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ORPHANS AND CAREGIVERS' PERCEPTIONS OF PSYCHO-EDUCATIONAL SUPPORT PROVIDED AT AN ORPHANAGE.

By

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DEDICATION

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I miss you. I miss us.
Every minute of every day.
I love you forever and always, my heart and soul.

ABSTRACT

Orphans in South Africa are subjected to a life of increasing hardship and distress as the result of ongoing exposure to the overwhelming amount of risk factors surrounding them; HIV/AIDS being one of the most detrimental. HIV/AIDS remains one of the world's most prevalent epidemics, spreading far and wide across the globe. However, South Africa continues to have the highest rate of infection and number of recorded cases of HIV/AIDS. Taking the lives of thousands of people each year, the epidemic does not end with those who have been infected but continues to infiltrate the lives of the children left behind. HIV/AIDS has orphaned a generation of children. The plight of an orphan in South Africa is compounded by multiple risk factors owing to the context of poverty and crime which results in psychological, educational and social challenges. Children are left in traumatised and vulnerable states and need support in managing as well as coping with the loss of their parents. Owing to the complex living arrangements of orphans in South Africa, continued inhabitancy with family is becoming increasingly difficult as financial means in these homes are already exhausted or overextended. Therefore, the need for orphanages in South Africa remains an essential housing option for many of these children. Consequently, it is imperative that the psychological and educational support being provided in such institutions intervenes at multiple levels of a child's environment to foster their well-being.

The purpose of this study was to explore the perceptions of orphans and caregivers of the psycho-educational support being given in an orphanage in Vereeniging, South Africa. Using a qualitative case study research design, six orphans, six caregivers and the director of an orphanage were approached to gain insight into what support is being provided to the orphans, who is providing the support and if they perceive the support as psycho-educationally beneficial. Data was collected using multiple methods such as individual interviews, focus groups and the making of collages. A thematic content analysis was conducted in order to establish emerging themes from the research findings. Four main themes and their subsequent subthemes emerged. Psychological experiences was the first theme with subthemes of emotions on arrival and what makes the orphans

feel lucky and safe. Subthemes of psychological support were therapy they received, peer group support and caregiver relationships. Educational experiences were another major theme with the subthemes of positive educational aspirations, the effects of bullying on education, and concentration and learning difficulties. The role of the educational psychologist and educational mentorship and facilities, bullying support and funding emerged as subthemes of educational support.

Findings of the research study indicate that the orphanage has implemented strong protective structures to support the psycho-educational development of the orphans and that this support has been perceived in a positive manner by both orphans and caregivers. The recommendations for ameliorating the support of orphans and vulnerable children in the orphanage includes caregiver training and support as well as expanding relationships with educational psychologists in the district. This study has value for local and global contexts as it highlights the positive structures that have been implemented to support the educational and psychological development and well-being of orphans in an orphanage.

DECLARATION

I, Kayleigh Gronsbell-Luntz, declare that the work presented in this minor dissertation is my own, unless otherwise indicated, and that it has not been submitted elsewhere (see Appendix E). Acknowledgement and referencing of all sources consulted during the research has been done.

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Miss Kayleigh Gronsbell-Luntz

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CHAPTER ONE-CONTEXT AND RATIONALE OF THE STUDY

1.1 THE CONTEXT OF THE STUDY

HIV/AIDS is one of the most prevalent life-threatening epidemics globally with the most rapid rate of infection and highest number of recorded cases in South Africa (Coombe, 2000; Mwoma & Pillay, 2015). Statistics show that in South Africa, the cases of those infected with HIV have increased from being 4.25 million in 2002 to an alarming 7.52 million in 2018. A total of 13.1% of the South African population is HIV positive (Statistics South Africa, 2018). However, the epidemic does not begin and end with those infected by the illness as it continues to sink its teeth into the survivors, in other words the children who remain. The HIV/AIDS epidemic has orphaned a generation of children (Kasper, 2008). It has been reported that in South Africa in 2015, there were 3.1 million documented living orphans (Hall & Sambu, 2016). UNICEF has predicted that 40 million children internationally will have lost one or both of their parents owing to HIV/AIDS and related illnesses by 2020. The highest proportion of these children will be residing in sub-Saharan Africa (Boyes & Cluver, 2015; Kasper, 2008).

The stigmatisation and bullying associated with HIV/AIDS burdens the orphans and vulnerable children (OVCs) who remain and the ostracism decreases their opportunities to receive help or deal with their grief (Popoola & Mchunu, 2016). Research has shown that HIV/AIDS orphans and vulnerable children are exposed to an abundance of risk factors such as exploitation, poverty, violence, abuse, neglect, malnutrition and a multitude of shelter and medical expenses which all increase their risk of psychological and health problems (Kaggwa & Hindin, 2010; Martin, 2015; Popoola & Mchunu, 2016). Multiple studies conducted in this area of research have shown a higher prevalence of depression and anxiety among this population when compared with non-orphaned children (Atwine, Canter-Graae & Bonjuniwe, 2005). These psycho-social problems are then made worse by additional factors such as stigmatisation and bullying that cause these children to be in a state of isolation and bereavement (Boyes & Cluver, 2015; Chi

et al., 2014). An additional issue which contributes to the suffering of parental loss is that the children are not prepared for the death of their parents. There are existing cultural taboos around talking about death and that many of those infected with the illness do not disclose it to their family or friends before their deaths because of the stigma attached to the disease (Mpofu, 2011; Naidoo, 2010).

For HIV/AIDS orphans, the trauma precedes the loss of their parents and extends far beyond their death (Cluver & Gardener, 2007). These children are left to take on the responsibility of the household, looking after their ill parents and witnessing the debilitating nature of the disease as it overcomes their loved ones. As a consequence, the children pull out of school to take on the role as the head of the household and often have to look after their younger siblings as well (Cluver & Gardener, 2007; Mpofu, 2011). Alternatively, these children are relocated to distant relatives or into institutionalised homes. As a result, they become separated from their siblings and friends as well as socially segregated (Popoola & Mchunu, 2016). One study suggests that placing children in orphanages can have additional harmful effects on their psychological well-being as they are separated from their remaining families, lose rights to their parental land and their sense of belonging within their community (Rusakaniko et al., 2006).

It is known that 355 orphanages are registered in South Africa which look after at least 21 000 orphans (Proudlock et al., 2014). However, many independent youth centres have not been registered. Therefore, the statistics are not an exact depiction of the number of homes in operation in South Africa or the number of children being catered for (Levin & Haines, 2007; Martin, 2015). Many studies have been done on the effects that orphanages have on the psychological, psychical and cognitive development of children. Researchers have suggested that orphanages cannot cater for the individual needs of each child, the environment is not conducive for optimal development or the building of healthy relationships or attachment styles (Martin, 2015). In addition, studies have shown that the caregivers themselves experience burnout and depression as they feel they are overloaded and ill equipped with the tools necessary to support these children without becoming consumed by despair (Martin, 2015). As a result, orphans do not have meaningful interactions and relationships, with the caregivers, that are needed for healthy

development (Levin & Haines, 2007). Owing to the lack of stimulation, adequate nutrition, funding, trained caregivers, and the poor living conditions and abuse in orphanages, orphans are at risk for developmental delays. Their acquisition of speech is hindered, and they are exposed to infection as well as physical delays in their development (Levin & Haines, 2007). As a result, these children are at risk of manifesting related behavioural, social, intellectual and educational challenges (Levin & Haines, 2007). A research study conducted in an orphanage revealed that the children did not attend any pre-schooling as they did not have enough money for school fees and that the government does not provide pre-school education subsidisation or sponsorship (Levin & Haines, 2007). Moreover, this study revealed that any educational activities such as puzzles or books were not given to the children and were out of their reach. This reinforces the notion that the environment is not conducive for healthy development (Levin & Haines, 2007).

However, owing to the tragic socio-economic context of South Africa there is a pressing need to have orphanages available for the countless children who are desperate for love, support and protection (Levin & Haines, 2007). The only other substitute for a family, for many orphans in South Africa, is to be in an orphanage (Levin & Haines, 2007). Therefore, it is paramount that these children receive cognitive, social, emotional and academic support which can support their development (Mwoma & Pillay, 2015).

1.1.2 RATIONALE

Owing to the multiple risk factors surrounding these children and the high prevalence of psychological, cognitive, social and behavioural problems that occur simultaneously is it therefore understandable that orphans are in dire need of psycho-educational support within these institutions. As mentioned in the previous discussion, orphans lose the opportunity to attend school owing to financial implications and, as a result, they need psycho-educational support (Shann et al., 2013). One study revealed that, with the necessary and adequate psycho-educational support, orphans were able to perform well academically like non-orphaned children (Shann et al., 2013). Therefore, with the adequate psycho-educational support children can develop healthily (Shann et al., 2013).

Psycho-education merges the psychological and educational realms in the holistic support of a child by equipping children and their caregivers with the necessary knowledge needed to support them (Lukens & McFarlane, 2004). Psycho-educational support encompasses various aspects which foster a child's development. Examples of these elements are emotional, psychological, physical and academic support (Barenbaum & Smith, 2016; Lukens & McFarlane, 2004; Shann et al., 2013). Psycho-educational support includes meeting the basic needs of a child, such as nutrition, well-being, shelter and safety (Shann et al., 2013). Psycho-social support is an additional component in supporting the development of a child as it refers to their emotional needs and social environment (De Witt & Lessing, 2010). The environmental conditions in which children grow up in and learn are essential to their psycho-social development and well-being. In rural, undeveloped communities the conditions affecting psycho-social well-being are influenced by multiple factors such as the economic, political and societal situation (De Witt & Lessing, 2010).

In South Africa, HIV/AIDS is the biggest contributor to orphanhood. It is linked to stress, depression and anxiety in OVC, which ultimately restricts their psycho-social development (Kasper, 2008). Children need psycho-educational support to prepare them for adulthood and assist them with developing into contributing members of society. Thus, they need positive social and material environment to support them in dealing with stress and anxiety, developing healthy relationships with others, gaining independence and a positive sense of self (De Witt & Lessing, 2010; Martin, 2015). Psycho-educational support can assist orphans in developing coping mechanisms to deal with their emotional situations and strategies to overcome barriers like trauma, limited financial and mental health resources, and vulnerability to abuse and exploitation which may be standing in their way of healthy development (Lukens & McFarlane, 2004).

Many researchers in the field of OVCs have delved into the connection between OVC psycho-social well-being and their cognitive progress. One such study found that the trauma and socio-economic status of OVCs resulted in emotional problems which were strongly related to delays in their cognitive development (Escueta, 2014). Other investigations have found that emotional stress, anxiety and depression among OVCs is

associated with lower academic performance (Chitiyo et al., 2010).These findings have opened the gate into further research around caregiver, school-based and community support offered to OVCs to promote their psycho-social well-being. It has been established that these children need support and that it is beneficial for their development. While some institutions have tried to implement programmes and interventions, the success and benefit of these interventions are still in question. There have been multiple studies conducted in schools about what they are offering OVC learners in terms of psycho-social support. Studies have also looked at teachers' perceptions of OVC learners and requirements for providing this support (Nhlapo, 2014; Shann et al., 2013; Thupayagale-Tshweneagae, 2011). There has also been research done by Castillo et.al (2012) on caregivers' perceptions on their roles in providing support to OVCs and the psychological effects it has on them.

However, there remains a gap in the research pertaining to orphans and caregivers' perceptions of the psycho-educational support being provided in the orphanages and whether caregivers perceive it as being beneficial for orphans' psychological and educational well-being and development. This research aims to provide insight into this phenomenon, looking at how orphanages are supporting the psycho-educational development of their children and how the orphans and caregivers perceive this support.

The main research question of this research study is: How do orphans and caregivers in an orphanage perceive the psycho-educational support being provided to orphans? Based on the findings the research may look into what recommendations could be implemented to provide optimal psycho-educational support for orphans at orphanages.

1.2 AIMS OF THE RESEARCH STUDY

The primary purpose of the research was to explore perceptions of caregivers and orphans in an orphanage regarding the psycho-educational support provided at the orphanage. This research will inadvertently look at what a specific orphanage is offering children in terms of psycho-educational support, as well as who the role players are in

providing them with this support. Based on the findings, a secondary aim was to make recommendations on how to improve the psycho-educational support provided for orphans at the orphanage involved in the study.

1.3 BIO-ECOLOGICAL SYSTEMS THEORETICAL FRAMEWORK

It is imperative to understand a child's development through a holistic lens which recognises that external vulnerabilities and risk factors have an influence on development, learning and the overall growth of children. The Bio-Ecological Systems Model developed by Bronfenbrenner (1979) provides a context for understanding the development, needs and well-being of OVC, as well as highlighting the various levels which can be used for intervention. Furthermore, psycho-education supports the Bio-Ecological Systems Theory in targeting multiple layers of a child's environment in supporting their development (Lukens & McFarlane, 2004). Bronfenbrenner (1979) holds the view that development should be understood as a dynamic and holistic process in which a child is in constant interaction with their environment on multiple different levels (Swart & Pettipher, 2016). Bronfenbrenner (1979) suggests that a child develops within a context and is influenced by their surroundings and they do not live in isolation. The author recognises that the external environment and systems play a central part in the development of an individual because development is conceptualised as being a multifaceted process embedded in a child's context and social surroundings (Swart & Pettipher, 2016). Furthermore, the theory suggests that the interactions between the child and the systems have a profound impact on their development and learning by either fostering or obstructing their course (Swart & Pettipher, 2016).

Bronfenbrenner (1979) highlights four major domains which play a role in development and influence one another, namely proximal processes, time, personal characteristics and context (Paquette & Ryan, 2011; Swart & Pettipher, 2016). Proximal processes are the form of interactions between an individual and their environment over time and are seen as the primary influencer or human development (Bronfenbrenner & Morris, 1999). However, the strength of this influence is dependent on, and varies according to, an

individual's personal characteristics as well as their context (Bronfenbrenner & Morris, 1999).

A person's context is viewed as an ecological system which is made up of five core layers: the microsystem, mesosystem, ecosystem, macrosystem and chronosystem. The microsystem is the one in which the child is most directly entangled in and it is made up of family, friends, school, teachers and peers, in other words features in the child's immediate environment (Bronfenbrenner & Morris, 1999). The second system, namely the mesosystem, is made up of an interaction and relationship between two microsystems, for example parents' interaction with their child's teacher (Swart & Pettipher, 2016). The macrosystem is the greater society in which the child exists. It is made up of culture, beliefs and values. The child has no direct contact with this system but it influences the other systems in a broader sense (Swart & Pettipher, 2016). For example, in many cultures depression is not recognised as a disorder and HIV/AIDS is highly stigmatised which may reduce psycho-social support available for the child (Kaggwa & Hindin, 2010). Policies around education, such as Education White Paper 6, fall into this system. Lastly, the ecosystem which impacts on the child's microsystems although there they have no immediate contact (Swart & Pettipher, 2016). An additional aspect of this framework highlights the possible risk factors and protective factors that can either aid or inhibit a child's development and learning (Swart & Pettipher, 2016). The tragedy and reality of OVCs in South Africa is that their lives are consumed by an abundance of risk factors and these need to be considered when trying to appreciate the development of orphans in addition to ways in which to support them. Therefore, by looking at a child's development through an ecological lens, is it clear that the context in which HIV/AIDS orphans find themselves has a detrimental effect on their development The risk factors that they are exposed to inevitably may lead to poor development (Boyes & Cluver, 2015). This has been confirmed by multiple studies, as mentioned above. In viewing development through this lens, intervention opportunities expand beyond targeting the individual level as these highlight the importance of all ecological systems in the development of a child (Boyes & Cluver, 2015).

Furthermore, this model stresses the importance of protective factors in these children's lives as well as appropriate interventions to support and nurture their optimal development (Swart & Pettipher, 2016). In keeping with the purpose of this research study, the Bio-Ecological Theory will be applied as it emphasises the role of context in a child's development. This is an important notion for this study as it focuses on children in an orphanage in South Africa. Thus the context of their environment needs to be highlighted in understanding their development. Furthermore, the Ecological Model points to the multiple role players and factors which influence a child's well-being, that align with the interests of the researcher in this study, as it looks at the role players involved in proving psycho-educational support as well as how it is being provided and perceived.

As this research study proposes to explore perceptions of orphans and caregivers with regards to psycho-educational support given within the orphanage it is essential to consider the context in which the orphanage functions as well as the background of both the orphans as well as the caregivers. By acknowledging the context, a holistic approach was used to better understand the phenomena under investigation. The participants involved in the research come from a specific South African context of HIV/AIDS, in which they constantly interact. This influences the participants' development, perceptions and understanding of the world around them. It is therefore imperative that the researcher was cognizant of the participants' contextual background when interpreting the research findings indicated in a later chapter.

1.4 RESEARCH DESIGN AND METHODOLOGY

1.4.1 Research Approach

1.4.1.1 Qualitative Research

Qualitative research aims to describe participants' experiences as opposed to using numbers to quantify the research phenomenon (White, Oelke & Friesen, 2012). As such, it aims to recognise, comprehend and explain the experiences and behaviours of

individuals as they encounter different life circumstances (Elliott et al., 1999). In according with qualitative research constructs, the researcher aimed to gain a better understanding of the psycho-educational support being provided at the orphanage through the perspective of the individuals being studied. In addition, it was the researcher's goal to add a contribution and develop an understanding of phenomena rather than trying to confirm theories (Elliott et al., 1999).

An exploratory study is used when the phenomenon is unknown. This is applicable to the current research study as the purpose is to investigate perceptions of orphans and caregivers of the psycho-educational support provided in an orphanage. It is descriptive in nature as it uses words to extract descriptions from the data to better understand participants' experiences and perceptions (Merriam, 1998). In this research, the focus is on describing the phenomenon and findings using words. As mentioned previously this study is structured according to a bio-ecological framework which considers the participants' context. Therefore, this method of research is appropriate to this study as it aims to understand the perceptions of orphans and caregivers about the psycho-educational support being provided in an orphanage in Johannesburg, South Africa while being cognisant of the HIV/AIDS context. The advantage of using this research method is that is it seen as a more holistic and inductive way of studying people and their experiences (Creswell. 2009; Elliott et al., 1999).

1.4.1.2 Social Constructivist Paradigm

This research study was an exploratory, descriptive and contextual qualitative research study which falls within a social constructivist paradigm. A 'paradigm' refers to a collection of assumptions which help the researcher put together a conceptual framework that guides the selection of research methods, instruments and participants (Ponterotto, 2005). The Social Constructivist-Interpretivist Paradigm proposes that reality is subjective and is constructed in an individual's mind, therefore there are multiple realities which exist.

As such, in qualitative research the participants' subjective reality is recognised as an important element in understanding the lived experiences of the participants (Ponterotto, 2005). The primary assumption of the Social Constructivist Paradigm highlights the importance of context (Richard et al., 2008). Social constructionists believe that one's realities are all socially constructed through human interactions and activity in which language plays a central role (Venter, 2012; Visser & Moleko, 2012). It is through these intricate and complex communications that meaning is generated and knowledge is gained. Knowledge is not static as it is transformative and ever-changing depending on context and time (Raskin, 2002). This concept closely aligns with this research study where the researcher is investigating the perceptions of orphans and their caregivers on the psycho-educational support being given to them in a particular social context of an orphanage. Furthermore, this paradigm highlights the importance of the interaction between the researcher and participants as central to the co-construction of the research findings. This interaction uncovers essential deeper meaning which may be hidden from the conscious mind of the participant (Ponterotto, 2005). It is through this lens that the researcher investigated the perceptions of the participants, chose appropriate research methods and interpreted the findings to try and accurately depict and understand the subjective lived experiences of the orphans and caregivers.

1.4.2 Research Design

This research study was conducted using a single case study design. The reason this design was chosen is because of its ability to facilitate the study of a single phenomenon using several methods of data collection and examination (Cassell & Symon, 2004). This provided the researcher with more than one lens through which to understand and study perceptions of orphans and their caregivers of the psycho-educational support in a particular orphanage which is the study environment (Baxter & Jack, 2008). The advantage of using this design is that is creates a close partnership between the

researcher and the participants and gives the participants the control over the narrative of their own life story (Baxter & Jack, 2008). This research design creates triangulation of findings which results in a robust and reliable study with compelling results (Yin, 2009). A single case study was an appropriate design for this research study as it is used when the aim of a study is to gain insight and understanding into numerous participants' experiences. This research study aims to explore the perceptions of more than 12 participants including orphans, caregivers and the director of the orphanage (Yin, 2009).

1.4.2.1 Sampling

This research study used a purposive sampling method for participant collection. 'Purposive sampling' is a method of non-probability sampling which is used when the participants being studied are selected based on specific criteria to create an accurate representation of the sample (Blanche et al., 2006). Non-probability sampling is not random, and the sample consists of people who are available and voluntarily take part in the research (Laher & Botha, 2012). A possible limitation of this method was sampling bias owing to the criterion being used.

This method of sampling was used as it is crucial to the findings of the study that the sample is selected and made up of participants who meet certain criteria. The orphanage was selected purposefully as it needed to be based in Johannesburg, South Africa, and legally registered with the Department of Social Development. The orphanage chosen has been referred to by the pseudonym, Heavens Place, throughout the paper.

The researcher met with the director of the orphanage to outline the purpose, aims and requirements of the research study. Once entry was granted a sample was selected from the orphans and caregivers based on the following criteria: children who need to be either single or double orphans who are voluntarily participating in the study. The sample included both males and females to find gender-balanced results that represent this population.

In addition, these criteria aimed to highlight if the experiences of the orphans were different depending if they were male or female. The age cohort of the children were between 14-18 so that they were able to fully understand the purpose of the study and the requirements of their participation. A sample of six caregivers was then chosen for a focus group. The caregivers needed to have worked at the orphanage for at least two years and have a minimum of two years of work experience in caregiving to ensure they had in-depth knowledge about the support being provided at the orphanages and had built relationships with the children. A detailed participant profile is provided in Table 3.1 in Chapter 3.

1.4.2.2 Data Collection Methods

Aligning with the case study design, data was collected in three ways to create a triangulation of the findings.

1.4.2.1.1 Individual Interviews

The first method of data gathering was individual semi-structured interviews conducted separately with the participants. Qualitative research often uses semi-structured interviews as means of investigating a phenomenon. The researcher used an interview schedule that comprises key questions to be asked that helped find information pertaining to the main research question (Fossey et al., 2002).

Although it is guided by a schedule the data collection process is informal and flexible which creates a more comfortable atmosphere for the participants. The interviews conducted, for the purpose of this study, were approximately 30 to 45 minutes long and guided by questions generated by the researcher. Firstly, the director was interviewed and then the orphans were interviewed separately in a private room at the orphanage. Questions in the interview schedule (Appendix C) focused on how they perceive the psycho-educational support being provided to them, who is providing it to them and if they

view the support as beneficial or not. The caregivers were interviewed separately, and the nature of the questions focused on how they perceive the psycho-educational support being provided to the orphans as well as how they perceive their role in providing this support. Each interview was audio recorded and then transcribed verbatim for additional data investigation.

1.4.2.1.2 Focus Groups

The second method of data collection was separate focus groups with orphans and caregivers. Questions explored their perceptions about the psycho-educational support provided at the orphanage. This method is useful as several participants can be interviewed at once and provides diverse, rich data (Babbie, 2016). In addition, focus groups provide flexibility, quick results and are low in cost (Babbie, 2016).

A detailed explanation of data collection is provided in chapter 3 of the research study.

1.4.2.1.3 Collages

The final method of data collection required the orphans to create a collage of their perceptions of the psycho-educational support being provided to them in the orphanage, using magazines and materials which were provided to them. The children were told to take a piece of paper and cut and paste images or words onto it from the provided magazines that expressed how they perceive the psycho-educational support being given to them. They could use any of the materials given to explore and express themselves. They were then asked to describe their collage as the researcher is not qualified to interpret the collages to find meanings in these. Furthermore, the researcher wanted to reflect on the participants' explanations, experiences and meanings as accurately as possible.

1.4.2.1.4 Data Analysis Methods

Once interviews were transcribed, a thematic content analysis was conducted to establish themes in the data. 'Thematic analysis' is a qualitative process that assists the researcher in identifying and coding data to establish patterns and themes. In this study, the data consists of interviews, discussions and focus groups (Braun & Clarke, 2006). Themes point to important aspect of the data that are relevant to the research question (Braun & Clarke, 2006).

With regard to this research study the themes in the data set highlight orphans and caregiver's perceptions of the psycho-educational support they receive in an orphanage. Guest et al., (2011), in their article on thematic analysis, highlight the different elements proposed by Ryan and Bernard (2003) which they believe will lead to the identification of themes such as repetition of concepts across the data, metaphors used by participants, words such as "because" or "if" as well as the differences and similarities across interviews.

Braun and Clarke's (2006) steps of thematic analysis were used as a guideline to identify, code and analyse the emerging themes of the findings. The researcher became familiar with the data through transcription and created general code by putting the data into meaningful groups and then combined them into themes. The researcher then reviewed the themes, named them accordingly to represent the narrative, and produced a written report which discussed the findings.

1.5 TRUSTWORTHINESS

It is imperative to establish trustworthiness of a qualitative research study which is when the findings accurately represent the meanings described by the participants and reflect their meanings as authentically as possible (Lietz et al., 2006). This process does not happen without rigorous effort and following certain procedures as outlined by Lincoln and Guba (1958). These are transferability, credibility, dependability, and confirmability (White et al., 2012).

Transferability was assured by using the purposive non-probability sampling method, as the sample was selected based on certain criteria so that there would be an accurate

representation of the population under discussion. To establish credibility, the researcher followed well-defined and comprehensive research methods within the field of qualitative research.

Furthermore, three different data collection methods were used: individual interviews, focus groups and collages were used to triangulate the results. Dependability has been established through a clear description of the case study research design and the data collection methods which were used in the current research study. Finally, confirmability was ensured as the researcher kept an audit trail of the process of data collection and analysis and the findings will be made available to the participants for member read-through (Lietz et al., 2006; White et al., 2012).

1.6   ETHICAL IMPLICATIONS

Firstly ethical clearance was obtained from the Education Faculty's Ethics Committee to conduct the research study and carry out data collection methods with participants. As a portion of the sample was under the age of 18, it was ensured that informed consent was given from the legal guardian of the children and consent was given from all the participants themselves before interviews or any other methods of data collection were carried out.

These letters acted as confirmation of their willingness to partake in interviews and to being audio recorded by the researcher. All possible vulnerabilities and issues of confidentiality were considered, and participants' well-being remained the main priority throughout the study. Prior to the interview process participants were given letters explaining the nature of the research, what is involved in their participation as well as highlighting their right to withdraw from the study at any time with no adverse consequences. Owing to the interviews being done on a face-to-face basis, participants were informed that it was not a guarantee they would remain anonymous but all information they provided would be treated in an extremely private manner.

Pseudonyms were assigned to each participant in the transcribed interviews and when presenting them in the research study so that they could not be identified. Examples of pseudonyms were participant 1, participant 2 and participant 3. Participants have access to the findings of the study, which will be reported in the form of a published research article which participants will be made aware of (Babbie, 2016; Blanche et al., 2006). In addition, the education department will be contacted to identify a psychologist in the district to provide support to the participants should they be traumatised in any way.

1.7   CLARIFICATION OF CONCEPTS

The following concepts are defined as these are fundamental in providing a better understanding of the nature and content of this research study.

1.7.1   Orphans and Vulnerable Children

The term 'OVC' refers to orphans and vulnerable children below the age of 18 who have become increasingly vulnerable in their environment because of HIV/AIDS. Orphans have lost either one or both their parents or family members to the widespread disease while vulnerable children are unprotected from multiple risk factors such as violence, neglect, manipulation, abuse, poverty and homelessness - among many other reasons - all of which have the potential to affect their psychological, physical, social and emotional development (Mwoma & Pillay, 2015).

UNAIDS defines an orphan as a child younger than 15 who has lost their mother or both parents to AIDS (Andrews et al., 2006a). This categorisation is problematic as it neglects the needs and vulnerability of a child above this age who still requires love and guidance from a parent. This definition has serious repercussions for these children as it inadvertently excludes them from receiving financial support through social grants. Furthermore, this definition influences the decisions of policy makers about who is regarded an orphan and therefore who to prioritise, leaving many children to fend for themselves (Andrews et al., 2006; Kasper, 2008).

For the purposes of this research study, the former classification of OVC was used as the sample included children up to the age of 18. In addition, the definition of orphans included single, double, maternal and paternal orphans. A 'single orphan' refers to a child who has lost one parent while a double orphan has lost both parents (Wakhweya et al., 2008). This term is crucial to the understanding of this research study as the sample consists of this group of children and is selected based on these criteria.

1.7.2. Caregivers

A caregiver is an individual who assists in caring for children within a household. The caregiver is not related to any of the children and their role consists of providing love, care, protection and support (Rusakaniko, 2006).

1.7.3. Psycho-educational support

Psycho-education merges psychological and educational components in the support of children, and in doing so is cognisant of the psychological and educational needs of a child (Lukens & McFarlane, 2004). The psychological realm consists of internal processes such as one's ability to think, feel, perceive and understand the world around us (Williamson & Robinson, 2006). All children have a right to receive education. Schooling lays the foundation for all future learning and academic development (Mwoma & Pillay, 2015). Thus psycho-educational support aims to foster the development of children in both spheres by providing children and caregivers with the necessary knowledge and strategies to overcome barriers and understand their emotionally difficulties (Lukens & McFarlane, 2004).

1.7.4 Perceptions

Perceptions is a concept that encompasses the processes of the mind. It is a psychological function which involves interpreting and organising stimuli from one's environment to create meaningful experiences (Pickens, 2005). This interpretation is unique to each individual and selective based on one's past experiences, attitudes, beliefs and characteristics (Pickens, 2005). Individuals may only process what is relevant to them and ignore what is not.

Perceptions have been understood as the interaction between the environment and internal cognitive processes. This indicates that both are necessary for perception. Therefore, each individual's perception of their experiences and environment is completely subjective and unique to themselves and may be different from reality (Pickens, 2005). The concept is important in understanding this research study as it focuses on learners' perceptions which are subjective to their experience, beliefs and interpretation of their own environment.

1.7.5 Orphanage

Orphanages in South Africa, sometimes referred to as institutionalised group and youth care centres, are homes for children because of abandonment, abuse, poverty, unemployment and HIV/AIDS (Levin & Haines, 2007).

1.8   DEMARCATION

This study consists of six chapters:

Chapter One introduced the background and rationale of the study. The aims, research design, research methods and data analysis were outlined in this chapter. Ethical considerations and the trustworthiness of the study were also discussed. Lastly, important key terms and concepts were defined.

Chapter Two provides a more inclusive and detailed discussion of the theoretical framework that guides the research study. Literature was reviewed in discussing studies and issues relating to the topic of this research study to provide a comprehensive context in which to better understand the study.

Chapter Three discusses the research design, methods of data collection and data analysis in detail as well as the role of the researcher in the study.

Chapter Four reports on the main findings which emerged in the study. Quotes from the individual interviews, focus group discussion and elaboration on the participants' collages are used to support the findings and provide the participants with a voice. The findings are discussed and the themes which emerged from the thematic content analysis are presented.

Chapter Five is a summary of the key findings and the original contributions of the study. The findings are discussed in relation to literature and the theoretical framework.

Chapter Six discusses the limitations and recommendations from the study. Conclusions and recommendations for further research are also made.

1.9   CONCLUSION

The aim of this chapter was to provide a discussion of the orientation and the context of this research study. In addition, the aim of the study has been highlighted and concepts - that are important to the understanding of the study – are clearly defined. Lastly, the research design and relevant methodology were summarised, and the ethical implications were considered. A demarcation of the chapters of the study was provided to clarify how the study is structured.

CHAPTER TWO: THE PLIGHT OF ORPHANHOOD

2.1 INTRODUCTION

The HIV/AIDS pandemic has ravaged the world, taking millions of lives and leaving behind a generation of orphaned children. While globally the disease spreads far and wide, South Africa is the country with the largest rate of HIV/AIDS and in turn has become home to millions of orphans (Molefe, 2014; Sitienei & Pillay, 2019).

According to UNICEF (2018) there were 37.9 million people living with HIV/AIDS worldwide. Each day approximately 980 children are infected and 320 die owing to AIDS-related causes. Sub-Saharan Africa accounted for 68% of people of all ages living with HIV worldwide, 89% were children and 88% were adolescents. South Africa remains the country most affected.

UNAIDS (2018) highlighted in their 2018 statistics that South Africa continues to be flooded by the illness with 240 000 new infections, 71 000 deaths and 7.7 million people currently living with HIV. As a result of the ravaging nature of this illness HIV has not only resulted in thousands of deaths a year but has a profound impact on the increase of orphaned children.

Of the 3.7 million orphans in South Africa alone, about half have lost either their mother, father or both parents to this devastating illness (Sitienei & Pillay, 2019). As mentioned, South Africa has the highest per capita record of reported cases of HIV/AIDS in comparison to other countries (Mwoma & Pillay, 2015). However, the pain and trauma of these children does not end with the death of their parents. Their suffering and vulnerability is exacerbated by the compound risk factors surrounding their environment once they lose the protection and care of their parents (Andrews et al., 2006; Barenbaum & Smith, 2016; Petersen et al., 2010).

South Africa's future and strength as a country lies in the hands of its children, and this is dependent on their well-being and health (Mwoma & Pillay, 2015). It is therefore imperative that we gain insight into the daily plight of orphans and vulnerable children in

South Africa to provide them with holistic intervention and essential safety and support for the development of their general well-being.

2.1.1 South African Context

It is important to understand the general context of South Africa which is a place that millions of children call home even before they have lost their parents to HIV/AIDS. In addition, it is necessary to ascertain how this context influences their development. South Africa is rife with violence, poverty and unemployment. It is a country with some of the highest recorded rates of unemployment and crime in the world (Bhorat et al., 2017). High rates of joblessness are still related to the devasting effects of the apartheid era which resulted in underdeveloped labour skills for a large sector of the population.

In addition, South Africa is seen to be a country with extremely high poverty levels relative to similar developing countries with low economic income (Bhorat et al., 2017). Statistics SA (2017) revealed that, in 2010, 47.3% of household were living between the upper and lower poverty lines in South Africa. This figure increased to 55.5% in 2015. With such dire conditions in play, it is understandable that crime rates continue to increase in South Africa. Violent crimes - such as assault and murder - as well as other crimes such as theft and continue to be prevalent in South Africa and is a part of the day-to-day life of many citizens.

Bhorat et al. (2017) reveal studies that have found links between poverty and crime. These studies reveal that poverty is an indicator of increasing criminal activity in South Africa. It is against this backdrop that the lives of South African children are rendered vulnerable. States of poverty open the passages to exploitation and abuse. Marais et al. (2013) found that many of these children lack basic necessities such as sanitation, food, and shelter. As a result of their circumstances they are deprived of educational opportunities.

2.1.2 Parental loss owing to HIV/AIDS

HIV/AIDS shatters the family system into fragments, even before children's parents have passed away. Sitienei and Pillay (2019) found that the children are often witness to the

debilitating and progressive nature of the illness as they take on the role of caregiver and look after their ailing parent and younger siblings. The authors found that, as a result of this, children are left in traumatised states with devastating circumstances and without adult protection, which makes them vulnerable to many stressors within their already precarious environment (Sitienei & Pillay, 2019). From the point of view of an eco-systemic framework, as highlighted in the previous chapter, studies conducted by the authors show that the disruption of the family unit negatively influences the well-being and development of the child (Sitienei & Pillay, 2019).

As seen in Lipshitz (2012), Bronfenbrenner highlights the significance of the family structure, and that instability in this unit can be one of the most damaging elements in a child's development. Mwoma and Pillay (2015) note that, by destroying the essential element of safety the family network provides in the child's microsystem, the children are exposed to multiple risk factors such as financial burden, trauma, sexual and physical abuse, neglect and violation all of which can have dire consequences for their development. In addition, with losing their primary caregiver they may begin to look for affirmation in unsuitable and perilous places (Lipshitz, 2012). Furthermore, Molefe (2014) points out that once a parent dies a ripple effect takes place by causing a major breakdown in the children's microsystem, as such they lose the means to explore the other systems around them which hinders their development. These early childhood experiences have long-term costs for development and building trusting relationships (Bettmann et al., 2015).

While the death of a parent is emotionally distressing and traumatising for any child, in the South African context this is further exacerbated by the emaciating and stigmatised nature of HIV/AIDS (Breckenridge et al., 2019; Heath et al., 2014; Petersen et al., 2010). Mwoma and Pillay (2015) concur with this notion, by acknowledging that stigma can lead to social isolation and a reduction of social support (Mwoma & Pillay, 2015). An additional contextual factor highlighted by Chitiyo et al. (2010) is the taboo around discussing death with children in African cultures which can create a complicated and unresolved bereavement process for these children. It is encouraged for children to 'get on' with normal life and return them to their everyday routine as quickly as possible after the

mourning period without addressing the loss. This, in and of itself, can result in multiple problems psychologically, socially and educationally (Chitiyo, Changara & Chitiyo, 2010; Heath et al., 2014; Petersen et al., 2010). When viewing OVCs from an eco-systemic perspective, Paquette and Ryan (2011) believe it is important to be cognisant of the cultural underpinnings of death and mourning in the South African context. This allows for a better understanding of the complexity of bereavement for these children and in turn provides a guide of how to support them (Heath et al., 2014). Chitiyo et al. (2012) therefore believe it is essential that strong interventions are in place to assist with caring for orphans and vulnerable children to minimise the overwhelming penalties associated with their orphanhood (Chitiyo et al., 2016).

2.1.3 Psychological Impact of Orphanhood

An abundance of research has been done on the psychological experiences of orphans and the impact of the death of their parents on their mental well-being (Breckenridge et al., 2019; Hailegiorgis et al., 2018; Pillay, 2018; Verma & Lata, 2015). Hailegiorgis et al. (2018) conducted a study comparing the psychological well-being of orphans and their non-orphan peers using questionnaires and scale measures to measure the psychological health and development of the participants. The authors' findings show that the orphans scored significantly lower on their psychological well-being as a result of compounding circumstances, which their peers did not encounter.

Pillay (2018) found that orphans experience sadness, hopelessness and anger around their parents' death and - as a result - have higher rates of anxiety, depression and low self-esteem. These findings were echoed by other studies such as Breckenridge et al. (2019) and Cluver, Gardner and Operario (2009), which revealed elevated post-traumatic stress, grief and loss in children orphaned by HIV/AIDS. Verma and Lata (2015) echo these findings and state that, associated with the loss of close relationships and support, HIV/AIDS orphans experience more negative emotions and psychological difficulties which places them at risk for exploitation and abuse.

The loss and trauma of witnessing their parents pass away leaves countless emotional scars (Barenbaum & Smith, 2016; Molefe, 2014). Having seen the deterioration of their parents, and not being emotionally prepared or equipped to handle such trauma, the haunting memories and lack of support result in an elevated risk of depression and stress that could lead to antisocial behaviours (Chitiyo, Chitiyo, & Chitiyo, 2016). Chitiyo et al. (2016) state, in their study, that the children were concerned by the lack of love, care and support they were receiving. They believed it complicated and added to their emotional unrest. Additional studies by Bhargava (2005) and Cluver et al. (2009) have found that orphans have higher rates of internalising problems, depressive symptoms and adjustment problems.

2.1.4 Educational Impact of Orphanhood

In addition to psychological problems experienced by OVCs, research has been done on the educational difficulties they encounter. Findings by Cluver et al. (2009) show that orphans have marked concentration problems when compared to non-orphan children. Studies by Heath et al. (2014) investigated the possible associations related to low levels of concentration and highlight that socio-economic status, lack of nutritional food intake and psychological problems place huge stress over their ability to concentrate in school.

Furthermore, orphans have a lower school attendance rate and academic performance when compared to non-orphans as well as high school drop-outs which may be owing to household responsibilities and a lack of finances (Chitiyo et al., 2016; Chitiyo et al., 2010; Verma & Lata, 2015). As mentioned previously, Mwoma and Pillay (2015) point - out in their study - that OVCs are often left in charge of child-headed households. Thus providing financial care and support to younger siblings takes preference over getting an education. Molefe (2014) further indicates that orphans are at a greater risk of underachievement and are more likely to fall behind at school.

Emotional stress can also have negative and adverse effects on educational outcomes, which shows the interrelatedness of the OVC experiences (Chitiyo et al., 2016). Escueta (2014) conducted a study on the relationship between the psycho-social welfare of OVCs, their cognitive development and educational outcomes in five low-to-middle income

populations in South East Asia and sub-Saharan Africa. The researchers' study revealed that increased emotional difficulties were strongly related with delays in intellectual development in some areas and that factors such as trauma could further impair this. Moreover, the researchers reported that females with illiterate caregivers were linked to lower levels of cognitive growth. Overall, in the study there was adverse and noteworthy relationship between emotional problems and a delay in cognitive development in orphan groups (Escueta, 2014).

2.1.5 Social and Behavioural Impact

Mwoma and Pillay (2015) refer to the stigma attached to HIV/AIDS status and which continues to impact the children who are left behind after the parent passes. There is a culture of secrecy and non-disclosure around HIV/AIDS which leads to bullying and isolation of orphaned children (Cluver & Gardner, 2007; and Petersen et al., 2010). As a result, orphans experience social and peer-related problems in and out of school. In addition, they do not receive community support which leaves the burden of their parents' illness on their own shoulders (Verma & Lata, 2015).

Furthermore, Verma and Lata (2015) show that orphans have higher rates of behaviour problems and engage in more risky behaviours like drug and alcohol use as well as criminal activity which may be associated with their low socio-economic status and poverty. Owing to AIDS-related stigma, these children report that they are also ridiculed and tormented by others and that their teachers do not understand their socio-economic position, for example having no electricity or access to educational resources (Heath et al., 2014).

As seen in Lipshitz (2012), it is paramount that an all-inclusive framework be applied when understanding the development of adversities with OVCs to recognise the complexities of their experiences and support their needs. The impact of parental death owing to HIV/AIDS is multi-faceted and interrelated where all risk and protective factors work together and against one another in the development of the child. As shown above, there is an apparent negative impact of orphanhood in the psychological, educational, social and behavioural realm of development. As a result of the continuous and damaging

consequences surrounding OVCs, many seek refuge in an orphanage. In countries where incidence of HIV/AIDS is rising so are more orphanages being established (Barenbaum & Smith, 2016). Therefore, it is imperative that these spaces support the needs of the children they take care of.

2.1.6 Housing and Living Arrangements

As mentioned by Sitenei and Pillay (2019), in alignment with the eco-systemic perspective it is equally important to consider a child's living conditions and arrangements once their parents have passed away. Owing to the break in an OVC's microsystem, many children need to find replacements that can provide them with the support they need (Sitienei & Pillay, 2019). In South Africa, some children live with extended family while others live in child-headed households, orphanages or foster homes. While there are negative perceptions around institutionalised care, options of living with extended family, relatives or fosters homes come with their own challenges.

Chuong and Operio (2012) point to factors such as marriage, migration owing to employment opportunities, and parental death as factors influencing children's living arrangements in sub-Saharan Africa. In addition, post-apartheid family structures remain fragmented in South Africa owing to poverty and unemployment (Chuong & Operario, 2012). Pillay (2016) conducted a study to investigate the factors that lead to OVCs seeking residence in community-based homes. It was found that 95% of participants landed up in the home as a result of poverty-related issues, 65% owing to health issues and others reported abuse, neglect and discrimination as influencing their decision to take refuge in a community-based home. As such, these studies show that - as a result of the fragmented family life and the home - there is change in living arrangements for these children. New homes, unfamiliar faces and the loss of parental protection can have consequences on a child's well-being.

Marais et al. (2013) highlight the impact of a child's home environments as an influencing factor on their mental health as the home environment is a significant part of their micro-system. Elements such as house type, quality of the home, over-crowding and level of noise are role players in determining mental health (Marais et al., 2013). The reality of

these household situations is that the children are usually overwhelmed and overextended by limited resources, too many children and a lack of adult guidance as well as love. Studies conducted by Chuong and Operario (2012), and Reardon, George, Mucheuki, Govender, and Quinlan (2015) - on the effects of living arrangements - have been done in South Africa. These studies have revealed that orphans living in mixed households with non-orphans show educational delays. These delays are associated with complex, non-biological relationships with the head of the house or said house being overcrowded which results in neglect (Chuong & Operario, 2012; Reardon et al., 2015).

In 2008, in the "State of the World's Children", UNICEF addresses the emergent issue of extended families no longer being an option for orphans as these homes are already overextended by factors like poverty, the number of children and low income to support them (Beegle et al., 2010). Bachman DeSilva et al. (2013) propose that living with a caregiver who is not a biological parent, in a household that is overcrowded with children, can be worse for the misplaced orphan. These homes are pigeonholed by their food insecurity, neglect, and limited resources that are already spread thin (Bachman DeSilva et al., 2013). In addition, the researchers' study found that, in situations where a child lives with their grandmother, similar challenges arise owing to their old age and inability to earn a sustainable income (Bachman DeSilva et al., 2013). Furthermore, many of these mixed homes under-utilise government grants, which orphans qualify for, due to a lack of the child's birth certificates and their parent's death certificates (George et al., 2014). As a result of the complex home and family environments that are seen in South Africa, orphans are left behind with limited options and staying with relatives may not be a choice. This leads to institutional care being the only option (Bachman DeSilva et al., 2013).

2.1.7 Risk and Protective Factors Associated with Institutional Care

Studies conducted by Castillo, Sarver, Bettmann, Mortensen and Akuoko (2012) and Sitienei and Pillay (2019) found that, while many children may find alternative living situations with extended family members or continue to run child-headed households, for some an orphanage is the only other option if they cannot find support from family. Other factors - such as homelessness, poverty, abuse and exploitation, violence and neglect - lead OVCs to seek protection from other institutions (Pillay, 2016).

In South Africa there was a 148% increase in the number children being placed in homes between 2003 and 2004. This make these institutions a necessary option in this country as reliance on extended family and relatives is becoming less of a norm (Levin & Haines, 2007).

Orphanages are notorious for hindering the development of children as a result of the dire living conditions in institutional care (Barenbaum & Smith, 2016; Bettmann et al., 2015). Psychological and physical deficiencies may arise as a result of neglect and a lack of care (Bettmann et al., 2015). According to Barenbaum and Smith (2016), these institutions are universally perceived as pathogenic and socially scant. A study reported that perceived social support and psychological comfort of orphans were much higher when they lived with their siblings or another significant person (Okawa et al., 2011). Similarly, Zhao et al. (2010) reveal that children living with non-relatives have been shown to have higher scores in depressive symptoms, anxiety, anger, post-traumatic stress and loneliness.

A major concern over institutional care is centred around the risk of delayed development owing to environmental and biological factors (Levin & Haines, 2007). The environmental factors include a lack of stimulation, inefficient nutrition, lack of funding and resources, untrained caregivers and high rate of illness among the children. Biological factors may be owing to poor prenatal care and exposure to maternal substance abuse (Levin & Haines, 2007). Stimulation and the formation of positive attachment styles are questionable because of the under staffing and over-crowded nature of orphanages, which leaves children emotionally vulnerable. Castillo et al. (2012) reiterate this in their study and reported that caregivers perceived the lack of financial resources to meet the basic needs of the children, lack of training and their being overworked as risks to the well-being of the children.

Barenbaum and Smith (2016) found that, without attachment figures and sensitive caregivers, children may be at risk for not resolving their loss which can infringe on their development of positive relationships with others. Bereavement and loss are traumatic experiences for children. Add this to being separated from their families and the trauma is compounded (Verma & Lata, 2015).

It is proposed that to resolve grief one must acknowledge and express it. However, researchers question whether or not children receive the opportunity to do so in an orphanage (Barenbaum & Smith, 2016). Another study points to the potential risk of OVC well-being in institutional care as the caregivers themselves experience very high levels of anxiety, depressive and negative emotions, and stress that prevent them building relationships with the children (Castillo et al., 2012). In their study, Castillo et al. (2012) make mention of one of the largest research projects which was conducted in orphanages America in 2008. The St Petersburg study reported that, as a result of the emotional inexpressiveness, inconsistency and rotation of the caregivers, the children were unable to form strong relationships with them and this affected their ability to develop other relationships (Castillo et al., 2012).

Levin and Haines (2007) echo these findings in their study which describes the opportunities available - to orphans in a South African orphanage - for meaningful interactions with their caregivers and each other so that they could develop communication efficacy. Results showed that caregivers were generally unresponsive to the children and negated their attempts to communicate and engage. Moreover, they found that every child in that orphanage was developmentally delayed and although there were educational resources like the radio, toys and books the caregivers did not give them to the children, nor did they read to them. Therefore, the children did not receive the opportunity to learn from the caregivers owing to their disengagement and unresponsiveness which left them under stimulated with little interaction (Levin & Haines, 2007).

Cluver and Gardener (2007) directed a study on the perceptions of orphans and caregivers regarding the risk and protective factors of their psychological well-being. In their study they conveyed that a trusting relationship and caregiver support was a fundamental protective factor whereas a lack of familial contact poses a risk for impeding their psychological well-being. Other factors - such as feeling a sense of belonging in the orphanage, educational assistance and medical care - were reported as protecting factors in their environment. These protective factors built a foundation for an alternate microsystem (Cluver & Gardner, 2007). Issues such as bullying, AIDS-related stigma and

poverty continue to present potential risks in the children's environment. This study demonstrates that if children have strong protective factors in their microsystem they can endure and develop healthily. Furthermore it points to the needs of OVCs and highlights the importance of holistic intervention and areas of support from the perception of orphans and their caregivers (Cluver & Gardner, 2007).

Although it has been shown that orphanages have the potential to be highly detrimental to a child's well-being, Levin and Haines (2007) point out that there are advantages that contribute to the importance of having these options in South Africa. In this context, where socio-economic conditions are dire and people are overcome by poverty, orphanages are an essential alternative for many children (Levin & Haines, 2007).

Children in South Africa seek comfort in orphanages for a multitude of reasons such as being abandoned and neglected by their family. This often results in the termination of guardianship rights and the children being placed in institutional care as a protection order (Levin & Haines, 2007). The conducted by Levin and Haines (2007) revealed that many children are victims of abuse and exploitation by individuals in their community as a result of their orphan position and HIV/AIDS status of their late parents. As a result, it would not be safe for a child to be left in this environment and be continuously exposed to stigma, substance use, poverty and unemployment that surrounds a community (Levin & Haines, 2007). Consequently, Barenbaum and Smith (2016) found that the need for orphanages remains and in addition these institutions need to be equipped with the necessary resources to support both caregivers and children in fostering orphans' well-being and development owing to the significant psychological, educational and social impact of their grief and parental loss.

2.1.8 OVC Needs and Interventions

Chitiyo et al. (2016) located a specific intervention which has been shown to alleviate psychological distress and improve the well-being of orphans, namely psycho-social support. Mwoma and Pillay (2015) explain 'psycho-social support' as referring to the relationship and connectedness of one's subjective experiences and the larger intersubjectivity of social experiences.

Research by Heath et al. (2014) has shown that social emotional support can be key in addressing the barriers of grief experienced by OVCs. There are multiple studies that have been conducted which intervene at a psycho-social level and review the impact of this support on the well-being of orphans. Psycho-social support includes, but is not limited to, life skills training such as teaching appropriate coping mechanisms to children to deal with their grief, creating safe and trusting relationships, and building on self-worth, esteem and sense of belonging (Mwoma & Pillay, 2015).

A study done by Kumakech, Elizabeth, Maling and Banjunirwe (2009) assessed the usefulness of a school-based, peer group intervention to support the OVC psycho-social well-being in Uganda. The researchers reported that the intervention had the effect of decreasing depressive symptoms, feelings of anxiety and anger. There were significantly lower scores in the intervention group for these symptoms (Verma & Lata, 2015). As seen in Verma and Lata (2015), Chitiyo (2008) found that similar psycho-social support improved schooling outcomes for OVCs. Verma and Lata (2015) conducted their study in Zimbabwe and the intervention consisted of grief counselling and coping strategies, games, buddy system formations as well as uniform allocation and academic support. After being exposed to the intervention for eight months, the researchers found that the children had improved significantly in the areas of academic performance, psychological functioning and social interaction. In addition, their communication skills and self-esteem had developed (Chitiyo et al., 2016).

In their psycho-social intervention, Verma and Lata (2015) conducted pre- and post-intervention evaluations. The researchers revealed that orphans experienced lower levels of psychological symptoms, enhanced social support and psychological functioning. Moreover, caregivers in the study showed decreased feelings of depression and stigma as well as an improvement in their social support (Verma & Lata, 2015).

Thupayagale-Tshweneagae (2011) planned and implemented a peer-based mental health programme for adolescents orphaned by HIV/AIDS in South Africa. The qualitative study focused on the lived experiences of the children. The results revealed that, by

combining psychoeducation and peer support guided by Erikson's stages of development, participants were able to acquire the necessary skills and knowledge to develop their resilience and overcome adversity. The researchers concluded that this intervention would enhance the mental health of OVCs (Thupayagale-Tshweneagae, 2011).

Many studies have focused on the experience and material needs of OVCs as being financial support to pay school fees, buy uniforms and school materials, and providing OVC's with shelter, food and clothing. Other studies have shown the effects of positive effects of psycho-social intervention on psychological and educational outcomes however, there is scant information about what kind of psycho-educational support is being given to children in orphanages (Pillay, 2016).

One such study by Sitienei and Pillay (2019) gave some insight into this area focusing on what kinds of psycho-educational and social support is being provided to orphans by a community-based organisation in Soweto, South Africa. The qualitative study focused on what is being offered to orphans, their views on the support, what challenges they continue to face and their suggestions for improvement. Results indicate that mentorship and peer group support were significant contributors to their psychological well-being (Sitienei & Pillay, 2019). Educational interventions that were being provided included the allocation of school uniforms and financial aid for school fees and activities for which the children expressed a great sense of gratitude (Sitienei & Pillay, 2019). Social interventions consisted of life skills teaching including sex education as well as family support by means of contributions to rent and food supplies. While these interventions significantly assisted the children these did not take away from the pain of not having their parents with them, which indicates a need for more psychological counselling (Sitienei & Pillay, 2019).

The abovementioned study by Sitienei and Pillay (2019) paved the pathway for a closer look into what psycho-educational and social intervention programmes are being implemented, specifically in South Africa where HIV/AIDS is prevalent, and children need

support. The study which is the focus of this dissertation pursues into this area by looking at what psycho-educational support interventions are in place in an orphanage in Vereeniging, South Africa. The study focuses on what this orphanage is offering in terms of support, who the different role players are in providing this support to the children and specifically how this support is being perceived by orphans and caregivers. In addition, by highlighting the supportive structures in place this study can be used to inform and guide other organisations in supporting their children as well as detecting areas for improvement.

2.1.9 OVC Experiences Through a Bio-Ecological Systems Theoretical Lens

As discussed in the previous chapter, Bronfenbrenner's (1999) Bio-Ecological Systems Theory provides the theoretical underpinning of this study. Bronfenbrenner maintains that all individuals are in a constant and reciprocal relationship with their environment, which is made up of multiple layers (Paquette & Ryan, 2011). Furthermore, the author proposes that it is an individual's context that influences development and well-being owing to the overarching risk and protective factors that exist within each layer (Paquette & Ryan, 2011). Within this framework, a child does not grow up in isolation. Rather, they are in continuous interaction with their environment. Context, time periods and personal characteristics all play essential roles in psychological, social and educational development (Bronfenbrenner & Morris, 1999).

This theoretical lens was essential to understanding and motivating the purpose of this research study. A bio-ecological systems backdrop was applied when trying to understand orphans' psycho-educational experiences as it allowed the researcher to remain cognisant of the specific and influential context in which the children live and how it affects their perceptions of the psycho-educational support being provided to them. This further informed the direction of the research study and recommendations explained in Chapter 5.

2.2 CONLUSION

This aim of this chapter was to provide a review of literature related to the context and title of the study. The context of HIV/AIDS in South Africa was introduced to orientate the study. In addition, this chapter gave an overview of literature and past studies pertaining to orphans' psychological, educational and social experiences as well as the risk and protective factors associated with institutional care. Lastly, the theoretical framework of the study was outlined.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION

'Research methodology' describes the procedures that are used within a study to identify, gather and analyse data (Creswell, 2009). The set of processes used bring the research study to life and help the researcher reach the desired outcome (Strauss & Corbin, 1998). This chapter presents a comprehensive outline of the methodological context in which this research is conducted. This chapter describes the approaches to data collection, the research design as well as the data analysis process. This is a qualitative study and, as such, qualitative approaches were employed to generate and analyse the data.

To protect the confidentiality of the participants, pseudonyms are applied throughout the research study to avoid the participants being identified. In addition, no identifying information - such as names of orphanages and addresses have been revealed to safeguard the participants' anonymity.

3.2 QUALITATIVE APPROACH

The qualitative approach to research aims to explore and understand participants' perceptions, lived experiences and the meanings they create from these (Creswell, 2009). 'Qualitative research' describes participants' experiences rather than using numbers to quantify the research findings through statistical means (White et al., 2012). The purpose of this research is to recognise, understand and explain the experiences and behaviours of the participants as they engage in different life events (Elliott et al., 1999). The qualitative approach involves three major components: data collection through interviews and observations, conceptualising and analysing the data through coding, and providing a written descriptive report of the findings (Creswell, 2009).

In addition, this study was exploratory and descriptive in nature. An exploratory study is used when the topic under investigation is unknown and necessitates further exploration. This is applicable to this research study as the purpose is to investigate perceptions of

orphans and caregivers of the psycho-educational support provided in an orphanage. It is descriptive as extracted descriptions from the participant interviews, focus groups and collage making to better understand participants' experiences and perceptions of the psychological and educational support being given to orphans in Heavens Place (Merriam, 1998). Using interview schedules (Appendix C) the interaction between the researcher and participants was flexible to explore participants experiences and capture them in as much detail as possible. The advantage of using this research method is that it is seen as a more holistic and inclusive way of studying people and their experiences as it provides the participants with a voice in the research (Creswell, 2009; Elliott et al., 1999).

3.2.1   Social Constructivist Paradigm

The Social Constructivist Paradigm posits that people construct their own reality and that our truths are subject to our experiences and the meanings we attach to them (Baxter & Jack, 2008). According to Creswell (2009) reality is entirely subjective as it is constructed through one's perceptions and understandings of experiences. As such, the aim of social constructivist studies is to describe and represent the individual perceptions of participants' experiences which relate to the phenomenon being explored as closely as possible (Creswell, 2007).

Social constructivists believe that realities are all socially constructed through human interactions and activity in which language plays a central role (Venter, 2012; Visser & Moleko, 2012). It is through these complex communications that one generates meaning and gains knowledge. Knowledge is not static it is transformative and ever changing depending on context and time (Raskin, 2002). Furthermore, knowledge and truths are influenced by historical and cultural norms (Creswell, 2007). This concept applies to the current research as the focus is on the perceptions of orphans and caregivers as well as respecting and understanding that these perceptions are subjective and socially constructed within a specific context.

The researcher used this paradigm as a guideline in selecting the appropriate data collection methods of semi-structured interviews, focus groups and collage-making to gather as much information as possible and to relay findings that thoroughly depict the lived experiences of the orphans and caregivers in Heavens' Place.

Furthermore, this paradigm posits that one's reality and truth is reliant on the context in which it has been constructed and highlights how language, cultural and social contexts shape people's views of the world (Baxter & Jack, 2008; Raskin, 2002). Owing to the emphasis on subjectivity, the researcher was cognisant of the difference between the experiences and perceptions of the participants depending on factors like their individual contexts, backgrounds or reasons for being in the orphanage noting that each participant possesses a subjective and valid reality (Lincoln & Guba, 2000).

3.3   RESEARCH DESIGN

3.3.1 Case Study Design

A single case study design was used to research an issue within a bounded setting or real-life context over time. The case study focused on the 'how' and 'why' questions around a phenomenon (Creswell, 2007). A single case study design facilitates the case of a single phenomenon using multiple sources of data collection and analysis (Cassell & Symon, 2004). This provides the researcher with more than one lens in which to understand and study perceptions of the participants and gain an in-depth understanding of the case which made it a suitable design for this study (Creswell, 2007).

Furthermore, it creates an all-inclusive understanding of the phenomenon under enquiry (Andrade, 2009). Additionally, this design is advantageous as it develops a close partnership between participants and the researcher as the researcher is directly involved in the data collection and analysis (Andrade, 2009). This develops a deeper insight into the participants' perceptions and experiences. Moreover, it allows the participants to control the narrative of their own life story (Baxter & Jack, 2008). This research design

creates triangulation of the findings which results in a robust and reliable study with compelling results (Yin, 2009).

A single case study was a suitable design for this research study as the orphanage provided a strong case in which to investigate multiple perceptions of orphans and caregivers about the psycho-educational support being given in the orphanage. This aligns with the purpose of a single case study design which is to explore numerous participants' understanding of a phenomenon and this study included more than 12 participants (Yin, 2009).

3.4   RESEARCH METHODOLOGY

3.4.1 Purposive Sampling

Purposive sampling was used in this study. This type of sampling is used to select participants based on specific criteria to produce an accurate representation (Blanche et al., 2006). Purposive sampling is a type of 'non-probability sampling' which is a method that refers to selecting a sample that is available and willing to partake however it is not random or based on convenience (Laher & Botha, 2012). Purposive sampling is appropriate to this study as it is imperative that the sample being selected is made up of participants who meet specific criteria which pertain to the focus and aim of the research study. In addition, purposive sampling supports the transferability and trustworthiness of the study (Anney, 2014).

An orphanage in Vereeniging - that homes 105 children and is registered with the Department of Social Development - was selected. In addition, the orphanage houses children aged between 14 and 18 who were available to participate in the study. The researcher arranged to meet with the director to gain entry and explain the purpose and requirements of participation in the study.

A sample of six children was selected from the orphans and included four females and two males. The reason why both females and males were included was to assist in obtaining gender-balanced results to increase the trustworthiness of the findings and

produce a representative sample. The age cohort of the orphan sample was 14 -18 years of age so that the participants could better understand the requirements of the study and the implications of their participation. These children were either single or double orphans who lived on the premises and who were willing to take part in the research study. The children were considered vulnerable because of their age group as well as their orphanhood status. Thus, ethical clearance was obtained prior to conducting data collection. A profile of the orphans can be seen in the Table 3.1 below:

Table 3.1 Participant Profiles - Orphans

Participant	Pseudonym	Age	Orphan status	Occupation	Year and reason of arrival	Involvement in data collection
Child 1	Hope	18	Double	Student (grade 11)	2010 – Mother passed away and extended family would not take her in	• Focus group • Semi structured interview • Collage
Child 2	Gabi	18	Double	Student (remedial)	2008 - Both parents passed away and the children were neglected by the grandfather.	• Focus group • Semi structured interview • Collage
Child 3	Yameen	14	Double	Student (grade 8)	2018- Mother passed away when she was a baby and there was medical negligence with her Aunt. Brought by Child Welfare	• Focus group • Semi structured interview • Collage
Child 4	Mpho	15	Single	Student (grade 7)	2010-Mother passed away when he was young, and his grandmother could not look after him. He was abuse by the lady looking	• Focus group • Semi structured interview • Collage

					after him and brought into Heavens	
Child 5	Sam	16	Single	Student (grade 10)	2010- Arrived with his mother but she passed away from HIV in 2013 leaving three children.	• Focus group • Semi structured interview • Collage
Child 6	Lina	17	Double	Student (grade 10)	2010 - Mother passed away when she was a baby. Brought to Heavens through court order as she was being abused by her aunt	• Focus group • Semi structured interview • Collage

A sample of six caregivers was chosen for a focus group discussion. The caregivers were all back females who had worked at the orphanage for a minimum of two years so that they had built relationships with the orphans and had an in-depth knowledge of the supportive programs being offered at the orphanage. Two caregivers were within the age range of 25 - 35 while the other four caregivers were between the ages of 45 - 55. Lastly, the director of the orphanage was interviewed to gain a better sense of management's role in supporting the children in the orphanage. The director has been part of the orphanage since its establishment and thus was an important source of information for the study.

3.4.2 Data Collection Methods

In accordance with the single case study design, data was collected in three ways to create a triangulation of the findings.

3.4.2.1 Individual Semi-Structured Interviews

The first method of data collection used was individual semi-structured interviews that were conducted with each six orphans and the director. In alignment with individual semi-structured interviews, the researcher used an interview schedule that consisted of a list

of important questions (Appendix C) to be asked during the interview to elicit detailed answers (Fossey et al., 2002). The purpose of the interview schedule in semi-structured interviews is to guide the researcher in addressing question in line with the research as well as allow for flexibility. Key questions were centred on what type of psychological, educational and social support is being offered as well as who is offering it to the orphans (Appendix C). Although the questions were guided by a schedule it was more informal and flexible which allowed for the children to feel an additional sense of comfort during the interview process (Gill, 2008). The questions were made up of a combination of broad, direct and verbal questions to allow for the elicitation of personal narratives, stories and openness which could lead to more questioning (Whiting, 2008). The interviews were scheduled at a time that was suitable for all participants and were conducted at the premises of the orphanage in a private room. Confidentiality was explained to all the participants and that no identifying information would be used when writing up the research study. Permission was obtained to audio record the interviews. The participants were given the opportunity to ask for clarification when they were unsure of what was being asked. In addition, the participants could refuse to answer a question they were not comfortable with and were able to ask their own questions during the interview (Whiting, 2008). It was important for the researcher to develop a positive rapport with the participants as a way of easing them into the interview and exploring the topic in more depth.

The interviews conducted were approximately 30 to 45 minutes in length and were directed by questions that were predetermined and developed by the researcher. The orphans were interviewed individually in a private room at the orphanage. Questions focused on how they perceive the psycho-educational support being provided to them, who is providing it to them and if they view the support as beneficial or not for their well-being. The director was also interviewed individually, and the nature of the questions looked at how the director perceived the psycho-educational support being provided to the orphans as well as how they perceive their role in providing this support. The interviews were all audio recorded and then transcribed verbatim for additional data analysis to take place.

3.4.2.2 Focus Groups

Two separate focus group discussions, with six orphans and six caregivers in each group, were conducted. Questions explored their perceptions about the psycho-educational support provided at the orphanage as well as the caregivers' role in providing psychological, educational and social support. This method was useful as several participants could be interviewed at once thus saving time as well as providing diverse and rich data (Babbie, 2016). The advantages of using focus groups are that they are affordable, flexible and provide fast results (Babbie, 2016). Focus groups were used in this research study to explore a topic and gather the collective view of the caregivers and children about the psycho-educational support being given. The groups were facilitated by the researcher and audio recorded.

Focus groups are useful for gaining insight and understanding into the perceptions of the participants (Gill, 2008). They were also used to extend the range of data collected as well as elucidate on other forms of data. A possible limitation of conducting a small focus group is that there may be restricted data-gathered, however large groups can often lead to overwhelmed participants who do not get a chance to speak or share. This was seen in the orphans' focus group where some children dominated the discussion and others did not speak (Gill, 2008).

3.4.2.3 Collages

The third method of data collection used in this research study was in the form of collages. The researcher asked that the orphans to create a collage, based on their perceptions of the psycho-educational support being provided to them in the orphanage, using magazines and materials provided to them. The children were told to take a piece of paper and cut and paste images or words onto it from the provided magazines that expressed how they perceive the psycho-educational support being given to them. They were able to use any of the materials given to explore and express themselves.

The children were then asked to describe their collage, as the researcher is not qualified to interpret the collages, to find meanings. Furthermore, the researcher wanted to reflect on the participants' explanations, experiences and meanings as accurately as possible. Collages were effective in collecting data especially from younger children or those with language barriers who may not be able to express themselves fully in a verbal manner. The majority of children in this orphanage do not use English as their first language and the collages provided a platform for them to communicate how they feel, their ideas and their beliefs (Nomakhwezi Mayaba & Wood, 2015).

3.4.3 Data Analysis Methods

All collages, transcribed interviews and the focus groups were analysed using a thematic content analysis to recognise and establish recurring and prominent themes in the findings. Thematic analysis is a qualitative method that is used to categorise, analyse and shape the different patterns and themes within collected data which was the collages, interviews and focus groups in this study (Braun & Clarke, 2006; Nowell, Norris, White, & Moules, 2017). This method of analysis can create trustworthy results, detailed descriptions and perceptive findings (Nowell et al., 2017).

Thematic analysis is flexible in its method of analysing data and useful in adhering to the nature of qualitative research which aims to examine the lived experiences and perspectives of participants (Nowell et al., 2017). Thematic analysis also highlights and provides insight into the parallels and variances between different participants within the same context by identifying and generating key themes (Nowell et al., 2017). Themes highlight important aspects that pertain to and answer research questions which were set out for the study (Braun & Clarke, 2006). Themes in this research study relate to orphans and caregivers' perceptions of the psycho-educational support they receive in an orphanage. Guest et al., (2011), in their article on thematic analysis, identify different elements which they believe lead to the identification of themes, such as recognising repetition of concepts across the data set, picking up on metaphors used by participants, the use of words such as "because" or "if", as well as the prominent differences and similarities across interviews.

To categorise, code and analyse the emerging themes in the data the steps set out by Braun and Clarke (2006) regarding thematic analysis were used as a guideline. In addition to this, the following steps assisted the researcher in establishing trustworthiness of the research study.

The first step in thematic analysis involved the researcher becoming familiar with the data set. Familiarisation can be achieved through transcription of interviews and repeated reading of the data (Nowell et al., 2017). Through this process, the researcher could triangulate their findings and gain in-depth insight into participants' perceptions of the psychological and educational support being given to them in the orphanage. Secondly, the researcher began to generate and create codes within in the data set by forming it into meaningful groups. The researcher then proceeded to search for themes within the codes. Thirdly, the codes were combined to produce prominent themes in the data set. A 'theme' refers to an "abstract entity that brings meaning and identity to recurrent experience…it captures and unifies the nature of experience into a meaningful whole" (Nowell et al., 2017, p. 8). Once the themes were established, these were refined, defined and clearly named (Table 4.2). The names of the themes were essential and clearly highlight the story of the findings (Nowell et al., 2017). Lastly, the researcher used the identified themes to write up a rich and descriptive report on the research findings.

3.5 TRUSTWORTHINESS

A fundamental part of research is establishing and ensuring the trustworthiness of the study. 'Trustworthiness' refers to the accuracy of the results and the authentic representability of the meanings, perceptions and experiences as expressed by the participants (Lietz et al., 2006). Lincoln and Guba (1958) outline rigorous procedures involved in establishing this trustworthiness, which are transferability, credibility, dependability and confirmability (White et al., 2012). The researcher ensured trustworthiness by using multiple methods of data collection to provide triangulated data and findings, transcribing data verbatim and presenting findings that were expressed by the participants.

'Credibility' refers to the researchers' confidence in the truth of their findings. It involves establishing whether the findings are representative of the original data that was extracted from the participants and that it truthfully represents their perceptions (Anney, 2014). In this study, credibility was established by triangulation, in other words using multiple methods of data collection and sources as well as spending sufficient time on the research site. This gave the researcher a greater understanding of the participants' context and helped create trust between the researcher and participants (Anney, 2014). Comprehensive and well-established qualitative research methods were also used.

Transferability has been established when the results and findings of a study can easily be transferred to other contexts with other participants (Anney, 2014). It refers to the generalisability of the research study. In this study, transferability was assured by using purposive non-probability sampling as the sample was selected based on certain criteria so that there was an accurate representation of the population under focus. In addition, the researcher provides a dense description of the study for the allowance of replication and comparison of the study (Anney, 2014).

'Dependability' refers the stability of the research findings over time and how dependable the results are (Anney, 2014). This was assured through peer examination in which the researchers' peers reviewed the findings. In addition, through a process of coding and then recoding of the data, solid findings were established (Anney, 2014). Furthermore, dependability was established through a clear description of the case study research design and the multiple data collection methods that were used in the research study.

Finally, confirmability was ensured as the researcher kept an audit trail of the process of data collection and analysis. The findings have been made available to the participants for member checking (Lietz et al., 2006; White et al., 2012). This ensures that the findings and results have been clearly taken from the data and represented accurately.

3.6 ETHICAL CONSIDERATIONS

It is fundamental, in any research study, that the researcher was cognisant of - and adheres to - particular ethical principles. 'Ethics', as an umbrella term, refers to doing

good and the avoidance of causing research participants any harm (Jelsma & Clow, 2005). To accomplish this, the researcher must implement the appropriate ethical principles.

Ethical clearance was obtained from the Education Faculty's Ethics Committee to conduct the research study. Owing to the research study being qualitative in nature and focused on the perceptions of orphans and caregivers within the context of the orphanage, the researcher needed to gain access to this environment. Gaining access to the research field is a requirement before any further steps can be taken in the study (Jelsma & Clow, 2005). Access into the orphanage was obtained before any interaction between the researcher and participants took place or any data was collected. The researcher contacted the director of the orphanage to arrange a meeting to discuss the purpose of the research study, the requirements of participation and find out if the orphanage had participants willing to take part. Once entry was obtained the researcher became familiar with the environment by visiting the site to gain a deeper understanding of their context and create trust with the participants. The researcher clearly outlined the purpose, requirements, and nature of the research study with all the participants who were involved in the data collection process.

Important ethical principles were carried out to protect the rights and privacy of all participants involved in the study. 'Autonomy' is a principle which refers to the researchers' recognition of the participants' rights (Orb, Eisenhauer & Wynaden, 2000). The director of the orphanage was a given letter containing all necessary information regarding the purpose of the research study and nature of participation (Appendix A2, p.95). Once explained to all participants, the director and caregivers were required to sign informed consent documents. As the legal guardian of the orphans, the director was required to sign consent for orphans who were participating in the study that were under the age of 18 (Appendix A3, p.96). The orphans then signed informed assent to participate in the research study and for it being audio recorded. It was highlighted, by the researcher, that the participants were willingly volunteering to partake in the study and as such had the option of withdrawing at any time without any consequences. The participants' well-being was the main priority throughout the research study.

'Beneficence' refers to the safeguarding of the research participants and involves anonymity and confidentiality (Orb, Eisenhauer & Wynaden, 2000). As interviews were done on a face-to-face basis, the participants were informed that anonymity could not be assured however all data relayed during the interview would be handled in a confidential manner and would only be seen by the researchers' supervisor. To avoid identification, pseudonyms were applied to participants in the transcription of the interviews and when presenting these in the study (Table 3.1) As this study deals with a vulnerable group of participants, the researcher ensured that participants were not exposed to any harm or exploitation. Although there was no evidence of participants experiencing trauma during the interview process, had any painful memories been trigger the researcher would have assisted the participants to receive the necessary debriefing and support by contacting the governmental education department to identify a psychologist in the district to provide support to the participants. Lastly, the findings will be accessible to the participants, which will be conveyed in the form of a published research article which participants will be made aware of. A summary of these findings will be made available to the participants on demand (Babbie, 2016; Blanche et al., 2006).

3.7 CONCLUSION

This chapter provided an outline of the qualitative methodology used in this research study. A discussion of a single case study design was provided as well as the methods of data collection, in other words interviews, focus groups and collage-making. The steps the researcher took to ensure trustworthiness and ethical practice were also highlighted.

CHAPTER 4: PRESENTATION OF RESEARCH FINDINGS

4.1 INTRODUCTION

This chapter provides a detailed discussion of the themes that emerged from the research study and in doing so will outline the process of thematic analysis. Quotations will be used verbatim in the presentation of themes which emerged to maintain accuracy and authenticity of the participants' experiences and perceptions of the psycho-educational support being provided in Heavens Place. In addition, pseudonyms will be assigned to all participants throughout the discussion and presentation of the findings.

Furthermore, this chapter will incorporate and relate the themes which emerged to the literature presented in Chapter 2. Where necessary, the chapter will consult additional research to support the findings. The theoretical framework of Bronfenbrenner (1999) will be re-addressed to provide a holistic understanding of the research findings and the researcher's own critical voice will be presented.

4.2 DATA COLLECTION OVERVIEW

Participants in the study were of orphans, caregivers and the director of the orphanage. Orphans were between the ages of 13 and 18 and were considered vulnerable owing to their age and childhood experiences. The six orphans who participated in the study were either single or double orphans and were involved in separate individual interviews, a focus group discussion and a collage made by each of them which focused on their perceptions of the psychological and educational support being provided to them at Heavens Place. In addition, an individual interview was conducted with the director of the orphanage and a focus group was held with six caregivers. All individuals live at Heavens Place which houses 105 children, and all methods of data collection took place on the premises in a private room at a time and date that was convenient for the participants. Participant profile and pseudonyms are outlined in Table 3.1 in the previous chapter.

4.3 DATA ANALYSIS OVERVIEW

The data collection methods mentioned in the previous chapter were used to gather information on the perceptions of orphans and caregivers of the psychological and educational support being provided to the orphans in Heavens Place. All data was audio recorded and transcribed verbatim.

A thematic analysis was manually conducted by the researcher on all transcribed interviews, collages and the focus groups to identify recurring and prominent themes in the data set. This method of data analysis was used to create trustworthy results, detailed descriptions and perceptive findings (Nowell et al., 2017). It highlighted the similarities and differences between the various participants within the same context by identifying and generating key themes in the data set (Nowell et al., 2017).

The thematic analysis followed the guidelines of Braun and Clarke (2006) as highlighted in chapter 3. The researcher became familiar with the data set by manually reading through all transcribed interviews, focus groups and collages. With the research question in mind the researcher then broke down the data into two areas: psychological experiences and support, and educational experiences and support. By separating the data, the researcher created two meaningful groups of data: psychological and educational support.

The researcher extracted appropriate quotations from the director's semi-structured interview, the caregivers' focus group interview and the orphan's individual interviews, focus group and collages to formulate codes. The researcher created codes using the three data collection methods and participant pseudonyms. Coding for participants and data collection methods can be seen in the table below:

Table 4.1 Participant Codes

Participant	Participant code	Data collection method	Data collection code
Hope	P1	• Interview • Focus group • Collage-making	• IT1 • FGO • CM1
Gabi	P2	• Interview • Focus group • Collage-making	• IT2 • FGO • CM2
Yasmeen	P3	• Interview • Focus group • Collage-making	• IT3 • FGO • CM3
Mpho	P4	• Interview • Focus group • Collage-making	• IT4 • FGO • CM4
Sam	P5	• Interview • Focus group • Collage-making	• IT5 • FGO • CM5
Lina	P6	• Interview • Focus group • Collage-making	• IT6 • FGO • CM6
Caregivers	CG	• Focus group	• FGC
Glenda	D	• Interview	• ITD

Once data was clustered into these main groups the researcher searched for themes by picking up on repetitive ideas, explanations and perceptions that were experienced by the participants across the data set. Concepts such as orphans' relationships with their caregivers, the team of therapists and peer groups emerged as prominent subthemes

under psychological support at Heavens Place. The director, caregivers and orphans all expressed the strength of educational support at Heavens Place through constant mentorship, guidance and opportunity. The themes were then established and named, and a descriptive report of the findings is discussed in the next section.

4.4 DISCUSSION OF THE FINDINGS AND THEMES

The key themes that emerged from the data are presented in Table 4.2 and discussed in more detail. All three methods of data collection were analysed to establish themes. Quotations are used to support themes throughout the discussion.

Table 4.2 Main Themes and Subthemes

Main Themes	Subthemes
Psychological Experiences	• Loss and abandonment • Anger and sadness • Feelings of punishment • Feelings of safety and gratitude • Feelings of belonging
Psychological Support at Heavens Place	• Therapy • Peer group support • Caregiver relationships
Educational Experiences	• Positive educational aspirations • Concentration difficulties • Learning difficulties
Educational Support at Heavens Place	• Support from the Educational Psychologist • Homework support • Financial school support

4.4.1 Psychological Experiences

Through an in-depth analysis of the data set, multiple commonalities were found in orphans' emotional state, psychological experiences and their perceptions of the psychological support they receive as well as who provides it to them. In terms of the psychological support experienced by the orphans, several negative emotions emerged on their arrival to Heavens Place, namely loss and abandonment, anger and sadness and feelings of punishment.

4.4.1.1 Loss and abandonment

The participants expressed their emotions on arrival at Heavens Place and how they experienced feeling loss and abandonment, anger and sadness and feelings of punishment initially.

A common experience of the children who live at Heavens Place is loss and abandonment. When questioned on the initial feelings when arriving at Heavens Place the participants discussed loss and abandonment simultaneously. Sam explained what led to him residing at Heavens Place and how it left him dealing with the loss of his mother and abandonment of his father: *"I got here with my mom… in 2ⁿᵈ grade when I came back from school one day, she wasn't here…that particular day me, my brother and sister were waiting…so my dad came alone that day, and then he told us no, we have lost our Mom"* (P5, IT5). Hope also mentioned during her interview *"I lost my mom…and it's been really hard"* (P1, IT1). Lina (P6, IT6) shared a similar experience, *"I lost my parents… I've experienced a lot of things, I've been through depression".* Parental loss and abandonment were experiences shared the by majority of the orphans who participated in the study. Without receiving visits from their family and not being able to see them some children felt that: *"sometimes I don't like it here because I've been here for so long, and my family normally don't really visits me here, so I feel like they've thrown me away"* (P2, IT2). Mpho (P4, IT4) expressed his negative feelings about being at Heavens Place

as *"I can't see my family a lot of times … I wasn't happy when I came here because it was separating me and my granny".*

As indicated in Table 3.1, it is evident that all the orphans who participated in the study have experienced loss owing to their double or single orphan status and being separated from family leaves them feeling abandoned.

Glenda (ITD) reaffirmed this by stating *"well they mostly sad and strange when they first get here … Mom has just died or disappeared … father doesn't want them".* Glenda went on to explain that as a result the children arrive traumatised, sexually abused and dealing with *"loss or abandonment".* She went on to share a story of a family *"whose mother just disappears … went for a fifth honeymoon and never came back",* a story which is not unusual for the children at Heavens Place.

4.4.1.2 Anger and Sadness

When the orphans were asked what they felt when they initially arrived at Heavens Place, feelings of anger and sadness were expressed. *"It was anger. I had to be separated from my family. My mom has just passed on … then I had to come here"* (P1, IT1). *"I felt angry, scared and sad … I lost my parents. Sometimes when I see other children with their mothers it actually makes me sad"* (P6, IT6). Mpho (P4, IT4) reiterated "*I wasn't happy when I came here*". When ask what negative feelings she has about being at Heavens Place, Gabi (P2, IT2) stated "*sadness*" and that she'd rather be "*with my family".* Hope (P1, IT1) explained that when she arrived, she was sad and angry *"my mom had just passed on, then when I was trying to adapt to being around family, then I had to come here. So, then I was angry at first".*

The caregivers reiterated the negative psychological experiences of the children when they first arrive at Heavens Place, *"it's anger, they don't know their place … they will be meeting people they don't know, they'll never recognise them and they will act out during their first three months … anger towards the family, sometimes the anger is based on us".*

4.4.1.3 Feelings of Punishment

Negative psychological experiences exacerbated the trauma of having to leave home and be separated from family which results in the orphans feeling like they had been punished, "*it seems we just took them from the family, then we are the people who took them*" (FGC). These children want to go back to their families, and they cannot understand why they cannot return home which adds another dimension of complexity to their building of trusting relationships with the caregivers and other children. *"It feels like it's a punishment for them, then they start to act out … especially those that are place by the court"* (FGC). Hope (P1, IT1) mentioned that when she arrived she was angry because "*I had to be separated from my family".* Even though Yameen (P3, IT3) was placed at Heavens Place because she was being abused and neglected by her aunt, she still expressed *"I don't want to stay here, I want to go back home … to my Aunt".*

However, the caregivers explained that after a time, even these children - with the right support - start to adjust and *"mingle with others, then maybe they are having the same scenario problem"* as another child and begin to find common ground and belonging.

4.4.1.4 Feelings of Safety and Gratitude

Orphans' feelings of safety and gratitude were shared across interviews, focus groups and portrayed in the collages. These feelings were reaffirmed by the director and caregivers. The transition between negative emotions on arrival to more positive feelings of safety, gratitude and belonging were owing to the support they received at Heavens Place.

Many of the children at Heavens Place come from poverty-stricken backgrounds with limited resources, such as Hope (P1) who explained during her interview *"I feel very lucky because where I'm from isn't as good as this place. I used to live in a squatter camp … winter would be very, very cold … It would be easy to get hurt … Heavens is safer, it*

protects you from the outside world". This notion is reaffirmed by looking at the participant profiles in Table 3.1 which show that majority of the children had to move to Heavens Place as they were either being neglected or abused by extended family members. Said Gabi (P2, IT2) *"I feel lucky…for the people around me".*

This sentiment was expressed in the collage below by Hope who mentioned that all the people at Heavens Place make her feel safe and supported (P1, CM1).

<u>Collage making by Hope</u>

Glenda reaffirmed this notion by stating *"most of the say they feel very safe here … so maybe from only having one plate of food a day they now get balanced meals … there's running hot water … so it's a culture shock for them as well"*. The caregivers reiterated this sentiment explaining that *"if the situation at home was bad, then now the child feels warmer … feel free … that child does not want to go back home … some they accept this place as their home"* (FGC).

4.4.1.5 Feelings of Belonging

Hope expressed her gratitude during her initial interview and explained that when she had arrived at Heavens Place initially she felt anger and confusion but over time and with support she felt she is *"actually lucky to be here … they have created a space that is safe for a person to open up emotionally, and psychologically."* This sentiment was shared by other participants like Mpho (P4, IT4) who explained *"I wasn't that happy when I came here, but when I got older I realised that they are not, they are trying to help me"*. Lina agreed expressing she *"felt angry, scared, and sad"* when she arrived but that since being in Heavens Place, she feels she has *"grown" a lot.* She further expressed this in her collage (P6, CM6) below, explaining that the word *"family matters"* represented her feelings like "*family here and you don't have to be related*".

Collage making by Lina

Glenda (ITD) confirmed this by explaining that when the children first arrived, they have usually experienced *"trauma"* but that the children are "*amazingly resilient"* and *"feel very safe"* at Heavens Place. The caregivers stated, during the focus group, that *"some they accept this place as home … eventually they will start to enjoy the place … that they belong".* Sense of family was reaffirmed by Glenda (ITD), "*there's a huge family vibe"* the children have created a sense of community and belonging among each other where they have built incredibly strong relationships with their friends who they turn to in times of distress. *"With the babies, even the older boys will be seen carrying a four-month-old around and talking to it. We've got a Downs Syndrome baby here and one of my teenage boys will be carrying her on the driveway just to take her out"* (ITD).

4.4.2 Psychological Support Provided at Heaven's Place

Three subthemes emerged when looking at what support is given to the orphans and who gives it to them so helping them in their transition from their initial anger and sadness in arriving at Heavens Place to feeling grateful and safe to be there. The data set depicted that the orphans resolve and work through their trauma through the support of a multidisciplinary therapy team, their peer groups and their relationships with their caregivers.

4.4.2.1 Therapy

A prominent and recurring source of psychological support - that was expressed by the orphans, caregivers and the director - was the team of therapists who work with the children at Heavens Place.

There is a *"a play therapist who comes in once or twice a week, Friday afternoons and Saturday mornings and we have a therapist she will deal with the kids, let's say from thirteen upwards and our play therapist deals with the kids from thirteen and under* (ITD). In addition to the play therapist *"one therapist does EMDR therapy, which is very effective".* EDMR therapy stands for Eye Movement Desensitisation Reprocessing which is a therapeutic technique used to treat trauma and stress.

Glenda also pointed out that *"We used to do pre-death counselling to the dying mom and to the children and then bereavement counselling once mom had passed away"* (ITD). This was done to try and prepare the mother and child for the parent's death as well as support them during the grieving process. "*There is a punching bag and gloves from them to use", and "some of the boys are now taking to MTI boxing club where they are dealing with their anger issues there" (*FGC).

Furthermore, *"We've got a social worker … the educational psychologist also sees some of our children at school".* In addition to the conventional therapy being offered, the children are given the opportunity to participate in the Infinite Family Cyber Mentoring Programme*, "Infinite family is a cyber mentoring programme. It was started by a woman Amy Stokes. So, each child has a mentor which is done via webcam and email"* (ITD). Each child is assigned a mentor and attends weekly video conferencing with this person who offers *"emotional or educational"* (ITD) support to the children. The mentors *"are all prepared very broadly, and our therapist actually assisted … it gives them confidence".* The notion of being comfortable talking to someone who 'does not know you' continued in the orphans' discussion of the Cyber Mentor Programme. Hope explained (P1, FGO) "*let's say I don't want to talk to any of them, like we have VCs that we do; we have a mentor where we can speak to … there's always that one person that you can just open up".* Lina agreed stating (P6, FGO) *"some people open up easier when they don't know the person and then, some relationships grow to the extent where you can actually after you've turned 18 and you're done with school you can go that side and visit them".* While not necessarily qualified therapists, the mentors are part of the psychological support team given to the children at Heavens Place; *"we have video mentoring … it helps them a lot. It's a good thing" (*FGC). *"You don't only have fun but like they also speak to us, like we told them about our feelings, you know, it's kind of like a therapy session"* (P2, FGO).

It is evident that Heavens Place has implemented a strong therapy support programme in trying to assist the children as well as the mothers in working through their trauma and fostering their psychological well-being. Heavens Place has provided supportive

resources through multiple therapists which has made the children feel stronger as depicted in Yasmeen's collage.

Collage making by Yasmeen

During her individual interview, Hope mentioned: *"I go to therapy every Monday … there are times when I feel really down, and talking about things helps, so I feel good after I've spoken to her"* (P1, FGO). Mpho stated: *"I got help for what I needed, now I'm okay"* (P4, ITD4).

Lina, in her individual interview, eloquently shared her thoughts on the benefit therapy had for her, stating:

"I have people that I can talk to and they make me feel like home, and they give me everything that I could ever ask for … like my therapist … I feel like I get more

support emotionally … because I've been through a lot … ever since I've been here everything has changed. The way I think is different than before. I actually like myself, and I'm stronger" (P6, IT6).

During the focus group, the team of therapists was highlighted as a source of psychological support. Hope stated: *"I feel like they're supportive because they make sure that we are okay physically, mentally and emotionally … I feel like going to see a therapist helps me because I don't see that person a lot. I feel like I have confidence when I am speaking to a person, I don't know"* (P1, FGO). Gabi explained: *"I use the therapist; I mean you find that everybody feels comfortable talking to different people".* Hope continued to elaborate on her feelings of therapy during the focus group, explaining: *"I have confidence when I am speaking to a person I don't know … you can ask me questions and I am just going to be open because I know that you don't know anything you're not going to judge me"* (P1, FGO).

The therapists play a significant role in supporting the children as is reiterated in their collages. The feelings of gratitude, safety and support were again portrayed (Appendix B3). When asked who makes them feel these emotions, Yameen explained that - in her collage - she chose images that represented *"feeling strong"* because she can speak about her feelings in therapy, and that there are many different supportive people *"cheering you on"* at Heavens Place who you can build relationships with and who help you grow (P3, CM3). Hope reaffirmed that all the support given to her in therapy is *"all linked to a better me!"* In her collage, Lina shared how therapy has helped her create *"a beautiful mind … that's not toxic anymore"* its stronger and she thinks *"good things".*

4.4.2.2 Peer Group Support

Peer groups emerged as an important area of psychological support for the orphans as they felt it was easier to relate to their peers and it was from these groups that they gained a sense of belonging.

When the interviewer asked the children the question of who gives them the most emotional support at Heavens Place, Hope, Yameen and Gabi all responded by saying *"friends"* (FGO). Mpho explained: *"I go to my friend" (P4, IT4)* whenever he feels upset and needs support. Hope mentioned that her biggest source of psychological support is *"my friends, they are my ride or dies. I'm able to call them in the middle of the night and be like, 'Oh no, something bad happened' and you know they will talk"* (P1, IT1). Hope also admitted that she felt supported by her male friends when she came out about her sexual orientation toward girls, stating they are "*more understanding and less judgmental".* This portrays the strength and closeness of friendship between the children at Heavens Place.

While it was explained that everybody feels comfortable with talking to different people. Even if they no longer attended therapy, they use their peer group as a source of ongoing support and feel like they can relate to each other because they have experienced similar things. Gabi mentioned "*many children trust people that are their age … you can actually relate to what you're going through … they experienced some of the things I have … at some point you guys can help each other. Like if I have problems I mostly go to Hope because I feel like she's experienced some of the things I have*" (P2, FGO). Hope agreed with Gabi, saying that Sam *"even he sometimes comes to me, you know, when he's angry or because I understand him and he understands me"* (P1, FGO)*.* During his individual interview, Sam also mentioned that "*there's this one guy, his name is Dudu. I talk to him about almost everything … and there is also a girl that I also speak to".* Mpho mentioned that *"almost everyone is my friend"* at Heavens Place and that the person who helps him the most *"it's my friend"* (P4, IT4).

A sense of family, belonging and strong relationships were reiterated in the collages of children such as Mpho who chose "No space? No problem!" to depict that the children all make space for each other and support each other.

Collage making by Mpho
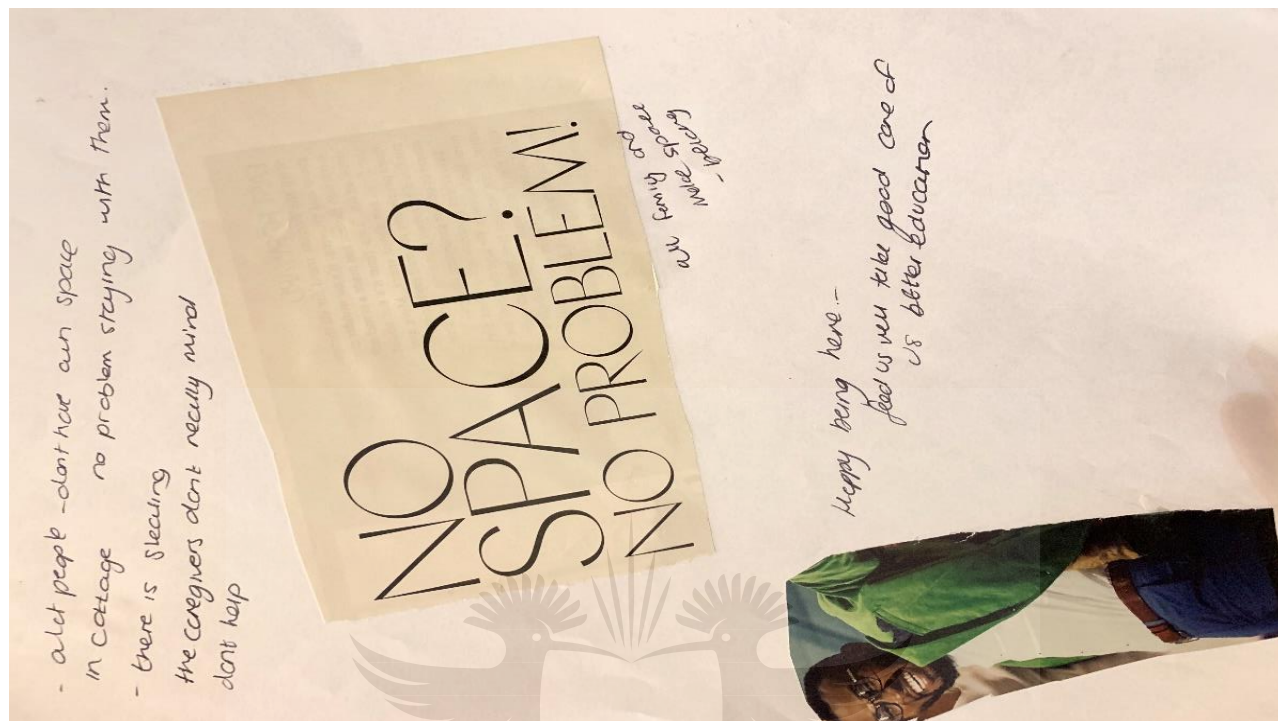
Yameen explained one of her pictures by saying that it showed "*when I am happy, I am with my friends*" (P6, CM6).

Being a part of the Heavens Place family, the children stick up for each other as the caregivers point out *"they are united when it comes to school, if someone is doing something wrong to someone who stays here, then they will all fight towards that"* (FGC).

4.4.2.3 Caregiver Relationships

The caregivers are perceived to be major role players, in the psychological and emotional support area, by both the orphans and caregivers. The foundations of these important relationships have carried many of the children through their moments of sadness and anger. The impact of a caregiver relationships and support was explored. The caregivers intervene on multiple levels, including physical *care " they make sure*

we are ok … like if you drink medication, every like Saturday, like we go and check our weight … they take you to a doctor … they make sure you take your pills on time" (P2, FGO). Hope had mentioned during the focus group that they keep track of her medication and ensure she takes it on time every day. Hope indicated during her interview how important her caregiver was when she arrived, *"there's a caregiver who actually ... I came here looking very sick. She helped me emotionally and physically. I actually became fat because of her. She helped with a lot, she spoke to me, listened to me. She helped me appreciate myself"* (P1, IT1).

However; Glenda made mention of the fact that there is rebellion against taking medication, especially for some of the teenagers on ARVs which affects their ability to concentrate. Glenda explained, *"they angry at God, angry at Mom … they see HIV AIDS as a death sentence … so we sign a contract with them … I can't sit on a fourteen-year old's chest and shove medication down their throats"* (ITD) but when the children want to go back onto their medication Heavens will fully support them.

Furthermore, the caregivers offer to listen and advise the children. Yasmeen explained that is was her caregiver who supports her "*she asks us what happened, and then she tells sister or Glenda … Then they sort the problem"* (P3, IT3). Lina echoed this and stated that her caregiver *"doesn't only judge me, but she gives me advice"* (P6, IT6) . The children feel comfortable talking to a caregiver that they have developed a trusting relationship with and believe they are able to open up without being judged as expressed during the focus group by Hope who explained *"I find some caregivers easier to talk to knowing that they will keep my secret".* Gabi stated during her interview that when she feels angry or sad, she talks to her "*caregiver*" too. Hope suggested that the reason caregiver relationships are so important is *"because most of the caregivers are females, and mothernature created a woman to actually support you emotionally"* (P1, FGO).

Hope also went on to explain that her caregiver not only listened and supported her, she helped her gain her self-confidence back: *"she helped me appreciate*

myself. Taught me all the things about this place, the good, the bad … what not to do, how to win hearts actually" (P1, IT1).

The caregivers themselves are aware of the importance of their role and multifaceted nature of their support. During the focus group they explained that as a caregiver *"your role is kind of everything … it's everything, it's social worker … you are there just to give support, to help them through their situation"*. While initially it is difficult for the children to talk about their feelings and experiences, the caregivers believe that *"once you build that relationship, it is easy for a child to open up".* However, depending on the child's history the building of a trusting relationship is challenging. *"If the child was being abused by someone who was being a mother, then definitely acting like a mother to that child, that child will react very bad to you … the child doesn't trust any mother figure … or the mother has passed away and the child hasn't accepted…then you be like you want to replace the mother"* (FGC).

The caregivers at Heavens Place *"work as a team"* to support the children and believe they are *"the first person to notice that there is problem with a child"* and therefore it is their responsibility to approach the child and find out what is going on (FGC). Once the caregivers have noted there is something happening with one of the children they do what they can to help the child, *"if she feels she doesn't want to talk to me, then I can organise someone else who she can talk to … it has never happened that a child will not talk to anyone"(*FGC). The caregivers show incredible sense of being attuned and aware \of the children and make a consistent effort to support them.

The caregivers at Heavens Place play multiple roles, and nurturing social development appeared to be another one. Glenda also stated that the caregivers assist in social skills development, *"we ask the caregiver to monitor table manners and things like that"* (ITD). Caregivers also offer spiritual support to the children. *"For example, there is mum Pretty, she will help you spiritually. Let's just say you had a weird dream and then you tell her about it … she will actually guide you, tell*

you what to do … and if you're having emotional problems you can go to one of the caregivers" (P2, FGO).

It is important to note that although the children find tremendous comfort and support in their caregiver relationships an issue emerged regarding the confidentiality of their relationships with their caregivers during the focus group with the children.

Mpho mentioned that if he tells one caregiver something it may seem like he is disrespecting his own caregiver and they *"tell everyone what you said you do … that you don't have this and this…"* (P4, IT4). During the focus group several other children agreed that their private information, if shared among the caregivers, confidentiality is lost. When the children were asked if they feel they could talk to a caregiver if they had a problem Sam and Mpho both said *"no".* When asked why they expressed they felt the caregivers do not keep anything confidential and Gabi and Lina agreed, *"they don't keep it a secret"* (FGO).

The reason for mentioning this issue is that it may provide guidance and inform recommendations, to improve orphans' psycho-educational support, which will be discussed in further detail in Chapter 6. The children had mentioned both in their individual interviews as well as the focus group that sometimes they are afraid to talk to their caregiver in case they share their private information with the other caregivers. A confidential workshop may be useful in helping to build trusting relationships.

Overall it appears that Heavens Place has implemented a strong team and important structures to support its children. This was summed up by Hope when she was asked what else Heavens Place could do to support the children psychologically. She responded by saying *"they've gone over the roof already providing a therapist, mentors, caregivers who are women. Having an open-door policy, I feel like they've gone above the roof already"* (P1, FGO).

4.4.3 Educational Experiences

The children at Heavens Place have a range of educational experiences. While they have positive educational aspirations, it was evident that many of them experience bullying, concentration difficulties and challenges with learning.

4.4.3.1 Positive Educational Aspirations

Positive educational aspirations emerged as a subtheme when investigating the educational experiences of the children at Heavens Place. The participants expressed that the educational opportunities were good and provided them with direction.

When the children were asked what the best part of being in Heavens Place is, Mpho responded by saying: *"the good feeling is that I'll finish school properly"* (P4, IT4). Heavens Place has taken important steps in supporting, encouraging and offering educational opportunities to its children. Sam echoed this by stating: *"so the good thing is that the education is very good"* at Heavens Place, the people that are hired to help with their education *"some of them are very good people"* (P5, IT5).

Heavens Place offers the children the chance for a good education, finishing school and going onto to college: *"they do everything they can to support our education"* (P1, FGO). One of the children also noted that even if they fail in school, Heavens Place still offers them alternative routes and helps them find different educational paths and opportunities: *"even if a child drops out they still ask you what are you going to do … they still offer college"* (P4, FGO). *"We say grab what you've got here, nurture it and run with it because then you're cool and you're A for away … we call them children even the older once because we're still responsible for their education".* Even for the children who cannot attend school, Heavens tries to find alternative options for them: *"we've had one boy … he went to do a three-month catering course and he's got a job in take-away"* (ITD).

Glenda explained the different opportunities that Heavens Place has created for the children: *"we have a library, we have a music and art room, and we have people from the Julliard School come out and hold workshops with the kids … they mix with other kids and go on school camps"*. This gives the children exposure to children of different ages and cultural backgrounds and encourages their social development as well: *"you meet lots of different people"* (P4, IT4), *" they actually push us to go out there and be with other children"* (P1, IT1).

Gabi, who is a remedial learner, has been placed in a remedial school which she loves and explained that Glenda has given her the opportunity to find something she is good at and follow a career path. *"We choose what we want to do until we finish school … so when I'm done with school I really want to go study, and get a job, and start maybe opening my own company"*. It is evident that regardless of a child's path, Heavens Place supports their children and gives them the confidence to strive for their dream. "*We try to do as much as possible with what we have but our children are so important to us"* (ITD). As portrayed in the collages, the children feel supported. Hope expressed that they have a team *"cheering them on".* In her collage, Lina pointed out that she felt *"people here inspire me never to give up and to do what I love"* (P6, CM6). Gabi also explained that in her collage displayed below, she chose the words "beauty" and "hello dream job" to show how her future is being supported.

<u>Collage making by Gabi</u>

(P2, CM2)

The Infinite Family Cyber Mentoring Program has been incredibly successful and significant in supporting the children *"both psychologically and educationally".* Glenda shared that *"one of my girls is actually flying to America on the 14th because her mentor invited her … it gives them confidence and they belong … one of my boys won a bursary to Arts Inside Outside, a partial bursary to study in America. So he's just graduated"* (ITD). The Cyber Mentoring Program is also extended to support the children with schoolwork as they discuss subjects with their mentor that they feel the caregivers are unable to help them with: *back in apartheid they had to just do until grade 9"* (P1, IT1) and therefore they cannot assist with some of their work. The children can ask their mentor *"how do I do maths and things like that and it is all confidential"* (ITD).

4.4.3.2 Bulling Effects on Education

Bullying emerged as common experience of the children both inside and outside

of school as a result of stigma, jealousy and tension between the children as well as some of the mothers who live at Heavens Place.

"Bullying is most of the problem. Because as you know that they go to school with the bus, that is routine, it has a stigma. So they are being treated bad and then they get bullied, then they will start to act out, even at school. We do face the same problems that they are facing in school, especially with the bullying" (ITD).

Sam explained that *"some kids do get along, and then others are just beefing unnecessarily",* meaning there is some tension between the children at school and at Heavens Place. Hope echoed this in her interview stating*, "we have a lot of beefing, everybody is jealous of somebody because of something … there is no physical fighting … we all need this place, we don't fight but we do argue…we do act up*". Gabi portrayed this tension in her collage saying that her image represented *"everyone in their own groups … gossiping*". During the caregivers focus group, they restated this by pointing out, "*we face the same problems that they face are facing at school … if a child is being bullied at school, definitely that child will come back to this place and start to bully the other kids*" (FGC).

Hope mentioned that she *"only had one bully in grade 6, before I came here. But then as soon as I came here, I became the bully in grade 7 and when I moved to high school, then I stopped being a bully because it was a big school and I was an ant"*. The caregivers pointed out that *"if a child is being bullied at school, definitely that child will come back to this place and start to bully the other kids. That is when you pick up that there is something going on with this child"* (FGC).

Hope stated*, "we have a lot of beefing, everybody is jealous of somebody because of something…there is no physical fighting…we all need this place, we don't fight but we do argue…we do act up*" (P1, FGO). A source of tension between the children appeared to be related to jealousy and the distinction between those who have mothers and those who do not. This influences what material items the

children get for school as well as the children's sense of entitlement. *"I feel like the kids with mothers are privileged because we don't have mothers so it's like 'okay you're doing that because you have a mother"* (P1, IT1). *"At some point they maybe see one of the mothers … spoiling that child in a way that they will feel if their mothers were here, then maybe my mother would be doing the same for me … and then maybe those kids who have their mothers, they do have that spending to take to school, which our kids no one gives them spending they only take their lunch tine from the kitchen to school … there will be that kind of jealousy"* (FGC*). "We have a little bit of xenophobia, but that is stopped immediately but that comes from the mothers funny enough, they are very xenophobic"* (ITD).

4.4.3.3 Concentration Difficulties

It was evident that many of the children in Heavens Place experience difficulties with concentration and this stems from various factors such as trauma, under stimulation and medical status. When asked what other educational challenges are being experienced, Hope made mention of the fact that she has also always had a *"concentration problem when it comes to schoolwork. My academics are not good I'll be concentrating, and then slowly my imagination knocks, and then before I know it I'm stuck in it, and I can't get out … When I used to be so sad it would help me"* (P1, IT1). It appears that for Hope 'daydreaming' was coping mechanism for her to escape reality when she felt she was not managing in class or was overwhelmed by her sadness. Coping mechanisms have "become a habit" so even when she is not feeling sad, she slips into a daydream. *"I'd be sad, I'd be sitting in a slump, but then slowly it comes in, and then in, and then in … and then after that, when I come back I'm like, 'Oh I feel better now' … but then it's also distracting me"* (P1, IT1).

When Sam, Hope and Mpho were asked if they do their homework, they responded by saying *"no"* and Yameen said she does not do hers either because *"it's boring".* When the researcher asked why they do not do their homework, Hope said *"well, I've never actually got into trouble for not doing my homework, but most*

of the time I feel like I just need a little push, like 'just do your homework'…". As there are 150 children at Heavens Place it is challenging for the caregivers to monitor and motivate every child to do their homework which is why they try encouraging homework independence when the children reach grade 10. Caregivers reiterate this by pointing out *"most of them are struggling at school. They are not concentrating at all … we get those reports, that he or she can't sit still, and will be disturbing other kids in class"* (FGC).

Glenda highlighted another factor that contributes to the orphan's difficulties in concentrating, which is related to their HIV status*. "HIV to a certain extent damages the brain and the particular part it damages is the memory bank … of course those on ARVs sleep on the bus and sometimes fall asleep in the class too … there is definitely an HIV - academic correlation".* It is important to re-address issues around taking ARVs. As mentioned earlier, some of the children refuse to take their medication which in itself can result in a number of additional problems that may affect their ability to concentrate in class. She also referred to the fact that for many of the children "*there was possibly no grounding in the early days … no stimulation"* and that this has affected the children's intellectual and cognitive development.

4.4.3.4 Learning Difficulties

An additional issue that was raised was the fact that *" the more we work with children the more aware we become that a lot of children should be in remedial schools"* but *"there are not enough remedial schools in Johannesburg and those that do exist are astronomically expensive"* (ITD). This renders some of the children with limited educational opportunities as they remain in schools that cannot support their individual learning needs and this of itself leads to more social and behavioural problems.

"*Some of them who act out I think sometimes feel overwhelmed that they feel that maybe they shouldn't be in a mainstream school … others act out for attention … some are falling through the gaps"* (ITD). Mpho admitted that he often leaves class *"I go to the toilet and stay outside*" (P4, IT4) when he does not understand what is going on in the lesson, while

Lina stated she doesn't like her teachers because "*they're always on my case … they say I'm noisy*".

4.4.4 Educational Support Provided at Heavens Place

Educational assistance at Heavens Place stems from various sources, namely the educational psychologist, financial aid and homework facilities and mentorship.

4.4.4.1 Support from the Educational Psychologist

Heavens Place has *a "brilliant educational psychologist … she picks up things … looks at the psychological aspect and then she may do an assessment for us*" (ITD) to find out what a child is struggling with at school and what intervention needs to be put into place. "*We know their history … so we deal as best we can individually with each child … we look at all of our kids, we intervene with like the special needs"* (ITD). The assessments done by the educational psychologist provide the caregivers, teachers and the director with important information pertaining to the child's needs and how best to support them both educationally and psychologically.

In addition, the educational psychologist may need to refer a child for further support should they require medical intervention such as, "*Ritalin and anti-depressants"* (ITD). Alternatively, the children are referred to another therapist to try support them emotionally.

Educational psychologists play an essential role in supporting orphans by being able to intervene at multiple levels of a child's environment. Educational psychologists are not only sources of therapeutic intervention and detectors of learning problems, but they are change agents who can advocate for organisations like Heavens Place, raise awareness in schools about HIV/AIDS and train teachers and staff members in how to support OVCs in the educational setting (Lipshitz, 2012).

4.4.4.2 Homework Support

The leisure room offers a space for mentorship and educational guidance which are strong protective factors in the children's microsystem and contribute to their well-being.

The common "*leisure room*" is where all the children do their homework together and *"caregivers come and help"* (P4, FGO). "*Yes, we set the tables, and they sit according to their grades, and with their morning timetable and if I don't know that subject, or if I don't know that, I just frame it to another person … we work as a team*" (FGC). Glenda as well as some of the older children pointed out *"as soon as you get to grade 10, they sort of try to teach you the independence type of thing for varsity*" (P1, IT1) but felt that *"just a little push, it would help a lot*". "*The older kids obviously don't want to work in the leisure room so they study at night … some of them work in the cottage*" (ITD*). "Everybody is in other people's business … you're trying to do your work … you can't concentrate because she's making a noise*" (P4, FGO). This may inform a further recommendation to maintain academic motivation among the older children by creating a schedule for the older children to do their homework at a different time to the younger children.

4.4.4.3 Financial School Support

Glenda highlighted that Heavens Place receives *"funding and subsidies"* to pay for the children's school fees and they have two buses that take and fetch the children from school. They also supply school uniforms and materials. In addition, the children explained that they provide *"Extra lessons for us …They get like a tutor, … they sign our papers … they will help you with the information*" (P6, FGO).

4.5 CONCLUSION

By means of a thorough and in-depth thematic data analysis four main themes emerged from the data set: educational and psychological experiences and support. It is evident from the interviews, focus groups and collages that the orphans and caregivers possess positive perceptions of the psych-educational support being given to the children in Heavens Place. The psychological experiences range from negative emotions such as loss and abandonment, anger and sadness and feelings of punishment to positive feelings of safety, gratitude and belonging. Psychological support is derived from caregiver relationships, peer groups and a team of therapists who are believed to alleviate emotional distress. Educational support is seen as one of the strongest advantages of being a part of Heavens Place. Through the many support structures like homework mentorships, concentration and learning support and educational opportunities, the children are given a choice and a chance to develop academically and create paths for their futures. Heavens Place prioritises the well-being of its children in all domains and works towards providing expansive opportunities for the children while nurturing their development.

CHAPTER 5: DISCUSSION AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter discusses the findings of the research study in relation to literature presented in chapter 2. In addition, literature has been added where necessary in support of the discussion. Furthermore, in providing a holistic lens to the research study Bronfenbrenner's (1999) Bio-Ecological Systems Model will be re-addressed in the discussion of the findings and recommendations of the study. The findings of the study in relation to a Bio-Ecological systems Model is visually resented in Figure 5.1 below:
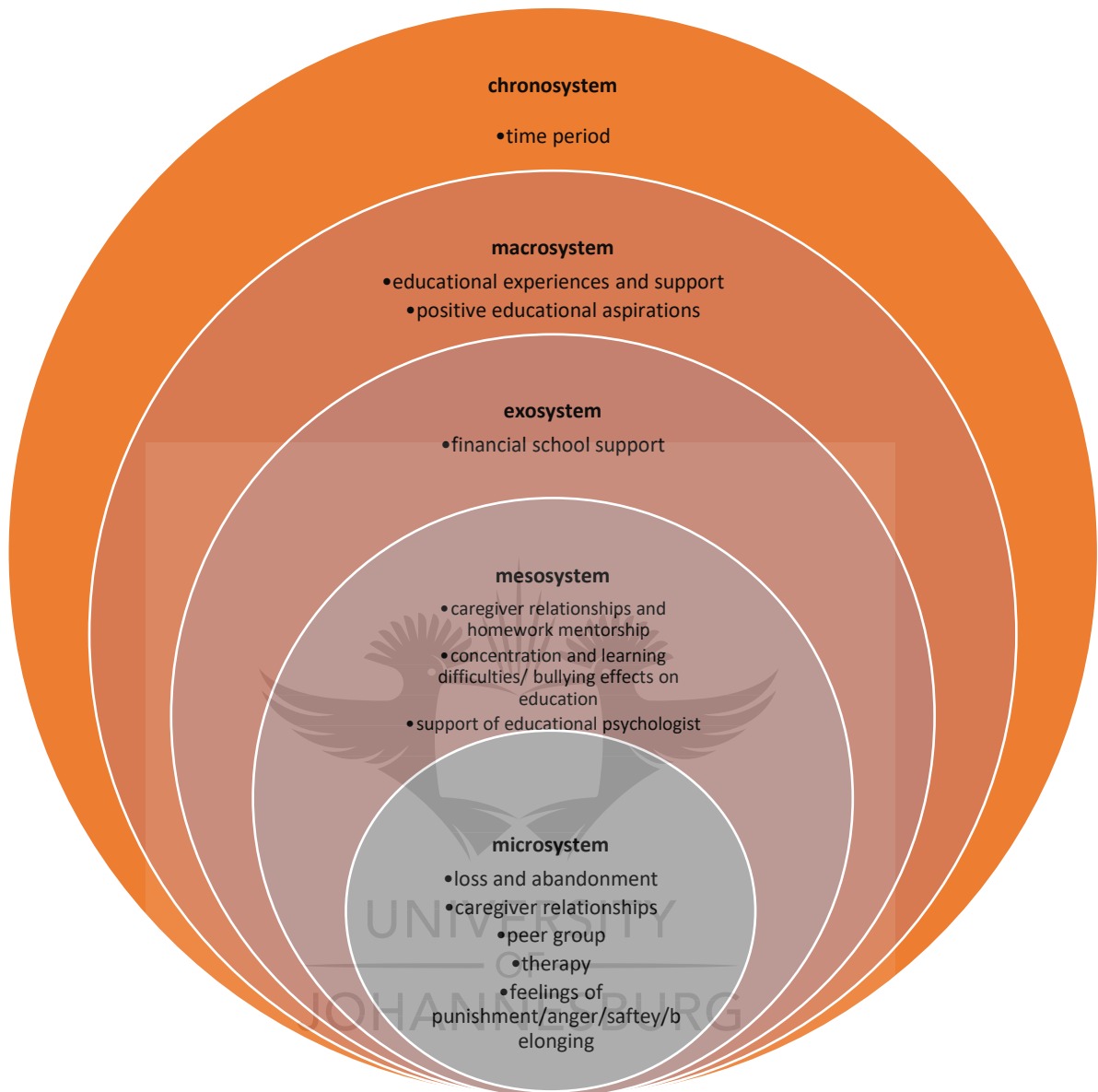
Figure 5.1 Themes and subthemes in relation to Bronfenbrenner's Bio-Ecological Systems Model

While Heavens Place has made positive moves towards creating a safe and caring environment for its children some recommendations can be made to better their ability to provide support. In alignment with the theoretical framework of the study,

recommendations will be made to address the themes which emerged and the eco-systemic layers.

5.2 PSYCHOLOGICAL EXPERIENCES

5.2.1 Loss and Abandonment

In this study feelings of loss and abandonment emerged as prominent negative psychological experiences for the orphans. In interacting with the participants it was found that the children simultaneously experienced the grief of losing their parents and being separated from their family when arriving at Heavens Place. Parental loss owing to HIV/AIDS is a common narrative for many children in South Africa; however, being able to live with extended family has become more difficult owing to financial instability and the overextended resources of these families (Bachman DeSilva et al., 2013). Losing a parent is one of the most traumatic experiences in childhood and children experience more emotional pain as well as externalising and internalising problems. This leaves their thoughts at the mercy of loss and sadness (Lin, Fung, Chi, Li, Chen & Heath, 2014).

While the loss of a parent is profoundly traumatising for any child, additional separation from their family further compounds this trauma leaving children feeling abandoned and misplaced (Verma & Lata, 2015). However, foster homes and extended family is no longer an option In South Africa as they are financially exhausted and overcrowded which may lead to further abuse and neglect (Bachman DeSilva et al., 2013; Castillo, Sarver, Bettmann, Mortensen, & Akuoko, 2012; Levin & Haines, 2007).

From a bio-ecological perspective, parental loss begins the breakdown of the child's microsystem and family unit. The deterioration of the microsystem renders them unable to explore other systems (Sitienei & Pillay, 2019). Common experiences of OVCs involve witnessing the deterioration of their parents and eventually losing them to HIV/AIDS (Barenbaum and Smith, 2016; Sitienei and Pillay, 2019). As mentioned in Chapter 2, orphanages are the only option to alternative care for many children (Sitinei & Pailly,

2019). As such, it is imperative that orphanages are equipped with the necessary structures to rebuild and replace OVC's broken microsystems.

5.2.2 Anger and Sadness

Closely aligned with the previous negative experiences discussed above, this study revealed feelings of anger and sadness among the orphans at Heavens Place.

In the study conducted by Pillay (2018) similar results were found in that orphans experience sadness and anger around their parent's death as well as hopelessness which manifest into anxiety and depressive symptoms. Lin et al. (2014) also note that orphans experienced more adverse emotions like sadness, anger and anxiety when compared to non-orphans. As mentioned in chapter 2, death owing to HIV/AIDS is highly stigmatised in South Africa. As a result, children are often not given the space to grieve their parents and the stigma results in disenfranchised grief (Lin et al., 2014).

Addressing these experiences with a Bio-Ecological lens, it is recommended that the children are given the tools to deal with their grief and anger such as a safe therapeutic space, people to talk to and appropriate coping skills which can be provided by teachers, caregivers, social workers, therapists and peers. Lin et al., (2014) point out that allowing children to grieve their parent's death is imperative to their psychological well-being.

5.2.3 Feelings of Punishment

An additional negative experience of the orphans in Heavens Place was centred on feelings of punishment, particularly in relation to being separated from family and being place at Heavens Place by the court. Bettmann, Mortensen, and Akuoko (2015) reaffirm this in their study, noting that separation from family by child welfare services had a profound effect on OVC's psychological state.

While court orders are put into place to protect the safety of the child, counselling during the separation period may assist the child in understanding why they have been removed

from their family so making the transition less traumatic. In addition, training caregivers in supporting new arrivals to the orphanage - and specifically in how to help children adjust to their new surroundings - may foster the reconstruction of a safe microsystem.

5.2.4 Feelings of Safety and Gratitude

As seen in the findings, the context of poverty is a reality for the orphans in South Africa, where home was a squatter camp which lacked in necessities like electricity and water. In addition, it can be seen in Table 3.1 that the majority of the children were also exposed to neglect and abuse. Bhorat et al. (2017) - as well as Marais et al. (2013) - reaffirmed this reality by noting that orphans come from backgrounds eroded by poverty and violence where they are exposed to abuse, lack basic necessities such as food and shelter and are devoid of educational opportunities (Bhorat et al., 2017; Marais et al., 2013). It is within this context that orphanages is essential as alternate microsystems for OVC's (Sitienei & Pillay, 2019).

As such, these children feel safe and grateful to now be at Heavens Place where they are being fed, cared for and given opportunities. In their study Sitienei and Pillay (2019) also found that the orphans felt gratitude for the support and opportunities they were given.

5.2.5 Feelings of Belonging

In relation to feeling safe and grateful, the children felt a sense of belonging, once they adjusted to living at Heavens Place, through the interaction and support of the people around them. As indicated by Cluver and Gardener (2007) a sense of belonging is a significant protective factor in a child's developmental process especially in the context of an orphanage where they need to rebuild their shattered microsystem.

5.3 PSYCHOLOGICAL SUPPORT

5.3.1 Therapy

Heavens Place has implemented a secure team of therapists who offer their services to the children. They offer Eye movement Desensitization and Reprocessing Therapy (EDMR) Therapy, play therapy for the young children and counselling and guidance for the adolescents as well as an online mentorship program. The team of therapists have helped to create a safe space at Heavens Place where the children can process their grief and develop skills to cope with their circumstances and situation.

However, it was mentioned that in prior years Heavens Place offered grief and death counselling to children before and after their mothers' passing. The purpose of this counselling was to equip the children with necessary coping skills to deal with the trauma of losing their parents. It is unknown as to why this service is no longer being offered, yet it is an incredibly useful and important process for the children and it would be encouraged to reinstate this counselling.

Grief and death counselling may provide a protective factor in the deteriorating microsystem of children who lose their mothers to HIV/AIDS. As mentioned previously, owing to the cultural sentiments surrounding death in the African culture children are not always offered the opportunity or supportive space to mourn and grieve the passing of a parent (Chitiyo, Changara, & Chitiyo, 2010; Heath et al., 2014; Petersen et al., 2010). In an eco-systemic frame of reference, it is important to consider these cultural beliefs and how these play a significant role in the child's macrosystem which eventually affects them directly and can result in educational, psychological and social problems (Chitiyo, Changara, & Chitiyo, 2010; Heath et al., 2014; Petersen et al., 2010).

In their study, Lin et al. (2014) highlight the importance of allowing children to talk about

their feelings, having someone who listens to them and learning skills to deal and cope with their loss. The researchers implemented a grief-processing-based psychological intervention and found that it has significant positive effects on depressive symptoms and helped children address problems on their own as well as acknowledge support from others. Furthermore, Lin et al. (2014) mention that children should be given the opportunity to express their grief, be taught the meaning of death and supported throughout the five stages of grieving (Lin et al., 2014).

Therefore, reimplementing this counselling process would create a safe space in which children can gain support and move through the mourning process in their own time. In strengthening the orphan's microsystems, it would be recommended to extend the counselling to the caregivers to prepare them in how to deal with the orphan's trauma and how best to support them through the mourning process. The researcher is also of the belief that this trauma counselling should also be open to children who recently moved to Heavens Place even if their parents had passed a beforehand as they may not have been able to mourn and the adaptive process of living in a new place may trigger symptoms of trauma.

5.3.2 Peer Group Support

Peer groups were found to be a significant source of support for the orphans at Heavens Place as they felt they could relate easier to their friends based on experiences and that their friends created a sense of family for them in the orphanage. In times of distress the children turned to their friends and felt this provided them with comfort and psychological support.

These findings resonate with multiple other studies on the effectiveness of peer group support in the advancement of OVC psychological well-being. In their study, Kumakech et al. (2009) found that school-based peer support groups significantly decreased depressive symptoms, anxiety and anger and that it helped children acknowledge support from others. Another study presented similar findings that

peer-based support groups help OVCS in South Africa overcome their difficulties and develop resilience (Thupayagale-Tshweneagae, 2011). Sitienei and Pillay (2019) reaffirmed this in their study which showed peer support and mentorship were significant contributors to OVC mental health.

Therefore, from a Bio-Ecological Systems perspective is it essential that orphans find close and trusting relationships with others to develop healthy attachment patterns. For the children at Heavens Place these relationships are formed with their peers who serve as a significant protective factor.

The researcher believes it may be useful to implement a peer-based support group at Heavens Place in which the children can speak freely and openly to one another, offer advice and guidance, and support each other through their experiences. The peer-based support group may create an additional safety net for the children and further cement a strong foundation for their microsystem.

5.3.3 Caregiver Relationships

The findings of this study revealed caregivers in the orphanage are a source of multiple levels of support for the children. They physically and emotionally care for the children and help them to adjust to living in Heavens Place. Through the interaction with the participants it was mentioned that the children often turn to their caregivers in times of distress when they need guidance and support. The caregivers reported to be attuned to the children's needs and were aware of their responsibility and impact on the children as they are the first to notice when something is wrong.

Research has shown that without strong attachment figures and sensitive caregivers children are at risk of not resolving their loss and facing difficulties in developing positive relationships (Barenbaum & Smith, 2016). Caregivers in orphanages are essential protective factors in an orphan's environment and are a major part of their microsystem (Cluver & Gardner, 2007).

Multiple studies have been done on the detrimental consequences of orphanages and have found that these are associated with the quality of care given by caregivers. One such study found that the unresponsiveness of the caregivers and neglect of the children resulted in major delays (Levin & Haines, 2007). Another study found the instability and inconsistency of caregivers, owing to staff rotation, to be harmful to the orphans' development of trusting relationships (Bettmann et al., 2015).

Bettmann et al. (2015) reported, in their study, that caregivers perceived their outreach, attunement and love as important emotional needs of the orphans. The findings of this study show that the caregivers support these emotional needs. These close relationships between the orphans and their caregivers are important buffers against adverse psychological outcomes for the children (Bettmann et al., 2015)

It was evident that caregivers play multiple and influential roles in the orphans' lives and are embedded in their environment. However, issues with confidentiality between caregivers and orphans emerged. The children felt that some of the information they shared with their caregiver was divulged and discussed among the other staff members. A possible recommendation could be to provide training for the caregivers in dealing with confidential information and how to handle this information appropriately to maintain trusting relationships with the children. Such training can equip the caregivers with important knowledge about confidentiality as well as assist them in building positive and strong relationships with the children. Bettmann et al. (2015) highlight the importance of creating strong attachment relationships in orphanages in the well-being and development of OVCs.

Owing to the varying roles taken on by the caregivers it is also recommended to put support structures in place that can help the caregivers deal with the demands of their job and some of the emotional traumas they may experience (Castillo et al., 2012). Creating a positive and supportive workspace for the caregivers targets the ecosystem of the children and while it may not directly involve them it subsequently influences the care they

may receive. As pointed out factors such as training, support and capacity can impact on the quality of care provided by the caregivers (Bettmann et al., 2015).

5.4 EDUCATIONAL EXPERIENCES

5.4.1 Positive Educational Aspirations

The participants in the study expressed positive educational aspirations and highlighted the educational opportunities they are given as one of the biggest advantages of being at Heavens Place as it gives them a chance to finish school as well as direction and possibilities for a brighter future.

5.4.2 Bullying Effects on Education

During discussions with the participants it was evident that they experience bullying both at school and Heavens Place as a result of tensions between orphans and non-orphans at school as well as between children with mothers and those who have lost both parents. Findings showed that some of the children are bullied because they "arrive and are fetched" by the Heavens Place transport bus. Perhaps there is a stigma related to living in an orphanage which results in bullying. Bullying can cause emotional distress which can hinder a child's ability to focus and concentrate in class (Chitiyo et al., 2016).

These findings link to various studies which indicate that OVCs experience more social and peer-related problems both in and outside of school in comparison with their non-orphan peers (Verma & Lata, 2015). Bullying may be linked to the stigma attached to HIV/AIDS orphanhood and presents a risk factor for social withdrawal and isolation without appropriate intervention (Cluver et al., 2007; Mwoma & Pillay, 2015).

Bullying may add an additional risk factor to OVC's microsystems and further hinder their psychological well-being as well as their ability to learn at school. It is therefore recommended that bullying is targeted both in the child's microsystem using therapy and the broader ecosystem and macrosystem addressing issues of bullying and creating awareness within the school to build a safer space for these children.

5.4.3 Concentration Difficulties

Research findings indicated that the orphans experience concentration difficulties in the classroom which leads to incomplete work, falling behind and underachievement. It was suggested that the lack of concentration may be owing to multiple factors like trauma, grief, HIV status and taking ARVs.

Cluver et al. (2009) echoed these findings in their study which revealed that orphans have marked concentration problems. Heath et al. (2014) linked these challenges to socio-economic context, in other words a lack of nutrition and psychological problems. Escueta (2014) highlighted the significant association between an increase in emotional distress, a delay in cognitive ability and development. As Molefe (2014) points out, orphans are at greater risk of falling behind in school and underachieving academically as a result of their circumstances.

Regarding the connection between HIV and academic ability, Smith et al. (2006) indicated that children with HIV performed lower on all domains of cognitive functioning. Children with HIV were also at higher risk of developing Chronic Static Encephalopathy, which is a neurodegenerative disorder. Not taking ARVs can have adverse effects on a child's overall health and well-being as the immune system is already weakened by the disease and renders the system vulnerable to other infections (Kheswa, 2017).

Using a Bio-Ecological Systems Model to guide recommendations would therefore be necessary to target multiple systems in addressing concentration problems in OVCs. At a microsystem level the use of the educational psychologist in assessing

and supporting children should be continued by Heavens Place. On a broader level it may be beneficial to create psycho-educational programmes focused on HIV/ARV effects on learning ability to help inform teachers, caregivers and children dealing with these challenges.

5.4.4 Learning Difficulties

It was mentioned that in addition to concentration, the orphan's experiences difficulties with learning and that there are many children who require remedial schooling; however, there is a lack of remedial educational institutions that are affordable. It was mentioned that these difficulties may be a result of the negligent backgrounds where the orphans were exposed to trauma, abuse, lack of stimulation and nutrition, and deprived educational support or opportunities which would have significantly adverse consequences for their learning. Mwoma and Pillay (2015) support this notion by pointing to the detrimental effects of neglect on a developing child. They note that it can result in low self-esteem, impaired life skill development, learning disabilities and inappropriate social behaviours.

Heavens Place is already implementing strong educational support structures for the children leading to the positive educational aspirations and opportunities available to them. To further this support targeting a broader system that involves educational and governmental policies for OVCs with learning difficulties may assist in creating more remedial placement and support for children who cannot afford it.

5.5 EDUCATIONAL SUPPORT

5.5.1 The Support from the Educational Psychologists

Educational psychologists play an essential role in supporting orphans by being able to intervene at multiple layers of a child's environment. Educational psychologists are not

only sources of therapeutic intervention and detectors of learning problems, but they are change agents who can advocate for organisations like Heavens Place, raise awareness in schools about HIV/AIDS, and train teachers and staff members in how to support OVCs in the educational setting (Lin et al., 2014). The educational psychologist can assist in combating dropout rates and learning challenges by creating a safe space in schools for OVCs. Educational psychologists can also aid in curriculum development, including activities and education about grief and how to cope with trauma and loss of teachers and students (Lin et al., 2014). Lastly, the educational psychologist can offer staff training and assist in the organisational structure of the orphanage which in turn will affect the quality and stability of care being provided to the children.

5.6 CONCLUSION

This chapter provided an outline of the main research findings in relation to literature provided in Chapter 2 as well as introducing new literature where necessary. The research findings were also linked to Bronfenbrenner's (1999) Bio-ecological Systems Model to further contextualise the findings and provide recommendations from the study.

CHAPTER 6: SUMMARY, LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH

6.1 INTRODUCTION

This chapter provides a summary of the findings of this study by highlighting the main themes and subsequent subthemes that emerged. In addition, limitations of the study are outlined. Recommendations for future research are discussed in conjunction with Bronfenbrenner's (1999) Bio-Ecological Systems Framework.

6.2 SUMMARY OF FINDINGS

Through an eco-systemic lens this research study attempted to investigate and explore orphan and caregiver perceptions of the psycho-educational support being provided in an orphanage. In doing so, the researcher explored the perception of psychological experiences, psychological support, educational experiences and educational support of orphans in Heavens Place using multiple data collection methods.

Orphans were involved in individual interviews, collage-making and a focus group to determine what psycho-educational support is being given in Heavens Place within their various eco-systemic layers. A focus group was also conducted with six caregivers and the director of Heavens Place was interviewed to gather information on how they perceive the experiences of the orphans and the support they receive.

The findings of the study indicated that Heavens Place has created a strong team and important structures to support their children. Through a thematic data analysis, prominent themes and subthemes emerged as presented in Table 4.2 and have again been outlined in the diagrams below:
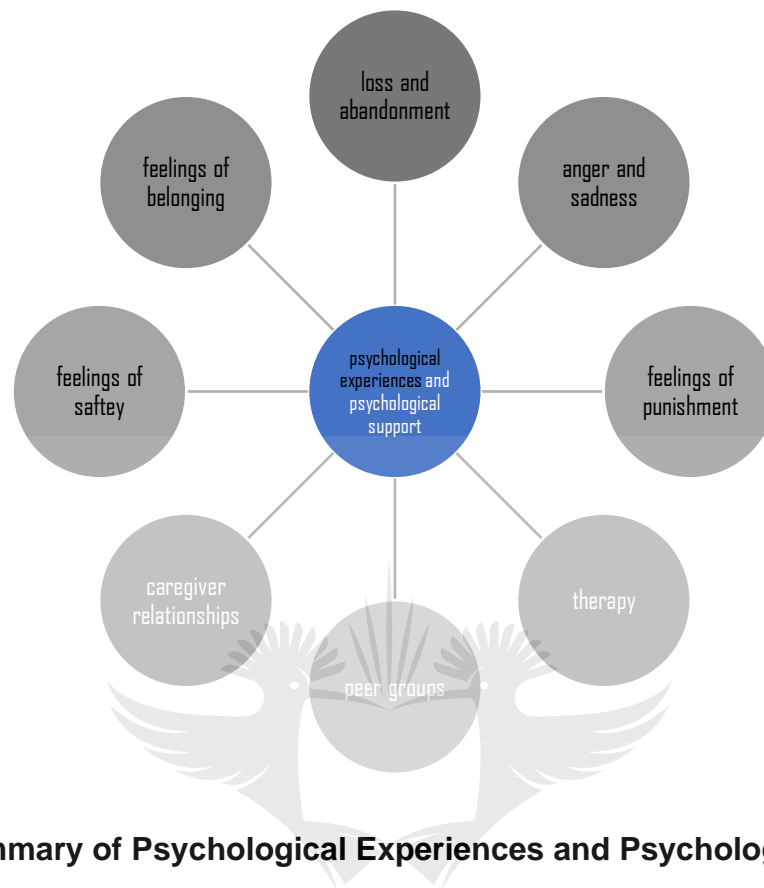
Figure 6.1: Summary of Psychological Experiences and Psychological Support at Heavens Place.

Figure 6.2: Summary of Educational Experiences and Educational Support at Heavens Place

6.2.1 Original findings

Common psychological experiences of the orphans, upon arriving at the orphanage, were feelings of loss and abandonment, feelings of anger and sadness and feelings of punishment. However, through the ongoing psychological support of therapists, caregivers and peers the children then transitioned into feelings of safety and gratitude and a sense of belonging at Heavens Place.

Positive educational aspirations were expressed as part of the educational experiences at Heavens Place. However, it was evident that concentration and learning difficulties were experienced by the orphans and that remedial options are lacking. Heavens Place has attempted to support these challenges by giving the children access to educational psychologists who intervene and provide assessment services and treatment in supporting their difficulties. In addition, Heavens Place has built educational spaces onsite and implemented supportive mentoring programmes. Heavens Place is anchored

in their commitment to the children and their education, constantly working to provide the means to support them.

There was congruence and triangulation of the research findings as themes emerged across the data set and commonalities among the director, orphans and caregivers were evident in the way they perceived the support being giving in Heavens Place. Thus, it can be deduced, from the research findings, that Heavens Place is taking positive and encouraging steps in supporting the children who live there. It is perceived to be a safe space which provides caring relationships and educational opportunities to children who otherwise may not have had them.

6.3 LIMITATIONS

It is important for a researcher to be cognisant of the possible limitations of their study to highlight areas of improvement that can provide recommendations for future research and expansion in the research field.

The first possible limitation of the research study is the sample size. Owing to the small participant pool, findings may not be generalised or easily transferable to other contexts both within South Africa and globally. However, owing to this study being qualitative in nature the quality of the data held more importance than the number of participants as it aims to provide detailed accounts of participants' experiences and perceptions.

Secondly, it is noteworthy that the researcher's context and background differed greatly to that of the research participants. As such, the interpretation of the findings is subject to the researcher's understanding and may differ if interpreted by a researcher with a similar background to the participants. By using a social-constructivist paradigm the researcher remained aware of the difference between her own context and the subjective reality of the participants throughout the analysis of the findings.

All interviews, collages and focus groups were conducted in English. This poses limitations on the study as English was not the first language of the participants and this may have restricted their understanding of the research questions and the answers given.

Furthermore, participants may not have answered certain questions owing to language barriers. However, to combat this limitation semi-structured interviews were used to allow for a flexible and open interview process in which participants could question and clarify when needed. Collage-making was also used to reduce the language barrier, as collages are predominantly a non-verbal data collection method in which the orphans could express themselves.

6.4 RECOMMENDATIONS FOR FUTURE RESEARCH

For future research on this topic, it is suggested to have a larger sample size of participants to gain more expansive and adaptable research findings. Creating a gender-balanced participant pool may be useful in highlighting any gender differences in orphans' perceptions.

Using more orphanages as individual case studies may be useful in creating a comparison between what is being offered in different institutions and how psycho-educational support is being perceived across multiple orphanages. The findings may then be used to expand literature and inform more orphanages across the country and globally.

A further recommendation may be to include a social domain in the research study. By looking at psychological, educational and social experiences - and supporting a more holistic approach – this will curate appropriate interventions that reach multiple Bio-Ecological Systems. It may be useful to include the social worker in future studies to gain another perspective of psycho-educational support being provided in orphanages as well as their role in providing it. Including an interpreter in interview processes may be useful so that data can be collected in the mother-tongue of the participants. This may help to provide more authentic findings that accurately depict the experiences of the participants and reduce language barriers.

6.5 CONLUSION

This chapter provided a brief outline of the research findings, highlighting the value and contribution of the research study and recommendations for future research. While limitations were outlined, these were combated by the researcher in gathering important and worthy data which has shown the strong supportive structures that have been put in place by Heavens Place. These findings may be used to inform orphanages both in South Africa and globally to better support the psycho-educational development of OVCs living in orphanages.

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APPENDICES

APPENDIX A1- LETTER OF ETHICS APPROVAL

ETHICS CLEARANCE

Dear Kayleigh Gronsbell-Luntz

Ethical Clearance Number: 2018-096

ORPHANS AND CAREGIVERS' PERCEPTIONS OF PSYCHOEDUCATIONAL SUPPORT PROVIDED AT AN ORPHANAGE.

Ethical clearance for this study is granted subject to the following conditions:

- If there are major revisions to the research proposal based on recommendations from the Faculty Higher Degrees Committee, a new application for ethical clearance must be submitted.
- If the research question changes significantly so as to alter the nature of the study, it remains the duty of the student to submit a new application.
- It remains the student's responsibility to ensure that all ethical forms and documents related to the research are kept in a safe and secure facility and are available on demand.
- Please quote the reference number above in all future communications and documents.

The Faculty of Education Research Ethics Committee has decided to

☒ Grant ethical clearance for the proposed research.

☐ Provisionally grant ethical clearance for the proposed research

☐ Recommend revision and resubmission of the ethical clearance documents

Sincerely,

Dr David Robinson

Chair: FACULTY OF EDUCATION RESEARCH ETHICS COMMITTEE

10 March 2020

APPENDIX A2- PARTICIPANT INFORMATION SHEET

PARTICIPANT INFORMATION AND CONSENT FORMS: INDIVIDUAL INTERVIEWS/FOCUS GROUP

Dear Sir/Madam

Under the supervision of Professor Jace Pillay, and as a Masters' student at the University of the Johannesburg I will be investigating the psycho-educational support being given to orphans in an orphanage in South Africa. For the purpose of this study, individual semi-structured interviews will be conducted with six orphans, the director and the social worker. In addition, two focus groups will be conducted with a group of orphans and caregivers exploring their perceptions of the psycho-educational support being given to orphans in the orphanage. I would really appreciate if you would be willing to be interviewed by me.

Please note that participation in this study is completely voluntary and you will not be advantaged or disadvantaged for choosing to participate or not. There are no risks or benefits associated with participation in this study. You may withdraw from the study at any time. You have the right not to answers any questions that you do not feel comfortable with.

Although anonymity cannot be ensured in one-on-one individual interviews, the information that you provide will be treated in a confidential manner and your identity will be kept anonymous in any research reports, publications and/or presentations that might arise from this study. Should any direct quotes be used, a pseudonym will be ascribed to protect the identity of the participant. Interviews will be audio-recorded and later transcribed for data analysis purposes. Each interview/focus group should take approximately 30 minutes and will be audio-recorded and then transcribed verbatim by the researchers. These audio-recordings and transcriptions will only be heard and/or viewed by the researchers involved in this project. Audio recordings will be destroyed after the research is completed and transcriptions will be saved on a password protected computer for 5 years for publication purposes.

The interviews will be conducted at a time and place that is convenient for you. Should you wish to access the results of the study, an executive summary can be mailed to you upon request; six months following the completion of the project. Please note that the results of this study will be published in the form of a research report. In addition, it may also be published in a peer reviewed journal or as part of the proceedings of a conference. Should you be willing to partake in this study, please contact complete the consent forms attached. Please do not hesitate to contact me should you wish to obtain any additional information.

With kind regards

Kayleigh Gronsbell-Luntz

Student Educational Psychologist

APPENDIX A3- PARTICIPANT CONSENT/ASSENT

<u>CONSENT FORM: PARTICIPATION IN INTERVIEWS</u>

I, _____ hereby give consent to take part in the study conducted by the researcher on the psycho-educational support given to orphans.

I understand that:

- My participation in this study is completely voluntary.
- I may withdraw from the study at any time.
- I may refuse to answer any questions that I do not feel comfortable with.
- There are no foreseeable risks or benefits for partaking in this study.
- There are no advantages or disadvantages for partaking in this study.
- Although anonymity cannot be ensured in a one-on-one interview, my identity will be kept anonymous and confidential in any research reports, conference proceedings and/or peer reviewed journal articles that might arise from this research.
- Should any of the information I provide be used as a direct quote in future publications of this study, a pseudonym will be ascribed to protect my identity.
- The study can be published in the form of a research report, a peer reviewed journal or as part of the proceedings of a conference.

_____
_____

Signature of Participant   Signature of Researcher

_____
_____

Date   Date

<u>CONSENT FORM: AUDIO RECORDING AND TRANSCRIPTIONS</u>

I, _____ hereby consent for my interview with the researcher to be audio-recorded and transcribed for data analysis purposes.

I understand that:
- The audio-recordings and transcriptions will only be seen/heard by the researchers involved in this project and my identity will be protected at all times.

_____

   _____

Signature of Participant   Signature of Researcher

_____

   _____

Date   Date

UNIVERSITY OF JOHANNESBURG

ASSENT FORM: PARTICIPATION IN INTERVIEWS

I, _____ hereby give assent to take part in the study conducted by the researcher on the psycho-educational support given to orphans.

I understand that:

- My participation in this study is completely voluntary.
- I may withdraw from the study at any time.
- I may refuse to answer any questions that I do not feel comfortable with.
- There are no foreseeable risks or benefits for partaking in this study.
- There are no advantages or disadvantages for partaking in this study.
- Although anonymity cannot be ensured in a one-on-one interview, my identity will be kept anonymous and confidential in any research reports, conference proceedings and/or peer reviewed journal articles that might arise from this research.
- Should any of the information I provide be used as a direct quote in future publications of this study, a pseudonym will be ascribed to protect my identity.
- The study can be published in the form of a research report, a peer reviewed journal or as part of the proceedings of a conference.

_____

    _____

Signature of Participant   Signature of Researcher

_____

    _____

Date   Date

APPENDIX B1-INTERVIEW EXCERPT

Director Individual Interview:

DIRECTOR: We have a play therapist who comes in once or twice a week, Friday afternoons and Saturday mornings and we have a therapist. So she will deal with the kids, let's say from thirteen upwards and our play therapist deals with the kids from thirteen and …

INTERVIEWER: Under …

DIRECTOR: Below. She may; and they intervene on all aspects. Our therapist and the older kids and also of course based on their command of the English language does EMDR therapy, which is very effective. But the play therapist does the normal play therapy and the various interventions. The bereavement side of things; what we used to do and it's not really happening anymore, was pre-death counselling to the dying mom and to the children and then bereavement counselling once mom had passed away. So now if a child suddenly manifests anger issues or destructive issues we very often find that it's the mourning process that hasn't been met adequately and is manifesting about four or five years later. Because in the community someone goes to Jesus and that child is not really support.

DIRECTOR: We've got a social worker …

INTERVIEWER: Social worker as well.

DIRECTOR: We've got a therapist who does the EMDR.

INTERVIEWER: And then the play therapist?

DIRECTOR: And then the play therapist and quite often the educational psychologist also see some of our children at school

DIRECTOR: The more we work with children the more aware we become that a lot of children actually should be in remedial schools…So it's remedial; there's a brilliant educational psychologist at ' and she picks up things. So she looks at the psychological aspect and then she may do an assessment for us or we contract with her to do an assessment on our children

DIRECTOR: So we deal as best we can individually with each child. We know their history or got to know their history and then we look at issues. Some of our kids go to

CFU at Charlotte Makexe for Ritalin because they've been assessed that way. Some of my older teens get anti-depressants. Again I think sometimes that's more related to their academic ability. I think they put tremendous pressure on themselves.

DIRECTOR: Some of them. Some of them who act out I think sometimes feel overwhelmed that they feel that maybe they shouldn't be in a mainstream but they've begged to be In a mainstream, others act out for attention which of course then creates more hassles, they get very negative attention and I get emails on the behaviour of my children. We work a lot on the emotional security and physical, well and mental security of a child.

INTERVIEWER: And then in terms of - is there spaces here where they can do study and do homework and …?

DIRECTOR: We have a huge leisure room and they bracken – God – broken into grades. So that's monitored.

DIRECTOR: A bit of bulling now and then which we stop immediately. We've got a boxing bag and boxing gloves. We've got the sports field there. It's a compact sports field but it's got netball and all that kind of thing. We got a library, we got a music and art room and then we have people from the Juilliard School come out June/July and past and present students and lecturers come and hold workshops with the kids.

Hope Individual Interview:

INTERVIEWER: Okay. So, the first basic question is, how do you feel about being here at Heavens Haven, and being part of this community?

CHILD 1: I feel very lucky, because where I'm from wasn't as good as this place. I used to live in a squatter camp, where you'd find as soon as you wake up outside, you'd find water running down. And winter would be very, very cold because of the shacks and all that stuff. And it would be easy to get hurt there. And I feel like Heavens it's safer, it protects you from the outside world, so I feel very, very lucky.

INTERVIEWER: 2012, okay. So when you first come here, what were the feelings and emotions of coming here, was it relief, or ... ?

CHILD 1: It was anger. I had to be separated from my family. My mom had just passed on, then when I was trying trying to adapt to being around family, then I had to come here. So then I was angry at first, but then as you're growing up you learn that "Okay, I'm actually lucky to be here."

INTERVIEWER: It makes sense, it's completely understandable. And who kind of helped transition in here, and made you feel more comfortable in being here, moved you from a space from feeling

really angry, and into a space of feeling lucky?

CHILD 1:There's a caregiver who actually ... I came here looking very sick. She helped me emotionally and physically. I actually became fat because of her.

CHILD 1: Yes, this place has created that, because most of the caregivers are female, and mother nature created a woman to actually support you emotionally.

CHILD 1: Yes. So, I would say yes, they have created a space that is safe for a person to open up emotionally, and psychologically.

CHILD 1: Concentration, I always have a concentration problem when it comes to schoolwork

INTERVIEWER: And the concentration, why do you think ... What is it? Do you sit in class and you can't ...

CHILD 1: Concentrate. I just sit and ... I'll be concentrating, and then slowly my imagination knocks, and then before I know it I'm stuck in it, and I can't get out. It's the type of imagination that keeps you happy. I don't know if the mind traps you, I don't know.When I used to be so sad it would help me. I'd be so sad, I'd be sitting in a slump, but then slowly it comes in, and then in, and then in ...

Gabi Individual Interview:

INTERVIEWER: They're not your friends though ... I understand. So when you're feeling any of these bad emotions, like feeling sad, or feeling angry, who do you talk to here?

CHILD 2: Caregiver.

INTERVIEWER: The caregiver. Is there one particular caregiver that you have a very good relationship with?

CHILD 2: Yes.

INTERVIEWER: One, and that's who you talk to here. And does she help you?

CHILD 2: Yes, she does.

Lina Individual Interview:

CHILD 6: No. When I was young I felt like I wasn't a child that used to like to communicate. I wasn't the child that likes to watch TV or play. I wasn't that kind of child that talks about her feelings to anyone, I was just a quiet child.

INTERVIEWER: And now?

CHILD 6: I feel like I've grown, and I can tell people about my feelings. Because I've experienced a lot of things, I've been through depression. And then now they took me to some doctor. I go and see her maybe after six months. She gives me pills and then she speaks to me, and then I tell her how I feel, and how is life.

INTERVIEWER: Does that help? Do you find that helps more?

CHILD 6: Yes.

Mpho Individual Interview:

INTERVIEWER: And how did you feel when you came here?

CHILD 4: I wasn't that happy when I came here because it was separating me and my granny, but when I got older I realised that they are not, they are trying to help me.

INTERVIEWER: So it was hard when you first came?

CHILD 4: Yes.

INTERVIEWER: And what are some of the good feelings you have about being here, and some of the bad feelings that you have about being here?

CHILD 4: The good feeling is that I'll finish school properly, not staying a year and then going to university. The bad things are I can't see my family a lot of times.

INTERVIEWER: And do you feel ever sad, or angry being here?

CHILD 4: No, not anymore.

INTERVIEWER: Not anymore, you used to?

CHILD 4: Yes.

INTERVIEWER: And who helped you when you were feeling like that?

CHILD 4: I went to Sister, another social worker.

APPENDIX B2-FOCUS GROUP EXCERPT

Focus Group Children:

INTERVIEWER: What other things do you think they do to support your education? How do they support it? In what ways? So, they created like the leisure room for you as an example. So, what other stuff?

CHILD: Extra lessons for us if maybe you aren't good at English or maths or you struggle with whatever subject you are struggling with. They get like a tutor, someone whose going to help you; give you extra lessons; so, you know the subject, yes.

INTERVIEWER: No. Okay, so, then the other…the other part that I was talking to you about was the psychological support. So, the support of the feelings that you deal with when you're here; when they come up who helps? Do you feel like they are supportive? How are they supportive? You know, how could they be more supportive to you?

CHILD: I feel like they're supportive because they make sure that we are okay physically, mentally and emotionally. Like if you drink medication, every like Saturday, like we go and check our weight. Maybe, let's say last week you weighed 30, maybe last week you weighed 30 or 56 and then this week your weight goes down. Like they are going to be concerned why did your weight go down instead of going up. What's wrong? Are you okay? Like they take you to a doctor. They make sure that you are fine…

INTERVIEWER: And in terms of not only your physical health but your emotional health?

CHILD: There are some caregivers who allow like…who you can talk to about emotional things and they help you.

INTERVIEWER: Yes. So, who then do you think is giving you the most emotional support here because if you don't feel almost comfortable not to talk to the caregiver because you feel like they might share what you're telling them. Then who is giving you that support?

CHILD: Friends.

INTERVIEWER: Friends.

CHILD: Yes.

INTERVIEWER: You also think that or…?

CHILD: I go to Glenda.

INTERVIEWER: Glenda. You feel Glenda's supports you?

CHILD: Friends.

INTERVIEWER: Friends. Gabi?

CHILD: Yes, friends.

INTERVIEWER: Friends. Also, friends? So, and what about the therapist?

CHILD: I use the therapist and sometimes I also speak to Lynn. She's one of the management staff. I mean like that you find that everybody feels comfortable with talking to different people.

INTERVIEWER: Yes.

CHILD: I find some caregivers easier to talk to knowing that they will keep my secret if I go but then if I don't want to talk to a caregiver then I find somebody else. Even the therapist.

Focus Group Caregivers:

CAREGIVER: They have therapy, and a social worker. So they normally go up, especially when they are first arrivals, they go for therapy and a social worker.

CAREGIVER: And we also have somebody who comes in who are from outside ...

INTERVIEWER: And they come in and see them. And do the kids want to go the therapist, are they open to go?

CAREGIVER: And at some point where the situation seems to be more tense, we normally take our kids to Child and Family Unity in the hospital, whereby they will be assessed by a psychologist, and they get support.

CAREGIVER: We talk to them, especially to those who open up, that "I went there and today I don't feel okay because of what they asked me." So as a caregiver I will be there to give that child support, that you know what, it will help you in the long run if you open up and talk to that person

CAREGIVER: Yes. And as a caregiver, you are the first person to notice that there is problem with a child. And then you are the first person then who confront the child and ask, "Is everything okay?" And then the child will open up, or the child will choose to keep quiet.

…

CAREGIVER: And even teachers, they do report that they are not those kids who will be still in class. Some will be moving around, some they will be doing ... All the time we get those reports, that he or she can't sit still, and will be disturbing other kids in class.

INTERVIEWER: And in terms of homework, who helps them with the work if they don't know, if they come back from school?

CAREGIVER: It's us.

APPENDIX B3-COLLAGE

this place.
taught me
to do
both.

happy -
@ school.

brightens up
my day.

LOVE FAMILY
HATE MATTERS

Inspire

A
Beautiful
Mind

UnderPressure

not toxic anymore - stronger
think good things.

sad

don't have to be
relaxed.
- feel like family
here.

people here
inspire me
never give up
do what I love

everyone wants
me to be
@ some pace.

IT'S COMING!

GO BOLDLY!

be brave my friends help.

feel strong when I speak about my feelings

feel on top of world. when I see my family.

Women's Health
FIT NiGHT OUT
adidas

adidas

Women's He

talents

CHOICE
can choose to go to school.

SHARE YOUR thoughts!

MY FUTURE HOPES

Sometimes Ntosi helps.

when I'm with my friends

APPENDIX C- INTERVIEW SCHEDULE

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

Interview Schedule Orphans

In satisfying the aspects of a semi-structured interview, the following is a list of the proposed questions that the researcher will be posing to each participant. Given the nature of the proposed interview it is possible that some questions may be modified, or completely removed from the list depending on the individual interviews of each participant. Any changes in this regard will be noted and change accordingly during the stage of analysis. The questions are as follows:

Psychological:

1. How do you feel about being in this orphanage?
2. What are some good/happy feelings and some bad/sad feelings you have about being in this orphanage?
3. Do you feel supported when you have these feelings?
4. Who supports you when you have these feelings?
5. What do they do to support you when you have these feelings?

Educational:

1. Do you go to school?
2. Do you enjoy going to school?
3. What problems do you have about going school?
4. Who supports you with your school work?
5. How do they support you with your school work?

Social:

1. Do you have friends in this orphanage and at school?
2. Do you get along with the other children in this orphanage?
3. Do you have any problems with the other children, if so what are they?
4. Who helps you with these problems?

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

Interview Schedule Caregivers/Director/Social Worker

In satisfying the aspects of a semi-structured interview, the following is a list of the proposed questions that the researcher will be posing to each participant. Given the nature of the proposed interview it is possible that some questions may be modified, or completely removed from the list depending on the individual interviews of each participant. Any changes in this regard will be noted and change accordingly during the stage of analysis. The questions are as follows:

Psychological:

1. What are some of the common emotions experienced by the children in this orphanage around being an orphan?
2. How do the children feel about being in this orphanage?
3. What support is given to them to cope with these emotions?
4. What is your role in providing psychological and emotional support to them?

Educational:

1. What are some of the difficulties the children face with their education?
2. Where do the children do their homework for school?
3. How do the children get to and from school?
4. How do you support the children with their education?

Social:

1. What social problems do the children experience in the orphanage?
2. What social problems do the children experience in school?
3. Do the children have positive social relationships with each other and with you?
4. What is your role in supporting them socially?

APPENDIX D- LETTER FROM EDITOR

Lia Marus

PO Box 1494, Parklands, 2121

082 709 7876   lia@liamarus.co.za

18 October 2019

To whom it may concern,

I, Lia Marus (ID Number: 8104140136088), am a full member of the Professional Editors' Group. I declare that I have edited the thesis of KAYLEIGH GRONSBELL-LUNTZ entitled:

- *ORPHANS AND CAREGIVERS' PERCEPTIONS OF PSYCHO-EDUCATIONAL SUPPORT PROVIDED AT AN ORPHANAGE*

I have edited this thesis to the best of my ability, given the initial document which was given to me by the student. I take no responsibility for the suggestions, which I make to the document that the candidate does/does not accept.

Yours sincerely

Lia Marus

APPENDIX E- AFFIDAVIT

TO WHOM IT MAY CONCERN

This serves to confirm that I, **Kayleigh Gronsbell-Luntz**

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Student number **216015442** enrolled for the

Qualification **MEd Psychology**

Faculty **Eduation**

Herewith declare that my academic work is in line with the Plagiarism Policy of the University of

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I further declare that the work presented in the **Minor-Dissertation** is authentic and original unless clearly indicated otherwise and in such instances full reference to the source is acknowledged and I do not pretend to receive any credit for such acknowledged quotations, and that there is no copyright infringement in my work. I declare that no unethical research practices were used or material gained through dishonesty. I understand that plagiarism is a serious offence and that should I contravene the Plagiarism Policy notwithstanding signing this affidavit, I may be found guilty of a serious criminal offence (perjury) that would amongst other consequences compel the UJ to inform all other tertiary institutions of the offence and to issue a corresponding certificate of reprehensible academic conduct to whomever requests such a certificate from the institution.

Signed at **Norwood** on this _____day of **October 2019**.

Signature_____ Print name **KAYLEIGH GRONSBELL-LUNTZ**

STAMP COMMISSIONER OF OATHS

Affidavit certified by a Commissioner of Oaths

This affidavit conforms with the requirements of the JUSTICES OF THE PEACE AND COMMISSIONERS OF OATHS ACT 16

OF 1963 and the applicable Regulations published in the GG GNR 1258 of 21 July 1972; GN 903 of 10 July 1998; GN 109 of 2

February 2001 as amended.

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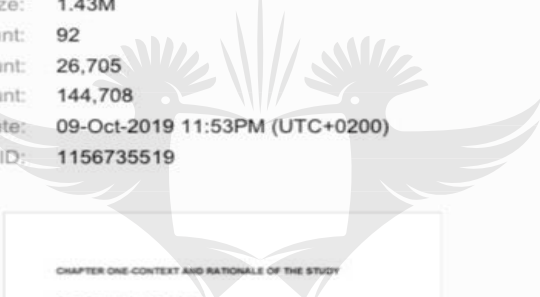
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