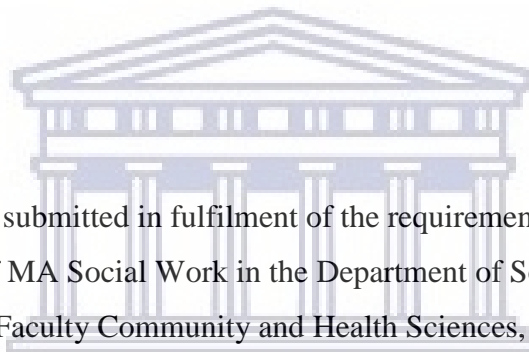


**RESIDENTIAL CAREGIVERS' PERCEPTIONS OF  
ADOLESCENTS' PREPAREDNESS, AS THEY TRANSITION  
FROM RESIDENTIAL CARE**

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Thesis submitted in fulfilment of the requirements for  
the degree of MA Social Work in the Department of Social Work,  
Faculty Community and Health Sciences,

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**Supervisor:** Dr Marcel Londt

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<http://etd.uwc.ac.za/>

## ABSTRACT

The National Policy on Orphans and Vulnerable defines an orphan as a child, who has lost one, or both parents, and is under the age of 18, while a vulnerable child is one, who is in need of care and protection. The Orphans and Vulnerable Children (OVCs) are placed in residential childcare facilities (RCCFs), such as children's homes, shelters, safe havens, or any other alternative form of care. They are provided with psychosocial support, depending on the facility, in which they are placed.

Failure to provide proper and specialised care by the caregivers could prove harmful to the overall wellbeing of the child, resulting in children with developmental difficulties, poor interpersonal relationships, mental health difficulties, behavioural difficulties, and poor academic achievement. Studies reveal that the skills and life lessons that children learn in residential care facilities, diminish over time, and are not sustainable; consequently, adolescents exiting care tend to struggle, when they are reintegrated into the community. They struggle with reintegration into society, as well as financially, and experience challenges with independence. This current research, therefore, is aimed at identifying the caregivers' perceptions of adolescents' preparedness, in terms of skills to cope, as they transition from residential care to independent living. The research design that was employed in this current study is qualitative research, and semi-structured, individual interviews were used as the data collection method.

The sampling technique used was purposive sampling to recruit a sample size of 23 (twenty-three) caregivers, as well as 1 (one) adolescent, who had already been integrated into the community. The participants were from selected residential childcare facilities in Windhoek, Namibia, operated under diverse management systems. A thematic analysis was employed to analyse the data that were collected.

All ethical obligations for this current study were observed, for example, avoiding harm to the participants, informed consent, privacy, confidentiality and anonymity. The participants were informed that they could withdraw at any time during the data collection process, without any negative consequences, and referrals for counselling were available to any participant, who would require this type of support. The data, recordings, and transcripts were stored in a safe

place, to which only the researcher would had access. Additionally, the data will be stored electronically for 5 years, and disposed of after this period.

The findings of this current study revealed what the caregivers in the residential child care facilities considered a state of being ‘prepared’ for adolescents, as they transition from care. In addition, many skills, which the caregivers deemed vital for adolescents to acquire before leaving residential care, were identified. The techniques that caregivers used, to assist and prepare the adolescents for independent living, also emerged from the data, as well as the various challenges that they face in attempting to transfer these necessary skills. The factors that affect adolescents leaving care, during this transition period, were identified in this study.

Finally, the researcher offers various recommendations to residential childcare facilities, social services providers, and researchers, for future research.



## KEY WORDS

Adolescents

Care Leavers

Community

Discharged

Independent Living (Skills)

Preparation

Preparation

Reintegration

Residential Care

Reunification

Skills

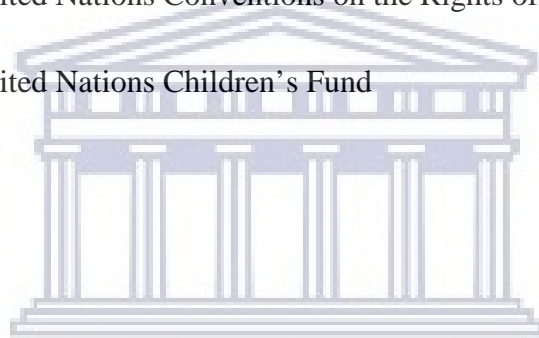
Transitioning

Youth



## LIST OF ACRONYMS

<b>OVC</b>	-	Orphans and Vulnerable Children
<b>WHO</b>	-	World Health Organisation
<b>MGECW</b>	-	Ministry of Gender Equality and Child Welfare
<b>CCPA</b>	-	Child Care and Protection Act
<b>RCCF</b>	-	Residential Child Care Facilities
<b>HSREC</b>	-	Health Science Research Ethics Committee
<b>UNCRC</b>	-	United Nations Conventions on the Rights of the Child
<b>UNICEF</b>	-	United Nations Children's Fund



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## DECLARATION

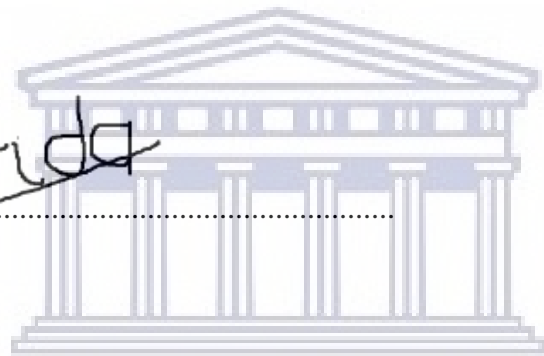
I declare that this study, entitled, “*Residential caregivers’ perceptions of adolescents’ preparedness, as they transition from residential care*”, is my own work, and I have fully acknowledged all the references used, in a proper manner, using in-text referencing, and a complete reference list.

**Name:** Florida Nyasha Danai Mlambo

**Date:** October 2021

**Signature:** .....

Florida



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## DEDICATION

I dedicate this study to all the wonderful caregivers in residential childcare facilities, who work so tirelessly to provide care to vulnerable children and orphans. I pray that God grants them strength to continue this great work.

To everyone who works closely with children, to provide protective services, be blessed!

To my Parents, your love and support is profoundly appreciated.

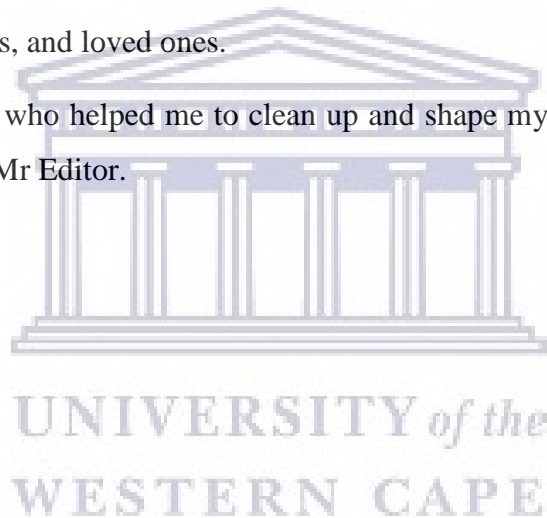


## ACKNOWLEDGEMENTS

The strength, knowledge, and grace for the ability to carry out this study comes from the All Mighty God. I would like to thank everyone who supported, and motivated me during this journey.

Personally –

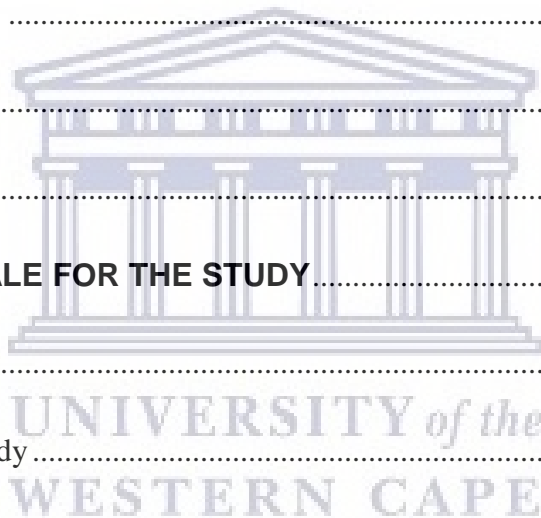
- My parents, who sacrificed so much for me to study further in my post graduate studies, for their continuous support and love. God bless you so much!
- My Supervisor, Dr Londt, for her guidance and patience, and for being with me every step of the way.
- My friends, siblings, and loved ones.
- Finally, the editor, who helped me to clean up and shape my writing into a scholarly piece. Thank you, Mr Editor.



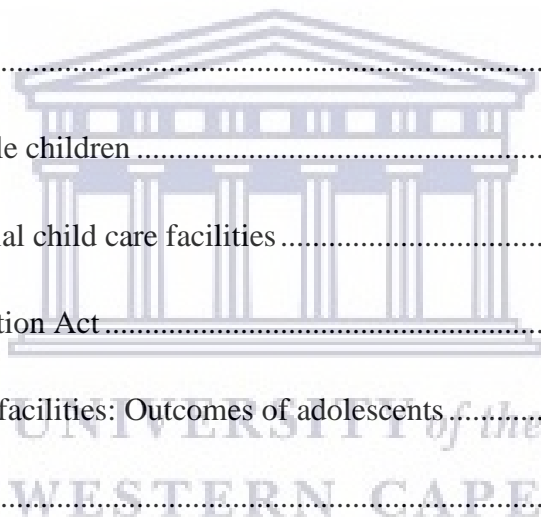


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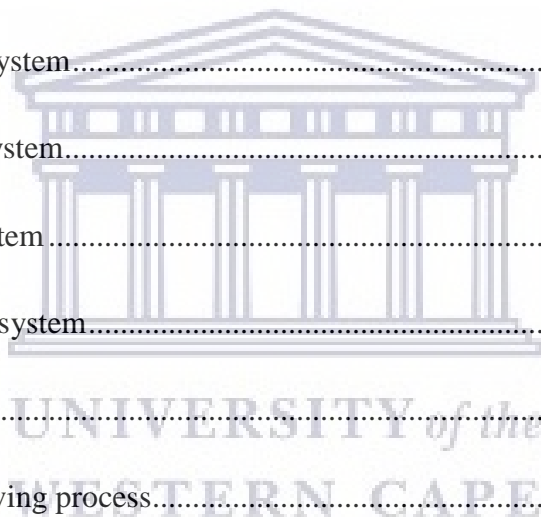
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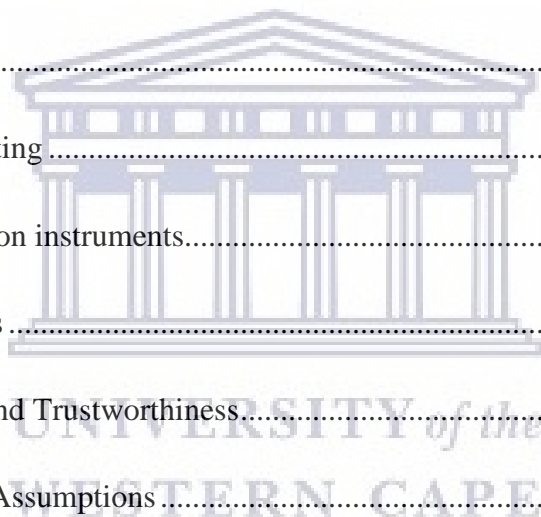
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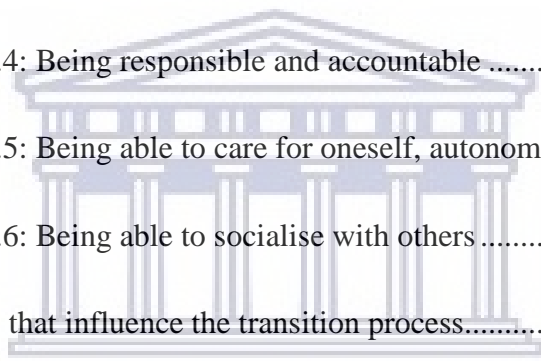


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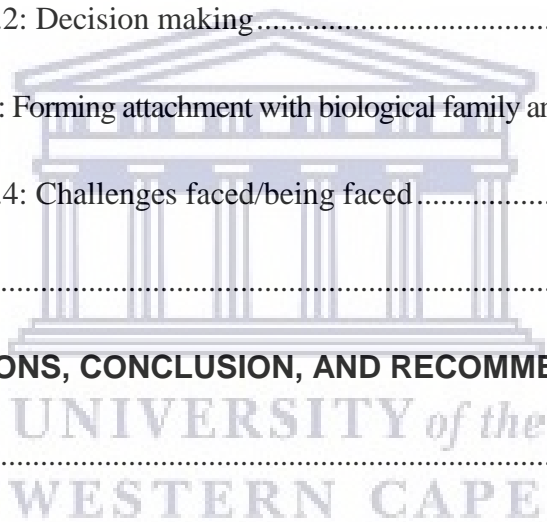
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# CHAPTER ONE

## RATIONALE FOR THE STUDY

### 1.1. Introduction

In this chapter, the researcher provides the background, problem statement, aim and objectives of this current study. In addition, the research question, research design, theoretical framework, methodology, definitions of terms, ethical obligations, and a layout of the entire thesis are presented. The aim of this current study was to explore the caregiver's perceptions of adolescent preparedness, as they transition out of care in Namibia. Research studies on this phenomenon are scant; however, this field of study is steadily growing. Therefore, the researcher is of the opinion that this research is significant, as it could contribute to the body of knowledge in the residential care, as well as the child protection sector in Namibia.

### 1.2. Background of the study

Namibia is a country, located in South-Western Africa that has a population of approximately 2.54 million people, of whom 342 141 people live in the capital city of Windhoek, according to the Population and Housing census report (Namibia Statistics Agency [NSA], 2011). It is a middle-income country that thrives on the agriculture, mining, fishing, and tourism sectors, which contribute greatly to the economy of the country. However, the Namibian Statistics Agency (Namibia Statistics Agency [NSA], 2012) recorded more than 153 745 orphans and vulnerable children in Namibia.

The Child Care and Protection Act (Government of the Republic of Namibia [GRN], Act No. 3 of 2015, p. 13) defines an orphan as a child, who has no surviving parent caring for him/her. The Education Sector Policy for Orphans and Vulnerable children of Namibia (Government of the Republic of Namibia [GRN], Ministry of Education, 2008) extends the meaning of vulnerable children to include children with disabilities, or learning difficulties, the neglected and abused, the HIV-positive, the indigenous minorities, as well as other vulnerable children, which is expected to reach 250 000 by 2021. The expected rise in orphans and vulnerable children could imply an increase in the number of children admitted into residential childcare facilities in Namibia.

The Ministry of Gender Equality and Child Welfare of Namibia (Government of the Republic of Namibia [GRN], 2009) defines residential child care facilities as places that are used, primarily, for the temporary, or long-term accommodation of children in need of care and protection. A Children's home is a form of residential care facility, which is a residence, or home, maintained for the accommodation, protection, care, and rearing of more than six children, or pupils, apart from their parents. The children's homes concept in Namibia does not include a reform school, or residential school.

The Child-Care and Protection Act of Namibia (GRN, 2015) states that a home is a facility, other than the child's family home, which is used for children, who have been abandoned/orphaned, are awaiting trial/sentence, as well as those, who cannot be placed in kinship care/foster care. The Act states that a child is a person, who has not attained the age of 18 years. Additionally, adolescence is considered a significant developmental stage in a young person's development, and a time when specific risks and opportunities, exclusive to that period, surface. Adolescents reach the legal age for many privileges and responsibilities, leave home, enter the workforce, or higher education, and form long-term romantic relationships (Arnett, 2000).

However, in a study conducted by Berridge, Biehal, and Henry (2012, p. 3) on residential homes in England, the findings revealed that the staff in child care facilities held low levels of professional qualifications. Children raised in residential childcare facilities often experience severe behavioural, emotional, and psychological difficulties, due to a history of exposure to traumatic stress, which increases the difficulty level of care (Greyvenstein, 2010). Therefore, the caregivers' lack of training, regarding the needs of children in facilities, is of concern, as it may prove to be a challenge for them to care for the children, especially those, who are transitioning into their adolescent years, and towards de-institutionalisation (Greyvenstein, 2010).

Children are admitted into out-of-home care for a variety of reasons, for example, the parents' failure to care for them adequately, as may be the case when parents suffer from a physical or mental illness, are in prison, or have substance abuse challenges (Chaitkin et al., 2017). Alternatively, they may be admitted into care because of child-related issues, for example, any form of abuse/neglect, or the child's behavioural problems. Children living in residential care placements are more likely to have behavioural and emotional problems, or problems with

school adjustment, and be in poor physical or mental health, even when compared with an at-risk population of children, living in single-parent, low-income families (Chaitkin et al., 2017).

In a study conducted by Dickens and Van Breda (2013), the findings revealed that only a quarter of care leavers considered themselves ready to leave care, or that they had been adequately prepared, and 90% wished to stay in care longer (Dickens & Marx, 2014). Consequently, the inadequate preparation of care leavers to deinstitutionalise, could lead to negative outcomes for them. Children, who had been reared in institutions, have difficulty forming secure relationships, and tend to be friendly, indiscriminately, irrespective of the quality of care provided (Goodkind, Schelbe, & Shook, 2011). Admission into the care system also leads to the breakage of bonds with culture and community networks, especially in children from different ethnic backgrounds, it is apparent that admission into care is linked to a variety of negative outcomes (Chaitkin et al., 2017).

Although literature tends to reveal outcomes that are more negative for care leavers, it cannot be concluded that there are no positive outcomes. The positive outcomes of residential adolescent care services is that the subjects receive care and protection, and are prepared for their return to society (Whittaker et al., 2016)

### **1.3. Problem statement**

The skills and life lessons that children learn in home care facilities diminish over time, and are not sustainable; therefore, as adolescents, they tend to struggle when they are reintegrated back into the community (Pryce, Jones, Wildman, Thomas, Okrzesik, & Kaufka-Walts, 2016). In institutions, most tasks are done for the children, and they interact with children in the institution, mostly. While the institution is used as a therapeutic setting to respond to the needs of its residents, little is known about how prepared they are, as adolescents, to transition back into their communities, or live independently (Cantwell, Gale, McGhee, & Skinner, 2017). Therefore, it is important to explore the extent to which, if any, children, as adolescents in a residential setting, are equipped with the necessary skills for independent living (Bettmann, Mortensen, & Akuoko, 2015, p. 73). This current study, therefore, was aimed at identifying the caregivers' perceptions of the skills level and readiness of youth, who are transitioning from residential care into independent living, as adolescents.

#### **1.4. Research question**

A research question is the fundamental core of a research project, study, or review of literature. It focuses the study, determines the methodology, and guides all stages of inquiry, analysis, and reporting (De Vos, Delpont, Fouché, & Strydom, 2011, p. 108). For the purpose of this current research the research question was, “*What are residential caregivers’ perceptions of adolescents’ preparedness, as they transition from residential care to independent living?*”

#### **1.5. Research objectives**

The main objectives for this current study were to:

- Explore and describe the identified skills that caregivers considered children would require, when exiting residential care, as adolescents;
- Explore how caregivers had equipped children, as adolescents, for life after residential care, in terms life, employability, and social skills.
- Describe how caregivers assessed whether children, as adolescents, have been prepared for independent living after residential care.

#### **1.6. Theoretical Framework**

Bronfenbrenner’s Theory of Ecological Development was used as a theoretical framework for this current study (Bronfenbrenner, 1979a). It states that ecology of human development is the scientific study of the progressive, mutual accommodation, throughout the life span, between a growing human organism, and the changing immediate environments in which it lives. This theory explores a child’s development, in the context of the system of relationships that form his/her environment (Paquette & Ryan, 2001, p. 2). The theory was deemed most applicable to this current study, as it considered the different factors that play a role in human development, in terms of their social context.

#### **1.7. Methodology**

##### **1.7.1. Research Approach**

The qualitative research approach was employed as the aim as to attain a descriptive and in-depth understanding of the phenomenon (Rubin & Babbie, 2011b, p: 438). Qualitative research, systematically, uses a predefined set of procedures to answer the research

question through data collection, and producing findings that were not determined in advance (Mack, Woodson, MacQueen, Guest, & Namey, 2005, p. 1). The researcher deemed this method, the most applicable for this current research, as the aim was to gain an in-depth understanding, as well as detailed information about the phenomenon under scrutiny.

### 1.7.2. Research Design

The research design refers to the overall strategy that would be applied, when integrating the different components of the study in a coherent and logical way, thereby, ensuring that the research problems are addressed, effectively. It constitutes the blueprint for the collection, measurement, and analysis of data (Rubin & Babbie 2011a, p. 141). An exploratory-descriptive research design was employed in this current research study. The researcher employed this research design because exploratory studies are usually more appropriate in case of a problem about which little research knowledge is available (Akhtar, 2016, p.73). In Namibia there is very little information available on the subject area being addressed hence exploratory being applicable. Furthermore, descriptive research allows the researcher to obtain information on characteristic of a particular issue like community, group or people, it describes social events, social structure, social situation (Akhtar, 2016).

### 1.7.3. Research setting

Three residential childcare facilities, located in Windhoek, Namibia, in diverse communities, were identified as the research settings for this current study; one was State-owned, and two others, privately owned. The study was conducted on the premises of the facilities, to avoid the disruption of their daily routine. Consequently, a quiet and private area was identified to conduct the interviews. Rubin and Babbie (2011a, p. 113) assert that the researcher should ensure that the choice of venue, in which the interviews are to be conducted, is conducive to the participants' needs, resources, and concerns. Additionally, the setting should be convenient, as well as safe, and the participants should be comfortable with the selected environment.

### 1.7.4. Population

In the context of research, a population refers to all the persons or elements of interest to the researcher. In addition, it also refers to an entire group of people, or components, with

common characteristics, as defined by the sampling criteria, established by the researcher (Ritchie, Lewis, Nicholls, & Ormston, 2013, p. 112). For this current study, therefore, the population was the caregivers at the three identified children's homes in Windhoek. The population was all caregivers in Windhoek, as well as adolescents, who had already been reintegrated into the community.

#### 1.7.5. Sampling

Sampling is a process of selecting a segment of the population, in which the researcher is interested (Zikmund, Carr, & Griffin, 2013, p. 384). The sampling technique that the researcher used in this current study was purposive sampling, a non-probability sampling method (De Vos et al., 2011, p. 392). The final sample size was 23 caregivers, and 1 adolescent, who had already been reintegrated into the community,

#### 1.7.6. Data collection instruments

The data collection method selected for this current study was individual, semi-structured, in-depth interviews. According to Greeff (2011, p. 342), the use of interviews, as a data collection method, is due to the researcher's perception and belief that the participants' perspectives are meaningful, knowledgeable, and could influence the success of the project. Therefore, this form of data collection was most appropriate, as an in-depth understanding of the phenomenon was sought from the responses of the participants.

#### 1.7.7. Data Analysis

For the purpose of this current study, the researcher used thematic analysis as the qualitative research, data analysis method. It was used to analyse classifications and present themes (patterns) that related to the data. This illustrates the data in detail and deals with diverse subjects, via interpretations (Ritchie et al., 2013, p. 269). The researcher followed the Braun and Clarke (2006) detailed guidelines of data analysis to develop an organising system for unstructured qualitative data.

### **1.8. Limitations of the study**

Limitations are the shortcomings, conditions, or influences, beyond the researcher's control, which place restrictions on the methodology and conclusions (De Vos et al., 2011, p. 111). One limitation that the researcher encountered was obtaining permission, timeously, from the

residential childcare facilities. The researcher spent nearly two months, negotiating with various personnel, especially from Non-Governmental Organisations, before permission was granted, finally. Once permission was granted, the other challenge was setting up appointments for the interviews that were convenient for the caregivers, to avoid disrupting their daily duties.

### **1.9. Ethical obligations**

Ethics clearance was sought from, and granted by, the HSREC Committee at the University of the Western Cape (Appendix 1). The ethical obligations of avoiding harm to participants, informed consent, confidentiality, and anonymity were observed. Counselling services were made available when required. The participants were informed that they could withdraw their participation at any time during the research, and could refuse to answer any questions, with which they were uncomfortable. They were also advised of their choice to be audio-recorded, or not, during the interviews. The participants were informed that there are debriefing services should they need them prior or post the interview, they would have been provided by external source or on-site Social Worker.

Guba's Model of Trustworthiness in qualitative research was applied in this current study. Researchers need alternative models, appropriate to qualitative designs, which ensure thoroughness, without sacrificing the relevance of the qualitative research (Guba, 1981). Detailed explanations of the ethical obligations are presented in Chapter 3 of this thesis.

### **1.10. Layout of the thesis**

**Chapter One:** This chapter contains the background and orientation of the study, the problem statement, research question, and objectives of the study. Additionally, it includes a brief overview of the research approach and introduction of the research process.

**Chapter Two:** In this chapter, the researcher provides an overview and critical analysis of the literature pertaining to the study. Additionally, Residential child care facilities [RCCF] in Namibia, as stipulated in the Child Care and Protection Act (GRN, 2015), are reviewed, specifically, the impact of the RCCF and procedures of admission. The Adolescent stage, as well as the Hierarchy of needs by Abraham Maslow are reviewed. The researcher also defines skills, and ways of developing skills, as well as the indicators of adolescent success. Lastly, the residential caregivers' experience in RCCFs, and the adolescents' transitioning out of care, are reviewed.



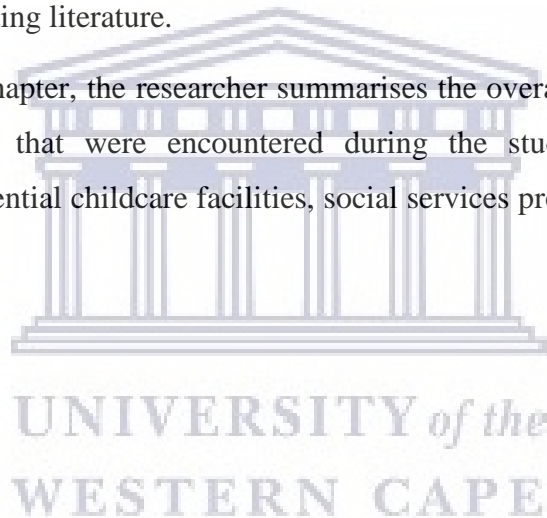
**Chapter Three:** This chapter contains the theoretical framework, as two theories, namely, the Ecological theory and the Resilience theory are presented.. In addition, adolescence is explained and described, as well as the rationale to explain why these theoretical lenses were appropriate to this current study.

**Chapter Four:** The research methodology is presented in this chapter. It covers the research approach, study design, sampling technique, research setting, data collection instrument, data analysis, limitations/assumptions, and ethical obligations.

**Chapter Five:** In this chapter, the researcher presents the demographics of the participants, the findings of the study, as well as the themes, and the sub-themes that emerged from the analysis of data.

**Chapter six:** A discussion of the findings is presented in this chapter. In addition, these findings are linked to existing literature.

**Chapter Seven:** In this chapter, the researcher summarises the overall findings of the study, discusses the limitations that were encountered during the study, and offers various recommendations to residential childcare facilities, social services providers, and researchers, for future research.



## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1. Introduction

In this chapter, the researcher presents a review of literature, both local and international content, regarding the topic under scrutiny. A compare/contrast and an analytical analysis on various literature was conducted. The review focused, firstly, on orphaned and vulnerable children in residential facilities, as well as the different forms of care provided. An overview is provided of the Child Care and Protection Act of Namibia (GRN, 2015) and childcare policies (Government of the Republic of Namibia [GRN], 2008, 2009, 2007; 2004). The adolescent developmental stage was explored, as well as what it entails, clarifying the different skills that an individual requires to cope in society and everyday life.

Maslow's (1954) Hierarchy of needs, adolescents transitioning out of care, and the independent living skills, are presented to strengthen the rationale, regarding the needs, stages of development, as well as the skills an individual requires to achieve optimal functioning. The model of care leaving, and the role of residential caregivers (Van Breda, 2016) was used as a lens to focus on the overall study.

#### 2.2. Orphans and vulnerable children

Orphans and vulnerable children (OVC) are defined as children, between 0 and 18 years of age, who have lost one or both parents, and/or whose primary caregiver had died, or who are in need of care and protection (GRN, 2004). Although there are organisations available to care for children, who had lost parental care, or are at risk of losing care, there is an international agreement that residential care should be a matter of absolute last resort, when all other avenues for appropriate family care, have been exhausted (Jolly, 2014).

#### 2.3. Overview of Residential childcare facilities

Nyberg et al. (2012, p. 127) reported that, in 2000, AIDS had killed an estimated 14.8 million adults and children, and orphaned nearly 14 million children, globally. With rates of new infections continuing to rise, and effective treatment still remote, the wave of children orphaned

by AIDS was projected to rise to 18 million in sub-Saharan Africa. Even with reductions in new infections, the cumulative impact of AIDS would continue to increase the number of orphaned children for years to come. Non Profit Organisations (NGOs) have been established in Namibia in an attempt to curb the rise in the number of orphans and vulnerable children. They support the OVCs in Namibia, by providing day-care, medical assistance, basic needs, and many more services.

Orphans and vulnerable children are placed in residential childcare facilities, such as children's homes, shelters, safe havens, or any other alternative form of care. Richter and Norman (2010, p. 220) state that placing children in residential care should be regarded as a last resort, when all other alternative options of care have been exhausted. Residential care should only be seen as a feasible option, when families and communities, supported by government and civil society, are unable to protect children from vulnerability; when early prevention strategies have failed; and when transitional care structures cannot return children to a safe and enriching, non-residential family care environment (Richter & Norman, 2010). In the following section, residential care in Namibia is discussed, according to the Children's Act (GRN, 2015), and the Child Care Policies (GRN, 2008, 2009, 2007, 2004).

#### **2.4. Child Care and Protection Act**

In the Namibian Child Care and Protection Act (GRN, 2015), Chapter 5 states that residential child care facilities comprise shelters, places of care, child development centres, child detention centres, and children's homes. A *shelter* is a facility used to provide basic services, including overnight accommodation, to abused adults and children; children living, or working on the streets; or children, who voluntarily attend the facility, but are free to leave at any time. In addition, the abovementioned Act states that a *place of safety* is a facility used for the temporary reception and care of children, pending their placement, in terms of a court order, and awaiting trial or sentence.

*Places of care* are facilities used for the care of children, whether for, or without reward. It houses of more than six children, who are taken care of, on behalf of their parents, or caregivers, during specific hours of the day/night, or for a temporary period, in terms of a private arrangement between the parents/caregivers. Another form of care is an *early childhood development centre*, which is a facility used to care for children from birth to the age of formal schooling, and which offers a structured set of learning activities. *Child detention centres*,

however, are facilities used for the reception, care, and training of children with behavioural difficulties.

The last form of residential childcare facility, applicable to this current study is the *children's home*. In the Child Care and Protection Act (GRN, 2015), Chapter 5 states that a children's home is a facility, other than the child's family home, used for the reception and provision of residential care of children, who have been abandoned or orphaned. There are childcare policies that guide the placement of children.

## **2.5. Residential childcare facilities: Outcomes of adolescents**

“A child temporarily or permanently deprived of his or her family environment or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State” (United Nations Commission on Human Rights [UNCHR], 1990, Article 20, para 1). According to Article 20 of the Convention on the Rights of the Child (UNCHR, 1990), such care could include the placement of a child in family foster care, or, if necessary, in residential care.

The average age to leave care is 18 or 21; however, literature reveals that children in care would not be equipped entirely, and ready to function independently. The findings of a study conducted by the Centre for the Study of Social Policy (Alcock, Haux, May, & Wright, 2016, p. 2) reveal that American adolescents are unable to support themselves financially at age 18 or 21, which is the cut-off year for adolescents in states with extended care services. These adolescents, generally, enter the care system because of traumatic events, and may have experienced a high degree of instability as children, during their time in care.

In residential care services, adolescents reside away from their homes and live in unfamiliar settings. The aim of adolescent residential care services is to offer care and protection, as well as prepare the adolescents for their return to society, by creating a therapeutic living environment (Whittaker et al., 2016). The formation of a family-like environment at a residential childcare facility (RCCF) is designed to emulate the traditional family. The benefit of creating such an environment allows children to thrive in certain areas, such as bonding with others, experiencing consistent love, care, and emotional closeness, while engaging in educational and vocational pursuits, towards their ultimate goal of economic independence (Omidire, AnnaMosia, & Mampane, 2015).

While providing care and protection might be the main objective of RCCFs, there are adverse effects of staying in care, both positive and negative. According to Cantwell et al. (2017), adolescents, who age out of care, face great adversity once leaving care. Evidently, this adversity is caused by the fact that half the adolescents are discharged from care, without a high school diploma, financial stability, housing security, and employment, with the majority experiencing homelessness after discharge from care. As a result, adolescents do not do well in the employment market and many live at, or below the poverty level. This lack of success creates problems maintaining adequate and stable housing”. However, Cantwell et al. (2017) suggest ways in which children in residential care could be prepared, more effectively, for life after care, for example, teaching independent living skills in the form of workshops and classroom activities, encouraging adolescents to gain employment experience, while still in care, and learning how to manage their money. Caregivers should involve adolescents in many of the daily chores and activities, which they would need to accomplish independently, such as cleaning, laundry, food shopping, and cooking, providing extended care, in the form of supervised independent living placements (Cantwell et al., 2017)

According to Casey, Reid, Trout, Hurley, Chmelka, and Thompson (2010, p. 325), areas that need attention, while children are still in care, include, promoting self-determination, providing social support, teaching life skills and hopefulness, and represent characteristics, skill sets, and resources that could promote success for adolescents in the future. Regarding goals related to education and employment, it is well known that the greater the educational accomplishment, the better the predictions are for employment. The literature above highlight the different outcomes of children in care; however, most of the literature focus on foster care, with limited literature on children’s homes, in particular. The majority of the literature highlight the negative outcomes of being institutionalised, although some do highlighted the positives. One positive outcome is the provision of care for children, and a negative, the inability to cope, once re-integrated into the community. No emphasis was placed on the causes of the dominant negative outcomes of children in care.

## **2.6. Child Care Policies**

Residential care facilities are licensed care facilities, also referred to as care homes, personal care homes, and sheltered housing. They offer housing for individuals, who need aid with personal care or medical needs (Pettersson, Nilsson, Andersson, & Wijk, 2021). A child, if

possible, must be placed at a children's home in the community, or region, in which the child normally resides. The Namibian Child Care and Protection Act (GRN, 2015) states that children should be placed in children's homes, as a last resort, when all other options have been exhausted. The Act states that a child is a person, who has not attained the age of 18 years.

In the UK and Europe, the child care law principle states that children are best reared by their biological family, unless this is not a reasonable, or safe option for them (Welbourne, 2012). When children enter care, they need to maintain a relationship with their family of origin, which will ease their transition back into the family's care. However, according to Tilbury and Thoburn (2008), various factors may interfere with the frequent contact between child-in-care and guardian, namely: motivation on the part of the parent, carers, and social workers; parental behaviour and risk factors; distance; and parental illness. The importance of contact for the children concerned may be immeasurable; however, it does not have a direct relationship with reunification (Tilbury & Thoburn, 2008).

Factors that may impede the reunification process, is the child/adolescents' behavioural problems, for example, or the fact that reconstruction with their guardians has not transpired. Usually, change is necessary, in the behaviour of the adolescent, as well as the family, for reunification to take place (Welbourne, 2012). The parent's behaviour may have been a causal, amplifying, or maintaining factor in the child's behaviour. Therefore, a change in the child's behaviour, while in care, may not be enough to ensure that a return home will be successful (Welbourne, 2012). The United Nations Convention of the Rights of the Child (UNCRC, 1990, Article 5) states that "state parties shall respect the responsibilities, rights, and duties of parents or, where applicable, the members of the extended family, or community, as provided for by the local custom, legal guardians, or other person's legally responsible for the child, to provide in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights concerned recognised in the present Convention".

#### 2.6.1. Discharge process according to the Children's Act of Namibia

The Child Care and Protection Act of Namibia (GRN, 2015, Chapter 5, Section 84 [1]) provides guidelines, regarding the procedures of discharge for all children in Namibia. The Ministry of Gender Equality and Child Welfare Social Workers follow these procedures, in collaboration with residential care social workers. Section 84 (1) of the

Act (GRN, 2015) states that, the Minister may, in writing, direct that a child be discharged from foster care, court-ordered kinship care, or a residential child care facility, as from the date specified in the notice. The designated social worker must submit to the Minister, a written report that contains an assessment of the best interest of the child. The prospects of reunification with his/her immediate family, or other family members, must be addressed. Consultations held with the child concerned, the parent or caregiver, if available, the place, home/centre, or person in whose care the child is, prior to the contemplated discharge, must be reported, as well as the person in whose care the child will be placed upon discharge.

Ultimately, the discharge must be managed under the supervision of the designated social worker, which must include visits to the child, at least once a month, for a period of six months, following the discharge, if it has not been preceded by a conditional discharge, in terms of section 83 of the Child Care and Protection Act (GRN, 2015). The earlier data reported on the policy and legislative instruments that identify and prioritise the management and care of minors, including adolescents, focusing on the Namibian Context.

## **2.7. Adolescent stage: Definitional aspects**

Ogwo (2013) defines the adolescent stage as the period in life, when most of an individual's biological, cognitive, emotional, and social characteristics are changing towards becoming an adult. Assumptions are held by all that, during adolescence, children develop a unique personal identity, independence, and a preoccupation on peer relationships, as well as how it influences their worldview and experience (Shaffer & Kipp, 2010). Individuals develop an increasingly unique sense of *self* during this period. Hall (1983, p. 1914) further describes the stage in more detail, as a phase characterised by “lack of emotional steadiness, violent impulses, unreasonable conduct, lack of enthusiasm and sympathy. Previous selfhood is broken up and a new individual is in the process of being born. All is solvent, plastic, and peculiarly susceptible to external forces”. Hall (1983), as well as Ogwo (2013) describe this stage as a transition from one developmental stage to another, emphasising that change is holistic, including psychological, social, biological changes

Rosenberg's (2015) definition, however, explores the practical aspect of the developmental stage, as well as its associated activities. This stage is explained as the onset of puberty, when sexual maturity, or the ability to reproduce, is attained. It has been regarded as a period of rapid change, both biologically and psychologically. It is the transitional period in an individual's life between childhood and adulthood. This transition is affected by several life changes, such as entering high school, changing physical features, experiencing hormonal changes, finding jobs, marrying, procreating, and developing a different sense of self-care. The environment can change, or alter, during any time of the individual's lifespan (Rosenberg, 2015).

The above literature reviewed the definition of the adolescent stage, with reference to physical, as well as psychological development. The following section explores how adolescents develop in the psychosocial context, according to the theoretical work of Erik Erikson (1968).

## **2.8. Maslow's hierarchy of needs**

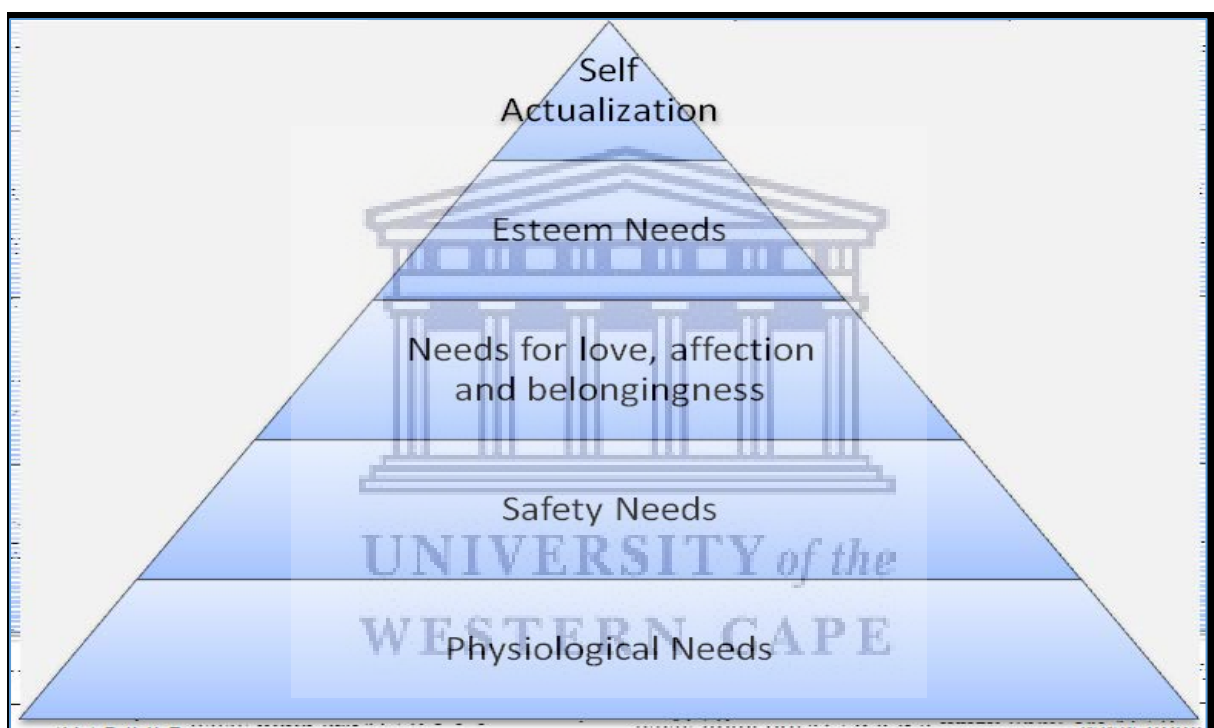
Maslow (1943) states that people are motivated to achieve certain needs. When one need is fulfilled, an individual seeks to satisfy the next one, etcetera, which concurs with the theory of Erikson (1968), who states that each crisis emerges at a different time, and is dictated by biological maturation, as each crisis must be resolved successfully, in order to move on to the next (Shaffer & Kipp, 2010, p. 44). Adolescents have certain needs that they need to fulfil, and certain crises, which they need to resolve successfully, in order to move on to the next level in their development. The earliest and most widespread version of Maslow's (1943, 1954) hierarchy of needs, includes five motivational needs, often depicted as hierarchical levels within a pyramid. According to Maslow's theory, the second need is not sensed, until the demands of the first have been satisfied, or the third, until the second has been satisfied.

Adolescents, in residential childcare facilities, as their counterparts who reside with their biological families, need to achieve a certain level, as they move towards independence, while still under care, and once discharged. Lower level basic needs have to be satisfied first, before an adolescent can progress, to meet higher-level growth needs. Once these needs have been satisfied, successfully, the highest level, referred to as *self-actualisation*, might be achieved (Maslow, 1943). The following levels were identified:

- Biological and physiological needs - air, food, drink, shelter, warmth, sleep.



- Safety needs - protection from elements, security, order, law, limits, stability, and freedom from fear.
- Social Needs - belongingness, affection, and love, - from work group, family, friends, romantic relationships.
- Esteem needs - achievement, mastery, independence, status, dominance, prestige, self-respect, and respect from others.
- Self-actualisation needs - realising personal potential, self-fulfilment, seeking personal growth, and peak experiences.



**Figure 2.1: Maslow's Hierarchy of needs** (Source: Maslow, 1954)

Maslow's (1954) Hierarchy of needs, supported by other literature, alludes to reaching a point of self-actualisation, when needs have been met at various levels. As an individual moves towards being independent, certain characteristics are associated with the term, namely, leaving the parental home to establish his/her own residence, establishing financial independence, completing school, moving into full-time employment, getting married, and becoming a parent, which are considered key markers of adulthood (Elder & Caspi, 1988). Although not always attained in hierarchical mode, these are some of the aspects; however, many more needs have to be met, to reach a state of independence and self-actualisation.

Cantwell et al. (2017) report that a continuum of services should be instituted for adolescents, to equip them with the necessary skills to be self-sufficient/independent. Adolescents could be taught about budgeting, holding down stable employment, finishing school, attending a post-secondary institution, as well as the basic homemaking skills of doing laundry, cleaning, planning meals, and cooking. The authors suggest that these are certain skills, which adolescents ought to be taught, for them to be regarded as self-sufficient, consistent with the hierarchy of needs, to wit, attaining social, and physiological skills, as well as self-esteem.

## 2.9. Erikson's Life Cycle approach to adolescence

Erik Erikson's (1950) theoretical work focuses on the psychosocial development of human beings at different stages, and emphasised the role of culture and societal influences at these various stages. This author believed that people faced eight major life crises, labelled psychosocial stages. Each crisis emerges at a different time, dictated by biological maturation, and each crisis must be resolved successfully, to enable progression to the next (Shaffer & Kipp, 2010, p. 44). According to Erikson (1950), the crises that need to be overcome in the adolescence, are establishing a social and an occupational identity.

Erikson (1950, p. 254) states that "the adolescent mind is essentially a mind of the moratorium, a psychosocial stage between childhood and adulthood, and between the morality learned by the child and the ethics to be developed by the child". According to Erikson's (1950) theory, the adolescent developmental stage is associated with the fifth stage, which is *identity versus role confusion*. This author adds that, in this stage, the developing adolescent is faced with physical and emotional changes. Adolescents realise that they are relinquishing childhood, and preparing to assume their place in the world. Erikson's (1950) views of this stage, concurs with Rosenberg's (2015), who referred to biological changes, as well as that adolescence is a transitional stage from childhood to adulthood.

Assumptions are that peer influence is more dominant during adolescence, as personal identity develops within the context of community, where relationships become increasingly prominent to the individual (Gray, Romaniuk, & Daraganova, 2018). According to Erikson (1968), adolescents become indecisive about themselves, and their role that is characterised by the inability to settle an occupational identity, which disturbs the adolescent even more. This is evident in the adolescent's identification with cliques, and *in-groups*, as well as unfriendly

behaviour that excludes outsiders, who are different, in terms of their culture, race, or such petty aspects as, incorrect dress. This author emphasises that adolescents need to define who they are, what is important to them, and which direction they should pursue in life (Erikson, 1968).

However, Erikson's stages do not explore the kind of experiences that adolescents should live through, in order to resolve the various psychosocial conflicts, successfully (Shaffer & Kipp, 2010, p. 44). The literature above has provided a synopsis of the adolescent stage, as it clarified how culture and social environment influence the developmental stage, and the complexities associated with the transition from childhood to adulthood, although it does not elaborate on ways to overcome these complexities, successfully. However, literature suggests certain needs that should be fulfilled, for the adolescent to reach the point of realising, or fulfilling, his/her talents and potentialities, specifically considered to be a drive, or need, within everyone, defined as self-actualisation by Maslow (1943).

## **2.10. Adolescents transitioning out of care**

The transition process out of care should begin as soon as possible, while the child is still in care, as it is a multifaceted process. In addition, the child should be actively involved in the process, which has been identified as the least successful and most challenging part of care (Coyle & Pinkerton, 2012). The discharge age for adolescents in care is 18 years. According to Arnett (2015), at 18 years of age, it may seem a good age to transition to adulthood; however, the reality is that most adolescents are not ready to function independently. Adolescents, who reside with their biological families, therefore, stay beyond 18 years of age. This would justify the views of Van Breda and Dickens (2016), who reported that children leaving care are among the most vulnerable in society, as there are poor outcomes in the area of employment, education, and mental wellness. Adolescents often find themselves commencing the transition to independence, without the necessary psychological, physical, or economic tools and networks that are critical for healthy development (Pryce et al., 2016, p. 1). These authors infer that leaving care prematurely might result in failure in certain areas.

According to Gharabaghi and Groskleg (2010), the following are some factors of dismissal from care: aging out of care, voluntary exit, and abrupt dismissal due to behaviour. The findings of a study conducted by Goodkind et al. (2011) revealed that youth in care, transition out of

care by the age of 18 years, or earlier, because they are misinformed. Most adolescents are ignorant about the possibility of staying in the system beyond the age of 18 years, and experience a sense of being forced out. Additionally, they have misunderstandings about conditions that must be met to remain involved, and are unaware that they could sign an affidavit, after turning 18, which would allow them to stay in the system. Consequently, this suggests that a correlation between *age of discharge* and *success rate* might exist.

The literature above reveals the dynamics of the transition process; however, the literature does not focus on whether an assessment is conducted to determine skills, readiness, and resourcefulness; instead, age seems to be the factor that determines discharge.

### 2.10.1. Independent living skills

Prajapati, Sharma, and Sharma (2017) has defined life skills as the abilities for adaptive and positive behaviour that enable individuals to deal efficiently with the demands and challenges of everyday life. They are loosely grouped into three broad categories of skills, namely, *cognitive skills* for analysing and using information, *personal skills* for developing personal agency and management, and *inter-personal skills* for communicating and interacting effectively with others (Kacker & Chadva, 2013, p. 213). Kaur and Beri (2016, p. 1366) define life skills as “a behaviour change or behaviour development approach designed to address a balance of three areas: knowledge, attitude and skills”. The two definitions indicate that life skills are developed, as they allow the individual to deal with everyday life changes, by developing and managing the self.

The reviewed literature highlighted more negative than positive outcomes, when adolescents leave care. According to Cantwell et al. (2017), care leavers have trouble with finding and keeping jobs, as they do not earn enough money to propel them out of poverty. This could be because, when adolescents leave care, most of them do not have a high school diploma, and these educational deficits increase the chances of many challenges, in a number of areas, such as financial constraints (Cantwell et al., 2017). Despite the implementation of several policies that have increased financial assistance for those transitioning out of care, their outcomes have not improved significantly, in terms of employment attainment, educational achievement, and general well-being, as the majority continue to fare below par in young adulthood (Stott, 2013).

However, literature confirms that responses to address some of the negative outcomes have been recorded. Independent care agencies have developed programmes in the form of workshops and activities, to provide care leavers with independent living skills. The skills provided are comprehensive, from financial literacy, employability skills, as well as how to perform daily chores (Cantwell et al., 2017). The assumption is that, when care leavers are equipped with more skills, they will be better prepared once they are discharged. Additionally, Cantwell et al. (2017, p. 41) advocates the promotion and strengthening of good relations with the biological families of care leavers, as they would be able to provide support, once the adolescents are discharged from care.

Literature that focuses on the factors that influence either positive or negative outcomes are limited. Grietens et al. (2014) offer the closest explanation of the possible factors, by reporting that adolescents, transitioning from out-of-home care (either home-based care or residential care), form one of the most vulnerable and disadvantaged groups in society. Their pre-care experiences of abuse and neglect, frequent poor in-care experiences, accelerated transitions to adulthood, and the lack of ongoing support on leaving care, all leave them vulnerable to a number of unfavourable outcomes. Over the adolescents' lifetime, such outcomes are personally damaging, and costly to the wider community (Grietens et al., 2014).

### **2.11. The model of care leaving process**

According to Oelofsen (2015), care leavers reported being inadequately equipped with independent living skills, stating that they lacked social skills, were unable to make sound financial decisions, or choose career paths, as well as daily activities, such as using public transport. Van Breda (2015) developed a model of the care leaving process, based on a grounded theory study with male care leavers. The model suggests that care leavers can accomplish better transitional processes, which can be attained by striving for authentic belonging, when care leavers establish relationships that satisfy a deep need for connections (Van Breda, 2015). This concurs with Cantwell et al. (2017), who express how vital it is for care leavers to establish relationships with their biological families.

The second aspect of the model, according to Van Breda (2018, p. 516), is networking with people for goal attainment, which implies that the care leavers should identify people in their

respective environment, to assume the role of helper on their journey of goal attainment. Contextualised responsiveness is the third factor in the model, which refers to reading the social environment, recognising threats and opportunities, and responding accordingly, to minimise, or escape threats, and maximise opportunities. The last factor in the model is the building of hopeful and tenacious self-confidence, which pertains to believing that they could change their environment, and construct a better future for themselves (Van Breda, 2018, p. 517). Van Breda (2018) explains that this model could lead to better outcomes in the transitional process for care leavers.

However, Bond (2010) asserts that an individual's faith, hope, and range of coping mechanisms, such as perseverance and self-reliance, could lead to a better transitional process. Oelofsen (2015) concurs with Bond (2010), by stating that enabling relationships with caring adults outside the care system, being street smart, learning from mistakes, exhibiting an attitude of transforming negative experiences into positive learning, setting goals for the future, and faith in a higher power, were some of the factors that facilitated better transitioning out of care. Scant literature is available on the effective methods of a successful transition; however, the above authors explained the methods, which, in their opinion, would lead to a successful transition out of care, and an anticipated decrease in the numerous stated negative outcomes.

## **2.12. Residential caregivers**

While still in care, the primary caregivers of the children and adolescents are the residential care caregivers, or housemothers. The Children's Act (GRN, 2015, p. 3) describes a caregiver as "any person other than a parent or guardian, who takes primary responsibility for the day to day care of the child". Chaitkin et al. (2017) highlight the major role that carers in residential care play in influencing those in their care. Good relationships between carers and adolescents could affect care leavers positively, as they would recognise the carers' support and encouragement, prompting feelings of self-worth, even as an adult, which highlights the importance of good relationships.

The Child Care and Protection Act (GRN, 2015) defines a children's home as a type of residential child care service that provides out-of-home care for children, who are attending school, and cannot be cared for, adequately, by their families, primarily due to various family problems, or crises. The system is geared towards protection. As a result, many children in care

are unable to participate in the typical rite-of-passage activities associated with children living at home; for example, obtaining a driver's license, working after school, overnighting at a friend's house, or simply hanging out at the mall, is beyond the scope of what they are allowed to do. Although these rules are designed to keep them safe, they also limit the ability of residential care children to become more self-sufficient, contributing to their difficulties, once they age out of care (Cantwell et al., 2017; Mendes, Michell, & Wilson, 2014).

### **2.13. Staff development**

Shaw and Kendrick (2017, p. 378) explored the experiences of residential caregivers in Scotland, between 1970 and 1975. The findings of their study revealed that no educational qualification was required to work in residential childcare. Specific qualifications were not required, until they were included in Scottish Social Services Council registration requirements in 2005 (Shaw & Kendrick, 2017). Most were employed because they had either raised, or were raising a family of their own, and demonstrated an ability to manage a household. Alternatively, they simply had to express an enthusiasm for working with children, even if they had no prior child-care experience.

Graham and Fulcher (2017) warn that no sector could aspire to improve the outcomes for children and adolescents, without a respected and valued professional workforce; therefore, professional development is essential. These authors argue that ongoing training is required, to improve and perfect the services for these vulnerable children and adolescents.

The primary objective of residential childcare facilities is to provide care, and their staff members are the primary caregivers. Literature reveals inconsistencies regarding whether caregivers are aware of the skills needed by the children, particularly those adolescents, who exit care (Nemtsov, Topolski, & Tacoronte, 2018). Independent living programmes, offered by many, appear to be effective in preparing adolescents for leaving; however, they fail to include education and training for the caregivers in this process.

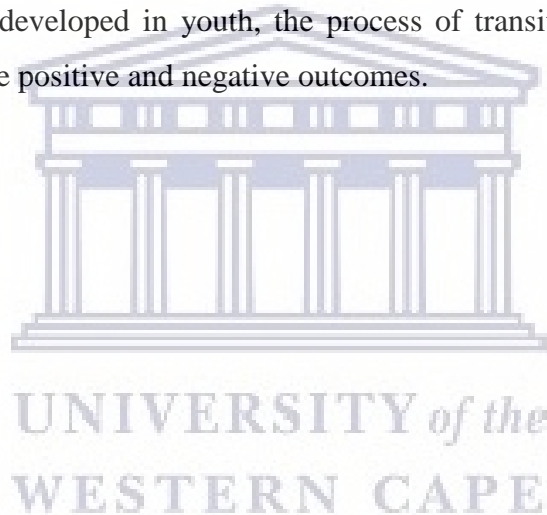
### **2.14. Summary**

The main threads, highlighted in the literature review, provided information on care giving, and presented the arguments that some of the challenges include the lack of caregiver training. The different dynamics that influence the transition process were analysed, as literature

revealed that abrupt dismissal from residential care could have negative consequences on care leavers. Authors held diverse views on whether there is a correlation between discharge age and the *success rate* after care. The literature highlighted the different views of authors, with reference to a successful transition from care.

Inconsistencies in literature that focus on *caregiver's perceptions*, in particular, were identified. Ultimately, the literature review revealed that most of the existing research focus on the outcomes of youth, as well as programmes that provide independent living skills; however, none focuses on the primary caregiver's role in skills development, or their perceptions.

In the following chapter, the researcher provides a theoretical framework to understand adolescents and their developmental needs, as well as a leaving care approach, while exploring ways in which skills are developed in youth, the process of transitioning out of care, and analysing arguments on the positive and negative outcomes.





## CHAPTER THREE

### THEORETICAL FRAMEWORK

#### 3.1. Introduction

The main theoretical framework that served as a lens for this current study is presented in this chapter. The researcher considered it appropriate to select the Ecological systems theory of Bronfenbrenner (1979a), as well as the Resilience theory (Van Breda, 2001) to understand the main characteristics of adolescents, who transition from residential care. Firstly, adolescence is defined and described, followed by a discussion of the main tenets of the chosen theoretical frameworks.

#### 3.2. Definition and description of adolescence

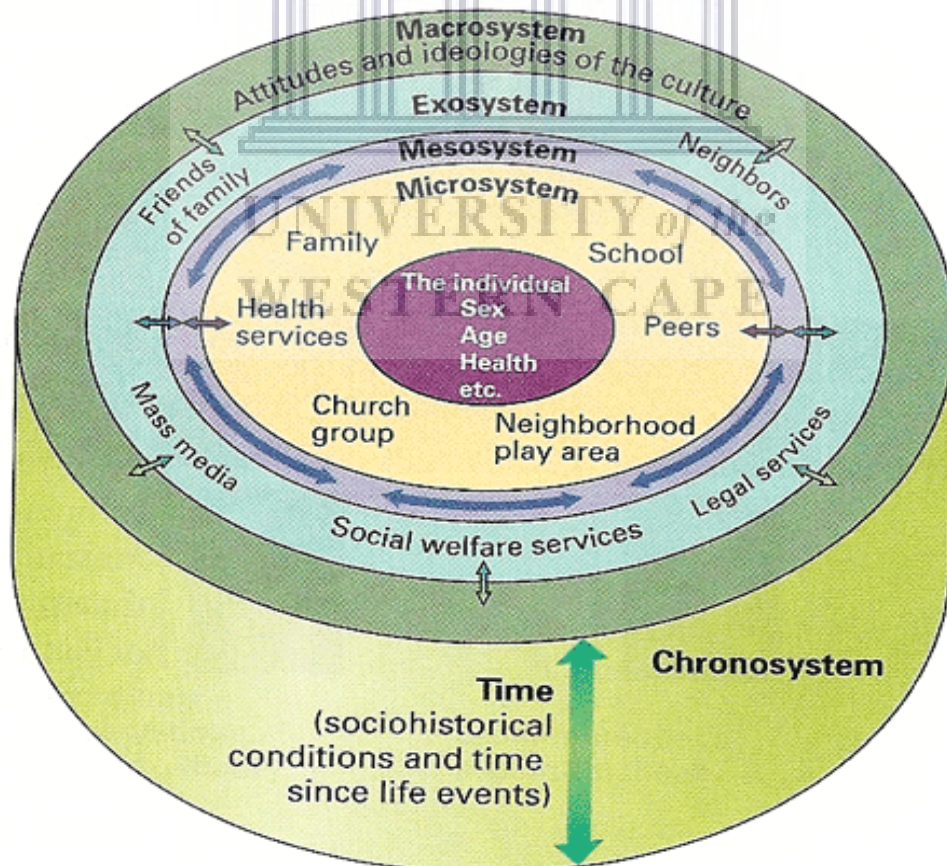
The main definitions of adolescence indicate that this is a complex stage for youth, characterised by specific challenges (Rosenberg, 2015). Adolescence is the development phase between childhood and adulthood, encompassing elements of biological growth and major social role transitions. Arguably, this transition period from childhood to adulthood, is a time when unparalleled social forces, including a digital era, are affecting health and wellbeing of adolescents (Sawyer, Azzopardi, Wickremaratne, & Patton, 2018).

Adolescence is characterised by psychosocial, emotional, and cognitive development. Cognitive development is the development in thinking; from the deliberations of a child, to that of an adult. The main areas of cognitive development that occur during adolescence comprise the development of advanced reasoning skills, and the ability to think abstractly (Vijayakumar, Op de Macks, Shirtcliff, & Pfeifer, 2018). Adolescents transition from being *concrete thinkers* [whose thoughts are centred on phenomena, with which they have direct contact, or knowledge about], to *abstract thinkers* [characterised by the ability to use concepts, as well as make and understand generalisation] (Selemon, 2013). In addition, Selemon (2013) asserts that autonomy among adolescents occurs when the adolescent strives to become emotionally and economically independent. Adolescence is also characterised by the development of emotional and social competence. Emotional competence relates to the ability to manage emotions, while

social competence focuses on the ability to relate effectively with others (Selemon, 2013, p. 355–356).

Malak (2015) avers that lifestyle and self-care behaviours are formed during childhood and adolescence. Adolescents with basic health information and skills may reduce future health risks, by promoting enhanced self-care practices that include opportunities for active engagement in health promotion programme planning. Additionally, effective school health programmes, as well as other policy and programmatic interventions are needed to reduce risk and improve health outcomes among adolescents (Malak, 2015, p. 58–70).

Adolescence is a dynamically evolving theoretical construct, informed through physical, psychosocial, and cultural lenses, as a critical developmental stage (Steinberg, 2014). The theories that provide a lens to describe the main issues in this current study are Bronfenbrenner’s Theory of Ecological Development (1994), and the Resilience theory (Van Breda, 2001). These two theories are discussed in the following section.



**Figure 3.1: Bronfenbrenner: Theory of Ecological Development**

(Source: Santrock, 2018, p. 33)

The first of the two theories that was applied in this current study is Bronfenbrenner's Theory of Ecological Development (1994). This theory explores a child's development, within the context of the system of relationships that form his/her environment (Paquette & Ryan, 2001, p. 2). Therefore, this theory was deemed applicable in this current study, as it highlights different factors that influence human development, in terms of their social context. Although adolescents may learn their initial skills from their primary caregivers, they learn other skills from their interactions with others in their social context, as well as programmes in which they participate. This theory has recently been renamed, the *Bio-ecological Systems Theory*, to emphasise that a child's own biology is a primary environment, influencing his/her development (Paquette & Ryan, 2001, p. 1).

### 3.3. Theory of Ecological Development: Bronfenbrenner unpacked

Figure 3.1 is a diagrammatic representation of the ecological system. Each sub-system influences the development of the child, as well as the manner in which s/he is socialised.

#### 3.3.1. The ecological system components

##### 3.3.1.1. *Microsystem*

Bronfenbrenner (1994) states that a microsystem is the complex of relations between the developing person and the immediate environment in which that person is situated (for example, home, school, workplace, among others). A microsystem is also a pattern of activities, social roles, and interpersonal relations, experienced by the developing person in a given face-to-face setting (Bronfenbrenner, 1994).

In the context of this current study, the microsystem is the adolescents' immediate setting, namely, the residential care facility, their caregivers, and the other staff members with whom they interact on a daily basis. In the microsystem phase, the adolescents are directly influenced and shaped by this immediate circle of people in their lives. While still in care, the residential care caregivers, or housemothers, are the primary caregivers of the children and adolescents. Chaitkin et al. (2017) highlight the major role that carers in residential care fulfil in influencing those for whom they care.

### 3.3.1.2. *Mesosystem*

The mesosystem comprises the interactions between the various parts of a person's microsystem. In the mesosystem, a person's individual microsystems interconnect and assert influence on each other. These interactions would indirectly affect the individual (Bronfenbrenner, 2013).

A mesosystem embraces the interrelations among major settings, in which the developing person is situated, at any particular point in his/her life. It encompasses interactions among family, school, peer group, and for some children, it might also include church, or camp (Bronfenbrenner, 1994). In the context of this current research, the adolescents' mesosystem involves their school (teachers), primary and secondary caregivers (residential caregivers and biological family), the church, and their group of friends, all fulfilling a vital role in their lives.

### 3.3.1.3. *Exosystem*

Bronfenbrenner (1994, p. 4) further explains that an exosystem is an extension of the mesosystem, which embraces other specific social structures, both formal and informal; however, it does not contain the developing person, but impinges on, or encompasses the immediate settings, in which that person is found. It, therefore, influences, delimits, or determines, what transpires in these settings. These structures include, the world of work, the neighbourhood, the mass media, agencies of government (local, state, and national), the distribution of goods and services, communication and transportation facilities, as well as informal social networks, among others.

The adolescents' exosystem, therefore, could be described as the implemented laws and policies that affect the individual. In the context of this current study, it is the social welfare system and legal services, which affect service delivery. In the Namibian context, the Ministry of Gender and Child Welfare controls the childcare systems, "A champion institution ensuring gender equality, women empowerment and well-being of children" (GRN, 2007, p. 10). The policies they implement affect the child's well-being.

#### 3.3.1.4. *Macro-system*

The macro-system is an environment, in which an individual is not involved, is external to his/her experience, but nonetheless, affects him/her anyway. An example of a macro-system is the workplace of the the child's parents (Paquette & Ryan, 2001, p. 2). A macro-system differs in a fundamental way from the preceding systems, as it refers, not to the specific contexts that affect the life of a particular person, but to general prototypes, existing in the culture or sub-culture, which set the pattern for the structures and activities occurring at the concrete level (Bronfenbrenner 1994). This also refers to the overarching institutional patterns of the culture or sub-culture, such as the economic, social, educational, legal, and political systems, of which micro-, meso-, and exosystems are the concrete manifestations (Bronfenbrenner 1994, p. 3).

In the context of this current study, it refers to the manner in which social norms and socialisation, shape adolescents. According to Bronfenbrenner (1979a, p. 4), the macro-system comprises change, or consistency over time, not only in the characteristics of the person, but also of the environment, in which that person is situated. As the final sub-system of the Ecological Systems Theory, this signifies that, as developing people mature, they create new experiences of their own.

Oelofsen (2015) concurs by stating that enabling relationships with caring adults outside the care system, being street smart and learning from mistakes, having an attitude of transforming negative experiences into positive learning, setting goals for the future, and faith in a higher power, were some of the factors that facilitated better transition out of care.

### **3.4. Resilience theory**

Founding investigators of the Resilience theory, like Dr Norman Garmezy, were inspired by dramatic individual cases of resilience, as well as the outstanding unpredictability of outcomes among individuals in groups that carried high risks for the development of problems, due to parental psychopathology, poverty, trauma, or disaster (Anthony, 1974). From the outset, resilience investigators shared a translational agenda, acknowledging that it was essential to

understand the strengths and positive adaptation, as well as the risks, or pathological processes, in order to prevent, or improve the effects of extreme adversity (Masten, 2007).

The other theory that the researcher deemed applicable for this current study, was the Resilience theory, in the context of Van Breda's model of leaving care, stating, "Resilience theory is a multifaceted field of study that has been addressed by social workers, psychologists, sociologists, educators and many others over the past few decades. In short, resilience theory addresses the strengths that people and systems demonstrate that enable them to rise above adversity" (Van Breda, 2001, p. 1). The term resilience has been explained in various ways by different authors. Walsh (2006) explained it as the capacity to rebound from adversity, strengthened and more resourceful than before, while Masten (2015, p. 187) defined the term as the potential or manifested capacity of a dynamic system to adapt successfully to disturbances that threaten the function, survival, or development of the system. In addition, Theron (2016, p. 636) asserts that it is "the process of adjusting well to significant adversity".

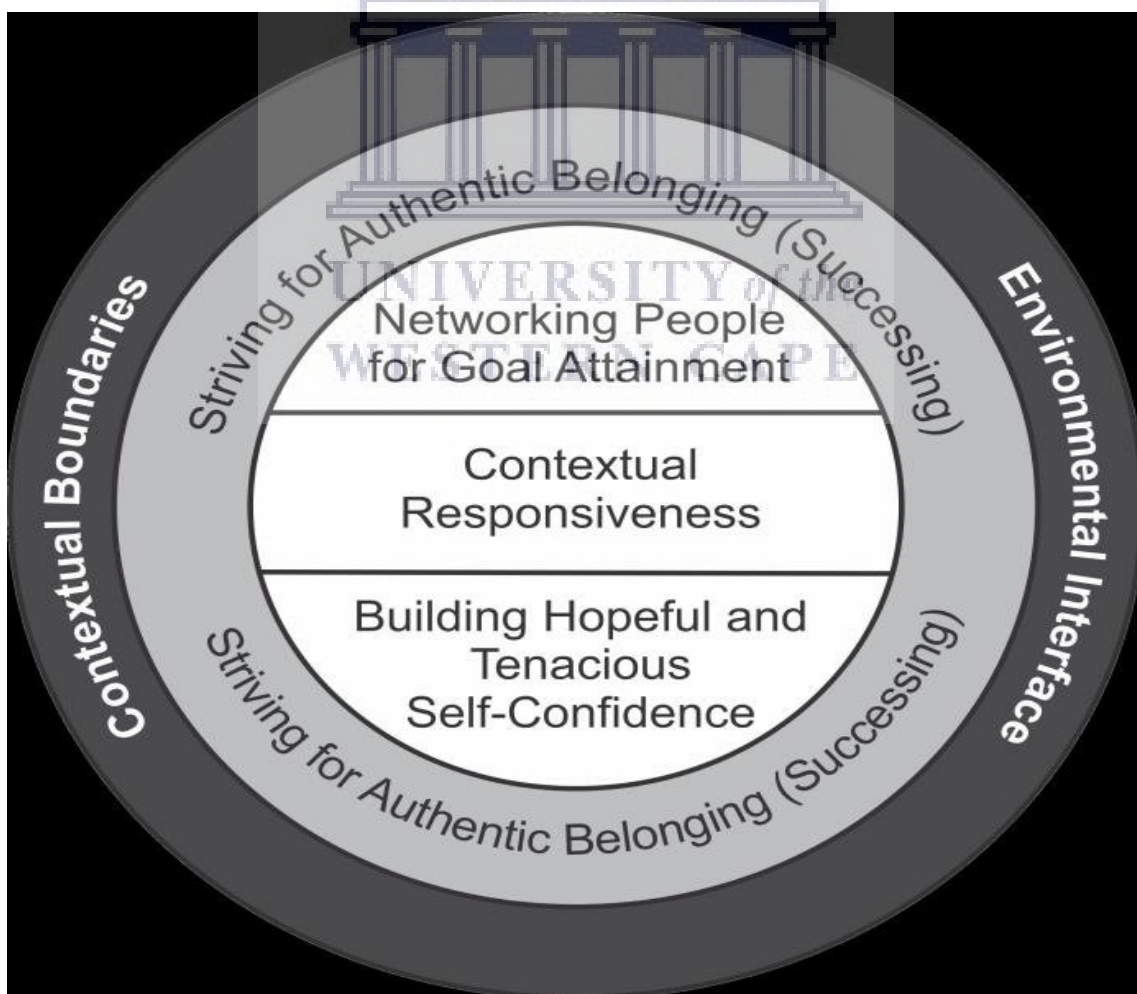


Figure 3.2: A model of the journey towards independent living (Van Breda, 2015, p. 327).

### **3.5. The model of care leaving process**

Van Breda (2015, p. 324) developed a Model of the care leaving process, based on a grounded theory study on male care leavers. The research explored the care leaving process of boys in residential care, from a resilience perspective, with an ecological emphasis. Four central social processes emerged, which together explain the care-leaving experiences of the participants (See Figure 3.2).

#### **3.5.1. Striving for authentic belonging**

Van Breda (2015) argues that striving for authentic belonging could be attained, when care leavers establish relationships that satisfy a deep need for connections. Cantwell et al. (2017) concur that establishing relationships with biological families is vital for care leavers. Achieving a sense of belonging appears to be a crucial social process after leaving care, because belonging is recognised as the most important growth need in the circle of courage (Van Breda, 2015).

#### **3.5.2. Networking people for goal attainment**

The second aspect in the model, according to Van Breda (2018, p. 516), is networking with people for goal attainment, which implies that the care leavers should identify people in their respective environment, to assume the role of helper in their journey of goal attainment. Van Breda (2018) notes that, while opportunities to access networks of support exist, even in disadvantaged contexts, it is those care leavers, who take advantage of these opportunities, who are able to thrive, while others struggle. Resilience, therefore, appears to result from the ability of care leavers to identify and mobilise resourceful people and systems in their social environment.

#### **3.5.3. Contextual responsiveness**

Contextual responsiveness is the third factor in the model, which refers to reading the social environment, recognising threats and opportunities, and responding accordingly, to minimise, or escape threats, and maximise opportunities. The social process of contextual responsiveness demonstrates the importance of understanding care leavers within the context of their social environment, and acknowledging that successful transitioning is largely influenced by the care leavers' ability to respond in ways that facilitate the goodness of fit, between themselves and their environment (Van Breda, 2016). In a similar vein, Mmusi and Van Breda (2017) highlight how care leavers adapt

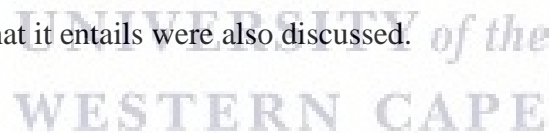
the social skills they had learned in care, to be context-appropriate in young adulthood, confirming their capacity to shape their behaviour, in response to their context.

#### 3.5.4. Building hopeful and tenacious self-confidence

The last factor in the model is, building hopeful and tenacious self-confidence, which pertains to believing that they can change their environment and construct a better future for themselves (Van Breda, 2018, p. 517). Van Breda (2018) explains that this model could lead to better outcomes in the transitional process for care leavers. However, Bond (2010) asserts that faith, hope, and a range of coping mechanisms, such as perseverance and self-reliance could lead to a better transitional process. Oelofsen (2015) concurs with Bond (2010) by stating that enabling like relationships with caring adults outside the care system, being street smart and learning from mistakes, having an attitude of transforming negative experiences into positive learning, setting goals for the future, and faith in a higher power, were some of the factors that facilitated better transition out of care.

### 3.6. Summary

In this chapter, adolescence was explained and described, as two theories, namely, the Ecological theory and the Resilience theory were presented. A rationale was also presented to explain why these theoretical lenses were appropriate to this current study. The stage of adolescence, as well as what it entails were also discussed.





# CHAPTER FOUR

## RESEARCH METHODOLOGY

### 4.1. Introduction

In this chapter, the researcher provides a clear framework of the way this current research was conducted. The researcher presents the problem statement, research question, objectives, as well as the research methodology, starting with the research approach and design, population, sampling technique, research setting, the data collection instrument that was used, the data collection process, and lastly, the process of analysing the data. The limitations faced are clearly stated and the ethic obligations that were adhered to during the study are outlined in this chapter.

### 4.2. Problem Statement

Children raised in residential childcare facilities often experience severe behavioural, emotional, and psychological difficulties, due to a history of exposure to traumatic stress, which increases the level of difficulty of care (Greyvenstein, 2010). The skills and life lessons children learn in residential childcare facilities, diminish over time, and are not sustainable; consequently, adolescents tend to have trouble, when they are reintegrated into the community. They struggle financially, as well as with fitting into society once again, and being independent. In institutions, most tasks are done for them, and they interact mostly with children in the institution (Bettmann et al., 2015).

According to Greyvenstein (2010), there exists a lack of trained caregivers, to address the needs of children in facilities. Consequently, the task may prove to be difficult for caregivers to take care of the children, especially those, who will be transitioning into adolescent years, and towards de-institutionalisation. The perception is often created that children in children's homes lead a more sheltered life, than children, who reside in the community. Scant knowledge is available on the preparedness of the youth to transition back into their communities, or live independently. It is important, therefore, to explore the extent, if any, to which children in a residential setting are equipped with the necessary skills for independent living.

Young people, who are transitioning from out-of-home care (either home-based care or residential care), is one of the most vulnerable and disadvantaged groups in society. Their pre-care experiences of abuse and neglect, often poor in-care experiences, accelerated transitions to adulthood, and the lack of ongoing support after leaving care, collectively, leave them vulnerable to a number of unfavourable outcomes. Such outcomes are personally damaging, as well as costly to the wider community, throughout the adolescents' lifetime (Grietens et al., 2014). Therefore, this current study was aimed at identifying the caregivers' perceptions of the skills and readiness of youth, who transition from residential care into independent living.

### **4.3. Research Question**

A research question is the fundamental core of a research project, study, or review of literature. It focuses the study, determines the methodology, and guides all stages of inquiry, analysis, and reporting (De Vos et al., 2011, p. 108). For the purpose of this research the research question was: "What are the residential caregivers' perceptions of the skills and preparedness of adolescents, who transition from residential care to independent living?"

### **4.4. Objectives**

The main objectives for this study were:

- Explore and describe the identified skills that caregivers considered children would require, when exiting residential care, as adolescents;
- Explore how caregivers had equipped children, as adolescents, for life after residential care, in terms life, employability, and social skills.
- Describe how caregivers assessed whether children, as adolescents, have been prepared for independent living after residential care.

### **4.5. Methodology**

#### **4.5.1. Research approach**

A qualitative research approach was employed for this current research, as the aim was to gain a descriptive and in-depth understanding of the phenomenon. Qualitative research methods attempt to tap the deeper meanings of particular human experiences, with the main aim being, to generate qualitative data (Rubin & Babbie, 2011b, p. 438). Qualitative

research is a process of naturalistic inquiry that seeks in-depth understanding of social phenomena, within their natural setting. The qualitative method, systematically, uses a predefined set of procedures to answer the research question through data collection, and produces findings that were not determined in advance (Rubin & Babbie, 2011b, p. 438)

According to Hancock, Windridge, and Ockleford (2009), qualitative research is concerned with developing explanations of social phenomena, and helps society to understand the social world in which they live, and why things are the way they are. It is concerned with the social aspects of the world and seeks to answer questions about why people behave the way they do, how opinions and attitudes are formed, how people are affected by the events that occur around them, as well as how, and why, cultures and practices have developed in the way they have (Hancock et al., 2009).

In a health or social care setting, qualitative research is particularly useful, where the research question involves various situations. Examples of these situations are, when the experiences and views of people are sought, regarding the exploration or identification of concepts/views, real-life contexts, and sensitive topics, where flexibility is needed to avoid causing distress (Hancock et al., 2009)

#### *4.5.1.1. Advantages of qualitative research*

The advantages of conducting qualitative research are: flexibility to follow unexpected ideas during research, and explore processes effectively; sensitivity to contextual factors; ability to study symbolic dimensions and social meaning; increased opportunities to develop empirically supported new ideas and theories; for in-depth and longitudinal explorations of leadership phenomena; and for more relevance and interest for practitioners (Conger, 1998; Bryman, 1988).

The researcher considered this method the most applicable for this current research, because the researcher anticipated gaining an in-depth understanding of the phenomena, as well as detailed information about the matter. The approach that the researcher implemented was the Grounded Theory phenomena. Grounded theory is the attempt to derive theories from an analysis of the patterns, themes, and common categories, discovered in observational data (Babbie & Benaquisto, 2009, p. 325). The main feature is the development of new theory through the collection

and analysis of data about a phenomenon. It attempts to understand how the participants make sense of their experiences, and does not assume that the participants' accounts refer to some verifiable reality. In health and social care settings, the new theories can be applied, subsequently, enabling new approaches to existing problems (Hancock et al., 2009).

#### 4.5.2. Study Design

Research design refers to the overall strategy that is applied when integrating the different components of the study, in a coherent and logical way, thereby, ensuring that the research problems are addressed, effectively (Babbie & Benaquisto, 2009). It constitutes the blueprint for the collection, measurement, and analysis of data (Rubin & Babbie, 2011b, p. 141). The researcher employed the exploratory-descriptive research design, which provides a picture of a situation as it naturally unfolds. It may be used to justify current practice, form judgment, as well as develop theories (Ritchie et al., 2013). Additionally, the exploratory-descriptive design allowed the researcher to obtain information regarding the status of the current study.

#### 4.5.3. Population

In the context of research, *a population* comprises all the persons or elements of interest. In addition, it refers to an entire group of people, or components, with common characteristics, as defined by the sampling criteria, established by the researcher. (Ritchie et al., 2013, p. 112). The population for this current research study was caregivers at the identified children's homes in Windhoek, Namibia.

#### 4.5.4. Sampling

Sampling is the process of selecting a portion of the population, in which the researcher is interested; therefore, when studying the sample, generalisations are made back to the population from which they were selected (Zikmund et al., 2013, p. 384). The researcher employed the purposive sampling technique to select the sample. Purposive sampling is a non-probability sampling method used to select participants, based on the characteristics of a population, and the objective of the study (De Vos et al., 2011, p. 392). The sample size comprised 23 caregivers from (3) three children's homes, under diverse management, near Windhoek, as well as one adolescent, who had been reintegrated already into the community.

The inclusion criteria for this current study were identified as the following:

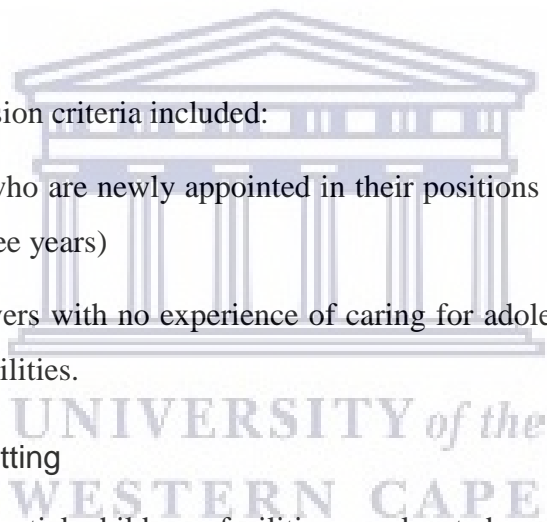
- Child caregivers with a longer service period (three years and above) at a residential care facility. Assumptions are held that caregivers with a longer employment period at residential facilities would most likely have cared for adolescents, earmarked for independent living outside residential childcare facilities.
- Child caregivers, caring for adolescents, who will be transitioning to independent living.
- The inclusion criteria for the one adolescent was that; the adolescent had to have been in the residential care facility for at least 4 years; had to be discharged from residential care; above 18 years and no longer being supported by the residential care facility.

Therefore, the exclusion criteria included:

- Caregivers, who are newly appointed in their positions as residential caregivers (less than three years)
- Child caregivers with no experience of caring for adolescents in the residential child care facilities.

#### 4.5.5. Research setting

The identified residential childcare facilities are located across Namibia. The data collection process was conducted at the various children's homes. A quiet and private area was identified to conduct the interviews, in an environment that did not inconvenience the caregiver, or disrupt their daily routine with the children. Rubin and Babbie (2011b, p. 113) state that the researcher should ensure that the choice of the setting, in which the interviews are conducted, is conducive to the participants' needs, resources, and concerns. The researcher, therefore, ensured that the setting was convenient, as well as safe, and the participants were comfortable with the chosen environment. Each interview lasted, approximately, an hour, and the data were collected over a period of three weeks.



#### 4.5.6. Data collection instruments

The data collection method employed was the semi-structured interview. According to Greeff (2011, p. 342), the use of the interview as a data collection method, is due to the researcher's perception and confidence that the participants' perspectives are meaningful, knowledgeable, and could affect the success of the project. Hancock et al. (2009) assert that interviewing, at one extreme, could be structured, with questions prepared and presented to each interviewee, in an identical way, using a strict predetermined order. At the other extreme, interviews could be completely unstructured, similar to a free-flowing conversation.

The data collection commenced with the researcher explaining the process, the ethics that guided the research, and its purpose. The researcher employed the semi-structured interview format, which involved a number of open-ended questions, based on the research question and objectives of the research. The open-ended questions allowed the researcher to obtain the required information. In addition, it provided opportunities for the interviewer, as well as the interviewee to discuss certain topics in more detail, as the interviewer had the freedom to use probing questions with the interviewee, to elaborate on an original response, or to follow-up.

The researcher was guided by an interview schedule, which is a list of predetermined questions to pose to the each interviewee, initially. The interview schedule did not restrict the interview, as it was structured with sensitivity and flexibility, to allow the researcher to follow-up on points of interest, or the interviewee to request explanations, when required. When no new data emerges from the interviews, the research has reached data saturation (Fusch & Ness, 2015). In this current study, data saturation was reached after 23 caregivers and 1 adolescent were interviewed, and thick description of the data was obtained. Data from the interviews were transcribed and analysed.

#### 4.5.7. Data analysis

For the purpose of this current study, the researcher used thematic analysis, employed to analyse classifications, and present themes (patterns) that relate to the data. It illustrates the data in detail, and deals with diverse subjects, via interpretations. It provides a

systematic element to data analysis. Thematic analysis provides an opportunity to understand the potential of any issue, more widely (Ritchie et al., 2013, p. 269).

The analysis of data in a research project involves summarising the mass of data collected, and presenting the results in a way that communicates the most important features. The basic level of analysis is a descriptive account of the data, which is the actual discourse, documented or observed, without biases or assumptions. The higher level of analysis is interpretative, which is the implication of the response, being what was inferred, or implied. It is often referred to as the latent level of analysis (Fetters, Curry, & Creswell, 2013).

In this current study, the data were analysed according to the steps of Braun and Clarke (2006).

### **Step 1: The researcher should familiarise him/herself with the data**

The researcher should be very familiar with the entire body of data, or data corpus, including all the interviews, and any other data used, before proceeding with the analysis (Braun & Clarke, 2006). In this current study, the process was commenced by transcribing the data and reading, as well as re-reading, each transcript to become familiar with the data. In total, 24 transcripts of the data were transcribed.

### **Step 2: Generate initial codes**

Braun and Clarke (2006) assert that it is the process of organising data in a meaningful and systematic way. Coding reduces the data into small segments of meaning. In this current study, the researcher coded each segment of data manually, with the research question and objectives in mind. After coding the data, the researcher gathered the data into groups.

### **Step 3: Search for themes**

A theme is a pattern that captures a significant or interesting feature about the data and/or research question (Braun & Clarke, 2006). In this current study, the themes were derived from the grouped codes, with similar characteristics. Four (4) themes emerged with sub-themes within each theme.

#### **Step 4: Review of themes**

During this phase, the researcher modified and developed the preliminary themes that were identified in Step 3. Subsequently, all the data that were relevant to each theme were grouped accordingly.

#### **Step 5: Define the themes**

The defining of the themes involves the final refinement of the themes, to identify what each theme is revealing. Subsequently, the researcher identified the sub-themes that interacted with, and related to the main themes, as well as how they related to each other. Finally, the data were analysed and presented (Braun & Clarke, 2006, p.92).

#### **Step 6: Write a report**

The final step is writing the research report, which involves finalising of the analysis and reporting the findings. With the guidance of the supervisor, the adjustments were made, and the final report was produced.

#### **4.5.8. Credibility and Trustworthiness**

Credibility and trustworthiness are very important in qualitative research; therefore, Guba's (1981) Model of Trustworthiness in qualitative research was applied in this current study. The following principles were observed to ensure rigour and trustworthiness:

- **Credibility** refers to the degree to which the research represents the actual meanings of the research participants. The researcher ensured *credibility* by confirming that the intended research purposes, and credible research decisions were consistent with the researchers' purpose, as well as the parameters of the study's aim (De Vos et al., 2011, p. 345). The researcher asked questions that were within the scope of the research objectives, and the participants fully understood the purpose of the research before participating.

In addition, *credibility* was ensured through reflexivity, which was achieved through the maintaining a reflexive notebook throughout the research process. The notebook served as a means of debriefing, after each interview, highlighting



important aspects, as well as to reflect on the research process. This helped the researcher to keep personal biases in check, and to be subjective during the collection, analysis, and presentation of the data.

- **Dependability:** refers to the reliability and consistency of the research findings. The researcher ensured dependability by providing detailed coverage of the methodology process, through documentation, notes, and a presentation of the methodology. The researcher maintained an audit trail to ensure trustworthiness, thereby, allowing for critique and verification of validity of the research process (De Vos & Van der Heijden, 2015, p. 345).
- **Confirmability** is achieved when credibility, as well as transferability are achieved (Krefting 1991, p. 221). The availability of the raw data, field notes, voice recordings, transcripts, and summaries have been retained to achieve confirmability.
- **Transferability** in qualitative research is the extent to which the results of qualitative research could be transferred to other situations, or settings with other participants. It is established by providing evidence that the researchers' findings can be applied to other settings or group of people (Daniel, 2019, p. 104).

#### 4.5.9. Limitations/Assumptions

Limitations are influences that are beyond the researcher's control, and could be shortcomings, conditions, or influences that place restrictions on the methodology and conclusions (De Vos et al., 2011, p. 111). A limitation in this current study was that some of the residential childcare facilities procrastinated to grant permission. It was most challenging with private children's homes, because of the strict child safeguarding policies. The researcher was unable to identify other adolescents out of care, for the interviews, although they were not the primary target population.

#### 4.5.10. Ethic obligations

- **Avoidance of harm**

Social research should never injure the people being studied, regardless of whether they volunteer for the study. Therefore, the researcher took the necessary

measures to ensure that the participants were protected from any physical or emotional harm. The research was conducted in the children's homes, in a familiar environment to the participants. In addition, the researcher should identify any possible vulnerable participants, and immediately remove them from the process, to avoid causing them any harm (Babbie, 2008, p. 68).

- **Informed consent**

Obtaining informed consent infers that all possible, or suitable information on the goal of the investigation, and the procedures that will be followed during the investigation, are disclosed to the prospective participants before they consent to participate. Therefore, the possible advantages, disadvantages, and dangers to which respondents may be exposed, should be communicated to the participants. In this current study, the researcher informed the participants about the procedure, the benefits of participating in the research, as well as how the information would be used, and the implications, if any, of participating in the research (De Vos et al., 2011, p. 117).

- **Confidentiality and Anonymity**

The information was gathered in such a way that the identity of each participant was protected. Confidentiality was assured, as the information of the participants would not be available, or disclosed to a third party. Consequently, the participants would in no way be linked to the information obtained. Each participant was given a pseudonym to protect his/her identity (De Vos et al., 2011, p. 119).

- **Deception of subject**

This is the process of deliberate misinterpretation of facts to coerce individuals into believing false information, in so doing, disrespecting them in some manner. Withholding information, or presenting false information to persuade individuals to participate in the research, is a form of this deception. One solution would be to disclose to the subjects the purpose of the study, and the university to which the researcher is affiliated (Babbie, 2008, p. 72). The researcher ensured that the correct information, regarding the whole process, was communicated to the participants, and that they were allowed to enquire, to clarify any uncertainties.

The researcher informed the participants that the research was for study purposes only, and nothing else.

- **Withdrawal without negative consequences**

All the participants were assured that they would be allowed to withdraw from the study, at any time, without any negative consequences. The data, recordings, and transcripts will be electronically stored for a period of 5 years, after which they will be discarded.

#### **4.6. Conclusion**

In this chapter, the researcher described the methodology that was employed in this current study, the data collection process that transpired at the different children's homes, as well as the data analysis procedure. The population was caregivers at children's homes in Windhoek, from which the study sample was selected through purposive sampling. The inclusion and exclusion criteria was based on the number of years the caregivers spent and experienced raising adolescents.

The semi-structured interview tool was used to collect data over a period of eight (8) weeks. Each interview lasted a maximum of one (1) hour. Twenty-three (23) caregivers, from three different children's homes, were interviewed, as well as one (1) adolescent, who had transitioned from residential care. The data were analysed, according to analysis steps of Braun and Clarke (2006). One of the limitations faced was the delay in obtaining permission from the various children's homes, especially the private ones. Lastly, Guba's (1981) model of trustworthiness in qualitative research was applied in this current study.

The following chapter comprises the presentation of the findings from the qualitative data analysis.

## CHAPTER FIVE

### PRESENTATION OF FINDINGS

#### 5.1. Introduction

In this chapter, the researcher presents the findings of this current study, as well as a discussion, in which the themes and sub-themes are identified, and linked to the objectives of the study. These objectives were to:

- Explore and describe the identified skills that caregivers consider children will require, when exiting residential care, as adolescents;
- Explore how caregivers had equipped children, as adolescents, for life after residential care, in terms life, employability, and social skills.
- Describe how caregivers assessed whether children, as adolescents, have been prepared for independent living after residential care.

However, the researcher first presents the demographics of the participants at the homes.

#### 5.2. Demographics of the participants

The study was conducted with residential caregivers at three different children's homes in Windhoek, Namibia. Two are private (Non-Governmental Organisations) residential homes, while the third is state administered. For the purpose of anonymity, the researcher refers to them as Children's Home A, B and C, respectively.

The exclusion and inclusion criteria for the participants were based on the number of years they had served as a caregiver, with the minimum being 3 years. At Children's home A, two caregivers, who cared for eight children in each house, met the criteria; however, only one was interviewed, because the other had started working at the facility, only recently.

**Table 5.1: Children's home A demographics**

Participant No.	No. of years as a caregiver	Gender	Age
1	6	Male	Not indicated

The second children's home employed six caregivers, who met the inclusion criteria. This Children's home is a state owned facility, caring for more than 80 children of various ages and genders.

**Table 5.2: Children's home B demographics**

Participant No.	No. of years as a caregiver	Gender	Age
2	12	Female	58
3	14	Female	40
4	15	Female	50
5	16	Female	45
6	17	Female	46
7	26	Female	54

The third children's home cared for approximately 80 children, with 17 caregivers, a social worker and a manager. Sixteen caregivers were interviewed, as one had less than 3 years' experience. The adolescent, who was interviewed, was from this children's home.

**Table 5.3: Children's home C demographics**

Participant No.	No. of years as a caregiver	Gender	Age
8	4	Female	49
9	3	Female	47
10	4	Female	37
11	7	Female	47
12	9	Female	39
13	10	Female	45
14	10	Female	49
15	13	Female	42
16	13	Female	48
17	13	Female	44
18	18	Female	55
19	23	Female	55
20	25	Female	56
21	29	Female	54
22	5	Female	31
23	32	Female	57

**Table 5.4: Reintegrated adolescent demographics**

Participant no.	Age	Designation	Occupation
24	19	Youth	Not studying or working.

### 5.3. Themes and sub-themes

Table 5.5 contains the themes and sub-themes that emerged from the data, collected from the residential caregivers at the three children’s homes around Windhoek. The following section includes extracts of the exact words of the participants.

**Table 5.5: Themes and sub-themes**

Themes	Sub-themes
1. The importance of being <i>independent/self-sufficient</i> .	1.1. Being able to make independent decisions. 1.2. Being able to attain quantifiable possessions. 1.3. Being educated and working. 1.4. Being responsible and accountable. 1.5. Being able to autonomously care for oneself. 1.6. Being able to socialise with others.
2. Factors that influence the transition process	2.1. Adolescents' personal life choices 2.2. Caregivers' level of experience and training 2.3. Commencement of preparation process 2.4. Relationship with biological family and residential caregivers 2.5. Exposure to life in the community 2.6. Caregivers' understanding of the adolescent stage
3. Vital skills as per the caregivers' perceptions	3.1. Vocational and educational skills 3.2. Basic life skills 3.3. Social skills 3.4. Occupational and budgeting skills 3.5. Methods and techniques used in skills transference 3.6. Challenges in skills transference
4. Structure of children's homes	
5. Life after residential care (Adolescent's experience)	5.1. Experience of adolescent after re-integration 5.2. Decision making 5.3. Forming attachment with biological family and residential caregivers 5.4. Challenges faced/being faced

### 5.3.1. Theme 1: The importance of being *independent/self-sufficient*

This theme emerged from the residential caregivers' concern that adolescents leaving care need to be independent/self-sufficient. Several sub-themes emanated from their understanding of the concept.

#### 5.3.1.1. Sub-theme 1.1: *Being able to make independent decisions*

Many of the participants expressed that being independent is associated with the capability of making autonomous decisions and accepting responsibility for them. For adolescents leaving care, being independent involves making decisions about their finances, their living arrangements, and being accountable for those decisions.

The following extracts refer:

**Participant 11:** *“I understand it as you having the ability to make your own decisions whether they are right or wrong. To solve your own problems”*

**Participant 14:** *“To me it means staying on your own, you make your own decisions.”*

**Participant 20:** *“I think the child must be sure, make his own decisions, know how to work with money, budgeting, save money and how to use money”*

#### 5.3.1.2. Sub-theme 1.2: *Being able to attain quantifiable possessions*

Some of the participants stated that meeting their basic needs, and attaining material possessions without assistance, is regarded as being independent. The following extracts refer:

**Participant 3:** *“...being able to take care of yourself and live on your own. For example, having a roof over your head and having access to the basic needs, food, clothing and psychosocial support”*

**Participant 5:** *“To be a person who does not depend on other people and be able to do things on your own,”*

**Participant 9:** *“...Be able to meet their basic needs and their children's”*

### 5.3.1.3. Sub-theme 1.3: Being educated and working

The participants indicated that achieving, at least, basic education, and securing employment was their perception of being independent/self-sufficient. They linked education with job procurement. The following extracts refer:

**Participant 7:** “...it [is] being able to care for yourself, have a good job.”

**Participant 9:** “One should no longer depend on someone, they should start working and having an income. Be able to meet their basic needs and their children’s”

**Participant 19:** “...having an education, it is being able to attain an income to survive.”

**Participant 23:** “...I understand it as taking responsibility of yourself. You need to have education and a steady job to be called independent”

### 5.3.1.4. Sub-theme 1.4: Being responsible and accountable

Admitting to, and take responsibility for, their own actions, was the caregivers’ understanding of being independent. They indicated that the adolescents leaving care should be able to care for others and themselves, as responsible individuals. The following extracts refer:

**Participant 10:** “...when you raise a child to look after themselves one day, they have to know how to save money, study on their own.”

**Participant 13:** “Knowing how to be responsible, being accountable for one’s actions. They should know [how] to care for themselves and others”

**Participant 17:** “Raise a child in such a manner that he or she is a responsible and self-reliant. Being stable enough to do things on their own”



**Participant 22:** *“...being independent or self-sufficient means when you take care of yourself, you are in control of your life and are accountable for your actions”*

#### 5.3.1.5. Sub-theme 1.5: Being able to care for oneself, autonomously

According to the caregivers, being independent involves an individual's ability to care for and manage his/her life with minimal supervision. In addition, they stated that it includes having healthy coping mechanisms to life stressors. The following extracts refer:

**Participant 1:** *“Self-sufficiency, is that when you leave here you can manage without the help of anyone else”*

**Participant 2:** *“I understand it in the term of, how I carry myself, how I handle myself and how I deal with stress. Having access to basic commodities, shelter, food to eat with minerals and vitamins, enough clean water.”*

**Participant 4:** *“Uhm, it is when a child is moving towards a life of depending on his own, no more provision of resources from others and they are moving towards adulthood”*

**Participant 8:** *“When children are under our care, we teach certain things and care for them and then when they bale to do these things on their own then they are moving towards independence”*

**Participant 12:** *“It is when you rely on yourself and on your own resources”*

#### 5.3.1.6. Sub-theme 1.6: Being able to socialise with others

Two of the participants stated that being independent includes learning from others, as well as being able to socialise and interact with others. The following extracts refer:

**Participant 16:** *“It means learning from others, their family and myself for the children”*

**Participant 21:** *“...to be on your own, to learn how to behave, how interact with others in the community. How to organize your things”*

### 5.3.2. Theme 2: Factors that influence the transition process

The participants disclosed that various elements play a role in the adolescents’ transition from residential childcare facilities to becoming independent. Several factors emerged from the collected data, which are discussed as the following sub-themes.

#### 5.3.2.1. Sub-theme 2.1: Adolescents’ personal life choices

The participants expressed that adolescents have equal opportunities when they reside in residential care. However, their personal life choices play a major role in their future, as each decision affects and shapes their future, either negatively, or positively. The caregivers added that influence from peers, circumstances, and the community at large, consequently, play a role in their decision-making, as per the following extracts:

**Participant 2:** *“It depends with each child, some are taught and do not listen, hence [they] end up on the street ... I’ve noticed that boys like to listen to leadership that is run by man. The boys tend to feel more superior to than women; hence [they] do not always listen. Therefore, the boys have more issues than the girls.”*

**Participant 4:** *“Career-wise, because they did not take their education seriously, the biggest mistake made when they come is we do not tell them what is expected from them. They are not aware of the challenges out there. They refuse to go for holiday and when discharged they struggle because they have to stay with family they are not familiar with.”*

**Participant 7:** *“I had a boy child who was an orphan when he came, he did not take school seriously, despite me emphasizing its importance, so now he is on the street because he has no family and no education. School is very important, that is the future for own children. Those who do good, you are proud of them.”*

**Participant 8:** *“Most children do not take their opportunities, they waste them. I look at the children, those who are good in school, encourage them to aim for the highest. Those that are not you encourage them to take on a skill they are good at, be it welding, cooking, brick laying. Education is need[ed], most of our children struggle in this area.”*

#### 5.3.2.2. Sub-theme 2.2: Caregivers’ level of experience and training

The caregiver’s level of experience, qualification, and training was identified as another factor that influenced the adolescent’s transition to independent living. Most of the participants indicated that they had received, or are receiving, training in the form of workshops, on how to raise adolescents. Some of the training were offered in-house; however, at times, other professionals, from external institutions, were invited to do training. The majority also indicated that the training commenced soon after they had been employed. Some indicated that experience has played a major role in the execution of their duties. However, the majority of the participants requested additional training. The following extracts refer:

**Participant 2:** *“Yes I do feel I am adequately trained to be able to prepare adolescents for independent living after residential care, it is not perfect but we receive training. Working with children is about love, with time they will adhere to what you want.”*

**Participant 3:** *“If it was not for my profession as a nurse, I would struggle a bit with preparing the adolescents, having my own children also helps a bit. Preparing them for the world is a team effort from mother and child, there should be respect between us. I should also not enforce my views on children.”*

**Participant 4:** *“... we do get psychological wellness courses but whatever knowledge we get is for ourselves, as I am limited as a caregiver and should stick to those responsibilities. We also tend to receive the same training every year.”*

**Participant 5:** *I feel this is something that is lacking (training), I feel it does not make sense to be hired as a caregiver without any prior*

*qualification and expect to be trained from scratch. I feel there should be a minimal requirement to have before being hired as a caregiver. If one does not know what they are doing, it can cause more harm to the children. The training we have done so far do not really pertain to raising children since I came, I just remember team building projects”*

**Participant 12:** *“We are not yet trained properly but that’s where the youth leader comes on and then she teaches them certain things that we cannot teach them as mothers. We receive training according to the different age groups of children. The Adolescents also receive in house trainings on different topics. When we have workshop we receive training from each department like the Social Worker and the accountant. There are also different organisations that come and talk to the Adolescents on different topics as well”*

**Participant 17:** *“At times, the trainings are not specific enough to certain issues so you end up using your experience. We work together with other mothers to handle issues, because there might be another mother, who has experienced what I am going through and will know how to handle it.”*

**Participant 21:** *“I have enough training over the 29 years. Experience also plays a role since I have my own children.”*

### **5.3.2.3. Sub-theme 2.3: Commencement of preparation process**

Different views and opinions were offered by the participants, regarding the most appropriate time to commence the preparation process (emotional, mental, skills transference). However, their level of involvement in the process also depended on the policy and structure of the children’s home. The following extracts refer:

**Participant 1:** *“...because some children, you know will be here until young adulthood, it depends with the circumstances that placed them here. If you get children that you know will get out quickly, then you start as soon as they come in. You keep it in their minds that they are going to go back to their parents. You can’t just start with them in a year or two, like in your own home, it depends with their age.*

*Depending with age you prepare them on what they should do, so that they can responsible for the people around them.”*

**Participant 3:** *“...they know this in not their permanent home. We always tell them so as to prepare them. We start preparing them mentally from 14 years. The exit house also helps because they get a chance to live alone before being reintegrated officially, so they become responsible for themselves. It’s a good system and it works, they have supervision.”*

**Participant 4:** *“...to be honest, since I have been here (16 years), I have not prepared anyone mentally for reintegration, as it is the social worker’s job, at times you are not told as a caregiver, when they are leaving, the children are just discharged. It’s only this year where they have introduced an exit house for youth in university or working, hence by virtue of them being there, you know they will soon be leaving the children’s home. I personally do not think it is a good system, as most of them will not even be prepared to start doing things on their own.”*

**Participant 5:** *“...some children leave because of misbehaving and hence, would not have received enough preparation, then they struggle when they suddenly have to stay with their biological family... I think that one is a big problem, because we are not told in time, only the office will be aware of such information. In the past, the child would visit the biological parents, the caregiver and the management then we sit and the matter is discussed. Then they go to the biological family during weekends more often till they are officially discharged, but that has changed since. We also need to be prepared because that bond will be there, and it will be difficult to see them go.”*

#### **5.3.2.4. Sub-theme 2.4: Relationship with biological family and residential caregivers**

A relationship with a biological family seems to play a major role in the transitional process, especially upon discharge. The participants indicated that an adolescent,

who has a good relationship with his/her biological family, tends to cope better upon discharge, than those who do not. The following extracts refer:

**Participant 3:** *“I love this because one should have an honest truthful, loving relationship with your family. I believe in forgiveness and apologizing. The children should also know their biological family, so that they know their roots and where they are from and to know why they were placed in the home. Children who do not go for holiday are more withdrawn, they ask a lot of questions. It’s sad, the other tend to feel out of place.”*

**Participant 4:** *“Children avoid going to their biological family as they do not want to do chores, hence they lack a good bond with them.”*

**Participant 5:** *“I do not think there is healthy family relations here in the children’s home. As I mentioned earlier the moving and shifting of houses disturbs that healthy relations we have with the children. We have a few caregivers and at the moment but same number of children, hence they have to move a lot which is not good. This does not even happen in normal home set ups, children need stability. They also do not have a bond with their biological families, hence when they are integrated they struggle to open up with their own people.”*

**Participant 7:** *“Most of them do not go back to their biological families because they do not have a good relationship or because the issues that brought them to the home have not been resolved hence they end up on the street unless they find jobs and start working...I had a child who did not want to go for holiday for example, but I pressure her to go so that they can form a bond so that when they are reintegrated they have a place to go.”*

**Participant 12:** *“Here we have healthy relations with them but as they grow older I’ve noticed that there might [be] confusion that arises with the child as they start to ask any question. Some suddenly dislike going to their biological family or they change their behaviour in the children’s home as they begin to compare. But I’ve noticed that the*

*children are always happier to be with their biological family and that's what we do here, make sure they have a strong bond with them."*

**Participant 14:** *"It is very important; it is healthy to be in such an environment. They need to be close to their biological family, because they will need to go back there one day. Those who do not have a relationship with their biological family are a bit withdrawn sometimes."*

**Participant 17:** *"Most of the time I see they struggle to build a relationship with their biological family as most of them come in when they are young. So when they reintegrated it becomes challenge for child and the family. They will not understand the child as they did not raise him or her. It is hard to relate to the child. Hence most of them go to the street or connect with their former brothers and sisters from the children's home. Those who are resilient find a place to stay and start working."*

**Participant 19:** *"They need to have a strong relationship with their biological family to have a sense of belonging. Some always ask about their biological family a lot. We need a set up where the mother and biological family can sit and talk and decide how to raise child best."*

#### 5.3.2.5. Sub-theme 2.5: Exposure to life in the community

According to the participants' sentiments, exposure to life outside the children's home could allow the children to experience what life would be like, once they had been discharged; thereby, helping *them* to be better prepared, and their caregivers, to prepare them adequately. The following extracts refer:

**Participant 1:** *"I usually go out and do community work, so I go with them and show them how others are living and if they do not take their education seriously, they will end up here begging on the street corners. They need to see the harsh reality, we tend to show them prices for rentals and basic commodities so that they have an idea of what life is like outside."*

**Participant 3:** *“...Like I mentioned earlier about the community work we do every month; we are just limited by resources at times. Going to church, school and holidays is a form of exposure to the real world.”*

**Participant 4:** *“...Exposing them to vocational skills is good as they can know they have other care other. which is not just mainstream. They are not exposed to internet access, shopping alone. They do not know how to fill in their own applications or how to open a bank account.”*

**Participant 5:** *“I used to go out with them at my expense to see the town and some of them I used to go with them to my family so that they see where I live. I give them the exposure they do not get here, like going to the movies or town and allowing them the do activities on their own. Since we do not know their history I believe it is also good to still protect them in the process of exposing them.”*

**Participant 8:** *“I tell them you have to learn how to live outside, sometimes I take them to my place so that they can see how other children are living. When we come back I ask how they felt seeing other children, who do not have all 3 meals a day, constant parental supervision unlike them who have someone to care and correct them.”*

**Participant 13:** *“We participate in events that are in the community like cultural events hence they are exposed to life in the community and way of life.”*

#### 5.3.2.6. Sub-theme 2.6: Caregivers understanding of the adolescent stage

Having an understanding of the adolescent stage is vital. Some caregivers were able to notice the changes, as the child transitioned into adolescence. Others found it difficult to cope, once the transition began. One of the caregivers disclosed the challenges she faced, dealing with a disabled adolescent, and how best to prepare him for independent living. The following extracts refer:

**Participant 3:** *“Smaller children need constant reminder to do certain things like picking up things and keeping general order. While with*



adolescents it is easier because they can now do certain things on their own without constant reminding. They have established a routine and I do not have to tell them what to do all the time. I have noticed girls become distant in comparison to boys but I have a good relationship with them. My past experience has helped in how I raise and shape adolescents... We do need more training on that topic and developmental stage. I have a 19-year-old with cerebral palsy, at times I question whether I am really doing justice to him because I do not always know how to help him. We really need training when we get this job. I have to bath him and change his nappy and he is a grown man and he is heavy. I cannot imagine how life will be like for him and I wonder whether I am really preparing him for life after care. It would be nice to receive training on how to care for children with special needs. We also need some debriefing, imagine a house, an adolescents and a disabled child hence time with children especially adolescents is lacking.”

**Participant 20:** “It is not easy, they prefer to listen to their friends than what we tell them, for them their friends are wiser and we are old. Peer pressure also plays a role. Communication is a challenge at times, they see it as if I shout at them a lot. Another challenge is that boys are not comfortable to discuss certain topics with me and they feel embarrassed. With the girls I can discuss mensuration but with guys its different but I talk to them nonetheless.”

**Interviewer:** Does the lack of a male figure have an impact?

**Participant 20:** “Yes it does, it would be nice for the boys to have someone to talk them about certain topics. I believe they will open easily to a man. A good role model.”

**Participant 23:** “...the behaviour changes and I have to talk more, the way they used to behave changes. Even the way they treat me as another changes. But I understand that it is part of the transition process.”

### 5.3.3. Theme 3: Vital skills as per the caregivers' perceptions

One of the major objectives was to explore and describe the identified skills that adolescents exiting residential care would require, according to the caregivers' perspectives. The following are some of the skills, which the participants in this current study perceive/d to be vital skills for adolescents to possess, before being reintegrated into the community.

#### 5.3.3.1. Sub-theme 3.1: Vocational and education skills

Most participants mentioned that education was the greatest equaliser, which could assist adolescents to enjoy better, as well as, more opportunities in life, especially after reintegration, be it vocational skills, or mainstream school. The following extracts refer:

**Participant 1:** *“Well, first of all, they should have at least a qualification from school, because otherwise they will not get any proper work.”*

**Participant 8:** *“The children must be trained; some children are not academically strong so we have to see which skills they are good at so that they can be trained for that particular thing. As a mother, I know my children, so I encourage them in their strengths, be it mainstream or vocational skills.”*

**Participant 9:** *“Education is most important; you have a chance to become someone one day.”*

**Interviewer:** *“How are children doing at school?”*

**Participant 9:** *“They are struggling, I'm not sure why.”*

**Participant 10:** *“...in the world we live in today, education is very important. You encourage and motivate them all the time.”*

**Participant 11:** *“They need it [Education] in the future, it is best to work hard now, when they are young, and while the mind is still fresh.”*

**Participant 12:** *“Some of our children are not so good in this area [School] because of circumstances beyond their control. Some of them are trying to do well, some achieve great things. We encourage them according to their strengths. Some are good with vocational skills and others are more mainstream.”*

**Participant 13:** *“Education is the key, I always motivate them to study and hard. Each child is different, I have slow children in the house, some do very well and some are average.”*

**Participant 14:** *“Our children do not take education seriously; it opens many doors for them. I tell them without education your options are limited in life.”*

**Interviewer:** *“Why do they not take education seriously?”*

**Participant 14:** *“I do not know, maybe it is because they get everything they need in life and do not realize that they need to work hard to be able to provide these things for themselves one day. In my ten years only two have excelled in the area of education.”*

**Participant 17:** *“Education is the most important for me, another thing that matters is vocational skills because not all children are good in school and succeed, so it is good for them to have those skills. So even if one is not able to go to university, then they are able to use their hands because of the vocational skills.”*

**Participant 20:** *“Education is important, it is the key to your future. Without education you will be stuck in one place, doors will not open for you. Most of my children were okay education-wise, when they left.”*

### 5.3.3.2. Sub-theme 3.2: Basic life skills

Basic life skills, such as cooking, doing laundry, cleaning up skills, empathy, good behaviour, communication and self-awareness, are some of the skills that the participants singled out as vital life skills. The following extracts refer:

**Participant 1:** *“...To teach them how to prepare food and to wash, laundry and all that kind of stuff. So that they can think for themselves because it is part of life. They need to know how to keep themselves in a good, neat and tidy environment, need to know how to keep healthy.”*

**Participant 2:** *“Good behaviour, to care for themselves, emotionally, physically, mentally, [and] spiritually. So that by the time they go out they have good characters and they are not a problem in the community. They should be able to do things for themselves like paying rent on time instead of going from house to house. I also teach them who God is and the purpose behind creation. The right guide is the through the bible because it states how one should behave and the difference between right or wrong. I teach my children to care for others and importance of it. The exit house also helps them to be better prepared to be independent, to be responsible.”*

**Participant 3:** *“They should know how to make their bed and in particular girls should know how to bath; I usually start teaching them from the age of six. Knowing how to read and write, respecting people and themselves and appreciating things in life.”*

**Participant 8:** *“Even when they do chores I place them according to what they do good because they will do it whole heartedly, some love gardening, some enjoy cooking. As a mother I need to get know the child very well and it takes time as I will have other children in the house.”*

**Participant 9:** *“Learn to be responsible for themselves, some fall pregnant while still in the children’s home, so we teach them about parenting. Doing their own laundry, prepare meals, ironing and to be*

*neat at all times. We teach them these things while they are here. Telling the importance to look presentable.”*

**Participant 11:** *“They should know how to maintain their lives, know how to look after themselves, to gain skills so that they become better people. Then they will also be able to teach their children. They should know how to make food, the basic skills. We have a timetable that helps so each child has day where they have a specific task.”*

**Participant 13:** *“Teach them how to cook and do laundry, the chores list helps as it gives everyone chance to partake in the chores and duties. “I teach them how to communicate and to socialize with others so that they can learn about different cultures and beliefs cultures and beliefs... Communication is very important, so I teach them that. I teach them this skill when we sit on the table and converse together. I teach them about education and health, to know their rights and responsibilities.”*

**Participant 14:** *“They need to know their strengths and weaknesses and which areas they excel in. they need self-awareness so that they can work on certain things”*

**Participant 20:** *“I also teach them how to cook, how to do laundry even though we have washing machine. The younger ones wash their own socks and clean their shoes after school, after two days they wash their school uniform...”*

**Participant 23:** *“They should know how to cook and wash their own things as their clothes as they will have their own families one day and they need to know how to do these things. I tell them the importance of not cohabitating but they should marry. They have a duty roster, so each child has a day where they perform a specific task then weekends we help each other. They know how to tidy up after themselves. Those are the principles I have as a mother.”*

### 5.3.3.3. Sub-theme 3.3: Social skills

Children, who grow up in children's homes, tend to spend a considerable amount of time in the residential care facility, and do not interact much with others in the community. The participants mentioned that social skills are quite important for adolescents to possess, as they facilitate living in harmony, and socialising, with others in the community. The following extracts refer:

**Participant 8:** *“They need to socialize with children on the outside, at times we give them projects where they have to go and sell, so that they can learn to talk to people as well. We also teach them perseverance in the process that you do not give up just because people did not buy your product. Our children struggle to interact with others, when we have community functions, they stick to themselves and it shows that they do not go out often, even at schools they just play together.”*

**Participant 14:** *“I teach them to have a strong character, have problem solving skills and how to care for themselves. I teach them to be confident and be in control of their lives and teach them how to behave, they need social skills... it is an important skill, when they start to stay alone, they will need to form relations with others in their community, they need someone to trust. Our children love socializing with other children.”*

**Participant 15:** *“Some lack social skills and this shows with their behaviour with others. My children differ, I have the outgoing ones, the reserved ones and some who like to cause trouble.”*

**Participant 16:** *“...it means being actively involved in community projects like going to church and they need to work on communication skills so that they can leave peacefully with others.”*

**Participant 17:** *“As an individual you need to interact with others, the Africa way is Ubuntu. We learn from each other and build each other up.”*

**Interviewer:** *“How do you teach them social skills?”*

**Participant 17:** *“I allow them to interact with other children, the friends and come over and I give them time to go out as well they also learn social skills from church and at school when they interact with others.”*

**Interviewer:** *“Do children easily interact with others in the community considering [that] they [are] usually amongst themselves in the village?”*

**Participant 17:** *“They cling to their siblings and friends when we have activities in the community, they tend to feel stigmatized.”*

**Participant 20:** *“Our children need this skill so that they can be able to communicate with others in the community. Our children tend to group together when they are at school or any other so they do not socialize properly with others but when they go to places with no children from the village, they socialize with other children very well as well.”*

**Participant 23:** *“I understand (social skills) it as interacting with others in the community, how one behaves and acts around other people.”*

**Interviewer:** *“How do they interact with other people?”*

**Participant 23:** *“It is not easy for them, even for the mothers. We are so used to being together that when we are out we stick together.”*

#### 5.3.3.4. Sub-theme 3.4: Occupational and budgeting skills

Many participants referred to the importance of knowing how to budget, and spend money wisely. They stated that they teach the adolescents to differentiate between needs and wants, for them to be able to manage their finances. The following extracts refer:

**Participant 1:** *“...uhm...the steps. First we try to make them aware of managing their money, the little pocket money that they get around*

*here and we try to let them work on holidays. So that they can see what is going on around.”*

**Participant 8:** *“Those skills are good because it means these kids are able to work for something. I teach the importance of working hard, you will get a reward, you cannot sit and want. I tell them that even if they are unemployed they need to find a way to raise income. I tell them I and them to all work one day and do your own things. once they get their allowance go with them to the shops and we teach them how to shop, then other times, we let them go on their own. Some improve but some still cannot priorities I believe our children need more training on budgeting.”*

**Participant 11:** *“One day they will be on their own and will need to know how to budget. We teach them to be accountable by drafting a breakdown of how they spend their youth allowance. We teach the importance of prioritizing.”*

**Participant 12:** *“For our children we have a program were they go for holiday jobs so that they have an idea what it is like in the work force.”*

**Interviewer:** *“Are they able to keep jobs?”*

**Participant 12:** *“No, they are very picky when they are in the village, the easily leave jobs. They are used to environment where they are pampered so any slight discomfort in the work place they leave. However, when they leave the village then they realize that they cannot live life in that manner. We try to tell them the reality and always encourage them to work harder.”*

**Participant 18:** *“I teach the important of work ethic, especially in the workplace. I tell them to gain as much experience as they can and to focus on education so that they can be independent.”*



**Participant 19:** *“...they need to know how to budget, we teach them how to go shopping and comparing prices before they buy... We use the youth allowance and teach them to prioritize.”*

**Participant 20:** *“Career guidance helps our children to know what they want, in the past they used to have more workshops on this topic but these days it is not as frequent. Our children are still very picky when it comes to jobs, I think it is because they fear what others in the community will say about them. But once they leave it is better.”*

**Participant 21:** *“...budgeting is a vital skill.”*

**Interviewer:** *“Why do you think it is important for them to know how to budget?”*

**Participant 21:** *“If one cannot cope with money it is very difficult, you need to know how to priorities and use your money. You need to know the needs and wants.”*

**Interviewer:** *“How do you teach them how to budget?”*

**Participant 21:** *“They receive pocket money to buy toiletries, from there I teach them how to make sure it is enough to buy what they need and save some.”*

#### 5.3.3.5. Sub-theme 3.5: Methods and techniques used in skills transference

The participants offered diverse responses regarding ways of raising adolescents and teaching them particular skills, as per the following extracts:

**Participant 1:** *“The biggest is the fact you cannot handle all the children the same, everyone has an angle you must handle him from, and that’s the biggest challenge we’ve got.”*

**Participant 4:** *“You just try your best, what work for one child wont for the other, in my house I prefer to start teaching them certain things from the age of 12. I teach them how to do laundry and help with them*

*with the whites and line, how to clean their rooms and the kitchen. The old system allowed us to do this better as we used to cook in the housed, so by the time they reached adolescents they could do the basics like cooking eggs and prepare a basic meal. However, with the issue of the centralized kitchen, the way they assist is limited.”*

**Participant 5:** “.... However, despite the central kitchen and laundry room, I ensure that the big children still help out when laundry is being done or even when preparing dinner and doing the dishes. I start training them from 7 years with different tasks and as they grow older then tasks increases.”

**Participant 8:** “Children change and their personality also changes as they grow. The older they grow; they need more privacy.”

**Interviewer:** “Are you trained to be able to deal with these changes?”

**Participant 8:** “Yes I am.”

**Participant 16:** “I ask them about their goals and dreams, I prepare them education wise by motivating them to work harder at school.”

**Participant 17:** “You must have a holistic approach, prepare them mentally, physically, spiritually, socially. Teach them in all those areas and so that they have positive relations with other people.”

**Participant 23:** “You teach them from a young age, you teach them basic manners and to be responsible. I teach them to finish what they start and that hard work pays off. I teach them work ethic as well and how to work with other people. I realized that I used to spoil my kids, when I went to visit my homestead with one of the children. I realized she could not perform certain tasks that children her age could. My sister then talked to me and said stop spoiling the child. From that day and trip, I changed and started to teach them to be responsible.”

#### 5.3.3.6. Sub-theme 3.6: Challenges in skills transference

The caregivers mentioned the various challenges that they faced while caring for the youth. However, some indicated that they did not face any challenges. In

addition, they disclosed that they consulted each other when they encountered these challenges, and also received support from management. The following extracts refer:

**Participant 1:** *“The biggest is the fact you cannot handle all the children the same, everyone has an angle you must handle him from, and that’s the biggest challenge we’ve got.”*

**Participant 2:** *“... I’ve noticed that boys like to listen to leadership that is run by [a] man. The boys tend to feel more superior to than women hence do not always listen. Therefore, the boys have more issues than the girls.”*

**Participant 3:** *“Availability of resources is a big factor; at times I might be good at sewing for example but I cannot transfer those skills because there are no machines to teach them on. Due to lack of transport for example, it is even difficult to take to schools which are a bit far, were they can be taught vocational skills because not all of them are book smart.”*

**Participant 5:** *“The system that children are always being changed from one house to another, it is not a good system especially when you want to be consistent in teaching a child something. When they change homes it makes it difficult because I might tell them one thing and when they go to another house they are taught something else, there is a lack of consistency. The adolescents even misbehave at times so that they can be changed from one house to another.”*

**Participant 7:** *“I have ten adolescents in my house, ranging from 13 to 19 years. I do not really face any challenges with them. I usually tell them my life lessons and what I went through at their age. I do not really face any challenges.”*

**Participant 11:** *“There are many challenges especially with boys, when they become young man as a mother you lack that experience to*

*know how to talk to them. As a mother I try but there are certain things I am not ready for when it comes to dealing with boys.”*

**Participant 18:** *“I struggle with rebellion, it’s like I have to remind them to do everything and then they become angry. Peer pressure in the village also plays a role, if one does this then the other also wants to do it.”*

**Participant 23:** *“Resources is usually a problem and lack of funding within the organization limits you at times to give your child other experiences. Another problem is that, some of the families do not come and visit the children due to many reasons, the Social Worker would know better. So the children become bitter thinking that it is us as caregivers who do not want them to go for holiday.”*

#### 5.3.4. Theme 4: Structure of children’s homes

The researcher collected data from three organisations, each with a unique management structure. The caregivers expressed their opinions regarding the way in which each structure played a role in raising adolescents, and preparing them for independent living. Two RCCF structures were evident. The first one has children and adolescents residing together in one house, implying that the adolescents stay in the family house until they are discharged. The aim is to ensure a sense of family. In the second structure, the adolescents move to a halfway house, within the RCCF, and reside there with a youth leader, or overseer. The participants offered their diverse opinions regarding the best-suited structure, as indicated in the following extracts:

**Participant 18:** *“We have done training on how to care for adolescents. The old system in which the Adolescents had to leave and move to the Adolescents house, the youth leader would be trained better to prepare the children for exit...”*

**Interviewer:** *“Which system is better, one with the adolescent house or one without?”*

**Participant 18:** *“The one with the adolescents houses because the smaller children are being influenced through observing the older children’s bad*

*behaviour at times. Its best when they are out then we can properly raise the smaller children. At times it is disturbing to have the bigger boys because they can molest the smaller girls and manipulate the small boys. So there are more negatives to having them in the houses. In the youth houses they respected each other because they feared each other.”*

**Participant 19:** *“The system has improved; they are not as over protective as they were hence promoting independency. Now they are allowed to do more on their own. The adolescents’ homes were good because now the smaller children are copying the bad behaviour of the older ones. There they used to bond better as adolescents and learn certain skills from each other...”* *“No, it is not good. The adolescents and small ones should not be in one house it is too much pressure on the mother. They also had more time to practice staying without mom in the youth house close by unlike now.”*

**Participant 20:** *“The one where they moved to the adolescent house and were prepared there, I still took care of my adolescent. Having big kids in the house can be challenging because we cannot treat them the same way as the younger ones, and it causes confusion, at times they influence the smaller ones, if the big brother smokes, the younger one will end up doing the same.”*

**Participant 21:** *“The old system was better, when I came that was the system that was in place and they had a very good youth leader. The boys and girls had different homes and it was good. They used to really instil important skills in them and teach them.”*

**Participant 23:** *“It is a family set up where the adolescent and children stay together, it is good because most do not know how it feels to be in family, so here they get to experience that.”*

#### 5.3.5. Theme 5: Life after residential care (Adolescent’s experience)

The researcher interviewed one adolescent, who had been integrated into the community already. The adolescent expressed the following thoughts on life in the children’s home, as well as after reintegration. She referred to the challenges faced during her transition,

and highlighted aspects, which she wished she had been taught, while still in the children's home (Table 5.6).

**Table 5.6: Thematic analysis (Adolescent)**

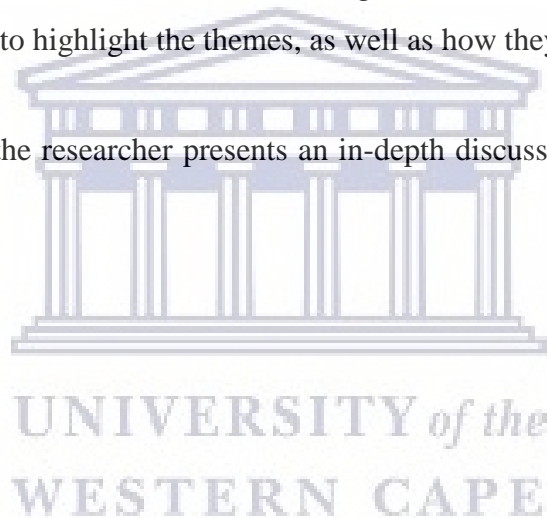
<p><b>Sub-theme 5.1:</b> Experience of the adolescent after re-integration</p>	<p>"I was in the Children's Village for about 12 years from 2006 until 2017. I was around 18 years about to turn 19 when I was reintegrated into the community. It was nice I felt I independent. I lived by myself, renting for about a year and then I went back to my family home."</p>
<p><b>Sub-theme 5.2:</b> Decision making</p>	<p>"I was semi-independent because SOS paid my rent as I was still in school at the time until I dropped out. I felt as if the course I was doing was not for me. I am volunteering at a preschool. I regret leaving school, I believe it was the worst decision of my life I didn't think it was a good decision, I was failing, I had modules behind and lacked motivation to go to school hence I dropped out."</p>
<p><b>Sub-Theme 5.3:</b> Forming attachments with biological family and residential caregivers</p>	<p>"Since leaving school a lot has changed, I had to go back to my family where I am really under pressure. I had to find ways to keep myself busy, I have to find ways to make money on my own as I am unemployed. Staying with my family is very new. When I stayed at the children's home I felt at home because they were my family. Staying with my biological family is different because I grew up in the children's home, so the way I do things is different from the way my biological family does things. I had to learn to stay with people to adjust to new rules. It's been hectic because I am stubborn and I am used to doing my thing but I'm coping."</p> <p>"I used to go to them, but most of the time I would be with my grandma. At the time she used to stay alone, now she resides with them, as well, because of old age."</p>
<p><b>Sub-Theme 5.4</b> Challenges faced/ being faced</p>	<p>"I have struggled forming relations; I do not make friends easily. I am at an age where I am finding myself and I am having hard time letting people in, trust and opening up"</p> <p><b>Why do you think you struggle to open up?</b></p> <p>"I think I have negligence issues, because my parents were never there for me. I can talk to people, but I am on my own most of the time. When I was in the children's home, I had a selected few I was close to"</p> <p><b>What would you like to have been taught while in the children's home?</b></p> <p>"I should have been taught how to live with other people, to communicate better with other people because I fell there are certain things I am not good at communicating about. For example, if there is a problem I would rather distance myself from people that talk about it. I think I should have also been exposed to life in general, I feel like I was spoon fed when I was in the Children's Home, everything was done for me, I just had to get up and go to school. I got food on time, what I needed, I never really worked for anything."</p> <p><b>Did you struggle to adjust back into the community after your reintegration, if so in what ways?</b></p> <p>"I don't think I struggled, I think the only time I struggled is when I had to learn to do things on my own, like budgeting, getting up to look for a job, which was the most difficult things I have ever had to do. Basics skills like cooking and cleaning, I was taught, so it was easy."</p> <p><b>What advice would you give your caregivers and admin staff to do differently?</b></p> <p>"Honestly, I would just advise them to prepare the children a little more when they go out, like how to live with other people. Majority of the children that leave usually go and stay with their family. I think we need to be taught to be more respectful how to live with other people because you came across do many different things and people out there, things you are not used to."</p>

#### 5.4. Summary

In this chapter, the researcher presented the findings of the data collected in its natural form. Additionally, the voices of the participants were emphasised. The five themes presented in this chapter emerged from the participant's responses, namely: The importance of being independent/self-sufficient; factors that influence the transition process; vital skills as per caregivers' perceptions; structure of children's home; and life after residential care (Adolescents' experience)

Twenty-two (22) sub-themes emerged from the data, including: the ability to make independent decisions; the ability to attain quantifiable possessions; being educated and working; vocational and educational skills; basic life skills; social skills; occupational and budgeting skills; methods and techniques used in skills transference; and challenges in skills transference. The words of the participants were used to highlight the themes, as well as how they regarded their realities.

In the following chapter, the researcher presents an in-depth discussion of the above themes and sub-themes.



## CHAPTER SIX

### DISCUSSION OF FINDINGS

#### 6.1. Introduction

In this chapter, the researcher presents the discussion of the findings. The themes and sub-themes that emerged from the collected data are discussed, compared, contrasted, and critically analysed, in relation to current literature and knowledge on the topic. There is limited literature that focus on the caregivers' perceptions of the skills required by adolescents, who transition from residential care to independent living. Therefore, it is the researcher's opinion that the findings of this study could elucidate, as well add to new knowledge on the subject under scrutiny.

#### 6.2. Main theme 1: The importance of being independent/self-sufficient

The researcher aimed to explore the caregivers' understanding of the term/concept of being independent/self-sufficient. Consequently, the participants shared their understanding of the concept in the following sub-themes.

##### 6.2.1. Sub-theme 1.1: Being able to make independent decisions

The top three criteria, required for the attainment of adulthood, are the ability to accept personal responsibility, make independent decisions, and become financially self-reliant (Arnett, 2000, p. 473). In this current study, three of the participants expressed that they understood self-sufficiency, or being independent, as the ability to make autonomous decisions, whether good or bad. Participant 20 further expressed that, being able to make decisions regarding personal finances and budgeting, was a clear indicator of independence. The participants explained that they tried to teach the children in their care to make their own decisions, and be accountable. They also emphasised the importance of making smart decisions, as at this stage, the adolescents could easily be influenced by their peers, and the decisions they make could have a major impact on their future (Fox, Cater, Shreve, & Jones, 2013).



Arnett (2001, p. 133) refers to a number of roles and behaviours that adolescents in developed society regard as being independent, namely, "...individualistic criteria were the most likely to be considered important markers of the transition to adulthood, specifically, accepting responsibility for one's actions, deciding on one's beliefs and values, establishing an equal relationship with parents, and becoming financially independent." Together, they indicate that adolescents are becoming self-sufficient, and symbolise an individualistic standard for adulthood. Additionally, the caregivers articulated that they endeavoured to teach skills, without being gender specific, and allowed the adolescents to express themselves. Ultimately, the adolescents will face many situations, in which they would be required to make independent decisions, including, among others, leaving home, finishing education, beginning employment, getting married, entering parenthood, as well as avoiding drunk driving, drug uses, or other antisocial behaviour (Arnett, 2001, p. 134).

#### 6.2.2. Sub-theme 1.2: Being able to attain quantifiable possessions

In this current study, attaining quantifiable possessions, according to some of the caregivers, is the ability to purchase necessities, like food, clothing, and other material possessions. The participants explained that being able to care for one's self and others, was their understanding of being independent. Casey et al. (2010, p. 325) inform that the competencies related to independent living are completing a rental application; paying bills; and budgeting. Additionally, gaining and maintaining employment; responding to job advertisements; interviews; and accessing community resources; are all competencies associated with being independent. All these competencies assist the individual to attain quantifiable possessions.

#### 6.2.3. Sub-theme 1.3: Being educated and working

The participants expressed that being educated could increase an individual's chances of attaining a job. Participant 19 articulated that being educated could assist an individual to acquire an income, and consequently, be able to survive with minimal support from other people. Three other participants associated being independent with being educated and employed. They also elaborated on their understanding, and disclosed that these two factors (being educated and employed) would also assist adolescents to care for their future families.

Casey et al. (2010, p. 325) state that certain areas require attention, while children are still in care, namely: the promotion of self-determination; the provision of social support; as well as the teaching of life skills and hopefulness, representing characteristics, skill sets, and resources that could promote success for adolescents in the future. Regarding goals related to education and employment, it is well known that the greater an individual's educational accomplishment, the better his/her predictions are for employment. The caregivers in this current study associated success in education with higher chances of employment; and consequently, being able to meet basic needs. They, therefore, perceived this as a sign of being independent.

#### 6.2.4. Sub-theme 1.4: Being responsible and accountable

The findings revealed that the caregivers perceived the importance of teaching adolescents to be responsible and accountable. They related that it was important for adolescents to be accountable for their actions, as well as self-reliant. According to the caregivers, these attributes would allow the adolescents to function independently, with minimal supervision. One of the participants expressed that being independent, or self-sufficient, implied being responsible for oneself, in control of one's life, and accountable for one's actions.

Prajapati et al. (2017) asserts that residential carers play an important role in imparting some of these qualities to the children in their care. By allowing them to play an active role in daily activities, decision-making, and acceptance of responsibility, the caregivers assumed an active role in the adolescents' development and success (Prajapati et al., 2017).

#### 6.2.5. Sub-theme 1.5: Being able to care for oneself, autonomously

The aim of this current research was to understand the caregivers' perceptions of adolescent preparedness, as they transition from residential care. Firstly, the researcher aimed to identify whether the caregivers understood the concept of being *independent*. Most of the participants understood the meaning of the term as being able to perform certain tasks without assistance. Secondly, the researcher wanted to establish whether they possessed the necessary skills to raise children to be *independent* and *self-sufficient*. Participant number two explained that the manner in which they behaved, as role-models and mentors, as well as the way they accessed basic resources independently, was

important to demonstrate to adolescents how they could care for themselves, autonomously, and perform certain tasks without assistance.

The findings of Bond (2010) revealed that an individual's faith, hope, and range of coping mechanisms, such as perseverance and self-reliance, could lead to a better transitional process. Oelofsen's (2015) study findings concur with those of Bond's (2010), revealing that enabling relationships with caring adults outside the care system, being street smart, learning from mistakes, having an attitude of transforming negative experiences into positive learning, setting goals for the future, and faith were some of the factors that facilitated a better transition out of care.

#### 6.2.6. Sub-theme 1.6: Being able to socialise with others

According to Stuart (2010), interpersonal relationship skills allow individuals to relate positively to people, with whom they interact on a daily basis, while coping with emotions, enabling them to recognize emotions in themselves and others. Being able to socialise with others was another characteristic that was linked to being self-sufficient. The participants emphasised that it was important for adolescents to possess social skills, for them to know how to interact with other people, as well as behave in the community. The development of social skills lays a critical foundation for later academic achievement, as well as work-related skills. Social skills development is a key issue with young children; therefore, a number of methods to address social skills have been advocated (Lynch & Simpson, 2010, pp. 3-12).

The above theme explored the participants' understanding of being independent/self-sufficient. One of the objectives of this current study was to *explore and describe the identified skills that caregivers consider children will require, when exiting residential care, as adolescents*. All the participants displayed an understanding of the concept in various ways, as per the sub-themes.

### 6.3. Main theme 2: Factors that influence the transition process

Many factors play a role in the transition from residential care to independent living. The following are some of the factors that were highlighted by the participants of this current study, as well as identified by various authors.

### 6.3.1. Sub-theme 2.1: Adolescents' personal life choices

The findings of a study conducted by Casey et al. (2010, p. 335) revealed that the majority of youth expressed concern about the influence of their peers on their behaviour choices. Previous studies have determined that children and youth, who stay out of trouble, have a network of friends, who do not engage in antisocial behaviour (Goodkind et al., 2011). Therefore, increasing involvement in antisocial acts with deviant peers is a strong predictor of delinquency. These findings indicate that, while youth view friends as an integral part of their social network, their peer network may not provide the type of support, necessary for a successful transition.

The choices that adolescents make, while in the children's home, play a role in their journey towards independence. When asked why some children excel, and others do not, the participants explained that some of the adolescents do not make use of the opportunities offered to them, while in residential care, and tend to realize what they had missed, when it is too late. Participant 2 disclosed how male adolescents tend to pay more attention to male leadership, which is another challenge, as all the caregivers on site were female. In addition, the participants disclosed that adolescents do not take their education seriously, and wind up leaving care without a matric certificate, or any vocational skills training.

### 6.3.2. Sub-theme 2.2: Caregivers' level of experience and training

Graham and Fuchler (2017) assert that no sector could aspire to improve outcomes for children and adolescents seriously, without a respected and valued professional workforce. Staff development was one of the factors that the participants in this current study sought more of, as they perceived their current training as adequate, in their line of work. However, some of the participants, who had been working for more than a decade, expressed that experience played a greater role than the training.

Shaw and Kendrick (2017, p. 378) explored the experiences of residential caregivers in Scotland between 1970 and 1975. Their study revealed that no educational requirements were compulsory to work in residential childcare at the time. These were only included in Scottish Social Services Council registration requirements in 2005. Most were employed because they either had raised, or were raising a family of their own, and

demonstrated an ability to manage a household, or had simply expressed an enthusiasm for working with children, even without any prior child-care experience. This sentiment was shared by Participant 5, who expressed that a minimum requirement, in terms of qualifications, should be set and met, before individuals would be allowed to work as caregivers. The caregivers' failure to provide proper and specialised care, could prove harmful to the overall wellbeing of the child, resulting in developmental difficulties, poor interpersonal relationships, mental health difficulties, behavioural difficulties, and poor academic achievement (Shaw & Kendrick, 2017).

### 6.3.3. Sub-theme 2.3: Commencement of preparation process

Although commencement of the preparation process depends on the residential care facility, literature has revealed that it is best to start the process early (Nemtsov et al., 2018; Cantwell et al., 2017). The transition process out of care should begin as soon as possible, while the child is still in care, as it is a multifaceted process, in which the child should be actively involved. Early commencement is vital, as the process has been identified as the least successful and most challenging part of care (Coyle & Pinkerton, 2012). The participants mentioned that some facilities start to prepare children mentally, depending on the circumstances that brought them to the facility; however, some expressed that they were not involved in the process. In addition, the participants stated that frequently, they were advised of the child's discharge, at the last minute, which left little room for them to prepare the child adequately, and could be detrimental to the child's wellbeing.

Participant 5 disclosed that some children are discharged because of misbehaviour; and consequently, leave abruptly, without being prepared properly. In addition, she mentioned that there should be more collaboration between the caregivers, management, and biological parents, during the preparation process. Welbourne (2012) identifies factors that may hinder, or slow down the reunification process of the child or adolescent back home, for example, their behavioural problems, or the reconstruction, which has not taken place with their guardians.

### 6.3.4. Sub-theme 2.4: Relationship with biological family and residential caregivers

When children enter care, they need to maintain a relationship with their family of origin, which would make the transition back into their care easier (Welbourne, 2012).

Participants 7, 14, 17, and 19 concurred with Welbourne (2012), stating that it was good for children to have a relationship with their biological parents, as it would make the reunification process easier, when the time of discharge arrives.

Van Breda's (2018) model suggests ways in which care leavers could accomplish a better transition process. This could be attained by striving for authentic belonging, when care leavers establish relationships that satisfy a deep need for connections. Cantwell et al., (2017) concur that establishing relationships with biological families is vital for care leavers, and could make the transition process smoother. Eight participants disclosed how they encouraged the children in their care to visit their biological families during the holidays, to maintain relations between them, so that, when they are reintegrated, they could relate well to the family. They emphasised how important it is for children to know where they belong, and observed that children, who had no relationship with biological families, were more withdrawn, than the ones who did.

According to Goodkind et al. (2011), the care-leavers in their study expressed that establishing and maintaining relationships, once out of care, was one of their greatest challenges. In addition, the care-leavers reported that, when in care, the focus was on the development of skills, as well as the training for skills attainment, which was beneficial. However, the aspect of teaching them how to establish and maintain relationships was lacking; despite it being a valuable skill required in care with their caregivers, as well as once they had transitioned out of care. As adolescents approach the age of majority and the transition to independence, the relationship between the caregivers, adolescents, and their biological families is important. The participants further expressed that, although the dynamics of interactions change when children transition to adolescence, they still had good relations with the youth. Participant 3 expressed her love for this aspect. The caregivers expressed their wish to work more closely with the children's biological families, to collaborate in raising the children.

#### 6.3.5. Sub-theme 2.5: Exposure to life in the community

Successful, emerging adults begin to *give back* to the community, by contributing to the improvement of the social, political, or physical welfare of society (Wood et al., 2018). The system of residential care is geared towards protection. As a result, many adolescents in residential care are unable to participate in the typical rite-of-passage activities

associated with children living at home (Sulimani-Aidan, 2014). Three of the participants informed that they had attempted, by all means possible, to expose adolescents to life after care, while they were still in residential care, by allowing them to go shopping alone, taking them to the movies, and involving them in community work. When asked why this was important, Participant 8 replied that it allowed them to observe how other children lived.

There are certain activities that adolescents in care are not allowed to participate in, due to protection policies, for example, obtaining a driver's license, working after school, staying at a friend's house overnight, or simply hanging out at the mall. Although these rules are designed to keep them safe, they also limit residential care leavers' ability to become self-sufficient, contributing to their challenges, once they age out of care, because of the lack of exposure to life in the community (Sulimani-Aidan, 2014).

#### 6.3.6. Sub-theme 2.6: Caregivers understanding of the adolescent stage

Ogwo (2013) states that, during adolescence, children develop a unique personal identity, become more independent, and focus on peer relationships. Individuals develop an increasingly unique sense of *self*, during this period. The findings of this current study revealed that the participants were able to identify changes, during the adolescent stage, as participants 20 and 23 stated that they had noticed that the adolescents valued their peers' opinions more during this stage; however, they also acknowledged that they understood that it was part of the transition process.

Participant 3 expressed that she was unsure about raising a physically challenged adolescent in her house. She acknowledged that she needed training in this area, as well as the adolescent developmental stage. However, some of the participants informed that they had attended workshops on the topic.

Rosenberg (2015) describes the adolescent stage as a period of rapid change, both biologically, and psychologically. It is the transition period in a person's life between childhood and adulthood. This transition is effected by several life changes, such as entering high school, changing physical features, experiencing hormonal changes, finding jobs, marrying, procreating, and developing a different sense of self-care. Therefore, it is important for caregivers to understand the changes connected with the

adolescent stage, so that they may know how to approach the challenges they may encounter with adolescents.

#### **6.4. Main theme 3: Vital skills as per caregivers' perceptions**

The main objective of the research was to explore and describe the identified skills that caregivers consider children will require, when exiting residential care, as adolescents. The following sub-themes highlight the main skills that caregivers perceived to be vital for the adolescents to possess, as they transition from residential care. Moving towards being independent, certain characteristics that are associated with the term, such as, leaving the parental home to establish one's own residence, establishing financial independence, completing school, moving into full-time employment, getting married, and becoming a parent, are considered key markers of adulthood (Elder & Caspi, 1988).

##### **6.4.1. Sub-theme 3.1: Vocational and educational skills**

Vocational and or educational skills was a sub-theme that emerged from the findings of the data analysis. The caregivers deemed this a requirement for adolescents to possess, before transitioning from care. Low educational attainment is a particular concern for children in residential care, as Berridge et al. (2012) report that only 41% of children in residential care are successful. Participant 8 disclosed that some children are not academically strong; therefore, whichever skills they are good at should be enhanced.

However, some participants also raised the concern that most of the adolescents leave care, without having performed well in school. When asked for reasons, Participant 13 commented that *"it could be because they get everything they need in life when in residential care, and do not realize that they need to work had to be able to provide for themselves and in 10 years only 2 have excelled in the area of education"*. Participant 8 and 17, respectively, suggested vocational training, instead, if the adolescents were struggling with mainstream school. Cantwell et al. (2017) concur that adolescents who age out of residential care, face great adversity, because many are discharged from care without a high school diploma, financial stability, housing security, and employment, with the majority of them experiencing homelessness after leaving care.



Van Breda and Dickens (2016) assert that children leaving care are among the most vulnerable in society, with poor outcomes in the area of employment, education, and mental wellness. According to Pryce et al. (2016, p. 1), adolescents often find themselves beginning the transition to independence without the necessary psychological, physical, or economic tools and networks, which are critical for healthy development. This phenomenon would need to be addressed urgently, if adolescents, leaving care, are going to stand a chance of surviving in the outside world.

#### 6.4.2. Sub-theme 3.2: Basic life skills

The participants identified various skills, which they regarded as vital basic life skills, such as cooking, cleaning, and doing the laundry. Participants 1, 13, 20, and 23 expressed the importance of these skills, as well as how the children were taught basic skills, from a young age, increasing the tasks, as they grew older. Chaitkin et al. (2017) concur, and elaborate that the children ought to be taught about budgeting, holding down stable employment, finishing school, attending a post-secondary institution, as well as basic homemaking skills, such as laundry, cleaning, planning meals, and cooking. The development of basic life skills allows adolescents to cope with their environment, by making responsible decisions, having a better understanding of their values, and being able to communicate better, as well as get along with others (Chaitkin et al., 2017). The caregivers mentioned having a duty roster, for each child to take a turn at doing a particular chore. Another important aspect that emerged was that the caregivers taught both genders the same skills.

However, a few of the participants disclosed that at some residential care facilities, everything is done for the children, which hinders the process of teaching them certain responsibilities. Residential care is geared towards protection; as a result, many children in residential care are unable to participate in the typical rite-of-passage activities associated with children living at home. For many adolescents, obtaining a driver's license, working after school, staying overnight at a friend's house, or simply browsing at the mall, are beyond the scope of what they would be allowed to do. Although these rules are designed to keep them safe, they also limit the residential adolescents' ability to become self-sufficient, contributing to their difficulties, once they age out of care (Cantwell, et al., 2017; Mendes et al., 2012)

#### 6.4.3. Sub-theme 3.3: Social skills

According to the World Health Organization, life skills is defined as “the abilities for adaptive and positive behaviour that enable individuals to deal efficiently with the demands and challenges of everyday life (Africa Community Leadership and Development [ACLAD], 2020). Inter-personal skills (social skills) are needed for effective communication and interaction with others (Kacker & Chadva, 2013, p. 213). The participants reported that they had endeavoured to teach the adolescents how to interact with other people. They highlighted problem solving skills, and communication skills, as very important social skills. They emphasised that when the adolescents leave care, they should be able to live with others in the community, obtain resources from the community, and establish networks. While in the residential care facility they do not interact much with other people in the community; therefore, it is vital for them to possess these skills. However, the caregivers acknowledged that, at times, it could be a challenging task for the children to interact with others; however, they endeavour, to the best of their ability, to prepare the children, by allowing them to participate in activities in the community and at school. The assumption is that, the more skills they possess, the better prepared the care leavers would be, once discharged.

However, Chaitkin et al. (2017) assert that the more viable route would be to strengthen and promote good relations between care leavers and their biological families, who would be able to provide support, once the adolescents are discharged from care. The Ecological Systems Theory (Bronfenbrenner, 1994) explores a child’s development, within the context of the system of relationships that form his/her environment (Paquette & Ryan, 2001). The skills adolescents are taught in their micro system, which is the children’s home, might sustain them while in care; however, once reintegrated into the community, they might need to re-adjust and develop new skills, to survive in the new environment. Therefore, the skills taught by the caregivers might not be associated with long-term self-sufficiency (Chaitkin et al., 2017). This phenomenon might have to be investigated in future research, as it is crucial to the care leavers.

#### 6.4.4. Sub-theme 3.4: Occupational and budgeting skills

Occupational and budgeting skills, which implies securing employment, having a stable income, and knowing how to budget, were emphasised as crucial by most of the

participants at the start of the interviews. Participant 8 explained that the caregivers endeavoured to teach the children in their care, the importance of budgeting, from a young age, by offering them pocket money, and allowing them carte blanche on spending it, in anticipation that they would learn to use their money wisely.

Some residential facilities have developed programmes to provide care leavers with independent living skills through workshops and activities. The skills provided are comprehensive, from financial literacy, employability skills, as well as how to perform daily chores (Nemtsov et al., 2018). However, the findings of this current study revealed that the social worker and youth leader took on the responsibility of teach the adolescents financial literacy, along with the caregiver's assistance. The participants deemed these skills important, because, once the adolescents leave care, they would have to pay their own bills, and balance their finances, independently. Ultimately, the more responsible adolescents were allowed to work holiday jobs, to assist in preparing them for the workforce.

#### 6.4.5. Sub-theme 3.5: Methods and techniques used in skills transference

Chaitkin et al. (2017) highlighted the importance of a good relationship between the caregivers and the children in residential care. These relationships could facilitate positive consequences for former residential care leavers, as the residential caregivers' support and encouragement would prompt feelings of self-worth, even as adults. Good relationships allow the caregivers to transfer skills directly, on a one-on-one basis.

Additionally, at all three institutions, the caregivers disclosed that they had assistants to help with most of the tasks. Some were of the opinion that it hindered skills transference, as the children did not do much; however, others opined that it did not affect the process of teaching certain skills. The participants also expressed a need for more, as well as regular training sessions/workshops, as, when children transition to the adolescent stage, the skills transference methods also change.

Graham and Fulcher (2017) warned that no sector could aspire to improve outcomes for children and adolescents, without a respected and valued professional workforce; therefore, professional development is essential. These authors argue that ongoing training is required, to improve, and perfect the services to these vulnerable children and

adolescents. The findings of this current study, however, revealed that the participants (caregivers) agreed on the need of more training. The researcher concurs that, according to the findings, training was sorely lacking.

#### 6.4.6. Sub-theme 3.6. Challenges in skills transference

Literature on the study of skills transference is limited. Skills transference could be a challenging task, considering that each caregiver cared for an average of eight children in each house, which was a concern raised by the caregivers. Another challenging factor, identified by the caregivers, was that children changed houses often, and became confused, as each caregiver had a particular approach to skills transference. Therefore, this inconsistency hinders skills transference. The lack of resources was another challenge, as participant 3 reported that the caregivers would, at times, plan to teach skills such as, sewing, or dress making, but the lack of equipment would be a hindrance.

### 6.5. Main theme 4: Structure of children's homes

The structure of children's homes, according to the participants, appeared to play a major role in the general upbringing of the children, in particular adolescents. Some opted for the family-like structure, as disclosed by Participant 23, "*...family set up, where the adolescents and younger children stay together. It is good because most do not know how it feels to be in family, so here they get to experience that.*" This pattern of thought is supported by the findings of a study by Berridge et al. (2015, p. 5), revealing that the qualities particularly valued by adolescents while in care were listening skills and sensitivity; reliability; a sense of humour; and relationships that resembled a family. Others participants argued that this structure fosters other issues, for example, abuse, as well as the adolescents influencing the younger children in a negative way, as disclosed by Participant 18, "*At times it is disturbing to have the bigger boys, because they can molest the smaller girls, and manipulate the small boys.*"

Some opted for the system where adolescents lived in a halfway house from the age of 16 years, a youth leader, who was responsible for the house, as they felt it really prepared them, in terms of skills. This was advocated by Participant 21, who preferred the old system, in which adolescents would move into a youth home, and be prepared for independent living. It also allowed management to monitor the level of preparation per adolescent.

## **6.6. Main theme 5: Experience of adolescent after reintegration Life after residential care (Adolescents' experience)**

This theme highlights the experiences of an adolescent after reintegration, as disclosed, during an interview, by an adolescent, who had transitioned from care. Some of the sub-themes that emerged were decision-making, forming attachments with the biological family, and the challenges faced, after transitioning from residential care.

### **6.6.1. Sub-theme 5.1: Experience of adolescent after re-integration**

The literature reviewed has revealed that the journey to independence for adolescents is most often described in terms of the new roles and statuses adopted in this stage of life. Leaving the parental home to establish one's own residence, establishing financial independence, completing school, moving into full-time employment, getting married, and becoming a parent, are considered key markers of adulthood (Arnett, 2014). It is a stage with diverse dynamics, as adolescents acquire new roles, especially once reintegrated.

The adolescent, who was interviewed, disclosed that, after she had left residential care, she was able to survive independently during the first year, as the children's home provided for her accommodation, food, basic needs, as well as pocket money, for as long as she was still studying. She had secured a student loan that catered for all her academic necessities; however, when she decided to drop out of university in her second year of study, the residential care facility could no longer support her financially. The social worker, however, managed to locate some of her family members, and she moved in with them. Apparently, she had secured a job soon after she had dropped out of university, and was able to assist with covering expenses around the house. At the time of the interview, she was not in school, although she indicated that she intended to return the following year, at her own cost, as she had forfeited her loan the moment she dropped out. The findings of this current study confirmed that residential childcare facility (C) provided support for 6 months or more, provided the adolescent was still in school. The other two facilities did not, due to financial constraints. Generally, the outcomes for adolescent aging out of residential care are dismal. Most adolescents leaving residential care do not have the financial, medical, or social support tools necessary to bridge this transition successfully, placing a significant burden on them (Cantwell et al., 2017).

### 6.6.2. Sub-theme 5.2: Decision-making

Van Breda (2013) observed that adolescents in residential care, attending university for a four-year course, were more likely to drop out, compared to low-income first-generation students, who had not lived in residential care. This finding is supported by the finding of this current study, because the sole adolescent, who was interviewed, had dropped out of university in her second year of study. In her opinion, the course was not what she had anticipated, as she had been failing modules; however, she later regretted the decision.

Consequently, this highlights the importance of life choices and decision-making. Arnett (2014) states that, being an adult predominantly involves taking responsibility for oneself, and making independent decisions. The caregivers in this current study also highlighted the impact of poor decision making on adolescents, who only realised the consequences of their decision/s, when it was too late.

### 6.6.3. Sub-theme 5.3: Forming attachment with biological family and residential caregivers

Children, who are reared in institutions, struggle to form secure relationships, and tend to be indiscriminately friendly, irrespective of the quality of care provided (Bakermans-Kranenburg et al., 2011). Admission into the care system also leads to the severing of bonds with culture and community networks, especially in children from diverse ethnic backgrounds (Chaitkin et al., 2017). The sole adolescent in this current study, recounted her challenges, when she moved in with her biological family, after she had dropped out of university. She disclosed that it was challenging, because the way she was reared, clashed with the way her biological family conducted themselves. Accordingly, the caregivers highlighted the importance of working together with the biological families, to raise their children.

According to Chaitkin et al. (2017), when children are placed in residential care, the bonds they had with their community, as well as ethnic backgrounds, are compromised. From the data collected on this current topic, the participants' highlighted the importance of children maintaining a relationship with their biological family, as they would have to return, and reside with them in the future.

#### 6.6.4. Sub-theme 5.4: Challenges faced/being faced

When adolescents leave care, they face many challenges, as well as those who reside, and were raised by their biological families. Grietens et al. (2014) assert that adolescents exiting care are often not provided with enough opportunities, and mechanisms to transition gradually into adulthood. In addition, they are not even offered a safety net, in case they find themselves unable to cope with the challenges associated with independent living, especially those, who were discharged abruptly.

The data collected from the sole adolescent revealed that she struggled with certain aspects, for example, forming relations, finding a job, and trusting people, among other challenges. She disclosed that she struggled to trust people, and let them in. She explained that this could be because she suffered neglect issues since her parents were never there for her. “The fact that care leavers often experience stigma and discrimination because of having been in care or anxiety that people will take advantage of them (Van Breda & Hlungwani, 2019). These experiences frequently hamper their identity development, and negatively affects many aspects of their social functioning. For example, care leavers find it difficult to establish meaningful relationships.

Many adolescent care leavers do not only leave care immaturely, but are also unable to secure stable employment, care for themselves, start a family, or create a home and maintain it. All of this can be overwhelming, leaving the adolescent disoriented and vulnerable (Grietens et al., 2014). The sole adolescent participant was asked whether she would have preferred different experiences, while she was still in care. She replied she would have preferred to be exposed to life in general, to be taught how to communicate better with others, as well as problem solving skills, and would have liked to do more things for herself, as everything was done for her; consequently, highlighting the importance of exposing adolescents to the real world, while still under residential care. According to Sulimani-Aidan (2014), child-safeguarding policies tend to determine the level of exposure the children are subjected to, in order to protect them.

The aim of this theme was to reveal the experiences of one adolescent, who had already been reintegrated, as the researcher deemed it best to gain his/her view and opinions on the process of reintegration, preparation, and life after residential care.

## 6.7. Conclusion

This chapter covered the analysis of the data collected, linking it to existing literature from various authors. The analysis was presented as sub-themes. The analysis revealed that the participants had an understanding of the concept of being independent. They defined the concept in diverse ways. They disclosed the different skills, which they deemed to be vital for adolescents to possess before leaving care. They identified diverse independent living skills, for example, cooking, doing laundry, educational and vocational skills, life skills, and social skills. Each participant had particular ways of transferring skills to the adolescents, and therefore, encountered various challenges associated with the process.

The summary of the limitations, summary of the findings, recommendations, and conclusion of the study are discussed in the next chapter.





## CHAPTER SEVEN

### LIMITATIONS, SUMMARY, RECOMMENDATIONS, & CONCLUSION

#### 7.1. Introduction

This current study was aimed at exploring the perceptions of residential caregivers regarding the skills and preparedness of adolescents, who were transitioning from residential care to independent living. The objectives were to:

- Explore and describe the identified skills that caregivers considered children would require, when exiting residential care, as adolescents;
- Explore how caregivers had equipped children, as adolescents, for life after residential care, in terms life, employability, and social skills.
- Describe how caregivers assessed whether children, as adolescents, have been prepared for independent living after residential care.

Data were collected from 23 caregivers at three children's homes in Windhoek, Namibia, as well as one adolescent who had left care. The data collection instrument used was the individual semi-structured interview.

#### 7.2. Limitations

Although the researcher fulfilled the overall aim of this current study, one of the limitations faced was obtaining permission timeously from the various residential care facilities. There were so many procedures to follow that it took two months to obtain permission. Another limitation was drawing up a time sheet for the participants' interviews that would not interfere with their daily schedule.

#### 7.3. Summary of the findings

The objective of this current study was to gain an understanding of the caregivers' perceptions regarding the skills that adolescents had to acquire before leaving care. The literature revealed the scant availability of information on this topic, particularly related to the caregivers' perceptions at children's homes, as most of the available literature focus on foster care and

kinship care. In addition, the literature revealed that researchers/authors held diverse views regarding the necessary skills required by care leavers, as well as whether these skills were enough to sustain them, when they leave care. Some stated that the skills they had learnt diminished over time, once reintegrated into the community. Others asserted that once the need arose, the adolescents would be able to apply the skills they had learnt in different settings.

The following is a summary the findings of this current research study:

- The findings of this current study revealed that the participants had a clear understanding of the concept of being independent. They defined the concept in various ways, as some understood it as being able to make independent decisions and caring for oneself autonomously. In addition, they stated that an individual is independent, when s/he no longer depends on others, and is able to generate an income and attain material possessions. The ability to care for others, the ability to implement what s/he is taught, as well as being accountable and responsible for his/her actions, were other definitions that were highlighted.
- One of the objectives was to explore and describe the identified skills that caregivers considered children would require, when exiting residential care, as adolescents. Numerous skills were identified, while the skills that were highlighted by most of the caregivers was *educational* and *vocational* skills. They were of the opinion that it was vital for children to have some form of qualification, at least, before leaving, be it an academic qualification, or vocational skills training. The findings revealed that the caregivers regarded education as a means of improving the care leaver's chances of a decent life, in terms opportunities, and generating an income for sustenance. However, this research also revealed that children in residential child care facilities do not perform well at school, due to various reasons, as per the caregivers' responses.
- Basic life skills, such as the ability to cook, clean after him/herself, do laundry, gardening, good hygiene, and being principled, was another category of skills that was identified as important. The majority of participants claimed that most of the children in the RCCFs were well trained in this area, as they were taught these basic life skills from a young age until discharge. The adolescent, who was interviewed, concurred with this claim, stating that she was able to perform most of these tasks, when she started living independently.

- The participants had diverse views on social skills. Some were unfamiliar with the term, but realised what it entailed, once the researcher explained its meaning to them. The caregivers viewed them as important skills because, when living in a community, it was vital to know how to interact with others. They disclosed that they attempted to teach these skills to adolescents by encouraging them to participate in various activities/projects in the community, at school, and at church. Children in RCCFs required more training in this skill, as they were inclined to spend most of their time in the facility, and only interact among themselves. The reintegrated adolescent in this current study disclosed that she had struggled to communicate, as well as live with others, after she had left residential care, and would have appreciated additional social skills training, while still in care.
- The skill that most caregivers highlighted as important was the ability to budget income. They were of the opinion that it was important for the adolescent to distinguish between needs and wants. Most of the caregivers, particularly from RCCF (C), disclosed that they attempted to teach the adolescents in their care how to budget and use money, from a young age. In addition, they attempted to teach them to be accountable for their money, referring to the allowance that they received from the facility. RCCF (A) and (B) do not offer their adolescents allowances; however, they also confirmed the importance of this skill.
- Other skills, such as the ability to compile a curriculum vitae, open a bank account, apply for and retain employment, good work ethic, and good communication, were skills that caregivers perceived as important. With reference to employability skills, some of the caregivers imagined that this was more of the social worker's job, in terms of training the adolescents to compete in the job market.

Certain factors that influence the transition process were identified from the caregivers' perceptions in this current study:

- In this current study, the literature reviewed revealed diverse views on the concept of a relationship between children in care and their biological families. Some authors argued that it did not have a direct effect on the transitional process out of care; while other authors maintained that it made the transition process smoother. The participants insisted that children should have a good relationship with their biological families, as

most of the children would have to return to them, once they had been discharged from the facility.

- The caregivers were aware of the changes that occur during the adolescent stage, although some requested additional training in this area. Understanding the adolescent stage helps caregivers to understand why their skills transference methods may need adjustment, when children become adolescents.
- Exposure to life in the community was another finding that the caregivers expressed as vital because they wanted the adolescent to have an idea of life outside residential care, thereby preparing them, mentally, for life after care. Some, reportedly, allowed them to go shopping on their own, open bank accounts, and participate in recreational activities.
- The findings also revealed that the caregivers held diverse views about the reintegration process. Some mentioned that, at times, children were discharged without the management informing the caregivers. Some reported that they had never prepared children for the process, after more than 10 years on the job. They highlighted their grievances by stating that they needed to be informed timeously, as they would have bonded with the children, and needed the time to prepare them, mentally, for their departure. Other caregivers indicated that they had been involved from the very beginning, and were informed, timeously, when a child would probably be discharged, giving them ample time to prepare themselves, as well as the child.
- The caregivers were of the opinion that the choices made by the adolescents would affect their transition out of care. Children in care are raised in the same manner and offered the same opportunities; however, at times their choices determine their state of preparedness, when they are discharged.
- The caregivers perceived that the system of management in children's homes appeared to affect skills transference, according to the findings. The researcher found limited literature that explores how the system of management in residential childcare facilities affects the manner in which children were raised and prepared for life after care. The participants offered various opinions and views on this matter. Some stated that in the system of the RCCF at which they were employed, the adolescents would be moved into halfway houses (adolescent homes), where they would be under the supervision of a youth leader (male and female). They would be taught skills by the adolescent youth leaders, to prepare them for reunification with their families, while being supported by

the caregivers and management. Some participants regarded this as a good system, which was a sounder way of preparing the adolescents for reintegration. However, other caregivers preferred the system, in which the children were raised in one house until discharge, to offer the children the opportunity of experiencing a family unit, which some had never experienced. One of the facilities employed a system, in which the children were separated according to age and gender. The caregivers regarded this system good, although they observed that the children, consequently, had difficulties relating to the opposite sex, and lacked the family unit experience, as well as the structure, which rather resembled a hostel system.

## 7.4. Recommendations

### 7.4.1. Recommendations for residential child care facilities (children's homes)

The researcher recommends that:

- RCCFs follow a common guideline on how to discharge children. The guideline should be comprehensive. It should consider the diverse circumstances of children, and employ the best procedure, depending on the circumstances, by assessing each child to arrive at the best way of discharging him/her. In addition, the guideline should have a standard, which stipulates the *state* that the child should be in, in terms skills and preparedness, before s/he is discharged. Finally, it should include an appropriate, estimated period, during which the child would be prepared (mentally) for discharge.
- Caregivers should be involved in the reintegration process, while adhering to the child protection and child safeguarding policies, and not compromising confidentiality. The caregivers are the primary custodians, as they spend most of their time with the children. They should be included in the process, when a child is most likely to be discharged.
- Residential childcare facilities should insist on minimum requirements before employing caregivers, for example, experience working with children, or basic training in child rearing courses. In addition, they should offer training to caregivers on the various stages of child development, particularly the adolescent stage.

- Residential childcare facilities should use research-based results, to decide in the organizational structure to employ in children's homes that are best suited for raising children. The management system should benefit children, especially adolescents, and be a conducive working environment for caregivers.
- Residential childcare facilities should identify skills that children need to learn, while still in care, and ensure that they are taught these skills.
- Residential childcare facilities should have an assessment tool (youth development plan) that explores the different areas in which adolescents need assistance before reintegration, and establish a plan of action as per the results.
- As the caregivers referred to the need of a father figure at children's homes, the RCCFs should investigate this matter, and determine the best way to incorporate male figures into the system.

#### 7.4.2. Recommendations for social service providers

The researcher recommends that:

- While adhering to child protection policies, the relationship between the child and his/her biological family should be maintained.
- The ratio of social workers to children should be improved, for example, there should be more social workers/youth leaders per children's home, for better service provision.
- The social service providers should work with the caregivers, especially in the reintegration process, as well as the rearing of children in care.

#### 7.4.3. Recommendations for researchers on children's homes and interventions

The researcher recommends that:

- Research to be conducted with reintegrated adolescents to explore their experiences of life in the children's home, and after discharge.
- Researchers should investigate how the organisational structure/management system in children's homes play a role in raising children.
- Researchers should explore whether the skills learnt in children's homes are sustaining the adolescents after reintegration.

- Researchers should offer continuous training to caregivers.

## **7.5. Conclusion**

In this chapter, the researcher presented the limitations, summary of the findings, as well as recommendations to residential childcare facilities, social services providers, and researchers, for future research. The researcher trusts that the findings of this current study will add to the existing knowledge on the subject, and lead to better outcomes for adolescents, who will be transitioning from residential childcare to independence.



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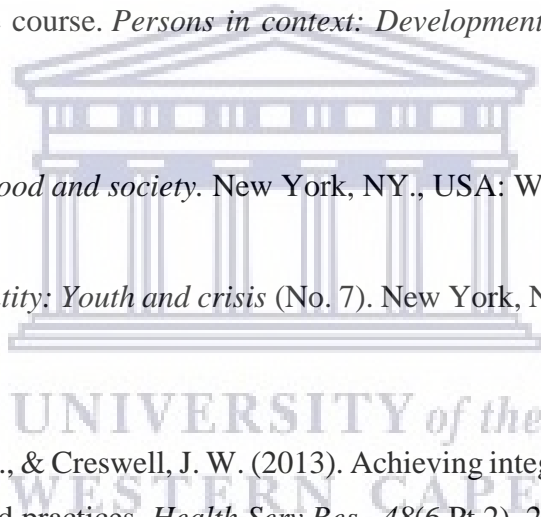
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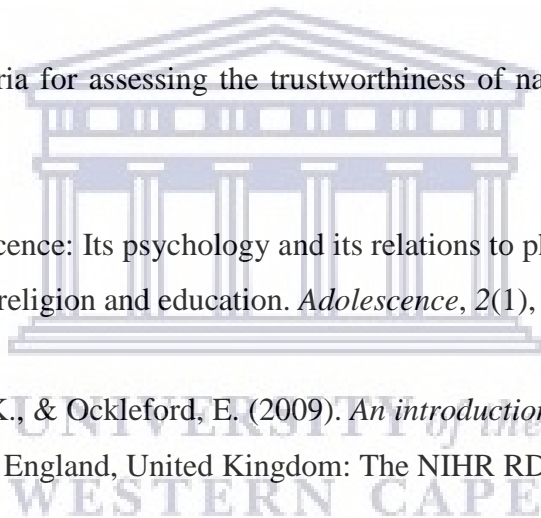
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# APPENDICES

## APPENDIX 1: UWC Ethics Clearance Letter



UNIVERSITY of the  
WESTERN CAPE



28 July 2020

Ms FN Mlambo  
Social Work  
Faculty of Community and Health Sciences

Ethics Reference Number: HS20/4/53

Project Title: Residential caregivers' perception of adolescent preparedness as they transition from residential care

Approval Period: 27 July 2020 - 27 July 2023

I hereby certify that the Humanities and Social Science Research Ethics Committee of the University of the Western Cape approved the methodology and ethics of the above mentioned research project.

Any amendments, extension or other modifications to the protocol must be submitted to the Ethics Committee for approval.

Please remember to submit a progress report by 30 November each year for the duration of the project.

*The permission to conduct the study must be submitted to HSSREC for record keeping purposes.*

The Committee must be informed of any serious adverse event and/or termination of the study.

A handwritten signature in black ink, appearing to read 'Josias'.

Ms Patricia Josias  
Research Ethics Committee Officer  
University of the Western Cape

Director: Research Development  
University of the Western Cape  
Private Bag X 17  
Bellville 7535  
Republic of South Africa  
Tel: +27 21 959 4111  
Email: research-ethics@uwc.ac.za

NHREC Registration Number: HSSREC-130416-049

FROM HOPE TO ACTION THROUGH KNOWLEDGE.

## APPENDIX 2: Request to conduct research at Huis Maerua



# HUIS MAERUA CHILDREN'S HOME

WO 874

Tel: 061-235782, Bus/Box: 81944, 24 Demonte Str, Auasblick, Windhoek

24 February 2020

To whom it may concern

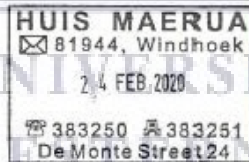
**RE: RESEARCH INTERVIEWS WITH CARE-GIVERS AT HUIS MAERUA CHILDREN'S HOME**

This letter serves to confirm that Ms. Florida Mlambo was granted permission by Huis Maerua Children's Home to conduct her research with the residential caregivers. The research was focused on the child caregivers and not on the children. The caregivers consented to participate in the research. The interviews took place at the residential care facility in May 2019.

Kind Regards

Catrien du Toit

Huis Maerua Children's Home



Affiliated with EcSOS (Ecumenical Social Services) W.O. 8

## APPENDIX 3: Request to conduct research at Namibia Children's Home



REPUBLIC OF NAMIBIA

### MINISTRY OF GENDER EQUALITY AND CHILD WELFARE

Tel: +264 - 61 283 3111  
Fax: +264 - 61 238 941 / 240 898  
E-mail: [genderequality@mgecw.gov.na](mailto:genderequality@mgecw.gov.na)

Private Bag 13359  
WINDHOEK  
NAMIBIA

Our Ref: **3/11/5**  
Your Ref: .....  
Inquiries: .....

Ms. H. Andjamba

Ms. Florida Nyasha Mlambo  
Private Bag 1425  
Windhoek

4 July 2019

Dear M. Mlbambo

#### REQUEST TO CONDUCT RESEARCH AT NAMIBIA CHILDREN'S HOME

Following the above mentioned request dated 16<sup>th</sup> April 2019, this letter serves to inform you that your application to conduct research at the Namibian Children's Home has been considered. The Ministry has also made the necessary consultations on the ground with the Officer in charge (Ms. Siamwanda). It is agreed that the research may be conducted as per your request, provided that you abide to your objective of interviewing Caregivers (Child Care Officers) and **not the children**.

We hereby wish you all the best with your studies and look forward to receiving a copy of the final deliverable (Study report) which will also assist the Ministry in enhancing our programmes for children living in Residential Child Care Facilities. Ms. Helen Siamwanda is the Chief Superintendent at Namibia Children's Home can be contacted at 061225931.

Any enquiries may be directed to Ms. Musukubili, Control Social Worker at 061-2833181 or alternatively email to [Amelia.Musukubili@mgecw.gov.na](mailto:Amelia.Musukubili@mgecw.gov.na).

Yours sincerely,

  
Wilhencia Uiras (Mrs)  
EXECUTIVE DIRECTOR



All official correspondence must be addressed to the Permanent Secretary.

## APPENDIX 4: Request to conduct research at SOS Children's Home



TO: SOS Village Manger

SOS CV

P.O Box 23134 Windhoek

Ms. Florida Mlambo

**RE: Granting permission to conduct research at SOS Children's Village**

The undersigned grants Ms. Mlambo permission to conduct her research with SOS Children's Village caregivers. The organization believes it will also benefit from the findings of the research.

The researcher stated that research is being done under the supervision of the University of the Western Cape in fulfillment of the Master's degree in Social Work. Furthermore the ethical obligations will be observed thorough the process.

A handwritten signature in black ink, appearing to read "Rodney Cloete".

Rodney Cloete

SOS CV Manager

[Rodney.Cloete@sos-namibia.org](mailto:Rodney.Cloete@sos-namibia.org)



## **APPENDIX 5: UWC Information Sheet Template**

### **ADDITIONAL GUIDANCE FOR SPECIFIC ISSUES**

#### **Informed Consent**

Informed consent is a process, not just a form. Information must be presented to enable persons to voluntarily decide whether or not to participate as a research subject. Therefore, informed consent language and its documentation must be written in language that is understandable to the people being asked to participate.

#### **Research Involving Minors**

For research involving individuals under the age of 18, include a Parental Permission Form to ask parents for consent to the participation of their child and an Assent Form to ask the minors if they agree to participate in the research, depending on whether the children are capable of assenting. The Parental Permission form should contain all of the elements of the sample consent form. However, the parental permission form should be written in language appropriate for parents granting permission for their child's involvement rather than as though they themselves will be participating (e.g. we are inviting your child to participate the risks to your child's participation include). When determining whether the children are capable of assenting, take into account the ages, maturity, and psychological state of the children involved. Assent forms should be written in age-appropriate language.

#### **Research Involving Individuals with Impaired Decision-making Capacity**

Using the Informed Consent Form Template, prepare a consent form to ask the research subject's authorized representative for consent to the participation of the research subject. Prepare an assent form to ask the research subjects if they agree to participate in the research, depending on whether the subjects are capable of assenting.

When determining whether the subjects are capable of assenting, take into account the decision-making capacity of the research participants.

#### **SUGGESTED WORDING**

Instructions: You should cut and paste these paragraphs, where applicable, into the appropriate area of the Informed Consent Form. However, the suggested wording below should be modified appropriately for the specifics of your study.



### **Audio taping/Videotaping/Photographs/Digital Recordings**

This research project involves making audiotapes of you. Audio tapes are made to record the Interview. The researcher will record the interview session because the audio recording of interviews gives an accurate summary of the interview, as all the answers captured during the interview, as well as the comments by the researcher, are saved for reference. Only the researcher will have access to the material and it will be kept in storage for 5 years and will be disposed of appropriately.

\_\_\_ I agree to be [videotaped/audiotaped/photographed] during my participation in this study.

\_\_\_ I do not agree to be [videotaped/audiotaped/photographed] during my participation in this study.

### **Research Projects Involving Data Collection in a Classroom**

Participation in the research is not a course requirement.

### **Research Projects Involving Prisoners**

Your decision to participate or not participate in this research project will not affect or influence the length of your sentence, your parole, or any other aspect of your incarceration. Also, if you decide to participate and then leave the study before it is over, that will not affect or influence the length of your sentence, your parole, or any other aspect of your incarceration.

## APPENDIX 6: Information Sheet

Project Title: **RESIDENTIAL CAREGIVERS' PERCEPTIONS OF ADOLESCENTS PREPAREDNESS AS THEY TRANSITION FROM RESIDENTIAL CARE**

### **What is this study about?**

This is a research project being conducted by **Florida Mlambo** at the University of the Western Cape. We are inviting you to participate in this research project because you **fit into the target population we want for the study and your participation is of great value to the research.** The purpose of this research project to **identify residential Caregivers' perceptions of skills of youth who transition from residential care to independent living**

### **What will I be asked to do if I agree to participate?**

You will be asked to partake in an interview where questions pertaining only to the research will be asked and a short questionnaire might also be administered. The interviews will take place at the children's home in a quiet and private area where there are no interruptions and where confidentiality will be compromised. The participants will be asked to partake in the study during the time of data collection, they are allowed to withdraw from the research at any time.

Some of the questions that will be asked are:

For the purpose of this research the research question is:

***What are the perceptions of residential caregivers of the skills and preparedness of youth who transition from residential care to independent living?***

### **4.3 Objectives**

**The main objectives for this study are**

- Explore and describe the identified skills that caregivers think adolescents exiting residential care will require?
- Explore how caregivers have equipped adolescents for life after residential regarding life, employability and social skills.
- Describe how caregivers have prepared youth for independent living after residential care.

### **Would my participation in this study be kept confidential?**

The researchers undertake to protect your identity and the nature of your contribution. To ensure your anonymity you will not have to reveal your name or identity in anyway when the interview begins. Information obtained will not be linked to the participant in anyway, even in the presentation of the information.

To ensure your confidentiality the data will be stored in storage and only the researcher will have access with to it.

If we write a report or article about this research project, your identity will be protected.

### **What are the risks of this research?**

All human interactions and talking about self or others carry some amount of risks. We will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Where necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention.

### **What are the benefits of this research?**

This research is not designed to help you personally, but the results may help the investigator learn more about how *Residential Caregivers' perceive the skills of youth who are transitioning from residential care to independent living*

We hope that, in the future, other people might benefit from this study through improved understanding how to prepare children in residential care facilities for reintegration back into the community. The study will also be beneficial not only to the caregivers but different residential care facilities that take in children.

### **Do I have to be in this research and may I stop participating at any time?**

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

### **What if I have questions?**

This research is being conducted by *Florida Mlambo* at the University of the Western Cape. If you have any questions about the research study itself, please contact *Florida Mlambo* at: **3878645@myuwc.ac.za**, phone number at **+264814342147**.

Should you have any questions regarding this study and your rights as a research participant or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department

Dean of the Faculty of Community and Health Sciences:

Prof José Frantz

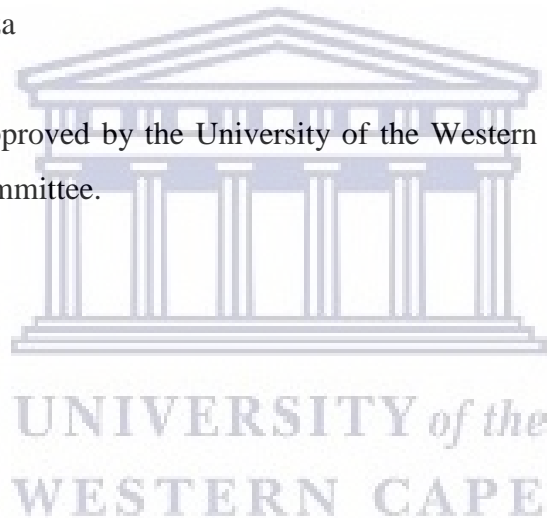
University of the Western Cape

Private Bag X17

Bellville 7535

chs-deansoffice@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.



## APPENDIX 7: Consent Form

**Title of Research Project: RESIDENTIAL CAREGIVERS' PERCEPTIONS OF ADOLESCENTS PREPAREDNESS AS THEY TRANSITION FROM RESIDENTIAL CARE**

The study has been described to me in language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits. This research project involves making audiotapes of you. Audio tapes are made to record the Interview. The researcher will record the interview session because the audio recording of interviews gives an accurate summary of the interview, as all the answers captured during the interview, as well as the comments by the researcher, are saved for reference. Only the researcher will have access to the material and it will be kept in storage for 5 years and will be disposed of appropriately.

\_\_\_ I agree to be [videotaped/audiotaped/photographed] during my participation in this study.

\_\_\_ I do not agree to be [videotaped/audiotaped/photographed] during my participation in this study.

*Participant's name*.....

*Participant's signature*.....

*Date*.....

## APPENDIX 8: Interview Schedule

**Interview will take maximum an hour per person.**

**Explore and describe the identified skills that caregivers think adolescents exiting residential care will require?**

---

1. What do you understand by the term self-sufficiency
2. What skills do they think are important for their adolescent's to obtain before they leave residential care? (Name them)
3. Describe the steps have you taken as a caregiver to prepare the adolescents for independent living?
4. How do caregivers prepare adolescents for independent living after residential care?

**Explore how caregivers have equipped youth for life after residential regarding life, employability and social skills.**

---

1. What are some of the **challenges** you face when **transferring** skills and knowledge to adolescents?
2. As a caregiver you may be aware of the **challenges** that young children face after residential care? Can you identify some of these challenges
3. How do you, if at all, consider these challenges in your management of the adolescent who is about to leave residential care?
4. Do you feel you are **adequately trained** as a caregiver to be able to prepare adolescents for independent living after residential care?
5. If not what can be done to better **equip you with these skills**/knowledge.

Can you explain what the following terms mean to you?

- Social Skills
- Employability
- Life skills
- Healthy family relations

- Educational Achievements

Are these **skills included** in preparing adolescents for independent living?

**Describe how caregivers have exposed youth to life after residential care, so as to give them an idea of life after care.**

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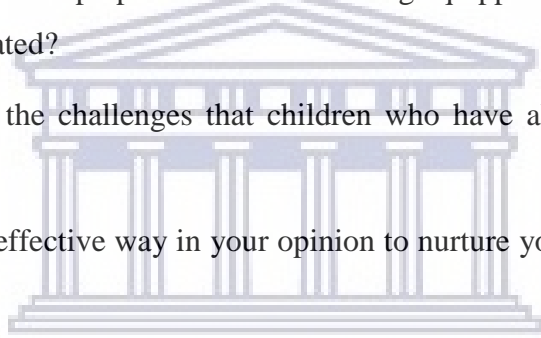
1. What steps have been taken **to expose children** to life after residential care?
2. From past experience, **do children cope easily or struggle** after leaving care and if they struggle in which areas?
3. Do the caregivers **maintain relations** with children after leaving care and if yes has it done more good or bad for the children?



## APPENDIX 9: Administrative Staff Questionnaire

### Please answer the following questions

1. Are adolescents equipped with adequate skills to help them reintegrated in the community?
2. What are some of the skills you think are vital and why?
3. What is your role in the organization?
4. What are some of the factors that limit or hinder Transferring the required skills to exiting adolescents
5. In your opinion who's responsibility is it to equip youth with these skills?
6. How can youth be better prepared in terms of being equipped with skills that will help them once reintegrated?
7. What are some of the challenges that children who have already been reintegrated facing?
8. Which is the most effective way in your opinion to nurture youth with skills and from what age?
9. Are house mothers able to nurture and equip the children with skills alone?
10. Should significant caregivers be engaged prior to the discharge of adolescents to ensure that they (adolescents) have adequate coping and required skills for life outside of the residential unit?
11. Is there an organizational structure/Policy that guides the reintegration of youth?





## APPENDIX 10: Questionnaire for the children already reintegrated in the community

1. How many years were you in the Children's home?
2. At what age were you reintegrated?
3. Did you have the same house mother during your stay in the Children's Home?
4. Were you taught some of these skills while still in the Children's Home?

### **Financial Literacy**

#### **Life skills e.g how to cook**

- Do laundry
- Clean after yourself
- Keeping your surroundings clean

### **Social Skills**

5. Do you believe you were **semi/not/self-sufficient** when you were reintegrated back into the community?
6. Explain your experience in forming relations with other people after your reintegration?
7. Explain how you cope with life stressors?
8. What would you like to have been taught while in the Children's Home?
9. Did you struggle to adjust back into the community after your reintegration, if so in what ways?
10. From your own assessment. Has your life improved or deteriorated since your exit from the children's home?
11. What would you tell your mothers and administration staff to do differently in terms of preparing you for reintegration into the community?
12. What differences can you identify between you and children who did not grow up in children's home?
13. How many years were you in the Children's home?
14. At what age were you reintegrated back into the community?
15. Did you have the same house mother during your stay in the Children's Home?

16. Do you believe you were **semi/not/self-sufficient** when you were reintegrated back into the back into the?
17. Explain your experience in forming relations with other people in the community after your reintegration?
18. Are you able to independently deal with life stressors?
19. What would you like to have been taught while in the Children's Home?
20. Did you struggle to adjust back into the community after your reintegration, if so in what ways?
21. From your own assessment. Has your life improved or deteriorated since your exit from the children's home?
22. What would tell your mothers and administration staff to do differently in terms of preparing other children for reintegration in to the community?
23. What differences can you identify between you and children who did not grow up in children's home?
24. Where you properly equipped with:
  - Employability skills
  - Social Skills
  - Forming and maintaining relations
  - Financial literacy skills

## APPENDIX 11: EDITORIAL CERTIFICATE

11 August 2021

To whom it may concern

Dear Sir/Madam

**RE: Editorial certificate**

This letter serves to prove that the thesis listed below was language edited for proper English, grammar, punctuation, spelling, as well as overall layout and style by myself, publisher/proprietor of Aquarian Publications, a native English speaking editor.

**Thesis title**

RESIDENTIAL CAREGIVERS' PERCEPTIONS OF  
ADOLESCENTS' PREPAREDNESS, AS THEY TRANSITION  
FROM RESIDENTIAL CARE

**Author**

Florida Nyasha D Mlambo

The research content, or the author's intentions, were not altered in any way during the editing process, and the author has the authority to accept, or reject my suggestions and changes.

Should you have any questions or concerns about this edited document, I can be contacted at the listed telephone and fax numbers or e-mail addresses.

Yours truly



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