However, community volunteers often feel that they lack the necessary skills to adequately meet this need. Lindsey *et al.* (2003), as well as Uys and Puttergill (2003) regard effective interpersonal communication and psycho-social support to individuals affected by HIV&AIDS as important. To this end, vulnerable families may need bereavement counselling and anticipatory guidance. Vulnerable families may have a need to share and talk about the effects of the disease on them and their loved ones, and to be guided in dealing with the associated emotions. One could say that because volunteers are not often trained to provide emotional support to community members, they may feel unskilled and hesitant to become involved.

2.4 MEMORY WORK AND PSYCHO-SOCIAL SUPPORT

According to the traditional definition, a memory box is a physical object created by a family for storing valuable and treasured items such as letters, photographs, tapes or any object that relates to the history of the family. A memory box can be viewed as a symbol and may be a physical object that is decorated with photos, drawings or anything that is precious to the individual or family (Sinomlando Project, 2003). This box usually contains the story of a deceased or dying person, as well as various objects related to the history of the person or related family members. The memory box making technique may for example provide a dying parent with the opportunity to disclose his or her HIV-status to a child (Inger, 2002; UNICEF, 2005). The purpose of a memory box is to enable people to cope in difficult times when loved ones become ill or die.

Memory work can be used to support individuals in discussing difficult issues in life that adults often find difficult to talk about. It may assist people in releasing their emotions. To my mind many South African citizens are vulnerable because, besides loosing loved ones through e.g. HIV&AIDS, people may die unexpectedly in

accidents, or due to some natural causes. Furthermore many people are vulnerable based on the experience of seeing others lose their loved ones, thereby affecting them by instilling in them feelings of fear and insecurity, which may affect their ability to develop to their full potential.

2.4.1 HISTORY OF MEMORY WORK

Initially, memory work was developed in Britain for children placed in foster care or institutions. The organisation which pioneered the concept is the *National Community of Women Living with HIV&AIDS* (NACWOLA, 2001) in Kampala, Uganda. The idea of doing memory work with people affected by HIV&AIDS thus originated in Uganda in the mid-1990s, when NACWOLA (Denis, 2005) invited people to make a memory book in which they could preserve important information for their family members and friends. Currently this model is used in various organisations in Africa to provide vulnerable people with the emotional support needed to cope with HIV&AIDS. In 2002 various organisations in Gauteng and KwaZulu-Natal adopted the Memory Box Programme to train community workers and volunteers in supporting families affected by HIV&AIDS (Denis, 2005; Denis, Mafu & Makiwane, 2003; *Irin News*, 2005; Swanepoel, 2006). In applying the skill of memory work volunteers reportedly implemented the following: developing a framework to write down family history for children to keep their memories alive (Sinomlando, 2003), empowering HIV-positive women with the memory box making skill so as to be able to accept and deal with their situation positively (Denis *et al.*, 2003), retrieving the memories of families affected by HIV&AIDS, training trainers in order to transfer memory box making skills to different countries with the aim of empowering and supporting as many people as possible (Lindsay Smith & O'Brien, 2000), empowering HIV&AIDS infected and affected women with skills to fight AIDS using memory work (Viljoen, 2005) and empowering vulnerable children in using the memory box making technique (Denis & Makiwane, 2005).

Other studies involving the use of memory work focus on assisting parents to disclose their status to their family members with the aim of getting support (Denis, 2005), using memory work to encourage communication between parents and children with regard to the health condition of the parents and between spouses, the family and extended family with the aim of accessing support and resources

(Sinomlando, 2003), empowering volunteers with the memory box making skill so that they may in turn empower clients and use this skill in supporting their clients (Swanepoel, 2006), using memory work across cultures to enhance resilience amongst children at risk (Denis, 2005), helping HIV-positive people to prepare for death and how to leave legacies for their loved ones (Morgan, 2004), addressing cultural issues regarding death in order to enhance resilience amongst children (Ntsimane, 2006), and exploring the relationship between counselling skills and memory work with primary school children with the aim of empowering teachers on how to support vulnerable children (Mnguni, 2006). Against the background of these studies, I set out to explore the use of memory work in the specific context of community volunteers who psycho-socially support clients facing poverty-related risks and adversities.

2.4.2 CONTEXT OF USING MEMORY WORK

Memory can be viewed as the ability to bring back to consciousness past events in a person's life (Sinomlando Project, 2003). Following on this description Morgan (2004) defines memory work as the deliberate setting up of a 'safe' space in which to contain the telling of a life story of a person who is still alive or who has passed away in an attempt to capture that person's legacy. This space might be, amongst others, a room, a certain part of the room, a chair, an object that was cherished by that particular person, a shade under a tree, a drawing or a map.

Following the death of parents many orphans go and live with relatives, foster parents, in institutions or on their own (*Irin News*, 2005; Soul City, 2004). This may result in the children's memories and their personal histories fading away quickly, resulting in children growing up without a clear sense of identity and roots, or without the traditions and beliefs of their heritage. Memory work may help children and the affected members of the community to build an identity and strengthen their emotional capacity, to understand the past, and to be less afraid of facing the future (*Irin News*, 2005).

As the family collects photographs and souvenirs, draws a family tree and writes about its life, family members may become closer emotionally and relationally. This process might provide an opportunity for a family to talk about issues that are related

to life and death, and also about the future of children in a situation where a parent has passed away (*Irin News*, 2005; Wolfelt, 1998). During the process of making a memory box, vulnerable people could be aided in building their identities and strengthening their emotional capacity. This could in turn enable them to understand the past and be less afraid of the future.

Mnguni (2006) explains that memory work can be used to show pride in how people celebrate their lives indicating both the good and difficult times in people's lives. Good times are documented to ensure that such events become a legacy. People involved in memory work would for example name people, places, streets and clothes, amongst other things, to make sure that such events or information is not forgotten. Mnguni (2006) further explains that a memory box can also be called a celebrity box as it may serve as a legacy that a particular person leaves behind for the coming generations. Similarly, Wolfelt (1998) explains how memory work may empower community volunteers and other concerned adults in addressing anxieties and fears related to experienced vulnerabilities.

Memory work can furthermore be used to socialise people with regard to death. As such the impact of the pain experienced might be less traumatic compared to when death is not discussed (Papadatou, 2002). This may serve as a kind of pre-bereavement counselling, allowing people to discuss issues concerning death they regard as important. Memory work may subsequently provide one with a sense of safety, security and belonging. It may empower vulnerable individuals when being able to discuss difficult issues that are often challenging to talk about. By telling the family story, however painful this might be, bereaved children may get an opportunity to appropriate death, make sense of it and deal with loss when they express their feelings and vulnerabilities (Denis & Mafu, 2005).

As already indicated, memory work can provide emotional and psychological support to vulnerable communities. It is a cost effective skill and easy to use without requiring formal training (Swanepoel, 2006). Within the context of a group people may experience a sense of belonging, acceptance, feeling understood and having greater self-awareness (Berg, Landreth & Fall, 1998). In addition working in groups might provide community volunteers with the opportunity to get to know their clients and identify those who come from different backgrounds or who experience

emotional problems and require support (Van Niekerk & Prins, 2002). In groups vulnerable people may share ideas, their beliefs, values and reality that relates to the challenges they face. They may also identify assets in their communities through the feedback received from other group members. I agree with Van Niekerk and Prins (2002) who explain that reinforcement does not only occur in terms of positive or negative feedback but also through observation, modelling and imitation of other members' behaviour, as vulnerable individuals identify assets in their environments.

The principle of Ubuntu encourages people to form groups, e.g. letsema in supporting each other. When people are placed within the context of a group, they cannot continue to rely only upon themselves but need to interact with others. It is within the context of a group that people gain greater self-awareness and experience a sense of belonging and acceptance, feel understood and so believe that they have a say in the decision making of the group, thereby validating their values, beliefs, reality and opinions through feedback received from others (Berg *et al.*, 1998). I am of the opinion that memory work can be effective and cost-effective in supporting groups to access relationships and resources so as to reinforce the spirit of Ubuntu. Reinforcement does not only occur in terms of positive or negative feedback but also through observation, modelling and the imitation of other members' behaviour, within the context of sharing life experiences and challenges with the aim of facilitating inter- and intrapersonal growth amongst community members (Van Niekerk & Prins, 2002).

Mnguni (2006) argues that when people construct memory boxes within a group, they might be able to share experiences with others and experience how other people are able to handle and overcome difficult circumstances in their lives. This may be an effective tool, as people may get to know each other better, allowing them the opportunity to be supportive of each other, thus encouraging the spirit of Ubuntu. One disadvantage in using memory work within groups is that it is difficult to ensure confidentiality of what is discussed amongst group members. For example, people may refrain from sharing their views within the context of HIV&AIDS-related discussions, because of the fear, uncertainty, and the possibility of being stigmatised (Allen, 2001). In my view, however, memory work in a group context may actually assist people who fear stigma to start accepting themselves as they hear other people disclosing their challenges. As such, people with similar experiences may

find it easier to start supporting each other in cases such as these. Presenting memory work in groups may also help in identifying the vulnerabilities of some of the group members and encourage group members to share resources and skills on how to deal with the challenges they face. I am furthermore of the view that poverty alleviation is possible by sharing basic ideas and using readily available resources such as land for planting vegetables and later creating an income by selling the vegetables.

2.4.3 BENEFITS WHEN USING MEMORY WORK

Making a memory box involves a process of sharing memories and recording and storing such memories in a container, helping individuals to break silences, often about disease or the death of loved ones (Inger, 2002). This process creates a space for people to talk about sickness and death, helping them to cope with loss. I have observed that the only time most people in the African culture feel comfortable to talk about death is when they want to inform members of their family how they want to be buried. A memory box can provide the perfect place to safekeep such information. The information may then also be used to involve members of the family in getting acquainted with the practise of talking about death. Everyone can take part in the creation of a memory box, because the more people contribute to the process of retrieving memories, the more they may benefit from the process emotionally. To this end community volunteers may have the opportunity to encourage sick parents to tell the story of their family in the presence of their loved ones when utilising memory work. In this way they could possibly facilitate the bereavement process of vulnerable children more efficiently (Ebersöhn, Eloff & Swanepoel-Opper, 2010).

According to Soul City (2004), Ebersöhn *et al.* (2010) as well as Loots and Mnguni (2008), the purpose of memory work is to encourage people to talk about their future within their families. Memory work may thus assist family members to express their feelings about how much they love and care about each other. Memory work may enable family members to share the memories of their lives, encourage parents to share their dreams for their children, and further assist people in acknowledging the fact that they will not be together forever, in turn encouraging them to talk openly about death.

In addition to the historical purpose of memory work, being that of preparation for, or response to, death, the role of memory work is currently viewed as assisting people to live with HIV&AIDS in a positive manner and to cherish life. Memory work can thus be utilised to show how people celebrate their lives. The greatest service one can render children whose parents are living with HIV&AIDS is to keep the parents alive in the mind and heart of the child (Denis, 2005). Morgan (2004) mentions the possible use of a video tape recording memories should a family have access to one. This could enable a parent to make a video recording where he/she talks about aspects of his/her life to leave to children and other family members so that their legacy may be kept alive.

2.4.4 CHALLENGES WHEN USING MEMORY WORK

Generally, in African cultures a lack of death sensitisation is a challenge amongst parents, counsellors and other concerned adults, resulting in anxieties and fears of adults being transferred to children (Ebersöhn *et al.*, 2008). Death sensitisation can be regarded as a form of pre-bereavement counselling because it might prepare people to cope with the trauma of death before it occurs in their lives. Pre-bereavement counselling may support children when adults guide them on how to perceive death before they are faced with the real situation (Ebersöhn *et al.*, 2008; Papadatou, 2002).

Most Africans believe that the dead continue to exist in a spirit form and as such are recognised as the living-dead or ancestors. African philosophy holds that ancestors can intercede and advise people when called upon by the living (Nabudere, 2008). Few would deny that the veneration of ancestors and the belief that the ancestors have enormous supernatural powers is the predominant belief system in Africa. The overall influence of ancestral veneration and the notion that spirits control the good and bad events that occur in life is accepted by most people who believe that their lives are influenced by such powers. These people are of the opinion that the spirits of ancestors have supernatural powers and a distinct influence over everyday life events. It is widely believed that, if one abandons the tribe's traditions, or disturbs the harmony within the tribe, the ancestors can withdraw their protection and attack one from the much feared spirit world, or cause pain to the one who has abandoned them (Munza, 2005; Lambert, 2008).

Lambert (2008) claims that victims of ancestralism believe that they must maintain communication with the dead, as the ancestors are able to protect or punish their earthly relatives according to the whims of their unpredictable natures. If things go wrong, divination is resorted to, so that the reasons for misfortune and the disfavour of the ancestors must be established in order to ensure restoration of harmony. Throughout much of Africa, most people believe that ancestors pass from the world of humans to the spirit world *via* ceremonies and rituals which are usually expensive. In my observation, this belief may leave orphans and family members with financial challenges as they may involve rituals such as the slaughtering of a cow. Such rituals are often viewed as compulsory when burying a deceased person. Most people find themselves complying with these rituals as they are afraid to take the risk of alienating the ancestors by not adhering to funeral rituals.

It is also believed that sangomas are able to communicate with ancestors, and people consult with them, in order to determine what may have upset the ancestors, and so causing them to bring misfortune on individuals. This may lead to widespread turning to 'diviners' for guidance, instead of working out challenges in the light of their own decisions or conduct. In this manner, ancestralism may create a fatalistic outlook on life as fear of these unknown supernatural powers may cause people to seek supernatural answers rather than attempting to find practical and reasoned solutions to their challenges. If someone is ill or encountering other problems, a sangoma may be consulted in order to determine the 'cause' of the problem, and to prescribe traditional medicine so as to drive the evil away from the victim. This may lead to people believing in ancestors, and so hanging on to the idea that no matter what they do, their fate is not in their hands but in the hands of ancestral spirits. Fear of witchcraft usually distorts and negates the benefits of science and medicine. This may in turn affect people affected by HIV&AIDS as many infected people believe that they have been bewitched and may, as a result, refuse to take medication while depending on traditional healers (Munza, 2005).

2.4.5 MEMORY WORK AND NURTURE GROUPS

Nurture groups were developed in 1969 by Marjorie Boxall, who worked with children experiencing a range of social and emotional difficulties (Boxall, 2002). Boxall (2002) postulated that the source of children's poor nurturing experience could be related to

early childhood challenges, when children did not develop positive and nurturing bonds with significant adults. As a result such children would suffer from poor attachment and incapacity to thrive emotionally. By the time children reach school going age they may not be ready to meet age-related social and intellectual demands effectively.

The nurture approach (Boxall, 2002) thus involves inclusive early intervention for the prevention of social, emotional, and behavioural difficulties within a mainstream setting, thereby creating an increased level of resilience in children. This is prompted by the need to address children's poor nurturing experience in early childhood, when children suffer from poor attachment, and an inability to thrive emotionally. The nurture approach concentrates on development of self-esteem and teaching children social skills. Lack of early intervention typically results in adults who are emotionally challenged. As many children are currently deprived of sufficient care for optimal emotional development the possibility exists that negative patterns of coping in adults may emanate from a lack of early childhood intervention (Boxall, 2002; Silverman, 1970).

The aim of using nurture groups is thus to build the basic and essential learning experience normally gained in the first years of life and to enable vulnerable individuals to fully meet their potential. Classical Boxall nurture groups generally support 10 to 12 pupils at a time focusing on a carefully balanced range of emotional and behavioural needs including low self-esteem, poor concentration and attention seeking behaviour. The emphasis is on emotional growth, aiming to offer broad-based experiences in an environment that promotes security, routines, and clear boundaries, as well as carefully planned repetitive opportunities (Boxall, 2002).

I am of the opinion that integrating the principles of nurture groups when using memory work may provide a supportive environment in which vulnerable individuals are allowed to deal with the vulnerabilities they face in order to nurture their self-esteem. This may in turn assist them in coping with poverty-related risks and adversity. In my research I complemented Boxall's Nurture approach with the Relationship Resource Resilience (RRR) theory of Ebersöhn (2012), according to which vulnerable people nurture relationships to maintain access to support and resources.

2.5 THEORETICAL FRAMEWORK OF THE STUDY: THE ASSET-BASED APPROACH

I relied on the asset-based approach in this study, as it diverts the focus from external help and services being provided to community members, but places it on the empowerment and development of a community from the inside out, which according to Ebersöhn (2012), involves relationships. In this research, participants were introduced to the asset-based approach and the utilisation of resources and relationships (Ebersöhn, 2012) in order for them to be able to utilise memory work when supporting vulnerable community members and in identifying and utilising their assets and resources as part of the supportive process.

The potential of the asset-based approach involves the ability of community members to actively establish and maintain relationships between local residents, associations and organisations in communities (Cordes, 2002; McNulty, 2005; Thompson, 2005). Below I discuss the three underlying stages of the asset-based approach, which are asset identification, asset mobilisation and asset management (Eloff, 2006; Kretzmann & McKnight, 1993).

The asset-based process identifies the assets that individuals possess and resources available in the community (asset identification), connecting the assets with one another in order to improve their power and effectiveness (asset mobilisation) (Ammerman & Parks, 1998; Cordes, 2002; Ebersöhn & Eloff, 2006; Mathie & Cunningham, 2002). Asset mobilisation involves the utilisation of available assets and resources that have not yet been fully utilised or deployed (Eloff, 2006). Furthermore, the asset-based process involves people building and maintaining networks with external resources in the process of mobilising the necessary assets (Kretzmann & McKnight, 1993). According to the asset-based approach, when vulnerable communities become active partners for transformation, instead of recipients of aid, they assume ownership over their development process. This will in turn promote community commitment and also create a sense of empowerment amongst vulnerable individuals (Cordes, 2002; Kretzmann, McKnight & Puntenney, 1999; Mathie & Cunningham, 2003; Thompson, 2005).

Asset mobilisation involves the conception and implementation of action plans (Kretzmann & McKnight, 1993) whereby the assets that have been identified are acted on with the aim of formulating and implementing action plans in improving the challenges that vulnerable communities face. Asset management implies sustenance of initiated implementations, when vulnerable community members take responsibility and ownership of the challenges they face, make decisions and take action to improve the situation (Ebersöhn & Eloff, 2006).

Asset management thus focuses on the obligation of vulnerable individuals and communities in taking ownership to sustain actions. This can be done by empowering vulnerable individuals with the skill of assessing processes and revising strategies that can be used when accessing resources. This is a fundamental concept of the asset-based approach, and it has the potential to enhance the commitment, capacity and empowerment of vulnerable individuals and communities (Bender, 2004; Cook, 1998; Ferreira, 2006; Kretzmann & McKnight, 1993; Kretzmann *et al.*, 1999; Visser, 2007).

Donald *et al.* (2002) define assets and resources in a community as the available sources that people can access for their own benefit. In their view, these include the following: economic resources; physical and material resources such as sanitation, buildings and equipment, and human resources (people with different expertise and strengths). According to Green and Haines (2002) as well as Roos and Temane (2007) community assets include five types of capital:

- Human capital: individual: abilities, skills and competencies in order to be productive.
- Social capital: social relationships and group cohesion that facilitate collaboration and shared community action.
- Physical capital: infrastructure and buildings within communities.
- Environmental or natural capital: natural resources and environmental facilities within a community.
- Institutional capital: private and public institutional structures and mechanisms in communities, including financial capital.

The asset-based approach provides one way of understanding community volunteers' use of memory work when providing psycho-social support to vulnerable

individuals. In this way memory work is seen as a potential tool for community volunteers to identify and access assets and resources in the community. Community volunteers may in turn facilitate a process of vulnerable individuals themselves identifying and mobilising assets. They may, for example, assist clients to identify the assets that they possess, such as their own strengths, and help the clients to utilise these strengths in addressing vulnerabilities.

In this manner, community volunteers may empower vulnerable communities to actively establish and maintain relationships between local residents, associations and organisations in the communities. The communities may then utilise such relationships in identifying, mobilising and accessing assets that they can rely on when dealing with challenges (Cordes, 2002; Ebersöhn & Eloff, 2006; Mathie & Cunningham, 2002; Thompson, 2005). In applying asset management, community volunteers can empower vulnerable individuals to take responsibility in finding ways of dealing with challenges and subsequently sustaining any action they take, and revising strategies when needed (Bender, 2004; Ferreira, 2006; Visser, 2007).

Community volunteers may thus empower vulnerable people with the skill of memory work (human capital), and assisting them to identify assets amongst themselves and in their communities (environmental capital). As memory work is a non-directional tool, once vulnerable people have identified their assets they may decide to utilise these assets in a way that they are comfortable with, which will allow them to give meaning and bring about change in their lives and ultimately the lives of other vulnerable people in their community (social capital). The use of memory work in this manner may also assist vulnerable people to take ownership of the way in which they address challenges. The ability of vulnerable people to identify their assets will therefore benefit the vulnerable people themselves, their families and their communities (social capital) as well. In this sense, then, memory work can be a tool that not only community volunteers, but also vulnerable clients, may use in rendering psycho-social support to others.

Memory work can be used across ages, cultures and educational backgrounds in order to identify challenges that a person may be facing and to help the person deal with these challenges; it may also be used to support the vulnerable person in identifying more assets in the community that can assist in dealing with challenges.

Thus once vulnerable people are able to identify their assets they may then also be able to gradually deal with issues of poverty on a personal level and so become empowered to also empower others. This may help them realise that they may not wait for external hand-outs for survival, but that they should utilise whatever they have to make a difference and be productive (human capital) in their communities.

I agree with Ferreira (2006) who explains the idea of community development based on relationships, emphasising the applicability of the asset-based approach to traditionally rural communities (often poverty-stricken communities), which are usually characterised by close relationships between community members, support for one another (Ubuntu), as well as the tendency to rely on what is available when facing and dealing with challenges. Establishing and maintaining relationships amongst different people may be empowering in a community, as healthy relationships form part of the assets that may lead to this approach being more successful when implemented. This is an indication that community development may be better facilitated when the relationships between the various role players are improved (Ebersöhn & Eloff, 2006; Ferreira, 2012; Loots, 2011; Motha, 2010). Once people feel trusted it becomes easier for them to start believing in themselves, knowing that should they face challenges they would have the support of others, such as community volunteers, as suggested in the context of this study. According to Ebersöhn (2012), her Relationship Resourced Resilience (RRR) can be regarded as a generative theory that explains how resilience occurs as collective, rather than individual and subjective processes.

The asset-based approach will thus engage communities in a process of growing as community members develop and implement plans to address the challenges they face (Ebersöhn & Eloff, 2006). In this way, it suggests and promotes the view that it is the responsibility of communities to know, acknowledge and define their challenges and then find ways of dealing with them. It follows, then, that the asset-based approach can enable vulnerable individuals and communities to strengthen their environments by focusing on their capabilities, assets and strengths (Ebersöhn & Eloff, 2006) with the aim of realising social connectedness, so as to be able to identify and access skills, resources and assets in the community. In this manner, sound partnerships may be formed within a community and professional dominance reduced (Ebersöhn & Eloff, 2006). Reliance on external agents is subsequently

reduced, thus compelling vulnerable community members to engage with one another for the development and execution of action plans in utilising existing assets and resources. Once community members work together they will be able to voice, share and implement their strategies. Therefore the asset-based approach can assist communities to build relationships as they work together, and to address challenges more easily when these occur (Kretzmann & McKnight, 1997).

It is against this background that I selected the asset-based approach as the theoretical framework for this study. It is important to acknowledge that the asset-based approach does not necessarily mean that external assistance is not recognised or accepted, because it is, as the combination of external assistance and internal resources may result in a firm foundation for mentoring, empowerment, skills training and guidance of vulnerable individuals (McNulty, 2005). The asset-based approach is about enabling individuals and communities to recognise what they possess so that they make the most of it, rather than keep focus on the negative circumstances they are facing. Based on this, I believed in the potential of the participants and vulnerable community members to deal with adverse circumstances by focusing on available resources.

2.6 CONCLUSION

In this chapter I discussed the effect and impact of poverty on vulnerable individuals, in terms of the link between poverty and inequality, poverty-related needs and different types of vulnerabilities. Next, I explained the potential role of community volunteers in supporting vulnerable individuals, focusing on community-based support and volunteerism within the South African context. I contemplated how memory work may potentially be used by community volunteers in support of people facing poverty-related risks and adversity. In exploring the use of memory work by community volunteers I specifically focused on the use of memory work when following an asset-based approach.

In Chapter three I discuss the research process, and the choice of my research design. I explain the methods I used for data generation and documentation, and relate the choices I made to the purpose and focus of the study. I also explain how I analysed and interpreted the data.

CHAPTER 3

RESEARCH METHODOLOGY AND STRATEGIES

*“The beauty of life does not depend on how happy you are,
but on how happy others can be because of you”*
(Author unknown).

3.1 INTRODUCTION

In this chapter I substantiate the methodological decisions made in the study, namely a PRA-based intervention research design from an interpretivist stance as meta-theory. I validate the choices that I made against the background of the research questions and purpose of the study as discussed in Chapter one. I also describe the selected data generation (PRA-based workshops, observation, face-to-face interviews) and documentation strategies (visual techniques, field notes and a research diary), as well as the process of data analysis and interpretation. I conclude the chapter with a discussion of the ethical principles that guided the study, and the manner in which I attempted to ensure trustworthiness.

3.2 PARADIGMATIC CHOICES

In the subsequent sections, I describe the paradigms I relied on in this study.

3.2.1 EPISTEMOLOGICAL PARADIGM: INTERPRETIVISM

I decided to take an interpretivist stance as this enabled me to understand the world of human experience by gaining a better understanding of the experiences of the participants of the study, as well as the subject matter (Cohen, Manion & Morrison, 2000; Denzin & Lincoln, 2000; Ferguson, 1993). As Garrick (1999) explains I could thus do research *with* people, rather than *on* people, thereby involving the participants throughout the process.

Interpretivism supports the objectives of my study, which focused on describing and interpreting community volunteers' experiences and feelings, in human terms, and

not in terms of qualification and measurement (Terre Blanche & Kelly, 2002). Schwandt (2000) refers to this process of understanding as empathic identification, whereby understanding the meaning of human action and interaction requires of the researcher to appreciate or grasp the subjective intent of the participants. As a researcher following an interpretivist paradigm, I constantly assumed that the participants' subjective ideas were real and should be taken seriously (Terre Blanche & Kelly, 2002).

The interpretivist paradigm is in congruence with my personal view of the world, namely that people socially construct meaning through their interaction with the world around them. As an interpretivist I thus aimed to understand the meaning the community volunteers gave to their world from their points of view, as they were the ones who live in that particular world (Mertens, 1998). As such the relationships between me as the researcher and the community volunteers, as well as between the community volunteers themselves, were interactive. In this regard Terre Blanche and Durrheim (2002) state that the interpretive approach presumes that people's subjective experiences are real, that they can understand other people's experiences by interacting with them and listening to their opinions, and that qualitative research techniques are best suited to this task.

In following an interpretivist epistemology I was able to gain insight into the volunteers' experiences specifically surrounding the use of memory work, which is how they applied their knowledge, and used their skills regarding the memory box making technique when working with vulnerable individuals (Cohen *et al.*, 2000). Terre Blanche and Durrheim (2002) explain that interpretive research relies on first-hand accounts and attempts to portray rich detail in engaging indicative language. In support Patton (2002) explains that thick and rich descriptions supply the foundation for qualitative analysis and reporting, with the aim of providing the reader with details on the research setting and process.

As interpretivist I focused on understanding the participants' experiences, not on the basis of my own perspectives and categories, but from those of the participants in the study (Huberman & Miles, 2002). As such I viewed the situation from an *emic*, rather than an *etic* perspective. Throughout this study my role as researcher entailed gaining insight into the perspectives of community volunteers, not viewing them from

an outsider's perspective and not allowing my personal interests to influence the results of the data I obtained (Patton, 2002).

According to Garrick (1999) interpretive research uses personal experience as the starting point, which may be problematic as researchers' subjective experiences are engrossed in and shaped by discourses. This implies that a researcher may be influenced by historical and contextual frames of experiences. For this reason I chose to take an emic stance, not allowing my discourses to influence the results of the study. I kept a research diary throughout the process as it allowed me to reflect and monitor my historically and contextually framed background. I did this following Garrick's (1999) argument that an individual's experience is best understood from the standpoint of the social world of that particular individual.

I also concur with Schwandt (2000) who believes that in order to understand a specific social action, a researcher should be familiar with the meanings that lie behind specific actions. I endeavoured to comprehend and make sense of the social phenomenon under study by focusing on the participants' thoughts, in order to understand their motives and beliefs against the background of their environment.

Greene (2000) agrees that the fundamental task of social inquiry is not to discover lawful properties and truths of the external world or to link observed effects to underlying causes, but rather to understand the participants' constructions of meaning within their specific social environments as these constructions of meaning constitute social realities and underpin human actions. As a researcher within the interpretivist paradigm, I concede that as I present my own interpretation and description of the meanings of my research findings I can never assume that I am fully aware of the meanings of other people's life challenges and experiences. During this study I constantly kept in mind that when conducting research from an interpretivist point of view, research findings may be viewed as biased and subjective. Regardless of the rejection of the objective truth, as Wachterhauser (1986) proposes, that it is important to retest reliable criteria of multiple cases that are used, and not just predict that the results are true. The interpretivist paradigm did therefore not require of me to provide interpretations that are value free (Creswell, 1998; Lincoln & Guba, 2003).

It follows that the challenge of interpretivist research is that it relies on the interpretation of information from the perspective of the researcher. As this study was conducted in a naturalistic setting, it was important for me to acknowledge the potential effects that my own thoughts could have on the research process. Cohen, Manion and Morrison (2007) suggest reflexivity in an attempt to address this potential challenge. These authors explain that researchers ought to acknowledge the influences that they themselves may bring to the research situation rather than trying to disregard them. In dealing with this potential challenge I employed reflexivity by regularly reflecting in my research diary in attempting to gain a better understanding of how I interpreted others' knowledge (Denzin & Lincoln, 2005). Furthermore I relied on regular debriefing and reflection sessions with my co-researchers and supervisors.

3.2.2 METHODOLOGICAL PARADIGM: PARTICIPATORY REFLECTION AND ACTION

Since I attempted to explain community volunteers' experiences and perceptions involved in a participatory intervention project, I selected a participatory reflection and action (PRA) lens. PRA enabled me to interact with community volunteers in aiming to understand how they make meaning in their environments. As such I could learn from them in an interactive manner.

PRA involves various data generation strategies that aim to uncover indigenous people's knowledge and skills, in order to learn about their natural conditions, identify areas of their concern and plan intervention strategies that are relevant to their environments. The primary constituents of this approach encourage community members to be involved in intervening by bringing about change that will be relevant to the community (Absalom & Mwayaya, 1997; Cornwall, Musyoki & Pratt, 2001).

As such PRA is a methodological approach that focuses on interaction with local people in an effort to appreciate their culture and environment with the purpose of learning from them and understanding their culture and environment better. PRA involves a set of principles, a process of communication and a list of methods for seeking local people's participation in specifying their points of view and making use of their information in dealing with challenges in the environment (Chambers, 1994a; Mukherjee, 1993). PRA is a useful methodology to focus attention on people, their

livelihoods and their inter-relationships with socio-economic and ecological factors with the motive of enhancing the environment (Chambers, 1994a; Mukherjee, 1993). I believe that PRA allowed the community volunteers in this study to express the knowledge created in their environments in a safe space during the research process. PRA relies on visual, flexible and creative data generation methods such as observation, visual data and practical intervention, as in the case of memory work. The objectives of PRA align with the focus on involving community volunteers by learning about their perceptions, experiences and capabilities (Mukherjee, 1993).

In order to fully benefit by following a PRA approach, I adhered to its guiding principles as cited by Chambers (1994a). I namely implemented reversal of learning whereby I learnt from the community volunteers and gained insight into their local and social knowledge regarding community volunteers' support to vulnerable communities. I also implemented the 'they do it approach' whereby I allowed the community volunteers to facilitate the investigation, analysis, presentation and learning.

A strength associated with PRA is the possibility of obtaining rich contextual data which draw on people's own standpoints and locations (Chambers, 1992). In this study I used a combination of techniques drawn from PRA. I found PRA techniques to be appropriate as community volunteers had the opportunity to express their involvement and thoughts against the background of their own social reality in the manner in which they make meaning. In this way I was able to obtain rich contextual data.

In generating data I relied on observation, visual data, face-to-face interviews, a PRA-based intervention and a research diary. Goebel (1998:41) asserts that PRA can potentially disadvantage people within a group, as PRA may "work to hide local power relation" in which the voices of others may be silenced. In this study, the issue of 'dissident' views was not a problem since everyone was given the opportunity to participate and express their opinions freely. Moreover, I intended to represent the opinions of all the community volunteers through the use of different data generation activities.

3.3 RESEARCH DESIGN AND METHODOLOGY

I utilised an intervention research design, applying PRA principles.

3.3.1 CONDUCTING INTERVENTION RESEARCH

According to Cozby (2009), Neuman (2006) and Schilling (1997) intervention is an applied action undertaken by a helping agent, usually in concern of a client or other affected party, in order to enhance or maintain the functioning and wellbeing of an individual, family, group, community or population. Babbie and Mouton (2001) explains that the purpose of intervention research is to determine the impact of a particular programme aimed at solving a social problem. Intervention research is carried out for the purpose of conceiving, creating and testing innovative human service approaches to inhibit problems and maintain the quality of life.

According to Babbie and Mouton (2001), and Monette *et al.* (2008) interventions ought to be deliberate, structured, sustainable, valid and reliable in order to lead to clearly identifiable outcomes and benefits for the participants who are involved in the intervention. Similarly Grinnell and Unrau (2008) elucidate that the operational definition of intervention research must be specified in measurable and observable terms of what the researcher will be doing, to whom, when, how often and where. In this study my operational plan was specified in measurable and observable terms as I planned what I would be doing and with whom (introducing community volunteers to the skill of memory work), when, how often and where (planned intervention sessions with community volunteers in a city in the Eastern Cape, Port Elizabeth). This process of reflecting on an intervention being used is called monitoring interventions (Marlow, 2005). To be able to apply the accomplishment of the objectives of the intervention, I kept in mind that the intervention had to be comparable with other interventions with the possibility of replicating it in other similar settings (Royse, Thyer & Padgett, 2010).

Intervention research has a give-and-take nature which may assist participants in constructing meaning of their environment socially rather than individually as they are able to share diverse experiences, ideas and feelings. As such it can become easier for a facilitator to notice and explore contradictions and uncertainties, and use the opportunity to seek clarity regarding such concerns. Interaction may support both

the participants and facilitator to share ideas, debates and experiences that probably would not have been shared in another setting (Berg *et al.*, 1998; Litoselliti, 2003; Mayan, 2001). Based on this choice I was able to collect data collectively as most of the workshop discussions involved interaction between the participants, and to a lesser extent between the facilitators and participants (Fontana & Frey, 2000; Wilkinson, 2003).

In this manner intervention research enabled me to gain access to the verbally expressed ideas, opinions and experiences of the participants and their socially constructed meanings (Ferreira, 2006). My main objective of facilitating an intervention was to highlight awareness about the skill of memory box making so that community volunteers could potentially support vulnerable individuals in taking ownership of the challenges they face by employing the technique (Cozby, 2009). Intervention research implied the advantage of participants finding it easier to implement the skill in their communities after it had been demonstrated to them.

Intervention research is user friendly to people across all educational spectrums. In facilitating the SHEBA intervention we informed the community volunteers about the purpose of the intervention, and provided them with hand-outs on memory work during the first PRA-based workshop (Appendix A). They then participated in workshop activities and discussions on what a memory box is, its origin, how it is done and how it may potentially be used in supporting vulnerable individuals.

Leach (2003) views workshops as a general way of effecting participatory principles, highlighting the significance of participants being involved in defining and formulating the aims and outcomes of the process. This will in turn help participants to take ownership when dealing with challenges. In implementing intervention research I was able to discern how participants were interacting with one another, and how they could potentially apply acquired skills in their daily lives. More specifically, the skill of memory work seemed to assist community volunteers in supporting vulnerable individuals.

A challenge of using intervention research, especially when applying the skill of memory work is that the skill can easily probe suppressed emotional burdens and challenges that one may not yet be ready to deal with. I was able to deal with this

challenge as I am experienced in counselling although it was difficult for me not to counsel the participants but just to debrief them and refer them to the relevant counsellors in their area.

3.3.2 APPLYING PRA PRINCIPLES

The underlying philosophy of PRA entails that a researcher acknowledges and appreciates the fact that research participants possess the necessary knowledge and skills to be partners in research. I took cognizance of the fact that community volunteers possess the knowledge and skills to be partners in the study and that they could participate in obtaining solutions to the research questions.

PRA is both a methodology and conversion of attitude technique that combines a number of approaches. It enables local or indigenous people to obtain resources in their environment, share them within their communities, and analyse their knowledge of life and living conditions with regard to suitability and utility in their environment (Chambers, 1994a; Chambers 1994b). In academic research (Goebel, 1998), using PRA methodology provides a means for participants to express and control the knowledge being created in their environment, and know-how that knowledge may benefit them as a community.

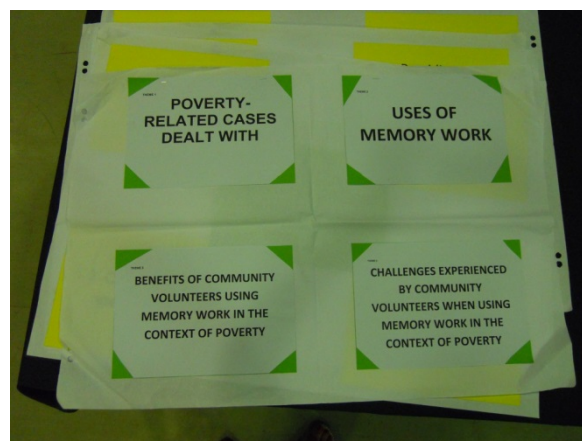
In applying PRA principles I followed a bottom-up approach, emphasising the interest of a regional community, the capabilities of local people and the development of their decision-making powers. My basic point of departure lies in my recognition of the facts that resource-constrained communities have survived under difficult conditions and have faced difficult challenges over the years, irrespective of limited resources; and secondly, that they possess a wealth of indigenous social and technical knowledge that they have been applying throughout decades in dealing with challenges in their environments (Chambers, 2003).

PRA is based on the following basic principles: firstly, there are *no experts*, implying that there is a need to respect multiple perspectives of reality and that communities need to be willing to learn from others; secondly, local problems require local solutions by relying on local materials and representations, which means that the challenges of a particular community are better understood by community members

and that community members may find it easy to address such challenges as they have a better understanding of the needs and culture of their community members than the researcher. Furthermore I followed the principle of accepting diversity and differences, continually acknowledging that there are multiple truths in different environments, or even in the same environment.

Lastly I respected the principle of empowerment of local community members as well as long-term and sustainable self-help initiatives in communities, which indicates the importance of empowering community members with relevant skills that may help them in dealing with challenges in their communities. It is imperative that the skills that community members are empowered with should be sustainable and useful to apply in groups, such as the skill of memory work in the South African context (Bhandari, 2003; Wallace, 1994).

When I was applying PRA principles, I remained alert to focus on participation and involvement through shared knowledge with community volunteers. This resulted in the volunteers identifying their challenges by being actively involved in making decisions, planning and implementing their own initiatives (Chambers, 1992, 2003; Mukherjee, 1993). After identifying possible themes, I conducted member checking by undertaking another field visit in November 2013 and presenting the themes and subthemes that I had identified during data analysis to the participants (Photograph 3.1). I requested them to comment on these themes and subthemes, to add any information they thought should be added and to indicate any changes that were required.



Photograph 3.1:
Themes presented during member checking

In applying the principles of PRA, I focused on not rushing the process when community volunteers were discussing the challenges that they had encountered in their communities while employing memory work. I probed for more information so that they could clarify the challenges they had experienced. I also allowed them to take charge of the discussions and ownership of the challenges they faced. I dealt with their discussion on the benefits of utilising memory work in the same manner.

3.3.3 SELECTION OF RESEARCH SITE AND PARTICIPANTS

As indicated in Chapter one I conveniently selected (Nieuwenhuis, 2007) the research site (two school-communities in an Eastern Cape city) and 38 community volunteers who had been associated with these two schools. Photographs 3.2(a) and 3.2(b) provide images of the school communities.



Photograph 3.2(a): School Community A



Photograph 3.2(b): School Community B

Convenience relates to the volunteers participating in an existing project (SHEBA) since January 2012 (refer to Table 3.1 below for participants' information with whom I conducted individual interviews). Thus the convenience sampling of the research site and participants is due to my Doctoral study forming part of a national PRA study conducted under the leadership of Ferreira and Ebersöhn (Ebersöhn & Ferreira, 2011; Ferreira & Ebersöhn, 2011; Ferreira & Ebersöhn, 2012). It follows that the site and the community volunteers were easily accessible since the relationships between the school stakeholders and the research team had already been established at the time of this study.

Table 3.1: Participant information

Name	Place	Age	Experience
Participant 1	Volunteer at NGO	47 years	8 years
Participant 2	Volunteer at NGO	42 years	7 years
Participant 3	Volunteer at NGO	37 years	4 years
Participant 4	Volunteer at Primary School	36 years	2 years
Participant 5	Volunteer at Primary School	40 years	5 years
Participant 6	Volunteer at NGO	36 years	5 years
Participant 7	Volunteer at NGO	38 years	2 years
Participant 8	Volunteer at NGO	36 years	4 years
Participant 9	Volunteer at Primary School	42 years	2 years

As I used convenient sampling it implies the possibility of participants not providing a true representation of the greater population (Descombe, 1998; Nieuwenhuis, 2007), with the likelihood of the results not being generalisable. Conversely it was not my intention to reach generalisable findings, but rather to focus on the experiences of a selected group of people in order to comprehend and describe an explicit social phenomenon from the participating community volunteers' points of view within the specific context and background of the SHEBA project.

3.4 DEVELOPMENT OF THE MEMORY BOX MAKING INTERVENTION

The STAR project (Supportive Teachers, Assets and Resilience), which preceded SHEBA, involved an intervention with teachers in order to explore their role in promoting resilience amongst vulnerable children and communities. As the intervention progressed, participating teachers indicated the need for a step-by-step guide that teachers could use when supporting suspected HIV&AIDS-related vulnerability in the classroom or beyond. In response to this need, during my Masters study I became involved in the STAR project and introduced memory box making as a skill that could potentially be employed by teachers in psycho-socially supporting vulnerable children and other community members. Simultaneously another MEd student in Educational Psychology, Ms Malize McCallaghan⁴ focused on the potential use and value of body mapping by teachers of vulnerable children.

⁴ McCallaghan, M. (2007). *Die gebruik van liggaamsporette deur opvoeders in die vervulling van hulle pastorale rol*. Unpublished Dissertation. University of Pretoria. Pretoria.

To this end my co-researcher (Malize McCallaghan) and I developed a manual that we used when introducing and discussing memory box making and body mapping with the teachers. We then facilitated workshops with the teachers as part of the STAR intervention. Following the implementation of STAR at one school in the Eastern Cape, teachers in turn facilitated the intervention at neighbouring schools. In this way, fidelity of implementation of the skill of memory box making was done during the dissemination research phase of STAR (Ferreira & Ebersöhn, 2012). In this manner, teachers could guide other teachers in their neighbourhood in terms of the skill of memory box making.

As explained in Chapter one, based on the progress and outcomes of the STAR intervention, the intervention was adapted in 2011 for use with community volunteers, as the SHEBA intervention. As SHEBA focuses on community volunteers supporting vulnerable communities, the STAR intervention had to be adapted for this specific context. As such the section on memory box making was adjusted by my supervisors, in collaboration with me. Subsequently memory box making was presented as part of phases 1 and 2 of the SHEBA intervention (refer to Appendix A for an overview of the phases and sessions). In support my supervisors and I revised the initial manual that was used for the STAR intervention, to suit the context of volunteer care work (manual included in Appendix J).

3.5 DATA GENERATION AND DOCUMENTATION

Various authors (Settlage, Sutherland, Johnston & Sowell, 2005; Tobin & Begley, 2004) advocate that research methods need to progress beyond the purpose of triangulation and therefore propose crystallisation. Richardson (2000) explains the metaphor as crystals that grow and change, but are not ambiguous and provides a deepened, complex, thoroughly partial understanding of the topic. Consequently crystallisation correlates with the interpretivist epistemology which involves understanding and interpreting meanings underlying the behaviour of participants. I applied a multimethod data generation approach (Berg, 2007; Patton, 2002), which could enhance the depth of understanding (Berg, 2007; Patton, 2002), by employing crystallisation. Table 3.2 provides an overview of the research process, in terms of data generation and documentation.

Table 3.2: Visits undertaken for research

Date	Visit	Number of participants	Purpose of the visit	Activity
October 2012	1	36 Females and 2 Males	PRA-based workshop on memory work	Community volunteers plan how they are going to utilise the skill of memory work with regard to their clients
22 January 2013	2	31 Females and 2 Males	Data generation on how community volunteers have applied memory work to their clients: PRA-based workshop	Community volunteers discuss and present in their groups how they have utilised the skill of memory work with regard to their clients Ten community volunteers are requested to proceed with the skill of memory work with their clients and take pictures of the activities
2-3 May 2013	3	9 Females	Individual interviews with nine community volunteers	Interview community volunteers individually regarding how they had supported clients in the skill of memory work
November 2013	4	23 Females and 1 Male	Member checking	Present and verify preliminary findings with community volunteers

3.5.1 IMPLEMENTING THE PRA-BASED MEMORY BOX INTERVENTION

I co-facilitated two PRA-based workshops (see Appendix G for data documentation of the PRA-based workshops) where we discussed potential ways that community volunteers could use memory work to support vulnerable individuals (SHEBA intervention session 1, October 2012, included in Appendix A). Before discussing ways of implementing memory work the community volunteers were given the opportunity to make their own memory boxes (Appendix A). During the first workshop (October 2012, field visit 1), the 38 participating community volunteers were informed of the purpose of the workshop, and reminded of the fact that they could discontinue participation in the project at any time if they wished to do so. The workshops were primarily facilitated by four teachers (Mandisa Mtshiselwa, Thembi Dyasi, Lungiswa Steelman and Nomachini Ngumbela) and three community volunteers, (Monica Rweqana, Thandiwe Palamente and Kholeka Nzuta) from the school-communities (Photograph 3.3), who have been involved in the STAR and

SHEBA projects since 2003 and 2006 respectively. I fulfilled the role of co-facilitator at that time (SHEBA intervention session 1, October 2012, included in Appendix A).



Photograph 3.3:
Co-facilitator facilitating a PRA-based workshop

During the discussion facilitators shared their experiences of using memory box making to support vulnerable children and people in their environments. Participating community volunteers were referred to a hand-out (Appendix J) on what a memory box is, its uses and how it is constructed, and then participated in workshop activities. In small groups they discussed the hand-out and indicated their views on the potential use of memory work to fulfil their task of supporting vulnerable children and individuals. They mapped their ideas on posters. Following the small group discussions they reported back to the whole group during which all other participants had the opportunity to add ideas.

As per the memory box intervention guidelines (Appendix A) community volunteers were provided with bags, magazines, scissors and marking pens for them to compile their own memory boxes/bags. Photograph 3.4 provides demonstrates how community volunteers constructed their own memory boxes.



Photograph 3.4:
Community volunteers involved in memory work

Community volunteers were then requested to apply the skill of memory work when doing community work during the following three months and to report on their experiences during the next research visit. During the follow-up workshop in January 2013 (field visit 2) I again co-facilitated a PRA-based workshop with the aim of exploring the experiences of the community volunteers in utilising memory work with vulnerable individuals (SHEBA intervention session 1, January 2013, included in Appendix A).

During this workshop I requested the community volunteers to discuss their experiences on how they implemented the skill of memory work in small groups (five to six participants each) and summarise their ideas on posters. After discussions they again presented their experiences to the whole group. The participants shared their experiences on how they had utilised the skill of memory work and also included their perceptions on the potential use of the skill in vulnerable communities. Throughout the workshop discussions the participants were encouraged to share additional needs and expectations, for them to jointly shape the progress of the study. In Photograph 3.5 community volunteers are involved in a small group discussion, before providing feedback to the larger group in Photograph 3.6.



Photograph 3.5:
Community Volunteers plotting their experiences



Photograph 3.6:
Presenters sharing their experiences

During the next visit in May 2013 (field visit 3) 30 of the 38 participating community volunteers once again shared their experiences regarding the further use of memory work during a monitoring and evaluation PRA-based workshop, where they mapped their experiences on posters in small groups and then presented these to the rest of the *participants* (refer to Appendix A for a description of this session; SHEBA intervention session 3, May 2013, transcribed feedback sessions included in Appendix G).

Thereafter I conducted individual interviews with nine of the ten community volunteers who previously agreed to be involved in individual interviews. The tenth volunteer was absent due to her mother being ill. Detailed discussions on the interviews follow in Section 3.5.2.

As mentioned earlier I conducted the PRA-workshops (intervention) in collaboration with co-facilitators. We used a hand-out (Appendix J), which we gave the participants as a guideline for our discussions. In accordance with PRA we encouraged participants to speak openly as everybody's opinions were important. We also emphasised the fact that there were no right or wrong answers.

As a registered educational psychologist I am experienced in facilitation skills and found it easy to conduct intervention sessions in a non-judgemental manner. I also found it easy to adapt during group work and summarise group dynamics when

required (Fontana & Frey, 2000; Litoselliti, 2003; Wilkinson, 2003). We conducted the PRA-based intervention sessions in both English and Xhosa as the participants and I (together with my co-facilitators) were able to communicate in both these languages. I found it easy to establish rapport as I knew the co-facilitators and also share the culture of the community volunteers. This seemingly enabled participants to share their experiences openly, as I noted in my research diary: *“As the co-facilitators introduced me to the new community volunteers I noticed that it was easy for the new community volunteers to build rapport with me as they started communicating with me in their mother tongue”* (Research diary, 20 October 2012, p.1).

3.5.2 SEMI-STRUCTURED INDIVIDUAL INTERVIEWS

Following the second PRA-based workshop I asked for 10 volunteers who would be willing to further implement the technique in the environments where they work with vulnerable individuals (De Vos *et al.*, 2011). I specifically requested them to explore how they could use memory box making to each support at least one vulnerable individual. I provided each of the ten community volunteers with a disposable camera so that they could visually document their use of memory work with clients.

I subsequently conducted individual interviews with nine selected participants (females) who volunteered to participate in interviews following the PRA-based intervention. I made use of semi-structured questions, captured in the interview schedule included in Appendix D, and visually captured those interviews (Appendix I). All audio-recorded interviews were transcribed verbatim (Appendix F).

Interviewing can be viewed as a natural practice of interaction with people and, therefore, fits well within the interpretivist paradigm (Terre Blanche & Kelly, 2002). It implies a process which involves reading between the lines of what participants say, and noticing how participants react, talk and behave during interviews (Fouche & Schurink, in De Vos *et al.*, 2011). The main purpose of conducting individual interviews was to understand how community volunteers experienced the application of the skill of memory work in supporting vulnerable individuals.

Interviewing implicates the extraction and transmission of information. Precise understanding of the world of the interviewee depends on the interviewer's capability to make the most of the flow of pertinent, valid and reliable information without misrepresenting the interviewees' beliefs, values, needs and recollection of events that are captured during the interview. Face-to-face interviewing suggests the challenge of creating ways for interviewees to allow the interviewer into their worlds (Merriam, 1998).

The essence of a face-to-face interview can therefore be described as the social interaction between an interviewer and interviewee as equal partners in order for the interviewer to obtain information relevant to the research. This way of social interaction varies from other forms of social interaction as the interviewer does not try to convey personal feelings, thoughts or beliefs regarding the matter that is being discussed (Schurink *et al.*, 1998).

During face-to-face interviews I was guided by formulated questions and themes, included as interview guide in Appendix D. I did not ask the formulated questions in a specific sequence, but rather kept the planned questions and themes in mind throughout the interviews, ensuring that the significant themes were covered without jeopardising the natural flow of conversations between the interviewees and myself (Merriam, 1998; Terre Blanche & Kelly, 2002).

For the purpose of the discussions, I requested each volunteer to discuss the photographs they had taken with the disposable cameras whilst having sessions on memory work with vulnerable people. For this purpose, I developed the photographs prior to conducting the individual interviews. The volunteers explained the process of implementation in detail, as well as their experiences while supporting vulnerable people. In conducting individual interviews, I was therefore able to gain insight into the benefits and challenges that the community volunteers faced and how they had handled these challenges (Babbie & Mouton, 2001; Miller & Glassner, 2004). I could also explore their perceptions on the outcome of memory work, specifically in terms of the psycho-social support of individuals facing poverty-related adversity. Following this data generation phase, all interviews were transcribed verbatim, in preparation of data analysis.

A specific challenge I faced was that some of the pictures that the participants had taken were not clear. Many of the volunteers were seemingly not experienced in using disposable cameras, resulting in poor quality photographs. The volunteers were however able to explain what had transpired when they were implementing the memory box making skill. The environment in which I conducted the interviews (foyer of a school hall) was also not optimal for conducting individual interviews as children were noisy during break time. It was thus difficult for me to hear and record all parts of the interviews. In dealing with this challenge I occasionally had to discontinue some interviews until the noise had subsided.

3.5.3 OBSERVATION-AS-CONTEXT-OF-INTERACTION

During my study I did not rely on specific predetermined categories of measurement or responses during observation, but instead kept my interpretations of observations broad and descriptive. As Angrosino and Mays de Pérez (2000) state, observation of human interaction and action can only be made meaningful within the situational context it occurs on and not by means of predetermined 'codes'. I documented my observations in my research diary (Appendix E), in the form of field notes (Appendix E) and visually (Appendix I).

As interpretivist researcher I was continuously mindful of the fact that what I observed might have been influenced by the environment from which I came, as well as by my age and gender. This implies the possibility that another researcher may elicit different interactions between participants, leading to alternative observations and subsequently differing findings. I subsequently adopted a flexible peripheral-member-researcher role, whereby I observed and interacted in a manner by which I could gain an insider perspective (Angrosino & Mays de Pérez, 2000; Mertens, 1998).

Such an insider perspective is referred to in literature as the emic perspective. By participating in the research I was able to see what was happening (observing) and also partially feel what had happened when the community volunteers shared their experiences with the aid of photographs. In line with the interpretivist paradigm, I believe that the observations I made in this study are interactive, and signify mutual

meaning making between the community volunteers and myself within the interactive context of the research field (Merriam, 1998; Mertens, 1998; Patton, 2002).

Contrary to the above, an outsider perspective implies observing interactions and events from afar, which in my study would not have aligned with the selected interpretivist paradigm, as interpretivism accentuates intersubjective engagement (Bhana, 2002; Merriam, 1998; Patton, 2002). During my research I thus aimed to obtain an insider perspective, while recording and analysing the data in a manner that is as trustworthy as possible.

Challenges implied by observation as data generation strategy relate to observations primarily focusing on external behaviours, and that the observer can as a result merely guess the internal thoughts and feelings of the people being observed. I aimed to address this challenge by utilising interviews in conjunction with observations. As a result I was able to gain access into the worlds of the community volunteers. The non-verbal cues of the participants such as posture and pauses also helped me in better understanding their experiences and perceptions.

Another potential challenge when using observation is that the researcher may influence the situation being observed, eliciting the data collected in such a situation as unreliable (Merriam, 1998; Patton, 2002). In line with interpretivism, I frequently kept in mind that my presence might have prejudiced the observations I made. To this end, I regularly reflected in my research diary and had regular discussions with my supervisors on my observations.

Temple (2002) and Shklarov (2007) highlight the significance of being conscious of the insinuations of cross-language research. Temple (2002) refers to the possible challenge that the meaning of concepts across different languages often differs and that it may lose its meaning when translated. Fortunately this did not affect me as I am proficient in the language of the participants and was therefore able to probe for clarity where I did not understand which message the participants were trying to convey. In most instances the participants expressed themselves in their mother tongue. I believe this allowed them to express themselves better than what they would have if they were to use another language.

A distinct strength of observation on the other hand relates to the fact that data can be discovered which might otherwise potentially be unattainable. Observations thus allowed me to come to a greater understanding of the context in which the participants interrelated and participated. Consequently I am able to provide rich descriptions of the context of my study in this thesis. By utilising observation I was able to see things that might have routinely escaped me as the participants immersed themselves in their daily routine, not being aware of the nuances that can be directly observed (Mayan, 2001).

3.5.4 AUDIO-VISUAL DOCUMENTATION OF DATA

I audio-recorded all data generation activities (Appendix G), video-recorded some of the workshop sessions (Appendix K), and took photographs during PRA-based data generation processes (Appendix I). My supervisors, co-researchers and I photographed the posters which the participants compiled during PRA-based workshop sessions (Appendix H), in order to analyse these, together with other raw data. During workshop discussions and presentations of posters we also observed and photographed the participants and their contributions. Finally I used photo elicitation (Van Auken, Frisvoll & Stewart, 2010) when I requested the community volunteers to take photographs while they supported vulnerable people by means of memory work activities.

According to Ebersöhn and Eloff (2007) visual documentation implies various advantages, which were evident in the current study, such as the positive experiences displayed by the community volunteers when they were photographed. Throughout I had the opportunity to visually capture specific moments which I regard as of value to my research. I however had to constantly remind myself that photographs were not answers in themselves, but rather instruments that could be used in obtaining answers in research (Berg, 2007; Bogdan & Biklen, 2003).

According to Bogdan and Biklen (2003) photographs may serve as a memoir and can allow a person to recapture the details of the research setting. Photographs can shed light on the relationships and activities of the research context (Berg *et al.*, 1998). I used photographs to represent the proceedings of the field work I was involved in. By employing visual data generation and documentation techniques, I

was able to present images that would have taken many words to convey the message captured in the particular visual technique. In the same manner the photographs that were taken by the community volunteers when conducting memory work provided me with images of what had transpired in the field, on which their experiences were built.

Bogdan and Biklen (2003) however caution that photographs as data documentation strategy and the presentation of photographs in research findings implies an ethical issue, as informed consent does not automatically include the publication of photographs in which participants are recognisable. In overcoming this potential challenge I obtained the participants' consent to take photographs and also to use these in reporting on the study. A copy of the consent form is included in Appendix C.

3.5.5 DOCUMENTING OBSERVATION DATA: FIELD NOTES AND RESEARCH DIARY

Field notes imply a constant note-keeping process of the conversations and observations encountered in the field during research. The descriptive nature of field notes was important to me during this study and assisted me during analysis of the data (Patton, 2002). I made use of a research diary (Appendix E) to include field notes and reflective thoughts. Descriptive field notes provided me with a record of the research process which I could revisit when needed. I kept a detailed record of the places where I met with the participants, the duration of meetings, dates, intervention sessions, interviews and my observations.

To record my personal reflections I used reflective field notes (Appendix E) whereby I followed a continuous process of critical scrutiny and interpretation, documenting personal reflections, emotions, experiences, successes and areas for improvement throughout the study (Guillemin & Gillam, 2004). In this manner I relied on reflexivity, which is a principle of PRA (Mayan, 2001; Patton, 2002). Throughout I was cautious of the potential challenge of field notes being coloured by interpretations and not revealing the detail of a situation (Patton, 2002). In addressing this potential challenge I regularly compared the raw data with my notes during data analysis.

As I did not feel comfortable in writing notes in the presence of participants I documented my field notes directly after research sessions. This might have led to me leaving out some information. As all sessions were audio and video-recorded I was however able to again access recorded information at a later stage (Babbie & Mouton, 2001; Patton, 2002). I adhered to Mayan's (2001) guidelines regarding reflexivity, allowing myself sufficient time to reflect and record my notes shortly after the sessions.

A research diary captures a researcher's ideas concerning the phenomenon that is being researched, as well as reflections on theoretical, methodological and ethical issues, and points of uncertainty which may warrant additional investigation (Terre Blanche & Kelly, 2002). In my study I integrated my research diary and field notes. As a result my research book (comprised of field notes and a research diary) contains both descriptive accounts as well as reflective notes on my experiences. This was done in an attempt to contribute to the richness of the data collected (Patton, 2002; Poggenpoel, 1998). My research diary is included in Appendix E.

3.6 DATA ANALYSIS AND INTERPRETATION

The aim of data analysis is to transform raw data from transcripts, field notes, a research diary and visual data into themes and subthemes that may address the primary and secondary research questions (Durrheim, 2002). In interpretivist research there is no clear distinction between when data generation stops and where data analysis begins. The researcher typically starts developing ideas and theories on the phenomenon being studied already during the phase of data generation. Analysis is thus an on-going process and not something that occurs only when data generation has been completed (Mertens, 1998; Terre Blanche & Kelly, 2002).

Bogdan and Biklen (2003) view the continuous process of data analysis as a dynamic and systemic search for meaning. Thematic analysis and interpretation is a systematic inductive method for analysing and interpreting data. This process is interactive as it takes into consideration the co-creation of knowledge and meaning making by both the researcher and the participants, and attempts to obtain an interpretive understanding of the meanings participants attach to their experiences. I

involved participants in the interpretation of data through the use of member checking (Lincoln & Guba, 1985).

Even though inductive thematic analysis and interpretation may be time-consuming (Creswell, 1998), it provided me with a record of the research process as well as the possibility to include an audit process (Anderson, 2002; Babbie & Mouton, 2001). I thus had large volumes of data to analyse, both in the form of visual data and text. I had to make sense of the raw data in order to identify core meanings in terms of patterns, themes, subthemes, categories and interrelationships, working inductively. Yet, the array of raw data contribute to richness and the depth I could obtain in the study.

As I was one of the primary data generators and analysts (together with my supervisors), and with data analysis being an on-going process, I was engaged throughout the research process. This implied the advantage of me gaining insight into the entire research context, which in turn helped me when I analysed and interpreted the data. I analysed and interpreted all the data that were collected and documented in relation to existing literature and the theoretical framework of the study (see Chapter two).

For data analysis purposes I first organised the data into a data base (Yin, 2003) in a chronological order. I namely analysed the raw data I obtained from observations, PRA-based workshop sessions, individual interviews, my research diary and visual data. By organising the data in a chronological order I was able to perceive the progression of the data set. In preparation of the data analysis process I typed and edited all audio-recorded data so that the data were in the form of words, text or pictures (refer to Appendices F, G, H and I for examples of analysis during each phase).

In analysing the data I used the method of open coding, which deals with the phrases, paragraphs and sentences representing participants' perceptions on a line-by-line basis in transcriptions (Glaser, 1978). Common elements in the data formed part of categorical aggregation (Creswell, 1998; Strauss & Corbin, 1990). In support of identifying open codes, I made brief notes in the margins (Appendices F and G) which became the initial sorting process (Strauss & Corbin, 1990).

Thereafter I identified categories that occurred in the data. The process of coding and categorising sharpened and enhanced my ability to ask questions about the data. Through the categories that emerged, I started to create themes and subthemes that were based on the relationships that existed within categories.

In the coding process I thus followed a bottom-up approach in order to reach conclusions from specific consistent incidents. This was done by identifying and organising principles underlying the data and re-arranging possible themes, subthemes and categories that emerged during data analysis. I kept on re-reading sections of the raw data until I was satisfied that the data had been sorted and coded under appropriate code headings. I also regularly discussed the themes, subthemes and categories I identified with my supervisors, who assisted me in refining these. The manner in which I analysed the raw data is captured in Appendices F and G.

In complying with category formation I thus classified themes in terms of families of themes that consist of subthemes. I aimed to categorise relationships between the categories in order to identify emerging thematic patterns and develop analytical frameworks in my data analysis. This helped me in transforming my preliminary notes into phrases that could capture the quintessence of what had been established. After I identified emerging themes, I listed them in order to elaborate on potential connections (Creswell, 1998; Smith & Osborn, 2003; Terre Blanche & Kelly, 2002).

Throughout the entire process of data analysis I constantly reflected on my personal involvement and potential influence on the results, looking for and explaining any contradictions by referring back to the raw text on a regular basis to ensure that the structure and identified themes and subthemes undeniably reflected the words and meanings of the research participants (Smith & Osborn, 2003; Terre Blanche & Kelly, 2002). I later employed member checking (November 2013, field visit 4) by presenting the participants with the themes and subthemes I identified following data analysis. Member checking was done in the field while I used terminology which the participants were familiar with. My aim was to allow the participants an opportunity to confirm whether or not the themes and subthemes were suitable, and to indicate any changes in themes or subthemes where necessary, with the aim of creating further

discussions amongst the participants (Patton, 2002; Smith & Osborn, 2003; Terre Blanche & Kelly, 2002).

A potential challenge implied by thematic analysis and interpretation is that coding and meanings analysed from the same data may differ from one researcher to another (Anderson, 2002; Babbie & Mouton, 2001). As previously stated, I view human participants as subjective beings and therefore believe that each interpretation will be subjective in nature. As a result it was not my aim to achieve objective truth based on my selected methodology. I relied on reflexivity and regular discussions with my supervisors to limit subjective interpretations, based on my personal experiences.

3.7 MY ROLE AS RESEARCHER

In this study I adopted several roles (Arber, 1996), namely the role of researcher in my own study, co-researcher for related studies within the longitudinal PRA research project, co-facilitator of workshops during the intervention phase as well as collaborator in participatory research (Stoecker, 1999). Throughout I strove to employ an insider's (emic) perspective (Henning, Van Rensburg & Smit, 2004). As my own discourses could potentially influence this research study, since I am not part of the participants' community, I used reflexivity to ensure that I fulfilled my role efficiently, by reflecting with co-researchers (including participants) about what had transpired during the research after every session. Another way that I used to confirm to myself that I was maintaining my role as researcher, and not taking on any other role during data collection activities, was by reflecting with co-researchers and participants. I constantly remained aware of my multiple roles and reflected on my responsibilities and challenges in each of these roles in my research diary (Hole, 2007) and during discussions with my supervisors.

In qualitative research the researcher is considered as main instrument of data generation. I continually had to pay attention to the values, beliefs and assumptions that I might have enacted on the study, and reflected on these issues in my research diary (Maree, 2007; Merriam, 1998). During data generation, analysis and interpretation, I viewed reality as socially constructed and recognised the fact that multiple constructions of realities exist. As a researcher relying on the interpretivist

paradigm, I focused on the interactive nature of knowledge construction (Kelly, 2002). In this manner, as a PRA researcher I fulfilled the role of both active participant and interviewer, with particular emphasis on fulfilling the role of principal data collector (Maree, 2007).

With specific reference to data analysis, I remained aware of the fact that I have my own framework of understanding the world and as a result could have been subjective and biased during data analysis and my interpretations of the results. I guarded against this potential challenge by constantly reflecting in my research diary and during discussions with my supervisors, on potential factors that could have influenced my interpretations and meaning-making process. In my research diary I noted my thinking, and reflected on the perceived experiences when interacting with the community volunteers. I also used my research diary as a memory tool to describe and record the research process in order to assist me in remembering events at a later stage (Patton, 2002).

Even though subjectivity is not all in all negative, as a researcher, I therefore had to appreciate, realise and acknowledge the possibility thereof (Peshkin, 1988). Therefore it was imperative that I examined my own subjectivities throughout the research process and attend to my own ideas and preconceptions based on my gender, age, ethnicity, and socioeconomic status. Although I believe that these factors might have influenced my contact with the community volunteers, they may have had little impact since I had a trusting relationship with the community volunteers, and am also of African descent, which allowed me some insight into the culture of the participants.

According to the emic perspective learning does not imply an imposition of outside views but is built locally by the community. As a result I regularly reflected on the perceived experiences of the community volunteers and the views they shared. When participants became distraught during the workshops and the presentation of their memory work I had to remember that my role was that of researcher and not counsellor, which is my occupational role. I subsequently had to focus on not acting according to my profession, yet to merely debrief the distraught participants and then refer them to counsellors in their area for guidance and support. When debriefing the participants, I tried my best to ensure that my comments did not influence the

reaction of the participants in such a way that the data I collected would be affected or influenced. Even though this was a challenge, I succeeded in fulfilling the primary role of neutral researcher based on a constant awareness and effort to this end.

3.8 ETHICAL CONSIDERATIONS

I continually regarded myself as a guest in the private world of the community volunteers. Throughout I aimed to adhere to strict ethical guidelines (Stakes, 2000) which I discuss below.

3.8.1 INFORMED CONSENT AND VOLUNTARY PARTICIPATION

The principle of informed consent (Cohen *et al.*, 2007; Fontana & Frey, 2000; Janesick, 2000; Strydom, 1998) indicates that participants should be informed about the process and goals of a research project. Leedy and Omrod (2001) explain that participants need to understand the nature of the study that is being conducted and be given the choice of either participating or not, based on insight about the study. Participants should further be informed that they have the right to withdraw from the study at any time.

According to Boser (2006) informed consent and confidentiality cannot be assured in participatory research in the same manner as in conventional research. This argument is based on the idea that participants cannot always give informed consent to research activities up front, due to the scope and process of participation and research not being determined in advance by one individual (Williamson & Prosser, 2002). Instead the practice in participatory research is that research activities are negotiated by participants at each stage of the research cycle.

All participants gave their informed consent before they participated in this study. Refer to Appendix C for an example of a participant consent form. I also obtained ethical clearance from the University of Pretoria, Faculty of Education Ethics Committee, that allowed me the right of passage and permission to enter the research field (Appendix B). Before commencing with field work, I indicated to the participants that all discussions would be recorded, thus obtaining their consent to make recordings. Furthermore I reminded participants of their right to withdraw from the study at any time if they wished to do so.

3.8.2 PROTECTION FROM HARM

Cohen *et al.* (2007) as well as Fontana and Frey (2000) explain that the principle of safety means that participants should not be exposed to any risk or dangerous situations. The possibility that participants may be harmed psychologically in the course of a research study exist in qualitative studies, especially when dealing with sensitive issues or vulnerable contexts (Babbie, 2005), as was the case in this study. Sarantakos (2005) states that researchers should always make sure that they do not expose participants to physical, psychological or legal harm during the research process.

Throughout the research process predominantly during data generation, I attempted to ensure that participants were not subjected to any unnecessary harm, stress or embarrassment. I remained aware of the possibility that participants might be affected by the reporting process, particularly during member checking, since the possibility existed that participants could potentially identify themselves in the way that I report on the study.

The participants in my study were eager to acquire the skill of memory work and be empowered to apply this in their environments. I consequently strove towards them not being placed at risk (Creswell, 2003) by having short debriefing sessions at the end of each workshop, supporting participants who might have been emotionally affected. The participants were continually reminded that they could withdraw from the research process whenever they wished to do so.

At the end of the first PRA-based workshop the participants were requested to make their own memory boxes and present them to the larger group. Three ladies were distraught by this activity. I immediately accompanied the ladies to a private venue to do the necessary debriefing. I then referred them to counsellors in their area for further support and guidance. In addition I concluded the session with a debriefing discussion and involved participants in a song, in an attempt to limit the potential of psychological harm.

3.8.3 CONFIDENTIALITY AND ANONYMITY

When working with human participants, confidentiality, anonymity and trust are required. Gibbon (2002) stipulates that a researcher should attend to issues of joined respect, openness about the purpose and intentions of the research, honesty regarding the use of the outcome and results of a study and acknowledgement of the fact that expected outcomes cannot be guaranteed. According to Babbie (2005) anonymity can only be guaranteed in a research project when neither the researchers nor the readers of the findings can relate a particular response to a given participant.

Throughout my research I treated the participating community volunteers with respect. I also emphasised to them that the confidentiality of their clients would be protected as the particulars of any participant's client would not be used to identify the clients. I respected anonymity when dealing with any of the participants' clients and replaced all names with numbers. I was also open about the purpose and intentions of the research. Despite literature on ethical principles indicating that no identifying information should be included in a research report, all the participants of this study gave permission for their faces to be included on photographs. As such anonymity does not apply to this study.

In order to respect the views of the participants I however treated information with confidentiality. Nevertheless, in participatory research confidentiality cannot be assured, since the researcher does not collect all data (Boser, 2006). I am also aware that multiple individuals may have access to the data, thereby implying that even when publicly disclosed information eradicates specific identifying information, the location of such projects within local contexts may render anonymity implausible (Williamson & Prosser, 2002). However the data I obtained in this study were only viewed in its raw format by my supervisors and I. All raw data are being kept safe in a secure place at the University of Pretoria for a period of fifteen years.

3.8.4 TRUST

The aim of this study was to gain an in-depth understanding of the experiences of the participants about the potential use of memory work in vulnerable communities. Hence I aimed to establish an environment where participants could share their

views without reluctance. The principle of trust (Fontana & Frey, 2000, Gibbon, 2002) implies that the participants should not be misled in any way during or after a research process. I strove towards a mutually trusting relationship with the participants who were involved in the study. To maintain rapport I applied the principle of trust and respect of privacy with the community volunteers throughout the research process. I created positive and warm relationships with them and ensured that the participants were not exposed in any way to any acts of deception. I for example explained the data generation strategies to the participants at the onset of the study (Mouton, 2001).

I kept the participants informed about the results and findings that originated from the study. The participants formed part of the research process by assisting me in verifying themes and confirming the accuracy with which their views were represented (Fritz & Smit, 2008; Hole, 2007; Janesick, 2000; Mauthner & Doucet, 2003; Poland, 2002). As mentioned the data that have been obtained from the research are kept in a safe place, where confidentiality of information can be maintained. Participants were also made aware of the fact that the data could possibly be utilised for future follow-up studies (Cohen *et al.*, 2007).

3.9 TRUSTWORTHINESS OF THE STUDY

Seale (2002) argues that trustworthiness is not a matter of final proof but is always open-ended and negotiable. Trustworthiness concerns how the audience can be persuaded by an inquirer that the findings of a study are worthwhile (Babbie & Mouton, 2001). I followed various guiding principles that allowed me to conduct my study in a professionally sound manner that could promote rigour. In qualitative research rigour assumes that research findings accurately reflect “an external objective world” (Essy, 2002:51).

Rigorous research implies that the research was not influenced by the hopes, values and interests of the researcher. In this study I aimed to enhance trustworthiness in terms of how I interacted, facilitated and applied PRA principles. I strove to meet the quality criteria established by Lincoln and Guba (2005) in terms of credibility, transferability, dependability, confirmability and authenticity as discussed below.

3.9.1 CREDIBILITY

According to Polit and Beck (2008) credibility is a criterion for evaluating integrity and quality in qualitative research. It is equated to internal validity in quantitative research. Qualitative research is based on the belief that participants reveal multiple realities, with the role of the researcher being one of providing a credible representation of these revealed realities (Lincoln & Guba, 1985, 2003; Merriam, 2002; Seale, 1999, 2002). The discovery of multiple realities relates to my interpretivist stance, accentuating that various ways exist for interpreting one situation. Credibility thus indicates that conclusions are buoyed by raw data, and implies the confidence of researchers in the truth of their findings (Lincoln & Guba, 2003; Mertens 1998; Seale, 1999).

Credibility is concerned with professional integrity (Lincoln & Guba, 2005; Seale, 2002). Credibility specifies what is happening in the research field and whether or not this is captured appropriately and not based on the biases of the researcher (Babbie & Mouton, 2001). I was involved in the field during the research and perceived what was happening. I attempted to conserve credibility by representing the perspectives and experiences of participants as holistic as possible. I thus endeavoured to present a credible study through the discovery and representation of human experiences as they are lived and viewed by the participating community volunteers (Poggenpoel, 1998; Terre Blanche & Durrheim, 1999).

I employed the strategy of prolonged and extensive engagement in the field. Data generation was namely done over a period of four field visits. Observation and field notes assisted me to continually reflect on the study and make decisions that were appropriate to the research. I also used field notes to give a detailed account and description of the research context and environment as well as my own feelings, assumptions and biases about the research. In striving towards credibility, I provided in-depth, rich descriptions of the environment and the research process with the belief that, by virtue of providing lengthy descriptions, it may be possible to apply the findings of the study to other communities of similar contexts.

Other strategies I employed to obtain credible findings include member checking (Lincoln & Guba, 1985; Seale, 1999), safeguarding against quick conclusions and

continuing with fieldwork until the data had been saturated (Patton, 2002). Member checking allowed the participants to reflect on the credibility of my initial version of their perceptions. I also acknowledged and reflected on the probable influence of researcher bias. For this purpose, I made use of a research diary to reflect on my own experiences, perceptions and assumptions (Janesick, 2000; Mertens, 1998; Patton, 2002; Seale, 1999).

I used crystallisation in order to obtain multiple perspectives of the phenomenon under study, as a way of obtaining layered multiple meanings from various data sources. After analysing the data (Seale, 2002), I submitted the initial analysis to my supervisors who compared my research results with their summary of what had occurred in the field to add their input to my analysis.

3.9.2 TRANSFERABILITY

The ability to generalise data and transfer the findings to other research settings is viewed as transferability, which is the equivalent of external validity in quantitative research (Polit & Hungler, 1995). In the natural sciences research is concerned with the extent to which findings can be generalised to the general population. Conversely, in qualitative inquiry, the aim is not to generalise but rather to transfer the outcomes to other similar research sites and settings (Merriam, 2002).

Within the paradigm of qualitative research, where human beings are involved, there is no context-free generalisation as every human being portrays different views and realities. No findings can be generalised without keeping the specific context and time in mind (Lincoln & Guba, 2002; Seale, 1999, 2002). This argument is in line with an underlying principle of PRA, namely that communities create unique characteristics, resources and challenges, and that findings cannot necessarily be applied to other communities (Ferreira, 2006). Generalisable findings were, therefore, never my aim.

Huberman and Miles (2002), Lincoln and Guba (1985, 2002), Babbie and Mouton, (2001), Poggenpoel (1998) as well as Spencer, Ritchie, Lewis and Dillon (2003) explain that transferability in qualitative research refers to the possibility of findings being transferred to other specified contexts or participants, through the provision of

a deep description about the sending and receiving of contexts, rather than a belief in context-free generalisations. Huberman and Miles (2002) believe that transferability indicates how a similar process in different contexts can lead to different outcomes. These authors are of the opinion that transferability is based on the assumption that a theory can be useful for making sense of similar situations and people, rather than for drawing conclusions through statistical deductions.

I strove to obtain transferability by providing a detailed, rich description of the research setting and research process with the aim of providing sufficient information for readers to be able to judge the applicability of the findings to other similar settings, which they know (Mukherjee, 1993; Pitney, 2004; Seale, 2002). Besides detailed descriptions I also include transcripts of audio-recordings and visual data in this thesis.

3.9.3 DEPENDABILITY

Dependability refers to whether or not the findings of a study would be the same if the study were to be repeated (Uys & Puttergill, 2003). The equivalent of dependability in quantitative research is reliability. Dependability attempts to answer the following questions: *Are the results consistent with the data collected? Can the same study be replicated and yield the same results?* (Merriam, 2002:125). This study dealt with human beings, who shared their experiences by interpreting their own experiences and views of the phenomenon under study.

Consistency in qualitative research is problematic in the sense that human behaviour is not static, but continuously changes and adapts to new circumstances and situations. In my study I strove towards dependability by re-reading the themes and subthemes, to see whether or not they made sense, thereby auditing the documentation of data, methods and decisions made during the research. This process of auditing gave me the opportunity to provide a self-critical account of the events (Seale, 2002).

Because many different views and interpretations of a phenomenon exist, a replica of a specific qualitative study will hardly ever yield exactly the same results. Attempting to replicate the study and ultimately get the same results may be a

challenge due to the fact that the outcome of other studies will most probably be different. In an attempt to obtain similar findings (dependability), the same study should be piloted with the same participants and in the same location. In qualitative studies it is important to ask whether or not the results are consistent with the collected data (Huberman & Miles, 2002; Merriam, 2002).

I also used an audit trail (Creswell, 2005) whereby I include in this thesis a detailed account of the methods and procedures that I used in carrying out the study. The data I collected were audio-recorded and visually captured, and the use of verbatim transcriptions as well as a research diary added to the depth and rigour of the study. The auditing process abetted me in writing a dependable report on my reflections of the research process (Denzin & Lincoln, 2005; Lincoln & Guba, 1985; Mason, 2002; Seale, 1999; Silverman, 2000; Spencer *et al.*, 2003).

3.9.4 CONFIRMABILITY

Confirmability is the extent to which findings are the product of the focus of an inquiry and not of the biases of the researcher (Mouton, 2001). Ladkin (2005:110) asks: "Is it possible that subjectivity can lead to knowledge which might be valid outside of one's unique subjective experience?" This concern for objectivity versus subjectivity is a general concern in qualitative research (Ladkin, 2005; Reason & Bradbury, 2001). Confirmability is concerned with the possibility of the findings and interpretations being confirmed, reflecting the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher.

Existing literature shows that the controversial question regarding objectivity *versus* subjectivity has been a point of discussion for several scholars and researchers over the years (Babbie & Mouton, 2001; Gergen & Gergen, 2008; Ladkin, 2005; Patton, 2002; Seale, 1999, 2002). Seale (1999) indicates that objectivity involves the researcher's attitude and attempts to stand back from personal values and beliefs.

I made use of a research diary to reflect on my points of view regarding culture, race, politics and gender (Heron & Reason, 2008; Ladkin, 2005; Sullivan, Bhuyan, Senturia, Shiu-Thornton & Ciske, 2005).

I also used crystallisation to reduce the potential effect of bias and enhance confirmability. Miles and Huberman (1994) consider a key criterion for confirmability as the extent to which the researcher admits his or her own predispositions. Throughout, I acknowledged the possibility of my own bias, as my values might have had an effect on the way in which I interpreted the data. Consequently I remained cautious and continuously reflected on this possibility, in an attempt to limit this.

Patton (2002) believes that a clear explanation and account of the research process is one way to overcome the debates about objectivity. As mentioned, I employed the strategy of reflexivity, by continually reflecting on the research process, in order to enhance the confirmability of the current study. I also relied on my co-researchers' input during data generation and interpretation and on participants' input during the process of member checking. My supervisors furthermore supported me in deriving results and formulating findings that are in line with the data (Mertens, 1998; Seale, 1999).

Finally Babbie and Mouton (2001); Denzin and Lincoln (2000); as well as Seale (1999) refer to an audit trail, which may enable a third person to trace the sources that were used during interpretations and conclusions. I made use of an audit trail, which supports confirmability (Seale, 1999) and allowed me to trace the course of the research step-by-step *via* the decisions made and the procedures described (Denzin & Lincoln, 2005).

3.9.5 AUTHENTICITY

Authenticity in qualitative research indicates whether or not descriptions and explanations correlate with one another. Authenticity thus entails the degree to which different points of view are fairly and equally represented (Denzin & Lincoln, 2000; Seale, 1999, 2002; Spencer *et al.*, 2003). Authenticity is assessed in terms of fairness and implies catalytic, ontological and tactical authenticity. Authenticity is established when researchers can indicate that they have represented a range of different realities ('fairness').

I tried to demonstrate authenticity in this research by supporting the participants in cultivating a 'more sophisticated' understanding of the phenomenon being studied

(ontological authenticity). Ontological authenticity was obtained by the community volunteers' understanding of their world becoming more enriched as the study progressed; resulting in an improved understanding and application of the skills they acquired (Seale, 1999). To enhance the ontological authenticity of this study, I asked the participants to verify the identified themes and to make sure that their perceptions were understood correctly and reproduced accurately (Angen, 2000; Babbie & Mouton, 2001; Patton, 2002; Seale, 1999; Silverman, 2000).

I also applied tactical authenticity, whereby community volunteers were enabled to take action by implementing the skill of memory box making with members of the community as a way to enhance psycho-social support (Seale, 1999). Furthermore I co-facilitated a process during which community volunteers could be empowered to act and employ the skills they acquired in their career environments (Seale, 2002).

The objective of this study was to use participatory methodology to accurately describe a social phenomenon in such a way that the description related to and was a representation of the participants' views. I attempted to achieve this by using a range of different perspectives as well as reporting on contradictions and conflicting values, thereby addressing fairness. In an attempt to enhance the authenticity of the research, I asked the participating community volunteers to verify the identified themes for authenticity, as already stated (Denzin & Lincoln, 2005).

3.10 CONCLUSION

In Chapter three I explained the research design and methodology that I have implemented. I discussed the selected paradigmatic approaches, namely the interpretivist epistemology and participatory methodological paradigm of the study. Furthermore I explained the research process and different strategies that I employed. I justified the use of an intervention research design applying PRA principles, and explained my selection of participants. Thereafter I described the processes of data generation, data analysis and interpretation. I concluded the chapter by explaining the quality criteria and ethical considerations of the study.

In Chapter four, I present the results of the study in terms of the themes and subthemes that emerged. Throughout, I substantiate my discussions by means of visual data, verbatim quotations and excerpts from my research book.

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CHAPTER 4

THEMATIC ANALYSIS

*"We are all bound together in ways that can be invisible to the eye;
that there is a oneness to humanity; that we achieve ourselves by
sharing ourselves with others, and caring for those around us"*
(Barak Obama).

4.1 INTRODUCTION

Chapter four commences with a brief description of the research process. Next, I present the results that I obtained following thematic inductive analysis. Since I relied on the interpretivist paradigm, the results reflect my interpretations of the participants' experiences and perceptions when using memory work to support individuals who are vulnerable because of poverty-related circumstances.

I provide the inclusion and exclusion indicators I used in identifying the themes, sub-themes and categories I discuss. Throughout, I enrich my discussions with verbatim quotations, excerpts from my field notes and examples of visual data.

4.2 OVERVIEW OF RESEARCH PROCESS

I undertook four field visits over a 13-month period for the purpose of this study. My initial aim was to facilitate an intervention with community volunteers, introducing them to the skill of memory work, which they could potentially apply when supporting vulnerable individuals. During the first field visit in October 2012 I, in collaboration with teachers and volunteers, thus introduced community volunteers to the skill of memory work and discussed potential ways in which they could use memory work in their careers as community volunteers. We requested the community volunteers to make their own memory boxes or memory bags as part of the first workshop we facilitated (see Photograph 3.4). The community volunteers who did not complete this task during the session were requested to complete the task at home. Following this, we requested the community volunteers to use memory work with at least one

of their clients before our next field visit (three months later) and at that time report how they had implemented the skill.

During the second field visit (22 January 2013) we provided the community volunteers with an opportunity to discuss how they had implemented memory work to support vulnerable individuals. After the discussions, I asked for ten volunteers who were willing to continue implementing the skill and then participate in a follow-up data generation phase. These ten community volunteers were provided with disposable cameras to take pictures when using memory work with vulnerable individuals. During the third field visit (2-3 May 2013) I interviewed nine of these community volunteers to explore how they had implemented memory work and what their experiences had been during this process. Finally, the fourth field visit (November 2013) was undertaken for the purpose of member checking with all the participating community volunteers.

4.3 RESULTS OF THE STUDY

Table 4.1 provides an overview of the themes, subthemes and categories that emerged subsequent to inductive thematic data analysis.

Table 4.1: Themes, sub-themes and categories

Theme	Subthemes	Categories
1. Cases where volunteers used memory work with clients in a poverty context	1.1 Health challenges	• Coping with the death of loved ones • Coping with incurable disease
	1.2 Economic challenges	• Families in need of food and clothes • People facing financial problems • Unemployed individuals
	1.3 Psycho-social challenges	• Orphans living with grandparents or relatives • Child-headed households • Children dropping out of or being expelled from school • Rape victims • People abusing substances
2. Benefits of volunteers using memory work in a poverty context	2.1 Job-related benefits volunteers experienced when using memory work in a poverty context	• Feeling equipped to support members of the community • Providing psycho-social and health related support • Creating a safe space for counselling and communication

Theme	Subthemes	Categories
	2.2 Personal gains volunteers experienced when using memory work	- Volunteers benefited on an emotional level when using memory work - Using memory work reportedly increased volunteers' self-worth
	2.3 Volunteer reported gains for clients with whom they used memory work	- Clients use agency to deal with challenges - Clients deal with challenges - Clients report relationship gains
3. Challenges volunteers experienced when using memory work with clients in a poverty context	3.1 Addressing myths regarding memory work	- Memory work is meant for specific groups of people only - Memory work will result in bad luck - Memorabilia will bring good luck
	3.2 Limited resources to implement memory work	- Limited technological resources and skills - Limited financial resources - Limited social capital support

4.3.1 THEME 1: CASES WHERE VOLUNTEERS USED MEMORY WORK WITH CLIENTS IN A POVERTY CONTEXT

Following the individual interviews with the community volunteers I reflected as follows:

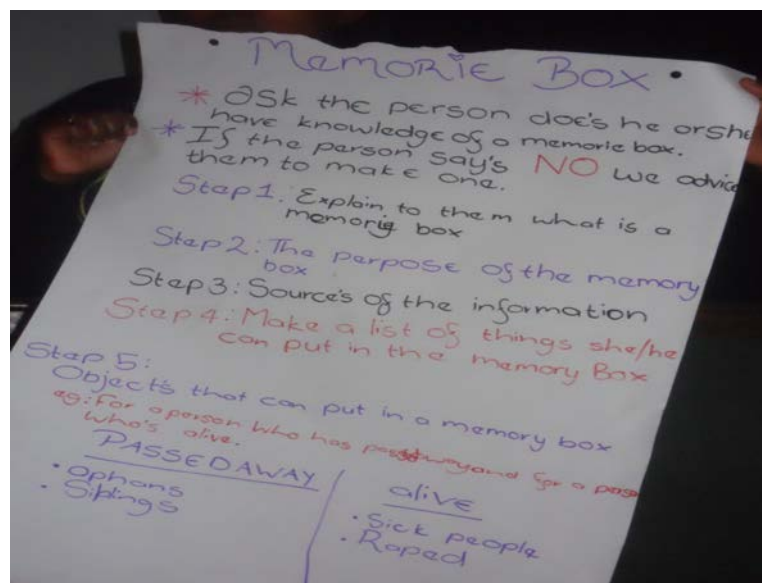
"Today I asked myself how our country would be if we did not have the problem of poverty? I am touched by the challenges that vulnerable people are facing. Every challenge seems related to poverty in one way or another. I ask myself as to whether there will be a stage when we will be free from most of these challenges? Looking at the way in which the rate of unemployment is increasing in our country, I have little hope that the situation will improve. Perhaps this attempt to guide vulnerable people in finding assets in their lives that they can use in dealing with their situation (SHEBA) may have value" (Research diary, 4 May 2013, p. 8⁵-9).

Despite my awareness of poverty prevailing in the cases they discussed, participants seemingly maintained a positive attitude in dealing with such challenges, as captured in the following quotation:

⁵ In reporting the results the following abbreviations apply: G=group, I=Individual, P=participant, p=page number.

"In our group we aim to plough vegetables to minimise poverty and creating job opportunities. The donor's we will ask are the social development, agricultural department, and counsellor's officer and shop owners. The beneficiaries are our offices, community, schools, help in soup kitchen" (PRA-session 2, G5, p. 2).

Photograph 4.1 captures one of the groups' summaries on poverty-related cases they deal with on a daily basis. Community volunteers namely indicated the following groups of challenges they used memory work for in supporting clients: health challenges, economic challenges, and psycho-social challenges.



Photograph 4.1:
Poverty-related cases where memory work was used

The inclusion and exclusion criteria I used in identifying the subthemes and categories for Theme 1 are summarised in Table 4.2.

Table 4.2: Inclusion and exclusion indicators for Theme 1

Sub-themes	Categories	Inclusion	Exclusion
1.1 Health Challenges	Coping with the death of loved ones	All data related to people coping with death of parents, siblings or grandparents	Data related to people coping with sicknesses such as TB, HIV or cancer
	Coping with incurable diseases	All data related to people coping with sicknesses such as HIV or cancer	Data related to people coping with death of parents, siblings or grandparents
1.2 Economic Challenges	Families in need of food and clothes	All data related to families whose basic needs are not met, more specifically in terms of food and clothing	Data related to people not having any source of income and being unemployed
	People facing financial problems	All data related to people being financially needy and who cannot make ends meet due to lack of money	Data related to families who do not have sufficient food and clothes or who face poverty and deprivation due to being unemployed
	Unemployed individuals	All data related to individuals who experience poverty and deprivation due to being unemployed	Data related to people who are financially needy or who do not have sufficient food and clothes
1.3 Psycho-social Challenges	Orphans living with grandparents or relatives	All data related to children who lost both parents and are staying with grandparents, relatives or caring community members	Data related to children staying on their own, are taking care of their siblings or who have dropped out of school or have been expelled
	Child-headed households	All data related to children staying on their own or who are looking after their siblings	Data related to children who lost both parents and are staying with grandparents, relatives or caring community members and children who had dropped out of school
	Children dropping out of or being expelled from school	All data relating to children who dropped out of school or who have been expelled due to delinquency	Data related to children who have lost both their parents and are staying with grandparents, relatives or caring community members, or are staying on their own
	Rape victims	All data related to people who have been sexually abused	All data related to individuals experiencing family conflict or members of the family abusing substances
	People abusing substances	All data related to Individuals experiencing family conflict or cases where substance abuse has resulted in poverty or deprivation	Data related to individuals who have been sexually abused

4.3.1.1 Subtheme 1.1: Health Challenges

The community volunteers indicated that they used memory work to support people who were finding it difficult to cope with death and illness in their families. Two categories were identified, namely (a) coping with the death of loved ones and (b) coping with incurable diseases.

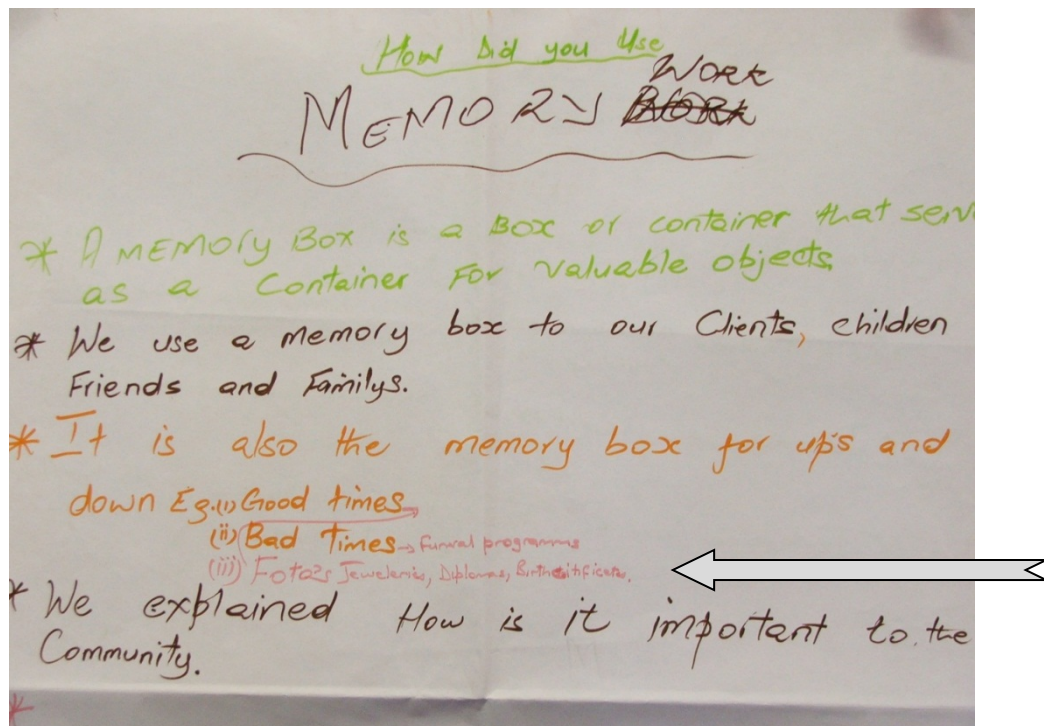
(a) Coping with the death of loved ones

Participants explained how they used memory work in supporting people who found it hard to cope with the loss of loved ones. Several community volunteers referred to the death of the mothers of their clients during individual interviews, as captured in the following contributions:

- *“I think it was in 2010, last year 2011 her mother died. Her mother used to get a government grant which assisted her” (I, P2, p. 4).*
- *“Yes she remembered all the good things, the fights that were amongst the family, she remembered my mother used to do this and that, she would call us to order in such away things like that, she remembered all the good things about her mother” (I, P1, p. 2).*
- *“I showed her different things, she was emotional, and cried a lot. She then told me about her mother, father, and sisters. I then told her she can choose who to talk about. Her mother was a dress maker, she had also taught her how to sew. After she passed on she continued with her work. She still had her mother’s mug, nobody is using it. I then told her she can keep it in the memory box. She also had a bag that was sewn by her mother; she also showed it to me” (I, P1, p. 1).*
- *“We did her mother’s memory box; she used to cry a lot for her mother, saying she misses her mother. So we did the memory box” (I, P9, p. 2).*

Another client reportedly spoke about her daughter when compiling her memory box: *“Her daughter used to sell things in Cape Town, so she was stabbed and killed in Cape Town” (I, P2, p. 1).* One of the other participants reported how she had used memory work with a child who had experienced the loss of loved ones: *“By the time I sat the child down. I asked him what happened. He told me about his family, how he lost his parents because of HIV” (I, P4, p. 10).* Photograph 4.2 captures the

participants' reference to using memory box making with people during so-called 'bad times'.



Photograph 4.2:
Using memory work to cope with 'bad times'

In support of the participants' indication of using memory work when dealing with the loss of loved ones, I noted in my research diary:

"As one participant talked about the child who was killed I thought of the rate of crime in our country and innocent people who are killed by criminals in our environments. I kept on asking myself as to how vulnerable people are coping when such a tragedy happens. I thought of the children who stay alone without parents, the elderly people who do not have any relatives who can support them, and this made me to appreciate the fact that these vulnerable people are still able to go on with their lives in the midst of all these challenges" (Research diary, 4 May 2013, p. 9).

(b) Coping with incurable diseases

Besides supporting people in coping with the death of loved ones, community volunteers reportedly often utilised memory work to support people facing incurable diseases, in finding new meaning in their lives. One of the participants reported: "She used to sell in town, because she's sick can no longer sell" (I, P2, p. 1).

Another volunteer explained: *"I did it with my client, an elderly sick lady"* (I, P3, p. 1). Similarly, another participant said: *"I did my memory box with my sister due to the fact that she was sick, she was diagnosed with an incurable disease about five years ago"* (I, P7, p. 1).

In terms of the diseases they referred to, several community volunteers indicated that they used memory work when supporting people who were HIV-positive at the time I conducted the field work. The following excerpts provide examples:

- *"It used to scare her at first, when she was diagnosed, it used to scare her but then she accepted because there's nothing else she could do about it except to accept it, she always says 'I tell it it's not gonna define who I am, not going to be in fear for the rest of my life'"* (I, P7, p. 3).
- *"--- Lives with her grandmother, both her parents died, the girl is HIV positive. Both parents were also HIV positive"* (I, P5, p. 1).
- *"Some of the kids here are sexually abused, others are HIV positive, others are abandoned, others are vulnerable"* (I, P4, p. 8).

One of the participants reflected on the value of using memory work in the context of illness:

- *"It is a great idea to do a memory box. The reason for trying to keep a memory box, you can always go back to those memories that you have when you are ill and share them with people in the hospital so they can keep all their memories"* (I, P7, p. 6).

In support of this perception, I noted the following on the potential use of memory work when supporting people coping with disease:

"Previously most people who are HIV positive did memory boxes thinking that they are going to die but with the availability of ARV's even people who are very ill usually recover once they use medication and they end up living a normal life. Participants indicated the value of people being able to go back to the memory box when they were ill and hopeless due to HIV, going back to their memory boxes once they have recovered or improved, to see how hopeless they had felt when they were ill, with this giving them more hope" (Research diary, 4 May 2013, p. 8).

4.3.1.2 Sub-theme 1.2: Economic Challenges

As indicated earlier the participating community volunteers apparently primarily supported people who were vulnerable due to poverty and deprivation, in applying the memory box making technique. The following three categories relate to this subtheme: (a) families in need of food and clothes, (b) people facing financial problems, and (c) unemployed individuals.

(a) Families in need of food and clothes

Participating volunteers indicated that they constantly encountered families who were deprived in terms of basic needs such as food and clothes. This seemingly posed an additional challenge to the community volunteers as they could often identify with such cases due to their own context and financial neediness. As a result they allegedly found it challenging to support clients in this area of vulnerability.

Memory work was however used as an asset (supportive technique) that helped vulnerable individuals to express their vulnerabilities and needs. In using memory work, these individuals were empowered with skills that assisted them in accessing resources that could help them to find ways and sustainable means of accessing food and clothes. Furthermore, they could identify relationships that could help them address their vulnerabilities. With regard to relationships, the use of memory work gave the community volunteers and vulnerable community members a platform that they could use to share ideas, empower each other, with the aim of identifying assets and resources that could be of assistance to vulnerable individuals and the community at large. Participants provided the following examples:

- *“I told her that she will remember it because she had just lost her mother at the time when she started school, she was struggling at school, she didn’t have uniform, at times she would go to school hungry” (I, P9, p. 3).*
- *“The other thing is, this child lives alone, there’s no food in the house, this child might end up committing suicide because he lives alone, no food, he has no one to talk to, maybe the child will write how he feels and put it in the memory box” (I, P5, p. 8).*
- *“They are really struggling, for the family to eat the girl must go to her boyfriend to get money. That is how bad things are for the family (I, P3, p. 1).*

- *"I told her that she will remember it because she had just lost her mother at the time when she started school, she was struggling at school, she didn't have uniform, at times she would go to school hungry" (I, P9, p. 3).*
- *"We are trying to find food parcels for the family, we are struggling" (I, P3, p. 2).*
- *"She is worried she doesn't want the children to be looked after by other children. If a child says "mama I want rice" she would envy my children when they are asking for things like rice, so she wishes she was doing the same for her children. She also told me she likes the couch, and that hers is falling into pieces" (I, P2, p. 3-4).*
- *"She told me that if her daughter can find a job their lives will improve. Her daughter told me that when they grew up they were really suffering; they lived in poverty" (I, P3, p. 3).*
- *"Yes, I did it with other children too. With her it helped her a lot because you know if you have no clothes, shoes, no money to buy food at school etc., this is slowly fading away from her, she knows that there is someone to talk to" (I, P9, p. 8).*

Following the individual interviews, I reflected as follows:

"In most instances the community volunteers seemingly came across vulnerable people who reportedly hardly have food, or shelter and are often staying in places that are not safe. Usually when community volunteers go to visit vulnerable people it seems as if vulnerable people have some hope that the community volunteers will come to their rescue. They tend to think that they come to them because they have solutions to their problems. I feel pity for the community volunteers as they probably also wish that they were able to resolve the challenges that the community is facing" (Research diary, 3 May 2013, p. 7).

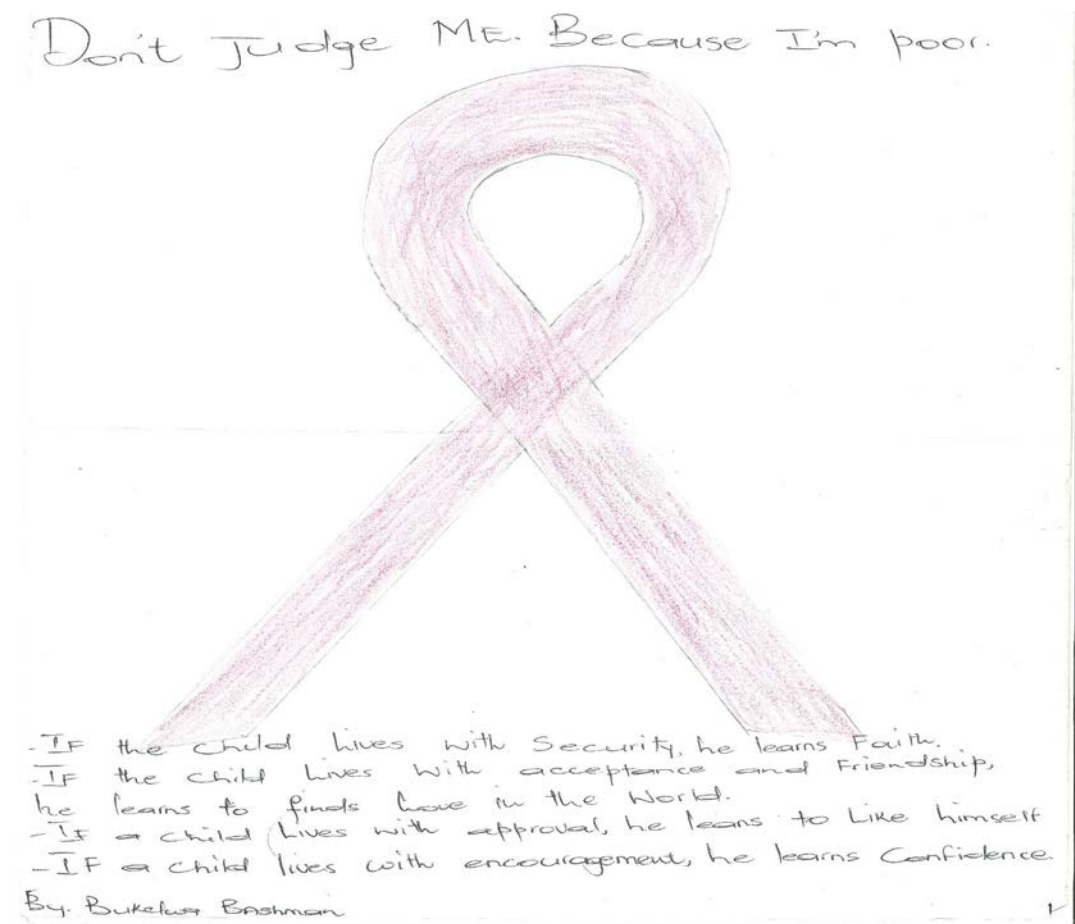
(b) People facing financial problems

Community volunteers applied the memory box making technique when supporting people facing financial neediness. They provided examples such as the following:

- *"The clinic is quite far, it's difficult to get there. For her to get there she needs money to travel there and sometimes it's a problem because there's no money" (I, P2, p. 5).*

- “So the doctor understood that she was under stress. I also explained to the doctor that the daughter probably left because of the poverty” (I, P2, p. 1).
- “Unfortunately they are living in a shack, their house was blown away by the wind. They do not have electricity; they do not have a house either. The living conditions are poor. They have no lighting at all – they cook inside the house” (I, P5, p. 2-3).

Photograph 4.3 captures the people of the community’s struggle with poverty. This poster was presented by a participant when she reported how she had utilised memory work with a child facing financial neediness.



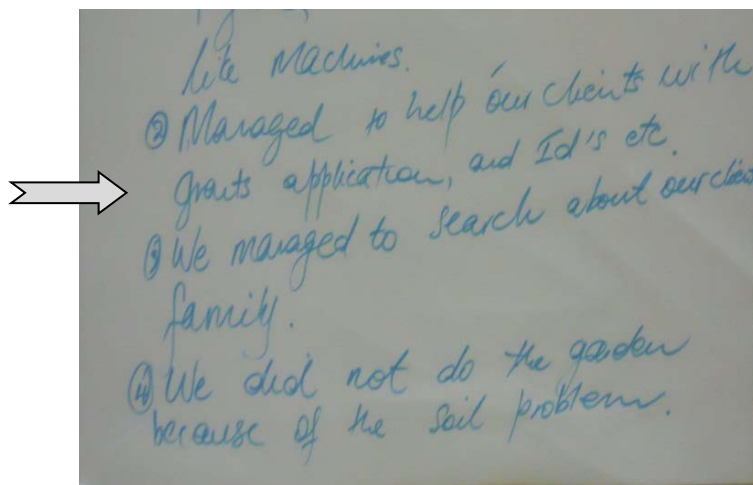
Photograph 4.3:
Poster presented by a community volunteer

The participants indicated that needy clients often relied on governmental grants to survive. One participant provided an example: “She is now left with a 9 year old, she lives on the child’s government grant” (I, P2, p. 1), and later elaborated: “No, she only gets the child grant, R280⁶, so she depends on that. At least the disability grant

⁶ R280 = US \$28

is about R1000⁷” (I, P2, p. 4). Similarly, another participant explained how a family depended on the governmental child grant for survival: *“At the moment they are sharing the R280 child grant only. That is why I went and spoke to the doctor because it is not easy for the doctor to sign the forms especially if you are a defaulter. The doctor completed the forms for her”* (I, P2, p. 4).

During a PRA-session participants listed the activities they had been involved with in the community, implying poor community members’ dependence on governmental grants, as captured in photograph 4.4.



Photograph 4.4:
Community members in need of financial support

In this regard I reflected in my research diary:

“It is sad that it seems the only way in which most unemployed people have to rely on the grants of family members who receive such grants as it is the only possible way in which they can get food. Seemingly healthy people end up envying those who are ill or children who are orphans because they are receiving grants” (Research diary, 3 May 2013, p. 7).

(c) Unemployed individuals

The community volunteers reportedly often worked with people who were unemployed. One of the participants explained: *“She told me that if her daughter could find a job their lives would improve. Her daughter told me that when they grew up they were really suffering they lived in poverty”* (I, P3, p. 3). Such individuals

⁷ R1000 = US \$100

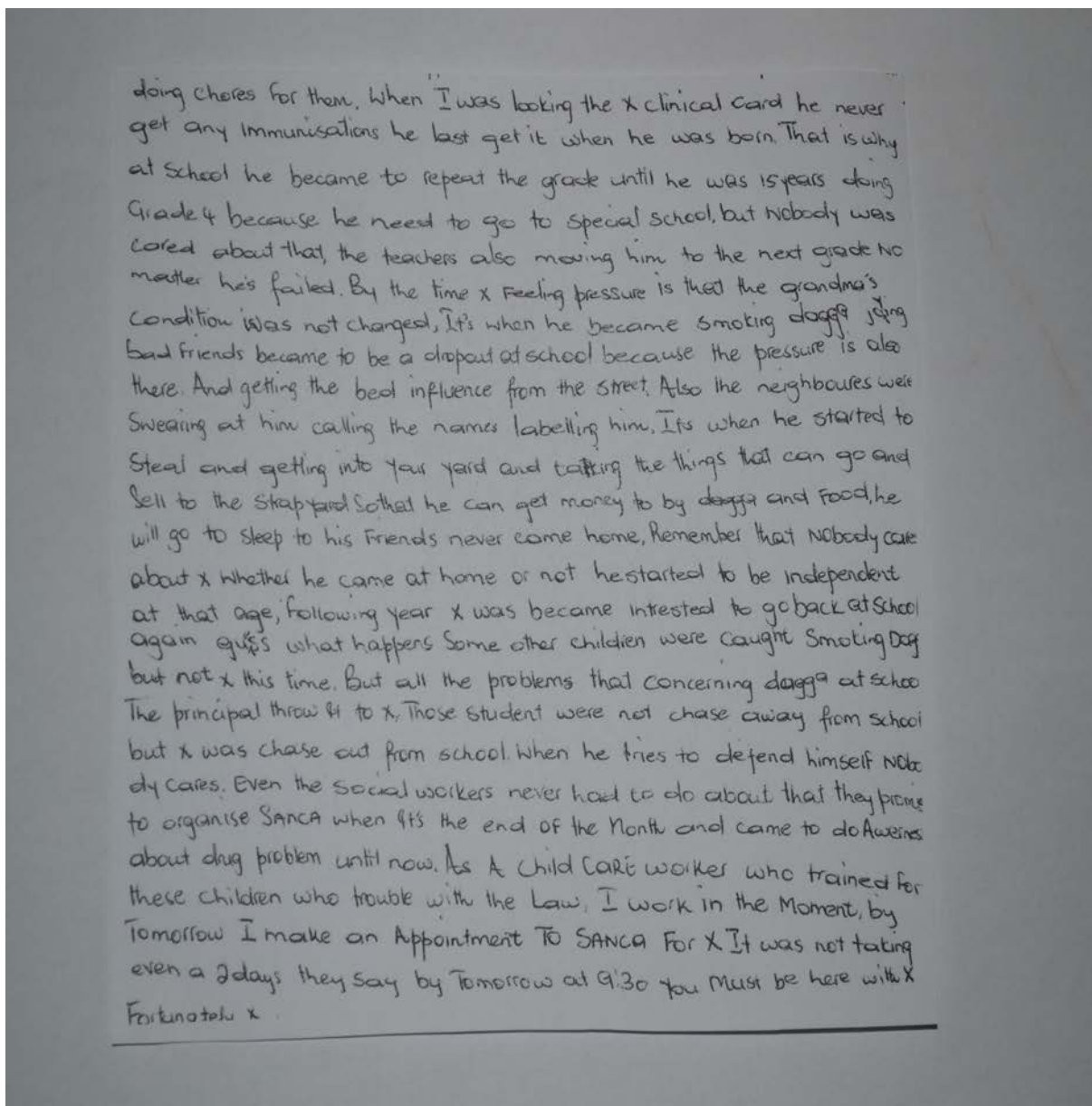
seemingly had no other means to deal with their unemployment than relying on governmental grants (as also indicated in the previous section) and being supported by others. One of the community volunteers explained: *“The thing that makes their life better is the grant she is receiving for the grandchild, the R280 that is how they are surviving. We are trying to find food parcels for the family. We are struggling”* (I, P3, p. 2).

Some of the community volunteers reportedly started volunteering due to the fact that they themselves were unemployed. They thus seemingly decided to rather use their time in an effective manner by serving their community. While debriefing one of the participants following an individual interview she told me that her life had been meaningless before she started volunteering as she would stay home and often became involved in quarrels with her neighbours. According to this community member, she found new meaning in life, when she could look forward to supporting others even though she did not have money. In her opinion she was also ‘employed’ (as a community volunteer), despite the fact that she did not earn a salary. I reflected in my research diary after the debriefing session:

“It is humbling to see the commitment of the community volunteers in serving vulnerable people. What touches me the most is that the community volunteers are also not employed, some get a stipend which I believe hardly caters for their basic needs, but they are still willing to share what they have with other vulnerable people. This is the true spirit of Ubuntu. As I was thinking I came to the realisation that the community volunteers know the true meaning of life, the true meaning of being a servant. This made me aware of the deepest feeling of why they are so content, why there are so fulfilled, why they wake up every morning and look forward to going out there to make a difference in other people’s lives. They have graduated beyond working for money; they just want to serve, to make a difference in the community. I believe the most fulfilling feeling in a person is to serve without expecting anything in return. To me this is the climax of true happiness, and it’s a feeling that is beyond being self-actualised. So, does this mean that a person can be self-actualised without having their basic needs met? I think as the Bible says that we do not live by bread only. Not living for bread can make one see beyond the bread, can make people even forget that they do not have bread. As I looked at the community volunteers

I could read between the lines that they had their own vulnerabilities but choose to look beyond them to support others who had not yet found the secret of true happiness. In the lives of the community volunteers I came to the realisation that being employed is not earning a salary but to make a difference in the lives of others. What a noble action!" (Research diary, 3 May 2013, p. 5).

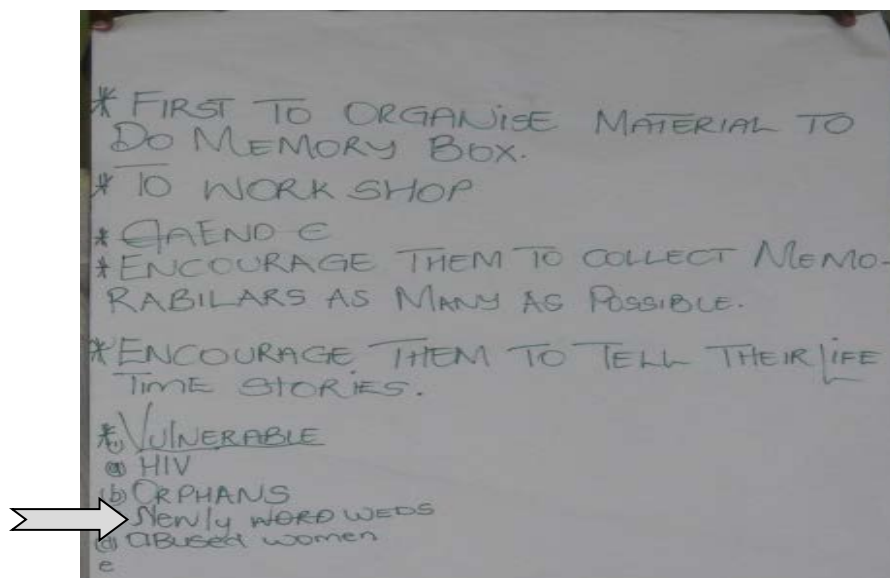
Photograph 4.5 captures some of the challenges the communities (and often the community volunteers too) faced, amongst others highlighting unemployment as one of these, related to poverty and neediness.



Photograph 4.5:
A community volunteer's explanation of vulnerabilities in the community

4.3.1.3 Subtheme 1.3: Psycho-social Challenges

According to the community volunteers the third group of people with whom they used memory work was children in need of support. Five categories were identified, namely orphans living with grandparents or relatives, child-headed households, children who had dropped out of school or were expelled from school, rape victims, and people abusing substances. Photograph 4.6 depicts feedback from one of the groups of participants, during a PRA-session, indicating that they utilised memory work when supporting children in need.



Photograph 4.6:
Community volunteers indicating how they used memory work with children

(a) Orphans living with grandparents or relatives

Community volunteers reportedly supported orphans by utilising the memory box making technique, following the loss of their parents. Most of the orphans living with grandparents or relatives had lost their parents due to HIV&AIDS. The following excerpts provide supportive evidence:

- “--- lives with her grandmother, both her parents died, girl is HIV positive. Both parents were also HIV positive” (I, P5, p. 1).
- “The child lives with her grandmother. They live on the grandmother’s grant, the mother died from HIV AIDS” (I, P9, p. 1).
- “He doesn’t know who he is, he doesn’t even know who his father is, he was brought up by a grandmother and aunt” (I, P4, p. 3).

- *“His parents died, he lives with the aunt and the granny. The grandmother is sick and is on the wheel chair” (I, P4, p. 9).*
- *“She’s my uncle’s child. Both her parents died---and then my mother took her in because she understood the situation. She lived with us” (I, P8, p. 1).*

In reporting on the manner in which they supported the community during a PRA-session, one of the participants said:

- *“The food parcels will help those orphans who do not receive grants and the grandparents who share their grants with their grandchildren and the other members of the family who are unemployed” (PRA-session 2, G4, p. 2).*

When I reflected on the support to orphans living with relatives, I noted:

“As participants explained how grandmothers support their grandchildren it came to my mind that it seems since most children started losing their parents, grandmothers have been the best source of support. I thought of the grants they receive and the cost of living and how difficult it must be for them to survive with the little money that they get as in most cases they have to also support other members of the family who are not employed and are also dependent on the grants of the grandmothers. In some instances relatives and neighbours also help in supporting children who do not have parents (Research diary, 3 May 2013, p. 7-8).

(b) Child-headed households

Some of the volunteers allegedly worked with children in child-headed households, relating such incidences of poverty. The following examples were provided:

- *“There’s a child who goes to some school I went to the school to meet with the deputy and was told that the child’s mother was using the child grant. She left the kids and went to Johannesburg. There’s no food at home so I went to the school to speak to the deputy of the school” (I, P5, p. 8).*
- *“The other thing is, this child lives alone, there’s no food in the house, this child might end up committing suicide because he lives alone, no food, he has no one to talk to, maybe the child will write how he feels and put it in the memory box” (I, P5, p. 8).*

I captured my observations following informal conversations with the participants in my research diary:

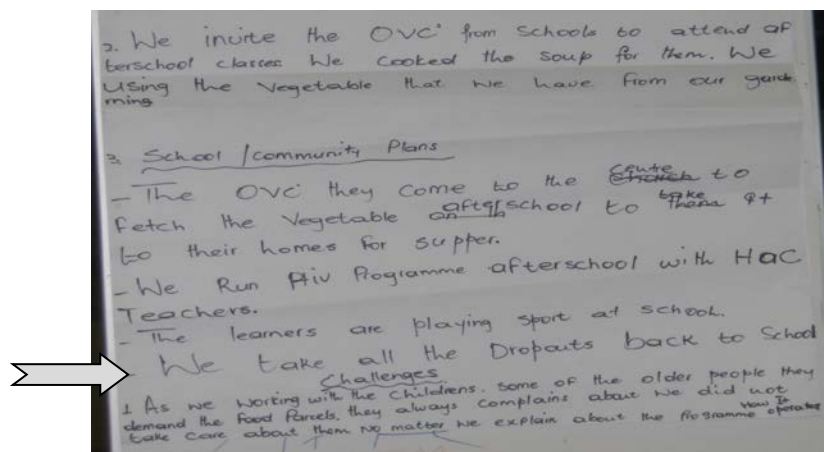
“As we were casually talking one participant indicated that she does follow-ups in the homes of young mothers if their children seem to be neglected and she advises the young mothers on how to use the grants and if they do not cooperate, she reports them to the social workers. One participant indicated that some mothers left children on their own and would then use the children’s grant for their own benefit. As a result many children end up in child-headed households, having no support” (Research diary, 4 May 2013, p. 8).

(c) Children dropping out of or being expelled from school

Community volunteers were also faced with the task of supporting children who were not attending school. They provided the following examples:

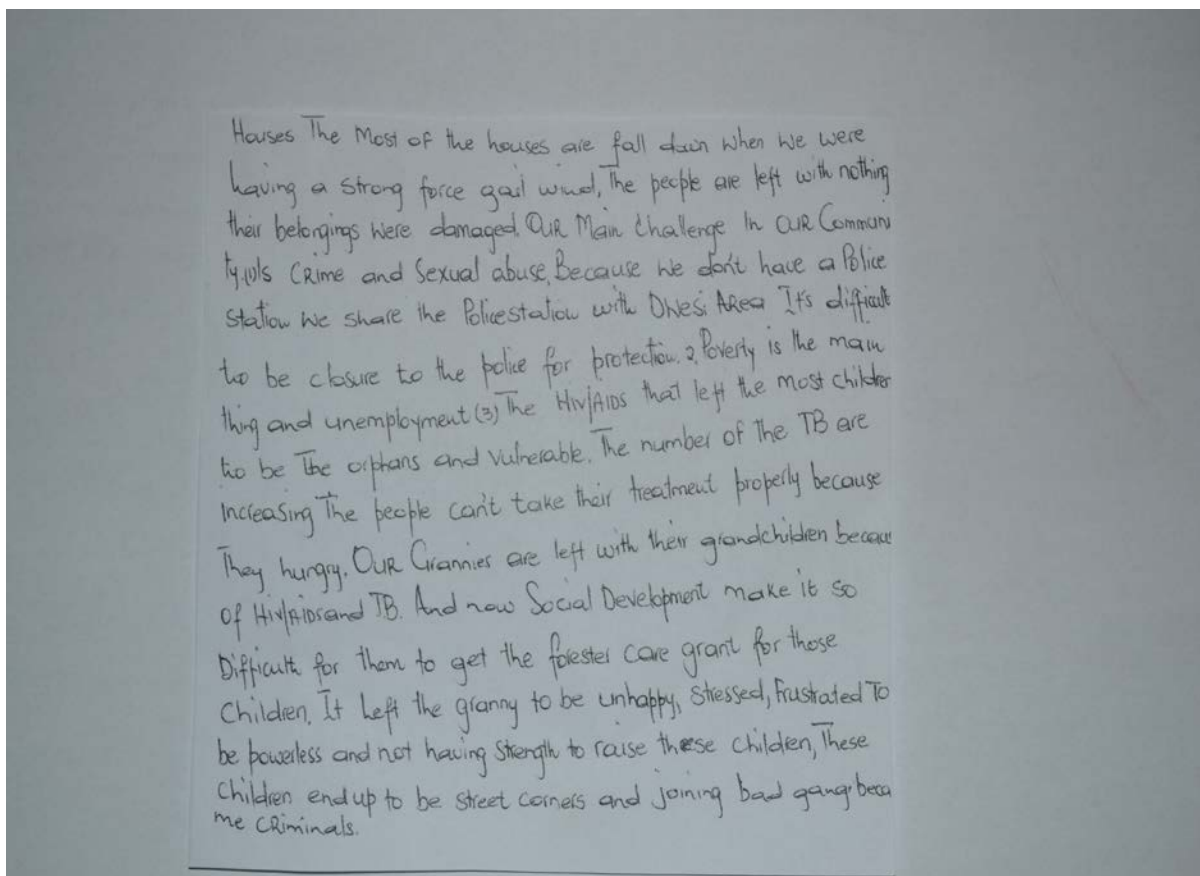
- *“A lot of children in this area do not go to school They drop out of school early. The grandparents are left to care for the grandchildren because of HIV, poverty and unemployment”* (I, P4, p. 1).
- *“The principal did not know the child’s history, and he was not interested in understanding the background of the child. He kicked the child out of school. This then became a bigger challenge because he no longer goes to school”* (I, P4, p. 2).

During one of the PRA-sessions, participants indicated their involvement with children dropping out of school on a poster, which is captured in Photograph 4.7.



Photograph 4.7:
Supporting children who had dropped out of school

During an individual interview, one of the participants presented her reflections (Photograph 4.8) and discussed her involvement with vulnerable children. She specifically referred to children with delinquent behaviour and dropping out of school.



Photograph 4.8:
Involvement of community volunteer with vulnerable children

(d) Rape victims

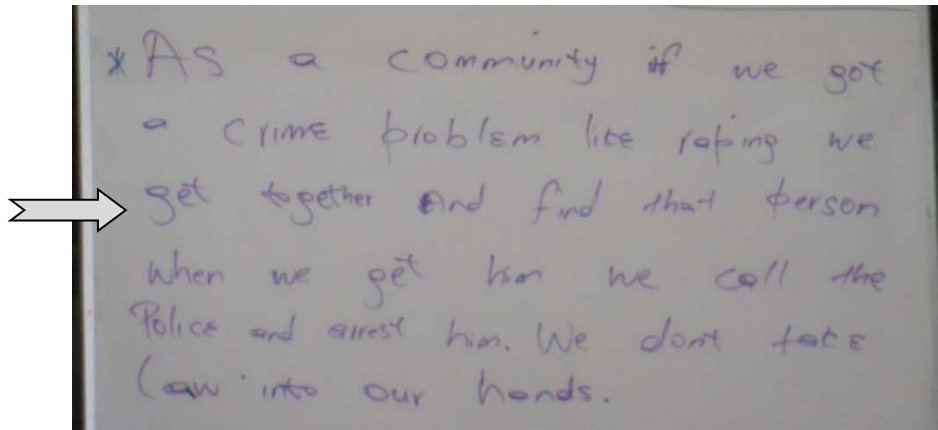
Several community volunteers explained how they supported child rape victims by means of memory work. They mentioned the following examples:

- *"In our group we are going to make a memory box for children who have been abused" (PRA-session 1, G5, p. 4) and later "She talked about the rape whilst we were busy with the memory box but then kept to herself. But after doing the memory box with our group she started opening up more. Before we started she didn't want to talk. She didn't open up to anyone. After approaching the grandmother, she slowly started opening up. We sent our pioneers to her home, pioneers from Social Development and then there was an improvement" (I, P5, p. 4).*

- *"I chose her because she had a problem, she was raped by her neighbour, at the time she was 11" (I, P5, p. 1).*
- *"Some of the kids here are sexually abused" (I, P4, p. 8).*

Following reports from the participants I reflected as follows in my research diary:

"Participants identified the problems that children are experiencing at home through the use of memory work. I am glad that the community volunteers are willing to intervene and could support children and parents who are experiencing the challenges of alcohol abuse and children who had been sexually abused" (Research diary, 4 May 2013, p. 8), as also indicated in the poster captured in Photograph 4.9:



Photograph 4.9:
Intervention of community volunteers in supporting cases of abuse

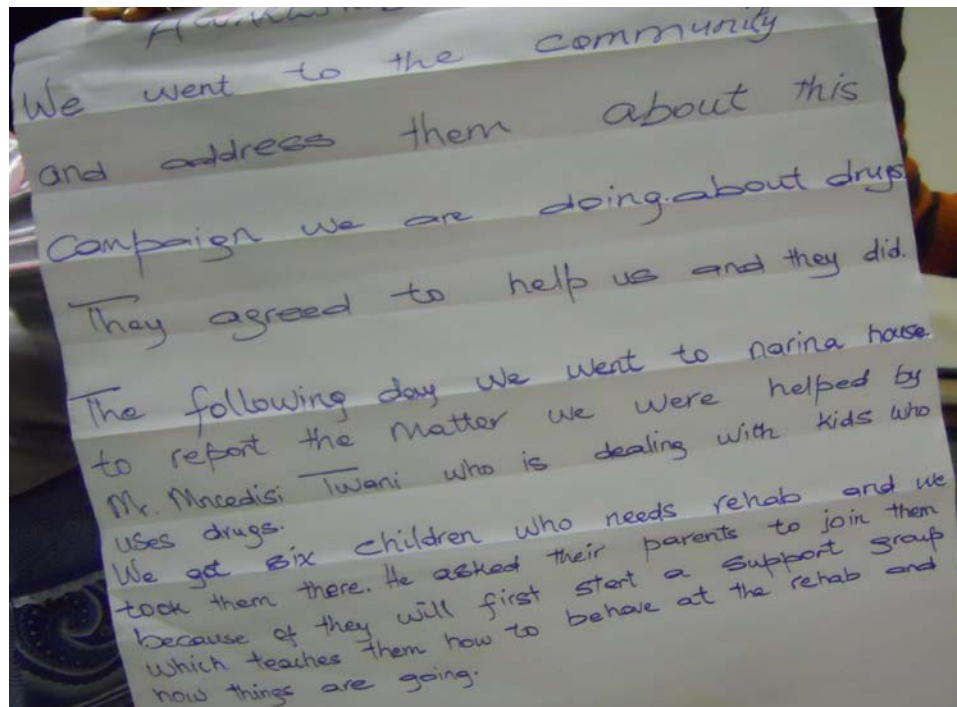
(e) People abusing substances

The community volunteers seemed determined to address the problem of alcohol and drug abuse in their community, as indicated below:

- *"As for us we decided on an awareness campaign because we were aware of the fact that most youth were on drugs. So we went to the committee with the proposal of the campaign, the committee agreed about the campaign idea. We went to Narina house to report about the campaign and we were helped by a man who deals with kids who on are drugs. On our campaign we had six learners who needed to go to rehab and we took them there. We even asked their parents to join them. We started a support group where we helped these learners on how they should behave when they are on rehab.*

*Because the problem we have with kids on drugs is that they turn to crime.
But the campaign is going well"* (PRA-session 2, G4, p. 3).

Participants' discussion of the campaign was guided by the poster captured in Photograph 4.10.



Photograph 4.10:
Campaign against drug abuse

Besides the campaign community volunteers' efforts were also reflected in the way they utilised memory work in support of people who were involved in alcohol abuse. The following examples were discussed during individual interviews:

- *"She doesn't want to talk about it the only thing she told me is that they are always fighting at home and that they drink a lot"* (I, P6, p. 1).
- *"They had a problem with drugs. When we first met I was given a community profile immediately after she got involved in drugs"* (I, P4, p. 1), and *"I arrived there and found that she/he was living with aunty, grandmother and the brothers. Nobody cared about the children. It's a home where they are drinking all day that is why the child became a victim of drugs"* (I, P4, p. 2).
- *"She is the one who cut out pictures of people drinking. So after seeing this, I asked her why did you choose people who are drinking. She then said at*

home I am not happy, all they do is drink, they don't buy food. Both my parents drink, sometimes we sleep with no food" (I, P6, p. 1).

- *"Yes they do, they give her food and a place to sleep and leave the following day. She says it's not nice to live in an environment where both her parents are drinking, she feels things would be better if they can stop drinking" (I, P6, p. 2).*
- *"When I spoke to her mother, she seemed worried about what I said. She stopped drinking but I don't know what is happening now, I haven't been there for a while. I am going to find a way to talk to the father. I know that she is not happy. She told me that her friend's parents do not drink. She sees them when she visits their homes, they are happy" (I, P6, p. 2).*

In further support, I noted:

"It is pleasing to realise that there are families who are regarded as role models by vulnerable children and families and that such families are willing to support vulnerable children and offer them an opportunity to spend time with a stable family for a while. I regard these families as assets in their communities as they show 'Ubuntu' by being supportive to vulnerable individuals" (Research diary, 4 May 2013, p. 8).

By utilising memory work community volunteers seemingly felt better equipped to support children who were abusing substances. They explained their insight and the efforts they implemented in support of rehabilitation of children:

- *"I also realised that the environment he finds himself in is not going to change much in him because he still has to go back to the very same environment" (I, P4, p. 2).*
- *"He agreed but he sometimes has to attend programmes at SANCA on drug rehabilitation" (I, P4, p. 10).*
- *"So what is happening now is he comes every Tuesday and Friday to educate other children to stay away from drugs" (I, P4, p. 3).*

One of the participating volunteers provided a photograph of a boy in the community (Photograph 4.11) who was rehabilitated from abusing drugs following the support and intervention by the volunteer.



Photograph 4.11:
**Boy who was rehabilitated from drugs following support
by a community volunteer**

4.3.2 THEME 2: BENEFITS OF VOLUNTEERS USING MEMORY WORK IN A POVERTY CONTEXT

Theme 2 relates to the uses of memory work in supporting vulnerable individuals, as experienced by the participants. In reflecting on this theme, I summarised my thoughts in the following manner:

“Memory work is one tool that is seemingly easy to use and cost effective. It is a non-directional tool which is apparently therapeutic in most people’s lives as it has its way of making a person open up without even being asked to do so. It has this almost magical way of probing into people’s feelings and hearts” (Research diary, 3 May 2013, p. 7).

The following subthemes apply to Theme 2: job-related benefits volunteers experienced when using memory work in a poverty context, personal gains volunteers experienced when using memory work in a poverty context, and reported gains for clients with whom volunteers used memory work. Table 4.3 provides an overview of the inclusion and exclusion criteria I used in identifying the subthemes and related categories for Theme 2.

Table 4.3: Inclusion and exclusion indicators for Theme 2

Sub-themes	Categories	Inclusion	Exclusion
2.1 Job-related benefits volunteers experienced when using memory work in a poverty context	Feeling equipped to support members of the community	Data that relate to community volunteers' feeling equipped to support members of the community by establishing relationships and empowering them to cope more efficiently	Data related to community volunteers increased self-worth or them experiencing emotional benefits as a result of utilising memory work with clients
	Providing psycho-social and health-related support	Data that relate to community volunteers feeling self-confident to support clients psycho-socially, and in addressing health challenges	Data relating to improving communication amongst clients and relatives and resolving conflict situations, or community volunteers feeling equipped to support others
		Data related to clients feeling safe to express their feelings and challenges, and improve communication with relatives	Data relating to community volunteers supporting vulnerable people in establishing relationships and with health challenges
2.2 Personal gains volunteers experienced when using memory work	Volunteers benefited on an emotional level when using memory work	Data that relate to community volunteers expressing their own vulnerabilities and understanding their family history, resulting in their own healing	Data that relate to volunteers' feelings of increased self-worth in their general daily functioning
	Using memory work reportedly increased volunteers' self-worth	Data related to community volunteers identifying their own strengths and becoming more aware of their own talents in life at large	Data that refer to being supported on an emotional level while using memory work with others
2.3 Volunteer reported gains for clients with whom they used memory work	Clients use agency to deal with challenges	Data that relate to clients taking ownership and responsibility of their situations and dealing with the challenges they face	Data that relate to clients benefiting on an intrapersonal level following memory work
	Clients deal with challenges	Data that relate to clients taking action to deal with current challenges	Data that relate to clients taking agency to deal with their challenges and benefiting on an intrapersonal level following memory work
	Clients report relationship gains	Data that relate to vulnerable individuals benefiting on an intrapersonal level following their involvement in memory work	Data that relate to clients taking responsibility for the challenges they face or taking action to deal with these

4.3.2.1 Subtheme 2.1: Job-related benefits volunteers experienced when using memory work in a poverty context

Community volunteers reported that they benefited through memory work by acquiring skills to support vulnerable community members, provide psycho-social and health-related support and create a safe space for counselling and communication.

(a) Feeling equipped to support members of the community

Community volunteers found the use of memory work valuable as it reportedly enabled them to support vulnerable members of their community. During a PRA-session they explained.

- *“In our community we were doing memory work with children. We also did memory work with vulnerable children. When the children were not available we continued with the parents. We taught them how to make a memory box so that as parents they could teach their own children about the memory box” (PRA-session 3, G3, p. 5).*

Photograph 4.12 provides further support of anecdotes like these.



Photograph 4.12:
Community volunteers utilising memory work with a parent

During individual interviews, the participants provided several examples of how they felt equipped to empower individuals to deal with challenges, such as the following:

- *“It can help other people in my community, so they can also discover their memories that they will always have – so I think it’s important for the community to do the memory box” (I, P7, p. 5).*
- *“It helps me a lot because I am able to help other people through the memory box” (I, P9, p. 5).*
- *“I think it’s a great thing, I’m thinking of doing my own memory box, but ja, it helps for generations to come, to know that there was such a person in our family, that was .., and it will help her because she doesn’t have kids, due to the disease she won’t have children because it affects every organ in her body” (I, P7, p. 4).*
- *“I can use it a lot with children in homes – I must not wait for a problem to occur before I introduce a memory box to a family. -----take pictures of family dinners etc., so that if something bad happens good memories are there – they will have good memories about their home, also at university” (I, P4, p. 11).*
- *“I know that I cannot change everything but I can try to change the environment he comes from. What is going to boost his ego” (I, P4, p. 2).*

Community volunteers also reported on the manner in which they transferred their knowledge and skills about memory work to vulnerable individuals. The following quotations capture their experiences of being equipped to support others:

- *“We used to do it in front of everybody at school We did not keep it a secret, so people would ask us what it is and started to take an interest in it” (I, P1, p. 2).*
- *“The first photograph is me and her, where I was explaining to her about the memory box. I then showed her how it is done in an ice cream container” (I, P1, p. 14).*
- *“We then did the memory box, I showed her how it was done” (I, P3, p. 1).*
- *“She asked me to assist her, I cut the cardboard for her, and asked her the type of things that she liked as a young person” (I, P3, p. 2).*
- *“So I will continue to teach people about the memory box. A chance I get I talk about it. At times some women arrive at my home, when we are relaxed I show them the memory box. We have not done any but I showed it to them and explained to them what it was” (I, P2, p. 8).*

- *"I said to him there's something called a collage. It's about you, your life to where you are today. If a memory box is difficult for you, let us try this – I said in the memory box you retain things that are very important to you. You write all the things that are wrong and right (happy and sad), whatever problems you have you put inside the memory box"* (I, P4, p. 4).
- *"I also teach them to cut pictures that can show me how they feel inside, whether they are happy or angry. So I encourage them to be open about their feelings, and what they feel inside"* (I, P4, p. 8).

Based on my observations of the community volunteers in terms of them seemingly feeling equipped to support others, I noted the following in my research diary:

"I am happy that the community volunteers seem to have found a skill that is cost effective that they will be able to use with vulnerable people across ages and for different challenges. What makes me even happier is that they seemingly found the skill to be easy to use and they already feel encouraged to implement it with their clients" (Research diary, 22 January 2013, p. 10).

(b) Providing psycho-social and health-related support

The participating community volunteers thus indicated that they were able to support vulnerable individuals holistically by utilising memory work. The following subcategories apply: psycho-social support, and health-related support.

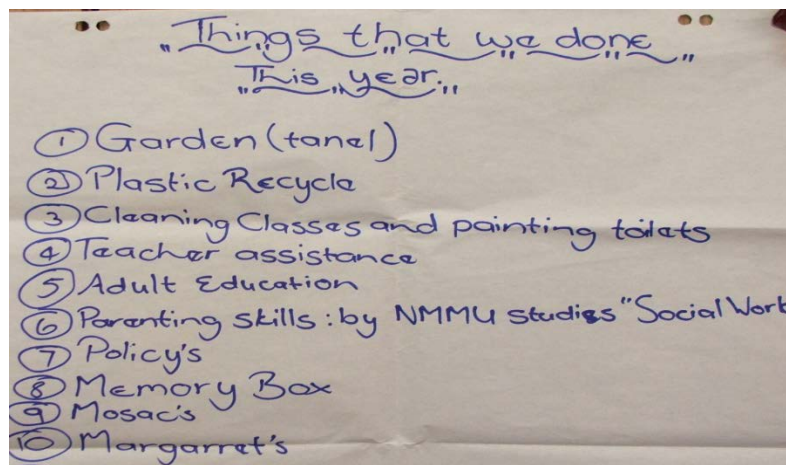
- **Subcategory: Psycho-social support**

Psycho-social support was reportedly provided on emotional, social and spiritual levels. One of the participating community volunteers summarised their efforts: *"This is when I started to run the psycho-social programme. Then I asked him, and the others went to work in the garden, so they gave me an opportunity to work with her"* (I, P4, p7). In support of this report, Photograph 4.13 provides evidence of the vegetable garden referred to in this quotation, which was maintained at the primary school the volunteer was partnering with.



Photograph 4.13:
Picture of vegetable garden at the school where the volunteers were involved

In further support the participants listed their assistance at the school's vegetable garden as supportive initiative during a PRA-session (Photograph 4.13). In addition, they listed several other areas where they could support vulnerable individuals, as captured in the photograph.



Photograph 4.14:
Areas where community volunteers assisted, for example school-based vegetable gardens

The community volunteers were thus able to support vulnerable individuals **emotionally** when applying the memory box technique. As a result, clients were allegedly encouraged and more at peace with difficult circumstances and loss, as indicated in the following extracts:

- *“A memory box assisted me a lot because other people used to throw away their belongings because they did not know what to do with them. They were scared of the belongings of dead people. So now I can advise them that they put such things in the memory box (PRA-session 3, G4, p. 9-10).*
- *“I didn’t want her to just sit around and do nothing whereas she could be helping herself. I won’t be able to assist her forever. So I had to make sure that she was encouraged” (I, P2, p. 7).*
- *“She can also put the pictures of her parents into the memory box. When she thinks of them she will open the box. This will somehow comfort her” (I, P5, p. 1).*
- *“She was too young to understand a lot but what she did tell me is that if she meets with me she sleeps well, peaceful and thinks about her mother. She felt good when she was with me” (I, P9, p. 4).*
- *“So for me it’s a healing process. I pray , I spend most of the time at home, I’m still young, I’m supposed to be going out and having fun but I don’t do that, not because I don’t have time I just don’t want to do it. I want to heal” (I, P8, p. 4).*
- *“She kept going into the house to look at the memory box. She would say I am so happy I met you, she looked happier. She did not come right but I am encouraging (I, P2, p. 3).*
- *“I told the grandmother that we are all living in poverty but we must find a way to survive and not lose hope. Although we are living in poverty we have to find a means to survive. Our government encourages us to “vukauzenzele” (not to be dependent on other people, do things for yourself)” (I, P5, p. 2-3).*

Being introduced to the skill of memory work reportedly assisted the community volunteers in giving hope to vulnerable people by, amongst other things, empowering them to access resources in the community and utilise these to their advantage. This is indicated in the following contribution by a volunteer during the second PRA-session:

- *“Our way forward is to collect some clothes, we will go to the community to ask them to collect clothes for us, so that we can give them to the orphans. We can contribute our clothes and ask the teachers also to help us, do an auction that is to sell these clothes to the people in our community and*

others from other places so that we can feed those orphans. We need food parcels so that we can help them out of those clothes we were selling, we can also ask our surrounding churches to donate to us those old clothes to make a contribution by selling the old clothes and buying food so as to make food parcels for the orphans” (PRA-session 2, G4, p. 2).

On a **social level**, community volunteers were seemingly able to use memory work in support of parents’ involvement in the lives of their children, as well as individuals’ involvement and role in the broader society. The following quotations attest to this:

- *“I am able to talk about it easily. We work with the children in the community. We also want the parents to get closer, and we do not like to work with kids only. So we want them to know what we are teaching their children, so that they understand the work we do with their children. We resolved that we want them involved in what we are doing” (I, P6, p. 7).*
- *“I also encouraged him to show the community that he is human too, he can go out and teach other children to stay away from drugs. He is the one who can go out there and prove the community wrong. He must be the one who changes his own life” (I, P4, p.3).*

Next, participating community volunteers related their use of memory work to supporting vulnerable individuals on a **spiritual level**. During a PRA-session one member of a group encouraged the participants to sing and thank the Lord: *“(singing: be bright in the corner where you are). Let us thank the almighty. We are all here today, we are reporting about memory work---” (PRA-session 3, G4, p. 10).* During this session, when providing feedback, a group explained how they encouraged a girl who was angry with her mother to forgive the mother: *“I encouraged her to pray and ask God so that you can forgive your mother” (PRA-session 3, G4, p. 10).*

During individual interviews, the following examples of spiritual support were given:

- *“They didn’t understand it very well but I translated for them. I left the poem with them. The poem goes as follows: ‘Walk with the Lord when you need harmony, when you need someone to lean on, he is the only one you can rely on. God never blows a door without a need. He always gives us something better when he takes something away” (I, P5, p. 3).*

- *“Yes they do the verses and everything else, maybe and then we play a game, after the game I will write on the paper that I want a coin, write that this is a coin etc., etc., matches. And then we close it and then she will say she wants matches and takes out of the box and show you” (I, P5, p. 5).*
- *“So it will help sisters/brothers kids remember that they had a sister, and she died and she was this type of person. Just to keep her spirit alive” (I, P7, p. 4).*

In reflecting on the various kinds of support that the community volunteers provided to vulnerable individuals, I noted:

“I realised that community volunteers use spiritual support on several occasions in encouraging their clients and giving them hope and in helping them to deal with their frustrations and challenges. I believe this helps them and gives them hope in situations that are out of their control. Spiritual support may also help in giving hope for the clients who have lost their loved ones in knowing that it is their bodies that are gone but their spirits will live eternally. This may be comforting for the children and family members who have lost their loved ones” (Research diary, 3 May 2013, p. 6).

- **Subcategory: Health-related support**

In addition to psycho-socially supporting vulnerable individuals, the community volunteers were allegedly also involved in advising and supporting others in terms of their **physical health and functioning**. Several participants referred to support in terms of accessing and taking medication. The following quotations provide examples:

- *“Yes I check her and make sure that she gets the medication. I collect for two months, the third month she must go so that the doctor can check on her” (I, P2, p. 5).*
- *“The child is getting her treatment, but it is important that she takes the medication as prescribed. I asked her to take care of her and ensure that she takes the medicine accordingly” (I, P5, p. 2-3).*
- *“I think the important thing I did is to convince her to take her treatment. She had stopped taking the treatment. I asked her to continue with the treatment and I also helped her with the application for the disability grant” (I, P2, p. 7).*

- *“Things are much better now, I relate with her better, I check her dates and write them down and remind her to go to the doctor. I asked her not to default again” (I, P2, p. 3).*

Some community volunteers physically accompanied vulnerable individuals to clinics in order to attend to their health-related needs. The following excerpts attest to this:

- *“As we were talking she was on her way to the clinic. I walked her to the clinic” (I, P2, p. 1).*
- *“She was not feeling well; I had to take her to the clinic. Normally when I take her to the clinic I would bring her soup, and/or a food parcel” (I, P9, p. 2).*

From the last quotation it seems evident that community volunteers also provided support in terms of the basic needs of their clients (food), in addition to accompanying them to obtain medical assistance. Some more examples of related support were provided during individual interviews:

- *“I noticed that the homes she goes to are very decent homes. I don’t just let her go anywhere; they welcome her with open arms” (I, P6, p. 6).*
- *“I take from my home and give her, if she comes and say my grandmother made umxusho (samp and beans) and there’s no margarine etc., I take from my home and give to the grandmother” (I, P9, p. 8).*

Closely related, the community volunteers provided support for continued healthy functioning on various levels, as explained by a participant supporting a vulnerable child:

- *“We also go to the schools to check with the teachers how they are doing, whether there’s an improvement or not. If they are not doing well we assist them with their homework etc. We try to bridge the gap. So it will not be a problem to involve the teachers” (I, P6, p. 9).*

In support of the reports by the participating volunteers, I noted in my research diary:

“The commitment of community volunteers is very humbling as they go an extra mile in using their resources in supporting vulnerable individuals. Some community volunteers go to the extent of accompanying their clients to clinics and hospitals and probably spend days standing in the queues

trying to help their clients to deal with their challenges. Some of the community volunteers have to use their own food to help clients who are in need. This is very humbling as community volunteers do not earn a salary and they probably use what they have and share it with others so as to see their lives improving. Community volunteers go an extra mile in what they are doing. Their commitment, love and care always remind me of the slogan of my late brother-in-law, Elliot Kgosana, who always said 'if you do not have enough to share with others you are still poor'. The community volunteers are the richest people, not materially but spiritually as indicated in Galatians 5:22 about the fruits of the Holy Spirit, as they always share themselves with the vulnerable people. This is a true spirit of Ubuntu" (Research diary, 3 May 2013, p. 2).

(c) Creating a safe space for counselling and communication

The participants indicated that the use of memory work supported them in establishing relationships with the vulnerable individuals they supported. I identified subcategories related to counselling and communication.

- **Subcategory: Counselling space**

In summarising their role to create a safe therapeutic space for clients, one of the participants stated:

- *"I feel good because other things are not easy to deal with because they do not sit well, especially when you see sorrow. What you see does not sit well with you but if you do something with that person it makes you feel good, it's like you accomplished something by helping someone. Here we do get a stipend in the form of money but that is not the reason we continue working, the children know us, and they prefer to be with us"* (I, P5, p. 7-8).

Memory work seemingly created a safe space for clients to **talk about their realities and the challenges they faced**. The participating volunteers shared their perceptions and experiences on this in the following way during individual interviews:

- *"I will first teach them about the memory box, and then teach them about how it is done. They will then feel free to talk to me about what is going on in their lives. So I think it will help me"* (I, P3, p. 6).

- *“Yes she remembered all the good things, the fights that were amongst the family, she remembered my mother used to do this and that, she would call us to order in such away things like that, she remembered all the good things about her mother” (I, P1, p. 2).*
- *“So after her mother’s death, the conflict continued and rubbed off on the children too, there’s just too much fights. She also told me how her mother would bring them closer and taught her own children to love one another” (I, P1, p. 8).*
- *“I think it helped her because she was able to talk, because if you keep things to yourself and not say anything you know” (I, P6, p. 3).*
- *“Day 1 we talked and I asked her if, I asked her questions about the things she liked and so forth. So it was easy for me to get things .., she always kept things to herself. So day 2, I decided that we take photographs. I took photographs of her when she woke up in the morning “(I, P7, p. 2).*

In reporting on their use of memory work, the participants shared the following views and experiences:

- *“Parents can find out their children’s frustrations when doing memory boxes together. If a child is having challenges the parent can see through the pictures that the child chooses. Parents can use this opportunity to guide their children and to discuss the challenges that the children may be having” (PRA-session 4, G4, p. 12).*
- *“A memory box assisted me a lot because other people used to throw away their belongings because they did not know what to do with them; they were scared of the belongings of dead people. So now I can advise them that they put such things in the memory box. The other thing is parents like the idea of a memory box, they put pictures inside the memory box, they will explain about the picture, when it was taken and what it is about and how they felt when the picture was taken” (PRA-session 2, G3, p. 3).*

Applying memory work with clients reportedly assisted vulnerable individuals and their families to more **openly express their feelings**. During a PRA-session one of the groups provided the following feedback on this:

- *“It is very useful because other people are unable to communicate; they can express what is inside them but are not vocal. So another way of*

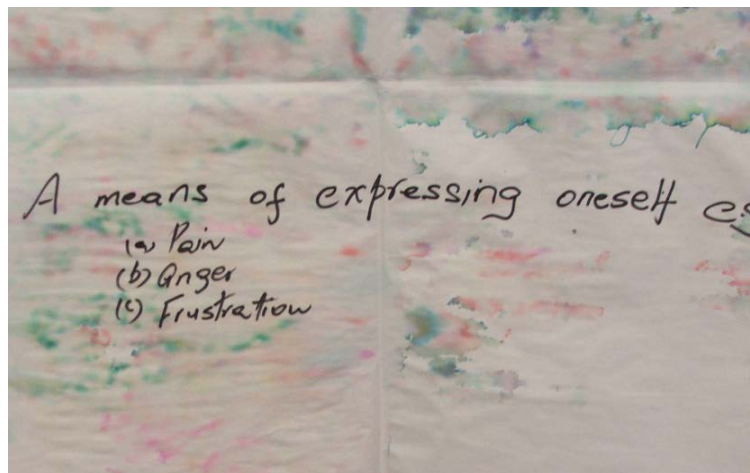
communicating for them is to put their belongings in a memory box. Like for an example, I am not talkative, I'm a bit shy but when I feel hurt or am disturbed by something, I would put something in my memory box. I am not a person who can speak in front of people; if I need to speak to someone I would send them a note or a sms and tell them what happened. A memory box was very useful in my life in that when I have a problem I write what is inside me and put it inside my memory box. So it has assisted me a lot" (PRA session 3, G4, p. 8-9).

During individual interviews the participants mentioned several examples of clients sharing their feelings as part of or following the memory box activity:

- *"I then started explaining to them about the memory box. I told them that if she has something that she cannot talk about the memory box will assist her to express her feelings" (I, P5, p. 1).*
- *"She says she feels good, she didn't know about such things, the child was bottling up things inside her, she used to be very quiet and kept to herself. But now she talks freely" (I, P5, p. 4).*
- *"Yes we will continue using it because it relieves us because other children are afraid to speak out their feelings, this is an opportunity for them to say how they feel" (I, P5, p. 5).*
- *"In the memory she gains a lot because she is able to write anything she wishes to write, express feelings etc., with the silver box you do not write anything" (I, P5, p. 7).*
- *"If you are not talking to your family you can write down how you feel and put it in the memory box. Leave it there and they will read and know how you feel" (I, P5, p. 10).*
- *"It helped her in a way that this child was very shy, She is now opening up to us, she talks to other children, she didn't play with other kids, but now she is opening up, she plays with other kids. It helped her a lot" (I, P6, p. 6).*
- *"Yes it did, we are able to talk, she is not as silent as she was before, so we would talk. When her friends call her she will say I'm busy with my memory box. So I think it helps her a lot" (I, P8, p. 3).*
- *"I think her life has changed she now speaks her feelings, at first she was shy and did not want to open up. She is much better. I told her she will come right" (I, P9, p. 9).*

- *“On day 2 her eldest daughter joined us on day 2, she worked with us and she also took revealed what was in her heart. She said this is a new beginning” (I, P3, p. 1).*
- *“She told me that she feels better, she told me her problems as we were doing the memory box” (I, P3, p. 2).*

In further support, Photograph 4.15 captures the poster that guided one of the group's feedback discussions during a PRA-session.



Photograph 4.15:
Memory work used as a means of expressing feelings

I captured this idea when reflecting on the research process and data I obtained:

“Seemingly memory work helped clients to be able to identify and express their challenges. I believe this is the best way of helping clients to take ownership of their challenges as the use of memory work helps them also to come up with solutions as they keep on expressing themselves. As clients do memory work a line of communication opens up and they are able to address the challenges and differences that they have amongst their families and relatives” (Research diary, 22 January 2013, p. 3).

- **Subcategory: Communication space**

According to the community volunteers memory work could be used to support communication. The communication subcategory includes data on collecting and managing information, supporting communication amongst relatives, and resolving conflict effectively.

The community volunteers indicated that memory work allowed the individuals they worked with, to **capture and manage information about their culture, past and heritage**, for children to revisit and to be informed in future. During a PRA-session, one of the groups explained this:

- *“You know in our lives there's been a lot of ups and downs. Other things happen to us and you would ask yourself “why me”? You would ask yourself why is this happening to me. At times life is dull and then lights again, the sun rises and sets, you cannot have sunshine the whole day. Even if something bad happens to you, it will come to an end and you will eventually enjoy life. We now take memory work as a lifestyle. Wherever we go we capture important moments. We put things such as our health records inside. You know that when you go to the doctor they usually ask you about who suffered from such and such a sickness. When your child is diagnosed with cancer or high blood they will be able to check in the memory box and see that this sickness is hereditary in our family, then they will be able to tackle precautions and save their lives. This will make life easier for our children as most of the information they need will be in the memory boxes” (PRA-session 4, G4, p. 12).*

During another PRA-session, one of the groups reported:

- *“We also told them that they can put in anything that they like so that they can be remembered with by their children and friends, such as their photos, certificates, wills and their last wishes” (PRA-session 3, G2, p. 6).*

Besides safely keeping medical history documents, the following excerpts from individual interviews support the use of memory boxes to collect and manage documents and important information:

- *“She has a photograph which was taken when she was younger, wearing a traditional Xhosa outfit” (I, P3, p. 2).*
- *“I also show her pictures of my aunt who died some time ago, tell her about how we were brought up, the type of person my mother is etc.” (I, P2, p. 6).*
- *“Like in the 1980s there were many strikes, children do not know anything about that; during the riots the shooting and teargas etc. Those are the things that children need to learn about. They don't know what happened during that era” (I, P2, p. 8).*

- *“Yes about happy times, where I received a present when I was still at primary. I used to go to the school where I worked; I have the pictures from the school. There was a picture which was taken when I was still in primary; I asked for a copy from the principal, I also put the picture in the memory box” (I, P1, p. 13).*
- *“To see that this is my mother as she was growing up, with her brothers and sisters, and other family members. My children are also there. I want my children to walk the same path as my mother, and I also want my children to be able to show the pictures of the family to other people” (I, P1, p. 13).*
- *“She can also put in her mother/father’s personal things like the mother’s necklace or earrings, or a dress anything that the parents liked. I also told the grandmother that I will also assist her to make her own memory box. The grandmother can also put in the things that she considers precious to her” (I, P5, p. 1).*
- *“There must be some photographs of her taken when she was younger, or even when she started to get ill. She needs to know her background and keep some of the things in the memory box. It is important for --- to keep the memory box and the background she comes from, her family history so that the ones that come after her can see where they come from” (I, P5, p. 2).*
- *“She loved it, she made her own memory box, a smaller one but she also made another one with her grandmother in it” (I, P9, p. 5).*
- *“I took pictures and told her that she can keep them as a memorabilia when she grows older. It will remind her how she grew up without parents. She was able to live without the mother with the assistance of the grandmother” (I, P9, p. 9).*

In addition participants indicated that memory boxes (or bags) could be used to keep important documents safe so that they could be accessed when needed. They provided the following examples:

- *“What happened is I taught her that she can also put her immunisation cards in the box, treatment records for her HIV treatment, the ARVs” (I, P5, p. 2).*
- *“My sister, it assisted me a lot because I had my own beliefs. I learnt a lot from the memory box. For instance I know that I can have my will drafted*

and put it inside the memory box. My children know exactly where it is, they know where to go should I die” (I, P6, p. 4).

- *“I told him that a memory box is meant to maintain good and bad things that happened in one’s life. Your mother’s belongings, your father’s, birth certificates” (I, P4, p. 10).*
- *“What he also told us is to put all his certificates in the memory box, everything in there” (I, P4, p. 4).*

Being involved in memory work reportedly also assisted **some parents to communicate** with their children more openly. One of the community volunteers, who is also a parent, reported: *“The memory box taught me the importance of communicating with my child, sit with her and talk to her. We don’t sit with our children and chat with them but with the memory box I sit with her and show her what it is” (I, P2, p. 6).* Another parent (also a participating volunteer) indicated the importance of expressing love to her child: *“For her to do things right I must sit her down, talk to her nicely, I must be able to talk to my child in a civil manner. I must show her how much I love her and guide her properly” (I, P2, p. 6).*

During a PRA-session, one of the groups shared similar experiences:

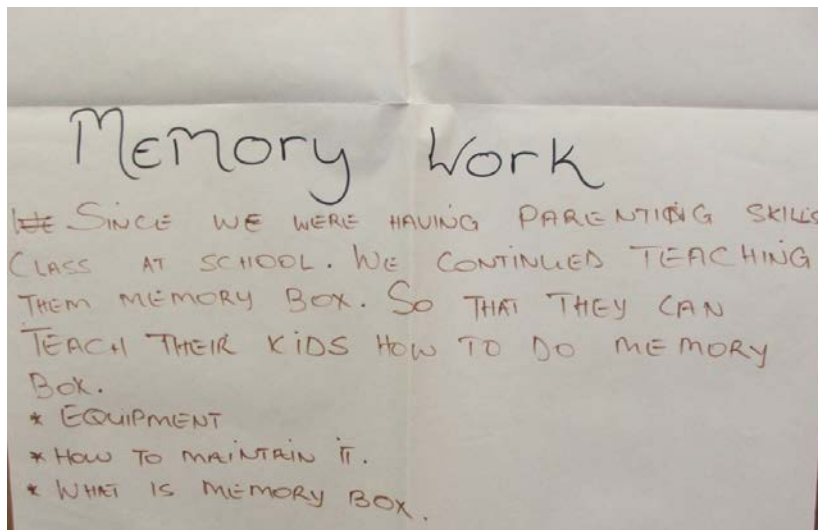
- *“The other thing is parents like the idea of a memory box, they put pictures inside the memory box. They will explain about the picture, when it was taken and what it is about and how they felt when the picture was taken” (PRA-session 3, G4, p. 9-10).* During the same session the group added: *“A parent must see where this comes from – when a child has a memory box the child is expressing herself, this will be some sort of engagement for the parents. As volunteers you cannot work with a child without the involvement of the parent. We must not stop using the memory box, it is very important. As black people we all know that we do not communicate with our children, technology is available to assist us but we don’t use it. We can take pictures especially with today’s technology, let us take pictures and keep memories” (PRA session 3, G4, p. 11-12).*

In addition to enhancing open communication between parents and children, the community volunteers reported that memory work supported communication and

contact between relatives on a broader level. The following excerpts provide examples:

- *“She is the one now who talks to the sisters and ask them not to fight because they are family, get them together and make peace within the family. So she was also trying to instil that with her sisters and other family members. She is also doing the same thing with her own children” (I, P1, p. 4).*
- *“On my side feel as if the load has been taken off my shoulders, I am getting closer and closer to my cousin” (I, P8, p. 6).*
- *“The memory box just helps people to be one, even families they can always know. No matter what happens, they can fight and all but what’s in that memory box is for keeps. So it can help the community” (I, P7, p. 5).*
- *“One of the pictures was a family picture, she and her mother were in the picture – it was a family picture, her mother had apparently called the whole family together to introduce her children to them and that she is sick. She asked them all to look out for each other. They should get together and meet each other” (I, P1, p. 6).*
- *“She loves her children equally. Also when they fight she teaches them not to fight each other, to understand that they are siblings. She talks to them and does not shout at them” (I, P1, p. 7).*
- *“Yes, I will go back to the other sister, get them together so that they can work on the memory box together. Or take another member of the family, who will get them all together and talk them through the process of peace. She does want them to get together and be a happy family” (I, P1, p. 9).*

Community volunteers furthermore indicated how they supported parents in enhancing communication and transfer within families from parents to children. This idea is captured in Photograph 4.16.



Photograph 4.16:
Supporting transfer between family members

In terms of these experiences of the participants, I reflected as follows:

"It was interesting for me when community volunteers indicated that their clients felt that memory work helped in uniting the family members and relatives. I believe this may help people to remember the value of unity in families. I am of the opinion that if children see elderly members of their relatives being united they will also be encouraged to pursue peace in their lives and this may help our communities and ultimately our country in having happier residents" (Research diary, 4 May 2013, p. 9).

The community volunteers reportedly used memory work to encourage vulnerable individuals to **manage conflict**. During a PRA-session, one of the groups shared their experiences and views: *"Some children take pictures of their parents when they shout and show them how ugly they look and they encourage their parents not to be angry or shout when they talk with them. Parents must learn to be friends with their children and stop being cross all the time"* (PRA-session 3, G2, p. 10).

In support of this, the participants provided the following examples during individual interviews:

- *"It doesn't make him feel good, that is why on my pie chart he shaded that, can you see the family, he shaded the family because he is not happy with his family, this shows how he feels inside. As you can see he does not like the situation at home"* (I, P4, p. 9).

- *“She told me a story that at some stage there was some misunderstanding in the family. So when they were fighting her mother was apparently very cheeky and would shout at them and ask them to make peace, she always emphasised the importance of family, sisters/brother should not fight each other. In most cases the fighting would stop” (I, P1, p. 1-2).*
- *“They also fight a lot and sometimes we leave our home and sleep at the neighbours” (I, P6, p. 3).*
- *“Yes so that they can start visiting each other. I think at first she will need to talk to them individually before allowing them to visit one another to avoid any conflict” (I, P1, p. 9).*
- *“What I did was speak to her sister and told her why do they not get together as sisters and talk their problems over just the way their mother would have wanted them to. My sister was also trying to be a middle person in resolving the conflict” (I, P1, p. 9).*

Various community volunteers shared examples of parents being challenged in dealing with the problems of their children. The following examples apply:

- *“So we talked, I tried to console her. I told her that children nowadays are different, especially when they get to a certain stage, she must be patient, she will stop and come back home” (I, P2, p. 1), and “I also told her that she is not alone in the problem, most parents are in such a problem” (I, P2, p. 3).*
- *“She told me her daughter was pregnant. I said to her all children are like that, she will be different after the baby. I know that it was not easy for her to talk to me. I also realised that she loves her child. I then said there’s nothing wrong, you must love your child, we have all made mistakes” (I, P2, p. 7).*
- *“It can assist us because different children have different problems in their homes. The memory box will assist in this way other children are not good communicators, but we watch them when they make the memory boxes, you can easily spot where the problems are, why did you choose these pictures the child will then explain. This is how we get the information” (I, P6, p. 4).*

- *“We will inform the parents that the reason we called them is so that they can see what their children are doing. The parent will sit there and watch what his/her child is doing” (I, P6, p. 8).*

In support of these views, I noted the following in my research diary:

“In our culture it is not easy for parents to communicate with their children but it seems memory work helps them to communicate easily and to express their challenges and to deal with them. I think as families make memory boxes together they may get used to sharing their experiences, achievements and challenges” (Research diary, 4 May 2013, p. 10).

4.3.2.2 Subtheme 2.2: Personal gains volunteers experienced when using memory work

While the community volunteers were busy making their own memory bags as part of the first PRA-workshop I observed feelings of happiness amongst the group. I documented my observations in the following manner in my research diary: *“As I passed by I heard they were discussing how they wanted their memory boxes to be and how they were going to use them. Then I came to the conclusion that this was a skill that they valued in their own lives” (Research diary, 2 October 2012, p. 1).*

In further support during the third field visit, I noted:

“I am happy to realise that the skill of memory work helped community volunteers to deal with their challenges as it will be easier for them to support vulnerable individuals as they will be able to testify to their clients how memory work has changed their lives. They will be able to share emphatic highlights with their clients. It will be easier for them to encourage their clients to use memory work in their lives as they know that it has worked for them” (Research diary, 4 May 2013, p. 10).

In terms of the benefits experienced by the community volunteers when utilising memory work with vulnerable clients, the following categories were identified: benefits on emotional level, and increased self-worth.

(a) Volunteers benefited on an emotional level when using memory work

The community volunteers indicated that they personally benefited on an emotional level by implementing memory work. They namely indicated that they were able to **more openly express themselves** following their implementation of memory work with vulnerable individuals, as evident in the following quotations:

- *“It helped me because it enabled me to communicate with people, talk to them, people feel free to talk about their lives and challenges, where they come from, how they were brought up and so on” (I, P9, p. 6).*
- *“It will support me, it helped me, it was like opening the part of you, so that part of you that you will always treasure or that makes you to feel good, it is you and you want everybody to know who were you” (I, P7, p. 7).*
- *“To be honest with you the memory box assisted me personally, because there are things that stressed me, but after learning about the memory box I shared the information with my family” (I, P3, p. 1).*
- *“If we had known about a memory box before, we could have done better because I believe it reduces stress. It takes your mind away from bad memories. The more you write down how you feel or what you have resolved there must be some relief out of it” (I, P5, p. 6).*

In terms of the expression of emotions when doing memory work, I noted the following in my research diary:

“I was so excited when community volunteers proudly reported how their clients enjoyed doing memory work and how they and the clients were able to express their feelings, frustrations and also how the use of memory work benefited them, especially in bringing families and relatives closer to each other (Research diary, 22 January 2013, p. 3).

In addition, the community volunteers valued their use of memory work as this reportedly enabled them to **deal with challenges in their own lives**. The following explanation was provided during a PRA-session:

- *“I will talk about the memory box and how it changed my life. The memory box starts with you. This will help your loved ones when you are gone, if you pass on people will be able to remember you and know the type of person you are by looking in the memory box. The memory box gives you an opportunity to express your feeling, other people said that they are not*

talkative, but they know what to do, they write what they feel” (PRA-session 3, G4, p. 10).

Another participant in another group said:

- *“Nowadays I am not what I used to be, I am not the same. This year things did not go well with me, maybe she was thinking about people who passed on in her life, all that kind of thing. Your children can learn from this, and the memory box will comfort them when you are gone. We all go through problems. So our lives are not easy, life has its dynamics, we face different things and we have to go through hardships each and every one of us, you have to go through certain paths to reach certain destinations, that is life” (PRA-session 3, G4, p10-11).*

During the same session, another group member shared her experience:

- *“I want to tell you how the memory box benefited me. It was useful and continues to be useful because in one’s life if you are feeling hurt, the memory box will bring happy memories to me. You can even write all the things that affect you, or hurt you when you are alone, and put them inside the memory box. This will give you an opportunity to reflect on where you are coming from, the good and bad memories, I am able to see how nice life was for me in 2012. In 2013 my life changed a little, something happened in my life---” (PRA-session 3, G4, p. 10).*

During individual interviews, the participating community volunteers provided more examples of how they had gained on a personal level, due to them utilising memory work:

- *“A memory box for me, I managed to deal with my issues, the problems I had. It brings good and bad memories, whatever happens in your life you can write down, you can take it out and read it anytime” (I, P4, p. 6).*
- *“I also had a child before I got married but fortunately my child’s father married me. So I said to her the child will be fine, so she has hope that she will come back (I, P2, p. 7).*
- *“Yes that’s what I did. I told them that the memory box assisted me, distracted me from talking about my problems. The memory box gave me*

the courage to talk about how I really feel. It assisted me; it made me forget all my problems” (I, P3, p. 4).

- *“The memory box will show you where you come from and where you are going and you are able to see how you got to where you are. You write your problems and put them inside the memory box. So one day you remember that I once had a challenge and this is how I solved it, the memory is in the memory box. How did I solve this challenge?” (I, P4, p. 6).*

In support of these reports, I reflected in my research diary:

“As community volunteers were busy with their memory boxes they were also sharing their life stories amongst each other. They used the memory box making session to remember the good things that had happened in their lives and also how they wanted their children to remember them when they are no more. Most community volunteers explained that it helped them to appreciate who they are and they also identified the good things that they have done in their lives. As such they realised that they are worthy” (Research diary, 2 October 2012, p. 2).

Next, the participants indicated that through the skill of memory work they were able to **express their future hopes and dreams**. The following contributions provide examples:

- *“For instance if you want to be an actor, you cut the Queen’s picture from generations. But by using these pictures I get more information, Queen is representing me. So the memory box assisted us a lot – the pictures represent whatever you want them to represent. So if there are things you wish to change in your life, you will cut the pictures according to that. That is what I teach them” (I, P4, p. 5).*
- *“You can always go back and check what were your dreams and step back, if you wanted to be a teacher and you did not become one, you can ask yourself where did I go wrong. I think it’s good for everyone” (I, P4, p. 5).*

During a PRA-session, one of the participants stated:

- *“I also felt good after doing my memory box. I realised that I can use it to store my good memories. It made me realise that I have a lot of things that I must thank God for. I can still do a lot of things in my life even if I am not*

working. I will go and teach other people who have challenges about memory boxes, on how to use a memory box to remember the good times in their lives, how to plan for their future and how to appreciate the things that they have and not to be discouraged or lose hope if things don't go ok" (PRA-session 2, G2, p. 3).

In support, I reflected in my research diary:

"When community volunteers expressed the hope that is kindled by the use of memory work, how they appreciate the little that they have in their lives and how they intend to go out to their clients and motivate them in the same way that they are motivated, I realised that this is a tool that will definitely make a difference in the lives of most vulnerable people" (Research diary, 22 January 2013, p. 4).

(b) Using memory work reportedly increased volunteers' self-worth

Using memory work with vulnerable individuals seemingly increased the self-worth of the community volunteers. During a PRA-session a community volunteer explained how memory work had helped her personally in terms of her own self-image and the value she experienced in life:

- *"I want to tell you how the memory box benefited me. It was useful and continues to be useful because in one's life if you are feeling hurt, the memory box will bring back happy memories to me. You can even write about all the things that affect you, or hurt you when you are alone, and put them inside the memory box. This will give you an opportunity to reflect on where you are coming from, the good and bad memories, I am able to see how nice life was for me in 2012. In 2013 my life changed a little, something happened in my life. Sometimes you visit a person they tell you about their problems. What I do I tell them to write the things that hurt them and read them later on, this will somehow assist them to forget about the problem"* (PRA-session 3, G3, p. 10).

Similarly another participant explained how she became aware of her own abilities to identify strengths in others while implementing the technique of memory work:

- *“When we were busy doing the memory box, I observed something – he has the strength, he drew a nice picture which indicated to me that he was a gifted in art. He loves art” (I, P4, p. 5).*

Other community volunteers felt proud of their use of the technique, based on the feedback they received from others. They reported as follows during individual interview sessions:

- *“My sister, it assisted me a lot because I had my own beliefs. I learnt a lot from the memory box” (I, P6, p. 4).*
- *“She respects me a lot. She tells everyone how I have helped her which makes me feel good. People respect me because of what I do. It makes me feel good” (I, P2, p. 9).*
- *“She is happy, I just don’t think she understands it fully but I think she will eventually understand, as I’ve stated sometimes she is in a different frame of mind, but what I do know is that she doesn’t want anyone to touch it. She would say ‘don’t touch this, this is mine’ so she understands its importance” (I, P8, p. 7).*
- *“If I have a problem I must come to you and talk it will make me feel better, it helped a lot. Also my visit to her home she appreciated it” (I, P6, p. 3).*

In support of community volunteers reporting increased levels of self-worth, I observed them as proud when making memory boxes and reporting on their use of memory work during the first field visit. Photographs 4.17 and 4.18 provide supportive evidence of this observation, as also captured in my research diary:

“What is more interesting is that it drives a person to ultimately talk about most of the things that affect them both positively and negatively. This probably made them have the courage to support other vulnerable people with pride as they realised that they were able to face their own challenges. They probably realised that they are of value in their communities. From there the community volunteers seemingly used the same skill in guiding and supporting the clients to deal with the challenges that they are facing” (Research diary, 3 May 2013, p. 7).



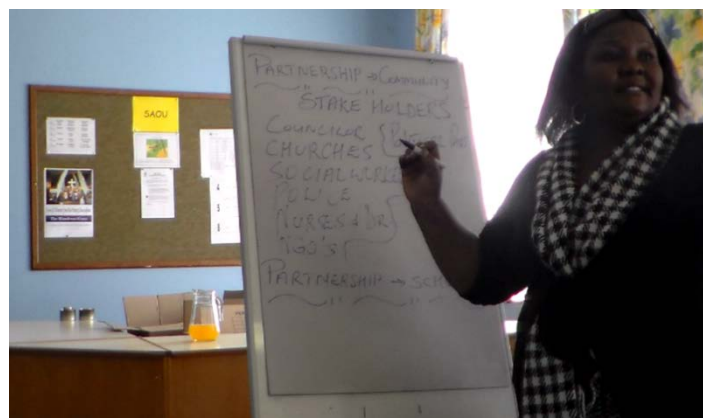
Photographs 4.17 and 4.18:
Community volunteers being proud of making their own memory boxes

4.3.2.3 Subtheme 2.3: Volunteers reported gains for clients with whom they used memory work

According to the community volunteers, memory work had the following advantages for vulnerable individuals and community members: Taking agency to deal with challenges, dealing with challenges, and gaining in terms of relationships.

(a) Clients use agency to deal with challenges

The community volunteers reportedly assisted vulnerable individuals to access available support, as part of their implementation of memory work. In various cases, they collaborated with stakeholders, in supporting vulnerable individuals to obtain help. Photograph 4.19 captures a session during which the participants identified stakeholders that could potentially assist them in supporting vulnerable individuals.



Photograph 4.19:
Community volunteers identifying stakeholders available in the community

In support of this session, community volunteers provided examples of how they assisted vulnerable individuals to access the help of stakeholders, in order to take up the agency of their problems.

- *“As we were talking she was on her way to the clinic. I walked her to the clinic. When we arrived there I learnt that she was a defaulter. I then spoke to the doctors and told them about her problems, why she was defaulting. So the doctor understood that she was under stress” (I, P2, p. 2).*
- *“We networked with Masizakheni. They promised to take over taking the grandmother to the clinic. But now at the moment this boy is at SANTA for drug rehabilitation” (I, P4, p. 10).*
- *“We found our parents here at the school. We do not work outside the school we work here at the school. If there are other problems we ask the principal to call the parents to the school so that we can address their problems or assist where we can” (I, P1, p. 10).*
- *“Our new committee wants to find someone to counsel the whole family. They need someone who can come in and assist the whole family” (I, P3, p. 2).*
- *“We took her and called a social worker mrs ---. There was an improvement after that, she was better” (I, P5, p. 3).*
- *“I was then told to go with her to home affairs and ask them for a form, I went to home affairs, I was told that she must come personally. The following week, I went with her to get the forms from home affairs. I gave it to the doctor. Next week Tuesday we are going to check whether she’s been approved” (I, P2, p. 1).*
- *“The grant, we have completed the forms for the disability grant with the doctor and took them to home affairs” (I, P2, p. 7).*
- *“For instance if I cannot sort out my problem I go and network, share my problem with people who are more experienced than me and tell them that ‘I have this problem, this challenge, how can I sort it out’. They will then advise me and then I come back, sit down with this person and tell him/her that I got advise from other people this is the advice I was given. Let’s try this and see what happens, I do not give up until the problem is resolved. I keep trying until he/she is okay” (I, P4, p. 6).*

As such, the community volunteers supported individuals to access services like medication from clinics, or rehabilitation centres such as SANTA. In addition, they assisted them to access grants. Furthermore,

“Some community volunteers explained how they integrated the use of memory work with empowering clients with some skills like parenting skills, encouraged families to have better relationships, and also empowering the community members with some survival skills like encouraging them to identify the assets that they are having in their communities like selling some goods and having gardens so as to have some vegetables that they can use in their families or sell so as to make some income” (Research diary, 22 January 2013, p. 3).

In this manner, vulnerable individuals were reportedly supported in dealing with challenges related to poverty and unemployment. When I reflected, I noted:

“Sometimes I think that if our minds can be liberated from the idea of poverty we may find ourselves learning to focus on our dreams like eagles, and we may find ourselves fulfilling our dreams. I thought if we can learn to empower each other by identifying and appreciating the beauty, talents, creativity and abilities may be able to achieve s of each other it will be easier for people to complement each other as we are different parts of the body that are meant to be of service to each other. I wish that as community volunteers empower vulnerable people they should treasure what they have learnt, apply it in their lives and also use it to empower others” (Research diary, 4 May 2013, p. 10).

(b) Clients deal with challenges

In the community volunteers' view, the vulnerable individuals they worked with indicated that memory work assisted them in dealing with negative experiences and challenges they faced. During a PRA-session one of the groups explained that several people could benefit from applying the skill of memory work:

- *“The memory box can also benefit small children. Some had never met their grandparents/great grandparents and they can be shown the memory box. They will get to know about their deceased grandparent/great-grandparents. All her valuables including photographs and some of her belongings which would be in the memory box after she/he has passed on. The children will*

get to know about the kind of life their grandparents lived before they were born” (PRA-session 3, G1, p. 4).

In further support of this view community volunteers mentioned several examples of clients being able to deal with the loss of loved ones (parents) following their involvement in memory work:

- *“He felt very good because he told me that he misses his parents but the memory box has brought him closer to them. They are now closer to him and he is able to talk to them when he sees their pictures. He uses pictures that represent him, he has now improved and the community begins to see him differently” (I, P4, p. 10).*
- *“She felt good because she stopped crying for her mother – she has accepted that she now lives with her grandmother, so it makes her feel good, it assisted her too” (I, P9, p. 7).*
- *“She now plays with other children, she no longer feels sad when she remembers that she does not have a mother or father. She lives a much better life” (I, P9, p. 7).*
- *“After we did the memory box, he told me that he feels closer to his mother now, because he didn’t know that by maintaining his mother’s precious belongings will assist him to connect with his mother. He talks about his problems now. So he said he felt closer to his mother. He now talks about how he feels” (I, P4, p. 4).*

In addition to clients dealing with loss, the community volunteers reported cases where clients (children) changed their negative behaviour, following support sessions which involved memory work:

- *“She felt good because we were playing, talking, she was laughing and having fun” (I, P9, p. 4).*
- *“The day he was kicked out of school he cried and asked me what must he do? I said okay go and stay at home, and we will see what to do. So I decided to call him and show him how to make a memory box” (I, P4, p. 10).*
- *“We continued, at the moment she is in grade 4, she grew up, continued to go to school and started to enjoy going to school” (I, P9, p. 4).*

When reflecting on my observations related to clients' reported ability to better deal with loss, I noted the following:

"When I think of the children who face different kinds of loss and the fact in most cases they do not find any, I find it very comforting to realise that the community volunteers will be able to use memory work to support such children" (Research diary, 22 January 2013, p. 9).

(c) Clients report relationship gains

The community volunteers shared their view that memory work benefited vulnerable individuals on an intrapersonal level. One of the volunteers explained how a client of her was able to deal with feelings of self-blame, following the memory box activity:

"She was blaming herself as if she had failed to raise her child. I talked to her and calmed her down, I also told her about my own children" (I, P2, p. 3).

In addition, vulnerable individuals were reportedly able to more easily express their feelings and preferences as a result of their involvement in memory work. The following quotations provide supportive evidence:

- *"I think it's important for a person to have a memory box, maybe you leave your family with memories, the things that you loved ..., you can also write down how you feel about them, surprise them ..., I think it's like that"* (I, P8, p. 6).
- *"After we did the memory box, he told me that he feels closer to his mother now, because he didn't know that by maintaining his mother's precious belongings would assist him to connect with his mother. He talks about his problems now. So he said he felt closer to his mother. He now talks about how he feels"* (I, P4, p. 4).
- *"Yes it will help me a lot, I ask myself: 'what do you want in your life', your values, everything you can write down about you, whatever is in your heart you put it in writing. You remind yourself about your strength ..., so you must use it. Sometimes you think of something and you forget it"* (I, P4, p. 11).

In further support, during a PRA-session, one of the community volunteers explained how memory work had benefited her:

- *“Me too, the memory box assisted me a lot. I did not believe in things like memory box but now I’ve put everyone in my memory box. I also wrote letters about my sister, the type of person she was so that they do not forget about her completely. And other people, the type of people they were so that they are not forgotten. So it has helped me a lot and was extremely useful to me because my family, my sisters live far away from me” (PRA-session 3, G4, p. 9).*

In this regard, I noted the following in my research diary: *“I was happy to realise that memory work is helping the vulnerable people to be able to better communicate with the different members of their families and relatives”* (Research diary, 3 May 2013, p. 7).

4.3.3 THEME 3: CHALLENGES VOLUNTEERS EXPERIENCED WHEN USING MEMORY WORK WITH CLIENTS IN A POVERTY CONTEXT

Besides the reported benefits experienced by community volunteers in utilising memory work with vulnerable clients, they also indicated some challenges experienced during implementation of the memory box making technique. The following subthemes apply: addressing myths regarding memory work and limited resources to implement this work. Table 4.5 provides an overview of the inclusion and exclusion indicators I used to identify the subthemes and related categories for Theme 3.

Table 4.5: Inclusion and exclusion indicators for Theme 3

Sub-themes	Categories	Inclusion	Exclusion
3.1 Addressing myths regarding memory work	Memory work is meant for specific groups of people only	All data that indicate that memory work is only meant for a specific group of individuals; i.e. people who are HIV-positive, old or dying	Data that indicate memory work as the source of good or bad luck
	Memory work will result in bad luck	All data that shows that memory work will result in bad luck	Data that relate to the belief that memory work is meant for people who are HIV-positive, old or dying, or will bring good luck
	Memorabilia will bring good luck	All data that shows that memory work will bring good luck	Data that relate to people who are HIV-positive, old or dying, or are the origin of bad luck
3.2 Limited resources to implement memory work	Limited technological resources and skills	All data that relate to limited technological skills such as using a camera, which resulted in community volunteers experiencing challenges to implement memory work	Data that relate to community volunteers not being able to financially assist clients in need, or indicating limited support by others
	Limited financial resources	All data that relate to limited finances and community volunteers not being able to financially support their clients	Data that relate to limited technological skills and support by others, resulting in challenges when implementing memory work
	Limited social support (social capital)	All data that shows lack of support to community volunteers and vulnerable individuals by schools, clinics or parents	All data that show lack of financial resources or technological skills

4.3.3.1 Subtheme 3.1: Addressing myths regarding memory work

As discussed in Chapter two, many Africans believe that the dead continue to exist in spirit form and can be recognised as the so-called “living-dead”. The African philosophy argues that ancestors can intercede and advise them when called upon by the living (Nabudere, 2008). As it is believed that ancestors have enormous supernatural powers, the belief may be deepened that spirits control the good and bad events that occur in the lives of people. This myth leads to most people believing that everyday events in their lives are influenced by supernatural powers and that if they act according to what the spirits want, they would be protected by these spirits and all will be well in their lives. It is also widely believed that, if one abandons the tribe’s traditions or disturbs the harmony within the tribe, the ancestors may withdraw their protection and attack one from the much feared spirit world, causing pain, disaster or bad-luck to the one who has abandoned them (Munza, 2005; Lambert, 2008).

Lambert (2008) claims that victims of ancestralism believe that they must maintain communication with the dead, as the ancestors are able to protect or punish their earthly relatives according to the whims of their unpredictable natures. The use of memory work can be viewed as appropriate in this context in which people believe that they should maintain communication with the dead. I am of the opinion that such communication may assist individuals in expressing their fears, frustrations and pain regarding the loss of loved ones.

The community volunteers were reportedly confronted with some culturally related myths when implementing the memory box making technique with vulnerable people. They faced the challenge of correcting such misperceptions. The following categories were identified: memory work is meant for specific groups of people only, memory work will result in bad luck, and memorabilia will bring good luck.

(a) Memory work is meant for specific groups of people only

Some of the vulnerable individuals were allegedly of the opinion that memory work is meant for specific groups of people only, based on their race, illness stage or age. The following excerpts capture this belief:

- *“When my mum and I talk about memory box my mother will tell my grandmother to join us in making the memory box then my grandmother would say those are things done by white people. So my grandmother did not see it as something useful, she said those are the things done by white people, she did not see it as something that is relevant in our culture” (PRA-session 3, G1, p. 1).*
- *“Do you know what a memory box is? They will say. ‘It’s for white people’ so we need to introduce it to them, I will tell them it is not for white people only” (I, P8, p. 7).*
- *“Young people seem to think memory box is for old people, it is something in the past” (I, P3, p. 4).*

In addition to the perception that it is only meant for certain groups of people, most vulnerable people also believe that memory work is meant for people who are sick and that if they use the skill of memory work they may be associated with these sick people. Furthermore, they often believe that sickness is associated with having offended the ancestors and that the only way of appeasing them and being healed is by communicating with the ancestors through rituals and sangomas. This belief has led to a loss of many lives in South African communities as some people find it hard to accept their illness and may attribute this to witchcraft, the fact that the ancestors are not happy with them, and the illness being the ancestors’ way of punishing them for their wrong doing.

(b) Memory work will result in bad luck

Vulnerable individuals reportedly also believed that talking about death and people who have passed away will bring bad luck in their lives. The following excerpt captures this belief:

“Some of our clients do not like the memory box, they say a memory box creates bad luck and may make a person to die before time. ... some people do not believe in a memory box, things like an obituary of the deceased, or some people can do their own obituary whilst they are still alive, maybe this is the reason why some of our clients are not interested in a memory box” (PRA-session 3, G2, p. 6).

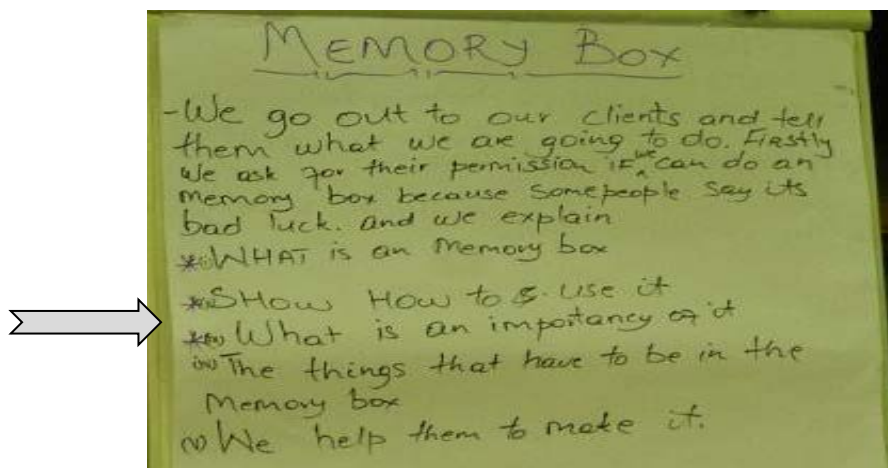
During the same session, another group confirmed the above belief. A participant explained:

- *“My mother also told me that my grandmother said she was not ready to die yet, so we tried explaining to my grandmother that it does not mean that if she makes a memory box she is going to die, or that she is inviting bad luck in the family and she understood” (PRA-session 3, G1, p. 1).*

This belief is further supported by the following quotations:

- *“She felt much better because after we finished with the memory box as she said she was scared that memory box means that she is going to die, if she does it she will be inviting bad luck in her life. I told her that you do not do a memory box because you are going to die, it’s something that can help you with good memories. So it assisted her because the more I talk to her the more we discussed her problems and there was a big difference in her life” (I, P2, p. 5-6).*
- *“It is important that if you talk to people about the memory box you must be very clear so that they can understand you because some people think that a memory box is used for dead people and that if you use it you will bring “ishwa” (the spirit of bad luck or death) in your family and all the members of your family will die one by one. So if a person does not understand you can show it to them so that they can see why it is worth doing” (I, P3, p. 6).*

Photograph 4.20 captures one of the group's ideas on memory box making, indicating the general view that memory work is associated with bad luck.



Photograph 4.20:
Myth about memory work

When reflecting on this belief in general society, I noted the following:

"I found it interesting to realise that participants expressed the myths about bad luck and also good luck in using memory work. I was happy that they also think that memory work can bring good luck for them as they may not give up on implementing it" (Research diary, 22 January, 2013, p. 4).

(c) Memorabilia will bring good luck

According to the community volunteers many vulnerable individuals still believed that if one uses something that belongs to the ancestors one will have good luck. The following quotations provide examples:

- *"A memory box can be regarded as your friend; you put it in a memory box so that you can remember the deceased. Whenever you miss this person you can lock yourself in your room and look at it and remember the person who has passed on. You will remember all the good things you shared and wish the person was there. Thereafter you will feel better, you will feel as if you were talking to that person and your life will be good again" (PRA-session 2, G2, p. 5-6).*
- *"Kists were used by very old people, you would find that a great grandmother left this kist years ago. Most things were kept in the kist. Others say if you have something in the kist you will wear it and it will make you feel better" (I, P3, p. 4).*
- *"Yes, they say old things that belonged to the forefathers should not be destroyed, and must be kept in a kist as they will bring good luck when used in future" (I, P3, p. 5).*

In this regard, I reflected as follows:

"This shows that the use of memory work has been in existence for decades in most cultures. It's just that we are now taking it further and using it more seriously to address challenges and empower our communities and vulnerable people with the same skill that has been in existence for decades" (Research diary, 22 January 2013, p. 3-4).

4.3.3.2 Subtheme 3.2: Limited resources to implement memory work

The community volunteers identified some practical challenges experienced by them in implementing memory work. The following categories apply: limited technological resources and skills, lack of sufficient financial means to provide support, and limited social support by others.

(a) Limited technological resources and skills

Some of the community volunteers indicated that they found it difficult to use the disposable cameras when implementing memory work with clients. The following excerpts capture their frustrations:

- *“Even the person who took photographs told me that the camera is not working properly – we just had to take the pictures with what we have, he said it does not work” (I, P5, p. 9).*
- *“I had challenges, I didn’t know how to operate it, I asked my neighbour’s child to come and help me. So they came to assist me” (I, P6, p. 8).*

I reflected on this reported challenge following the interviews with the participants:

“I wish I had demonstrated to the community volunteers how to use the disposable camera, but unfortunately I took it for granted that they were be able to use them as they are like any other camera. In future I should make it a point that I ask people if they are familiar with what they are supposed to do and if not then demonstrate what I request of them” (Research diary, 3 May 2013, p. 4).

In support of this challenge as experienced by the participants, only a few of the disposable cameras that were collected after the sessions they completed had photographs on them. The majority of the cameras did not hold evidence of the sessions facilitated by the community volunteers. In the case of photographs being taken, these were generally vague, out of focus and not clear.

(b) Limited financial resources

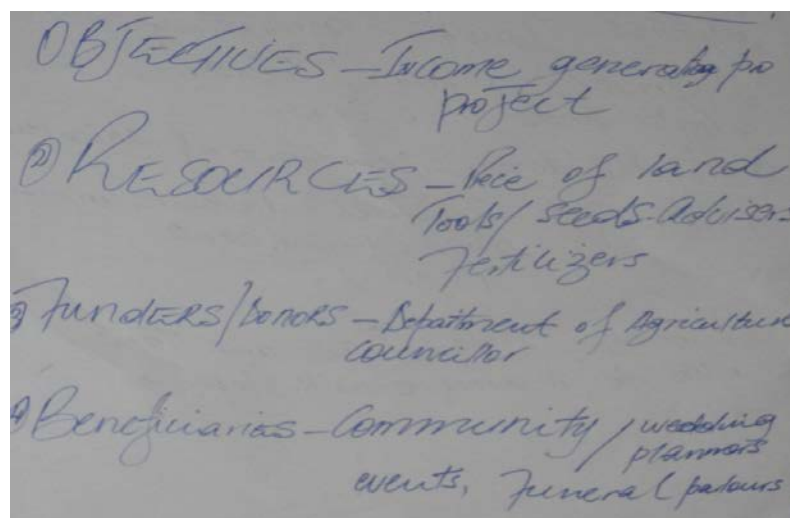
Despite various efforts of community volunteers to psycho-socially support vulnerable individuals, they often felt helpless due to the challenges related to limited financial means. One of the participants explained:

- *“Her daughter then told me she had an interest in making her own memory. They are really struggling. For the family to eat the girl must go to her boyfriend to get money... It was very depressing for me after the girl told me that she must go to the boyfriend so that they can have food to eat. I wished that I had money to help them or that I could get food parcels for them so that they can have food. This reminded me of other young girls who have turned into prostitutes. I was really heartbroken” (I, P3, p. 1).*

Closely related, during a PRA-session, one of the groups indicated the intention to raise funds in order to support vulnerable children:

- *“Our way forward is to collect some clothes. We will go to the community to ask them to collect for us, so that we can give to the orphans, we can contribute our clothes and ask the teachers also to help us, do an auction that is to sell these clothes to the people in our community and others from other places so that we can feed those orphans, we need food parcels so that we can help them, out of those clothes we were selling, we can also ask our surrounding churches to donate to us for those old clothes to make a contribution as well, that is to sell so they can also help us for the old clothes that we can sell them to make food parcels for the orphans” (PRA-session, G3, p. 3).*

In support of this explanation Photograph 4.21 captures some ideas of the participating volunteers for raising money in order to support vulnerable individuals.



Photograph 4.21:
Ideas on how to raise funds to support vulnerable people

The fact that community volunteers also seemed to experience financial problems and the challenges they faced left me humble. I reflected:

"I so wish that the community volunteers were at least given the resources to fulfil their volunteering tasks. It is sad for people to volunteer their time and at the same time they have to worry about how they will fulfil their tasks since they do not have the resources to do so. I wish our government could find a way of making the task that the community volunteers are fulfilling to be more catered for regarding the resources that they need" (Research diary, 3 May 2013, p. 10).

4.3.3.3 Limited social support (social capital)

Some of the community volunteers experienced the challenge of parents and other role players not supporting vulnerable individuals. They however seemed to refer such cases and services to suitable stakeholders in and around the community. This subtheme is captured in the following excerpts:

- *"Yes we will continue using memory work in our projects. There's a child who goes to some school, I went to the school to meet with the deputy and was told that the child's mother is using the child grant. She left the kids on their own and went to Johannesburg, when I went there I found that there's no food at home so I went to the school to speak to the deputy of the school. The deputy promised to help by calling a social worker as it is difficult for the school to handle such problems so that the child can apply for a child support grant to be in his name or a guardian"* (I, P5, p. 8).
- *"The principal did not know the child's history, and he was not interested in understanding the background of the child. He kicked the child out of school. This then became a bigger challenge because he no longer goes to school"* (I, P4, p. 2).

According to the community volunteers the community found it difficult to deal with the issue of substance abuse as they did not feel equipped and adequately empowered in this regard:

- *"A lot of children in this area do not go to school. They drop out of school early and resort to drugs. The grandparents are left to care for the grandchildren because of HIV poverty and unemployment and they don't*

know how to support these children. So what happened is,... I arrived there and found that she/he is living with aunty, grandmother and the brothers. Nobody cared about the children. It's a home where they are drinking all day that is why the child became a victim of drugs. In the community people.it seems it's a way of life to steal people's belongings and go and sell them. Because the child was still going to school, he was caught at school" (I, P4, p. 11).

In reflecting on this idea, I noted:

"I am glad that the community volunteers are concerned with the problem of drugs as it is affecting our country. I wish the government was prioritising the support of children who are involved in drugs as most of the children are exposed to drugs even without their knowledge. It seems this problem will soon be unmanageable in our country and we will be having a future generation that was destroyed by this issue of drugs" (Research diary, 3 May 2013, p. 10).

4.4 CONCLUSION

In Chapter four, I presented the results that I obtained following thematic inductive analysis. These results reflect my interpretations of the participants' experiences and perceptions when using memory work in supporting vulnerable individuals in poverty-related circumstances. I provided the inclusion and exclusion indicators I used in identifying the themes, subthemes and categories I discussed. Throughout I made use of participants' verbatim quotations, visual data and extracts from my research diary in order to authenticate my results.

In Chapter five I discuss the findings of the study against the background of the existing literature presented in Chapter two. I highlight correlations, contradictions, silences and new insights obtained, based on the findings of the study. I came to conclusions and also make recommendations, based on the findings I obtained.

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CHAPTER 5

DISCUSSION OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

“If you do not have enough to share with others you are still poor”

Elliot Molefe Kgosana

5.1 INTRODUCTION

In the previous chapter I presented the results of my study in terms of the themes and subthemes I had identified. In this chapter I highlight new insights gained from this study, and interpret the results against the background of existing literature, as presented in Chapter two. I discuss points of agreement as well as contradictions within existing literature when comparing the results I have obtained. I also refer to the information gaps I have identified in the literature.

I revisit my research questions, aiming to address them in terms of the findings of the study. I come to final conclusions, and reflect on the potential contribution and limitations of the study. Finally, I make recommendations based on the findings I have obtained.

5.2 OVERVIEW OF THE PRECEDING CHAPTERS

In Chapter one, I indicated the purpose of this study, namely to investigate the use of memory work by community volunteers in providing psycho-social support to individuals facing poverty-related risks and adversity. I thus set out to explore and describe how community volunteers may utilise (or not) memory work when they work with vulnerable clients, and how they perceived the use of memory work in supporting such individuals. In this manner, I aimed to explain how memory work could be viewed as a supportive tool (or not) when providing psycho-social support.

Chapter one, therefore, served as an introduction to the study, and provided an overview of the study, my reasons for undertaking the study, the research questions,

and an explanation of the key concepts that guided the study. I discussed the theoretical framework of the study, namely the asset-based approach, and introduced my selected paradigms. I presented a framework of the research methodology, and briefly referred to the ethical considerations and quality criteria applicable to the study.

In Chapter two, I explored existing literature that relates to the manner in which poverty-related issues may affect people and how vulnerable communities can potentially benefit from the services of community volunteers. I explained the potential use of memory work, and contemplated the possibility of community volunteers applying this technique in their work with vulnerable clients. Throughout, my discussions were informed by the selected underlying theoretical framework, namely the asset-based approach. I also referred to existing theory on Ubuntu and Maslow's hierarchy of needs.

In Chapter three, I gave the rationale for the methodological choices I made, namely to follow a PRA-based intervention research design taking an interpretivist stance. I justified the choices I made against the background of the research questions and purpose of the study. I also explained the selected data generation (PRA-based workshops, face-to-face interviews, observation) and documentation strategies (visual techniques, field notes and research diary), as well as the process of data analysis and interpretation. I concluded the chapter with a discussion of the ethical principles that guided the study, and the manner in which I attempted to ensure trustworthiness.

In Chapter four, I presented the results of the study. After briefly describing the process of my study, I discussed the results in terms of the three main themes and related sub-themes I had identified. Throughout, and where appropriate or possible, I included verbatim excerpts and visual data in support of the themes I discussed. As I relied on the interpretivist paradigm, the results I presented reflect my insight into the participants' experiences when using memory work with vulnerable individuals, for the purpose of psycho-social support.

In Sections 5.3 to 5.6 I relate the results I obtained to existing literature in respect of confirmations, contradictions and new insights gained from the use of memory work

by community volunteers in a poverty setting. Following this discussion, I interpret the findings I obtained in terms of the selected theoretical framework, namely the asset-based approach.

5.3 VOLUNTEERS' USE OF MEMORY WORK WITH CLIENTS IN A POVERTY SETTING

In this section I discuss the findings of this study, in terms of confirmations and contradictions of existing knowledge as well as new insights emanating from the use of memory work by volunteers working with clients in a poverty setting.

5.3.1 CONFIRMATION AND CONTRADICTION OF EXISTING KNOWLEDGE ON VOLUNTEERS USING MEMORY WORK WITH CLIENTS IN A POVERTY SETTING

As indicated in the literature in Chapter two, no studies of (i) volunteers using memory work, or (ii) using memory work to support clients in a poverty setting were evident. Consequently, there are no apparent contradictions in this regard. Literature does however show that other helping professionals use memory work in their work-life. For example, teachers (Loots & Mnguni, 2008) can use memory work to support vulnerable children. Furthermore, social workers, psychologists and pastors (Doughty & Hoskins, 2011) use memory work in their work-life to support people who have lost a loved one. In the current study, memory work was found to be useful in assisting in health-related cases, especially with people suffering from chronic diseases (UNICEF, 2004). In addition and similar to what I found with regard to volunteers using memory work to assist clients facing the challenge of unemployment, I also noted that Ebersöhn (2007) conducted a study on using memory work in career guidance.

As such, the findings of this study confirm the type of challenges that could potentially be addressed by utilising memory work. The findings of this study compare with the initial purpose of memory work, namely to support individuals in coping with loss or illness, specifically in the HIV&AIDS context. However, a difference can be identified in the people facilitating memory work. For example, whereas this study involves community volunteers, the groups of people included in other existing studies, include people such as teachers and social workers.

5.3.2 NEW INSIGHTS INTO VOLUNTEERS USING MEMORY WORK WITH CLIENTS IN A POVERTY SETTING

New evidence from the current study confirms that (albeit from a small sample) volunteers can use memory work with clients in a poverty setting. The volunteers included both men and women of different age groups. As such, memory work may be applied by volunteers in the South African context, regardless of their age or gender.

5.4 CASES IN WHICH MEMORY WORK CAN BE USED IN A POVERTY SETTING

Next, I summarise the findings I obtained in the cases in which memory work was used by the participants and this I achieve by referring to confirming, contradictory and new knowledge.

5.4.1 CONFIRMATION AND CONTRADICTION OF EXISTING KNOWLEDGE IN TERMS OF CASES WHERE MEMORY WORK WAS USED BY COMMUNITY VOLUNTEERS IN POVERTY SETTINGS

As already indicated, no specific research has in the past focused on using memory work in contexts of poverty. As a result, there are no contradictions in this regard. However, cases for which memory work has been used in other contexts and studies not similar to this study were referred to in this study. These cases include children facing psycho-social challenges such as for example, orphans living with grandparents or relatives, child-headed households, children dropping out of, or being expelled from school, rape victims, people abusing substances, and children in need of support (Aliber, 2003; Evans, 2005; Kingdon & Knight, 2003; UNESCO, 2013). In addition, and as found in this study, health-related challenges such as coping with the death of loved ones and incurable disease have been captured in existing literature (Aliber, 2003; Kelly, 2000; Thompson & Rudolph, 2000; World Bank, 2000b). The community volunteers participating in this study also supported cases (clients) facing psycho-social, as well as health-related challenges, and this is in line and consistent with existing studies.

With regard to health-related challenges, specifically coping with incurable diseases, the community volunteers in this study indicated that they used memory work to support people who were HIV-positive. Participating volunteers reportedly often used memory work to support people with incurable diseases in order to help them find new meaning in their lives. The use of memory work specifically provided for safe channels of communication, where HIV&AIDS patients could share their experiences and start dealing with their illness. These findings are supported by related studies (Jolla, 2014; Winkler, 2003).

It is widely acknowledged that individuals living with HIV&AIDS may experience social stigmatisation and exclusion that usually start in the family and extend into the community (Siyam'kela Project, 2003). In this regard, Winkler (2003) states that people living with HIV&AIDS are often victims of discrimination and prejudice in their families and environments. Contrary to findings such as these, the participants in this study indicated that they as well as the community at large supported and accepted people infected and affected by HIV&AIDS. Stigmatisation seemingly no longer prevailed in these communities at the time I conducted the study. Instead, HIV-positive individuals were reportedly envied by others as they had access to governmental grants. From this perspective, it would seem that poverty may have resulted in people accepting others who could access financial grants based on their HIV-status. This hypothesis requires further investigation.

As is the case in other studies on memory work, community volunteers in this study thus used memory work with clients who had to cope with the death of loved ones (Aliber, 2003; Evans, 2005; Kingdon & Knight, 2003; UNESCO, 2013), and incurable diseases (Aliber, 2003; Kelly, 2000; Swanepoel, 2006; Thompson & Rudolph, 2000; World Bank, 2000b). Based on existing studies, memory work can be viewed as a way of encouraging family members to share the memories of their lives, show how they have celebrated their lives, and ultimately accept that they are not going to live forever. This process may give them the courage to talk openly about death (Swanepoel, 2006). Papadatou (2002), and Ebersöhn *et al.* (2008) agree that pre-bereavement counselling may specifically support children in dealing with the future death of parents, as adults may in this manner guide children on how to perceive death before they are faced with its reality.

Closely related, a young child who participated in this study, and who had been living with her grandmother after the death of both her parents reportedly revealed how memory box making assisted her in dealing with her loss. Community volunteers in this study therefore used memory box making to assist young children to deal with the trauma of losing parents. As such, memory work can be used to prevent personal, interpersonal, or social problems that may be the result of unresolved grief. Similarly, Swanepoel (2006) found that community volunteers can fulfil an important role in supporting vulnerable people to cope with death or dying, especially children who find it difficult to express their feelings about the death of a loved one. In line with the Swanepoel (2006) study, the participants in this study, through their implementation of memory work as a supportive strategy, also supported vulnerable children to more easily express their feelings when dealing with loss or potential loss.

In existing studies, psycho-social support *via* memory work often focuses on orphans living with grandparents or relatives (UNICEF, 2006), child-headed households (WHO, 2006) and children in need of support (Louw & Louw, 2007; Mechanic & Tanner, 2007; WHO, 2006). In this study community volunteers similarly used the skill of memory work to support orphans living with grandparents or relatives, child-headed households, children dropping out of, or being expelled from school, rape victims, people abusing substances and children in need of support.

5.4.2 NEW INSIGHTS IN TERMS OF CASES WHERE MEMORY WORK WAS USED BY COMMUNITY VOLUNTEERS IN POVERTY SETTINGS

This study adds additional knowledge to cases where memory work can be used: namely those that involve economic challenges (families in need of food and clothes, people facing financial problems and unemployed individuals). Volunteers experienced job-related benefits when using memory work in a poverty context by feeling equipped to support members of the community; support individuals in dealing with psycho-social and health-related challenges; and create a safe space for counselling and communication. Personal gains which the volunteers experienced when using memory work included those at the emotional level and experiencing increased feelings of self-worth.

The high unemployment rate in South Africa (36,7%) (Statistics South Africa, 2013) was reflected in the fact that volunteers in this study often worked with clients who were unemployed and who consequently experienced financial challenges. In this regard, community volunteers used memory work in a way that could potentially enable clients to mobilise assets and resources in their environments in order to make ends meet. The community volunteers indicated that they often felt helpless when clients were in need of basic needs such as food and clothes, which they were unable to provide. Even though they were not able to provide for the clients, community volunteers viewed memory work as useful in assisting clients to identify and mobilise resources in their communities.

Some new insight thus relate to memory work being used with client cases where economic challenges seem central. As already indicated, participating volunteers were constantly faced with families who lacked basic needs such as food and clothes. This seemed to pose additional challenges, as the volunteers were able to identify with such cases due to their own situations and financial neediness.

Although several factors may contribute to poverty, Aliber (2003) regards unemployment as a primary cause. Several measures that have been implemented, such as public work programmes, anti-poverty support programmes and social safety-net arrangements, may assist the poor but cannot replace the need for an expanded labour market and job creation in South Africa (Aliber, 2003; Landman *et al.*, 2003). In this study the community volunteers however did not mention breaking the poverty cycle. It is possible that vulnerable people may not focus on self-employment or that participants did not mention the need for vulnerable people to break the poverty cycle due to low morale, or they did not consider this as an option. These possibilities require further investigation.

Despite them feeling helpless for not being in the position to provide financial assistance, I found that community volunteers experienced themselves as equipped to support others and empower vulnerable people to access resources such as clinics or hospitals, and government grants in the communities. Community volunteers in this study thus broadened the scope of utilising memory work by supporting their clients to mobilise and access resources, and also encouraging them towards income generation. As such, memory work seemed useful in guiding

clients towards entrepreneurial activities. This possibility however requires follow-up research.

In terms of psycho-socially supporting children who were abusing substances, community volunteers used memory work and referrals as supportive strategies. The volunteers also acted as an example to teachers in how to support children with behavioural challenges. In addition, community volunteers faced the task of supporting children who had dropped out of school. In such instances grandparents often had to care for these children. The community volunteers then used memory work to encourage the children to return to school in order to further their studies. Contrary to the findings I obtained, no other studies (Boxall, 2002) indicated the use of memory work to provide this type of support.

Likewise, although rape victims are often supported by volunteers, the use of memory work in this regard is novel. In this study community volunteers explained how they supported child rape victims by means of memory work. In addition, they were determined to address the problem of alcohol and drug abuse in their communities, which often seemed to lead to child abuse.

In this regard, the community volunteers explained how they planned an awareness campaign on substance abuse. Following the campaign they started a support group where they assisted selected learners who abused substances to attend a rehabilitation programme in which, according to the participants, memory work assisted the children towards rehabilitation. As children who experiment with or use substances may end up engaging in crime, high-risk sexual behavior, or suicide, it is important that such children get help before becoming dependent on substances (Visser, 2007).

5.5 BENEFITS OF COMMUNITY VOLUNTEERS USING MEMORY WORK IN POVERTY CONTEXTS

In this section I discuss the findings of my study concerning the benefits of community volunteers using memory work in poverty contexts.

5.5.1 CONFIRMATION AND CONTRADICTION OF EXISTING KNOWLEDGE ON BENEFITS OF COMMUNITY VOLUNTEERS USING MEMORY WORK IN POVERTY CONTEXTS

Even though a number of studies exist which note the benefits of using memory work in contexts other than that of poverty, benefits for applying this technique in a context of poverty have seemingly not been researched. However, related to and like teachers (Mnguni, 2006), the participating volunteers reported job-related benefits following their implementation of memory work with vulnerable clients. More specifically teacher volunteers in existing studies (Claxton-Oldfield & Claxton-Oldfield, 2008) have been found to view memory work as equipping them to deal with client-cases. Memory work has been found to create a safe space for counselling and communication (Campbell *et al.*, 2007) as was found in this study.

A variety of challenges faced by South African communities emphasises the need for continuous emotional and psychological support to vulnerable people (WHO, 2011b; USDA, 2012). Loots and Mnguni (2008) regard memory work as a skill that is cost effective and which may potentially be used in vulnerable communities when providing support to vulnerable individuals. In this study, the focus fell on community volunteers implementing this skill, but the challenge was that once participants mastered the skill of memory work it became difficult for them to stop as they started to enjoy engaging in different aspects of their lives. Denis (2005) states that: concrete support by volunteers denotes physical support such as providing a place to live for a person who is in need, assisting with parental responsibilities, including for example, the preparation of meals, and providing transportation to clinics if required.

In another study Mnguni (2006) found that teachers benefited on a personal level when they used memory work. Similar personal growth benefits were evident for volunteers in this study. Community volunteers indicated that they benefited on an emotional level when supporting vulnerable people in a poverty context, as memory work helped them to identify and deal with their own challenges as well. Moreover, their self-worth increased and they felt that memory work was beneficial in their own lives in addition to enhancing their competence to support vulnerable people.

In this study I thus found that community volunteers could support clients by establishing sound relationships and talking about emotions and the realities and challenges they themselves and their clients faced. Clients were subsequently able to express their feelings more openly in the presence of the volunteers. Furthermore, communication by clients was improved amongst relatives, enabling vulnerable individuals to share ideas and to support one another. These findings correlate with the view of Ebersöhn (2012), who states that vulnerable people have the ability to find and make use of social support, as well as improve their communication skills and problem-solving abilities when they face challenges or vulnerabilities.

By applying memory work the volunteers who participated could create a safe space for clients to talk about their realities and voice their emotions. They could be guided to identify assets within themselves and mobilise resources in their environments in order to deal with challenges. The participants mentioned several examples of clients sharing their feelings and realities during the implementation of the memory box technique. This finding aligns with the findings of Inger (2002), who explains that memory box making involves a process of sharing memories and recording and storing such memories in a container, helping people (family members) to express emotions and break the silence about disease or the death of a loved one, or the frustrations and challenges faced in the community.

Relative to clinic personnel, care supporters are often intensely engaged in clients' experiences of sickness, stigma and poverty, and this renders them influential in individuals' decision-making in the way in which they accept and deal with the challenges they face (Campbell & Ellis, 2004; Papadakis, Griffin & Frater, 2004). In this study participants explained how memory box making assisted them to talk about feelings, share ideas and help each other to mobilise and identify resources.

Jolla (2014) claims that volunteering can promote confidence, personal growth and self-esteem as volunteers assist others by being empathetic. Volunteers may subsequently experience self-efficacy and ultimately feel appreciated and valued (Jolla, 2014). The findings of this study support Jolla's (2014) work, as the community volunteers in this study indicated that they personally benefitted following the implementation of memory work by experiencing self-efficacy and feeling appreciated and valued by their communities. They indicated that they were more

able to openly express themselves following the implementation of memory work with vulnerable individuals. Expressing oneself can be viewed as an asset as it may assist one to deal with challenges more easily.

Community volunteers did not indicate any expectation or hope to get employed as a result of their volunteerism, but mentioned that they were nevertheless empowered with new skills as a result of participating in the activities in this study. They seemed satisfied with their volunteering task despite their lack of employment. Jolla (2014) as well as Omoto and Snyder (2000) indicate that volunteering can provide a route to employment, or a chance to try something new which may potentially lead to a future career. This possibility was not highlighted by any of the community volunteers, perhaps due to their awareness of the reality of unemployment and unavailability of jobs in South Africa. Alternatively, they could have primarily been focusing on supporting others without considering their own situations, thereby finding meaning in their own lives. This hypotheses however requires confirmation through follow-up research.

5.5.2 NEW INSIGHTS IN TERMS OF BENEFITS OF COMMUNITY VOLUNTEERS USING MEMORY WORK IN POVERTY CONTEXTS

The benefits community volunteers experienced when using memory work for support in a poverty context relate to personal gains (emotional level and reported increased self-worth), as well as gains for clients, as reported by the community volunteers. Community volunteers benefited with regard to providing support for psycho-social and health challenges, as they were able to identify and deal with their own personal challenges and the challenges that related to their families. They were also able to improve relationships in their families through the skill of memory work, thus creating a safe space for communication with their family members. Furthermore, the use of memory work helped the community volunteers to create a safe space for counselling and communication in a poverty context. In addition, community volunteers were able to support vulnerable people to identify and deal with challenges by mobilising the resources that they had in their environments.

Volunteers thus benefitted on an emotional level when using memory work, as they were able to deal with their challenges, as well as involve family members in dealing

with challenges, such that their relationships improved. This helped in empowering them, resulting in increased levels of self-worth. Volunteers who participated in this study indicated that they subsequently developed the skill of assisting clients in identifying and accessing resources in the community and within themselves. The volunteers also gained experience in assisting others to access help, for example by applying for grants or obtaining medical care. Furthermore, they gained experience in supporting people to deal with negative emotions, which would for example follow the death of a loved one.

New insight relate to volunteers' perception that clients gained by agency, (Sikkema, Kalichman, Hoffman, Koob, Kelly & Heckman, 2000), relationships (Ebersöhn, 2012; Adejuwon, 2010). As stated this process in turn paved the way for family members to talk more openly about sickness and death, and thus helped them to cope with the loss of loved ones as a family. Community volunteers in this study seemingly encouraged sick parents to share the history of their families with their loved ones. In this way the volunteers could potentially facilitate a more efficient pre-bereavement and bereavement process for vulnerable children (Loots & Mnguni, 2008; Swanepoel, 2006).

5.6 CHALLENGES WHEN USING MEMORY WORK

In the following section I discuss the challenges faced by the participants in using memory work. I refer to confirmations, contradictions and new knowledge, while situating the results of my study within existing literature.

5.6.1 CONFIRMATION AND CONTRADICTIONS OF CHALLENGES WHEN USING MEMORY WORK

Others (Mnguni, 2006, for example) have found that using memory work does not come without challenges. Similarly, volunteers in this study experienced certain challenges. Even though I did not specifically encourage the participating community volunteers to indicate the challenges they faced, they freely expressed these while discussing their implementation of memory work. The participants allegedly valued the use of memory work both in their own lives and those of their clients. When discussing the challenges they faced, they found myths regarding memory work to be a barrier where clients thought, for example, that memory work was meant for

use only for specific groups. This finding is supported by the work of Swanepoel (2006).

Another myth that was identified relates to the belief that memory work will result in bad luck. Closely related literature indicates that cultural factors could play a role in vulnerable people's reluctance to talk about issues such as death and dying (Swanepoel, 2006), and the link between this and bad luck. In this study, I similarly found that some vulnerable individuals believed that talking about death and people who had passed away would bring bad luck in their lives.

As community volunteers were seemingly of the opinion that memory work is meant for certain groups of people only, e.g. people who are sick, they allegedly believed that if they conducted memory work they may also experience bad luck and find it difficult to deal with challenges. Generally, once vulnerable people feel that it is difficult for them to face and deal with challenges they usually resort to seeking help in the spiritual realm, by e.g. consulting sangomas. It is believed that sangomas are able to communicate with ancestors and can thus consult with the ancestors in order to determine what may have upset the ancestors, causing them to bring misfortune on individuals. As Munza (2005) explains, this may lead to widespread turning to 'diviners' for guidance, instead of working out challenges in the light of their own decisions or conduct. Furthermore, this may create a fatalistic outlook on life as fear of these unknown supernatural powers may cause people to seek supernatural answers rather than attempting to find practical logical solutions to their challenges.

Such behaviour is usually seen if someone is ill or experiencing challenges, and a sangoma is consulted in order to determine the cause of the problem of that particular individual, and then to prescribe traditional medicine to drive the evil away from the vulnerable person. It is usually found that sangomas will discourage ill people to use western medication as they believe that it will disturb the traditional medication in healing the sick person. This practice typically distorts and negates the benefits of science and medicine. One example relates to people who are HIV positive and then encouraged not to or to stop using their medication with the hope that the traditional medication will help them, due to them being bewitched (Munza, 2005). I am of the opinion that memory work can be used as a tool in dealing with such myths.

5.6.2 NEW INSIGHTS AND SILENCES ON CHALLENGES WHEN USING MEMORY WORK

In this study, the community volunteers noted some practical challenges they experienced when implementing memory work, such as limited technological skills, and lack of sufficient financial means to provide support to clients. According to Akintola (2008), community volunteers are often challenged by the socio-economic environments they typically work in. Financial resources are not always readily available to support either the vulnerable communities or the community volunteers supporting these communities. As many people are unemployed and not empowered with the necessary skills to become self-supportive, a financial strain may be experienced by community volunteers. For example, participants mentioned that because of limited financial resources, they were occasionally unable to accompany vulnerable individuals to places such as clinics and hospitals or to access grants when the need arose.

A new insight gained from this study relates to the myth and belief that memorabilia may bring good luck. The reason for such belief requires ongoing investigation. Another new insight in terms of challenges experienced by community volunteers relates to limited resources as a barrier when implementing memory work. Volunteers indicated that they were not formally connected to resources and service providers, resulting in them feeling isolated and experiencing challenges when implementing memory work. This experience may be related to limited professional services available in South Africa. However, this possibility requires further research.

In terms of silences, participants did not refer to the use of memory work as a communication channel between parents and children to discuss death and loss, as often indicated by researchers in this field (Denis, 2005; *Irin News*, 2005; Soul City, 2004). This silence may be ascribed to differing cultural perspectives, where African people often regard discussions of death, especially with children, as a taboo. This is, however, a mere hypothesis that requires further investigation. The silence may also be related to the myth present in African cultures, namely that talking about death will result in bad luck as one may invite the spirit of death into the family through engaging in such conversations. The myth of being afraid to talk about dead people has led to many bereaved people, especially orphans, suffering on their own without being given the opportunity to express their pain. People who have lost their

loved ones would even be discouraged from talking about how they feel or even from crying. They are encouraged to forget about their loss and move on with their lives. In many instances family members are not even allowed to look at pictures of the deceased after the funeral. Such pictures may even be hidden, in order to enable members of the family to forget about the deceased person and not experience bad-luck. This assumption also requires ongoing research. Community volunteers were furthermore silent about the fact that some of the HIV-positive vulnerable individuals made use of traditional medicine and consulted traditional doctors. This silence could be related to people not talking openly about the fact that they had consulted traditional healers in some cultures. This possibility requires further investigation.

In summary, this study adds insights into challenges when using memory work, for example dealing with myths. In this regard, the community volunteers however relied on memory work to address such challenges. Despite a general belief that talking about death with children is taboo, and that talking about people who have passed away may bring bad luck, the volunteers were able to apply memory work with clients of different ages (including children) who faced a variety of challenges (such as HIV-related illnesses and death). Even though myths thus seemed problematic, community volunteers were still able to implement memory work with people from indigenous cultures, giving them hope regarding their future.

5.7 INTERPRETING THE FINDINGS IN TERMS OF THE ASSET-BASED APPROACH

In this study, I found that community volunteers were able to support vulnerable clients in a poverty context by empowering them through the use of memory work. They were namely able to support clients who were facing health-related, economic and psycho-social challenges to deal with these challenges and focus on positive aspects in their lives rather than dwell on the negative. The skill of memory work assisted community volunteers to develop relationships in supporting others, and also to promote relationships and communication amongst clients.

As the asset-based approach emphasises the existence of assets in every individual, the community volunteers were able to identify assets and strengths amongst vulnerable clients and mobilise these in addressing the challenges the

vulnerable clients faced. Vulnerable clients were in turn empowered to mobilise resources in their environment which could help them in addressing challenges, as a result of their involvement in memory work activities.

In this manner, both the community volunteers and their vulnerable clients were empowered while implementing memory work, resulting in certain experienced benefits when applying memory work in a poverty context. They were able to identify their own strengths and take charge of their lives, experiencing personal gains, and building relationships and networks (Bouwer, 2005; Ebersöhn & Eloff, 2006; Ebersöhn & Ferreira, 2012; Eloff, 2006).

Subsequently, vulnerable clients were able to divert the focus from external help and services provided to community members, to empowerment and developing a community from the inside out, which according to Ebersöhn (2012), is built on relationships. In this study community volunteers were able to mobilise relationships in addressing challenges by means of memory work.

In relating these findings to studies on indigenous knowledge, memory work can be regarded as a psycho-social support version of an indigenous knowledge system symbol, namely 'Thari', I regard this as a tool that can be used to bring the principles of Ubuntu to life by psycho-socially supporting vulnerable individuals and communities in a poverty context. Without Thari, vulnerable people may feel neglected and isolated, not able to identify and access resources (letsema) in their environments, and in turn not able to deal with the challenges that they face. Psycho-social support has to emulate Thari (be an asset within space of need) in helping vulnerable individuals to identify assets and mobilise these to deal with their needs. In this way, memory work will become an asset to be used for empowering community volunteers.

As such memory work may mobilise a cultural indigenous knowledge system, and provide a Thari platform in psycho-social support, by encouraging vulnerable people in a poverty context to mobilise resources (letsema). Community volunteers may namely use memory work in supporting a variety of cases.

In light of this reasoning, I conclude that community volunteers may find contentment in assisting other vulnerable people, as they themselves have the inner desire to help others, for example by empowering them with skills they can use in accessing resources or assets from their communities. Community volunteers can thus assist others despite the fact that they themselves might also be in need of such assistance. As a result, community volunteers may be regarded as community transmitters who are able to look beyond their own needs, and treasure Ubuntu as a life philosophy.

Ubuntu encompasses communalism and interdependence which is a foundational cornerstone of the African Philosophy (Olinger, Britz & Olivier, 2005). Ubuntu is found in compassion and cooperation, which are regarded as essential virtues for the survival of any community. Figure 5.1 depicts how Ubuntu is viewed as a call to service and participation in serving humanity in a practical way, also implementing assets and existing resources, as proposed by the asset-based approach. Memory work assisted the community volunteers in this study to deal with their own feelings yet to also support others by caring for the relatively more disadvantaged, such as the sick, the bereaved, the poor and orphaned. This implies a resolute effort and commitment by community volunteers to advance the interests of others.

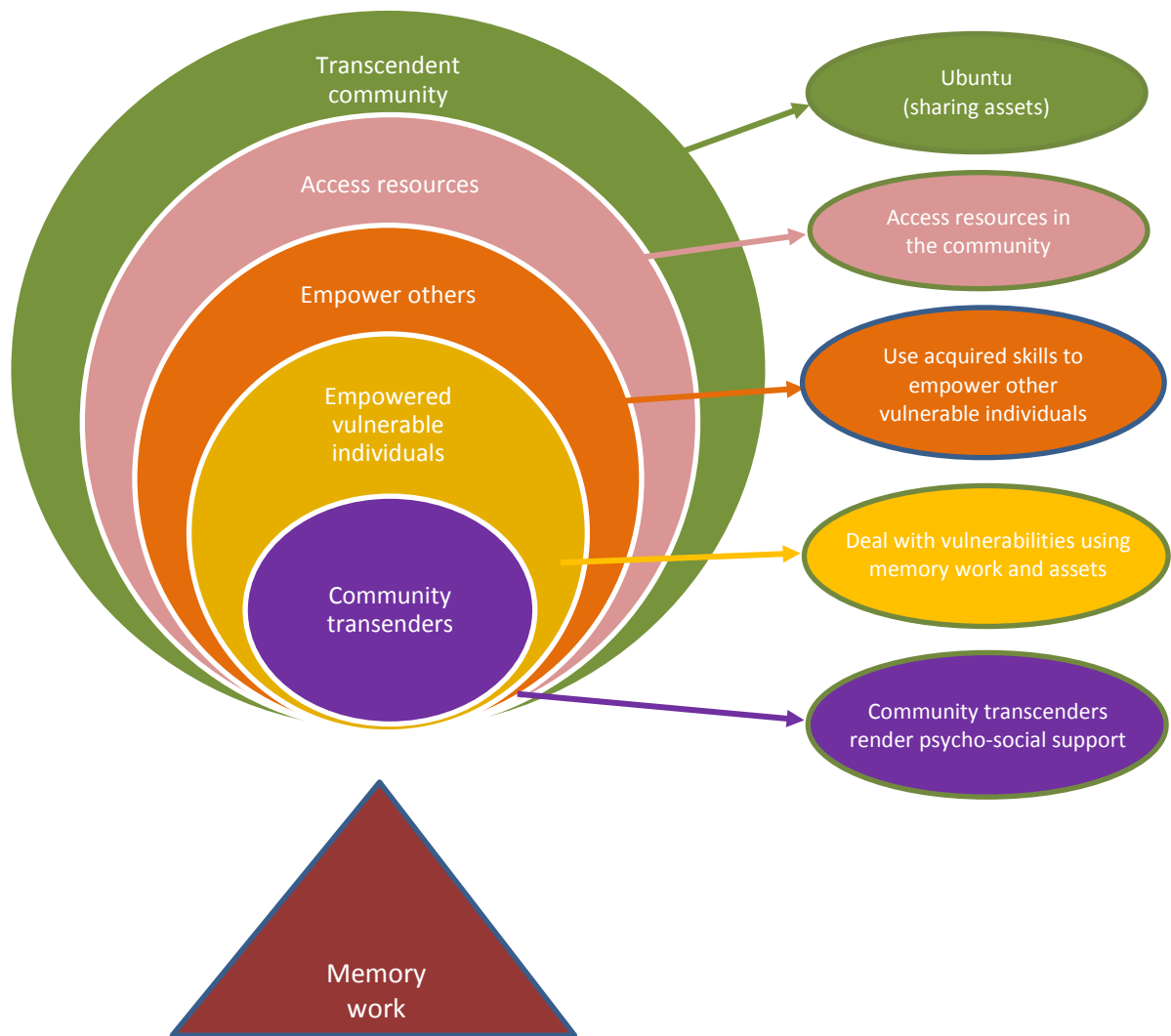


Figure 5.1: Psycho-social 'Thari' through Ubuntu principles, against the background of the asset-based approach

5.8 CONCLUSIONS IN TERMS OF RESEARCH QUESTIONS

In this section, I address the findings of the study in terms of the secondary research questions I formulated in Chapter one. In the next section, I answer the primary research question by discussing the contributions of the study.

5.8.1 SECONDARY RESEARCH QUESTION 1

Which client cases did community volunteers use memory work for?

Like others I found that community volunteers used memory work in situations that involved chronic illness and required psycho-social support of children in need of support, orphans living with grandparents or relatives, and child-headed households.

In addition, some new insight from my study relates to community volunteers also using memory work to address economic challenges (families in need of food and clothes, helping people facing financial problems, and unemployed individuals) and psycho-social challenges (children dropping out of school or being expelled from school, rape victims and people abusing substances).

As such, community volunteers utilised memory work to support clients in terms of holistic wellbeing. Cases where clients faced economic challenges urged community volunteers to attend to the basic needs of clients, in relation to physical wellbeing. Closely related cases where health-related challenges were evident, it was asked of volunteers to utilise memory work in order to reduce the negative effects of illness and the death of loved ones. On a psycho-social level, a variety of challenges resulted in community volunteers promoting emotional and social wellbeing by means of memory work.

5.8.2 SECONDARY RESEARCH QUESTION 2

Which benefits did community volunteers experience when using memory work in supporting clients facing poverty-related adversity?

Community volunteers found that memory work helped them occupationally to perform their tasks (as found in related studies with teachers and social workers). Community volunteers further indicated that memory work afforded certain benefits to themselves on a personal level, as well as to their clients.

In terms of their own wellbeing, they could better deal with their own emotions and negative experiences in their lives. Memory work assisted the volunteers to create a safe space for counselling and communication, feeling equipped to support members of the community, so that they are able to deal with psycho-social and health-related challenges. This resulted in volunteers feeling good about themselves and their abilities. As such, their self-worth increased. By assisting vulnerable clients and facilitating a process where the latter felt empowered to take agency and address challenges, the community volunteers could experience that they were able to effectively support others and facilitate positive change.

Based on these findings, I posit that the use of memory work may have a placebo effect and serve as a therapeutic tool which can bring hope to vulnerable people. I further postulate that vulnerable people may enter into a supportive relationship when implementing memory work without them actively seeking professional counselling. This may be helpful especially in the African culture as many African people do not believe in therapy (or counselling), assuming that therapy is meant for people who are mentally unstable.

5.8.3 SECONDARY RESEARCH QUESTION 3

What challenges did community volunteers experience when using memory work in supporting clients facing poverty-related adversity?

Community volunteers found it challenging to deal with myths regarding memory work, namely that memory work is meant for specific groups of people only, that memory work will result in bad luck, and that, on the contrary, memorabilia will bring good luck. In addition, community volunteers were hampered by limited resources and a lack of support by others to implement memory work. The latter specifically relate to limited technological resources and skills, limited financial resources and a lack of social support.

In this regard, I conclude that it may be beneficial if future community volunteers are empowered with the necessary skills required to apply memory work (such as technological skills), even though this is not a prerequisite for volunteers to use memory work.

Furthermore community volunteers generally found it challenging to support vulnerable people on a practical level as they did not have any financial means to provide such support them. Even though some of the vulnerable clients were seemingly hopeful that the community volunteers would be of assistance to them when they were in need of money, for instance when they needed to go to hospital or to the clinic, the community volunteers were not able to provide such support. In my view this kind of support cannot be expected of community volunteers, yet the fact remains that the necessary resources (such as money) are needed. Such support could potentially be provided by local government, NGOs or faith based organisations.

Community volunteers furthermore did not receive the necessary support from schools. They were, nevertheless, seemingly able to handle some situations with great success, for instance in cases where children abused substances. To this end, I conclude that community volunteers may use the skill of memory work to in turn empower others such as teachers to deal with the challenges that children face, especially in cases of behavioural problems, which schools and parents do not always know how to address.

5.8.4 CONTRIBUTION OF THE STUDY

In this section I address my primary research question, referring to how insight into volunteers' use of memory work can inform existing theory on the utility of memory work in a poverty context and how volunteers may use memory work. This study makes a contribution to the use of memory work with vulnerable clients in a poverty context, more specifically in terms of the manner in which community volunteers can use memory work to mobilise assets and resources in assisting others to deal with vulnerabilities and challenges in their environments. As a result, the vulnerable clients seemingly appreciated the value of memory work as they indirectly received support without them consciously deciding to access counselling services. This assisted vulnerable individuals, more specifically based on the African culture where it is believed that if a person goes for counselling that person is mentally unstable. Memory work thus implies a possibility for vulnerable people to access counselling services without being stigmatised as mentally unfit.

The focus on memory work opened up new knowledge relating to the belief of vulnerable individuals that the clothes of a dead person could bring good luck into their lives. This belief increased the use and trust in memory box making, as vulnerable people could encourage each other to use memory work, hoping that it would bring good luck into their lives. In my opinion this may however have been a placebo effect as a positive attitude might lead to the ability to access resources, assets and relationships when applying the skill of memory work in poverty contexts.

Although community volunteers supported vulnerable individuals in accessing assets in their environments that could be utilised in addressing poverty, the volunteers indicated that they constantly faced families who were deprived of their basic needs.

Community volunteers nevertheless immersed themselves in supporting these individuals even though they were facing vulnerabilities of their own.

In relation to the finding that vulnerable people could keep medical records for future generations by implementing memory work, I conclude that memory work can be used to keep record of the medical history of family members for future generations to know whether or not a sickness is hereditary in the family. As such, a family may trace a certain sickness in the family should other members of the family present with such a sickness.

In terms of memory work creating a safe space for vulnerable people to express themselves without the fear of being judged, I am of the opinion that memory work may allow vulnerable people to indirectly undergo therapeutic healing without them consciously accessing counselling services. Counsellors can in this manner deal with the resistance and the belief in the African culture that a person is weak when accessing counselling services. In this way, people can receive counselling without being stigmatised. I agree that an environment where people can actively participate in their own development with the aim of restoring their dignity is important and that this may be attained by means of sustainable interventions.

5.8.5 REFLECTING ON THE LIMITATIONS OF THE STUDY AND THE CHALLENGES I EXPERIENCED

I reflect on the limitations and challenges of this study in terms of the choice of my participants, the data generation process and my role as a researcher. I conducted this study by involving a limited number of participants. As the group of volunteers already existed as a participant cohort at the onset of this study, and as they formed part of the broader SHEBA project, I did not include additional participants. Community volunteers were therefore familiar with the purpose of the current study. This could have led to a possible Hawthorne effect (Cohen *et al.*, 2007) in the sense that community volunteers were aware that they were under observation and might have wanted to respond favourably in order to satisfy the research team. In a similar way the presence of the research team as well as growing relationships could have influenced the responses and behaviour of the participants (Angrosino & Mays de Pérez, 2000; Patton, 2002).

As I used convenient sampling, the possibility of participants not providing a true representation of the greater population exists (Descombe, 1998; Nieuwenhuis, 2007). As such the likelihood exists that the results may not be generalised. This is especially possible since the participants in my study were mostly females, with only two males being involved, thus potentially slanting the results towards a gender-based perspective. To this end I am of the view that the inclusion of men and more participants in the study might have further contributed to generalisability of the findings. As I only focused on volunteers who have been involved in the SHEBA project, the likelihood thus exists that the results may not be generalised to other contexts. However it was not my intention to reach generalisable findings (Descombe, 1998; Nieuwenhuis, 2007), but to rather focus on the experiences of a selected group of people in order for me to comprehend and describe an explicit social phenomenon from the participating community volunteers' points of view (Merriam, 2002; Lincoln & Guba, 2002; Seale, 1999, 2002). The transferability of the findings can, however be determined by the reader of this thesis.

In conducting the individual interviews with participating volunteers in the foyer of a school hall, I was challenged by noise and interruptions. Another venue could have resulted in my not being interrupted so often and may potentially have provided richer data. However at the time I had to use the space that was made available to me by the school where I conducted the data generation activities. Furthermore I could potentially have obtained better evidence in the form of pictures had I ensured that the participants knew how to use the disposable cameras prior to them capturing their experiences. I should have asked them before using the cameras to demonstrate how they would be using the disposable cameras in order to ensure that they were indeed able to use this data capturing tool properly.

In terms of my role as researcher I occasionally found it challenging to remain focused on the role of being researcher and not move into the role of psychologist when participants became distraught. During the PRA-based workshops and individual interviews and when participants spoke about their cases of memory work, I had to remain focused on collecting data and not allowing my personal interests to influence the results of the data I obtained (Patton, 2002). A few participants became emotional, but I then merely had to debrief and refer them to counsellors in the area. This was a challenge to me, being a trained psychologist and having the nature of

immediately supporting others when I sense a need in their lives. As a strategy I had to rely on constant reflections in terms of my purpose for being involved with the participants.

5.9 RECOMMENDATIONS

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

5.9.1 RECOMMENDATIONS FOR FUTURE RESEARCH

Based on the findings of this study and against the background of existing literature, I recommend follow-up research of the following nature:

- Exploratory studies on possible ways of support or supportive techniques that may be utilised when assisting vulnerable individuals who have to cope with poverty-related adversity, other than memory work.
- A study on the ways in which vulnerable people are currently coping with poverty-related challenges, other than by being supported by people from their community.
- On-going research in South African communities to examine the effect of changes in family structure on parenting and the family's ability to deal with stressors related to poverty. The role of extended family members may form part of such research.
- Follow-up research on the way in which community volunteers may assist teachers in fulfilling their pastoral role and supporting vulnerable children and their families.
- More in-depth research on how the use of memory work with clients may support community volunteers in their own lives.
- Explanatory research in terms of the effect of governmental grants on the spread of HIV&AIDS.
- An exploratory study on the value of talking about death as part of a healing process amongst children.
- A follow-up and further study on the emotional burden carried by grandparents who care for grandchildren who have been orphaned.

- An explanatory study on the motive of vulnerable individuals to volunteer in poverty-stricken communities.

5.9.2 RECOMMENDATIONS FOR PRACTICE

Based on the findings I obtained I recommend the use of memory work by people in supportive professions, such as social workers, counsellors and psychologists in offering support to clients facing risks and challenges. Supportive people can guide clients to find ways of mobilising existing strengths, assets and resources in their environments, in order to address the challenges they face.

I further recommend that volunteers should in turn guide the guardians of orphans in how to use the skill of memory work in providing psycho-social support to the children. In this way the practical implementation of this supportive skill could be done by both professionally trained people in supportive professions, and community members who can support immediate family and friends.

5.9.3 RECOMMENDATIONS FOR FUTURE TRAINING AND DEVELOPMENT

Based on the findings of this study, I recommend that community volunteers receive training in potential ways in which they can support vulnerable people to access resources and assets available in the environment. It is important that community volunteers raise awareness amongst vulnerable people that external agencies such as local government may not necessarily solve issues related to poverty, and that communities need to increasingly rely on resources amongst themselves to address the challenges they face. If community volunteers were to be trained in a variety of supportive skills (e.g. memory work) they may increasingly fulfil a supportive role more effectively.

In using memory work as well as other skills they have been trained in, community volunteers may potentially empower vulnerable people with the skill of mobilising existing resources and assets in their environments and using these in addressing poverty-related risks and adversity. Besides training community volunteers, other people involved in faith-based organisations, NGOs, and health organisations could also benefit from training in this area, by also applying such skills when rendering psycho-social support to vulnerable people in their environments. Similarly, teachers

in schools could be empowered with skills such as memory work, so that they are empowered to support cases of vulnerability in the classroom and school context. In addition, training programmes could be made available to volunteers who assist schools, further equipping them to support vulnerable children and their families. In the same manner, social workers could gain from being trained in such supportive skills. Training can be included in formal training programmes, or it can take the form of informal in-service training initiatives.

5.10 FINAL PERSONAL NOTE

In this study community volunteers seemingly benefited from being empowered with the skill of memory work. To them it served as a 'Thari' that helped them to identify challenges, mobilise resources and assets (letsema), and deal with these from within, both for themselves and for the vulnerable individuals they supported. As such they were able to identify and access both internal and external assets in dealing with challenges or supporting others. To this end they transcended to become the 'Thari' (psycho-socially supporting) for others by in turn empowering them with the skill of memory work, guiding them in mobilising assets in their environment to deal with vulnerability and poverty-related risks and adversity. Based on this finding, I regard community volunteers as community transcendents who rely on the principles of Ubuntu in undertaking supportive initiatives. Skills such as memory work can assist them in fulfilling this task.

The only everlasting legacy that one can leave in this world is being a community transcendor because it is one way of making a difference to the lives of other people. It is a way of sharing the inner you with other people in such a way that your spirit will forever be alive in the hearts of the people you have served. Being a transcendor implies being at peace with the fact that you are in this world to share yourself with others and understanding that you do not need to keep anything to yourself or for yourself. As an unknown author has stated, *"the beauty of life does not depend on how happy you are, but on how happy others can be because of you"*.

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APPENDICES

(Examples included in hard copy, all Appendices included on CD)

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SHEBA Intervention Facilitator's Manual

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Ethics Clearance Certificate

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Consent Form

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(One interview as example)

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SHEBA Intervention Facilitator's Manual

APPENDIX B

Ethics Clearance Certificate

APPENDIX C

Consent Form

APPENDIX D

Individual Interviews: Interview guide

APPENDIX E

Research diary

APPENDIX F

Transcriptions - Individual Interviews
(One interview (Participant 1) as example)

APPENDIX G

Transcriptions – PRA-group sessions
(One interview (Group 1) as example)

APPENDIX H

Posters compiled during PRA-based sessions

APPENDIX I

Visual data: Photographs

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SHEBA project – Manual for Memory Work

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Videos of data generation activities
(Please refer to compact disk)

FACILITATOR'S MANUAL

SHEBA INTERVENTION

SUPPORTING HOME ENVIRONMENTS IN BEATING ADVERSITY

MARCH 2012

MANUAL COMPILED BY:
RONÉL FERREIRA & LIESEL EBERSÖHN

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DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
UNIVERSITY OF PRETORIA
MARCH 2012

PROJECT FUNDED BY:
NATIONAL RESEARCH FOUNDATION

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INTRODUCTION

Dear facilitator

Welcome to this exciting project, during which you will be fulfilling the role of facilitator. Over the last twelve months you have been involved in making changes to the initial STAR intervention, with the aim of replicating this adapted version amongst community volunteers who could potentially use this experience in supporting vulnerable families and individuals. Now we have the SHEBA intervention, where the aim is to raise awareness amongst community volunteers about the strengths and resources available within themselves and the communities they work in.

We have designed this manual as a guide for you to facilitate this intervention. For this purpose, we describe the SHEBA intervention in detail in this manual. SHEBA is planned for presentation over four blocks of workshop sessions, each block consisting of two/three days. These sessions are spread out over a year. The format is that of Participatory Reflection and Action (PRA) workshops, discussions and other activities.

Your role as facilitator is to plan and present the sessions as described in this facilitators' manual. For some parts of the intervention, we will take on the role of co-facilitators. During other sessions (with which you are firmly familiar) you will take sole responsibility. Your responsibility will be to – as a group – prepare for each session and make the arrangements for the community volunteers to attend. Throughout, we will support you and provide guidance when required.

Warmest wishes, Liesel & Ronél

UNDERLYING PHILOSOPHY OF THE PROJECT: THE ASSET-BASED APPROACH

The asset-based approach shifts the focus from external help and services being provided to a community, to empowerment and developing a community from the inside out. The approach is referred to as the “**half-full glass**” approach, emphasising the image of viewing a glass as half full instead of as half empty. The approach does not deny the existence of needs or problems – it merely shifts the focus from constantly emphasising challenges (which are a reality in all communities) to the capacities, strengths, assets and resources that are available in communities and might be utilised to overcome difficulties or address challenges. Within the context of this project, the focus is therefore on the manner in which communities cope with vulnerability by relying on existing assets and local resources (Ebersöhn & Eloff, 2006).

Various potential role-players might be identified within the context of the asset-based approach. Besides the potential assets and strengths of individuals themselves, family members, the school, classroom, members of the peer group and community members are regarded as potential assets. In addition, community members’ associations, local institutions and the broader social community can be explored.

The asset-based approach therefore focuses on actively discovering assets, strengths, capacities and resources, establishing links and initiating programmes within existing systems (such as schools or communities), in order to address existing challenges. Besides identifying assets and resources which are already being used, the asset-based approach also focuses on identifying resources and assets which are available, but have not been utilised yet (Ammerman & Parks, 1998; Ebersöhn & Eloff, 2006; Kretzmann & McKnight, 1997, 1993; Sims, 2002).

The asset-based approach consists of three main components, namely asset mapping, asset mobilisation and asset management. Insight into available resources and assets is the first step that needs to be actualised when implementing the asset-based approach (therefore *asset mapping*). In this project, community volunteers need to firstly complete *personal strengths maps* and *community maps*, listing the so-called building blocks within themselves and their communities. Secondly, volunteers need to compile an inventory of the resources in the community. Thirdly, they need to map the challenges faced by the community and then have discussions on how to address these, by formulating action plans and thereafter taking action to address identified challenges (therefore *asset mobilisation*) (Ammerman & Parks, 1998; Bouwer, 2005; Ebersöhn & Eloff, 2006; Kretzmann & McKnight, 1993).

The third main component of the asset-based approach concerns *asset management*, which implies that individuals take ownership and responsibility to sustain the actions that had been initiated, such as growth that has taken place. Relationships and social capital could be developed amongst community members, and community-building activities and projects initiated. In this regard, community members may experience feelings of belief in their own abilities, as well as those of the community (Ammerman & Parks, 1998; Ebersöhn & Eloff, 2006; Kretzmann & McKnight, 1993).

In fulfilling the role of facilitator, your role in this project is to continuously guide the participating community volunteers to identify potential resources and utilise those that are available amongst themselves and within the community, but that are not yet utilised. You need to assist the community volunteers in becoming aware of, appreciating and utilising the assets and talents available within themselves and the community, without providing them with outside help, teaching them or providing answers to their questions (Ebersöhn & Eloff, 2006; Mokwena, 1997).

BLOCK 1:
**UNDERSTANDING THE COMMUNITIES WHERE VOLUNTEERS
WORK: CHALLENGES, RESOURCES AND POTENTIAL RESOURCES**

Monday 2 April 2012: Sessions 1 & 2

Tuesday 3 April 2012: Sessions 3 & 4

Wednesday 4 April 2012: Session 5



SESSION 1 (MORNING OF DAY 1): EXPLORING THE CAREER LIVES OF COMMUNITY VOLUNTEERS

Guiding questions for this session:

- ☞ Why are you a community volunteer?
- ☞ What do the responsibilities of community volunteers involve?
- ☞ Which success stories can you share?
- ☞ What are the general concerns and challenges you deal with?
- ☞ How are you coping?

Objectives for this session:

- ☞ To establish relationships and group cohesion amongst participants.
- ☞ To introduce the project and the purpose of the project.
- ☞ To obtain an overview of the career lives of community volunteers, in terms of their:
 - o career motivation
 - o responsibilities
 - o success stories
 - o general concerns and challenges
 - o ways of coping

Proposed length of the session:

± 3½-4 hours.

Materials required:

- ☞ Early morning refreshments.
- ☞ Mid-morning refreshments.
- ☞ Informed consent forms.
- ☞ 35 x large (A2) cardboards (5 x 6 groups + 5 for summaries).
- ☞ 24 x coloured pens (3 per group + 6 for facilitators).
- ☞ Prestik.

Activities:

- ☞ Start with early morning refreshments (± 30 minutes). During this time, allow everyone to introduce themselves, establish relationships and interact with one another informally.
- ☞ Explain the purpose of the project, namely to partner with community volunteers to be effective in their work place and experience personal and job satisfaction (± 5 minutes).
- ☞ Briefly explain the broad process that will follow over the next year. Provide an outline for the following three days (± 5 minutes).
- ☞ Obtain written informed consent from all the participating community volunteers (± 5 minutes).
- ☞ Divide the volunteers in groups of 7-8 (total of 6 groups), according to the demographic areas they work in.
- ☞ Facilitate PRA-discussions to attain the objectives for the session (± 30 minutes $\times 5 = 2\frac{1}{2}$ hours). Use the guiding questions and available materials as stipulated above. For each question, use the following PRA-procedure:
 - o Provide each group with one large cardboard and coloured pens.
 - o Ask the guiding question.
 - o Request the group to plot their ideas on the cardboard.
 - o After completion of each discussion, all groups display their ideas and report back to the bigger group, during which the other participants are allowed to elaborate.
 - o Facilitators integrate all ideas onto one cardboard and present it to the group for any further input
 - o Continue in this fashion until all session questions have been discussed.
 - o Include one comfort break of ± 20 minutes.
- ☞ After this morning session, break for lunch.

Examples of activities:

To be added...

SESSION 2 (AFTERNOON OF DAY 1): MAPPING PERSONAL STRENGTHS

Guiding questions for this session:

- ☞ What are your personal strengths in terms of:
 - o past experiences that are meaningful for this career
 - o your values and purpose in life
 - o your interests
 - o your personality (e.g. people-person, task-driven person, strong in communication, strong to think of ideas, remember details well, can think about future plans, are spontaneous and adapt quickly to crises, like to plan every day and week)
 - o knowledge of e.g. caring for a sick person, identifying a vulnerable community member, available community services, community beliefs and practices.
 - o skills, e.g. communication, care taking, administration?

Objectives for this session:

- ☞ To create an opportunity for community volunteers to become aware of their own personal strengths related to:
 - o past experiences that are meaningful for the career of community volunteer
 - o values and purpose in life
 - o interests
 - o personality
 - o knowledge
 - o skills.

Proposed length of the session:

± 2½ hours.

Materials required:

- ☞ Lunch.
- ☞ 45 x large (A2) cardboards (1 per person).
- ☞ 45 x sets of coloured pens.
- ☞ 45 x hand-outs of identifying details.
- ☞ 45 x scissors.
- ☞ 45 x glue.
- ☞ 45 x magazines.
- ☞ Prestik.

Activities:

- ☞ Start with a light lunch (± 30 minutes). Facilitators can have informal debriefing discussions if needed.
- ☞ For this session each community volunteer works on his/her own, even though they may ask questions or share ideas with peers and facilitators.
- ☞ Facilitate a PRA-activity for community volunteers to map their personal strengths, in terms of the objectives listed above. It is recommended that the facilitators use examples of their own personal strength maps to guide the activity. Use the following structure (± 15 minutes x 6 objectives):
 - o Provide each community volunteer with a cardboard, coloured pens, a scissor, glue and a magazine.
 - o Ask community volunteers to paste the hand-out of identifying details in the middle of the cardboard (photograph to be taken by facilitators during this session)
 - o Ask volunteers to divide their cardboards into 6 sections
 - o Ask community volunteers to write a heading, e.g. “past experiences” (start with the first objective).
 - o Ask the community volunteers to jot down ideas of past experiences that they think have equipped them to be effective community volunteers. They can also include words and pictures from the magazines.
 - o Repeat this step for all six objectives.
- ☞ This individual session is followed by a poster presentation session (“*Hall of Fame of community volunteers*”). Request all community volunteers to exhibit their posters on one wall. Volunteers can move around freely and explain their personal strengths to each other (± 30 minutes). After this session, each volunteer

may add to their poster based on new ideas that were generated during the activity. Also invite volunteers to continue adding to their personal strength maps over time.

- ☞ Conclude the session by wrapping up the day's activities and adjourn for the next day.

Examples of activities:

To be added...

SESSION 3 (MORNING OF DAY 2): “BEADING” CAREER AND NETWORKING SKILLS

Guiding questions for this session:

- ☞ Which basic counselling skills do you use in your job?
- ☞ How do you deal with ethical issues?
- ☞ How do you partner, network and refer to provide care and support?
- ☞ How do you partner with your external agency in terms of:
 - o reading and interpreting a contract
 - o administering case work
 - o reporting to the external agency?

Objectives for this session:

- ☞ To discuss basic counselling skills required of community volunteers.
- ☞ To explore ethical considerations in view of volunteer care work.
- ☞ To discuss the development and management of supportive caring networks.
- ☞ To establish knowledge on partnering with an external agency in terms of:
 - o reading and interpreting a contract
 - o administering case work
 - o reporting to the external agency.

Proposed length of the session:

± 4½ hours.

Materials required:

- ☞ Early morning refreshments.
- ☞ Mid-morning refreshments.
- ☞ 42 x large (A2) cardboards (6 x 6 groups + for summaries).
- ☞ 18 x coloured pens (3 per group).
- ☞ A variety of materials for beading (per group), including 45 key rings.
- ☞ 45 x scissors.
- ☞ Prestik.

Activities:

- ☞ Start with early morning refreshments (± 30 minutes). During this time, allow everyone to re-connect after the previous days' activities.
- ☞ Request the volunteers to divide into their groups.
- ☞ Provide each group with two large cardboards and three coloured pens.
- ☞ Start PRA-discussions focusing on the first two objectives listed above (± 20 minutes $\times 2$). Ask groups to brainstorm and write down their ideas about:
 - o The basic counselling skills they use
 - o Ethical considerations in volunteer care work
- ☞ After completion of each of these two discussions, all groups display their ideas and report back to the bigger group, during which the other participants are allowed to elaborate (± 15 minutes $\times 2$).
- ☞ Facilitators integrate all ideas onto one cardboard and present it to the group for any further input. Following the report back on basic counselling skills, facilitators distribute the hand-out "*Basic Counselling Skill: A manual for community volunteers*" (Appendix A). This can serve as a reference resource for volunteers' use in their daily career lives.
- ☞ Take a comfort break for tea and refreshments (± 20 minutes).
- ☞ Facilitate a beadwork activity during which community volunteers continue working in their groups. Use the following steps:
 - o Provide each group with materials for beading, as well as key rings, scissors, a large cardboard and three coloured pens.
 - o Request each participant to use beading in making individual key rings (± 30 minutes).
 - o Facilitate a PRA follow-up activity to illustrate how beading is a metaphor for networks, partnerships and referrals. To this end, request groups to map (on a cardboard) relevant ideas related to developing and maintaining caring and supportive networks. Allow groups to report back (± 30 minutes)
 - o Facilitators integrate all ideas onto one cardboard and present it to the group for any further input.
- ☞ The last activity of this session focuses on partnering with external agencies (± 15 minutes $\times 3$ activities). Ask groups to brainstorm and write down ideas (on three separate cardboards) about how they partner with external agencies in terms of:

- o reading and interpreting a contract
 - o administering case work
 - o reporting to external agencies.
- ☞ After completion of each of these discussions, all groups display their ideas and report back to the bigger group, during which the other participants are allowed to elaborate. In each instance, facilitators can share examples of good practice (±30 minutes).
- ☞ Facilitators integrate all ideas onto one cardboard per topic and present it to the group for any further input.
- ☞ After this morning session, break for lunch.

Examples of activities:

To be added...

SESSION 4 (AFTERNOON OF DAY 2):

MAPPING THE COMMUNITY AND THE RESOURCES WITHIN THE COMMUNITY

Guiding questions for this session:

- ☞ What does the community you work in 'look' like?
- ☞ Which challenges do community members face?
- ☞ Which resources and potential resources are present in the community where you work?

Objectives for this session:

- ☞ To obtain an overview of the communities where community volunteers work, in terms of existing structures, resources and facilities.
- ☞ To identify the challenges the communities face.
- ☞ To facilitate the participants' awareness of available and potential resources, based on them constructing an overview of the communities they work in.

Proposed length of the session:

± 1½ - 2 hours.

Materials required:

- ☞ Lunch.
- ☞ 6 x large (A2) cardboards (1 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Small pictures of cows, calves and snakes.
- ☞ 18 x glue.
- ☞ Prestik.

Activities:

- ☞ Start with a light lunch (± 30 minutes).
- ☞ Facilitate a workshop activity (± 30 minutes). Request the participants to work in their groups. Provide each group with one large cardboard and three coloured pens. Ask the groups to construct a community map, by compiling an outline of the community where they work (in writing and/or by means of pictures), guided by discussions within the smaller groups. Act as facilitators, monitoring the process.
- ☞ After completion of the maps, all groups display their maps and report back to the bigger group, during which the other participants are allowed to elaborate (± 20 minutes).
- ☞ Facilitate a second workshop activity (± 30 minutes). Provide the groups with glue and small pictures of cows, calves and snakes. Ask the groups to categorise the various components of their community maps (posters they made) as challenges, resources (*assets*) or potential resources. For this purpose, participants need to paste symbol pictures on their maps, namely snakes next to the challenges or negative things in the community; cows next to the assets and resources which are currently used in the community; and calves next to potential assets and resources (things that are available in the community but not yet used).
- ☞ Conclude the session by wrapping up the day's activities and adjourn for the next day.

Examples of activities:

To be added...

SESSION 5 (MORNING OF DAY 3):

USING WHAT WE HAVE TO COPE WITH CHALLENGES

Guiding questions for this session:

- ☞ What are the main challenges experienced by the community you work in?
- ☞ Which assets and potential assets are required to cope with these main challenges?
- ☞ Which existing relationships can provide access to required assets?
- ☞ How can you use available assets to cope with identified challenges (such as HIV&AIDS, poverty and unemployment)?
- ☞ Which projects can community volunteers initiate to support the community's coping with challenges and vulnerability?
- ☞ How will community volunteers initiate the identified projects by making use of existing relationships and resources?
- ☞ Which action steps will be followed?
- ☞ Who will fulfil which tasks?
- ☞ When will the planned action be taken?

Objectives for this session:

- ☞ To facilitate a shift from focusing on external resources to using available resources and assets within the community when addressing challenges.
- ☞ To identify the challenges faced by the communities where the volunteers work.
- ☞ To identify the assets and potential assets that are required to address the identified challenges.
- ☞ To identify relationships that can be used to access required resources.
- ☞ To identify possible ways of coping with identified challenges (such as HIV&AIDS, poverty and unemployment).
- ☞ To identify potential projects that community volunteers can initiate in support of the community's coping with challenges and vulnerability.
- ☞ To select two of these projects per group to initiate.

- ☞ To use existing resources and relationships to implement the projects.
- ☞ To plan the identified projects in terms of action steps that need to be followed in initiating the projects, including:
 - o roles and responsibilities for those involved in the planned projects.
 - o answering the following questions for each of the projects: What? Who? How? When?
- ☞ To emphasise the participants' dedication to the project.
- ☞ To identify a name for the groups/projects.

Proposed length of the session:

± 4½ hours.

Materials required:

- ☞ Early morning refreshments.
- ☞ Mid-morning refreshments.
- ☞ Refreshments for a light lunch.
- ☞ Posters of mapped community (constructed the previous day).
- ☞ 6 x posters with a picture of a snake.
- ☞ 6 x posters with a picture of a mealie.
- ☞ 6 x posters with a picture of people.
- ☞ 6 x posters with a picture of a knobkierie.
- ☞ 12 x large (A2) cardboards (2 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Prestik.

Activities:

- ☞ Start with early morning refreshments (±30 minutes). During this time, allow everyone to re-connect after the previous days' activities.
- ☞ Request the volunteers to divide into their groups.
- ☞ Facilitate a workshop activity (±60 minutes). Provide each group with the poster (community map) they had completed the previous day, posters with pictures of a snake, a mealie, people and a knobkierie, as well as coloured pens. Use the following structure:

- o Ask the groups to work from the poster they made the previous day (their community maps) and list the negative things and challenges the community faces on the separate poster of the snake.
 - o Request the groups to identify which available resources are needed to address these challenges, on the separate poster of a mealie.
 - o Ask the groups to map people they know who possess these resources, on the separate poster of people.
 - o Request the groups to identify ways of coping with challenges by linking with the people who can provide the resources. These potential solutions should be written down on the poster with the knobkierie, symbolising potential ways to '*kill the snakes*'/'*protect the community*'. Encourage participants to make use of small-group discussions in guiding them.
- ☞ After completion of the maps, all groups display their maps and report back to the bigger group (±30 minutes).
- ☞ Take a comfort break for tea and refreshments (±20 minutes).
- ☞ Facilitate a second workshop activity (±30 minutes). Ask the participants to work with the knobkierie-posters and identify two potential projects (one of which in partnership with a school) they would like to initiate by using the available resources and relationships to address some of the challenges in the community. Mark the two selected projects with stars on the knobkierie-posters. Allow each group to share their ideas with the bigger group.
- ☞ Facilitate a third workshop activity (±30 minutes). Request participants to work in their groups but to separate into two smaller groups, each focusing on a selected project. Provide each group with two cardboards and coloured pens. The groups should now plan their projects by writing down the action plans and strategies to reach their goals. Action plans need to be specific and address the following questions: What? Who? How? When? Facilitate the formulation of action plans.
- ☞ Allow each group to present their action plans to the rest of the group, who may ask questions, give feedback and elaborate (±30 minutes).
- ☞ Request each participant to formulate a personal declaration of commitment to the project, and copy this onto their personal strengths maps. Paste individual photographs next to the declarations of commitment (±10 minutes).
- ☞ Facilitate a process during which the participants select names for the various projects/project groups (±5 minutes).

- ☞ Take photographs of the twelve project groups (± 15 minutes).
- ☞ Conclude the session by requesting the groups to initiate the projects before July 2012, by putting their formulated plans into action.
- ☞ Discuss the July dates and conclude with refreshments.

Examples of activities:

To be added...

Example of dedication:

To be added...

HANDY HINTS DURING BLOCK 1, DAYS 1-3:

- ☞ Focus on *facilitation* instead of *teaching*.
- ☞ Constantly remind yourself to be flexible and be guided by the participants.
- ☞ Appreciate and value the participating volunteers' expertise on their unique circumstances, even if they at first do not recognise how much they really know.
- ☞ Guide the participants with some ideas when they get stuck.
- ☞ Prompt when needed.
- ☞ Remember to focus on the communities the volunteers work in and not the one where you are situated.
- ☞ Constantly guide the participants to focus on existing resources and the positive aspects in their community and within themselves during workshop activities.
- ☞ Constantly emphasise the utilisation and optimal use of people and other resources and potential resources in the community.

BLOCK 2: POLICY AND PLANNING

Monday 9 July 2012: Sessions 1, 2 & 3

Tuesday 10 July 2012: Session 4



SESSION 1 (MORNING OF DAY 1):

MONITORING THE PROGRESS OF PROJECTS AND MAKING CHANGES

(WHAT HAS HAPPENED SINCE WE LAST MET?)

Guiding questions for this session:

- 🔗 How have the planned action steps been implemented since our last workshop?
- 🔗 How have the projects been progressing?
- 🔗 Which changes can be made to the projects or planned action steps?
- 🔗 What is your way forward?

Objectives for this session:

- 🔗 To facilitate a discussion on the progress of the initiated projects.
- 🔗 To monitor the planned action steps in terms of the successful completion thereof (or not).
- 🔗 To make changes to planned actions where needed.
- 🔗 To elaborate on action plans by adding more action steps and strategies if needed.
- 🔗 To plan the way forward.

Proposed length of the session:

± 2 hours.

Materials required:

- 🔗 Early morning refreshments.
- 🔗 6 x posters of action plans constructed during the previous series of sessions.
- 🔗 6 x large (A2) cardboards (1 per group).
- 🔗 18 x coloured pens (3 per group).
- 🔗 Prestik.

Activities:

- ☞ Start with early morning refreshments (± 25 minutes). During this time, allow everyone to re-connect and divide into their groups.
- ☞ Reflect on the previous series of workshops and briefly introduce the sessions that will follow over the next two days (± 10 minutes).
- ☞ Facilitate a focus group discussion (± 25 minutes). Request each task team to report on the implementation of action plans and the progress of their projects.
- ☞ Facilitate a workshop activity (± 20 minutes). Request the participants to work in their task teams and elaborate/adjust their action plans and strategies to follow in future, in order to meet the objectives of the project.
- ☞ Allow each group to present their adjusted action plans and future strategies to the rest of the group, who may provide feedback, ask questions and elaborate (± 25 minutes).
- ☞ Take a comfort break for tea and refreshments (± 20 minutes).

Examples of activities:

To be added...

SESSION 2 (MORNING OF DAY 1): DISCUSSING POLICIES

Guiding questions for this session:

- ☞ Which policy documents are available to address vulnerability and assist you in being a community volunteer?
- ☞ How are you currently interpreting and implementing these policies?

Objectives for this session:

- ☞ To facilitate awareness amongst the participants of existing policy documents related to vulnerability.
- ☞ To facilitate a discussion on their interpretation and implementation of relevant policies.

Proposed length of the session:

±2 hours.

Materials required:

- ☞ 12 x large (A2) cardboards (2 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Prestik.
- ☞ Lunch.

Activities:

- ☞ Facilitate a workshop activity (±30 minutes). Ask each group to (1) identify policies they are currently using, and to (2) explain how they are implementing these. To facilitate the discussion, mention examples of relevant policies, for example:
 - o Policy on Children's Rights
 - o Sexual Offence Act
 - o Criminality of a Youth Offender Act

- o Policy on HIV&AIDS and TB
 - o Policy on Inclusive Education
- ☞ After small-group discussions, provide feedback within the bigger group (±45 minutes).
- ☞ Conclude the session with a light lunch (±45 minutes). During this time, allow for informal interaction.

Examples of activities:

To be added...

SESSION 3 (AFTERNOON OF DAY 1): GETTING TO KNOW MORE ABOUT POLICIES

Guiding questions for this session:

- ☞ How do you understand the following policies:
 - o Policy on Children's Rights
 - o Sexual Offence Act
 - o Criminality of a Youth Offender Act
 - o Policy on HIV&AIDS and TB
 - o Policy on Inclusive Education
- ☞ How can you implement these policies in future as a community volunteer?

Objectives for this session:

- ☞ To facilitate awareness amongst the participants of existing policy documents related to vulnerability.
- ☞ To facilitate a discussion on their interpretation and implementation of relevant policies in future.

Proposed length of the session:

±2 hours.

Materials required:

- ☞ Policy documents (Appendix C) – one for each participant.
- ☞ 12 x large (A2) cardboards (2 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Prestik.
- ☞ Mid-afternoon refreshments.

Activities:

- ☞ Provide the participants with existing policy documents related to vulnerability (Appendix C). Request each group to read one policy document (± 45 minutes), discuss their understanding of the document and then discuss the manner in which they can implement the policy in future as community volunteers (± 45 minutes). Ask them to summarise their discussions on cardboards.
- ☞ Serve mid-afternoon refreshments during the discussions.
- ☞ After small-group discussions, provide feedback within the bigger group (± 30 minutes).

Examples of activities:

To be added...

SESSION 4 (MORNING OF DAY 2): DEVELOPING A SUPPORTIVE SCHOOL-COMMUNITY PARTNERSHIP PLAN

Guiding questions for this session:

- ☞ How are communities currently partnering with schools to be supportive?
- ☞ How can you be a resource in establishing partnerships between schools and communities to be supportive of vulnerable individuals/families?

Objectives for this session:

- ☞ To determine the nature of current partnerships between schools and communities in providing a supportive environment.
- ☞ To develop, implement, monitor and evaluate a supportive school-community partnership plan.

Proposed length of the session:

±3 hours.

Materials required:

- ☞ Early morning refreshments.
- ☞ Mid-morning refreshments.
- ☞ Refreshments for a light lunch.
- ☞ 12 x large (A2) cardboards (2 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Prestik.

Activities:

- ☞ Start with early morning refreshments (±25 minutes). During this time, allow everyone to re-connect and divide into their groups.
- ☞ Facilitate a workshop activity (±30 minutes). Request each group of participants to discuss and summarise (on a cardboard) how communities and schools are

currently partnering and working together to support vulnerable individuals/families. Provide feedback within the bigger group (± 30 minutes).

- ☞ Take a comfort break for tea and refreshments (± 20 minutes).
- ☞ Facilitate a second workshop activity (± 45 minutes). Request each group to develop a supportive school-community partnership plan, and summarise their plans by writing down action plans and strategies to reach their goals. Action plans need to be specific and address the following questions:
 - o What do you want to do in the partnership (what is your goal)?
 - o Who will be responsible in the group and in the schools for which goal?
 - o How will the responsible individuals reach the goal?
 - o When must the goal be reached (target dates)?
- ☞ Allow each group to present their action plans to the rest of the group, who may ask questions, give feedback and elaborate (± 30 minutes).
- ☞ Conclude the session by requesting the groups to implement the partnership plans by September 2012, by putting their formulated plans into action.
- ☞ Discuss the September dates and conclude with a light lunch.

Examples of activities:

To be added...

HANDY HINTS DURING BLOCK 2, DAYS 1-2:

- ☞ Focus on *facilitation* instead of *teaching*.
- ☞ Constantly remind yourself to be flexible and be guided by the participants.
- ☞ Constantly remind yourself that the participants possess the answers – you merely need to facilitate the process.
- ☞ Appreciate and value the participating volunteers' expertise on their unique circumstances, even if they at first do not recognise how much they really know.
- ☞ Guide the participants with some ideas when they get stuck.
- ☞ Prompt when needed.
- ☞ Remember to focus on the communities the volunteers work in and not the one where you are situated.
- ☞ Constantly guide the participants to focus on existing resources and the positive aspects in their community and within themselves during workshop activities.
- ☞ Constantly emphasise the utilisation and optimal use of people and other resources and potential resources in the community.
- ☞ Facilitate the formulation of action plans that will not only benefit the community but also involve community members on a broader level.

BLOCK 3:
SUPPORTIVE PARTNERSHIPS AND SUPPORTIVE SKILLS

Monday 1 October 2012: Sessions 1 and 2
Tuesday 2 October 2012: Sessions 3, 4 and 5
Wednesday 3 October 2012 Sessions 6 and 7



SESSION 1 (MORNING OF DAY 1): REPORTING ON THE PROGRESS OF INITIATIVES AND DISCUSSING RELEVANT POLICY DOCUMENTS

Guiding questions for this session:

- ☞ How have the formulated supportive school-community partnership plans been implemented since our last workshop?
- ☞ How have relevant policies been implemented as part of these supportive school-community partnership plans?
- ☞ How can relevant policies be incorporated even more?
- ☞ How have the planned action steps for other projects been implemented?
- ☞ How have the projects been progressing?

Objectives for this session:

- ☞ To facilitate a discussion on the progress of the formulated supportive school-community partnership plans and other initiated projects.
- ☞ To reflect on the implementation of relevant policies as part of supportive school-community partnership plans.
- ☞ To discuss the Divorce Act and related issues such as domestic violence and abuse, child care and child maintenance.
- ☞ To continue the discussion on implementing relevant policies as part of supportive school-community partnership plans.
- ☞ To monitor planned action steps in terms of the successful completion thereof (or not).

Proposed length of the session:

± 4 hours.

Materials required:

- ☞ Early morning refreshments.
- ☞ 6 x posters of supportive school-community partnership plans formulated during the previous block of sessions.

- ☞ 6 x posters of action plans for projects formulated during the first block of sessions.
- ☞ 6 x large (A2) cardboards (1 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Prestik.

Activities:

- ☞ Start with early morning refreshments (± 30 minutes). During this time, allow everyone to re-connect and divide into their groups.
- ☞ Reflect on the previous series of workshops and briefly introduce the sessions that will follow over the next three days (± 10 minutes).
- ☞ Facilitate a PRA-discussion (± 45 minutes). Request each task team to report on the implementation and progress of:
 - o their supportive school-community partnership plans
 - o the action plans and progress of the other projects they initiated.
- ☞ Use two page summaries to revise the following policies that were discussed during the previous block (± 30 minutes):
 - o Policy on Children's Rights
 - o Sexual Offence Act
 - o Criminality of a Youth Offender Act
 - o Policy on HIV&AIDS and TB
- ☞ Take a comfort break for tea and refreshments (± 20 minutes).
- ☞ Facilitate a discussion on the Divorce Act by providing the participants with the relevant policy documents (Appendix D) and requesting them to work in their task teams. Ask each group to read the policy documents (± 30 minutes), discuss their understanding of the documents and then discuss the manner in which they can incorporate this policy in their supportive school-community partnership plans or in future as community volunteers (± 30 minutes). Ask them to summarise their discussions on cardboards and give feedback in the bigger group (± 30 minutes).
- ☞ Break for lunch. During this time, allow for informal interaction.

Examples of activities:

To be added...

SESSION 2 (AFTERNOON OF DAY 1):

MAKING CHANGES TO SUPPORTIVE PLANS AND OTHER PROJECTS

Guiding questions for this session:

- ☞ Which changes can be made to the school-community partnership plans?
- ☞ Which changes can be made to other projects or planned action steps?
- ☞ What is your way forward?

Objectives for this session:

- ☞ To make changes to planned actions where needed, concerning the:
 - o school-community partnership plans
 - o other projects that have been initiated.
- ☞ To elaborate on action plans by adding more action steps and strategies if needed.
- ☞ To plan the way forward.

Proposed length of the session:

± 2 hours.

Materials required:

- ☞ 6 x posters of supportive school-community partnership plans formulated during the previous series of sessions.
- ☞ 6 x posters of action plans for projects formulated during Block 1 (April) sessions.
- ☞ 2 page summaries of policies that were discussed during Block 2 (July)
- ☞ 6 x posters of discussions on the Divorce Act (completed before lunch).
- ☞ 12 x large (A2) cardboards (2 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Prestik.

Activities:

- ☞ Facilitate a workshop activity (± 25 minutes) following on the discussion that took place before lunch. Request the participants to work in their task teams and elaborate/adjust their supportive school-community partnership plans in terms of strategies to follow in future, against the background of the discussions on relevant policies and the objectives of the project.
- ☞ Allow each group to present their adjusted action plans and future strategies to the rest of the group, who may provide feedback, ask questions and elaborate (± 30 minutes).
- ☞ Facilitate a second workshop activity (± 25 minutes). Request the participants to work in their task teams and elaborate/adjust other projects they have planned or initiated in terms of strategies to follow in future.
- ☞ Allow each group to present their adjusted action plans and future strategies to the rest of the group, who may provide feedback, ask questions and elaborate (± 30 minutes).
- ☞ Conclude the session with mid-afternoon refreshments (± 20 minutes).

Examples of activities:

To be added...

SESSION 3 (MORNING OF DAY 2):

SUPPORTING VULNERABLE FAMILIES: DISCUSSING EFFECTIVE PARENTING

Guiding questions for this session:

- ☞ Which parenting skills are important in raising children in the community you work in?
- ☞ How can parents support children in vulnerable households?
- ☞ How can you guide parents to raise their children?

Objectives for this session:

- ☞ To discuss parenting skills in terms of:
 - o basic pillars and principles of effective parenting
 - o the effect of different parenting styles on children
 - o effective communication between parents and children.
- ☞ To explore how community volunteers may promote effective parenting amongst vulnerable families.

Proposed length of the session:

± 3 hours.

Materials required:

- ☞ Early morning refreshments.
- ☞ Mid-morning refreshments.
- ☞ 6 x large (A2) cardboards (1 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Hand-out “*Effective Parenting*” (Appendix E) – one for each volunteer.
- ☞ Prestik.

Activities:

- ☞ Start with early morning refreshments (± 25 minutes). During this time, allow everyone to re-connect after the previous days' activities.
- ☞ Explain to volunteers that the next few sessions will cover various ways of supporting vulnerable individuals and families, focusing on a variety of supportive skills. Provide an overview of the skills that will be discussed (± 10 minutes).
- ☞ Request the volunteers to divide into their groups.
- ☞ Provide each group with a large cardboard and three coloured pens.
- ☞ Ask groups to brainstorm and write down their ideas about (± 20 minutes):
 - o Parenting skills that may assist parents in raising their children
 - o The way in which they could assist parents in their parenting tasks
- ☞ Lead a discussion (± 45 minutes) on the following aspects pertaining to effective parenting:
 - o basic pillars of effective parenting
 - o the effect of different parenting styles on children
 - o effective communication between parents and children
- ☞ After completion of the discussion, volunteers participate in an exercise, practising good communication skills. Allow opportunity for the volunteers to practise all communication techniques that have been discussed. After each technique, allow two to three pairs to demonstrate their newly acquired skills (± 20 minutes x 3).
- ☞ Following the discussions on effective parenting, facilitators distribute the hand-out "*Effective Parenting*" (Appendix E). This can serve as a reference resource for volunteers' use in their daily career lives.
- ☞ Break for tea and refreshments (± 20 minutes).

Examples of activities:

To be added...

SESSION 4 (MORNING OF DAY 2): PLANNING AND MAINTAINING A VEGETABLE GARDEN

Guiding questions for this session:

- 🔗 Share your experience in gardening projects.
- 🔗 What are the benefits of having a vegetable garden?
- 🔗 How do you plan, start and maintain a vegetable garden?
- 🔗 Where can community members access support for gardening projects?
- 🔗 How do you look after a vegetable garden?

Objectives for this session:

- 🔗 To discuss the benefits and possibilities of having a vegetable garden.
- 🔗 To discuss the steps of planning, starting and maintaining a vegetable garden.
- 🔗 To explore avenues where community members may access support for vegetable gardens they want to initiate.
- 🔗 To describe best practices in terms of gardening skills.

Proposed length of the session:

± 2 hours.

Materials required:

- 🔗 12 x large (A2) cardboards (2 per group).
- 🔗 18 x coloured pens (3 per group).
- 🔗 Prestik.
- 🔗 Lunch.

Activities:

- 🔗 Request the volunteers to divide into their groups.
- 🔗 Ask volunteers to share their experiences with one another and showcase examples of vegetable gardens in their communities/schools (±30 minutes). Amongst other things, they should highlight the benefits and advantages of having vegetable gardens.
- 🔗 Provide each group with two large cardboards and three coloured pens.
- 🔗 Ask groups to summarise the process of planning, starting and maintaining a vegetable garden, including some ideas on where to access support for such a project (±30 minutes).
- 🔗 On a second cardboard, ask groups to summarise good gardening skills and important general guidelines to follow (±30 minutes).
- 🔗 After completion of these discussions, all groups display their ideas and report back to the bigger group, during which other participants are allowed to elaborate. In each instance, facilitators can share examples of good practice (±30 minutes).
- 🔗 Facilitators integrate all ideas onto one cardboard per topic and present it to the group for any further input.
- 🔗 Break for lunch.

Examples of activities:

To be added...

SESSION 5 (AFTERNOON OF DAY 2):

SUPPORTIVE SKILL 1: MEMORY BOX MAKING

Guiding questions for this session:

- 🔗 What is memory work?
- 🔗 How is memory work done?
- 🔗 How can volunteers use memory work in their job when supporting vulnerable individuals or families?

Objectives for this session:

- 🔗 To introduce community volunteers to memory work as a skill that could be used in supporting vulnerable individuals or families.
- 🔗 To facilitate a discussion on employing the technique of memory work.
- 🔗 To facilitate a discussion on the potential use of memory work in the context of volunteer work.

Proposed length of the session:

± 2¼ hours.

Materials required:

- 🔗 Manual on memory work (Appendix F) – one for each volunteer.
- 🔗 Boxes/containers for memory box making – one for each volunteer.
- 🔗 Coloured paper – 3 sheets for each of the volunteers (135 sheets in total).
- 🔗 Coloured pens – one for each of the volunteers.
- 🔗 18 x glue (3 per group).
- 🔗 45 x scissors.
- 🔗 Magazines – one for each of the volunteers.

Activities:

- ☞ Facilitate a PRA-discussion (± 1 hour). Use the manual on memory work (Appendix F) to introduce memory work as a skill that could be used by volunteers in supporting vulnerable individuals or families. Discuss the basic principles of the technique.
- ☞ Facilitate a workshop activity (± 30 minutes), during which volunteers make memory boxes. Provide each volunteer with a box/container, paper, coloured pens, scissors, glue and a magazine for this purpose. Volunteers can elaborate on their memory boxes after they have left the session.
- ☞ Request the volunteers to work in their groups. Facilitate a discussion (± 30 minutes), focusing on the potential use of memory work by volunteers in their jobs. After the discussion, ask volunteers to share some ideas in the bigger group.
- ☞ Ask volunteers to implement memory box making in the community before the next block of sessions and provide feedback during the next meeting.
- ☞ Conclude the session with mid-afternoon refreshments (± 20 minutes).

Examples of activities:



SESSION 6 (MORNING OF DAY 3): SUPPORTIVE SKILL 2: BODY MAPPING

Guiding questions for this session:

- ☞ What is body mapping?
- ☞ How is body mapping done?
- ☞ How can volunteers use body mapping in their job when supporting vulnerable individuals or families?

Objectives for this session:

- ☞ To introduce community volunteers to body mapping as a skill that could be used in supporting vulnerable individuals or families.
- ☞ To facilitate a discussion on employing the technique of body mapping.
- ☞ To facilitate a discussion on the potential use of body mapping in the context of volunteer work.

Proposed length of the session:

± 2¾ hours.

Materials required:

- ☞ Early morning refreshments.
- ☞ Mid-morning refreshments.
- ☞ Manual on body mapping (Appendix G) – one for each volunteer.
- ☞ 45 big sheets of paper – one for each of the volunteers.
- ☞ 45 coloured pens – one for each of the volunteers.

Activities:

- ☞ Start with early morning refreshments (± 30 minutes). During this time, allow everyone to re-connect after the previous days' activities.
- ☞ Facilitate a PRA-discussion (± 1 hour). Use the manual on body mapping (Appendix G) to introduce body mapping as a skill that could be used by volunteers in supporting vulnerable individuals or families. Discuss the basic principles of the technique.
- ☞ Facilitate a workshop activity (± 30 minutes), during which volunteers make body maps, working in pairs. Provide each volunteer with a sheet of paper and a coloured pen. Volunteers can elaborate on their body maps after they have left the session.
- ☞ After completion of the body maps, request the volunteers to reflect in their groups. Facilitate a discussion (± 30 minutes), focusing on the potential use of body mapping by volunteers in their jobs. After the discussion, ask volunteers to share some ideas in the bigger group.
- ☞ Ask volunteers to implement body mapping in their job before the next block of sessions and provide feedback during the next meeting.
- ☞ Conclude the session with mid-morning refreshments (± 20 minutes).

Examples of activities:



SESSION 7 (MORNING OF DAY 3): CARING FOR AND SUPPORTING OVCs

Guiding questions for this session:

- ☞ To what extent does your job require care and support for OVCs?
- ☞ What are your responsibilities in this regard?
- ☞ Share your experience in caring for and supporting OVCs.
- ☞ How have you cared for and supported OVCs – what are your best practices?
- ☞ Which challenges have you faced and how have you addressed these?

Objectives for this session:

- ☞ To discuss the roles and responsibilities of community volunteers concerning care and support for OVCs.
- ☞ To share experiences and best practices in caring for and supporting OVCs.
- ☞ To share typical challenges and ways of addressing these in caring for and supporting OVCs.

Proposed length of the session:

± 2½ hours.

Materials required:

- ☞ 12 x large (A2) cardboards (2 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Prestik.
- ☞ Lunch.

Activities:

- ☞ Request the volunteers to divide into their groups.
- ☞ Facilitate a PRA-discussion (±30 minutes) on the roles and responsibilities of community volunteers in caring for and supporting OVCs. Provide each group with a cardboard and three coloured pens, asking group members to summarise their ideas on the cardboard.
- ☞ Facilitate a second discussion (±30 minutes), requesting community volunteers to share their experiences with one another in caring for and supporting OVCs. Provide them with another cardboard and ask them to list the challenges they typically face, how they have addressed these, as well as best practices that they have been employing.
- ☞ After completion of these discussions, all groups display their ideas and report back to the bigger group, during which the other participants are allowed to elaborate. In each instance, facilitators can share examples of good practice (±30 minutes).
- ☞ Facilitators integrate all ideas onto one cardboard per topic and present it to the group for any further input (±10 minutes).
- ☞ Discuss the dates for the last series of sessions (January 2013) and conclude with lunch (±45 minutes).

Examples of activities:

To be added...

HANDY HINTS DURING BLOCK 3, DAYS 1, 2 AND 3:

- ☞ Focus on *facilitation* instead of *teaching*.
- ☞ Constantly remind yourself to be flexible and be guided by the participants.
- ☞ Constantly remind yourself that the participants possess the answers – you merely need to facilitate the process.
- ☞ Appreciate and value the participating volunteers' expertise on their unique circumstances, even if they at first do not recognise how much they really know.
- ☞ Guide the participants with some ideas when they get stuck.
- ☞ Prompt when needed.
- ☞ Remember to focus on the communities the volunteers work in and not the one where you are situated.
- ☞ Constantly guide the participants to focus on existing resources and the positive aspects in their community and within themselves during workshop activities.
- ☞ Constantly emphasise the utilisation and optimal use of people and other resources and potential resources in the community.
- ☞ Facilitate the formulation of action plans that will not only benefit the community but also involve community members on a broader level.

BLOCK 4:
FINAL REFLECTION AND APPLICATION IN FUTURE

Tuesday 22 January 2013: Sessions 1, 2 and 3
Wednesday 23 January 2013: Session 4



SESSION 1 (MORNING OF DAY 1): REPORTING ON THE PROGRESS OF SUPPORTIVE INITIATIVES

Guiding questions for this session:

- ☞ How have the formulated supportive school-community partnership plans been implemented since our last workshop?
- ☞ How have relevant policies been implemented as part of these supportive school-community partnership plans?
- ☞ How have the planned action steps for other projects been implemented?
- ☞ How have the projects been progressing?

Objectives for this session:

- ☞ To facilitate a discussion on the progress of the formulated supportive school-community partnership plans and other initiated projects.
- ☞ To continue the discussion on implementing relevant policies as part of supportive school-community partnership plans.
- ☞ To monitor planned action steps in terms of the successful completion thereof (or not).

Proposed length of the session:

± 2 hours.

Materials required:

- ☞ Early morning refreshments.
- ☞ 6 x posters of revised supportive school-community partnership plans formulated during the previous block of sessions.
- ☞ 6 x large (A2) cardboards (1 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Prestik.
- ☞ Tea and refreshments.

Activities:

- ☞ Start with early morning refreshments (± 25 minutes). During this time, allow everyone to re-connect and divide into their groups.
- ☞ Reflect on the previous series of workshops and briefly introduce the sessions that will follow over the next two days (± 5 minutes).
- ☞ Facilitate a PRA-discussion (± 60 minutes). Request each task team to report on the implementation and progress of:
 - o their supportive school-community partnership plans
 - o the action plans and progress of the other projects they initiated.
- ☞ Break for tea (± 30 minutes).

Examples of activities:

To be added...

SESSION 2 (MORNING OF DAY 1): REPORTING ON THE PROGRESS OF SKILLS IMPLEMENTATION

Guiding questions for this session:

- 🔗 How have you implemented the following skills in supporting vulnerable people:
 - o Effective parenting
 - o Memory box making
 - o Body mapping
 - o Networking?

Objectives for this session:

- 🔗 To facilitate discussions on the implementation of the following supportive skills:
 - o Effective parenting
 - o Memory box making
 - o Body mapping
 - o Networking.

Proposed length of the session:

± 3¾ hours.

Materials required:

- ☞ 24 x large (A2) cardboards (4 per group).
- ☞ 18 x coloured pens (3 per group).
- ☞ Prestik.
- ☞ Lunch.

Activities:

- ☞ Facilitate a PRA-discussion (±3 hours). Request each task team to report on their implementation of the following skills in supporting vulnerable people:
 - o Effective parenting
 - o Memory box making
 - o Body mapping
 - o Networking.
- ☞ Break for lunch (±45 minutes).

Examples of activities:

To be added...

SESSION 3 (AFTERNOON OF DAY 1):

WAY FORWARD WITH SKILLS IMPLEMENTATION IN SUPPORTIVE PLANS

Guiding questions for this session:

- 🔗 How can skills be implemented in future to sustain the school-community partnership plans?
- 🔗 How can skills be implemented to further support vulnerable individuals and communities?

Objectives for this session:

- 🔗 To reflect on the way forward in implementing skills to sustain school-community partnership plans.
- 🔗 To continue the discussion on further implementation of supportive skills when supporting vulnerable people.

Proposed length of the session:

± 1 hour.

Materials required:

- 🔗 6 x large (A2) cardboards (1 per group).
- 🔗 18 x coloured pens (3 per group).
- 🔗 Prestik.

Activities:

- 🔗 Facilitate a PRA-discussion (±30 minutes) following on the discussion that took place before lunch. Request the participants to work in their task teams and discuss future implementation of skills to sustain supportive school-community partnership plans.
- 🔗 Allow each group to present their thinking and future strategies to the rest of the group, who may provide feedback, ask questions and elaborate (±30 minutes).
- 🔗 Conclude the session.

Examples of activities:

To be added...

SESSION 4 (MORNING OF DAY 2):

FINAL REFLECTION ON THE VALUE OF SHEBA PARTICIPATION FOR COMMUNITY VOLUNTEERS AND VULNERABLE COMMUNITY MEMBERS

Guiding questions for this session:

- 🔗 What is the value of SHEBA participation for:
 - o community volunteers?
 - o vulnerable community members?

Objectives for this session:

- 🔗 To explore the value of SHEBA participation for community volunteers.
- 🔗 To explore the community volunteers' view of the reported value of SHEBA for vulnerable community members.
- 🔗 To recognise and celebrate participation in SHEBA.

Proposed length of the session:

± 2½ hours.

Materials required:

- 🔗 Early morning refreshments.
- 🔗 12 x large (A2) cardboards (2 per group).
- 🔗 18 x coloured pens (3 per group).
- 🔗 Prestik.
- 🔗 Certificates of attendance/facilitation (Appendix H) – one for each participating community volunteer and facilitator.
- 🔗 Tea and refreshments.

Activities:

- ☞ Start with early morning refreshments ($\pm$ 30 minutes). During this time, allow everyone to interact with one another informally.
- ☞ Facilitate a PRA-discussion ($\pm$ 30 minutes) focusing on the value of SHEBA participation for:
 - o Community volunteers
 - o Vulnerable community members
- ☞ Allow each group to present their experiences to the rest of the group, who may provide feedback, ask questions and elaborate ($\pm$ 45 minutes).
- ☞ Present each participating community volunteer and facilitator with a certificate of attendance/facilitation (Appendix H) ($\pm$ 20 minutes).
- ☞ Conclude with celebrations, refreshments and traditional farewell singing ($\pm$ 25 minutes).

Examples of activities:

To be added...

HANDY HINTS DURING BLOCK 4, DAYS 1 AND 2:

- ☞ Focus on *facilitation* instead of *teaching*.
- ☞ Constantly remind yourself to be flexible and be guided by the participants.
- ☞ Constantly remind yourself that the participants possess the answers – you merely need to facilitate the process.
- ☞ Appreciate and value the participating volunteers' expertise on their unique circumstances, even if they at first do not recognise how much they really know.
- ☞ Guide the participants with some ideas when they get stuck.
- ☞ Prompt when needed.
- ☞ Remember to focus on the communities the volunteers work in and not the one where you are situated.
- ☞ Constantly guide the participants to focus on existing resources and the positive aspects in their community and within themselves during workshop activities.
- ☞ Constantly emphasise the utilisation and optimal use of people and other resources and potential resources in the community.
- ☞ Facilitate the formulation of action plans that will not only benefit the community but also involve community members on a broader level.

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APPENDIX A
INFORMATION RELATED TO HIV&AIDS
WEEK 2, DAY 1

APPENDIX B
POLICY DOCUMENTS
WEEK 2, DAY 2

APPENDIX C

LIST OF POTENTIAL RESOURCES

WEEK 3, DAY 1

APPENDIX D
DIVORCE ACT
BLOCK 3, SESSION 1



APPENDIX E

EFFECTIVE PARENTING HAND-OUT

BLOCK 3, SESSION 3



APPENDIX F
MANUAL ON MEMORY WORK
BLOCK 3, SESSION 5



APPENDIX G
MANUAL ON BODY MAPPING
BLOCK 3, SESSION 6



APPENDIX H
CERTIFICATE OF
ATTENDANCE/FACILITATION
BLOCK 4, SESSION 4



APPENDIX B

ETHICS CLEARANCE CERTIFICATE



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA
Faculty of Education

RESEARCH ETHICS COMMITTEE

CLEARANCE CERTIFICATE

DEGREE AND PROJECT

INVESTIGATOR(S)

DEPARTMENT

DATE CONSIDERED

DECISION OF THE COMMITTEE

CLEARANCE NUMBER :

EP 06/11/01

PhD

Volunteers' use of memory work to promote psychological support of clients facing poverty-related adversity

Maria Annah Mnguni

Educational Psychology

30 July 2014

APPROVED

Please note:

For Masters applications, ethical clearance is valid for 2 years

For PhD applications, ethical clearance is valid for 3 years.

CHAIRPERSON OF ETHICS COMMITTEE

Prof Liesel Ebersöhn

DATE

30 July 2014

CC

Jeannie Beukes

Liesel Ebersöhn

Prof Ronel Ferreira

This ethical clearance certificate is issued subject to the following condition:

1. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.

INFORMED CONSENT (Volunteers to be involved from 2012)

SHEBA : SUPPORTING HOME ENVIRONMENTS IN BEATING ADVERSITY

Dear Sir/Madam

You are invited to participate in a research project aimed at exploring and describing how a strengths-based intervention may equip community volunteers to support vulnerable individuals and communities. The intervention is based on a school-based intervention (STAR), which has been implemented in schools in your neighbouring communities since 2003, assisting teachers to psycho-socially support their communities.

Your participation in this research project is voluntary and confidential. You will not be asked to reveal any information that will allow your identity to be established. For the purposes of the study you will be requested to participate in intervention sessions (taking the form of workshops combined with discussions). Sessions will be audio-recorded and transcribed. We will also take photographs of all activities. The findings of this research will be used to inform future community development initiatives, with the potential of further duplicating it in other communities in future. For you, one of the benefits entails that you may gain knowledge and skills that can be used in your career lives.

If you are willing to participate in this study, please sign this letter as a declaration of your consent, i.e. that you participate in this project willingly and that you understand that you may withdraw from the research project at any time. Under no circumstances will the identity of participants be made known to others. If however, you would like your face to be shown when photographs are published, kindly tick the relevant block below.

Warm wishes

Ronél Ferreira, Liesel Ebersöhn & Postgraduate students

My face may be shown on photographs

YES	NO

Participant's signature.....

Date:.....

APPENDIX D

INTERVIEW GUIDE

DATE 02 MAY 2013

HOW COMMUNITY VOLUNTEERS USED MEMORY WORK

1. With whom did you do memory work?
2. Explain how you did the memory work (process)
3. How did it/ did not help vulnerable people?
4. How did the vulnerable people feel afterwards?

HOW COMMUNITY VOLUNTEERS VIEW THE USE OF MEMORY WORK

1. How do you view the use of memory work with vulnerable people?
2. Is memory work valuable to you as a person and why?
3. How can you use it in future (relationships, resources, self-worth)?

---oOo---

RESEARCH DIARY

VISIT 1

02 OCTOBER 2012

On our first day we arrived very early and prepared tea and sandwiches for the community volunteers. We had tea together as I was building rapport with the community volunteer.

As the co-facilitators introduced me to the new community volunteers I noticed that it was easy for the new community volunteers to build rapport with me as they started communicating with me in their mother tongue. The community volunteers sang a nice chorus and one of the ladies prayed for us.

The community volunteers seemed so excited. One could see that they enjoy being community volunteers. What I liked was the unity amongst the different groups. One could see that they are willing to be there for each other. As they were chatting casually I heard that they do collaborate amongst each other and they share information.

Relationship gains

As we were facilitating the skill of memory work it seemed easy for the community volunteers to understand it. I believe that memory work is one tool that can be easily understood by any person irrespective of their educational level. I told myself that this is a skill that can be used to support people even in the rural areas where people are not educated as it is where it is most needed as there are a lot of grandparents who are taking care of their grandchildren and they do not know how to support them.

Creating a safe space

Orphans living with grandparents

I was also touched by one elderly lady specifically. This lady seemed to be having a lot of personal challenges because I observed that she was talking a lot in their group as they were discussing how they will implement the skill of memory work. Later on she started crying, I took her outside to debrief and refer her. I was happy that she finds meaning in volunteering and it is a way of being away from the neighbours who were troubling her. I feel that she is at the right place as she can talk about her challenges and she may be healing.

Benefitting on an emotional level

As I passed by I heard them discussing amongst each other how they want their memory boxes to be and how they are going to use them, then I came to the conclusion that this is a skill that they may value in their own lives.

As community volunteers were busy with their memory boxes they were also sharing their life stories amongst each other. They used the memory box making session to remember the good things that happened in their lives and also how they want their children to remember them when they are no more. Most community volunteers explained that it helped them to appreciate who they are and they also identified the good things that they have done in their lives as such they realised that they are worthy

Personal gains for community volunteers

Some community volunteers indicated that they will complete their memory boxes at their homes as they want to add some specific objects in **their memory boxes and they also want to share the experience with their children and some members of their families**. All the participants seemed excited when doing their memory work and it was difficult to stop them from continuing with **their memory work after the time was up as they were really enjoying themselves**.

Before the community volunteers went home I requested that they should implement the skill of memory work with their clients and on the next visit they should inform us on how they implemented the skill of memory work.

The community volunteers sang a nice chorus again and another lady prayed for us before the community volunteers left.

Uses of memory work

Difficult to stop; more time consuming

VISIT 2 22 JANUARY 2013

On our second visit community volunteers were very excited to see us again. We prepared and shared tea with them as we were building more rapport. Thereafter we welcomed the community volunteers once more, the community volunteers sang a chorus and one of the ladies prayed. We requested community volunteers to sit in their groups and discuss how they implemented the skill of memory work with their clients. The community volunteers compiled what they did on the posters and presented the information the whole group.

"I was so excited when community volunteers proudly reported how their clients enjoyed doing memory work and **how the clients were able to express their feelings, frustrations and also how the use of memory work benefited them**, especially in bringing families and relatives closer to each other. Some community volunteers explained how they integrated the use of memory work with empowering clients with some skills like parenting skills, encouraged **families to have better relationships**, and also empowering the community volunteers with some survival skills like encouraging them to identify the assets that they are having in their communities like **selling some goods and having gardens** so as to have some vegetables **that they can use in their families** or sell so as to make some income" (Research journal, 22 January, 2013, p3).

"Seemingly memory work helped clients to be able to identify and **express their challenges**. I believe this is the best way of helping clients **to take ownership of their challenges** as the use of memory work helps them also to **come up with solutions as they keep on expressing themselves**. As clients do memory work a line of communication opens up and they are able to address the **challenges and differences that they have amongst their families and relatives**" (Research journal, 22 January, 2013, p3).

"As some community volunteers indicated that some clients say that memory work is not meant for other cultures I reflected on how most

Benefits for clients

Relationships

Job related benefits

Reported gains for clients

Relationship gains

parents name their children after somebody or certain events, for instance a child who was born when somebody in the family passed away that child may be called Dikeledi (Tears) or if a child was born when there was a lot of rain the child would be called Mmapula, or name children after their grandparents to keep the legacy of those grandparents, or keep the belongings of a person who has passed away as memorabilia. This shows that the use of memory work has being in existence for decades in most cultures, it just that we are now taking it further and using it more seriously to address challenges and empower our communities and vulnerable people with the same skill that has being in existence for decades.

Myths about memory work

As I reflected at the end of the day with my supervisor and co-supervisor we came to the conclusion that I should request ten community volunteers to further continue to empower at least one vulnerable person with a skill of memory work and capture their sessions on disposable cameras. Ten participants volunteered and I provided them with disposable cameras and explained to them that they should capture the sessions when they empower a vulnerable person with a skill of memory work.

Limited technological skills

The participants indicated that they know how to use the disposable cameras and they understand what they are supposed to do. I asked the ten community volunteers to provide me with their cell numbers and I gave them my cell number again and indicated to them that I will keep on contacting them with sms's. As the ten community volunteers willingly volunteered to continue with the skill of memory work I came to the conclusion that the community volunteers probably find the skill of memory work to be of value in supporting their clients. At the end of the day we sang a chorus again and one of the ladies closed with prayer.

Limited technological skills

VISIT 3 02-03 MAY 2013

"During our third visit we had tea and sandwiches as community volunteers were casually boasting about how they use their memory work. Thereafter we welcomed the community volunteers, prayed together and from there I called the community volunteers one by one to individually interview them".

"It is humbling to see the commitment of the community volunteers in serving vulnerable people. What touches me the most is that the community volunteers are also not employed, some get a stipend which I believe hardly caters for their basic needs, but they are still willing to share what they have with other vulnerable people. This is a true spirit of Ubuntu. As I was thinking I came to the realisation that the community volunteers know the true meaning of life, the true meaning of being a servant. This made me aware of the deepest feeling of why they are so content, why there are so fulfilled, why they wake up every morning and look forward to going out there to make a difference in other people's lives. They have graduated beyond working for money; they just want to serve, to make a difference in the community. I believe the most fulfilling feeling in a person is to serve without expecting anything in return. To

Cases where memory work was used

Personal gains for community volunteers

me, this is the climax of true happiness, and it's a feeling that is beyond being self-actualised. So, *does this mean that a person can be self-actualised without having their basic needs met?* I think as the bible says that we do not live by bread only, not living for bread can make one see beyond the bread, can make people even to forget that they do not have bread. As I looked at the community volunteers I could *read between the lines that they have their own vulnerabilities but choose to look beyond their vulnerabilities so as to support others who have not yet found the secret of true happiness. In the lives of the community volunteers I came to the realisation that being employed is not earning a salary but to make a difference in the lives of others. What a noble action!"*

Increased self-worth

"The commitment of community volunteers is very humbling as they go an extra mile in using their resources in supporting vulnerable individuals. Some *community volunteers go to an extent of accompanying their clients to clinics and hospitals and probably spend days standing in the queues trying to help their clients to deal with their challenges.* Some of the community volunteers have to use their own food to help clients who are in need. This is very humbling as *community volunteers do not earn a salary and they probably use the least that they have and share it with others so as to see their lives improving.* Community volunteers go an extra mile in what they are doing and people who are employed may not in most instances go this far to help vulnerable people. *What community volunteers are doing may only be done by a person who is really called to serve others, who does not work for money but regards herself as a servant.* Their commitment, love and care always remind me of the slogan of my late brother-in-law, Elliot Kgosana, who always said 'if you do not have enough to share with others you are still poor' the community volunteers are the richest people, not materially but spiritually as indicated in Galatians 5:22 about the fruits of the holy spirit, as they always share themselves with the vulnerable people. This is a true spirit of Ubuntu

Increased self-worth and personal gain

Lack of resources

Lack of resources

Job-related benefits

I realised that community volunteers use spiritual support on several occasions in encouraging their clients and giving them hope and in helping them to deal with their frustrations and challenges. I believe this helps them and gives them hope in situations that are out of their control. Spiritual support may also help in giving hope for the clients who have lost their loved ones in knowing that it is their bodies that are gone but their spirits will live eternally. This may be comforting for the children and family members who have lost their loved ones.

Feeling equipped to support

When I reflected on how community volunteers used the skill of memory work it reminded me of a "vulamlomo". When you go to a traditional doctor to consult for about something you must take out money first before the traditional doctor can open up the bag of bones and start talking. I found the memory work using the same principle whereby you teach a person about memory work, from there they start talking about their challenges and you find a solution together to those challenges. Again in most cultures when you speak to a king, a respectable person or when you are approaching other people to negotiate you must have what in the nguni languages is called "vulamlomo". This is a gift or money of an animal that is presented in front of whoever you want to

talk to so that that person can start talking to you. In my observation and analysis on how the community volunteers were using the skill of memory work, I found that they used this skill as a “vulamlo” in approaching clients when they wanted to communicate with them. What I found to be most interesting was the fact that this skill is a non-directional tool which makes a vulnerable person to open up and talk about anything that they want to talk about. The community volunteer does not tell a client to talk about a specific issue. What is more interesting is that it drives a person to ultimately talk about most of the things that affect them both positively and negatively. This probably made them to have the courage to support other vulnerable people with pride as they realized that they were able to face their own challenges. They probably realised that they are of value in their communities. From there the community volunteer uses the same skill in guiding and supporting the client to deal with the challenge that they are facing. I was happy to realise that memory work is helping the vulnerable people to identify the different assets and resources that they are having in their community and they are utilising such assets.

Creates a safe space for counselling

Feel equipped to support vulnerable people

Memory work is one tool that is seemingly easy to use and cost effective. It is a non-directional tool which is apparently therapeutic in most people's lives as it has its way of making a person open up without even being asked to do so. It has this almost magical way of probing into people's feelings and hearts.

Creates a safe space for counselling

In most instances the community volunteers seemingly came across vulnerable people who reportedly hardly have food, or shelter and are often staying in places that are not safe. Usually when community volunteers go to visit vulnerable people it seems as if vulnerable people have some hope that the community volunteers will come to their rescue. They tend to think that they come to them because they have solutions to their problems. I feel pity for the community volunteers as they probably also wish that they were able to resolve the challenges that the community is facing.

Limited financial and human resources

It is sad that it seems the only way in which most unemployed people have to rely on the grants of family members who receive such grants as it is the only possible way in which they can get food. Seemingly healthy people end up envying those who are ill or children who are orphans because they are receiving grants. I wish we could be able to help community volunteers to be able to identify resources that are surrounding them so that they can be able to use them to put food on the table.

Financial challenges

Job related

As participants explained how grandmothers support their grandchildren it came to my mind that it seems since most children started losing their parents, grandmothers have been the best source of support. I thought of the grants they receive and the cost of living and how difficult it must be for them to survive with the little money that they get as in most cases they have to also support other members of the family who are not employed and are also dependent on the grants of the grandmothers. This is very sad as these grandmothers were supposed to use the money to enjoy their last days on earth. In some instances relatives and neighbours also help in supporting children who do not have parents.

Orphans living with grandparents

Financial challenges, unemployment

What I like about the African culture is that every adult is supposed to treat every child as his/her own. So if an adult sees a child suffering that adult is entitled to help that child, that is the spirit of Ubuntu.

Child-headed

As we were casually talking one participant indicated that she makes follow ups in the homes of young mothers if their children seem to be neglected and she advises the young mothers on how to use the grants and if they do not cooperate she reports them to the social workers. As one participant indicated that there is a mother who left children on their own and she uses the children's grant for her own benefit I thought of many other children who may be in the same situation in our country. I wish there was a better method that can be used to make sure that the children's grants are used effectively and to find elderly people who can give support to children who are staying alone on a regular basis so as to alleviate the burden of child-headed households.

Feel equipped to support

Child-headed

Today I asked myself how our country would be if we did not have the problem of poverty? I am touched by the challenges that vulnerable people are facing. Every challenge seems related to poverty in one way or another. I ask myself as to whether there will be a stage when we will be free from most of these challenges? Looking at the way in which the rate of unemployment is increasing in our country, I have little hope that the situation will improve. Perhaps this attempt can guide vulnerable people in finding assets in their lives that they can use in dealing with their situation.

Unemployment

Unemployment

Previously most people who are HIV positive did memory boxes thinking that they are going to die but with the availability of ARV's even people who are very ill usually recover once they use medication and they end up living normal life. As participants indicated that people can go back to the memory box when they were ill and hopeless due to HIV can also go back to their memory boxes once they have recovered to see how hopeless they felt when they were ill and this may give them more hope.

Coping with incurable diseases

Incurable diseases

The client was able to express the pain that she went through when she was raped. Furthermore the problems that children are experiencing at home were identified through the use of memory work. I am glad that the community volunteers are willing to intervene and support children and parents who are experiencing the challenges of alcohol abuse and the children who are abused.

Rape victim

Abuse and parents who abuse alcohol

As one participant talked about the child who was killed I thought of the rate of crime in our country and innocent people who are killed by criminals in our environments. I just wish that one day we can live in a country where people are not living in fear, where people feel safe at all times. I think that another problem that makes other people to kill others for material things is that we have being socialised to define each other by material things, it seems people feel that they can only command respect through what they have materially, not by Ubuntu.

Need for support

I wish there was an effective method that can be used to make a follow up on orphans to make sure that they drop out of school due to lack of support or financial challenges so that they can have a better future as this will help in alleviating the problem of poverty in their lives. If children continue to drop out of school poverty may become a vicious cycle in our communities. Furthermore, I think grandmothers should also be

Children in need of support

empowered to motivate the children that they support to continue with their studies.

It was interesting for me when community volunteers indicated that their clients felt that memory work helped in uniting the family members and relatives. I believe this may help people to remember the value of unity in families. I am of the opinion that if children see elderly members of their relatives being united they will also be encouraged to pursue peace in their lives and this may help our communities and ultimately our country in having happier residents.

I wish community volunteers should have the strength to carry on to fight the use of drugs amongst children so as to save the younger generation from being destroyed. It is sad that a lot of young children are getting involved in drugs and it is very expensive to rehabilitate such children and our country does not have enough resources to support such children, as such their lives will be destroyed. Again, I wish our government could find a better way of fighting the problem of drug abuse, especially amongst the youth.

I am glad that the community volunteers are concerned with the problem of drugs as it is affecting our country. I wish the government was prioritising the support of children who are involved in drugs as most of the children are exposed to drugs even without their knowledge. It seems this problem will soon be unmanageable in our country and we will be having a future generation that was destroyed by this issue of drugs.

In our culture it is not easy for parents to communicate with their children but it seems memory work helps them to communicate easily and to express their challenges and to deal with them. I think as families make memory boxes together they may get used to sharing their experiences, achievements and challenges.

I am happy to realise that the skill of memory work helped community volunteers to deal with their challenges as it will be easier for them to support vulnerable individuals as they will be able to testify to their clients how memory work has changed their lives, they will be able to share emphatic highlights with their clients. It will be easier for them to encourage their clients to use memory work in their lives as they know that it has worked for them. I so wish that the community volunteers were at least given the resources to fulfil their volunteering tasks. It is sad for people to volunteer their time and at the same time they have to worry about how they will fulfil their tasks since they do not have the resources to do so. I wish our government could find a way of making the task that the community volunteers are fulfilling to be more catered for regarding the resources that they need.

On the 3rd of May I interviewed the last three community volunteers. I was touched when one community volunteer indicated that she did memory work with her sister who has an incurable disease. As she indicated that the sister was intending to empower Sunday school children with the skill of memory work I was deeply touched by the fact that she is still prepared to be there for other people and make a difference in their lives even if she was told that she will soon be losing her own life.

Safe space for communities

Children in need of support

Lack of financial and human resources

Need for support

Safe space for communication

Personal gains experienced by community volunteers

Limited human and financial resources

Coping with incurable diseases

Feeling equipped to support others

As most participants indicated that they were unable to use the disposable camera “I wish I **could have demonstrated to the community volunteers how to use the disposable camera, but unfortunately I took it for granted that they will be able to use them as they are like any other camera. In future I should make it a point that I ask people if they are familiar with what they are supposed to do and if not then demonstrate what I request of them.**

Limited technological skills

As we left I was once more humbled by the commitment of the community volunteers and the way they are reliable.

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We shared tea and sandwiches with the community volunteers, sang a chorus and prayed together. Thereafter I welcomed the community volunteers and explained the purpose of the visit and reminded the community volunteers that it is my last visit. Thereafter I presented the results to the community volunteers and asked them to make additions and corrections if they do not agree with the results. All the participants agreed that the results were correct.

During the member checking session one participant indicated that they were not aware that what they were doing in empowering their clients with a skill of memory work is so valuable. Sharing the results with them **made them to realise that what they are doing is important in improving the lives of their clients and that there are people who appreciate what they are doing and they were grateful that we as researchers also appreciate what they are doing and we take their contributions seriously.** As they were appreciating the results I realised that they are motivated to use the skill of memory work more with their clients as they saw the summary of the value of what they are doing. I was also humbled by the fact that seemingly they are not aware of the great impact that they are making in the lives of vulnerable people. This made me to realise that a true servant is more occupied with the mission of serving and planting the seed of goodness. I was also **happy to observe that the results seem to be meaningful to them, they seemed to understand them. I believe it is because the results were more practical and real to their environments and their personal lives.**

Increased self-worth

Increased self-worth

At the end of the session we sang a chorus and prayed together. It was hard for me to say my final goodbye to the group as I really enjoyed working together with them. As we departed I just prayed in my heart that God should keep on using them in supporting vulnerable people and that they should also be blessed with financial breakthrough.

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INDIVIDUAL INTERVIEWS

PARTICIPANT 1

Facilitator: Okay, I notice you did not bring your photograph, we will continue without them and later on you will develop them so that I can see what you have done.

Respondent: Okay

Facilitator: Who assisted you to do the memory box, was it Sis Lindiswa?

Respondent: We met, she is a bit older, I tried to explain to her what is a memory box. At first when we met she didn't understand what is a memory box. So I explained to her what a memory box is, she finally understood but did not want to do it. I persuaded her until she agreed. I also explained to her that I will assist her to do it. Unfortunately we were busy at school I delayed going to her house, however eventually I used my lunch break, I went to her house and assisted her with the memory box. I showed her different things, *she was emotional, and cried a lot. She then told me about her mother, father, and sisters.* I then told her she can choose who to talk about. Her mother was a dress maker, she had also taught her how to sew. After she passed on she continued with her work. *She still had her mother's mug, nobody is using it. I then told her she can keep it in the memory box. She also had a bag that was sewn by her mother, she also showed it to me.*

At the same time we have women who are not in the programme, they heard about the programme and showed an interest. *The memory box will cheer her up when she's feeling down. She seemed very depressed about her mother.* She told me a story that at some stage there was some misunderstanding in the family. So when they were fighting her mother was apparently very *cheeky and would shout at them and ask them to make peace*, she always emphasised the importance of family, sisters/brother should not fight each other. In most cases the fighting would stop.

Facilitator: So the memory box reminded her about her mother?

Respondent: Yes she *no longer has a mother and there's no one* who is keeping the family together. So she remembered all the things her mother did when she was alive.

Facilitator: So the memory box brought good memories for her?

Respondent: Yes she remembered all the good things, the fights that were amongst the family, *she remembered my mother used to do this and that, she would call us to order in such away things like that, she remembered all the good things about her mother.*

Facilitator: Let's stop for a while there's a lot of noise.

Recording stopped: (there was too much noise in the background.

Recording 2: Continuation:

Respondent: Okay. My name is Thembisana Batsha, I work with Sister Lindelwa Jasoob at the school, I'm tried to explain to her about a memory

Creating a safe space for counselling

Memorabilia

Creating a safe space for counselling

Relationship gains

Coping with death

Relationship gains

box. She doesn't understand what it is, I am telling about it, she didn't want to do it but eventually did it ..(unclear), she had no interest and did not understand a thing I was telling her about the memory box. Eventually she understood. I asked her to work with me, she agreed and we did this at the school. It took long to do it at the school because we were quite busy at the school and I had very little time to assist her with the memory. The decision had been that we will do it at the school during our break.

Facilitator: Why did you choose to do it with her?

Respondent: I find it easy to communicate with her within the school, I am the youngest at school and most of the people working there are much older. So I find it easy to communicate with her. We used to do it in front of everybody at school, we did not keep it a secret, so people would ask us what it is and started to have an interest in it.

Empowering others

Facilitator: So you showed them how it is done and explained to them what it is?

Respondent: Yes I did explain it to them, I also took photographs of them they are also part of it.

Facilitator: So you ended up showing most of the people how it is done?

Respondent: Yes I did, I showed them how it was done

Facilitator: Why did you choose to do it with her, how was it going to assist her, why her specifically?

Respondent: She used to relate her problems to me, she used to talk about her family problems, so I realised that she would love something like this because she took her mother's role in the family. She is the one now who talks to the sisters and ask them not to fight because they are family, get them together and make peace within the family. So she was also trying to instil that with her sisters and other family members. She is also doing the same thing with her own children.

Relationship gains

Facilitator: So by doing the memory box with her it brought memories of how she was brought up by her own mother?

Respondent: Yes

Facilitator: How did you go about this, what was the first thing you did, take me through the steps?

Respondent: Okay I went to her, introduced myself, I then explained to her what is a memory box. I also told her how it will help her, the kind of things that she's supposed to do etc.

Facilitator: How long did it take?

Respondent: I think it was two/three days

Facilitator: What did you do on the first day?

Respondent: On day one we did nothing, this is when I was explaining to her what is a memory box. She then later brought things from home to put into the memory box. We did it all at school.

Facilitator: So this is after you had explained to her, she then came and told you what she had done?

Respondent: On day one she did nothing, I explained the concept, then she agreed, she left and went home. She then came back and told me if she can bring certain things and I said yes, then on day 2 she continued, we did not meet, she came back and told me what she had done at home.

Facilitator: So what did she say to you after that, what had she done?

Respondent: She did the memory box, she took her mothers, and the one that she was doing at school, the one she was taught about and put them together, her's and her mother's.

Facilitator: What belonged to her mother?

Respondent: Her mother's bag, her mother had apparently taught her how to make a bag, her mother had made the bag for her to take to school, they are not exactly the same but they are both bags.

Memorabilia

Facilitator: So she used the bag as a memory box?

Respondent: She put it inside the memory box

Facilitator: What kind of pictures were pasted in the memory box?

Respondent: there were two photographs, we were not doing it together, she was at home when she pasted the pictures, the pictures are not pasted right around the memory box, she put the pictures inside the memory box - her mother was showing her howh to sew, the other picture showed the family.

Memorabilia

Facilitator: What did the pictures remind her of?

Respondent: One of the pictures was a family picture, she and her mother were in the picture – it was a family picture, her mother had apparently called the whole family together to introduce her children to them and that she is not well, she asked them all to look out for each other. They should get together and meet. So the told me that the picture was taken just before her mother died. She also told me that her mother was so good at getting the family together, she likes to do that too. She also told me that her mother taught her to treat her own children the same, not to have favourites.

Relationship gains

Coping with death

Relationship gains

Facilitator: So the memory box helped her to remember the type of person her mother was? How she brought them up, how she brought the family together etc. She learnt from her mother, she is able to do what her mother did?

Respondent: Yes

Facilitator: How did the memory box help her?

Respondent: It assisted her because she knows that she must treat her children equally and not have favourites like her mother did. If she buys something she buys for all her children. She loves her children equally.

Relationship gains

Also when they fight she teaches them **not to fight each other, to understand that they are siblings. She talks to them and does not shout at them.**

Relationship gains

Facilitator: So the memory box brought up memories about how to treat her children and how did it make her feel?

Respondent: I think she felt good

Facilitator: You said there were other people who watched you when you did the memory box?

Respondent: I would say they also liked, I'm assuming they did it for themselves although I didn't ask them but they really liked it. They really should an interest, it was something new to them, they were much older but showed a keen interest.

Facilitator: So she had photographs and the handbag which was made by her mother?

Respondent: Yes

Facilitator: When did her mother pass on?

Respondent: No I haven't asked her

Facilitator: But she retained her mother's handbag?

Respondent: Yes **she has it and does not use it a lot**, she values it. She related her problems to me.

Memorabilia

Facilitator: what were her problems?

Respondent: She **misses to be loved, the family is apart, there was a lot of conflict within the family. It seems the family did not get along, her mother was the one who would try to bring the family together.**

Creating a safe space for counselling

Unfortunately she died and things continued to as they were before. So after her mother's death, the conflict continued and rubbed off on the children too, there's just too much fights. They did not get along but after her mother died they continued fighting. She also told me how **her mother would bring them closer and taught her own children to love one another.**

Coping with death

Dealing with challenges

Facilitator: So she thinks the memory box assisted her so that she can approach other family members

Respondent: Yes so that she can talk to them.

Facilitator: Her siblings and other family members?

Respondent: Yes

Facilitator: So she's using that method

Respondent: Yes so that they can start visiting each other. I think at **first she will need to get them together and talk to them first before visiting them to avoid any conflict.**

Dealing with challenges

Facilitator: How would you advise her on the family conflict?

Respondent: She doesn't visit her family, and I told her that I can go to the family and talk to them before she meets with them – her sister doesn't not cry when she relates the family conflict, she is also here at the school. What I did was speak to her sister and told her why do they not get together as sisters and talk their problems over just the way their mother would have wanted them to. My sister was also trying to be a middle person in resolving the conflict.

Creating a safe space for counselling and dealing with challenges and relationship gains

Facilitator: So you think the memory box can be used to get them together?

Respondent: Yes, I will go back to the other sister, get them together so that they can work on the memory box together. Or take another member of the family, who will get them all together and talk them through the process of peace. She does want them to get together and be a happy family.

Relationship gains

Facilitator: As a volunteer care worker, how can the memory box assist you in assisting members of the community?

Respondent: I will have to sit and talk to them, we are quite a few volunteers here at the school, we can share the information and I will ask others to help me.

Dealing with challenges

Facilitator: Okay, reach out to the community?

Respondent: We found our parents here at the school, we do not work outside the school we work here at the school. If there are other problems we ask the principal to call the parents to the school so that we can address their problems or assist where we can.

Dealing with challenges

Facilitator: Do you work every day at the school?

Respondent: Yes everyday Monday to Friday

Facilitator: You work as a volunteer?

Respondent: Yes

Facilitator: So the people you assist come to the school?

Respondent: Yes they come to us at the school. When the principal calls them to the school we have an opportunity to relate with some of them, but we never go door to door.

Facilitator: So how will the memory box assist the parents in your opinion?

Respondent: In the same way as others, by explaining to them what it is, how it can help them etc.

Facilitator: So do you think this will assist you to do your job better?

Respondent: Very much so, it's so nice to talk to people and when you do talk to them they appreciate what you are saying to them and show an interest. Also in most cases we tell them good things that makes them happy. I love talking to people. When I meet a person for the first time, I give myself time and get to know them first. The one I chose I got to know first and then spoke to her about the project. She is a humble person that is why I chose her. She is just fragile. So I want to assist her and others in her position.

Feel equipped to support vulnerable people

Facilitator: So you think using the memory box assisted you to communicate well with her?

Respondent: Yes it did to some extent, I did not speak to many people, I chose her and got to know her. But to consider someone from outside I had to know her first, I was not sure whether she would accept working with me or not, or just be rude to me. So I spoke to her

Facilitator: So when you went to her using the memory box made it easier?

Respondent: Yes

Facilitator: So do you think it's a good tool for you to use when communicating with people

Respondent: Yes I do my best

Facilitator: If the memory box was not in place was it going to be easy for you to communicate with the people?

Respondent: No it was going to be difficult

Facilitator: It was going to be difficult?

Respondent: Yes because I first show my first memory box as an example, I tell her who I am at the time ..., without it it would be difficult

Facilitator: How did your memory box assist you?

Respondent: My memory box is not about people who left me, passed on etc. *It's about me sitting around with my family having fun in happier times.* Mine is quite small, it shows my mother who was like this and that, it's just a happy family. I also have photographs showing the happy family, us as kids playing around. My memory box does not have sad memories.

Relationship gains and self-worth

Facilitator: So your memory box is about happy times with the family?

Respondent: Yes about happy times, where I received a present when I was still at primary. *I used to go to the school where I worked, I have the pictures from the school. There was a picture which was taken when I was still a primary, I asked for a copy from the principal, I also put the picture in the memory box.*

Personal gains for volunteers

Facilitator: So when you did your memory box you did it perhaps for your family to see.

Respondent: To see that this is my *mother as she was growing up, with her brothers and sisters, and other family members. My children are also there. I want my children to walk the same path as my mother,* and I also want my children to be able to show the pictures of the family to other people.

Use of memory work

Facilitator: Do you think the memory box is going to assist you in future?

Respondent: Very much so

Facilitator: Okay, to be able to do your work?

Respondent: Yes

Facilitator: As you continue as a volunteer care giver do you think you will continue using it?

Respondent: Yes.

Facilitator: Is there anything that you would like to add that we did not talk about?

Respondent: Not really

Facilitator: You took some photographs what were they about?

Respondent: The first photographs is me and her, where I was explaining to her about the memory box. I then showed her how it is done in a ice cream container. The second photograph she comes to me to come and talk to me about her mother. How her mother had also done a memory box for her some time ago. The next one is when we were busy here at the school with her memory box and other people wanted to join in.

Facilitator: Okay, thanks, I'm happy you will be able to the memory box in future with other people.

Respondent: Okay, thanks

Facilitator: I have a small gift for you.

Respondent: Thank you.

End of recording

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PARTICIPANT 2

Facilitator: Okay

Respondent: ..(unclear)

Facilitator: Please speak a little louder.

Respondent: I arrived and sat here and ..(unclear) because. I chatted with her and when I realised that she was okay I spoke to her, explained to her what is a memory box. She asked me what is a memory box. I told her that a memory box is a place where you share how you feel, you can talk about the things you like or not like. You put them inside the box. For instance if you have a problem with your child or you love your child you can put it in there, whatever you want to talk about. You can also write the things you write and not like. At first when I arrived she was not okay. I asked her what was wrong. She then told me that her child is giving her heartache. At first she was not open with me. I then asked her to write down what is hurting her. She wrote down. She said she is worried about her daughter. She did not have her daughter's photograph, I wanted her to put it inside the memory box. Her daughter left her immediately after she lost a child. She then had a stroke. Her daughter used to sell things in Cape Town, so she was stabbed and killed in Cape Town. So the daughter, she was 18, she left school and was living all over the place. This is what was stressing her.

Safe space for counselling

Coping with death and illness

Because she is not educated, she had hoped that her daughter will study and be educated. So she wrote down all her problems.

Instead of her going to school, she left home and moved to some place, with his grandfather. She left her and moved out of the house. She was struggling. She is now left with a 9 year old, she lives on the child's government grant. She used to sell in town because she's sick can no longer sell. So we talked, I tried to console her. I told her **that children nowadays are different, especially when they get to a certain stage**, she must be patient, she will stop and come back home. I could see her pain in her eyes. As we were talking she was on her way to the clinic. **I walked her to the clinic. When we arrived there I learnt that she is a defaulter. I then spoke to the doctors and told them about her problems, why she is defaulting. So the doctor understood that she was under stress. I also explained to the doctor that the daughter probably left because of the poverty.** The doctor informed me that he doesn't like it when patients default and that I should encourage her to come for treatment. I then promised the doctor that I will ensure that she comes. I was then told to go with her to Home Affairs and ask them for a form so that she can fill it in. I went to home affairs alone as she was ill and we did not have enough money. **I went to Home Affairs, I was told that she must come personally. The following week, I went with her to get the forms from Home Affairs.** I gave it to the doctor. Next week Tuesday we are going to check whether she's been approved.

So I assisted her to submit the forms, now she is getting her grant. I was then given the phone number of her daughter by a relative. , I called her daughter and talked to her regarding the sickness of her mother, then she **had promised to come after Good Friday.** She has not arrived because I wanted to talk to her about her mother.

Facilitator: Okay, so with whom did you do the memory box, the daughter?

Respondent: No with the mother, here is the box. I had said she must write her feelings, at first it was difficult but she wrote. In the beginning it was not easy for her to tell me about her daughter. She ended up writing how she felt. This is when I got the chance to ask her questions. I also told her that she is not alone in the problem, most parents are in such a problem. She was blaming herself as if she had failed to raise her child. I talked to her and calmed her down, I also told her about my own children ..(unclear).

Facilitator: So do you think the memory box helped the lady?

Respondent: Yes a lot. She kept going into the house to look at the memory box. She would say I am **so happy I met you, she looked happier. She did not come right but I am encouraging. She is on treatment now and is no longer defaulting** ..(unclear)

Facilitator: She doesn't have ..(unclear)

Respondent: Things are **much better now, I relate with her (unclear), I check her dates and write them down and remind her to go to the doctor. I asked her not to default again.**

Creating a safe space for counselling

Feeling equipped to support others

Lack of financial and human resources

Feeling equipped to support others

Creating a safe space for counselling

Reported gains for clients

Feeling equipped to support vulnerable people

Facilitator: Can you tell me about the pictures, where you started, please relate to me?

Respondent: She is much better now. ..(unclear) here we this is when she was putting in the pictures, here I was assisting her, her hand shakes, so I would help her where necessary.

Facilitator: What about here

Respondent: Here I was helping her to carry the memory box, I would then tell her to add the ones that she likes, and give me reasons why she is putting in the pictures. She also included pictures of children, she said to me "I love children" I then said to her put in the children's pictures, she then talks about what she likes about children – as we are busy I would ask her when are we going to Home Affairs. She is worried she doesn't want the children to be looked after by children ...(unclear) "mama I want rice" *she would envy my children when they are asking for things like rice, so she wishes she was doing the same for her children. She also told me she likes the couch, and that hers is falling into pieces*

Need for food

Facilitator: What are you applying for at Home Affairs?

Respondent: A government grant, disability grant.

Facilitator: She is not getting it?

Respondent: No she only gets the child grant, R280, so she depends on that. At least the disability grant is about R1000

Facilitator: How old is she?

Respondent: 47, she was born in 1967 but you would think she is old. So she is disabled, her waist is ...(unclear) – she can't walk properly. *This happened after her child was killed and after the stroke.*

Coping with death and diseases

Facilitator: How long has it been?

Respondent: I think it was in 2010, last year 2011 *her mother died*. Her mother used to get a government grant which assisted her. At the moment *they are sharing the R280 child grant only*. That is why I went and spoke to the doctor because it is not easy for the doctor to sign the forms especially if you are a defaulter. The doctor completed the forms for her

Coping with death

Financial challenges

Facilitator: What medication is she on from the clinic?

Respondent: High blood and sugar diabetes

Facilitator: So she didn't go to collect the medication?

Respondent: She was defaulting. The clinic is quite far, it's difficult to get there. For her to *get there she needs money to travel there and sometimes it's a problem because there's no money.*

Financial challenges

Facilitator: So you undertook to collect her medication for her?

Respondent: Yes I check her and *make sure that she gets the medication. I collect for two months, the third month she must go so that the doctor can check on her.*

Feeling equipped to support others

Facilitator: How does she feel about the memory box?

Respondent: She felt much better because after we finished with the memory box as she said **she was scared that memory box means that she is going to die**, if she does it she will be inviting bad luck in her life. I told her that you do not do a memory box because you are going to die, it's something that can help you with good memories. So it assisted her because the more I talk to her the more we discussed her problems and there was a big difference in her life.

Myth

Facilitator: How did the memory box assist you?

Respondent: It assisted me because I didn't know a thing about it, before I saw it I had ..(unclear) I then took my children's pictures and put them inside, I explained to my children what is a memory box, and my sister's child. She studied and went to university and graduated, **I was telling my child that I want her to be like my sister's child. I also showed her things that I liked and the ones I did not like.** The memory box taught me the importance of communicating with my child, sit with her and talk to her. We don't sit with our children and chat with them but with the memory box I sit with her and show her what it is. ..(unclear) – For her to do things right I must sit her down, talk to her nicely, I must be able to **talk to my child in a civil manner.** I must show her how much **I love her and guide her properly.** I also show her pictures of **my aunt who died some time ago**, tell her about how we were brought up, the type of person my mother is etc. Just general talk ..(unclear). So I show her and explain to her what is going on with my memory box. I then tell her about me, that my mother was not married to my father ..(unclear – siren very noisy) – I tell her all those things.

Feeling equipped to support others and relationship gains

Dealing with death

Facilitator: How long did it take you to make the memory box? How many sessions?

Respondent: The first day we were just chatting and explaining to her about the memory box, you can't just take the memory box without explaining first. I went to her, explained the memory box. I wanted her to feel comfortable with me first.

Facilitator: And then what happened?

Respondent: That was the first game, the second game, I went to her, we then agreed that she will do the memory box. When I went the next time, she had saved some pictures, she put them inside ..(unclear) I then went again to her, we put in more pictures, she also included the pictures of the 9 year old. And then I left and went back again, she had continued and was enjoying it also, it was at her home...(unclear). After learning about the memory box she told me it was so easy

Facilitator: So you said you went with her to the doctor and then the commissioner's office (Home Affairs) to help her with the application for the disability grant. The doctor agreed to help her but the doctor was not happy with the fact that she is a defaulter

Respondent: Yes the grant, we have completed the forms

Facilitator: So what else did you help her with?

Respondent: **I think the important thing I did is to convince her to take her treatment, she had stopped taking the treatment.** I asked her to continue with the treatment and I also helped her with the application for the

Feeling equipped to support others

disability grant. I didn't want her to just sit around and do nothing whereas she could be helping herself. I won't be able to assist her forever. So I had to make sure that she is encouraged. So I talked to the doctor who assisted us with the forms. We took them to Home Affairs. ..(unclear) – she told me her daughter is pregnant. I said to her all children are like that, she will be different after the baby. I know that it was not easy for her to talk to me. I also realised that she loves her child. I then said there's nothing wrong, you must love your child, we have all made mistakes. I also had a child before I got married but fortunately my child's father married me. So I said to her the child will be fine, so she has hope that she will come back. She is waiting for her to come back, she talks about her a lot. When she has airtime she calls me and we chat. I ask her if she's back.

Feeling equipped to support others

Facilitator: But the relationship with the child is ..(unclear)

Respondent: Yes

Facilitator: How do you think the memory box can assist you, seeing that you are playing an active role with communities? How can the memory box assist you?

Respondent: In the community there was a lady who ..(unclear) she listened to us, she showed an interest and I want her to know about it. She is one of the ..(unclear) – so I will continue to teach people about the memory box, any chance I get I talk about it, at times some women arrive at my home, when we are relaxed I show them the memory box. We have not done any but I showed it to them and explained to them what it is.

Feeling equipped to support others

Facilitator: Do you think it will make your life better in your community work?

Respondent: Yes I do, it will help me at Zakhele???, they told me “we didn't know about a memory box, we are learning about it for the first time” so I will assist them to understand what it is. It is important for people to understand the background of the memory box so that when they are older they can understand. Like in the 1980s there were many strikes, children do not know anything about that; during the riots the shooting and teargas etc. Those are the things that children need to learn about. They don't know what happened during that era. Also about those children that left the country, to fight the liberation struggle. I was brought up by my mother. Some months ..(unclear), things have changed a lot nowadays. It's important to understand the background.

Feeling equipped to support others

Facilitator: Is there anything that we did not discuss that you think should have been part of this interview?

Respondent: No, I don't know

Facilitator: How did you feel after you assisted the lady with the memory box?

Respondent: When I do this kind of thing, I sleep peacefully, you feel as if you've accomplished something.

Facilitator: How do you think she felt after the memory box?

Respondent: She felt right, the memory box brought us closer, especially after the things I did for her. She loves me a lot. She respects me a lot, she

Relationship gains

tells everyone how I have helped her which makes me feel good. I get to know all the good things she says about me. It makes me proud, people respect me because of what I do. It makes me feel good.

Facilitator: Thank you very much. Can I please take some of the pictures I would like to use them in my project? Can I please take them with?

Respondent: Okay there's no problem

Facilitator: Thank you very much.

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PARTICIPANT 3

Facilitator: Okay Sisi, please tell me with whom you did the memory box?

Respondent: I did it with my client, an elderly sick lady. She is struggling and she is at that age where she qualifies for a government grant. What I did was, I went to visit her and told her about the memory box. She asked me a lot of questions and you can imagine it took quite a while for her to understand what I was saying. I told her that a memory box brings old memories and also assists families to accept things easily. We then did the memory box, I showed her how it is done. She also told her children about the memory box. One of her kids asked me where I got the information about the memory box. I explained to her. *"Her daughter then told me she has an interest in making her own memory. They are really struggling, for the family to eat the girl must go to her boyfriend to get money. That is how bad things are for the family. I advised her daughter that food is not the only way for one to survive, you have to find a way of earning a living instead of relying on a boyfriend. To be honest with you the memory box assisted me personally, because there are things that stressed me, but after learning about the memory box I shared the information with my family. It was very depressing for me after the girl told me that she must go to the boyfriend so that they can have food to eat. I wished that I had money to help them or that I could get food parcels for them so that they can have food. This reminded me of other young girls who have turned into prostitutes. I was really heartbroken"*.

Facilitator: Yes, that is very sad! Please tell me all the steps you took when you were making the memory box?

Respondent: On day 1 I took pictures which are not clear, however on day 1 I went to her house and showed me my memory box. She asked me to assist her, I cut the cardboard for her, and asked her the type of things that she liked as a young person. She has a photograph which was taken when she was younger, wearing a traditional Xhosa outfit. On day 2, her eldest daughter joined us on day 2, she worked with us and she also took revealed what was in her heart. She said this is a new beginning.

Facilitator: Would you like to tell me what she told you from her heart? What was bothering her?

Unemployment

Feeling equipped to support others

Need for food

Feeling equipped to support others

Respondent: She told me that their upbringing was very poor, she has never been happy in her life. She felt that this was a new beginning for her after I told them about the memory box.

Facilitator: Did she consult a counsellor about her problems?

Respondent: No, she said they are still suffering. Our new committee wants to find someone to counsel the whole family. They need someone who can come in and assist the whole family.

Facilitator: How did she feel after doing the memory box?

Respondent: She told me that she feels better, she told me her problems as we were doing the memory box

Facilitator: What about her mother?

Respondent: She was fine. The thing that makes their life better is the grant she is receiving for the grandchild, the R280 that is how they are surviving. We are trying to find food parcels for the family, we are struggling.

Facilitator: When you were with them, did you discuss anything with them that might assist them?

Respondent: She told me that if her daughter can find a job their lives will improve. Her daughter told me that when they grew up they were really suffering, they lived in poverty. She old lady told me that her problem is her children are never at home. It is difficult to get hold of them. I spoke to them and told them that the old lady brought you up, you need to care for her.

Facilitator: So you had an opportunity to talk to her children?

Respondent: Yes I did

Facilitator: So did you talk to them alone or did you call someone else?

Respondent: I called some of the family members, I also asked another elderly lady who also has a memory box to come with me. We went there and talked to them together.

Facilitator: So what happened after you spoke to them, how was the atmosphere?

Respondent: They accepted what we said to them, we spoke them nicely and also informed them about the memory box. We first discussed the memory box before getting into the family discussions. It was not easy at first but we managed to convince them. I also asked them be free when talking to me.

Facilitator: So how did you do it, you first talked about the memory box and then later got into the family issues?

Respondent: Yes that's what I did. I told them that the memory box assisted me, distracted me from talking about my problems. The memory box gave me the courage to talk about how I really feel. It assisted me, it made me forget all my problems.

Facilitator: So are you saying it is easier for you to talk to people using the memory box?

Creating a safe space for counselling

Creating a safe space for counselling

Unemployment and the need for food

Relationship gains

Benefits for community volunteers

Respondent: Yes some people would say some of the things are old, but when I talk to them I first introduce the memory box and that it is a way of remembering what happened to you – young people seem to think memory box is for old people, it is something in the past

Personal gains

Facilitator: They said memory box is an old thing?

Respondent: Yes they say this is their time, they are not old. They say for instance a Kist is something in the olden days. Kists were used by very old people, you would find that a great grandmother left is years ago so this is their time. Most things were kept in the Kist. Others say if you have something in the Kist you will wear it and it will make you feel better. Young people do not understand a lot of things. They also bottle up a lot of anger within them, so I encourage them to use the memory box, it will make them forget what they do not like.

Facing challenges

Facilitator: So they are saying it is something in the past?

Respondent: Yes, they say old things that belonged to the forefathers should not be touched by anyone, or be kept in the Kist, the younger generation will also put their things in the Kist.

Memorabilia

Facilitator: So what did they use the Kist for?

Respondent: To keep their precious belongings, they were not using it for doing the right thing. So I explained to them that they can use it to make it a memory box.

Uses of memory work

Facilitator: So after making the memory box with them did you see any difference in them?

Respondent: Yes there was a difference. We sometimes leave work at around 2 sometimes, I then meet with them and explain to them about the memory box. I am a singer, so every chance I get I sit with them, discuss and show them how it is done. At first they said I talk too much but now they are all interested.

Feeling equipped to support others

Facilitator: So you didn't do it with just the one client you did it with other people too?

Respondent: Yes I also did it with the choir people, the people I sing with. I taught them how to do it

Facilitator: How many are you?

Respondent: We are 6 and are gospel singers.

Facilitator: So with them did you do a memory box with them or did you just tell them about it?

Respondent: I told them about it, one of them who lives at ..(unclear), she said she made her own

Facilitator: After doing it how did she feel do you know?

Respondent: She is okay, she is free as she understand how the memory box is used. It is important that if you talk to people about the memory box you must be very clear so that they can understand you because some people think that a memory box is used for dead people and that if you use it you will bring "ishwa" (the spirit of bad luck or death) in your family and all

Myth that memory work brings back luck

the members of your family will die one by one. So if a person does not understand you can show it to them so that they can see why it is worth doing.

Facilitator: So as a volunteer worker will you use it, how will it help you?

Respondent: It is going to help me a lot because as volunteers we are involved in so many things. People get sick and something is eating them up inside and they are afraid to talk about it. The memory box will assist them to talk about what is inside them. I think it will make my life easier. I will first teach them about the memory box, and then teach them about how it is done. They will then feel free to talk to me about what is going on in their lives. So I think it will help me.

*Creates a safe space
for communication*

Facilitator: So you will continue to use it?

Respondent: Yes I will not stop using it.

Facilitator: Okay let me see the pictures

Respondent: No this one is mine

Facilitator: Okay, tell me about the pictures, what were you doing here?

Respondent: This is what we are doing at work, like for instance if you are born we buy you that thing and ..(unclear – she is showing pictures) – let your mind rest this is what we do at work ..(unclear)

Facilitator: So the person who was doing the memory box is also in the picture?

Respondent: Yes she is in the picture ..(unclear) here she is. And this one is mama's daughter

Facilitator: Other pictures?

Respondent: ..(unclear) the camera ..(unclear) the memory box. The others ..(unclear) I have some more pictures in the camera. And this one belongs to her

Facilitator: So this is her memory box?

Respondent: Yes ..(unclear) memory box, she is here again.

Facilitator: So they ..(unclear) memory box here?

Respondent: Okay.

Facilitator: Thank you. Is there something you feel we did not discuss that we should have discussed?

Respondent: Not really. I will sms you because I have your number, I saved it.

Facilitator: How long did it take you to make the memory box?

Respondent: With mama it took me three days. I then did another ..(unclear) we did it for five days because the other older lady took too long to understand.

Facilitator: So what did you do on first day?

Respondent: I explained to her about the memory box. She was difficult but eventually she understood after I told her how the memory box assisted me. She then understood. I then came with a cardboard and showed her, we started pasting pictures in the memory box. I then showed her mine.

Facilitator: ..(unclear)

Respondent: This is when I asked for the contact numbers of family members, and her children who are not living with her. I then asked Sisi ..(unclear) who also made a memory box ..(unclear) and then we were finished.

Facilitator: So you called her family and children?

Respondent: Yes I called them and asked them to meet with me ..(unclear) I talked to them and showed them how it is done.

Facilitator: ..(unclear – there's too much noise in the background)

Respondent: Yes the problem has been sorted out because her children came back home, I've seen them around. I think the elderly lady ..(unclear). One of them I brought her here, she is not here today. She is the one ..(unclear) I then told her I am volunteering here ..(unclear).

Facilitator: Okay, thanks.

Respondent: Thanks

Feeling equipped to support others

Relationship gains

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PARTICIPANT 4

Facilitator: Okay, please start by telling me with whom you did the memory box?

Respondent: My memory box I did with Mzwanele Koti, she is 15 years old. She lost her parents at the age of 11 and remained with her aunt, they were three children from her mother. So we go to the same church. They had a problem with drugs. When we first met I was given a **Community Profile immediately after she got involved in drugs**. They lived at the Goven Mbeki Community area. There are challenges in that area. The police station .., Dwesi **Location and us are sharing the police station. A lot of children in this area do not go to school, they drop out of school early. The grandparents are left to care for the grandchildren because of HIV poverty and unemployed.**

So what happened is, I was very fortunate to be given the role of writing, an assessment about the area in order to understand the situation. **I arrived there and found that she/he is living with aunty, grandmother and the brothers. Nobody cared about the children. It's a home where they are drinking all day that is why the child became a victim of drugs. In the community people, it seems it's a way of life to steal people's belongings and go and sell them.**

Because the child was still going to school, he was caught at school. This is how I was introduced to the child as a child care worker. **The principal did**

Drug abuse

Children drop out of school and living with grandparents

Living with grandparents

Guardians abuse alcohol

not know the child's history, and he was not interested in understanding the background of the child. He kicked the child out of school. This then became a bigger challenge because he no longer goes to school. He then continued with the drugs, he had nothing to do or to keep him busy. By the time I sat the child down. I asked him what happened. He told me about his family, how he lost his parents because of HIV.

Lack of support by school

Feel equipped to support vulnerable children

I then talked to him about the memory box. I set up an appointment with him and we met in three days. (there's a lot of noise in the background) – I got magazines. On day 1 it was very difficult for us to start doing the memory box. I said to him it's fine, I told him he has two options. I told him that a memory box is meant to maintain good and bad things that happened in one's life. Your mother's belongings, your father's, birth certificates – because of the situation in his home, he had no knowledge about his culture (I think she meant background). I said to him there's something called a collage, it's about you, your life to where you are today. If a memory box is difficult for you, let us try this – I said in the memory box you retain things that are very important to you. You write all the things that are wrong and right (happy and sad), whatever problems you have you put inside the memory box. Your parent's pictures, and ..(unclear), what happened when you grew up? You will be able to go to secret place, take out the memory box, take out your mother's picture, speak to her "Mama please show me the right direction, what must I do I have these challenges" – and then the collage, he presented it in the way he perceived the community. People did not want to believe in him, they did not want to see him happy in future, they perceive him as a criminal. People including his own family see him as a criminal. In the collage he presented the way his siblings, how they get drunk at home, at school he is not getting any support. There were lots of things. I gave him the memory box, I gave him magazines, the scissors and then we covered the memory box – unfortunately my picture is not clear it's quite dark. When we were busy doing the memory box, I observed something – he has the strength, he drew a nice picture that which indicated to me that he is a gifted in art. He loves art.

Uses of memory work

Uses of memory work

Lack of support by others

Reported career related gains

After we finished with the memory box, we set it aside. We then did an IPP (Individual Programme Plan). The purpose of this is for him to show his strengths, what is he good at, what does he master – these are the things that he must ..(unclear) – when he feels down he must take out his memory box, look at it and tell himself that I am gifted with this, I can do this. I should be able to take care of my grandmother who is sick ..(unclear – there's a lot of noise in the background) – it's either you are depending on your friends or on yourself. We continued seeing each other for a month or so. I also realised that the environment he finds himself in is not going to change much in him because he still has to go back to the very same environment. I know that I cannot change everything but I can try to change the environment he comes from. What is going to boost his ego, he comes from a poor family background, at school he has not support at all, the community sees him as a criminal, the worst thing is that he has never had an attachment (bond) with his parents. His friends are from family backgrounds where there's a father and mother and they are able to relate with their families. So with him nobody cares, he has no security, no one is protecting him. I realised that this is a big problem.

Feeling equipped to support others

Lack of support by others

So that is why he got into drugs, he needs to belong somewhere and the only place where he feels home is with his friends. They are able to listen to him more than anybody. They have something in common although it is not right.

Drug abuse

He did this pie chart that refers to him, about intimacy, community, how does he see the community, he doesn't know who he is, he doesn't even know who is his father, he was brought up by grandmother and aunt. In the family there's no good support ..., there's no religion whatsoever. So as he grew up he had to fend for himself thus he became so delinquent. He is rude to everybody, he has no approach, he was never taught how to speak to people decently, the lifestyle is bad, in the home nobody seems to care about attitudes, he trusts nobody because he believes that nobody cares about him that is why he chose the bad choices. Then there's the trust issue ... – I ask him how do you feel about the memory box? I asked him questions – how he felt about the exercise, I also did face to face counselling to understand his problem. How does he feel about his problems, what does he want for himself, what are you doing to get what you want? I also encouraged him to show the community that he is human too, he can go out and teach other children to stay away from drugs. He is the one who can go out there and prove the community wrong. He must be the one who changes his own life.

Need for support

Feeling equipped to support others

He said to me that ..(unclear). So what is happening now is he comes every Tuesday and Friday to educate other children to stay away from drugs.

Facilitator: So in the end he ended up teaching other children about the memory box?

Respondent: Yes

Facilitator: So after he has done it how does he feel, do you know?

Respondent: After we did the memory box, he told me that he feels closer to his mother now, because he didn't know that by maintaining his mother's precious belongings will assist him to connect with his mother. He talks about his problems now. So he said he felt closer to his mother. He now talks about how he feels.

Relationship gains

Safe communication space

Facilitator: So he uses the memory box to express how he feels?

Respondent: Yes

Facilitator: Does the memory box assist you personally?

Respondent: Yes a memory box assisted me a lot because I used it to assist me in the work I do. It made my life easier because all the missing were inside the memory box. It helps one to connect with something. If you have a problem, just take out the memory box, go to your secret place and talk to whoever you wish to talk to, it can be your parents or whoever, let them show you the right direction you will see. So it helped me a lot, it made my life easy.

Volunteer personal gains in using memory work

What he also did is he put all his certificates in the memory box. So ..(unclear) everything is in there.

Facilitator: So do you think he will use it in future?

Respondent: Yes a lot as indicated. People did not know a thing about a memory box, but the more we preach about it, they are having an interest in it. We also found out that from where I come from ..., the community where I come from, people do not care about magazines, and now when you give them magazines they enjoy cutting the pictures ..., they had no interest in magazines at all. For instance if you want to be an actor, you cut Queen's picture from Generations. But by using these pictures I get ..(unclear) Queen is representing me. So the memory box assisted us a lot – the pictures represent whatever you want them to represent. So if there are things you wish to change in your life, you will cut the pictures according to that. That is what I teach them, you must always have a memory box on your side – your plans and wishes are in the memory box. You can always go back and check what were your dreams and step back, if you wanted to be a teacher and you did not become one, you can ask yourself where did I go wrong. I think it's good for everyone.

Used memory work to give hope

Facilitator: So do you think you will continue using it?

Respondent: Yes I will continue using it

Facilitator: ..(unclear)

Respondent: A memory box for me, I managed to deal with my issues, the problems I had. It brings bad good and bad memories, whatever happens in your life you can write down, you can take it out and read it anytime. As you grow older you deal with some of the issues if they still exist. If we had known about a memory box before, we could have done better because I believe it reduces stress, it takes your mind away from bad memories. The more you write down how you feel or what you have resolved there must be some relief out of it.

Used to face challenges

Personal gain in using memory work

Facilitator: So ..(unclear)

Respondent: By removing a button that is on your chest it relieves you, you become free by sharing the issues that are disturbing you, your problems into the memory box than keeping the issues with you. The moment you harbour things inside of you, this can easily destroy you. The memory box will show you where you come from and where you are going and you are able to see how you got to where you are. You write your problems and put them inside the memory box. So one day you remember that I once had a challenge and this is how I solved it, the memory is in the memory box. How did I solve this challenge?

Personal gain in using memory work

Personal gains and dealing with challenges

Facilitator: So you think the memory box will also assist you to look back at the challenges you had in life and how you resolved them?

Respondent: Yes you find a way to solve your problems. ..(unclear, there's a lot of noise in the background) it helps to remember how you dealt with your problems

Facilitator: ..(unclear) what did you do to deal with the problems with your clients ..(unclear) to deal with the challenges?

Respondent: Okay the challenges I find myself in, for instance if I cannot sort out my problem I go and network, share my problem with people who are more experienced than me "I have this problem, this challenge, how can I sort it out). They will then advise me and then I come back, sit down

Dealing with challenges

with this person and tell him/her that I got advice from other people this is the advice I was given. Let's try this and see what happens, I do not give up until the problem is resolved. I keep trying until he/she is okay.

Facilitator: So you find ways of dealing with your challenges?

Respondent: Yes the memory box assisted me

Facilitator: The person you were working with is he in these pictures?

Respondent: Okay, here this is the community we are living in, this is the child??, and then this is where he comes from where I did the assessment. So this is where we did the memory box, this happened at the church.

Facilitator: So you did this with him alone?

Respondent: Yes it was just the two of us – this is when I started to run the Pscho-Social Programme – then I asked him, and the others went to work in the garden, so they gave me an opportunity to work with her.

Facilitator: So you ..(unclear)

Respondent: At Psycho Social?

Facilitator: What do you help them with?

Respondent: Some of the kids here are sexually abused, others are HIV positive, others are abandoned, others are vulnerable. So what I do is play therapy with them. Other children belong to my support group, for instance this one and that one (she was showing you a picture) – I have a support group I work with on Mondays for those who are infected.

Facilitator: How can you use a memory box on them, how will it benefit them?

Respondent: A memory box to them I can use to teach them that whatever happened in your life, for instance the ones that are sexually abused, you must keep in mind by writing it down that it was not your fault that you were sexually abused. We have to find ways to deal with the problem. So we write everything down and put it inside the memory box. I also teach them to cut pictures that can show me how they feel inside, whether they are happy or angry. So I encourage them to be open about their feelings, what they feel inside. Others have an interest .., this is where we sit around and chat, at our soup kitchen, (showing you a picture). I have not introduced a memory box to them yet because it is very dim inside.

Facilitator: So did you take a picture for the memory box?

Respondent: No this is inside the church.

Facilitator: Thank you sisi.

Respondent: Okay

Facilitator: So why did you choose to do this in the church and not at the ..(unclear)?

Respondent: The programme ..(unclear) parents drink a lot at home, so in most cases we bring them to the church

Facilitator: So how does he feel about his home?

Making means to deal with challenges

Abuse and incurable diseases

Use of memory work in cases of abuse

Safe space for communication

Respondent: It doesn't make him feel good, that is why on my pie chart ..(unclear), can you see the family, he shaded the family because he is not happy with his family, this shows how he feels inside. As you can see he does not like the situation at home.

Need for support

Facilitator: Did you try to talk to the parents?

Respondent: His parents died, he lives with the aunt and the granny. The grandmother is sick and is on the wheel chair. His job is to take the grandmother to the clinic, the aunt misuses the grandmother's money. So nobody cares for him, even when he went to school, nobody cared about him – he had a problem and the principal kicked him out because he said he was worried he will tarnish the other children.

Dealing with death of a loved one

Need for support

Facilitator: At the clinic .., can they not find anyone who can help the grandmother?

Respondent: We networked with Masizakheni, they promised to take over taking the grandmother to the clinic. But now at the moment this boy is at Santa for drug rehabilitation.

Collaborating with others

Facilitator: Okay.

Respondent: That is where we referred him

Facilitator: So he no longer goes to school?

Respondent: No but they promised that they might accept him next year

Facilitator: So how did he feel after doing the memory box?

Respondent: He felt very good because he told me that he misses his parents but the memory box has brought him closer to them. They are now closer to him and he is able to talk to them when he sees their pictures. ..(unclear) pictures that represent him .., ..(unclear) the community begins to see him differently.

Feel equipped to support others

Facilitator: What about you, how do you feel after all this?

Respondent: It makes me feel so good. The day he was kicked out of school he cried and asked me what must he do? I said okay ..(unclear) go and stay at ..(unclear) and we will see what to do. So I decided to call him and show him how to make a memory box. He agreed but he sometimes has to attend programmes at SANCA on drug rehabilitation.

Lack of support by school

Facilitator: So how do you think the memory box will assist you as a volunteer care giver? Where else are you going to utilise it?

Respondent: ..(unclear) I can use it a lot with children at in homes – I must not wait for a problem to occur before I introduce a memory box to a family. You use the memory box and ..(unclear) and then come back and be happy .., take pictures of family dinners etc., so that if something bad happens good memories are there – they will have good memories about their home, also at university, career exhibition ..(unclear) assisted him a lot

Facilitator: So you think you can use it with students?

Respondent: Yes

Facilitator: So will you continue using it, will it help you?

Respondent: Yes it will help me a lot - ..(unclear) what do you want in your life, your values, everything you can write down about you, whatever is in your heart you put it in writing. You remind yourself about your strength ..., so you must use it. Sometimes you think of something and you forget it.

Facilitator: So you think you can use it to write down your strengths, reminding yourself?

Respondent: Yes

Facilitator: Thank you sisi

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PARTICIPANT 5

Facilitator: Please tell me with whom did you make a memory box?

Respondent: Okay my name is Mniswa Dlamini, I live at no 69 ..(unclear) at Garden View. I'm child ..(unclear) at Siyabaka OBC Community Project. I did the memory box with a boy called Anesipho Xuko. I chose her because she had a problem, she was raped by her neighbour, at the time she was 11 by someone older than her. Anesipho *lives with her grandmother, both her parents died, girl is HIV positive*. Both parents were also HIV positive. I went to her home and told them who I am, where I'm from and asked to talk to them. I first had a conversation with the grandmother in front of the girl. I then started explaining to them about the memory box. I told them that if *she has something that she cannot talk about the memory box will assist her to express her feelings*. *The rape had happened quite some time ago*. I showed them how the memory box is done. I had brought decorations and a box, all the equipment used to make a memory box.

After that we started cutting, and covered the box. I was talking to both of them as we were doing the memory box. As we were doing the memory box, I also explained to her grandmother that a memory box is not just for children, the grandmother can also have a memory box. A memory box is where one keeps all their memories, good or bad, you can keep anything in a memory box. *You can also keep your important documents/belongings in the memory box, things like a title deed. The grandmother had indicated to me that she lost her title deed, death certificates of the girl's parents, great grandmother's etc.* She can also keep some of the things that she loves ..., so that when she misses her parents she can go to the memory box. She can also put the pictures of her parents into the memory box. When she thinks of them she will open the box, this will somehow comfort her. *She can also put in her mother/father's personal things like the mother's necklace or earrings, or a dress anything that the parents liked*. I also told the grandmother that I will also assist her to make her own memory box. The grandmother can also put in the things that she considers precious to her.

What happened is, the grandmother told me that Anusipo comes home late at night. *I then said to her I will speak to her, I said to her she must ask her to come to our church and talk to me. This is where we meet to discuss issues* – we started a building project. So she agreed. She came and told

*Loss of loved ones,
living with
grandparents and
incurable diseases*

*Safe space for
communication
Abuse*

*Uses of memory work
Safe space for
communication*

Uses of memory work

*Safe space for
communication*

me that her mother used to drink ..(unclear) – What happened is I taught her that she can also put her immunisation cards in the box, **treatment records for her HIV treatment, the ARV's**. The grandmother was very grateful to me for talking to the granddaughter. I asked the **grandmother not to judge her, she must not send her to a home, she must keep her at home and monitor her**. She was worried that she comes home late at night.

Incurable diseases

Safe space for communication

I asked the grandmother **to keep the obituaries of both her parents for her**. She wanted to go and live with her sister. I told the grandmother that **because the child lost her parents at a very early age, maybe she has a diary where she keeps all her secrets**. There must be some photographs of her taken when she was younger, or even when she started to get ill. She needs to know her background **and keep some of the things in the memory box**. It is important for Anesipho to keep the memory box and the background she comes from, her family history so that the ones that come after her can see where they come from.

Uses of memory work

Uses of memory work

The problem in our community is poverty. I told the **grandmother that we are all living in poverty but we must find a way to survive and not lose hope**. Although we are **living in poverty we have to make means to survive**, our government encourages us to “vukauzenzele” – (not to be dependent on other people, do things for yourself). Unfortunately they are living in a shack, their house was blown away by the wind. **They do not have electricity, they do not have a house either. The living conditions are poorly. They have no lighting at all – they cook inside the house. I encouraged them to plant vegetables, spinach, carrots so that they can put some food on the table** (she was bouncing from one conversation to another) – There are people living in Govan Mbeki who do not want to do anything. However, I taught them about a memory box and encouraged the grandmother not to lose hope because her granddaughter is HIV positive. **The child is getting her treatment, but it is important that she takes the medication as prescribed**. I asked her to take care of her and ensure that she takes the medicine accordingly.

Financial challenges

Financial challenges and need food

Feel equipped to support others

I also wrote a poem for them. They didn't understand it very well but I translated for them. I left the poem with them. The poem goes as follows: **“Walk with the Lord when you need harmony ..(unclear) when you need someone to lean on, he is the only one you can rely on. God never blows a door without a need??, he always gives us something better when he takes something away”**. It's nice.

Spiritual support

Facilitator: Thanks. Okay, so the memory box, how do you think it assisted the child, after doing the memory box with you?

Respondent: Yes it assisted her, the memory box because she listens. There was a time we were at ..(unclear) and then ..(unclear) we took her to ..(unclear) and called a social worker Mrs Naidoo. There was an improvement after that, she was better. We are making the memory boxes ourselves, others made ..(unclear) “my life” we do it with them in IsiXhosa. Others use a silver box etc. ..(unclear)

Facilitator: In your group you use the memory box?

Respondent: Yes we use the memory box a lot, we explain to them and we also use journal books a lot, so that they can write down how they feel. I told the grandmother to write in her book, the one we **gave her at the**

church to express her feelings, whatever she feels on the day. The boys have to read for the grandmother.

Facilitator: So do you think ..(unclear)

Respondent: It helps a lot because the grandmother at first she cried and cried but after some time she talked how she felt.

Facilitator: So it also helped the child to speak up

Respondent: Yes

Facilitator: How does the grandmother feel after making the memory box with the child?

Respondent: She says she feels good, she didn't know about such things, the child was bottling up things inside her, she used to be very quiet and kept to herself. But now she talks freely.

Facilitator: So did she only speak about the rape after the memory box or did she talk about it earlier?

Respondent: She talked about it before the memory box but then kept to herself. But after doing the memory box with our group she started opening up – before she didn't want to talk, she didn't open up to anyone. After approaching the grandmother, she slowly slowly started opening up. We sent our pioneers to her home, pioneers from Social Development and then there was an improvement.

Facilitator: So what do you, and your group think about the memory box, do you think it's useful or not? Do you think it will help you as care workers?

Respondent: Yes it helps a lot because I also use it at home, I have two daughters. The youngest loves the memory box - ..(unclear) she will say "mama let's do it" and then I will say ..(unclear) inside the memory box. She likes to write and writes a lot. She assists other children as well. She teaches and plays with other children with the memory box.

Facilitator: So your child plays with other children showing them how a memory box is done?

Respondent: yes.

Facilitator: So do you think you will continue using the memory box?

Respondent: Yes we will continue using it because it relives us because other children are afraid to speak out their feelings, this is an opportunity for them to say how they feel. I see it as an opportunity, others are creative they make it a silver box. Our group sometimes takes out everything from the memory box and the covers and ask them to re-do it from scratch. ..(unclear) bible.

Facilitator: So what do they put inside it, verses?

Respondent: Yes they do the verses and everything else, maybe ..(unclear) and then we play a game, after the game I will write on the paper that I want a coin, write that this is a coin ..(unclear) etc., etc., ..(unclear) matches. And then we close it ..(unclear) and then she will say she wants matches and takes out of the box and show you.

Express feelings

Free to express feelings

Free to express feelings

Relationship gaining

Free to express feelings

Facilitator: So you put the things inside the ..(unclear)

Respondent: Yes

Facilitator: So you did this every day?

Respondent: No not every day, we are working on a project on Tuesdays and Fridays, other days we train netball and then when we have time we ..(unclear) or we do our filing

Facilitator: So what do you use the silver box for?

Respondent: The silver box is used if someone goes to church.., we are teaching them that if they have won something .., the money that we have we buy maybe chocolates or ..(unclear)

Facilitator: ..(unclear) silver because she wins something afterwards

Respondent: Yes

Facilitator: So it's similar to a memory box, so the difference is that with the silver box they win something

Respondent: Yes but in the memory she gains a lot because she is able to write anything she wishes to write, express feelings etc., with the silver box you do not write anything.

Facilitator: Okay

Respondent: Okay next time I will bring it along so that you can see how it looks like

Facilitator: Okay. So do you think you will use the memory box in future?

Respondent: Yes we will definitely use the memory box even for the elders – in our support group elderly people sometimes attend and this is where we will get an opportunity to show them how to do a memory box.

We cannot just deal with children and leave the elders out. We want them to be part of the support group so that they know how their children feel – and also they need to know what happens at the support group. We will continue with the children.

Facilitator: How do you feel after making the memory box?

Respondent: I feel good because other things are not easy to deal with because they do not sit well, especially when you see sorrow. What you see does not sit well with you but if you do something with that person it makes you feel good, it's like you accomplished something by helping someone. Here we do get a stipend in a form of money ..(unclear) we continue working, the children know us, and they prefer to be with us.

Facilitator: So you are going to continue doing many projects?

Respondent: Yes we will continue using it in our projects. There's a child who goes to some school, I went to the school to meet with the deputy and was told that the child's mother is using the child grant. She left the kids ..(unclear) and went to Johannesburg, ..(unclear) there's no food at home so I went to the school to speak to the deputy of the school. The deputy promised to help by calling a social worker so that the child can apply for a child support grant. ..(unclear – siren) ..(unclear)

Feel equipped to support others

Need for food

Collaborate with others

Facilitator: Are you saying the memory box can assist you to communicate with different people if there's challenges, like you said you went to speak to the principal who assisted by calling a social worker.

Respondent: Yes. The other thing is, this child lives alone, there's no food in the house, this child might end up committing suicide because he lives alone, no food, he has no one to talk to, maybe the child will write how he feels and put it in the memory box

Need for food and need for support

Facilitator: So you by doing the memory box he will find other ways of surviving, like speaking to someone about his problems?

Respondent: Yes, thank you sisi.

Facilitator: Let's look at the pictures. Tell me what was happening ..., some of them are not clear?

Respondent: I can't see that small thing, we are kneeling next to the table, the grandmother's grandchildren are here ..., here's a table, Anesipho and I are kneeling, we are cutting

Facilitator: Is this Anesipho?

Respondent: No, this is the youngest Anesipho, ...(unclear) so that the picture can be taken. The pictures are not clear because that house was dark, that is why the pictures are not clear. Even the person who took photographs told me that the camera is not working properly – we just had to take the pictures with what we have, he said it does not work

Lack of technological skills

Facilitator: So there's no clear pictures?

Respondent: No

Facilitator: Okay. Here it is at the home of ..?

Respondent: Yes the home of the girl. These are the grandchildren, Anesipho is about this age (she was showing you a picture)

Facilitator: Is there anything that we did not discuss that you feel should have been part of the discussion?

Respondent: The other thing is ..., please encourage us ..., we now know how to make a memory box, but before we got together and formed a partnership, we were no longer doing it the way we started doing it. Then I met other people in other areas and learnt more – I've also gained a lot from you too. Thank you to you and to the teachers. I am grateful for the knowledge I gained, as a person I am learning every day. Thank you. I learnt a lot from this whole process. I'm shy.

Feed equipped to empower others

Facilitator: So the memory box assisted you to communicate better?

Respondent: Yes I learnt a lot from it, when people talk about it you know already, if others don't know you teach them until they understand – you just show them. If you are not talking to your family you can write down how you feel and put it in the memory box. Leave it there and they will read and know how you feel.

Feel equipped to support others

Facilitator: Okay. Thank you very much. Will it be easy for you to teach other care givers?

Respondent: Yes it will be

Facilitator: You think it will assist them after you've taught them?

Respondent: Yes

Facilitator: Okay, thanks

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PARTICIPANT 6

Facilitator: Please tell me with whom you made the memory box?

Respondent: I did it with Analisa, she did not lose her parents, she's a vulnerable child. So what I did is I took the box, I took the cover and gave her magazines and I told her I will await to hear from here if she needs assisted. She is the one who cut out pictures of people drinking. So after seeing this, I asked her why did you choose people who are drinking. *She then said at home I am not happy, all they do is drink, they don't buy food. Both my parents drink, sometimes we sleep with no food. They also fight a lot and sometimes we leave our home and sleep at the neighbours. So sometimes we are forced to go to our friend's homes.*

*Need for food
Abuse*

Facilitator: So when you did the memory box with the child, how did it start? Please tell me the steps taken?

Respondent: It took us about three days because in most cases when I wanted to do it with her, *she would cry that is why it took us longer.* I would have to let her cry and come back the following day.

Expressing feelings

Facilitator: When she was crying what did she say to you?

Respondent: She doesn't want to talk about it, the only thing she told me is that they are always fighting at home and that they drink a lot

Facilitator: So she goes to friends .., do her friends help her?

Respondent: Yes they do, they give her food and a place to sleep and leave the following day. She says it's not nice to live in an environment where both her parents are drinking, she feels things would be better if they can stop drinking.

Facilitator: How old is she?

Respondent: 13 years ..(unclear) I blame the situation on the parents. I went to her home, I found *her mother drunk and had to leave. The following day I went, she was sober. I told her that her child is not happy because her mother drinks,* she would like to be like other children who's mothers don't drink. When I spoke to her mother, she seemed worried about what I said. She stopped drinking but I don't know what is happening now, I haven't been there for a while. I am going to find a way to talk to the father. I know that she is not happy, she told me how her friend's parents do not drink, she sees them when she visits their homes, they are happy.

*Alcohol abuse by
parents*

Facilitator: So what did you do with her, she cut pictures and then ..?

Respondent: She cut pictures and put them in the box, she covered the box with the cover, and other pictures she pasted on the box.

Facilitator: So did she tell you how she felt?

Respondent: She really enjoyed herself

Facilitator: Did she explain the pictures to you

Respondent: Yes

Facilitator: Do you think the memory box helped her?

Respondent: I think it helped her because she was able to talk, because if you keep things to yourself and not say anything you know ...

Facilitator: Yes

Respondent: You should ..(unclear), if I have a problem I must come to you and talk it will make me feel better, it helped a lot. Also my visit to her home she appreciated it, she even came to tell me "my mother did not drink today".

Feel equipped to support others

Facilitator: Did you tell her mother that you were doing a memory box with her child?

Respondent: No she would know about the memory box but she doesn't because she does not visit our project. With time I think I will go and show her what her daughter has done. I won't say she said they drink everyday

Facilitator: So what do you think seeing her the daughter's memory box would make her feel?

Respondent: I think she will be proud

Facilitator: As volunteer care workers, how is the memory box going to assist you?

Respondent: It can assist us because different children have different problems in their homes. The memory box will assist in this way, other children are not good communicators, but we watch them when they make the memory boxes, you can easily spot where the problems are, "why did you choose these pictures" the child will then explain. This is how we get the information.

Feel equipped to support others

Facilitator: So you think you will continue using the memory box?

Respondent: Yes.

Facilitator: Did the memory box assist you in any way?

Respondent: My sister, it assisted me a lot because I had my own believes. I learnt a lot from the memory box. For instance I know that I can have my will drafted and put it inside the memory box. My children know exactly where it is, they know where to go should I die.

Personal gains in using memory work

Facilitator: Your children know that you have a memory box?

Respondent: Yes

Facilitator: You told them about it?

Respondent: They know a lot about it. We are learning a lot from you and

this makes me proud.

Facilitator: Thanks

Respondent: You know it is never too late to learn, I am 53 years old but I gained a lot

Facilitator: Thank you mama. So do you think you will continue using the memory box?

Respondent: yes in our community, not the people we work with, I am referring to people outside work.

Facilitator: The project you are working on now, is it a children's project?

Respondent: Yes we do, it's orphans and vulnerable children.

Facilitator: How are you going to use the memory box with these kids?

Respondent: We group the kids according to their ages and give them scissors etc., explain to them. So we explain to them how it is done, we also tell them the type of things that go into a memory box. You can also put jewellery in there, anything that is precious.

Facilitator: So you told the child she can put anything in there. So what happened after you completed the memory box, was she excited?

Respondent: Yes

Facilitator: Do you think this assisted her in any way?

Respondent: It helped her in a way that, this child was very shy, she is now opening up to us, she talks to other children, she didn't play with other kids, but now she is opening up, she plays with other kids. It helped her a lot.

Express feelings more openly

Facilitator: Is she now free to talk to you about the challenges she is facing?

Respondent: Not as yet but slowly she is getting there, that is why I spoke to the parents first, I think she will eventually open up

Facilitator: When she her friend's homes, how do they treat her there?

Respondent: Very well because I noticed that the homes she goes to are very decent homes. I don't just let her go anywhere, they welcome her with open arms.

Facilitator: Did you come across any challenges when you were using the memory box?

Respondent: I am not completely finished, but so far I have not met any challenges, maybe they are still coming, perhaps once I am completely finished there will be some challenges, but so far nothing.

Facilitator: So for now you have not met any challenges?

Respondent: Yes

Facilitator: You both enjoyed doing the memory box?

Respondent: Yes I enjoyed it and will continue doing it.

Facilitator: So you think you will continue using it for years, teaching people about the memory box?

Respondent: Yes for sure.

Facilitator: Is it easy to introduce the memory box to people?

Respondent: I am able to talk about it easily, we work with the children in the community, we also want the parents to get closer, we do not like to work with kids only. *So we want them to know what we are teaching their children, so that they understand the work we do with their children. We resolved that we want them involved in what we are doing.*

Relationship gains

Facilitator: You involved the parents in the making of the memory box?

Respondent: Yes

Facilitator: So you think it will assist them to communicate with their parents?

Respondent: Yes it will help a lot, that is why we want to involve them

Facilitator: How are you involving them in the project?

Respondent: What happens is, we explain to them ..., or write letters to them, inviting them on a certain day to come – we then plan to show them the memory box on the day. *We will inform the parents that the reason we called them is so that they can see what their children are doing.* The parent will sit there and watch what his/her child is doing.

Relationship gains

Facilitator: Thank you. So you say the memory box assists you?

Respondent: It helps us a lot.

Facilitator: Did you have challenges when you were using the camera?

Respondent: Yes I had challenges, I didn't know how to operate it, I asked my neighbour's child to come and help me. So they came to assist me.

Facilitator: I want to thank you for making the girl happy, the fact that she enjoyed it

Respondent: Yes she definitely enjoyed it.

Facilitator: So do you think ..(unclear)?

Respondent: Yes because they are quite a few, it will be difficult to teach them one by one.

Facilitator: Okay. Thanks. Do the children go to school?

Respondent: Yes they do go to school, we do this with them after school. We work with them, they come to the project at around 2:30 after school.

Facilitator: The teachers, how can you involve them in this project?

Respondent: The teachers?

Facilitator: Yes

Respondent: We have not considered teachers as yet. But maybe with time, together with the parents we will involve the teachers. However, the teachers do know what we are doing, some of the kids are recruited from

the school, the orphans and vulnerable kids. We also go to the schools to check with the teachers how they are doing, whether there's an improvement or not. If they are not doing well we assist them with their homework etc. We try to bridge the gap. So it will not be a problem to involve the teachers.

Facilitator: If you discovered something from the memory box would you share the information with the teachers?

Respondent: Definitely.

Facilitator: Thank you mama.

Respondent: Alright.

Facilitator: Thanks for your time, have a safe trip.

Collaboration with others

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PARTICIPANT 7

Female Respondent: I did my memory box with my sister due to the fact that she was ..(unclear) about five years ago. So know ..(unclear) between a new system at a ..(unclear), so she knows that she doesn't have much time left for ..(unclear), because any time is tea time for her. So I did my memory box ..(unclear – there's too much noise) – she wanted it to be memorable. She had this book on .., she loved reading books, so I ..(unclear) my favourite about how to be memorable. So that's how I did my memory box based on how, how she persevered ..(unclear).

Facilitator: So when you did the memory box with her, how did she feel?

Respondent: Some stuff touched her in a very emotional way that's why she wanted to remember things .., that's why she ..(unclear) because they touched her. Some stuff made her laugh and ..(unclear) as an amusement for her. So everybody can see her, the good things, bad things and how she liked things to ..(unclear – there is too much noise).

Facilitator: How old is she?

Respondent: 33 or 42???

Facilitator: How long has she been ill?

Respondent: 5 years.

Facilitator: How does she view life?

Respondent: She takes it like a dose a day, she said each day ..(unclear), every day she makes sure that she does something that is memorable.

Facilitator: How long did it take you to do the memory box?

Respondent: It took about two weeks or so, but every day there was a new thing. She would say like "okay we can add this to the memory box, swap and change this". So every day was different. So I can say ..(unclear) the memory box ..(unclear) there was no due date ..(unclear) – but if I could add it up it's two weeks.

Uses of memory work

Facilitator: Can you take me through some of the processes you went through, day 1, 2, etc.?

Respondent: Day 1 we talked and I asked her if .., I asked her questions about the things she liked and so forth. So it was easy for me to get things .., she always kept things to herself. So Day 2, I decided that we take photographs. I took photographs of her when she woke up in the morning. People say that you are ugly in the morning, she calls it ..(unclear) true??, it never lies. If you take pictures of her in the night ..(unclear) – and the TV that she treasures so much because she loved the TV. So that's how we did it, it was all fun. All the days we ..(unclear)

Facilitator: Okay and then after taking the photographs what did you do?

Respondent: We went to ..(unclear) because I'm doing a memory box ..(unclear) and I went to ..(unclear) – if I had to talk about it I wouldn't know what to talk about .., she likes to. She was in the youth league in the church. She is part of the girls. She treasures ..(unclear), she wants to show me that sometimes when you're dealing with ..(unclear) kind of people they can stress you or they can make your life, they can change your ..(unclear) you can always find like a ..(unclear) – so she said life, take it ..(unclear) if anything or anything ... (unclear). The thing that she liked ..(unclear).

Facilitator: How did she feel about making the memory box?

Respondent: She was okay with it but I must never talk anything negative about ..(unclear) or take anything negative about it

Facilitator: So to her a memory box is about good things that happened in her life?

Respondent: Mostly [about good things that happened in her life that she treasures, and those bad things, the loses of love??](#), and how the ..(unclear) infected, why and how ..(unclear) like we inherited in our family that's how she got it ..(unclear) so that's why she wanted ..(unclear) exist in our family life that's what she said.

Uses of memory work

Facilitator: So, she .., when you talked did she feel, does it scare her?

Respondent: It used to scare her at first, [when she was diagnosed, it used to scare her but then ..\(unclear\) she accepted because there's nothing else she could do about it except ..\(unclear\)](#) – tell it it's not gonna define who I am ..(unclear) for the rest of my life.

Incurable diseases

Facilitator: How did the memory box help her?

Respondent: Doing the memory box it helped her to ..(unclear) little things and put them in a box .., in a safe place, and whenever she wants to ..(unclear) she just has to remind herself that ..(unclear)

Facilitator: And then in handling her sickness did you find that the memory box helped her in a way?

Respondent: It helps because it shows that she is ..(unclear), she can enjoy life like any other person and always keep all the ..(unclear) in the box ..(unclear) so it didn't affect her ..(unclear).

Facilitator: And you, how do you feel about a memory box?

Respondent: I think it's a great thing, I'm thinking of doing my own ..(unclear) – but ja, it helps for generations to come, to know that there was such a person in our family, that was .., and it will help her **because she doesn't have kids, due to the disease she won't have children because it affects every organ in her body**. Many times pregnancy can be affected because ..(unclear). So it will help sisters/brothers kids that hey I had a sister, and she died and ..(unclear) she was this type of person. Just to keep her spirit alive. ..(unclear) I'm a normal person, it's okay, be memorable as a ..(unclear), that's what it's all about, she's a normal person. So the memory box is part of ..(unclear).

Incurable diseases

Facilitator: So how will this help you to help other people in the community, the memory box?

Respondent: It can help other people in my community, **so they can also discover their memories that they will always have .. – so I think it's important for the community to do the memory box** – it will help ..(unclear) they can just put in the box and go there for ..(unclear) going back and to refer to it, do you remember this and this happened. So they can laugh/cry about it or just to be there. The memory box just helps people to be one ..., even families they can always know. No matter what happens, they can fight and all but what's in that memory box is ..(unclear). So it can help the community.

Feel equipped to support others

Facilitator: So what you're saying is you would use in the community to support vulnerable people?

Respondent: yes to have a strong ..(unclear) because the memory box is full of treasured memories ..(unclear), they can help each other ..(unclear) why don't you try this, we tried it and it helped us, so they can also spread the word.

Facilitator: So your sister ..(unclear) to be a better person?

Respondent: It made her .., as a person ..(unclear) it just made her to realise that even though life ..(unclear) moments in life.

Facilitator: Do you think that it helped her in ..(unclear)?

Respondent: It did because ..(unclear) she knows that ..(unclear) but she was fine ..(unclear) will happen this way. So with the memory box helped her a lot in the understanding that she can always go back into the box and find something that will make her laugh, even if she's feeling down ..(unclear) and just laugh about it.

Facilitator: So would you recommend it to somebody else?

Respondent: I did ..(unclear) I don't think anybody ..(unclear) but it's a great idea to do a memory box ..(unclear) trying to keep a memory box you can always go back to those memories that you have. ..(unclear) people in the hospital ..(unclear) so they can keep all their memories.

Facilitator: Okay. Is there any other thing we didn't talk about which you think should have been part of this discussion.

Respondent: I don't think so.

Facilitator: So in future how do you intend using a memory box?

Respondent: I don't use .., the one that I'm gonna ...(unclear) it's memories for my children ...(unclear) my mother ...(unclear). So I have to put my mother in there, but it's for my children or future family or my ...(unclear).

Facilitator: And in the community how do you think it will help other people?

Respondent: ...(unclear) down about things ...(unclear) I will say "okay we will go to the clinic, we go there" ...(unclear) memory box, people get bad news etc., ...(unclear) since you don't know, and I don't know what tomorrow brings for them. Your memory box is ...(unclear) that's what I would do.

Facilitator: So do you think that it will help you to support people better or not?

Respondent: It will support me ...(unclear) it was like opening the part of you, so that part of you that you will always treasure or ...(unclear) it is you and you want everybody to know who were you.

Facilitator: Was she not scared that maybe she's dying ...(unclear) the memory box?

Respondent: No she was not scared, actually it was like, oh if it has to do with memory ...(unclear) because memories are the most important things. she was okay with it. It doesn't mean that she is collecting things in case she might ...(unclear).

Facilitator: And you said she's been ill for five years?

Respondent: Yes.

Facilitator: Was she also doing some community work or is she working?

Respondent: No she's not working due to the illness. She finished working last year and then she ...(unclear) and then she was an apprenticeship and fell sick. So she's got a few things that upset her. Like ...(unclear) that she can't work. So some stuff that made her mad but life goes on, at least she's got the knowledge and nobody can take the knowledge away from her. Some things ...(unclear).

Facilitator: So what does she do at home?

Respondent: She stays home and takes the pills, most of the pills are strong, they make her drowsy most of the time. So she doesn't like going to many places. She goes to church, come back from church .., she doesn't drink (unclear), she doesn't like partying and all that. She doesn't ...(unclear) but she exercises.

Facilitator: Does she do some community work in the church?

Respondent: She tried, she is a Sunday school teacher, children so.. (unclear) – I don't think she's ...(unclear) – people get on her nerves sometimes, she's short tempered. So with the children she loves children because you know children ...(unclear) she loves children. She works with kids, and if it was possible, she would go back to school and try to ...(unclear).

Dealing with incurable diseases

Facilitator: Would you recommend to her to teach the children about the memory box?

Respondent: I did but she said if we gonna do a memory box it must not be done on a Sunday, it has to be some day during the week. ..(unclear) so they will be ..(unclear) go wild and she doesn't want to do it on a Sunday. So she's thinking of a day that she will do it.

Facilitator: That's wonderful, so will you be able to help her?

Respondent: I will.

Facilitator: ..(unclear) that's wonderful, so do you also you know keep her busy.

Respondent: Ja.

Facilitator: That's wonderful, is there anything you want to talk about?

Respondent: I don't think so, I think we've talked about everything.

Facilitator: Thanks a lot Nontando, I hope you will keep on teaching about the memory box?

Respondent: I will.

Facilitator: I have a little gift for you.

---oOo---

PARTICIPANT 8

Facilitator: Okay, I would like to know with whom you made your memory box?

Respondent: I did it with ..(unclear – there's too much noise in the background) a victim of ..(unclear)

Facilitator: Please speak a little louder so that I can hear you

Respondent: ..(unclear) maybe once in a month. Mostly it was the of the month, she's my uncle's child. So ..(unclear) both her parents died when she was ..(unclear) and then my mother took her in because she understood the situation. .She lived with us. .(unclear). She used to be ... (unclear) she is good with beads. So my mother took her to [special schools and because of age](#) ..(unclear) but we buy her beads so that she can do something just to keep her busy because she's a quiet person, she doesn't talk too much. We are always weary of her moods, we wait for her reaction in order to know the type of mood she is in. We wait for her to open up in the morning. She loves her coffee if she doesn't make coffee in the morning we know that something is wrong. To me she is open, she talks to me. She is that type of person so I decided to do a memory box for her. Before we started she didn't understand what it is. ..(unclear) wrote her name and surname but other things she would tell me what to write for her ..(unclear) and she loves them, the friends ..(unclear) – most of her friends are people who drink a lot. But she doesn't drink but enjoys their company. They would joke and fool around, when she is with them she is free. At

[Support people with disability](#)

home we have a dog, she loves it too. When my sister's kids are visiting for holidays, she doesn't want them to ..(unclear) for the dog. So she loves the dog a lot. ..(unclear) she took pictures of the dog. I tried to show her the importance of a memory box, I told her it's very important. ..(unclear – the sound is very very bad) – she talks to the dog. She talks to the dog as if she's talking to another person.

Facilitator: So how many days did it take you?

Respondent: Maybe two weeks because some days she doesn't want to talk

Facilitator: Please tell me how you did it, all the steps taken, from beginning to end?

Respondent: At first I explained to her about the memory box ..(unclear) – so on the day we were given the memory box, she saw me busy and asked me what I was doing. I said to her this is a memory box and it is mine. ..(unclear) so that is how we started, she had an interest ..(unclear) so we sat down and that is how we started. So on that day .., her friend ..(unclear) she said to me ..(unclear) so that I know she is gone, but my friend is not staying far .., (unclear) – she didn't even greet me. So on that day I knew she is not right, so that is why I'm saying ..(unclear). So I wrote ..(unclear) she was not back from ..(unclear) her friend did not ..(unclear). The second day

Facilitator: And then what happened after that?

Respondent: After that she loves ..(unclear) get cartoons and ..(unclear) there was a child at home ..(unclear – the sound quality is really really bad) when she stopped working she wanted to ..(unclear). She had an interest in cooking ..(unclear) your memory box, so I want to show her that one. So each and every time she ..(unclear)

Facilitator: So how did she feel when you were doing the memory box?

Respondent: There was a day when she was not okay, so I said to her can I take a picture of you so that we can see how you look like when you are not yourself. ..(unclear)

Facilitator: Did the memory box assist her in any way?

Respondent: Yes it did, we are able to talk, she is not as silent as she was before, so we would talk ..(unclear) the camera. Sometimes she would say I would do it, maybe I will take a picture of you ..(unclear) then I will see if she is not okay, I don't like it when she's like that. And then I will say okay take pictures. When her friends call her she will say ..(unclear) – so I think it helps her a lot.

Facilitator: Do you think it will ..(unclear) you have something to talk about?

Respondent: Yes

Facilitator: How did the memory box assist you as an individual?

Respondent: It helps me a lot because I'm doing a lot lately. I have a child who is 18 months old. I've been with her father for four years, we've been living together but since I fell pregnant ..(unclear) – so as if I was cheating

..(unclear) he is working at ..(unclear). So when my child was three months old I decided to go to the authorities so that he can maintain the child. ..(unclear) so since that day ..(unclear) – so I was not happy at all. But now I feel I have accepted the situation, I feel like a different person. So each and every time..., I am stressed because of my child, I do not have enough money to maintain the child but ..(unclear) – after that he said ..(unclear) things are getting better ..(unclear) according to my situation. Even my family ..(unclear) I am the last born. But lately I don't know why ..(unclear) I feel loved ..(unclear) she is close to me ... (unclear) so I don't have a person to share my problems with, I share my problems with the memory box that is how it helps me. Sometimes I don't feel right ..(unclear) after a while I'm okay, at least it gives me some consolation. Makes me forget my problems especially about my child ..(unclear) – it's not about me wanting money, it's about him ..(unclear) I don't have a problem with that. I want my child to know who is her father, although he maintains, I also want him to play an active role, the child must visit for a weekend or so so that they can bond etc. ..(unclear). I sometimes write .., most of the time I express my feelings in writing, I don't even have to take a picture of the child .., I would write today on 28 March ..(unclear) the nappies are almost through, **I don't know where I am going to get the next one, or the child does not have formula anymore etc.**, ..(unclear) died, so I'm living with her and my cousin ..(unclear), my sister has a house at ..(unclear). So every day I want to spend time with ..(unclear). So ..(unclear) do something ..(unclear), I can do it alone with the help of the box. Sometimes ..(unclear) he has a reason why he's doing that – so for me it's a healing process. I pray ..(unclear), I spend most of the time at home, I'm still young **I'm supposed to be going out and having fun – I don't do that, not because I don't have time I just don't want to do it. I want to heal. So I feel I am growing** ..(unclear) maybe there is something out there for me, you never know.

Need for food

Expressing feelings

Facilitator: So every time when you feel down you write something and put it in the memory box?

Respondent: Yes but maybe ..(unclear) when I entered a contest ..(unclear)

Facilitator: So do you think the memory box can benefit the community?

Respondent: The community ..(unclear) there's a child who lives with her mother. The mother is ..(unclear), the child is 11, but she is ..(unclear) she is not right, but they ..(unclear) I said I don't have a cent but my **does not go to school without bread** ..(unclear) the care givers ..(unclear) "you have no time for your child" I have time for my child because I'm always home. She said no stop ..(unclear) but the child needs to be cared for

Need for food

Facilitator: So do you think you can teach community members about the memory box?

Respondent: Yes, the child was interested

Facilitator: Who else can you teach about the memory box in the community?

Respondent: ..(unclear) I think sick people, particularly sick people they are so many and I love to work with kids ..(unclear) – so next time ..(unclear)

Facilitator: So you think it can help them?

Respondent: Yes

Facilitator: So are you going to continue supporting vulnerable people using the memory box?

Respondent: Yes

Facilitator: How did you feel after making the memory box with your cousin?

Respondent: On my side I feel as if the load has been taken off my shoulders, I am getting closer and closer to my cousin. I make sure that ..(unclear)

Facilitator: So it also assisted you to feel better?

Respondent: Yes because now she can talk and all that stuff.

Facilitator: How do you feel overall about the memory box?

Respondent: I think it's important for a person to have ..(unclear) maybe you leave your family with memories, the things that you loved .., you can also write down how you feel about them, surprise them .., I think it's like that.

Facilitator: Thank you sisi, is there something that you feel we did not discuss that you feel is important?

Respondent: Not really

Facilitator: So you think a memory box is something valuable that you will use for yourself, the community etc.?

Respondent: I think it should be introduced to families, each and every person to have their own memory box so that it can ..(unclear)

Facilitator: So you think it should be introduced to families?

Respondent: Yes

Facilitator: Who are you going to introduce it to?

Respondent: I will introduce it to my cousins.

Facilitator: You think they will love it? How will it help them?

Respondent: It can help them with a lot of things. I can ..(unclear) – do you know what is a memory box ..(unclear) “it's for white people” so we need to introduce it to them, I will tell them it is not for white people only we can also use it, it will benefit us as well. I also have my own, I will tell them.

Myth about memory work

Facilitator: Okay. So how does your cousin feel after you did the memory box?

Respondent: She is happy, I just don't think she understands it fully but I think she will eventually understand, as I've stated sometimes she is in a different frame of mine ..(unclear) but what I do know is that she doesn't want anyone to touch it. ..(unclear) “don't touch this, this is mine” – so she understands it's importance.

Facilitator: Thank you sisi.

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PARTICIPANT 9

Facilitator: Thanks for your time. Were you able to take pictures with the camera?

Respondent: The camera does not work?

Lack of technological skill

Facilitator: Were you unable to use it?

Respondent: yes.

Facilitator: Okay, we are going to record our discussion. Please speak a little louder. With whom did you do the memory box?

Respondent: With a child who is my client, she goes to school at Xebelishe. The child lives with her grandmother. They live on the grandmother's grant, the mother died from HIV Aids.

Living with grandparents; dealing with death of loved ones; incurable diseases and financial challenges

Facilitator: How old is the child?

Respondent: She is 11 years old, a girl

Facilitator: Okay why did you choose her specifically?

Respondent: Because she didn't have parents and lives with her grandmother.

Facilitator: Please tell me the process, every step, how did you start, how many days it took you to do the memory box etc.? How did it start?

Respondent: She was not feeling well, I had to take her to the clinic. Normally when I take her to the clinic I would bring her soup, and/or food parcel.

Need for food

Facilitator: So how many days did it take you to do the memory box?

Respondent: I think 5?? Days

Facilitator: What happened on day 1?

Respondent: On day 1, it was her first day at school. Apparently she had been crying at school and did not want to stay at the school, she said she wanted her mother.

Facilitator: So what did you do, did you start doing the memory box with her?

Respondent: Yes

Facilitator: How did it happen? Tell me all the steps?

Respondent: We did her mother's ..(unclear) – she used to cry a lot for her mother, saying she misses her mother. So we did the memory box.

Facilitator: How did you explain the memory box to her?

Respondent: I told her that she will remember it because she had just lost her mother at the time when she started school, she was struggling at school, she didn't have uniform, at times she would go to school hungry.

*Loss of loved one;
need for food*

Facilitator: What happened on day 2?

Respondent: On day 2, this is when she started going to the clinic, she was not well. Fortunately it was discovered that she is not HIV positive, she was just not feeling well as a child.

Facilitator: So you did the memory box?

Respondent: Yes

Facilitator: Okay. How did you do it outside?

Respondent: There were nice pictures of a child and mother, the mother showing love to the child

Facilitator: How did she feel at the time?

Respondent: She felt good because we were playing, talking, she was laughing and having fun

Facilitator: What else did you do?

Respondent: We continued, at the moment she is in grade 4, she grew up, continued to go to school and started to enjoy going to school.

Facilitator: When you were busy doing the memory box, did she tell you her challenges, or share anything with you?

Respondent: She was too young to understand a lot but what she did tell me is that if she meets with me she sleeps well, peaceful and think about her mother. *She felt good when she was with me.*

*Feel equipped to
support*

Facilitator: So she felt better when she was with you?

Respondent: Yes she felt good, she took me as a parent to her.

Facilitator: How else did the memory box assist her?

Respondent: She loved it, she made her own ..(unclear) a smaller one but she did make her own with her grandmother

Facilitator: What else did she put inside it?

Respondent: Her picture and her grandmother's picture.

Facilitator: How do you think a memory box will assist you?

Respondent: Me? It assisted me a lot because at first I didn't understand how it is done you see. I also did not know how I would feel, *but since I did it myself I see it's value.*

Personal gains

Facilitator: ..(unclear) ?

Respondent: Like if bad things keep happening to you ..(unclear), you will remember the good and bad things that happened to you, even if your life is much better now.

Facilitator: How can a memory box assist you in your work as a volunteer care worker?

Respondent: It helps me a lot because I am able to help other people through the memory box

Facilitator: How will a memory box assist you when dealing with the community?

Respondent: With the community – if a person is not feeling well, they are bed ridden, you encourage them to do the memory box because they will be able to see where they come from and how they got to where they are today – so if they are taking their treatment this benefits them ..(unclear) I will be alright

Support people with disability

Facilitator: So will you continue using it?

Respondent: Yes I will continue using it because it assisted me too

Facilitator: Tell me how it helped you?

Respondent: It helped me because it enabled me to communicate with people, talk to them, people feel free to talk about their lives and challenges, where they come from, how they were brought up and so on.

Feel equipped to support others

Facilitator: So you find it easy to communicate with people when using it?

Respondent: Much easier?

Facilitator: So you will continue using when giving care to people or the community?

Respondent: Yes.

Facilitator: So as you continue to help people you will continue using it?

Respondent: Yes I will continue using it because it is a good tool to have.

Facilitator: The child that you assisted, how did she feel afterwards?

Respondent: She felt good because she stopped crying for her mother – she has accepted that she now lives with her grandmother and she ..(unclear) – so it makes her feel good, it assisted her too.

Dealing with loss of loved ones

Facilitator: Did you tell the grandmother what you were doing?

Respondent: Yes I did, she wants her child to live a better life although she has no parents.

Facilitator: So do you think the memory box made her feel better?

Respondent: Yes much better, she now plays with other children, she no longer feels sad when she remembers that she does not have a mother or father. She lives a much better life.

Dealing with loss of loved ones

Facilitator: Does she talk to you?

Respondent: Yes she does. Like sometimes ..(unclear)

Facilitator: So did you do this with other children?

Respondent: Yes, I did it with other children too. With her it helped her a lot because you know if you have no clothes, shoes, no money to buy food at school etc., this is slowly fading away from her, she knows that there is someone to talk to ..(unclear)

Need for food and clothes

Facilitator: So when she has a problem she will come to you?

Respondent: Yes

Facilitator: So if she doesn't have food and other things, how do you assist her?

Respondent: I take from my home and give her, if she comes and say my grandmother made umxusho (samp and beans) and there's no margarine etc., I take from my home and give to the grandmother.

Need for food

Facilitator: Does the grandmother receive a government grant?

Respondent: Yes she does

Facilitator: Does the child get a grant too?

Respondent: Yes she does

Facilitator: Is there anything that you would have liked to be part of the discussion that was left out?

Respondent: Not really, I think we talked about everything.

Facilitator: The pictures, when you took them what did you do?

Respondent: I took pictures and told her that she can keep her as a memory as she grows older. It will remind her how she grew up without parents. She was able to live without the mother with the assistance of the grandmother.

Dealing with loss of loved ones

Facilitator: So the pictures that you took what was she doing?

Respondent: When we were doing the memory box, also when she was cutting pictures from magazines etc., pictures of a mother playing with her kid etc.

Facilitator: So do you think this child will live a better life and turn out better after doing the memory box?

Respondent: Yes I think her life has changed, she now speaks her feelings, at first she was shy and did not want to open up. She is much better. I told her she will come right.

Express feelings more openly

Facilitator: Do you think she will tell other children about the memory box?

Respondent: Yes I think so, she will help the others

Facilitator: Why do you think so?

Respondent: She enjoys the memory box.

Facilitator: Thank you sisi. So do you think you will continue using the memory box in future, do you think you can use the memory box in some of your projects?

Respondent: Yes I've worked a lot with children

Facilitator: Thank you sisi. Okay.

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GROUP 1

Facilitator: Morning.

Respondent: Morning.

Facilitator: We are going to talk about memory work. So we said we teach the children about the memory work that you must have a box and you put your important stuff, e.g. photos, e.g. jewellery, things that make them to remember the good times and bad times which will go in the memory box, that does not mean that you are going to die, you are doing it to help the people that are around you to know more and more about your life, e.g. family, friends and colleagues.

Respondent: The idea of a memory box is not bad to me because my mum told us about a memory box. When my mum and I talk about memory box my mother will tell my grandmother to join us in making the memory box then my grandmother would say those are things done by white people. So my grandmother did not see it as something useful, she said those are the things done by white people, she did not see it as something that is relevant in our culture. But then when I explained it to my sister, she understood, my mother did not. My mother also told me that she is not ready to die yet, so I tried explaining to my grandmother that it does not mean that if she makes a memory box she is going to die, or that she is inviting bad luck in the family and she understood.

Facilitator: (they were clapping hands). Thank you. Can I ask why did she think that she is going to die?

Respondent: She didn't want to do a memory box, she was not interested

Respondent: She didn't believe in it. She didn't want her pictures in a memory box.

Respondent: I teach my children so that they know about the memory box

Respondent: Yes, its important for us to involve our children.

Facilitator: Okay, thank you. So the memory box that you did you did it with your family?

Respondent: Yes.

Facilitator: Okay. How did you do it? Were you able to explain how to do it?

Respondent: I didn't have a problem with it.

Facilitator: So you did it with all the family members?

Respondent: Er, sorry, first of all we went out to teach people about the memory box. I will talk about my client. The grandmother is 109 years old, her daughter is 63 years old. Her daughter was excited because she had never heard about a memory box and welcomed it. The daughter told us that her mother was not interested in a memory box but she decided that once her mother passes on she will use the memory box to remember her

Myth about memory work

Myth about memory work

Feeling equipped to support others

As memorabilia

with. She will remember her mother with the memory box. I told her about photographs, that she can put the photograph in the memory box. Also I told her she can add any other thing that she liked in the memory box, her jewellery; she can also add pleasant letters from her daughter who is in Cape Town. Those are some of the things she can put into the memory box. Her mother is now old but remembers a lot of things, she knows a lot, she is also blind, but she knows everything. She just has a problem with her eyes she cannot see. We together with the daughter explained what a memory box is, the grandmother said in the olden days they used to keep valuables of their loved ones who passed away and they treated those memorabilia with great respect. Her daughter told me that she had never heard about a memory box and thanked me for educating her on it. I will give others a chance.

Facilitator: (they clapped hands). Do you want to ask questions? Okay, the next group can present.

Respondent: I am not going to repeat anything that was said, our brief is not very different to what was presented. The memory box is used as a way to remember people who are passing on; you will put in valuables of the deceased okay. Ja. We used a memory box as a family; it is used for our families, the elderly, children and our clients. We explained how it is important to them. We explained that a grandmother, old as she is, it is okay for her to put her valuables in the memory box in preparation for her last day on earth. Sometimes she might get ill before she passes on; it will be a good idea to work on her memory box whilst she's still strong and able to see what is in the memory box. The memory box can also benefit small children, some had never met their grandparents/great grandparents and they can be shown the memory box. They will get to know about their deceased grandparent/great-grandparents. All her valuables including photographs and some of her belongings which would be in the memory box after she/he has passed on. The children will get to know about the kind of life their grandparents lived before they were born. Thank you.

Facilitator: (clapping of hands). Any questions?

Respondent: I also did my memory box with makhulu.

Facilitator: Makhulu is a grandparent?

Respondent: Yes.

Facilitator: Ok, we call Makhulu Gogo, yours is almost the same as in Sotho, she is called Mmakgolo.

Respondent: In our community we did were doing memory work with children. We also did memory work with vulnerable children. When the children were not available we continued with the parents, we taught them how to make a memory box so that they can, as parents they can teach their own children about the memory box. What we did at first, we looked for equipment which will be used. They will take an old shoe box. The memory box is used to remember the deceased. We looked for scissors, papers and explained to them what is a memory box. And we also told them what they can put into the memory box.

Uses of memory work

Supporting people with disabilities when needed

Memorabilia

Uses of memory work

Children in need of support

Coping with death

Family relationships

Children in need of support

So after that we taught them how to maintain it. We explained to them that they can put in so many things, for instance maybe you have a decorated flower or any other thing that you like you can put into the memory box. This will be a memory for your children because you liked it, you can tell them not to throw it away or burn it. Lastly we learnt that 4/5 children were taught by their parents how to do a memory box. They understood what is a memory box. What is a memory box? A memory box can be regarded as your friend, you put it in a memory box so that you can remember the deceased. Whenever you miss this person you can look yourself in your room and look at it and remember the person who has passed on – you will remember all the good things you shared and wish the person was there.

Facilitator: (clapping of hands). Who's is the next one?

Respondent: Okay. Firstly what we did is we went for home visit and asked the client for permission to do a memory box for her because some of our clients do not like the memory box, they say a memory box creates bad luck and may make a person to die before time. Our first point, we tell them what is a memory box, secondly we show them how to do a memory box, thirdly we explain to them the importance of a memory box, why is it important. We also tell them the type of things that go into a memory box, some people do not believe in a memory box, things like an obituary of the deceased, or some people can do their own obituary whilst they are still alive, maybe this is the reason why some of our clients are not interested in a memory box. We also told them that they can put in anything that they like so that they can be remembered with by their children and friends, such as their photos, certificates, wills and their last wishes. The other thing we show them how the memory box it is done, after explain the purpose. We sit and do it with them.

Facilitator: Okay, when you do the memory box with them do you explain other ways in which they can do memory work?

Respondent: Yes we did.

Facilitator: Okay and then did they do their memory boxes in the different ways that you explained?

Respondent: Sometimes we show them different ways of doing memory work.

Facilitator: What else can be done with the memory box?

Respondent: You can also use it to teach other people in your community who need help, like people who are sick or not working or how they grew up.

Facilitator: About how you grew up, so that your children can know about you, and then the children at school, how can a memory box help them? What can they do with the memory box? What can school children do with a memory box?

Respondent: They can use memory work at school to keep the pictures of their parents and families.

Uses of memory work

Used to cope with death

Myths about memory work

Uses of memory work

People in need of support

Facilitator: What else? What can Matric students do with the memory box?

Respondent: Matric?

Respondent: They can also put the pictures of their family members.

Respondent: They can also make their own memory boxes.

Facilitator: What if they want to do memory boxes for their careers? They can use it to save their reports. Collect information about the career that they want to follow and put it in there or their future plans and put them inside the memory box. Okay. To prepare to go to a tertiary they can start collecting information now, collect the information and put inside the memory box so that when they get their results they will be having the necessary information. Okay let us continue.

---oOo---

GROUP 2

I greet everyone in here. Even when we go we are given work to do. At the school so we could not find beads and mosaic. With the mosaic we left it at school because we did not want to hold something that is dirty.

Project 1

We have promised last time that we are going to do majorette and we decided that Kuki was going to be the head of it, before I continue I would like Kuki to come and tell us about the challenges she came across, surely when you go to learners in the classes for majorette they come in a big number and at the end we end up with few learners. Some of us we are not familiar with the challenges when coming to majorettes, so Kuki will come and tell us about them.

OK since it seems like Kuki is not ready we are going to continue. Last time we promised that we are going to do majorette and gardening. *We managed to do gardening at the back of the school and we are continuing growing it, otherwise gardening is an ongoing project.* We decided not to stick to majorette and gardening only, the reason being that with majorette it may take time for people to hire us and with gardening it may take time before we harvest anything. We decided to come up with a selling project.

In our selling project we *sold fat cakes, drinks and everything that would be bought in the school we tried to sell them. Some of the things we want to sell are still ideas. Our selling project is really working, within eight days we made R800 besides the people we appointed to sell for us, if we include them we made around R1000. Each of us contributed R10 to start the project and combined it was R150. So it went from R150 to R1000.* As you see us we are volunteers, we clean the school yard and school classes. Us helping in the school is an ongoing thing, we cannot say we cleaning this year and next year we not. Learners always make the school dirty especially Grade R to Grade 4, so we have to clean their classes every

Helping vulnerable people to deal with financial challenges

Dealing with financial challenges

Friday.

If there is something that is broken or not working in the school, we go immediately to fix it we do not wait. Otherwise helping in the school is an ongoing project, we also help with fencing and cutting the grass.

Helping children in need of support

Project 2

Computer training and admin

As we all said that we need computer training so that we can assist the principal and the secretary needs assistance in the offices so all of us have to help, thus all of us have to learn how to use a computer. So we teach everything on how to use the computers.

Project 3

Mosaic planning

It is here on paper explaining that we doing it, we are looking forward on doing it so that we can live this thing of using the polish. In this project we make use of tiles and cups so if you have them it will be appreciated if you sent it to us.

Project 4

Tiling

This thing of us cleaning the classes what we realized was that they are lots of learners around 1000 especially grade R. *At the back of some classes there was a space that was used to build new classes, so that is why tiling was needed to be done so if you know how to do tiling do not hesitate to come help us. We also built a place where we put the tank. The biggest challenge we had at our school was that of our classes being flooded after heavy rain and that will make the learners not to come to school the next day or the whole week because of water in the classes. So we decided to build stoop so that water can be able to move when it rains and our plan seem to work.*

Helping children in need of support

We also added plastic project where we do plastic shoes or bags we did exactly that it is just we did not capture it on camera. We just have to sell our products now. The reason for the project was that we did not want plastic to flow around. If time allows us we will show you the slides show, showing the work we did. We are happy doing this projects it is better than just sitting at home and doing nothing. *We have gained lots of skills by doing these projects. We say thank you to everyone who have been helping in the projects.*

Job related benefits

Now we are going to give it to Koki so that she can tell us about the challenges of majorettes, I cannot say anything about them since I know nothing.

Koki

I greet everyone who is in here. The challenges are there but it's the first time the learners come across majorettes, so I am very patient with them I do not expect them to know everything in a short period of time. The challenges I myself have with the majorette it's the equipment. We have no equipment for majorette, but we tried to use school t-shirts and school shorts as our uniform. Majorette needs boots which we do not have, with the majorette we need someone to sit down and draw the pattern for us. The good thing about them is that we can able to use the materials for long period of time. But so far we have been doing well with them, the kids have mastered some of the steps we did one performers that went really well. Now we are waiting for the 15 anniversary so if you want to see them you can buy the tickets which are R150. Please come support us. Thank you.

Awareness

As for us we decided to do awareness campaign because we are aware of the fact that most youth are on drugs. So we went to the committee with the proposal of the campaign, the committee agreed about the campaign idea. We went to Narina house to report about the campaign and we were helped by a man who deals with kids who on drugs. On our campaign we had six learners who needed to go to rehab and we took them there we even asked their parents to join them. We started a support group where we help these learners on how they should behave when they are on rehab. Because the problem we have with kids on drugs is that they turn to crime. But the campaign is going well. Thank you

*Supporting people
abusing substances*

OK guys as you all know about the cleaning project we do at the school. We just like to thank the principal for welcoming us with warm hands. When we go to the school we know what is expected from us. By thanking the principal we bought him sheets and blankets, we explained to him that when he sleeps we want him to think of us.

In the parenting class we use the ball to communicate. We throw the ball and whoever catches the ball have to introduce herself. We then pair up and talk about our emotions, one person explains what she is going through and the other one pretends to listen to her but she does not. Then we speak about the importance of listening to each other.

Expressing feelings

So far we are doing really well with our projects we want to see our kids progressing.

What is inclusive education?

Answer: It means every learner must be included at school, regardless of any disability.

So learning needs come from inclusive education.

---oOo---

Group 3

Afternoon ladies

Project 1

Our action plan was to try to do sewing ,but we hoped we could but did not do it, we need to continue on doing it, on our game we are going to buy materials and borrow machines from the schools, but even though we did not get the machines we can make things with our hands, work with our hands , we have to establish after care, we have found 7 children from hope, then we thought we will make beads , after care it was well done, though children were 7 which was less ,then we need to increase the number and look for more children at the same time go to the principal and meet the principal then after that go to the transport management to talk about the transport issue, that there are learners who wait for their elders who are in grade 6 and 7, *the young one have to play outside to wait for their elders until 2 o'clock so we need to look through those issues and take care of the children.* Thank you

Children in need of support

Question: How much was the fee for after care?

Answer: It was free

Any questions or suggestions?

(Random Comments)

I think it is a good idea to establish this after care program, because the learners loss their own possessions because they have to wait and play around the school even outside the school premises.

Children in need of support

Project 2

Our way forward plan was based on fundraising , we need fundraising for the majorities so what we are going to do, we are going to talk to the SMT and SGB of the school, to ask for the permission for Miss and Mr grade R at the school. Mr and Miss it was there on the year plan of the school, and we saw that its happening but it did not really happen, so we going to get the permission from them to allow us to do it so that money can go to the fundraising majorities of the school. Economic boost, we going to *continue selling the food at the school with the imilexwa project and the recycling project whereby we will be doing shoes , bags and hats using plastics , the garden, we are waiting for it to function then we harvest it , next year as we told you that we are marketing ourselves for food project*, what we asking is that we marketing ourselves that we can do catering for Shebo. Please these are the contact numbers, so that we can cook this food we eating. Shebo must hire us. Contact us on E-mail nonthando@facebook.co.za and fax number is 041 454 1397.THANK YOU.

Dealing with financial challenges

Question- You made a mention of the garden? Is it a vegetable garden?

Answer -*Yes is the vegetable garden, waiting for harvest. We harvest, carrots, spinach, beetroot, cabbage.*

Dealing with financial challenges

About this organic chicken (imilexwa) project.

We will be selling the organic chicken to the community.

You must make an order for imilexwa. We are selling it but you need to make orders.

Project 3

Way forward. We have many dreams. Our aim is to **sell organic chicken (imilexwa), as they are rare and they are needed, as we fight to get that organic chicken.** We will sell it with a price of R 35 rands then with credit it will be R 45 rand, then we will sell at schools, we will go outside the schools and to families because they do not need to be left out. Every Fridays we will sell hotdogs. It will be reasonable because it is at the primary grade R-7, that means it will be R5 with a tomatoes sauce no name. Then why do we say Fridays because during the week we are cooking chicken legs. But on Fridays we cannot, we cannot cook and sell plus on Fridays they cleaning the classes. That's when on Fridays we need to do only the hotdogs, like I said there are lot of things which we are doing at the school, so we still need to decide, we also want to sell vegetables. **The reason why we still need to sell vegetables is because we have a safe place where we can plant the vegetables, but in the past 3 months there have been rain though the vegetables were not yet fertile, so it was better to sell fruits,** so we can buy in bulk and go door to door at homes to sell tomatoes for R7 which cost R3.50. I think it's all I can say.

Comments

Questions - Will you share the money?

Answer -We are not going to share the money , we are going to put it in the Capitec bank, then by next year December we will share it. By that time our dreams will be successful, so we are going to keep the money. It's going to be a partnership.

Plan B- we are doing needle work, we were crocheting hats and sell them to the community. The money will be taken to the post office for them to save it for us. Then we will buy enough materials, like the machines for needling jerseys for the orphan.

Our goal is to for project to support the orphans.

To add on the information, the other thing we are going to do is to sell the jerseys for the other schools not only for the orphans only.

Project 4

Good afternoon everybody. I am coming from masizakeni Gov. Mbeki PE **Our way forward is to collect some clothes , we will go to the community to ask them to collect for us, so that we can give to the orphans, we can contribute our clothes and ask the teachers also to help us, do an auction that is to sell these clothes to the people in our community and others from other places so that we can feed those orphans, we need food parcels so that we can help them ,out of those clothes we were selling ,we can also ask our surrounding churches to donate us for those old clothes to make contribution as well, that is to sell so they can also help us for the old clothes that we can sell them to make food parcels for the orphans.**

Project 5

Greetings, we have thought of doing the gardening, but we could not do it because of the soil erosion, so we ended with ideas whereby we had to teach learners about morality whereby we teach them traditional dances.

Job related skills

Job related skills

Children in need of support

Supporting orphans

Supporting children in need of food and clothing

The person who is going to teach those learners will be Pumla. It will be done after school. We will start when the school opens around October until December. At the end it was our responsibility to help the orphans to prevent them from being involved in drugs abuse and crime and be safe.

Comments

I would like to make comments on some of the way forward. I was just asking myself a few questions while the groups were presenting. First of all I would like to thank you for coming up with innovative ideas, but then when you go through some of your projects you need to ask questions to look if these ideas are sustainable or not. You need to plan for something that can be sustained and be able to assist the group to be there for more than 20 years.

For example the last group about the traditional activities is a good idea but we must look at the plan for the traditional dance that will be done by the school. First you need to have agreements, there are quite number of you did not speak about agreements, you also need to develop

---oOo---

GROUP 4

Facilitator: Let's hear from the other group.

Respondent: Our group found a memory box very useful although we do not deal with a memory box, we are dealing with something else. It is very useful because other people are unable to communicate, they can express what is inside them but are not vocal. So another way of communicating for them is to put their belongings in a memory box. Like for an example, I am not talkative, I'm a bit shy but when I feel hurt or am disturbed by something, I would put something in my memory box. I am not a person who can speak in front of people, if I need to speak to someone I would send them a note or a sms and tell them what happened. A memory box was very useful in my life in that when I have a problem I write what is inside me and put it inside my memory box. So it has assisted me a lot.

Facilitator: Thank you. (hands were clapped).

Respondent: Me too, the memory box assisted me a lot. I did not believe in things like memory box but now I've put everyone in my memory box, I also wrote letters about my sister, the type of person she was so that they do not forget about her completely. And other people, the type of people they were so that they are not forgotten. So it has helped me a lot and was extremely useful to me because my family, my sisters live far away from me. I know the type of things to put inside the memory box. Even the things that were given to me and I no longer use them I put them inside my memory box. It has also helped me value the gifts that were given to me. Normally I'm a very giving person, although I still give but I keep the gifts that were given to me and keep them safe in the memory box .

Facilitator: Thank you, you may start

Safe space for communication

Expressing themselves

Coping with death of loved ones

Uses of memory work

Respondent: Yes, it also helped me to open up.

Facilitator: Anyone else?

Respondent: A memory box assisted me a lot because other people used to throw away their belongings because they did not know what to do with them, they **were scared of the belongings of dead people**. So now I can advise them that they put such things in the memory box. The other thing is parents like the idea of a memory box, they **put pictures inside the memory box, they will explain about the picture, when it was taken and what it is about and how they felt when the picture was taken**.

Some children take pictures of their parents when they shout and show them how ugly they look and they encourage their parents not to be angry or shout when they talk with them. Parents must learn to be friends with their children and stop being cross all the time. So that is how the memory box assisted me.

Facilitator: Thank you.

Respondent: My name is Phumla. I want **to tell you how the memory box benefited me. It was useful and continues to be useful because in one's life if you are feeling hurt, the memory box will bring happy memories to me**.

You can eve write all the things that affect you, or hurt you when you are alone, and put them inside the memory box. This will give you an opportunity to reflect on where you are coming from, the good and bad memories, I am able to see how nice life was for me in 2012. In 2013 my life changed a little, something happened in my life. Sometimes you visit a person they tell you about their problems, what I do **I tell them to write the things that hurt them and read them later on, this will somehow assist them to forget about the problem**. Thank you.

Facilitator: Thank you. Who is next? (they started to sing).

Respondent: We are not going into the New Year with anger and pain (singing: be bright in the corner where you are). Listen this is the last session, where must we see it, we must see it from you. They continued to sing (beautiful song). Let us thank the almighty. We are all here today, we are reporting about memory work for the last time today. I will talk about the memory box and how it changed my life. **The memory box starts with you. When you look at a memory box it's about you and your own life. This will help your loved ones when you are gone, if you pass on people will be able to remember you and know the type of person you are by looking in the memory box. This is specifically meant for people who live a positive life.** Sometimes you do not know your status, you have not been diagnosed, other people already know their status. **Everybody must know their status**, it is up to you to find out. The memory box gives you an opportunity to express your feeling, other people said that they are not talkative, but they know what to do, they write what they feel. **Another one in another group said nowadays I am not what I used to be, I am not the same. This year things did not go well with me, maybe she was thinking about people who passed on in her life**, all that kind of thing. She then said when she went to her memory box and looked back, she said hey, life can change. Can you

Myths about memory work

Uses off memory work

Safe space for communication

Expressing feelings

Uses of memory work

Creates a safe space for counselling

Uses of memory work

Dealing with incurable diseases

Expressing feelings

Copng with death

see, it can change your life completely. Your children can learn from this, and the memory box will comfort them when you are gone. We all go through problems. So our lives are not easy, life has its dynamics, *we face different things and we have to go through hardships each and every one of us, you have to go through certain paths to reach certain destinations, that is life.*

Dealing with challenges

We have divided you into different groups. All groups came with something different. One group said we did the memory box with our children. We all do different things. A parent must see where this comes from – *when a child has a memory box the child is expressing herself, this will be some sort of engagement for the parents.* As volunteers you cannot work with a child without the involvement of the parent. So we are always preaching that bring whatever you can educate the community with. *We have to work as three legged pot. Educators, volunteers, nurses and all other stakeholders must work hand in hand with parents and learners.* We must not stop using the memory box, it is very important. As black people we all know that we do not communicate with our children, technology is available to assist us but we don't use it. We can take pictures especially with today's technology, *let us take pictures and keep memories.* When we grew up we were unfortunate because we did not have such technology, some of us don't know our parents, they died long ago, we don't have their memories. Like myself and Mama Disele, *we both don't have our mother's photographs, we don't have. It is painful. She cannot show her children one picture of her parents. Can you see how bad it is,* look at how it is reflecting on my life. Who is it affecting? My children. If we had a memory box I would just go to the memory box and take out the pictures of my parents. Let us take the memory box serious. I am happy that we are all hands on, and actively involved in the community. This is not a play we are playing a role, other things we must apply in the communities we work. Thank you very much.

Creating a safe space for communication

Collaborating with others

Creating a safe space for communication

Relationships

Respondent: I would like to add on to what Mam ---has just said. *You know in our lives there's been a lot of ups and downs. Other things happen to us and you would ask yourself "why me"? You would ask yourself why is this happening to me.* Don't we all? You would say God why is this bad thing happening to me. Sometimes we do good things and do not realise it, other people notice and say things like "is this teacher like this, we didn't know she could do such a good job". *At times life is dull and then lights again, the sun rises and sets, you cannot have sunshine the whole day.* Even if something bad happens to you, it will come to an end and you will eventually enjoy life. We now take memory work as a lifestyle. *Wherever we go we capture important moments. We also discuss about the things that we have stored in our memory boxes and the purpose there of. We put things such as our health records inside. You know that when you go to the doctor they usually ask you about who suffered from such and such a sickness. When your child is diagnosed with cancer or high blood they will be able to check in the memory box and see that this sickness is hereditary in our family, then they will be able to tackle precautions and save their lives.*

Dealing with challenges

Giving hope

Uses of memory work

Health records

Uses of memory work

This will make life easier for our children as most of the information they need will be in the memory boxes.

Our children use diaries, they write everything they are doing in their diaries. The very diary can eventually be put inside the memory box, everything she's been writing in her diary. Some people communicate by writing, you put your thoughts on paper, anything you think of. You can then put this inside the memory box. The memory box is not only for sick people. It can be used by everyone, I took photographs. You can write anything and put in a memory box, you can also put your pictures in the memory box. Anything that you like can go into a memory box, memories with friends or anyone you like or gifts that you received can go into the memory box. It is safe and will bring good memories back. A memory box is important, we must also teach our children, we must not stop using the memory box. You can use the memory box to show people your life and all the good memories you have had. We must all involve our children when we do the memory box. Sometimes you see your child is sad, maybe they can write something and put inside the memory box. Teach the children in steps"

Facilitator: with whom did you implement the skill of memory work?

Respondent: The parents, the community workers who work with communities, they are parents from the community.

Respondent: Yes, but we're working mostly with parents, together with children. So we don't separate them.

Respondent: Even the parents are interested in the memory work. Memory work is not only meant for children. It is also supposed to involve the parents so that they can also be able to support their children and other vulnerable children in the community. Over to you Maria.

Facilitator: Okay we are going to continue for five minutes, after that we are going to discuss body mapping.

Respondent: Please tell us how you worked with the parents and the rest of the community, separate children and parents. Do you understand?

Respondent: I worked with a 17 year old child. The child was emotionally abused by her mother. What is happened is, I gave her two pages and koki pens, red and black. I first explained to her about a memory box and body mapping. So she understood. It was a lot of fun because after we finished. I told her to highlight what is painful in her drawings and her memory box. She drew a heart and wrote a letter about when she was young. She told me that when we came to visit her home to finalise what will go on, she was forced into this, she didn't know a thing about our visit, the parents decided on their own and did not care whether she was interested or not. She was forced to care for children from as early as grade 1, she had to care for a 5 year old. She would leave the child outside of the class and go into the class, so she felt burdened. She remembers the day she got lost. Her mother was busy with boyfriends and did not care about her children. So she dropped out of school. She wrote things like ..., after doing the mapping, she told me what happened to her. I sat with her asked her to explain what she wrote. I showed her how it is done. I then asked her to do her own. She said her parents did not want to listen to what she was saying, they felt that she is a child and they are not going to listen to her. She said there is no God to believe in if you are always angry. So I told her that she needs to

Uses of memory work

Uses of memory work

Creates a safe space for counselling

Safe communication channels

Cases of abuse

Expressing feelings

Child-headed

Dropping out

Creates a safe space

deal with her anger, open her heart and forgive her mother. You cannot be angry with your mother forever, she is your mother. I also told her not to answer back. I encouraged her to pray and ask God so that you can forgive your mother. So I told her if she needs to speak she can speak to me, I will always be available for her so as to help her to deal with her anger. Thank you.

*for counselling
Relationships*

Respondent: When we talked at first we didn't know that things will come out like this and when we look at it, it's a body mapping. You are now developing a skill, the skills I shared with you, communication, you interact with people. Thank you. You didn't meet that particular person there, you just moved on after that – it is just a body mapping, you see, what are you going to take with you, that is to forgive yourself so that you are able to forgive the next person, do you understand. **To start a new life because there is life after forgiveness.** So the group work that we do, the work says come up with a vision, we can learn from each other. I'm sure you were shocked when I came to sit here in the front, you wondered what was going to happen. You do a follow up when you work in schools, you work is not going to be complete if you are going to go and expect to help that particular person in one day, it's a process, no it is not going to work. It's an on-going process. You will see progress as you follow up. Let us learn from this and understand that the work is work in progress, and it is important to complete the work. Thank you very much, another group can come. I am hoping all groups should learn from each other, this is all about learning. When you see the person you are assisting is angry, in some cases we ask ourselves I did not make this person angry, where the anger is from. **The anger is from inside this person, he may have grown with the anger. It would help if you can counsel this person.** If you have inner conflict you won't be happy and you will not make people around you happy. Once you start with the body mapping, this person will write down what was inside of them, you will then realise the reason why this person was so angry. You would not have known if this person did not write down. The other person is lonely, something is bothering them inside of themselves, a lot of people like to compare their lives to others, we cannot be the same, we all live our individual lives. So when you are not happy you don't make other people around you happy, when you are happy you will make other people around you happy. You have inner joy when you are happy and want to share it with everyone, if you were able to do so you will make everyone feel the way you are feeling. But when you have anger inside of you, you are not able to make other people happy. The next group can come.

Expressing feelings

*Creates a safe space
for counselling*

Respondent: The other lady that I saw was also angry, she was talking about her mother and the child's mother was also expressed her anger when doing the memory box.

Expressing feelings

Respondent: You see, that's why I say it's an ongoing process, this child was not going to open up to you on the first day, it's not a one day job do you understand. What is important is you achieved the first step. Once you achieve the first goal it means eventually you will achieve the other goals. The very parent will come to you because she will see some changes in the child. She will ask to talk to you. The work you are doing is not a one day job, it is ongoing, work in progress. It can sometimes take up to a year without noticing any change. It is difficult to deal with a human being,

*Creates a safe space
for counselling*

sometimes you will wonder why I am not breaking through this person. She achieved a lot because the child came out and spoke to her. You cannot expect magic, you don't know what to expect. It can be either positive or negative. When I look at the things that we learnt, body mapping, they are similar to what we do at school. I am a legal educator, before you teach a child, because every person have their own underlying factors, they have their own problems that you do not know about. So when you go there, it's a case study, this is where you are going to find out what happened, how did this person get to this state. *You cannot work with a person without probing what happened to them in the past, you will start by probing and finding out what happened to them. This will help you to relate to this person better.* In some cases you are with a person with a ticking time bomb. This person is so angry, the same thing happens with the learners, they also have their own problems. You look at a child you can see something is wrong, you don't know what is wrong with the child, you later find out that her mother is sick. You sit the child down and find out what is going on, you don't just start beating the child up without knowing what is going on. We are working with the community to try and help them, we are working here to improve the lives of our community. *Also when you come back you should feel that you have made a difference. After you have done a good thing, you feel good about it.* We must help each other instead of being negative, assist where you can, help each other. After a while you will realise how easy it is to assist other people. Let's work together. Let us listen.

Dealing with challenges

Feeling equipped to support others

Respondent: Okay, we work with clients, so what happened is we went for a home visit and then we arrived at this home. We sat and discussed with our client. We told the client what we were going to do. For instance last week we were teaching them about the memory box, we explained about it. We told the client that we are going to do a body mapping etc. We then drew. The client indicated to us how she felt, she also told us her wishes, the places she wishes to go to and the thing that is stressing her. After that, she achieved most of the things she wished for. If she wanted to go to Cape Town or Jo'burg, she eventually went there, she also wanted to see her grandchild, she saw the grandchild and all went well.

Respondent: We are running out of time, she has reported, we are not going to comment, we will comment afterwards. Time is running against us. We will comment later.

Respondent: With us we started with the body mapping, we explained about the body mapping, we explained that it is all about feelings and the way their situation is at that point in time. There are rape cases, sometimes stress, others are just not happy.

Respondent: The world is upside down.

Respondent: (Male) When we were explaining body mapping, is to tell people about the situations they find themselves in, good or bad, depending on the situation they find themselves in at that point in time. For example, drawings are part of body mapping, body mapping is feeling, body posture, the communication within a family, that is what body mapping is. The second point is things and people in the community that is, the things that affect us when we find ourselves in certain situations. The story

which represents the body map, as I had indicated it is the same thing, I'm explaining it in another way.

Like for instance you have a picture about where you were wrong, you were in hospital and someone came, but you would be talking about an experience you had, that is what body mapping is. Thank you.

Respondent: We are not finished.

Respondent: You did it?

Respondent: Yes I did it

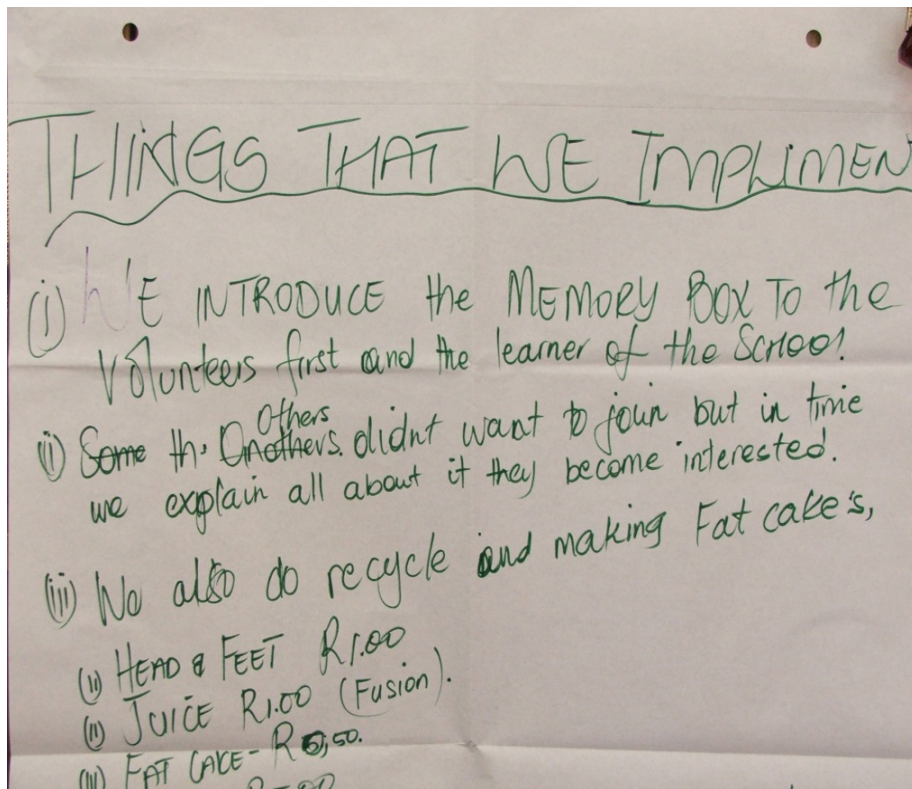
Respondent: Okay, we are not going to comment now. (they clapped hands).

Thank you.

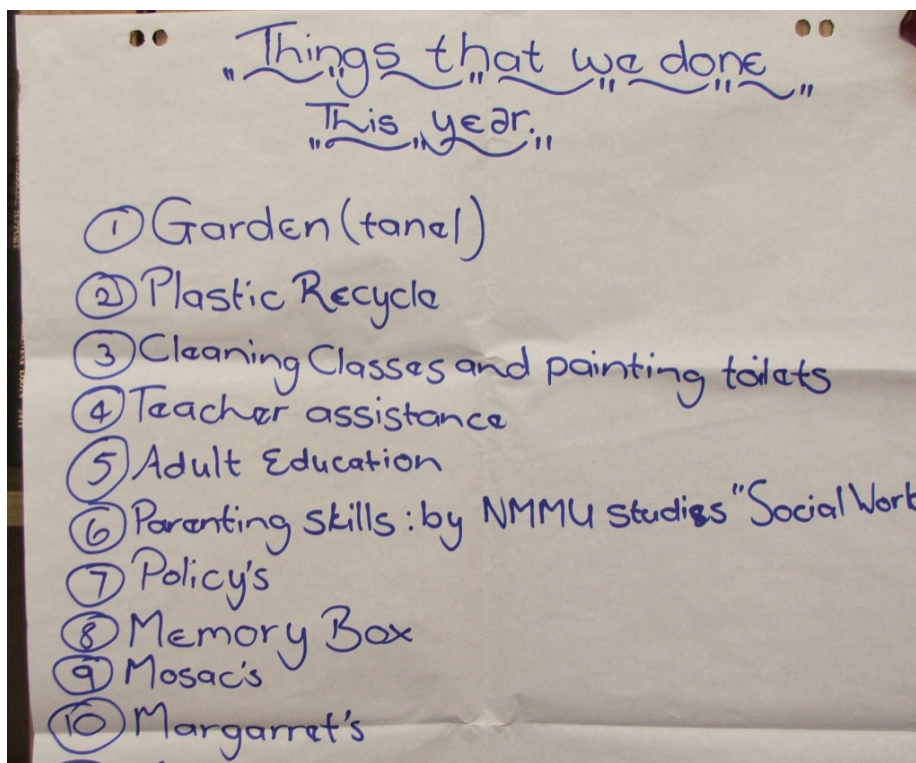
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APPENDIX H

POSTERS COMPILED DURING PRA-BASED SESSIONS



Equipped to support community members



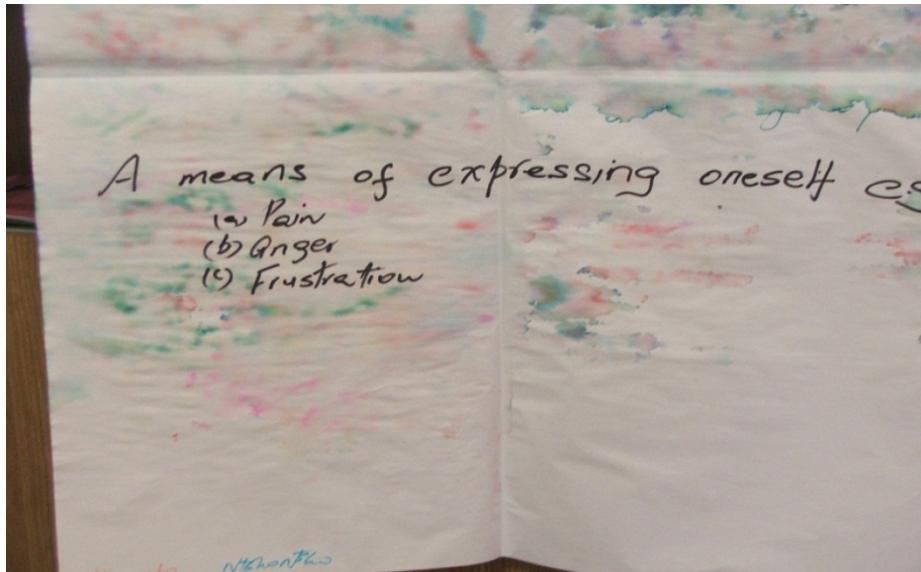
Using memory box with community with vulnerable individuals

- * We visited all schools in our community doing campaign on drugs, teenage pregnancy, crime and the dangers of HIV how to protect themselves against HIV and AIDS ^{and} how to use condoms.
- * We ^{taught} ^{about} teach our ovc, body mapping
- * We also did memory box with our clients
- * In our policies we have children rights, woman abuse and HIV policy and safety policy

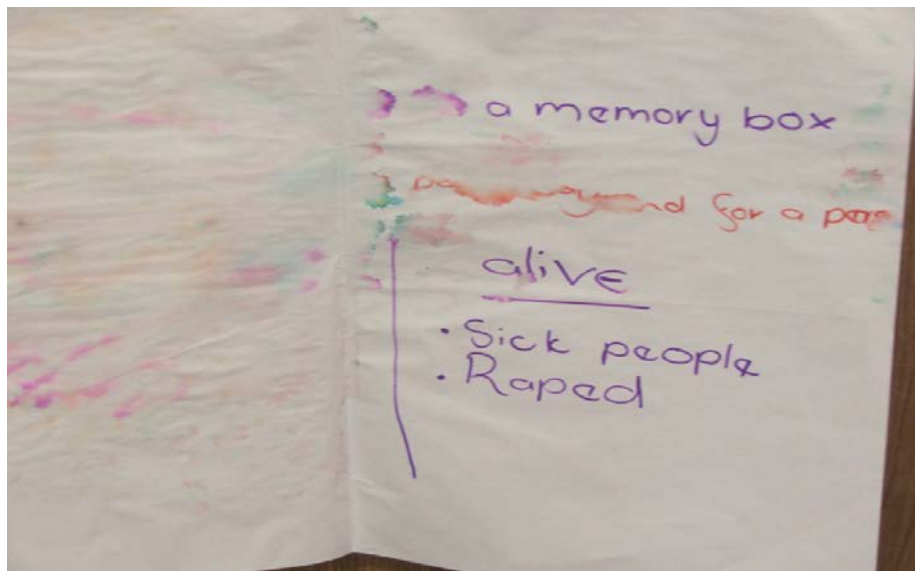
Supporting people who abuse substance

- SUMMARY OF THE YEAR:
- | | |
|---|--|
| <p><u>Policies</u></p> <ul style="list-style-type: none"> * Inclusion Education * Children's Rights * Justice Act * Sexual Offence Act * Divorce Act * Maintenance Act | <p><u>BODY MAPPING</u></p> <ul style="list-style-type: none"> * DRAWING YOUR BODY * HAPPINESS/SADNESS OF YOUR * MINDSET: HOW YOUR MIND |
| <p><u>Memory Box</u></p> <ul style="list-style-type: none"> * MEMORY PICTURES * DOCUMENTS: eg ID's, certificates * JEWELLERY: eg Rings, Necklaces etc. * GIFT: eg Gift cards, birthday cards. | <p><u>AREA MAPPING</u></p> <ul style="list-style-type: none"> * DANGEROUS PLACES: eg Tavern * HEALTH FACILITY * COMMUNITY HALL / CLERK'S OFFICE * SCHOOLS * CEMETERIES * SPORTS FIELDS |

Uses of memory work



Vulnerable people were allegedly able to express their feelings



Cases where memory work was used

(2) Memory work

- We teach the children about the Memory

work, that you must have a Box and

you put your important stuff eg Photos, CDs

Jewellery, Things that make them to remember

the good times and bad times. When you doing

Memory Box it doesn't mean you are going to

die. You just want the people that are around

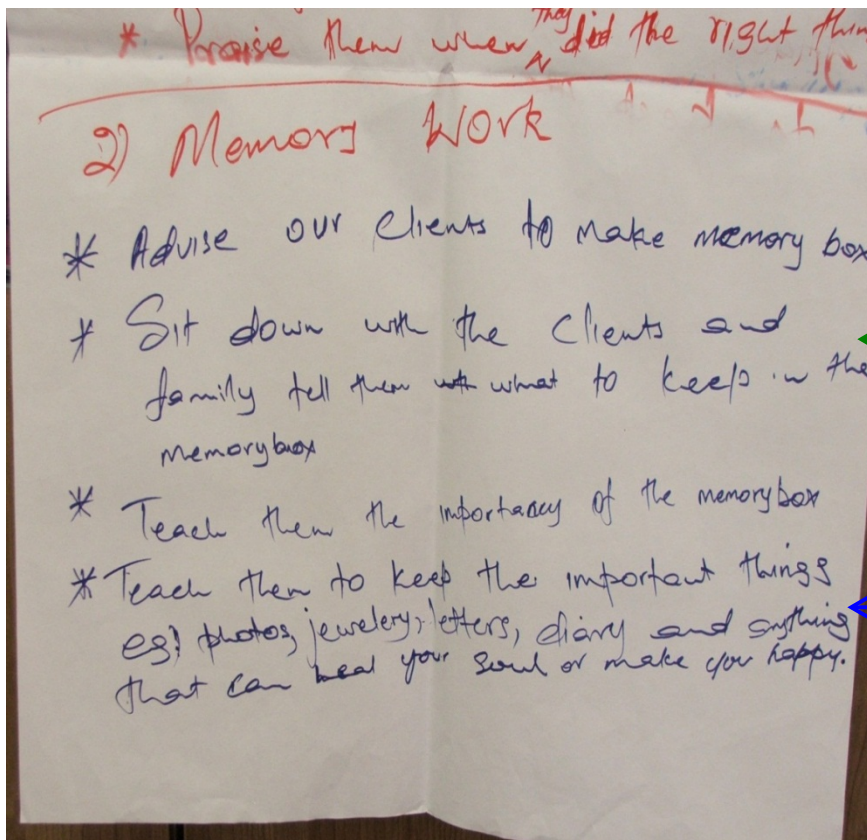
you to know more and more about you.

eg families, friends, colleagues.

Uses of memory work

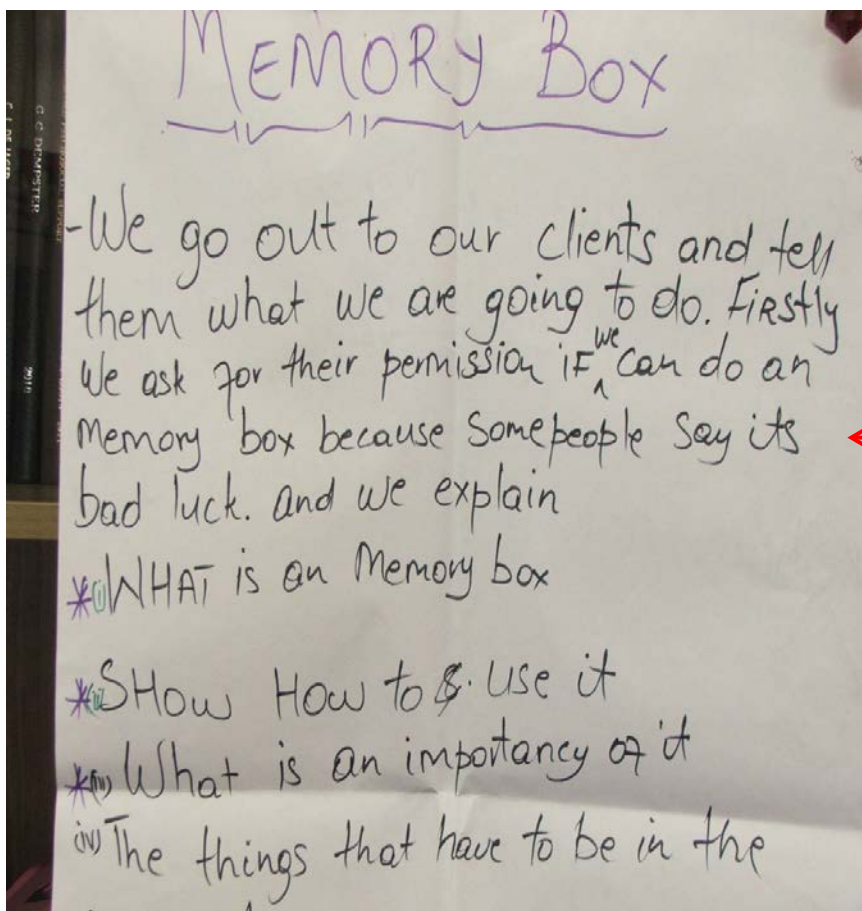
Myths about memory work

Relationship gains

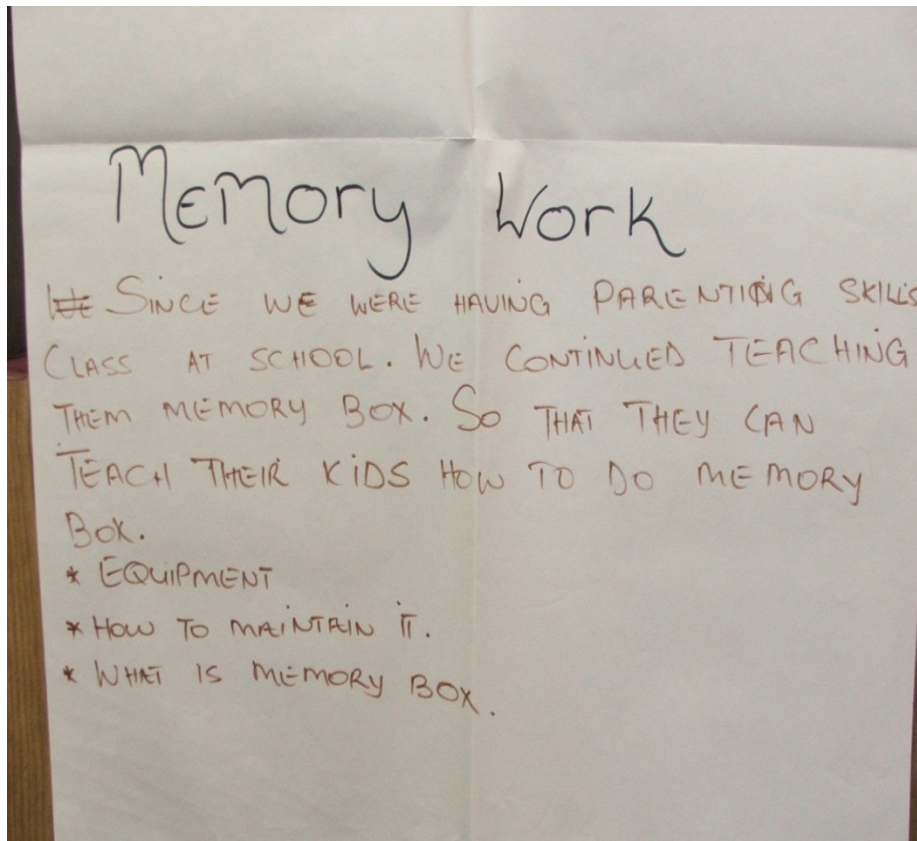


Relationship gains

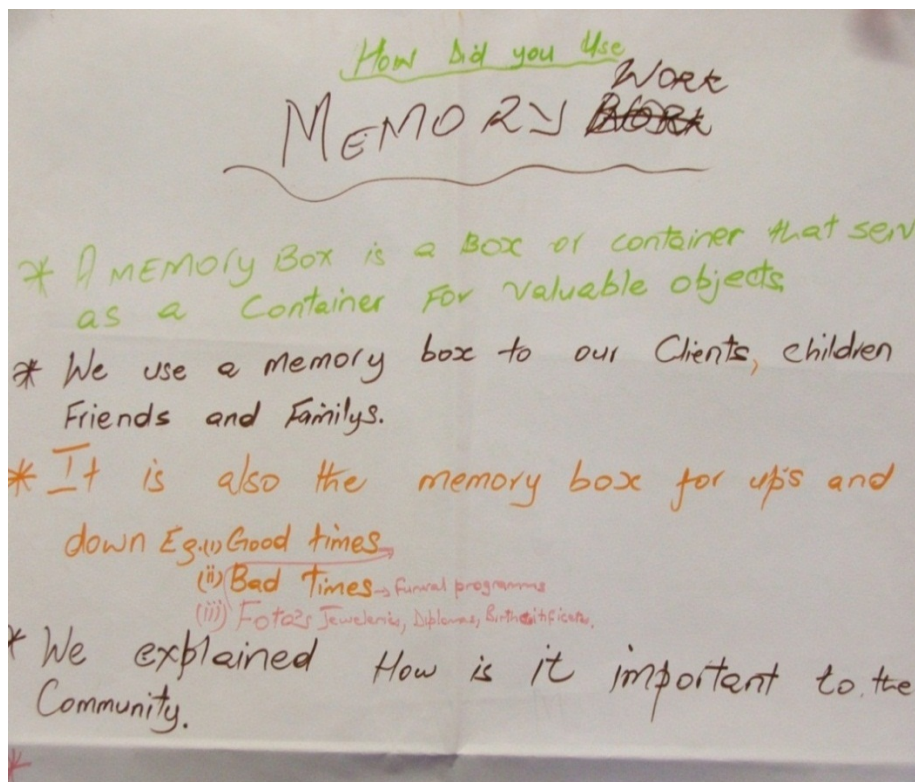
Uses of memory work



Myths about memory work



Cases where memory work was used



Cases where memory work was used

---ooOoo---

APPENDIX I

PHOTOGRAPHS

NOVEMBER 2012 – PRA SESSION – MEMORY BOX MAKING



Practising the skill of memory work



Participants enjoy making their memory boxes



Participants enjoy making their memory boxes



Participants enjoy making their memory boxes



Participants enjoy making their memory boxes

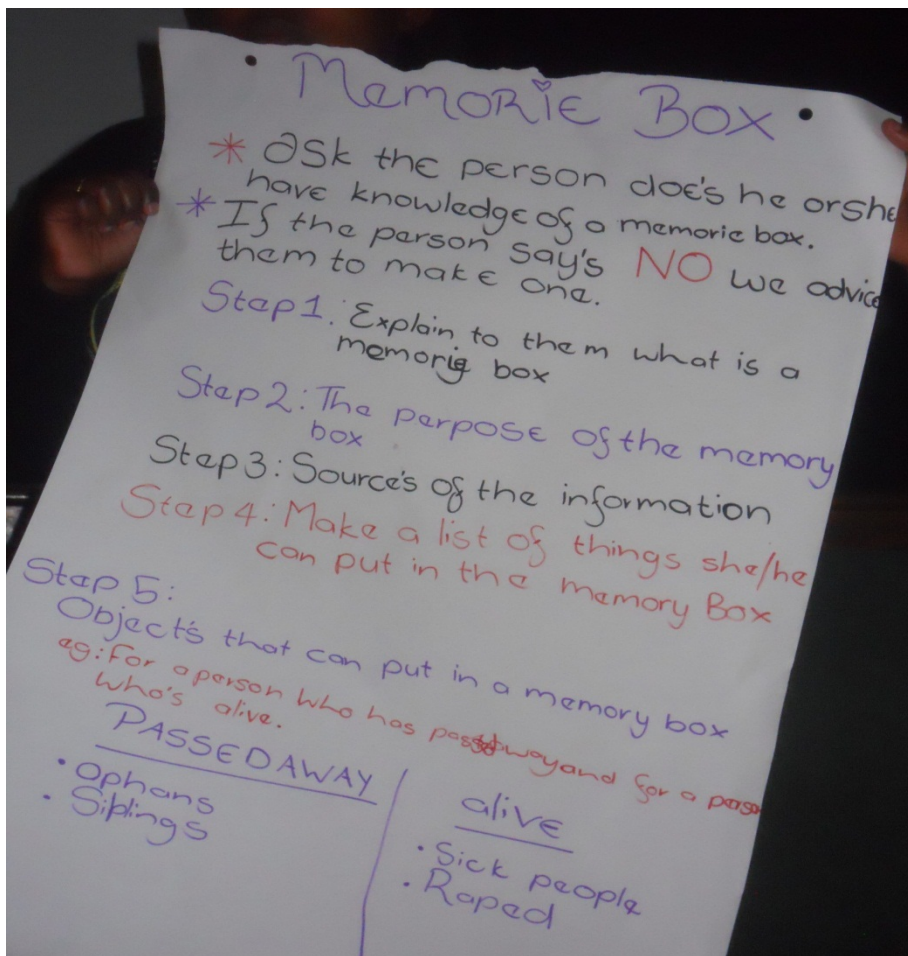


Participants explain how they are going to use their memory boxes

FEEDBACK BY GROUP MEMBERS



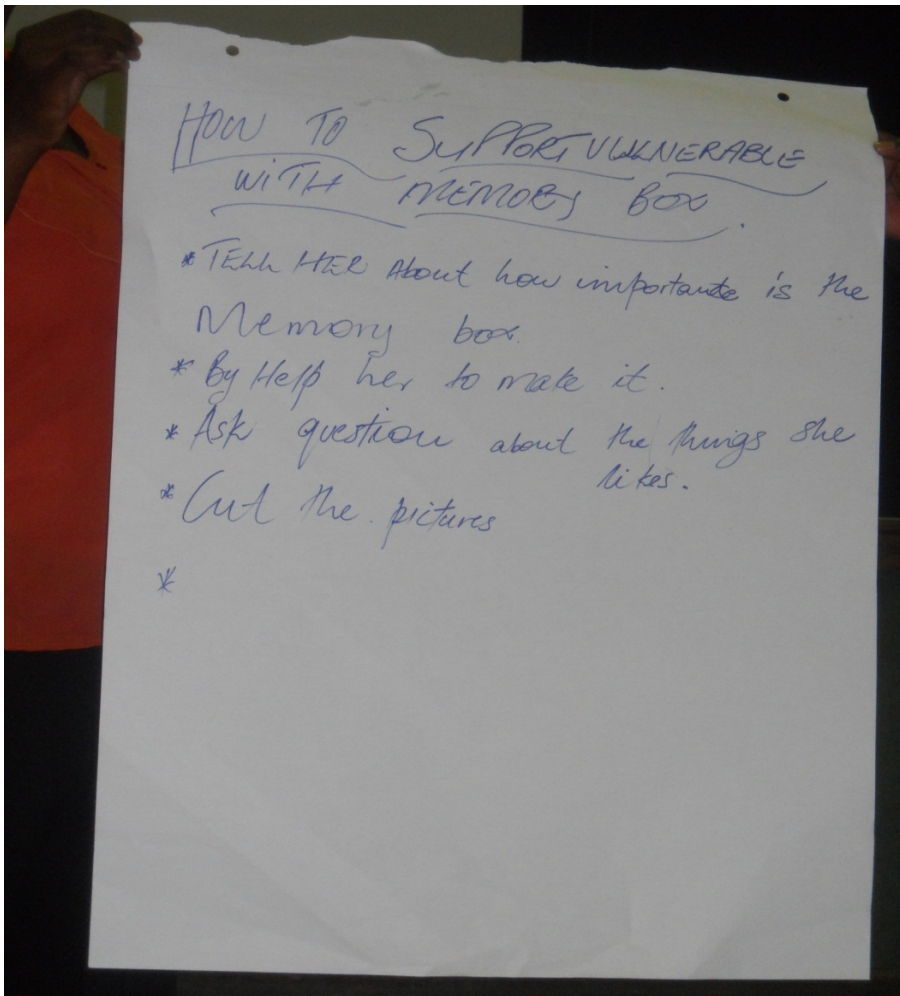
Feedback



Cases where memory work was used



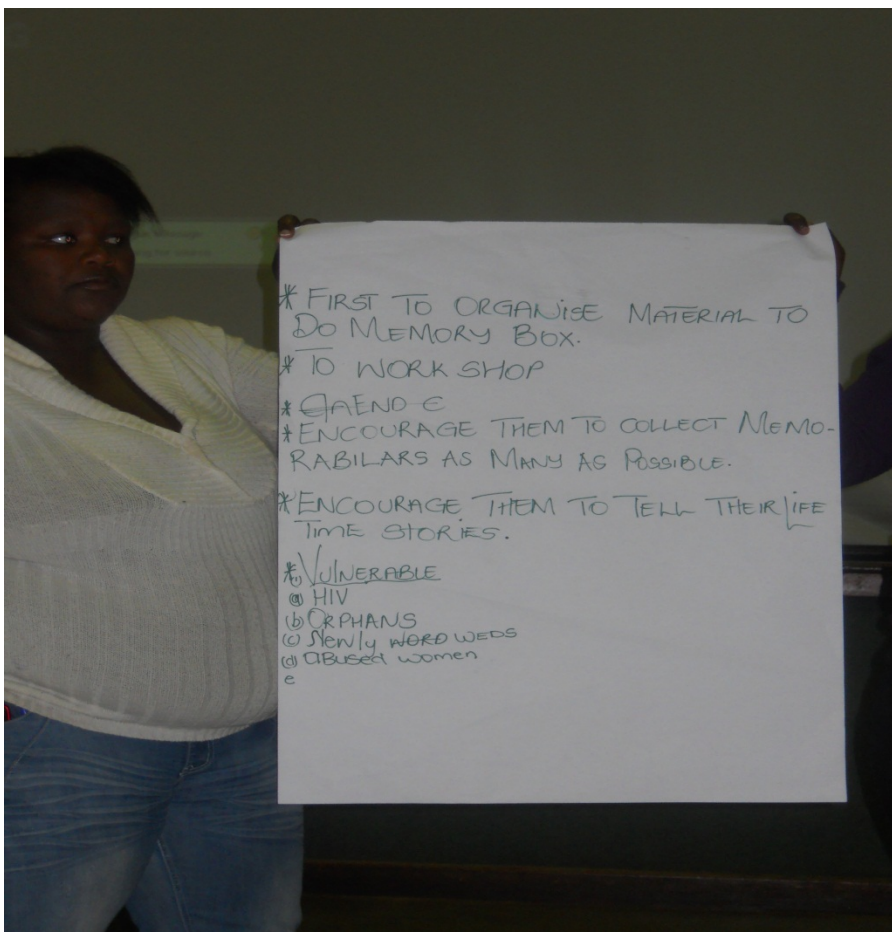
Feedback on how participants used memory work



Cases where memory work was used



Feedback on memory work

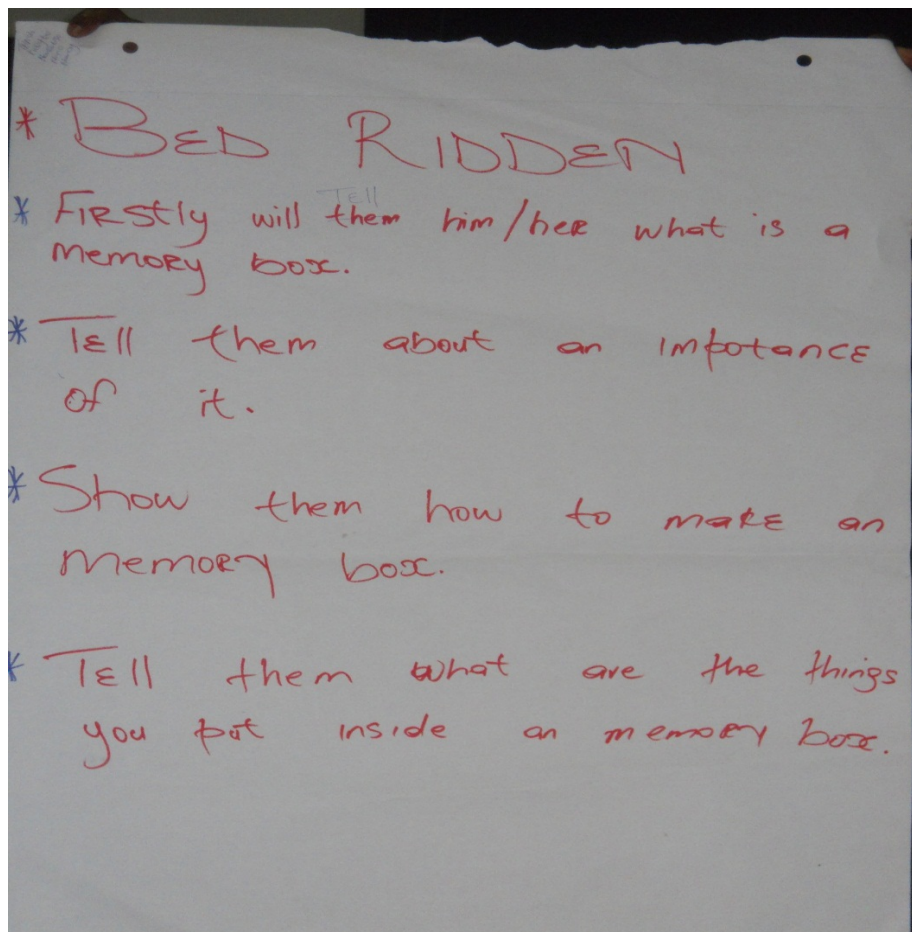


Cases where memory work was used

MEMORY BOX

- * The purpose of making a memory Box is to view immemorial status to valuable people
- * Memory box its ^{where} ~~way~~ you keep important document eg:
 - (a) Photo
 - (b) Certificate
 - (c) Deed
 - (d) Medals
 - (e) Gift
- * It gives Historical Back ground of a person
- * A means of expressing oneself eg:
 - (a) Pain
 - (b) Gnger
 - (c) Frustration

Uses and cases
where memory work
was used

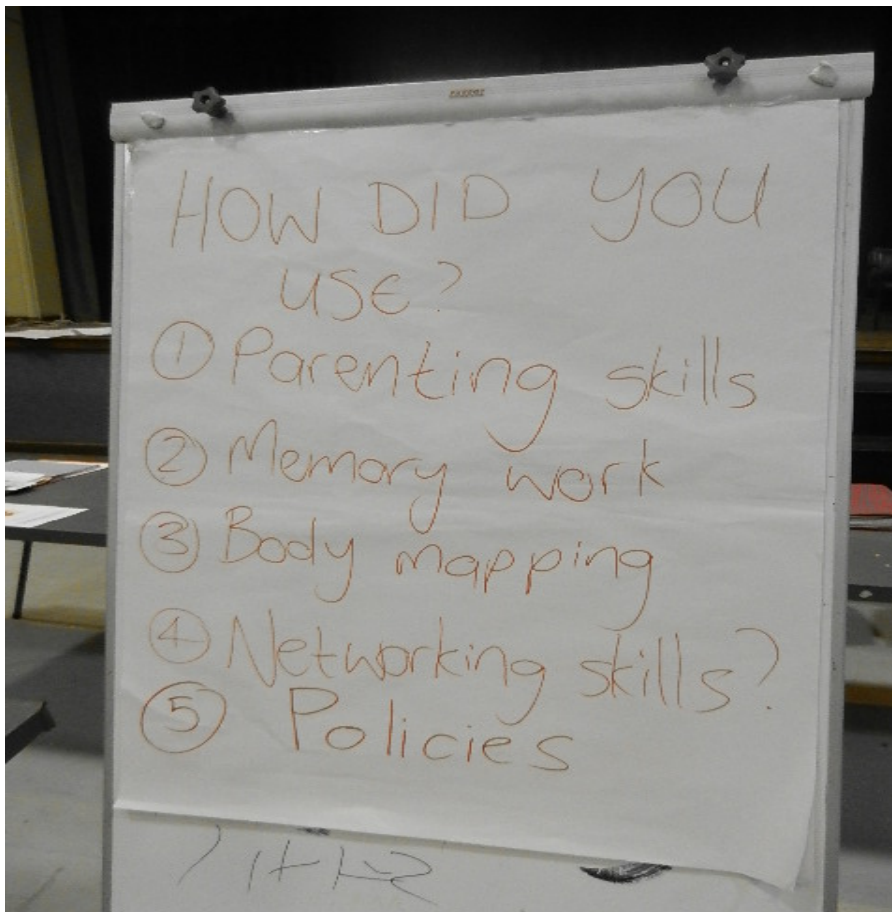


Health challenges

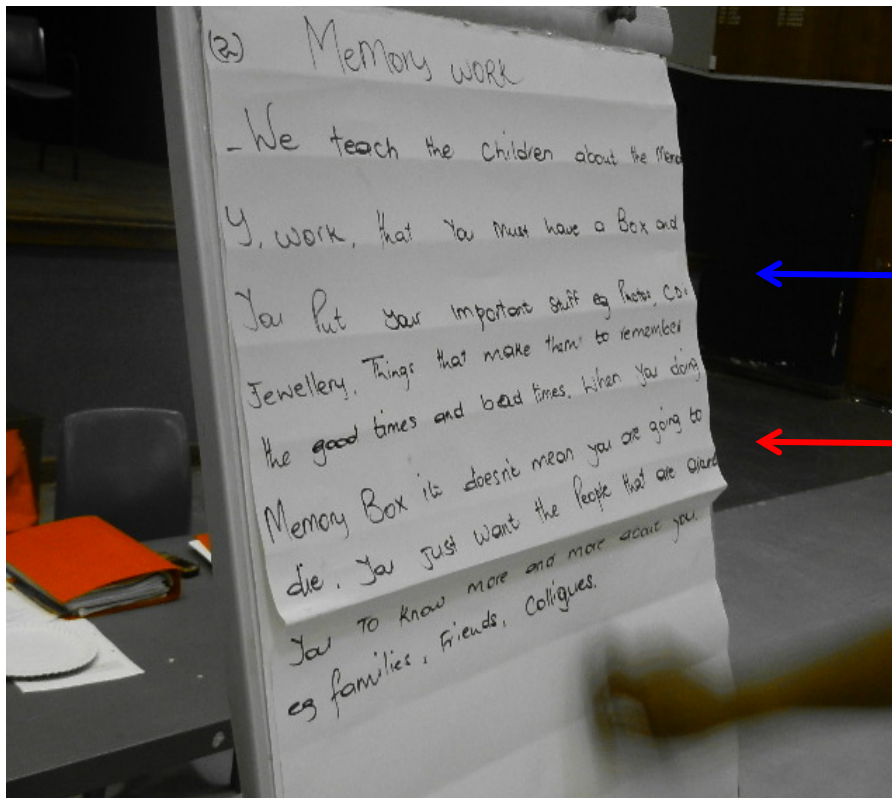
Uses of memory work

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TRAINING DURING JANUARY – APRIL 2013

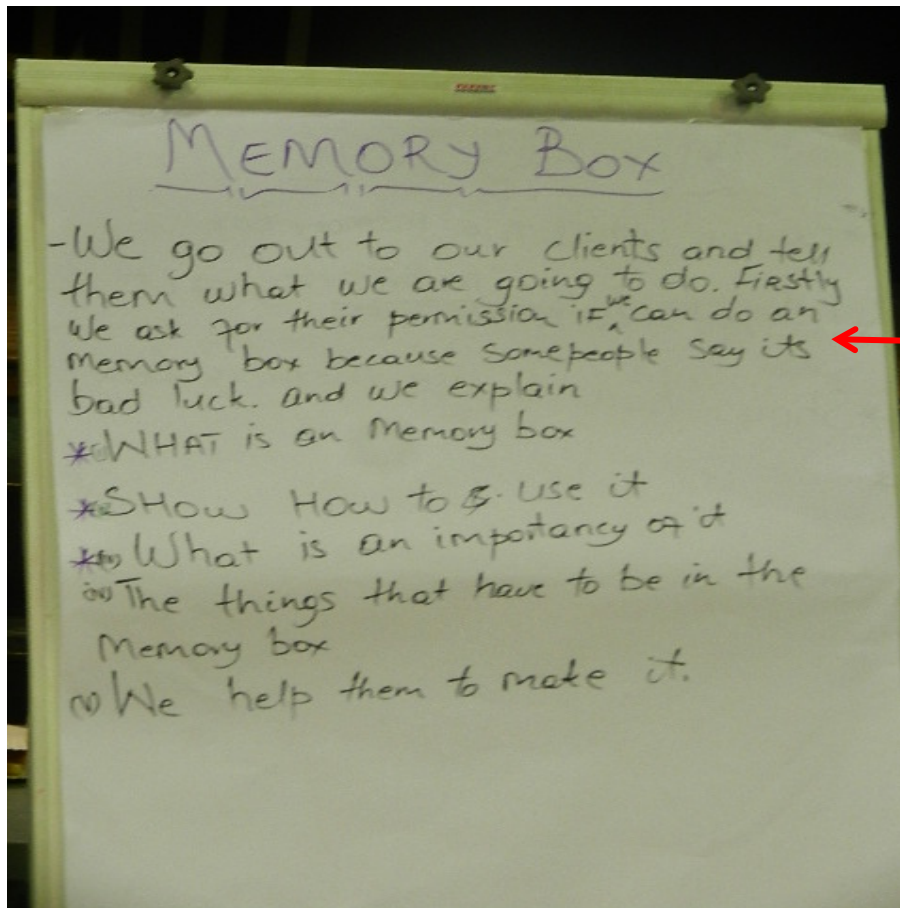


Participants presenting how they used the skill of memory work



Use of memory work

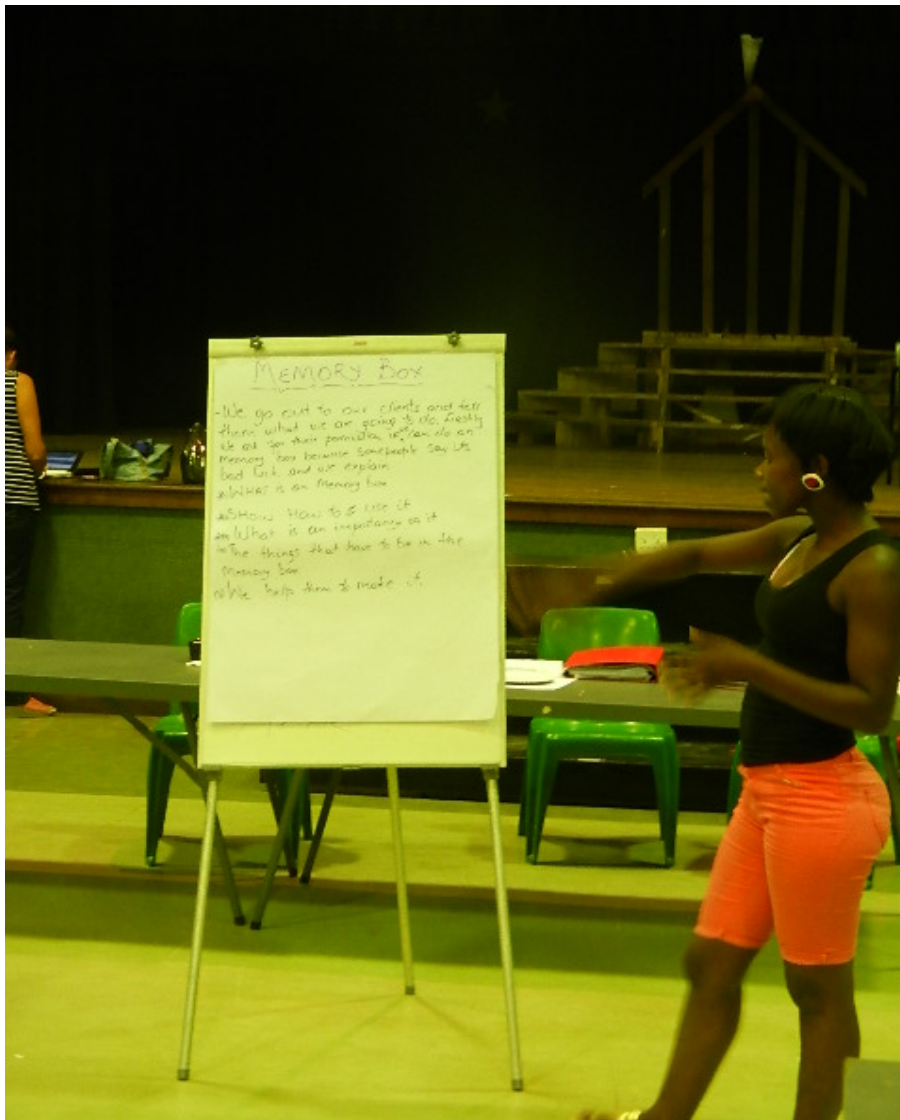
Myths about memory work



Myths about memory work



Volunteers in groups discussing how they implemented memory work skills



Group leader presenting a poster on how they implemented the skill of memory work



Member checking



Writing posters to be presented to the whole group



Prepared posters to be presented



Requesting volunteers to implement memory work with individuals



Giving community volunteers disposable cameras



Explaining how to use disposable cameras and participants giving their information



Community volunteers asking for clarity on how they are going to implement the skill of memory work



Recording the information of the community volunteers who will be participating in implementing the skill of memory work

---oOo---

TRAINING DURING FEBRUARY 2013



Participants discussion how they used memory work



Participants discussion how they used memory work



Participants prepare their posters on how they used memory work



Participants prepare their posters on how they used memory work



Presenting how they used memory work



Presenting how
they used memory
work



Presenting how
they used memory
work

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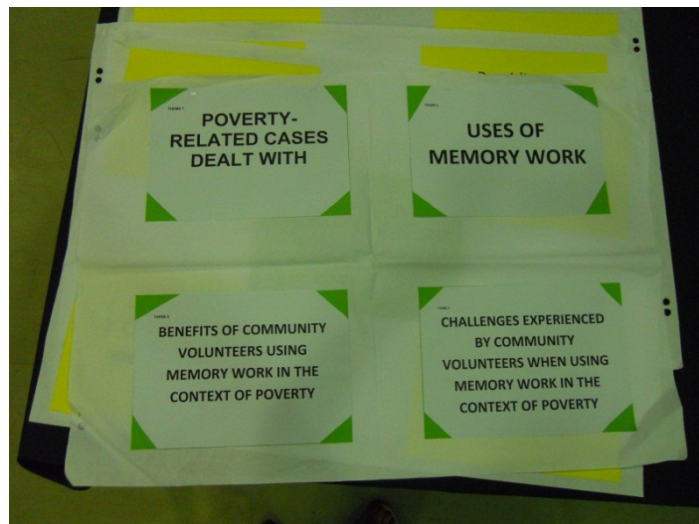
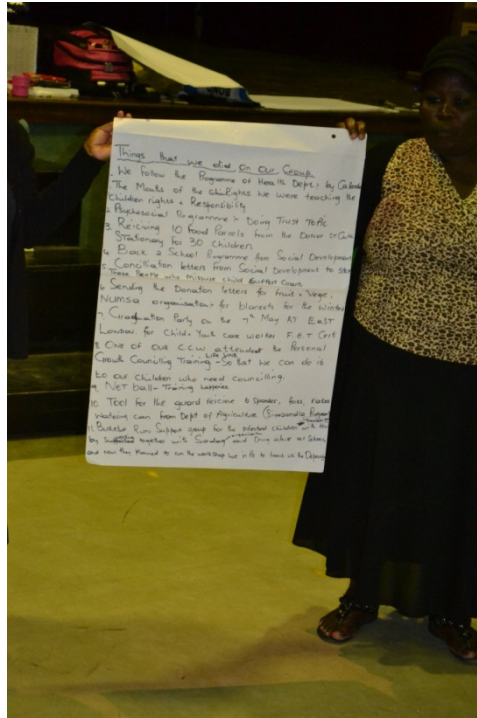
A PHOTOGRAPH JOURNEY : FACILITATING PRA SESSIONS





GROUPS PRESENTING POSTERS





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1. **Thank you, community volunteers!**

Welcome at this workshop, and thank you so much for giving us some of your valuable time!

You are the people who know this community well. You also work with the vulnerable people of this community every day. As a community volunteer you have a lot of responsibilities and play a big role in the community. The contact and relationship of trust you have with the vulnerable people of this community can enrich their lives as well as yours.

We hope this workshop will help you to gain skills and knowledge to help you in your work as a community volunteer and citizen of this community. If you would like to make notes during the workshop, you can use appendix B. Enjoy it!

2. **What is expected of you as a community volunteer?**

What do you think is expected of you as a community volunteer? What are the things your community expects of you as a community volunteer?

3. A supportive technique to explore

The technique that we are going to discuss during this workshop is Making Memory Boxes

3.1 History of memory boxes

Memory boxes were first used by HIV-positive Ugandan women who wanted to find a way in which children would remember them. They used any kind of container, for example a basket, a biscuit tin, a matchbox or petrol can, into which they would place, for example, a poem written to the child, some advice, photos, if possible a family tree, a letter of encouragement relevant to the mother's dreams and wishes for the child's future, objects relating to memories - in short, anything that a mother thinks should remind her vulnerable child of her existence and her own life.

3.2 What is a memory box?

A memory box is a box or any container that can be made from any material, and can serve as a container for valuable objects. The objects that are put in the memory box can serve as a means whereby a person can communicate with himself/herself or with the people who may come into contact with that particular container. Memory box making may be a continuous process - one can continue adding more objects and information over a long period.

There is no fixed way of making a memory box, but basic steps will be given to make it easier for you to do. Allow people to be as creative as they like and to put in anything they please.

3.3 The purpose of making a memory box

- To store memories of what a person has experienced.
- To serve as a means of remembering a person and knowing more about a person after a person has passed away.

- A means of expressing oneself, e.g. to express the pain, anger, frustrations, dreams and hopes.
- It serves as a therapeutic tool e.g. the adult/ care-giver/community volunteer can use it together with the vulnerable person to express and discuss the issues that affect the vulnerable person / other person.

Any other ideas?

3.4 Sources of information

3.4.1 People

• Parents	• Community volunteers
• Grandparents	• Relatives
• Siblings	• Friends
• Pastors	• Other relevant people

3.4.2 Records

• Personal certificates	• Educational records
• Medical & social service records	• Police records
• Newspaper reports that influence the vulnerable person 's life	
• Notes & notices that could contribute to the vulnerable person 's life history	

Any other ideas?

3.5 Why should community volunteers know about memory box making?

One of the duties of the community volunteer is to support vulnerable people in totality, which means supporting them physically, emotionally, socially and educationally with skills that may empower them in coping with their lives. Community volunteers will be able to use memory boxes to discuss issues about death, which are usually regarded as taboo in most cultures.

Community volunteers might be able to use the process of memory box making as a therapeutic tool and will be able to do it with a large number of vulnerable people. This can be an advantage, since it will save time and support a lot of people at the same time.

3.6 List of materials that can be used in memory box making

- Empty boxes, e.g. A4 / shoe
- Photos, photocopies of photos
- Cardboards
- Felt pens
- Paint and brushes
- Name tags
- Pens and pencils
- Scissors
- Magazines
- Refuse bags
- Crayons
- Markers
- Glue
- Papers
- String

3.7 Objects that can be put into a memory box

a) *For a person who has passed away*

This could be a parent, vulnerable person, friend or relative, and the memory box can be made by survivors or by the vulnerable person together with the care-giver. It can include the following:

- A person's life history
- His/her family tree
- Pictures and objects of the things that that particular person liked, e.g. music, food, cloths, perfume etc.
- A person's pictures
- Letters to express feelings

- Programme / pictures/video of the funeral service
- A memory book

b) For a person who is still alive

- Information about the family history
- The family tree
- Life-line information
- Information about likes and dislikes, e.g. clothes, food, movies etc. and reasons for likes and dislikes
- Information about the family's belief system or religion
- Your picture and pictures of other members of the family
- Important documents
- Your wishes when you die, e.g. about property and children
- Letters to family members
- Information about hereditary sicknesses in the family

Any other ideas?

3.8 Other things that can be used to serve as memorabilia

- **A memory book** - a book is written by the person about all the experiences and memories of the time the family spent together
- **A memory basket** - a basket can be used instead of a box
- **A memory place** - a special place where you can meditate and think of the loved one. This can be a specific place that was valued by that particular person.

- **Memory clothes/ t-shirt** - special clothes that belonged to that particular person and make you think of the loved one.
- **Memory objects** - any special valued objects of the specific person
- **Memory pictures** - pictures, photos, television programmes, movies, CD's DVD's or music that will remind you of the specific person.
- **Collage** - pictures can be pasted on a chart to symbolise a person's past, present and future.

Any other ideas?

3.9 Basic steps in making a memory box

a) Get a box the vulnerable person can use

- This can be any box.
- Big enough to put objects/things in.
- Example: big A4 paper box, shoe box.

b) Explain to the vulnerable person what a memory box is

- You could say the following: "We are going to take this box and tell the story of your life and of the lives of your family members on and in the box".
- Make it easy for the vulnerable people to understand.

c) Let the vulnerable person go through magazines

- Let him/her choose his/her own pictures/words they want to use.
- The words / pictures must reflect the person's life and things that are important to the vulnerable person / family.

- Cut the pictures out.
 - Paste them outside or inside the box.
 - The vulnerable person can take the magazine home and other people can choose pictures that the vulnerable person can also paste on the box.
- d) Let the vulnerable person be creative**
- Let the vulnerable person decorate the box as s/he pleases.
 - Let the vulnerable person paint or paste other things on the box that mean something to the vulnerable person or to his/her family.
- e) Discuss the pictures/words**
- Encourage the vulnerable person to explain why specific pictures/words were chosen or
 - How the vulnerable person feels about what is happening.
- f) Other articles**
- Ask the vulnerable person what else s/he wants to put into the box.
 - Other people the vulnerable person wishes to include can also contribute things s/he can put into the box.
- g) Remind the vulnerable person**
- Tell the vulnerable person that memory box making is a never-ending process.
 - The vulnerable person or other people can keep on adding pictures, objects and things to the box.

4. Practising the techniques

Now you have made your own memory boxes. We would like you to go and explore the techniques by doing the following:

➤ **Who?**

Identify a vulnerable person in your community who you think has emotional needs that are not being met.

➤ **What?**

- Make a memory box with the vulnerable person by following the basic steps suggested
- Allow the vulnerable person to be creative.

➤ **When and where?**

- **When?** We suggest you choose one day to work with the vulnerable person. You and the vulnerable person can decide how long you want to work – one hour or more. As you are making a memory box you will need at least four or more sessions with the vulnerable person.
- **Where?** You can work inside or outside a room. Keep in mind that the vulnerable person needs privacy to be able to share his/her emotions, experiences and feelings. Working with scissors, glue and paint or text, is easier for some vulnerable people to do on a table.

➤ **How?**

- **Confidentiality**

Remember that the vulnerable person you work with trust you. The information s/he shares with you about him/her and his/her family must be respected by not telling other people about it. Everything the vulnerable person shares with you must stay between you, your buddy and the vulnerable person. Other people who contribute to the making of a memory box can do so with the vulnerable person's consent.

- **The buddy system**

We suggest you find a buddy to help you in these projects with the vulnerable people. This buddy should be a person who also attended the workshop and knows about memory boxes. Your buddy will:

- help you gather materials that you need;
- take photos of the session while you work with the vulnerable person ;
- help you when you don't know what to do;
- be someone you can talk to about what happened in a session or when you feel emotional after a session.
- This buddy must also keep all information confidential

Remember that you are doing the session and that your buddy is there to help, not take over the session. Sooner or later you are also going to be someone else's buddy.

Good luck!

A lot of information has now been given to you. This is the biggest reason why a manual was compiled. You can revisit it as many times as you need. It is a first step in building up your knowledge on supporting vulnerable people.

In the end, being a good community volunteer is about doing and not just about reading and learning new techniques. So now is your chance to go and practise and implement the things you've learnt. We hope that your experiences will be filled with wonderful moments of sharing and growth for both you and the vulnerable person.

Thank you again for coming to this workshop. We hope that the information that has been provided will assist you in supporting vulnerable people and other people to help themselves. They count on you. Good luck!

Appendix A

Debriefing

1. Introduction

A community volunteer may face a situation where all the vulnerable people are affected by trauma. A trauma can be, for example, a sudden death or an incident of violence in the community which directly involves vulnerable people.

Debriefing should be conducted as soon as possible after the trauma. Everyone in the group should have a chance to talk, therefore the groups should not be too big - a maximum of 20 participants is recommended. Before the debriefing, the facilitating community volunteer (debriefing) must be familiar with all the facts of the trauma.

2. Debriefing phases

Debriefing consists of different steps and phases. The basic steps involve addressing three things:

- Facts
- Thoughts and feelings
- Coping

These steps can be seen as the main objectives of debriefing. Seeing that debriefing is a process, however, it cannot be done in three distinctly separate steps. In the process of carrying out these steps, each step can be done in phases, where each phase is diffused and overlaps with the other phases. In our discussion of debriefing we will first look at the step (in other words, the main objective) and then the phases (in other words, what you will be doing in each phase).

2.1 STEP 1

Here the focus is on facts. Think of it as putting all the facts on the table before addressing anything.

2.1.1 Introductory phase

In this phase the debriefer introduces himself/herself and tells the group that s/he is aware of what has happened (namely the trauma) and that the purpose of the group is to talk about this event. The debriefer needs to set certain rules so that the pupils feel safe in the group. These rules include the following:

- The vulnerable person s will not be forced to speak if they do not want to. They need only to say their names and their connection to the trauma. However, vulnerable person s can be told that the more they speak, the more they might benefit from the session.
- Each vulnerable person should speak for himself/herself and describe only his or her own actions. Vulnerable people should not talk about or judge others' behaviours during or after the trauma.
- Vulnerable people need to listen respectfully to others. They should not talk or laugh while other vulnerable people are speaking.
- What is said in the group should remain confidential. Vulnerable people should not gossip outside the group.
- Vulnerable people should be reassured that the debriefers are not playing detective and that the debriefing is not a fact-finding mission. The information is private and will not be passed on to parents or other community volunteers.
- Participants should be warned that they might feel "down" during the group discussion on the trauma and re-experience the painful feelings associated with it. Reassure them that they will feel relieved after the session.
- The participants should also be told about the structure of the discussion and be invited to ask questions.

2.1.2 Fact phase

Each vulnerable person gets the opportunity to tell the group what happened during the trauma, including the facts about his/her experiences during the trauma. The debriefer can ask questions to get a clear understanding of the sequence of events. At this point the debriefer should be alert and correct any misunderstandings the vulnerable person s might have about what happened. The vulnerable person s may have imagined or misunderstood the causes of the trauma, or what actually happened in the event. This phase clarifies for all the vulnerable person s exactly what happened and clears up unnecessary anxiety or playground speculation.

2.2 STEP 2

This step of debriefing looks at the vulnerable persons' **thoughts and feelings** during the trauma. Vulnerable people are invited to talk about their own feelings and thoughts before, during and after the event. Many vulnerable people are not used to talking about feelings, and the debriefer may need to help those vulnerable person s along by asking a few questions such as: "How did you feel when you saw the man holding the gun?" or "How did you feel when you heard that Jamie had died in hospital?" This part of the debriefing can be very comforting to the vulnerable person s and help to reduce the sense of isolation as they begin to realise that others also had similar thoughts and feelings. Talking about the vulnerable person s' memories in this way seems to lessen the strength of memories, with the intrusive thoughts of the trauma less likely to plague the vulnerable people.

2.2.1 The symptom phase

The effects of the trauma on the vulnerable people are discussed. The vulnerable people are asked to describe any changes they have noticed in themselves (in their feelings, thoughts and behaviours) after the trauma. The debriefer then summarises all of the reactions and symptoms for the group and also adds symptoms that may not have

been mentioned. The vulnerable people need to be told that these reactions are normal responses to a trauma and that they will pass with time.

2.3 STEP 3

This step is about **coping**. The debriefer invites vulnerable people to give suggestions about ways to deal with the symptoms and also provides some ideas for them. It is useful to emphasise that merely talking about the trauma, as has been done in the debriefing, helps to relieve the symptoms. The debriefer can also explain where the vulnerable person can go for help.

2.3.1 Closure phase

During this phase the debriefer thanks the vulnerable person for their co-operation and affirms their bravery about the trauma. Each vulnerable person can be asked to tell the group how they experienced the debriefing and what they found helpful or not so helpful. If possible, vulnerable people should be offered a follow-up session if they want one. This session usually takes place after a few weeks and is less formally structured. The follow-up session allows the vulnerable person to talk about progress and improvement and also about any new stressors that have arisen, for example, attending a funeral or interacting with the police services.

Debriefing can be very draining for vulnerable people. A break should be provided afterwards. During the course of the debriefing the debriefer may notice that one or more of the vulnerable people seem to be having severe reactions. At a later time, in private, the debriefer can call these individuals aside and talk to them. If necessary, the vulnerable person's family members may also need to be involved in obtaining help for the vulnerable person. Refer the vulnerable person for specialised help.

Appendix B

[illegible]

Reference list

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