PRACTICE GUIDELINES FOR SUPPORTING YOUTH-HEADED FAMILIES TO ENHANCE THEIR RESILIENCE

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In accordance with Rule G4.6.3, I hereby declare that the above-mentioned treatise/dissertation/thesis is my own work and that it has not previously been submitted for assessment to another University or for another qualification.

SIGNATURE:

DATE: 18 December 2013
DEDICATION

This thesis is dedicated to my mother, Elizabeth, and my son, Luyolo (Lolo), for their love and support.

Mom, you taught me that everything is possible when we believe and when we continue to persevere. Thank you so much for raising us and for all the sacrifices you made for us.

My son, Lolo, you are amazing. I thank GOD every day for you. Most of the time, I was not available to you as I was busy studying and yet you never complained. Your hugs and your smile sustained me in difficult times. I love you very much.
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ABSTRACT

The topic of the research is derived from the researcher’s own interest as a social worker and observations of reality within youth-headed families. Over the past few years the number of published studies on child and youth-headed households has grown out of the realisation that this multi-faceted phenomenon is growing in numbers and complexity. Most of these studies and reports concentrate on the issue of scale and the severity of the crisis of child and youth-headed households (UNICEF, 2002; Maqoko & Dryer, 2007 & Kuhanan, Shemeikka, Notkola & Nghixulifwa, 2008). These studies reveal the complex nature of the phenomenon of child and youth-headed families and the challenges that face young people within these families which impact on their growth and development. In most of the studies, the phenomenon of child and youth-headed households has been reported to have an impact on societal framework as a result of its complexity (UNICEF, 2002, 2008; van Dijk, 2008; Kuhanen et al., 2008; Evans, 2010).

Over the past years there has been a steady increase in studies that has focussed on coping and resilience of children and young people. Many of these studies have identified resilience-related factors through quantitative ecological approaches to research. To date, there seems to be very few qualitative studies that have been undertaken to delineate the construct of resilience in child and youth-headed families within the South African context from the perspectives of children and young people growing up in these families (Beeka, 2008; Nkomo, 2008; Leatham, 2005). McCubbin (1999, in Smith 2006:48) argues that qualitative research is well suited to understanding processes and strategies in the study of resilience. This study therefore corresponds to McCubbin’ calling by employing a qualitative research to the study of resilience in youth-headed families. The first goal of this study was to gain a deeper understanding of the experiences and needs of youth-headed families in Port Elizabeth, South Africa, as well as to enhance understanding of the protective factors and processes within youth-headed families and their environment that enable them to cope with their circumstances. The secondary goal of this study was to formulate practice guidelines for supporting members of youth-headed families that could be used by social workers and other service providers rendering services
to these families in order to enhance their coping and resilience. The following objectives were formulated to guide the research process:

- To explore and describe the experiences and needs of youth-headed families;
- To explore the perceptions of community members regarding the needs of youth-headed families, as well as their perceptions regarding how these needs are addressed at community level;
- To identify and describe the protective factors and/or processes within individual members of youth-headed families, their families and community context that promote the coping and resilience of youth-headed families;
- To explore the views of service providers rendering services to youth-headed families regarding the nature of interventions and programmes rendered to these families;
- To review the literature on existing family support programmes in order to identify good practice examples to inform the formulation of practice guidelines for supporting members of youth-headed families.

The study employed a qualitative research approach that was exploratory, descriptive and contextual in design as well as narrative tradition of inquiry in order to meet its goals and objectives. A case study method was used to select a sample of six youth-headed families who were perceived to be coping with their circumstances, for participation in this study. Data collection was conducted in three phases, over a prolonged period of ten months.

**Phase One** of the data collection process comprised focus group interviews with youth-headed families and in-depth individual interviews with the youth-heads of families. The information gathered from the interviews with members of youth-headed families was transcribed, coded and analysed by means of the narrative analysis method by the researcher and an experienced independent coder. The results were presented in a narrative form. The narratives followed a particular sequence in order to tell the story of the journey of each family. The story about the journey had three parts namely (i) the tragedy, which focused on the participants’ experiences during parental illness; the trauma of seeing parents getting ill and the
effect this had on the family’s functioning; and the experiences and challenges faced by the children and young people after parental death, which reflects the most difficult part of this journey. The storyline then reflects the turning points and/or transitions in the lives of children and young people in youth-headed families during the process of the reconstitution of their families and the challenges experienced in this phase, with key moments common across the stories. The second part of the story reflected narratives on the coping strategies used both at individual and family levels that enabled the children and young people in youth-headed families to overcome their adversity and challenges and to move on with life without parents. The third part of the story focused on the factors that enhanced resilience in youth-headed families. Each part of the story had themes and sub-themes, and these will be summarises in the ensuing section.

**Phase Two** of the data collection process comprised focus group interviews conducted with community members. These interviews were transcribed and analysed by means of thematic analysis. The following three main themes were identified from the data analysis process:

- Community members expressed a diverse range of views related to youth-headed families;
- Community members’ perceptions regarding the needs of youth-headed families;
- Community members’ perceptions regarding the barriers to supporting youth-headed families.

The discussion of these themes reflected both positive and negative perceptions of community members regarding the existence of youth-headed families and these perceptions determined the availability as well as the type of support given to the youth-headed families. In situations where there was more understanding of the factors leading to the existence of youth-headed families as well as a broader view of the experiences and needs of these families, there was more compassion and a willingness to support these families. Conversely, it was noted that where the community conceptualised youth-headed families from a risk perspective, there
seemed to be some hesitation in supporting youth-headed families, as this was perceived as encouraging the existence of these families. Despite these diverse views, data from the community interviews revealed that the majority of community members were willing to support youth-headed families. Certain barriers and limitations were identified as constraining factors for the community to serve as an effective social network for these families.

**Phase Three** of the data collection process comprised two focus group interviews and two individual interviews with service providers. These interviews were transcribed and analysed by means of thematic analysis. The following four themes were identified through the process of data analysis:

- Perceptions of service providers regarding the needs of youth-headed families;
- Programmes and services for youth-headed families;
- Limitations of services rendered to youth-headed families;
- Recommendations regarding the components of a holistic family support intervention and/or programme to enhance resilience in youth-headed families.

The study employed Rothman and Thomas’ (1994) knowledge utilisation as a method or vehicle to frame the process of the formulation of guidelines for support to members of youth-headed families. The formulated practice guidelines focused on three aspects, namely the practice context (service delivery to youth-headed families), policy, and education.
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OVERVIEW OF STUDY

1.1 INTRODUCTION

The family has the greatest impact on individual development and is the basic unit of society. The family system is expected to provide a protective growth enhancing environment for its members and to provide shelter in times of crisis. Yet, the face of the African family has undergone rapid changes in the 21st century (Mkhize, 2006:19). These changes in the family have resulted in diverse family forms, such as single-parent families, step-families or blended families, grandparent families, families headed by children, and same-sex families. Various factors have contributed to the changes in the family system, such as the HIV and AIDS pandemic, globalisation, economic and cultural development, modernisation, violence and crime. Even though other factors have contributed to changes in family forms, structure and relationships, the HIV and AIDS pandemic remains the leading cause of these changes in South Africa. HIV and AIDS disproportionately increase the vulnerability of all family members, because as soon as one family member is infected, everyone in the family is affected, owing to the socio-economic challenges emanating from rising healthcare costs, decreasing income, possibly the loss of a breadwinner, as well as the burden on the remaining caregivers to provide an environment that supports the growth and development of the members of the family.

One of the most profound and long-term consequences of HIV/AIDS in Africa is the number of children and adolescents who have been orphaned by AIDS. The number of orphans in the world was reported to have increased to 15 million in 2006, and of those, 12 million were in Africa (UNICEF, 2006). South Africa, like the rest of the African continent, is not immune to the impact of the HIV/AIDS pandemic. The General Household Survey (2011) indicated that there were approximately 3.8 million orphans in South Africa at the time. The majority of the orphans were found to
be residing in the following provinces: Kwazulu-Natal, 27, 30% and Eastern Cape, 26% of the nine provinces in South Africa.

One of the social trends associated with the impact of AIDS and the increasing number of orphans and vulnerable children is the formation of child- and youth-headed families. The phenomenon of child-headed families has been reported worldwide. For instance, literature suggests that, in Tanzania, an estimated 12 per cent of the 1.1 million children considered ‘most vulnerable’ lived in child-headed households in 2007 (Evans, 2010:1). In South Africa, a small proportion of children live in child- and youth-headed households, forming families with no parents or adults (Sloth-Nielsen, 2005). Despite the reports that HIV infection rates are decreasing, the literature on child- and youth-headed households indicates that the number of families headed by young people may increase in the future. This observation is based on the fact that the majority of orphans are presently fostered by their grandparents (Barnett, 2005; Kuhanen, Shemeikka, Notkola & Nghixulifwa, 2008). The increase in the number of children and young people growing up in child and youth-headed families has profound implications for the well-being of children and the young people who are heading these families, as it impacts on the realisation of their rights.

1.2 CONTEXT OF STUDY AND LITERATURE REVIEW

The phenomenon of child- and youth-headed households has received more attention in recent literature worldwide due to the escalating numbers of children orphaned by AIDS and the growing number of children and young people living in or heading child- and youth-headed households, in countries such as Zimbabwe, Tanzania and Namibia, to name but a few (Foster & Germann, 2002; Germann, 2005; UNICEF, 2005; Maqoko & Dreyer, 2007; Kuhanen et al., 2008).

The literature reviewed, indicates that South Africa is also experiencing a steady growth in the number of children and young people living in child- and youth-headed households (Mkhize, 2006; Van Dijk, 2008; Nziyane, 2010). Of note, however, are
the conflicting views in literature regarding the prevalence of child- and youth-headed households in South Africa.

For instance, on the one hand, Richter (2004:18) cautions against the notion of household heads, explaining:

“There is on-going debate about the meaning of both women-headed households and the criteria by which individuals are designated the head of the household. It is uncertain whether such designations are made on the grounds of moral authority, earnings, decision making or presence in the home and responsibility for day-to-day household functions. It is also not clear what level of responsibility is accorded, or expected of, people designated as household heads. Given this debate, notions of what constitutes a child-headed household are even less clear. Teenagers have for many years looked after households in rural areas while mothers migrate on a weekly, monthly or longer-term basis to work as domestic workers in nearby cities and towns. Such figures also fail to reveal how many households consist only of children and the type of support available to them”.

The literature on child- and youth-headed households’ reports that the main reason for the establishment of child- and youth-headed households is the death of one or both parents, due to various reasons, leaving their children and young people to fend for themselves. However, in some instances, one or both parents may still be alive, but unable to fulfil their parental role, due to illness or debility (Foster, 2000; UNICEF, 2002 & 2005; Germann, 2005; Van Dijk, 2008). The death of parents results in an increasing number of orphans, and is mostly linked to HIV/AIDS, leaving these children to deal with the stigma and discrimination associated with the pandemic (UNISA research team, 2008).

A joint study by the Khmer HIV Alliance and Family Health International (2005) established that about one in five children in families affected by HIV/AIDS was forced to start working to support their families. Evans (2010:3) conducted a small-scale pilot study to investigate the gender and age related experiences of young people caring for their siblings in communities affected by AIDS in Tanzania and
Uganda. The findings of this study suggest that in homes without a co-resident parent/adult relative in the community, the oldest sibling has to assume responsibility for looking after the younger siblings and the general household management. In this way, the child’s rights to education, play and recreation are compromised by having to take on adult responsibility prematurely. Similarly, Mkhize (2006) conducted a study on the social functioning of child-headed households, utilising a case study of ten families in three districts of KwaZulu-Natal in South Africa. The study established that the children in these households were increasingly exposed to aspects of multiple caregiving and household responsibilities due to the lack of parental care and the changing family structure. These responsibilities might have had negative consequences for the growth and development of children and young people within these households.

African indigenous cultures in the past did not allow children and young people to grow up in child- and youth-headed households (Germann, 2005; Mkhize, 2006; Nziyane, 2010). Traditionally, the family, in particular the extended family fulfilled an array of important functions for their members and society, such as family formation and membership; economic support; nurturance; and socialisation. The fulfilment of these functions enabled individual members of families to develop a sense of competence, belonging, personal and social identity, as well as a sense of meaning and direction in life; and to experience the fulfilment of basic needs and achieve physical, psychological, social and spiritual development. The family acted as a shelter in times of crisis (Foster & Williamson, 2000:8; Madhavan, 2004:523). It is reported that the psychosocial and economic consequences of the AIDS pandemic have led to changes in the family structure, eroding the family’s capacity to fulfil its functions and respond to the needs of its members (Richter, Manegold & Pather, 2004:12).

Research on social support networks in Africa has reported that the safety nets, such as the extended family and community support mechanisms, which traditionally acted as social safety nets for families, are under increasing stress (Foster & Williams, 2000:59; Kuhanen et al., 2008:127).
In many African societies, sibling caretaking of young children is not a new phenomenon, but a practice commonly used as a child-care strategy, especially in families with working mothers. In these cases, direct commands and decisions regarding issues of discipline and instructions continue to come from the parent. The older sibling is not in control of parenting decisions and leadership (Evans, 2010:2). In this way, child-care tasks are separated from the social roles and responsibilities of parenthood. Despite this cultural practice, Evans argues that the nature of sibling care in child- and youth-headed households challenges local understanding of childhood as well as universal models.

The World Summit for Children (1990) has affirmed that childhood should be a time of joy and peace, of playing, learning and growing. During these years of physical growth in which a child and/or young person matures towards adulthood, he/she is also developing psychologically in ways that define intellectual, social, spiritual and emotional characteristics. The circumstances or conditions in which this growth takes place can limit or enhance development (Lyons, Holmes & Heninghausen, 2005:2). The reality of childhood for children and young people within youth-headed families is altogether different from the traditional experience. These children and young people experience various psychosocial stressors related to coping with the death of one or both parents, the struggle for food security, the absence of psychological and emotional support, and not knowing how long these conditions may last.

A situational analysis conducted by the University of South Africa research team (2008) has established that among the list of socio-economic needs of children and youth-headed families, housing remains a critical need, as many children and young people in these households live in unsafe shacks with inadequate space, which can impact negatively on their development.

The Statistics South Africa (2011) Census indicates that the majority of child-headed households across South Africa are headed by children and young people between the ages of 12 and 22 years. This is a critical age for any young person, as the members of this age group fall in the adolescent stage, which is a stage between childhood and adulthood (Erikson, 1959). Family Health International (2002:12)
defines an adolescent as a young person aged between 12 and 17 years, whilst Nicholson and Ayers (2004:4) describe adolescence as a stage that begins at approximately 10 to 13 years and ends between 18 and 22 years of age. Erikson (1959) describes the adolescent process as a dichotomy: identities versus role confusion. This comes with a myriad of physical, hormonal and emotional changes, which can manifest in risk-taking behaviours.

A developmental perspective of health and well-being views adolescents’ interactions with the contexts of their daily lives as the primary determinant of their preparation for healthy adulthood (Larson, 2000). A positive, safe environment is therefore a cornerstone for the future of children and young people. It provides impetus for proper growth and development and preparation to become productive members of society (Singhal & Howard, 2003:5). In youth-headed households, the environment for healthy growth and well-being is compromised by the significant challenges faced. Instead of growing up in positive, safe and supportive environments that enable positive growth, these young people have to deal with role changes that require them to become decision-makers, responsible for the social and economic future of their family.

The literature reviewed, however, indicates that despite the many challenges that these young people face, some of them are better able to cope with stressful experiences in their environment (Germann, 2005; Nkomo, 2006; Van Dijk, 2008). Germann (2005:375), for instance, conducted a study on the quality of life and the coping strategies of orphans in child-headed households in Bulawayo, Zimbabwe. The findings of the qualitative data generated in this study suggest that many participants managed to make their child-headed household “a good enough place of care by creating through effective social networking among siblings, neighbours and peers – an atmosphere of support, affection, acceptance and solidarity”. These findings suggest that certain protective and/or recovery factors within the individual, their family and their immediate environment enabled them to cope with the challenges of daily life.
McWhirter, McWhirter, McWhirter and McWhirter (2007) postulate that some individuals possess certain characteristics that act as protective shields that allow them to avoid, regulate or cope with adverse environmental or developmental conditions, modifying the impact of stressors, leading to less damaging results. These individuals, according to McWhirter et al. (2007), can be classified as resilient.

The concept of resilience emerged primarily from studies of children who functioned competently despite exposure to adversity when psychopathology was expected (Rutter, 1987; Garmezy, 1991; Werner & Smith, 1992; Masten, 1994). While these studies aimed to identify the personal or intrinsic qualities of resilient children, other researchers have now begun to realise that resilience could be aided and supported by external factors (Luthar, Cicchetti & Becker, 2000).

Evans (2007) conducted a comparative study on the experiences, needs and resilience of children and young people caring for parents and relatives with HIV and AIDS in Tanzania and the United Kingdom. Ninety three (93) participants in rural and urban locations in four regions of Tanzania and in five cities in England participated in this study. The findings from this study suggest that support networks within the family, the school and wider community played a significant role in building children and families’ resilience and mitigating the negative impact of young care-giving and HIV and AIDS on households. However, Evans found that in severely affected communities in Tanzania, these support networks were overstretched and the capacity of families and communities to support the affected households diminished.

South Africa is in no different position. Apartheid’s legacy of social inequality and deprivation is still evident within black communities, even today. Although South Africa has developed new political and socio-economic systems post-apartheid, many families and communities are still very poor, live in challenging situations, such as inadequate homes, and lack the resources and skills required to cope with their adversities or provide support to others (Meintjes & Sonja, 2006:69).
1.3 PROBLEM STATEMENT AND MOTIVATION FOR STUDY

The topic of this research emanated from the debates I had with a group of final year social work students, placed in local communities for their practicum as part of the applied social work curriculum linked to specific modules. In my role as a clinical supervisor and mentor to such students, I was required to facilitate reflection sessions during which students were encouraged to share their observations of social issues within communities and to identify opportunities for social development initiatives. One of the issues of concern identified by the students was the existence of child- and youth-headed families within the communities and the students’ perceptions of the lack of support from communities for these families. This triggered my interest, and I undertook a literature search in an effort to learn more about the issue and establish existing social work interventions in strengthening these families. In my search, I found that over the past few years, this multi-faceted phenomenon had grown in number and complexity, as evidenced by the number of published studies on child- and youth-headed households. Most of these studies and reports concentrated on the issue of scale and the severity of the crisis of child- and youth-headed households (UNICEF, 2002, 2005, 2008; Maqoko & Dreyer, 2007; Kuhanen et al., 2008).

These studies revealed the complex nature of the phenomenon of child- and youth-headed families and the many challenges that face young people within these families, which impact on their growth and development. In most of the studies, the phenomenon of child- and youth-headed households was reported to have an impact on the societal framework, as a result of its complexity (UNICEF, 2002, 2008; Van Dijk, 2008; Kuhanen et al., 2008; Evans, 2010). The goal of the South African National Youth Policy 2009-2014 is to “intentionally enhance the capacities of young people through addressing their needs, promoting positive outcomes, and providing integrated coordinated package of services, opportunities, choices, relationships and support necessary for the holistic development of all young people, particularly those outside the social, political and economic mainstream” (National Youth Policy, 2009-2014). The challenges faced by children and young people in youth-headed families...
are reported to have a profound impact on those growing up within these families and can impact on the achievement of this set goal (UNICEF, 2005; 2008).

Over the past years, there has been a steady growth in studies focusing on the coping and resilience of children and young people in general. Many of these studies have identified resilience-related factors through quantitative ecological approaches to research. To date, very few qualitative studies have been undertaken to delineate the construct of coping and resilience in child- and youth-headed families within the South African context (Leatham, 2006; Nkomo, 2006; Beeka, 2008). McCubbin (1999) in Smith (2006:48) argues that qualitative research is well suited to create greater understanding of processes and strategies in resilience among individuals and families.

This study therefore corresponded to McCubbin’s calling by employing a qualitative research approach to the study of coping and resilience in youth-headed families. Furthermore, over the past years, various family support interventions and models have emerged. These interventions have contributed to the understanding of coping and resilience in individuals and families. Among the models that have contributed to the study of coping and resilience in families and which had significance in the current study, is the roller coaster model, which was first proposed by Koos (1946). The roller coaster model provides an initial framework for tracing a family’s response to stress. This model was refined by Hill (1949; 1958). The roller coaster model proposes that after encountering a stressful event, families journey through three stages. The length of time that it takes to progress through these stages is unpredictable. These stages are: (a) disorganisation; (b) recovery; and (c) reorganisation. According to De Haan, Hawley and Deal (2002), this initial model provided a good foundation in beginning to identify pathways of resilience in individuals and families.

Hill's (1949) ABCX Framework focuses on pre-crisis factors in families and examines the variability in families’ adaptations to stressful events. In this model, three variables interact to produce a crisis (X). The first variable is the stressor (A). A stressor is an event or transition that impacts on a family in a way that has the
potential for family change or disruption (McCubbin & Patterson, 1982). The stressor (A) interacts with the resources that the family has to cope with the effects of the stressor (B). These resources help the family to prevent a crisis. These resources interact with (C), which is the family’s personal interpretation of how serious the stressor is. McCubbin et al. (1982) have reformulated this model and developed the Double ABCX Model of Adjustment and Adaptation. The Double ABCX Model of McCubbin and Patterson (1982) differs from Hill’s ABCX Model (1949), because it also takes into consideration other life events or changes that may simultaneously rely on or tap the family’s resources (McCubbin, Patterson & Wilson, 1985). Following this model and the considerations of family stress theory, McCubbin, Thompson and McCubbin (1997) have expanded on Hill’s (1949) ABCX Model and McCubbin et al. (1982) Double ABCX Model to propose the Resiliency Model of Stress, Adjustment and Adaptation.

The family resilience models have made a significant contribution to the study of family support and resilience on individual, family and environmental levels and have shaped many practice interventions. However, the bulk of this literature comes from the international context. The need for context sensitive research in South Africa, which will contribute towards the formulation of guidelines for family support interventions that could be used by social development practitioners to enhance coping and resilience in youth-headed families, served as a motivation for this study.

### 1.4 RESEARCH GOALS AND OBJECTIVES

In this section, the research goals, objectives, as well as the research question for the study, will be introduced.

#### 1.4.1 RESEARCH GOALS

Based on the above, two goals were identified for the study. The first research goal was to gain a deeper understanding of the experiences and needs of youth-headed families in Port Elizabeth, South Africa, as well as to enhance understanding of the
protective factors and processes within youth-headed families and their environment that enable them to cope with their circumstances.

The second goal of this study was to formulate guidelines for support to members of youth-headed families in order to enhance their coping and resilience.

1.4.2 RESEARCH OBJECTIVES

The following objectives for this study were formulated in order to guide the research process:

- To explore and describe the experiences and needs of youth-headed families;
- To explore the perceptions of community members regarding the needs of youth-headed families, as well as their perceptions regarding how these needs are addressed at community level;
- To identify and describe the protective factors and/or processes within individual members of youth-headed families, their families and community contexts that promote the coping and resilience of these families despite their situations;
- To explore the views of service providers rendering services to youth-headed families regarding the nature of interventions and programmes rendered to these families;
- To review literature on existing family support programmes in order to identify best practices to inform the formulation of practice guidelines for supporting members of youth-headed families.

1.4.3 RESEARCH QUESTIONS

With reference to the above discussion, the following research questions were formulated:
What are the experiences and the perceived needs of youth-headed families in Port Elizabeth, South Africa, as constructed by children and young people within these families?

What are the protective factors and processes within the children, young people, their families and community contexts that promote the coping and resilience of youth-headed families despite their situations?

How could social work interventions be developed to meet the holistic needs of youth-headed families?

Sub-questions:

What are the experiences, challenges and needs of children and young people living in youth-headed families?

How do the children and young people within youth-headed families cope with their challenges and needs?

What are the experiences and challenges of young people who head their families?

What are the coping strategies employed by young people who head their families?

What are the support and intervention strategies that are available to youth-headed families?

Do these support interventions address the needs of these families in a holistic manner? If not, what are the gaps and limitations of the support and interventions offered to youth-headed families?

1.5 DEFINITION OF TERMS

For the purpose of this study, the following terms carried the meanings as indicated below:

ADOLESCENT

An adolescent is defined as a young person aged between 12 and 17 years (Family
Health International, 2007:12), whilst Nicholson and Ayers (2004:4) describe adolescence as a stage that begins at approximately 10 to 13 years and ends between 18 and 22 years of age. The Dictionary of Psychology (Corsini, 2002:21) refers to an adolescent as an individual who is in a stage between puberty and adulthood.

CHILD

The Children’s Act No. 38 of 2005, as amended, defines a child as any person under the age of eighteen (18) years.

Family Health International (2002:12) defines an adolescent as a young person aged between 12 and 17 years, whilst Nicholson and Ayers (2004:4) describe adolescence as a stage that begins at approximately 10 to 13 years and ends between 18 and 22 years of age.

CHILD-HEADED HOUSEHOLD

There is no consensus as to what constitutes child-headed households. For instance, Germann (2005) describes a child-headed household (CHH) as a household where both parents have died and the household is headed by one of the children, who is recognised as being independent and responsible and provides leadership in the running of the household. Section 137 of the Children’s Act No. 38 of 2005, as amended, stipulates the following:

“The provincial head of the Department of Social Development may recognise a household as a child-headed household if:

- the parent, guardian or caregiver of the household is terminally ill, has died or has abandoned the children in the households;
- no adult family member is available to provide care for children in the household;
• a child over the age of 16 years has assumed the role of caregiver in respect of the children in the household;
• it is in the best interest of the children in the household.”

In this study, a child-headed household is understood as a household where all members reside under one roof and where a child under the age of eighteen years has assumed primary responsibility for providing caregiving for all the members of the household.

COPING

Grover (2005 in Eyber, 2009:18) has defined coping as “anything that increases the survival likelihood of the child emotionally and/or physically, whether or not the strategy the child employs is socially acceptable or devoid of appreciable risk”.

In the context of this study, coping refers to the emotional and behavioural means that family members employ in their efforts to mediate and live with changing and/or adverse situations.

EXTENDED FAMILY

The Collins English Dictionary (2011) defines an extended family as a social unit that contains the nuclear family, together with blood relatives, often spanning three or more generations. Makoni (2006:26) refers to the extended family as a family comprising grandparents, aunts, uncles and cousins from both families of origin, as well as in-laws.

ORPHAN

According to the Children’s Act, No. 38 of 2005, as amended, an orphan is a child who has no surviving parents to care for him or her. The literature identifies two types of orphans, a 'single orphan', where one parent is deceased, and a ‘double orphan’, where both parents are deceased.
PRIMARY CAREGIVER

This is a person who has the parental responsibility or right to care for the child and who exercises that responsibility and right. It is a person older than 16 years, whether or not related to a child, who takes primary responsibility for meeting the daily care needs of that child (Social Assistance Act, No.13 of 2004).

RESILIENCE

Resilience is defined by Ungar (2005:92) as an ecologically dynamic and mutually dependent process. Ungar (2005) argues further that resilience must therefore be understood as the outcome of experiences and identity.

YOUTH

The National Youth Policy (2000:7) defines youth as young persons, that is, both males and females, within the age range 14 to 35 years. The term youth is used to refer to adolescents (Hamilton & Hamilton, 2004:3). The National Youth Commission Act (1996) broadly defines and refers to young people as all those between the ages of 14 and 35. The National Health Policy Guidelines (World Health Organisation – WHO, 2005) focuses on adolescents and youth as all those individuals between 10 and 24 years, whilst the National Youth Development Policy Framework (2002 – 2007) defines young people as all those between the ages of 15 and 28 years.

YOUTH-HEADED FAMILY

In this study, the term youth-headed family is used, instead of youth-headed household, as it allows for the inclusion of other siblings, whether they live in the same household or not.

Furthermore, Bonthuys (2010:55) argues that when child- and youth-headed households are regarded and recognised as a family, the bonds between siblings and between children and their extended family are rendered visible. Bonthuys
further states that this would in turn deter efforts to split siblings or to remove children from their family networks through adoption or residential care interventions.

PARADIGMATIC PERSPECTIVES

Denzin and Lincoln (2011:91) define a research paradigm as a basic set of beliefs that guide research, defining the worldview of the researcher. According to Denzin and Lincoln (2005:183), research paradigms encompass epistemology, i.e. how we know the world; ontology, i.e. the raising of questions about the nature of reality and of human beings in the world; and methodology, which focuses on how we gain knowledge about the world. Paradigms are fundamental models or frames of reference that are used to organise observations and reasoning (Babbie, 2004:34). Henning, Van Rensburg and Smith (2004:17) refer to three paradigms or theoretical frameworks, namely the positivist, interpretivist/constructivist and critical frameworks.

A positivist framework deals with the world from an objective point of view. Its fundamental belief is that knowledge is based on the experiences of the senses and can be obtained by observation and experimenting. The basic assumption is that reality is definable and measurable (Guba & Lincoln, 2005:193). In contrast to the positivist paradigm, the constructivist/interpretive paradigm is based on the belief that reality is multi-layered and complex, with multiple interpretations (Henning et al., 2004:17). The constructivist-interpretive paradigm suggests that knowledge is constructed and co-constructed, not only by observable phenomena but also by people’s intentions, beliefs and reasons, meaning making and self-understanding.

This current research study was based on the underlying assumptions of the qualitative constructivist/interpretive paradigm. This paradigm reflects the belief that individuals construct their own reality. Botes (1993) argues that no study is value free; for this reason, it is important for researchers to make their assumptions explicit. Botes further states that researchers select their assumptions from the paradigm perspective in response to their research field. My assumption is that access to this reality is through social constructions, where research participants are allowed to construct their experiences and the meaning they attach to these experiences (Babbie & Mouton, 1998:29; Denzin & Lincoln, 2005:24; Creswell,
Therefore, in this research, I attempted to understand participants’ experiences and needs through the meaning they attached to and their own interpretations of these experiences.

In this study, a number of theoretical perspectives provided lenses through which a greater understanding of the phenomenon under investigation was gained. Most importantly, theories related to resilience, agency and the perspectives of positive psychology were used. These will be discussed in Chapter Two of this research report.

1.6 RESEARCH DESIGN AND METHODOLOGY

In this section, the research design and the research methodology used in this study will be presented.

1.6.1 RESEARCH DESIGN

De Vos, Strydom, Fouché and Delport (2005:106) define research design as “a blueprint or detailed plan for how a research study is to be conducted.” Babbie and Mouton (1998:84) suggest that the design for any type of research depends on how much data is already known about the problem area to be studied. The current study adopted a qualitative research approach that is exploratory, descriptive and contextual in design. In line with the contentions of Smith (2012:148), a qualitative study was deemed suitable for this study, as it would enable the generation of rich descriptions about youth-headed families and allow the research informants to provide their own interpretations of their experiences and the meaning they attributed to their experiences.

1.6.2 RESEARCH METHODOLOGY

Research methodology refers to a step-by-step account of all the components, processes and methods used in order to achieve the research goals and related
objectives of a given study (Noor, 2008:1602). The research population for the current study comprised the following three groups:

- **Group 1**: Youth-headed families residing in Port Elizabeth, South Africa.
- **Group 2**: Service providers such as the Department of Social Development, Non-Governmental Organisations (NGOs), Non-profit Organisations (NPOs) and Community-based Organisations (CBOs) within Nelson Mandela Bay who render services to youth-headed families.
- **Group 3**: Community members and/or neighbours residing in the communities within which youth-headed families are found.

A purposive sampling procedure that is criterion-based was employed to select participants for all three groups.

1.7 **DATA COLLECTION WITH YOUTH-HEADED FAMILIES (SAMPLE GROUP 1)**

Data collection was guided by stage one and stage three of Kvale’s seven stages of an interview inquiry (in Kvale & Brinkman, 2009). According to Kvale, stage one comprises thematising. This refers to the formulation of the purpose of an investigation and the conception of the themes to be investigated. The formulated aim of the study guided my decisions regarding the starting point in the data collection process. I started collecting data from children and young people in youth-headed families. Stage two refers to conducting the interviews based on an interview guide and with a reflective approach to the knowledge sought. In this process of data collection from youth-headed families, I made use of various methods generally associated with a qualitative study design, including in-depth family focus group interviews and individual in-depth interviews with youth-heads of families.

1.7.1 **ANALYSIS OF DATA FROM YOUTH-HEADED FAMILY INTERVIEWS**

The family interviews were analysed according to the two broad phases, namely the descriptive phase and the interpretive phase, as suggested by Smith (2008:120). A
reading of the narrative accounts of children and young people in youth-headed families preceded both phases, as it allowed for the identification of key themes, and sub-sub-themes within the broader narrative. Once the themes had been identified, a coding frame was developed and applied to the narratives in order to capture their overall meaning, or the story-line(s) that run(s) through all stories (Smith, 2008:120).

The second step in the narrative analysis was to connect the narratives with the broader theoretical literature, in order to interpret the relevant story. According to Smith (2008:120), it is during this phase that narrative accounts can be identified as illustrating the relevant theoretical literature.

1.7.2 DATA COLLECTION: COMMUNITY MEMBERS AND SERVICE PROVIDERS (SAMPLE GROUPS 2 AND 3)

Initially, I planned to conduct focus group interviews with community members in all four areas in which the samples of youth-headed families were found. I informed the youth-headed families of this decision. I was requested by one of the families not to conduct the planned focus group interview in Zwide. When I explored this issue, it transpired that a research report from a previous researcher had caused a stir in the community and had negative consequences for some of the children who participated in the study. After further consultations with the youth-headed families, I reviewed my decision opting to rather conduct three focus group interviews with community members from the Walmer and KwaZakhele townships.

Three focus group interviews were also conducted with the service providers. Two of the three focus group interviews were held with representatives from NPOs, while one focus group comprised representatives from community-based and faith-based organisations.

1.7.3 DATA ANALYSIS: COMMUNITY MEMBERS AND SERVICE PROVIDERS

The analysis of the data obtained through the focus group interviews with service
providers and community members was conducted according to the steps reflected in Tesch’s method of data analysis (1990), as discussed in Creswell (2003).

1.8 METHODS OF VALIDATION

Validation in qualitative research is a process that takes place throughout the process of research. In this study, validation was guided by the seven stages of validation proposed by Kvale et al. (2009). These stages and their application in this study will be explained in more detail in Chapter Three of the research report.

1.9 ETHICAL CONSIDERATIONS

There are four fundamental principles that researchers have to obey in research, namely:

(1) autonomy and the respect for the dignity of persons;
(2) nonmaleficence;
(3) beneficence and

These four principles and their application in the current study will be discussed in Chapter Two.

1.10 OUTLINE OF RESEARCH REPORT

The outline of this research report is as follows:

Chapter One: This chapter provides the introduction and research focus of the study; the background to the study; with a literature review, problem formulation and the motivation for the study; the research aim and the research questions; an introduction to the research design and methodology used in this study; and the clarification of key concepts.
Chapter Two: This chapter presents the theoretical perspectives that were used as theoretical lenses to guide the researcher’s understanding of the phenomenon under investigation.

Chapter Three: Chapter Three presents the research design and methods used in this study. A description of the application of the qualitative research process for investigating the research topic under discussion is provided.

Chapter Four: This chapter presents the narratives from the children and young people in youth-headed families gathered over the period of six months during which the researcher was engaged in data collection. This chapter is structured according to the themes that were generated through the process of data analysis. These themes are explored further in this chapter in relation to existing literature.

Chapter Five: Chapter Five presents an analysis of data collected from community members and the service providers who offer services and interventions to youth-headed families. This analysis is further discussed in relation to existing literature.

Chapter Six: Chapter Six starts with a synthesis of the research findings and further presents the recommendations proposed by the research participants. This serves as a starting point for the formulation of the guideline for supporting members of youth-headed families. The chapter concludes with the presentation of the formulated guidelines.

Chapter Seven: Chapter Seven presents the summary of the research process, as well as the conclusions drawn.
1.11 CHAPTER SUMMARY

In the preceding chapter, a general overview and orientation of the study was introduced. An outline of the research design and the research methodology included in this study was provided, as were ethical considerations.

The following chapter presents a detailed account of the research design and research methodology employed in this study.
CHAPTER TWO

THEORETICAL FRAMEWORK

2.1 INTRODUCTION

The debate pertaining to the place and significance of theory in qualitative research continues to date (Merriam, 2002; Anfara & Mertz, 2006; Creswell, 2007). For instance, some authors argue that theory relates to the researcher’s chosen methodology and the epistemologies underlying it (Best & Kahn, 2003; Denzin & Lincoln, 2005) while others contend that theory does not typically have a solid relationship with qualitative research, as theory can influence the research process (Schwandt, 2007; Merriam, 2009). Whilst I understand the latter assertions that explorative qualitative studies designed for the purpose of developing guidelines for practice interventions based on empirical research use inductive methods to create such interventions, I was also influenced by the views articulated by Henning et al. (2004:12), that “research cannot be conducted in a theoretical vacuum even though it may be exploratory”. In support of this view, Vincent (2012) argues that the research question must be connected with established theory. Denzin & Lincoln (2005:30-32) argue that the researcher approaches the world with a set of ideas, a framework (theory, ontology) that specifies a set of questions (epistemology), which he/she examines in specific ways (methodology and analysis). In this view, a link between theory and methodologies is revealed.

Based on these views, I had to grapple with the following question: ‘How do I best frame my research question to ensure I am gathering relevant data that is in line with the aim of this study, which will also inform the identified concern?’ This question provided impetus for my decision to start with some preliminary review of theory and literature on the phenomenon under investigation. My initial review of the literature on the phenomenon of youth-headed families revealed that over the preceding few years, there had been a steady growth in the number of published studies on child- and youth-headed households (Foster, Makufa, Drew & Kralovec, 1997; Maqoko & Dreyer, 2007; World Vision Rwanda, 1998; UNICEF, 1998; Foster, 2000; UNICEF,
In most of these studies, children and young people growing up in child- and youth-headed households were perceived to be vulnerable to developmental risks and developmental delays emanating from the absence of psychological and emotional support, exposure to the trauma of losing parents, or having to look after sick and dying parents at an early age. Whilst continuing with the literature review, I came across a few studies whose findings reported on the coping and resilience evident in child-headed households, in spite of the challenges faced (Germann, 2005; Nkomo, 2006; Van Dijk, 2008; Evans, 2010). These studies commanded my attention as they reflected and were located within the risk and resilience perspectives.

### 2.2 Risk and Resilience Perspectives

The literature reviewed, led to the conclusion that the resilience of children and young people in youth-headed households can be viewed in a continuum.

![At risk to Resilience continuum]

On the one end of this continuum are those children and young people who do not cope at all with their challenging circumstances. These children are perceived to be ‘at risk’. This thinking is shaped by the risk perspective.

#### 2.2.1 Risk Perspective

The risk theoretical perspective has its roots in epidemiology and hence also in the bio-medical perspective. This perspective is concerned with the “identification of risk factors that accentuate or inhibit deficiency states and the processes that underlie them” (Haggerty, Sherrod & Garmezy, 1996:9). Strümpfer (2005:22) describes this perspective as striving to understand functioning within a “problem-oriented framework”. The basic assumption of this perspective is that knowledge about the aetiology of the problems could inform interventions that are geared to promote or enhance adaptive functioning (Kirby & Fraser, 1997). Risk factors could include
characteristics of individuals and families, the social context, or interaction between the person and his/her environment. Here, Masten, Cutuli, Herbers and Reed's (2009) definition of a risk factor is utilised, namely a measurable characteristic of a group of individuals or their situation that predicts negative outcomes on a specific outcome criterion.

According to the risk perspective, the presence of one or more risk factors in a person's life has the potential to increase the likelihood that problem behaviour will occur in later life. However, the literature on risk also points to the fact that the presence of risk factors does not ensure or guarantee that a specific negative outcome will occur. In addition, Luthar (1993:443-4) has pointed out that, “it cannot be assumed that any risk factor carries equivalent levels of risk to all [individuals] exposed to it.” It is also acknowledged that individuals are typically exposed to some risk as part of normal life, which may contribute to competence and mastery (Rutter, 1987; Smith & Carlson, 1997).

At the other end of the continuum are those children and young people who, despite the many challenges they are faced with, are able to cope with the stressful experiences in their environment (Germann, 2005:375). These children could be perceived as being resilient. Resilience relates predominantly to behaviour, rather than merely the alleviation of emotional distress. Luthar and Zelazo (2003) argue that resilience involves “behaviourally manifested success at negotiating salient developmental tasks, in spite of major stressors and possible underlying emotional distress” (Luthar et al., 2000; Luthar & Zelazo, 2003).

Although the risk perspective has been credited for its contribution to the understanding of children and youth issues, as well as the development of interventions geared towards children and youth development, it also has limitations. This perspective, when used alone, tends to identify the roots of the pathology and does not pay adequate attention to the fact that, despite extreme personal, familial and environmental experiences, some children and young people develop normally. It also does not provide insight into the adaptive processes that enable these children and young people to overcome their challenging situations (Garmezy, 1983;
Despite these limitations, in the context of the present study, the risk perspective has continued to provide fuller insight into the complexity of the problems facing children and young people living in youth-headed households. A question that arose during my interaction with the research participants was: How does one separate the outcomes of resilience from its causes? Current literature on resilience also points out that prior or current experience of significant risk or adversity is a key determining factor in assessing resilience, as the likelihood of displaying problem behaviour is augmented by the experience of one or more risk factors (Korth, 2008:13).

2.2.2 RESILIENCE PERSPECTIVE

Resilience is defined as a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar et al., 2000; Ungar, 2004). The resilience perspective emerged through the phenomenological identification of the characteristics of individuals who survived adversity, mostly children and young people living in high risk conditions. Traditionally, research on resilience focused more on understanding individual differences in people’s responses to stress and adversity. These studies were mainly focused on children and creating understanding why only some children faced with major risk (poverty, exposure to dysfunctional family life and multiple traumas) developed significant psychopathology in later life, while others developed normally and even excelled. Several studies on children and youth exposed to adverse conditions followed (Anthony 1974; Werner & Smith, 1982; Garmezy, Masten & Tellegen, 1984; Garmezy, 1991; Werner & Smith, 1992). Resilience was understood as something inside a person. Longitudinal quantitative measures were used to identify the characteristics of those children and youth who developed normally despite their adverse circumstances. These characteristics were referred to as salutogenic (protective) factors or developmental asserts that enhance the ability of an individual to cope with a challenging situation. In the search for protective factors or recovery factors that served to buffer the potential risks faced by these children and young people who developed normally in the face crises and adversity, the concept of resilience was introduced as a psychological construct (Anthony, 1974; Werner & Smith, 1982; Garmezy, 1991).
However, Rutter (1990) cautions against focusing only on protective factors, proposing a focus on the protective processes as well to enable the understanding of the involvement of different factors in promoting the well-being of and protecting individuals and families against risk. According to Rutter, a factor or process is protective if it moderates a risk factor. Four types of protective processes were identified: (i) those processes that reduce risk impact or reduce a person’s exposure to risk; (ii) those processes that reduce the negative chain reactions that follow negative events or experiences (such as the death of a parent in the case of youth-headed families); (iii) those that promote self-esteem and self-efficacy through achievement; and (iv) positive relationships and new opportunities that provide needed resources or new direction in life.

In line with this view, Ungar (2005:90) challenges the view of health as an individual problem, asserting that this view ignores the evidence of people’s own accounts of their lives, which associate resilience with the context in which they live, their culture and the opportunities each brings for individuals and groups of individuals to experience themselves as resilient. This view has been supported by emerging findings following from the resilience research. These findings suggest three main clusters of variables that appear to facilitate positive adaptation under conditions of risk: (a) individual attributes or characteristics, including positive temperamental or dispositional qualities; good intellectual functioning; self-efficacy; positive self-worth; perceived competence; sound problem-solving skills; internal locus of control; accurate and realistic attributions of control; and positive future expectations, or a sense of optimism; (b) a warm, nurturing family environment; a structured, stable home; a sound relationship with a primary caregiver; and (c) broader environmental variables and/or pools of networks, such as positive familial support sources and identification models; links with social networks such as linkages with effective schools; connections to pro-social organisations; and neighbourhood qualities (Fraser & Terzian, 2005; Ungar, 2005; Walsh, 2006; McWhirter et al., 2007). The following diagram provides a visual representation of the potential pools of social networks that can either facilitate or constrain the resilience of individuals.
The above diagram 2.1 presents a visual depiction of the linkages and influences between members of youth-headed families, the family as a whole (including the extended family system) or collectives, and their ecological environment, including their personal social and support networks. Similarly to Bronfenbrenner’s (1979) ecological systems model, this diagram places the members of youth-headed families at the centre of the networks. The diagram reflects links between youth-
headed families and their environments, including both internal and external environments.

The literature on child development makes reference to ways in which social ties between children (in the case of the current study, this would refer to children and young people in youth-headed families) and their family as a whole, serve as lines of transmission to and from more formally organised social systems, such as the education system (schools), formal and informal organisations, churches and the policy environment on the one hand, whilst these systems serve as a source of influence on the development of the child and the family (Bronfenbrenner, 1979; Cochran, 1990). For instance, the nature of the linkage and the relationships between members of youth-headed families and their extended families influence the circumstances and the coping capacity of the youth-headed families. It is therefore hypothesised that enhanced understanding of these linkages and relationship will assist in developing interventions aimed at improving the nature of these linkages and the relationships, which will serve to enhance the coping capacity and resilience of youth-headed families. Furthermore, the improved social ties between the members of youth-headed families and their immediate environment will facilitate the growth and development of the members of these families. Decisions made in the macro system also have an influence on the family.

Based on the above assertions, the following points were highlighted and/or emphasised:

(i) Resilience is an ecological phenomenon. It is developed through the linkages and interactions of the various environments of the person.

(ii) Environments can contribute towards an individual’s experiences of risk. They could also provide protection against risk factors and can facilitate the effective adaptation of an individual, despite the adverse conditions to which that person may be exposed.
The ecological systems perspective captures the essence of the process of mutual adaptation and accommodation that takes place between individuals and their environments. This perspective will be examined below.

2.3 **ECOLOGICAL PERSPECTIVE OF RESILIENCE**

The ecological systems theory, now called the bio-ecological model, focuses on “the scientific study of the progressive, mutual accommodation between an active, growing person and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings and by larger contexts in which the setting is embedded” (Bronfenbrenner, 1979:21). Bronfenbrenner (2005) refers to four principal components of the model, namely the process, the person, the context and time. Bronfenbrenner (2005) contends that human development is shaped by a myriad of processes and that these processes must be identified and strengthened in multiple levels of the human ecology. The context (the environment) is conceptualised as a set of four regions, each entrenched within the next and defined from the perspective of its proximity to the individual.

The microsystem is the environment closest to the individual, in which the individual directly participates and interacts. This environment includes the family, neighbourhood, school and peers. Bronfenbrenner contends that factors in this environment interact with individuals' internal behavioural, cognitive and emotional make-up and influence the way in which people act, think and feel, and, ultimately, the way in which they function and develop; therefore, the microsystem has the potential to contribute to resilience.

The mesosystem provides a connection between the structures of the person’s microsystem, i.e. between teachers and parents, between church and the neighbourhood. Strong and positive connections between the microsystems provide a supportive context for individuals and could act as a buffer in times of stress and crisis.
The exosystem refers to the larger social system that impact on the young person’s development. An example of factors in this system is community-based resources.

The macro system refers to the outermost layer of the young person’s environment. Some scholars argue that forces in the microsystem environments that limit opportunities for young persons or weaken the operations of the environments at the lower levels, place them at developmental risk and provide a poor context for the development of resilience (Berk, 2000; Richman & Bowen, 2000).

The ecological systems perspective is in line with the contentions of several authors, such as Ungar (2005); Berk (2005) and McWhirter et al. (2007) who have pointed out that, “resilience is not only an individual's capacity to overcome adversity, but the capacity of the individual’s environment to provide access to health-enhancing resources in culturally relevant ways”. Several factors and processes, both within the individual, the family and the environment, have been identified. Wyman (2003:294) maintains that “greater attention to the different factors and contexts in studies of risk and resilience can help illuminate which adaptive strategies and protective resources that tend to promote positive development for most children”.

**DIAGRAM 2.2: FACTORS THAT INFLUENCE RESILIENCE** (Resiliency Resource Centre, 2006)

This diagram shows the different factors that influence resilience. Bronfenbrenner (1979, 1986, 2006) argues that children are shaped by not only their individual
attributes, but also by the environments with which they interact. As depicted in Diagram 2.2, these interactions can occur between the young person, the significant others and the external environment. Such interactions are most important in shaping lasting aspects of development. Development is explained in terms of the relationships between individuals and their environments, classifying all the individual and contextual variables that affect development and specifying how they interact (Donald & Clacherty, 2005). The basic assumptions of the ecological systems theory are as follows:

- Individuals and their environment are continually interacting and exerting mutual influence and, as a result, are constantly changing.
- Individuals are active participants in their own development. Individuals exert influence on the environment through thoughts, behaviours, personal values and skills.
- Changes in one ecological system may influence changes in systems that are connected and interact with the individual (McWhirter et al., 2007:19).

This, therefore, suggests that it is possible to identify protective processes at several levels of human ecology, including the individual, the family, peers, church, school the community and the wider society. McWhirter et al. (2004, 2007) claim that the development of resilience is a function of three related but distinct areas, such as individual attributes and characteristics; the family milieu, which provides a sense of meaning or a belief system by which the child can live; and the social environment, which provides protection for the child. Examples of individual characteristics and dispositions are positive self-concept, sociability, intelligence and scholastic competence, autonomy, self-esteem and self-efficacy, good communication and problem-solving skills, humour, and good mental and physical health. This is in line with other research findings on children, adolescents and poverty (Garmezy, 1991; Wolin & Wolin, 1993).

At a family level, environments that are caring and structured, hold high expectations for the young person’s behaviour and encourage participation in the life of each
individual in the family foster greater resilience in children and young people within the families (Bernard, 1991; McWhirter et al., 2004, 2007).

The family’s protective factors are the on-going development of strengths so that members are ready when change, challenge or conflict arises. Protective factors help a family develop flexibility and adaptability. Important family protective factors include family celebrations, like birthdays, holidays, family hardiness and health, family time and routines, and family traditions.

Family recovery factors are especially beneficial in events such as coping with a serious illness, an untimely death, the loss of a primary job, or a natural disaster. Family togetherness and a sense that each member is equally important, family and community support, esteem building, participating in family recreation, optimism about life’s situations and a sense of control help families cope and recover (McCubbin, Thompson & McCubbin, 2001). Family recovery factors in combination with family protective factors assist families in bouncing back from crises (McCubbin, McCubbin, Thompson, Han & Chad, 1997). A longitudinal study of 1400 families has attempted to identify those strengths that contribute to family resilience in times of stress (McCubbin et al., 1988; McCubbin & McCubbin, 1988). Key characteristics of resilient families include warmth, affection, cohesion, commitment and emotional support for one another. However, if parents are not able to provide this environment, others in the family (e.g. the youth-head of the family or other siblings) may step in to provide it. Walsh (1998; 2003) identified three key family processes in resilience: 1) a positive belief system; 2) the family’s organisational processes; and 3) the family’s communication processes. Characteristics identified by McCubbin et al. (1997) as fostering resilience in families are as follows:

(i) **Commitment.** This refers to the balance of dedication and accountability. It includes actions that demonstrate loyalty, determination to solve conflicts and work out problems together and sacrifice for the benefit of all members of the family.
Cohesion. This indicates the degree of family togetherness, with the emphasis on respect for each person’s uniqueness, emotional closeness and practical dependence on each other.

Adaptability. This involves balancing family stability with flexibility and developing skills for coping with stress and adversity.

Spirituality. This includes the capacity for going beyond self-interest, living with a positive purpose, and revering life. In families, it may mean having shared purpose and values, often in the context of religious beliefs and a connection with spirituality.

Connectedness. This is the capacity for contributing to and receiving from other members of the family, the extended family and the community. Family connectedness is crucial for young people, as it contributes to their sense of self, psychological well-being and social competence. Community connectedness is characterised by a sense of identity and feelings of belonging.

Resource management. This involves the competent and coordinated use of time and money and the handling of challenging issues in the family.

Factors in the social environment, such as the community, church, peers and school, can provide opportunities for development and support, despite adverse conditions. A study by Germann (2005) on the quality of life and coping strategies in child-headed households concluded that the strength of social support networks provided by the community, community care support networks and/or social service agencies, for example, could provide opportunities for development and support, despite the adverse conditions that generally prevail in these households. Bernard (1991:67) has identified three characteristics within communities that could enhance resilience:

1. availability of social organisations that provide an array of resources to residents;
2. consistent expression of social norms so that community members understand what constitutes desirable behaviour; and
3. opportunities for children and youth to participate in the life of the community as valued members.
According to Bernard, the clearest sign of a cohesive and supportive community is the presence of social organisations that provide healthy human development.

During the process of reviewing literature, I had to bear in mind the primary aim of qualitative research, which is to develop an understanding of how the world is constructed (McLeod, 2001:2). In the context of this study, this understanding could only be provided by the research participants during the empirical phase of the study. Based on this view, I found the constructivist perspective of resilience useful in the context of this research.

### 2.4 CONSTRUCTIVIST PERSPECTIVE OF RESILIENCE

The constructivist perspective posits that people construct their own understanding and knowledge of the world around them through experiencing things and reflecting on those experiences. This perspective is based on the constructivist theory of Piaget (1937), who is perceived as a pioneer of the constructivist approach. Based on his work with children, Piaget maintains that children possess the inherent capacity to construct their own personal reality as they interact with their environment. In a constructivist view, young people are builders of their external world realities. The knowledge and the world are both constructed and constantly reconstructed through personal experiences.

Ungar (2004:352) refers to the constructivist perspective of resilience and indicates that the constructivist perspective reflects a postmodernist interpretation of resilience. It defines resilience as the outcome of negotiations between individuals and their environments to maintain a self-definition of health and resilience (Ungar, 2004:352). According to Ungar, these outcomes, whether positive or negative, should be interpreted within the pathogenic or salutogenic discourses in which the negotiation takes place. The constructivist perspective of resilience posits that health resides in all individuals, even when significant impairment is present. Resilience therefore is conceptualised as “the successful negotiation by the individual for health resources, with success depending for its definition on the reciprocity individuals experience between themselves and the social constructions of well-being that
shape their interpretations of their health status” (Ungar, 2004:352). This therefore suggests that the individuals under study should construct their own definition of resilience within their own social and cultural contexts. This perspective is in line with my professional orientation as a social worker as well as my personal experiences, which are as follows:

- Children and young people within youth-headed families have stories that they would like to share.
- All human beings have strengths and abilities.
- Despite the many challenges and problems that children and young people in youth-headed families may face, as human beings they also have strengths and abilities, a capacity for growth and change, and much to teach others.
- Assessing the strengths of children and young people within youth-headed families can yield a more holistic, balanced view of the individual, which can help practitioners working with these families identify competencies and resources that can be used and developed in interventions.
- Knowledge and understanding of the individuals’ strengths can also help professionals to reframe and redefine problems so that they can be addressed from strength-based, resilient oriented approaches that can enhance coping and adaptation to stressful circumstances.

2.5 STRENGTHS-BASED PERSPECTIVE

The strengths-based theoretical perspective originates from the work of Saleeby (1997). This perspective is related to positive psychology, in that both emphasise the origins of strength and resilience and both argue against the dominance of a pathogenic or problem-focused perspective.

The strengths-based perspective focuses on the capacity and potential of individuals. It concentrates on enabling individuals and communities to articulate and work towards their hopes for the future, rather than seeking to remedy the problems of the past or even the present. Saleeby (1997:4) believes that by mobilising
individuals’ strengths in achieving their goals and visions, such individuals will have a better quality of life.

Saleeby (1997:51-52) has identified several groups of strengths, including the following:

- What people have learned about themselves, others and their world.
- The personal qualities, traits and virtues that people possess.
- What people know about the world around them.
- The talents that people have.
- Cultural and personal stories, and pride in these.
- The community.

The basic principles of the strengths-based perspective that relate to resilience are as follows:

- An absolute belief that every person has potential and it is people’s unique strengths and capabilities that will determine their evolving story as well as define who they are – not their limitations.
- What we focus on becomes one’s reality – focus on strength, not labels – seeing challenges as capacity fostering creates hope and optimism.
- The language we use creates our reality – both for the care providers and the children, youth and their families.
- Belief that change is inevitable – all individuals have the urge to succeed, to explore the world around them and to make themselves useful to others and their communities.
- Positive change occurs in the context of authentic relationships – people need to know someone cares and will be there unconditionally for them. It is a transactional and facilitating process of supporting change and capacity building – not fixing.
- People’s perspective of reality is primary (their story) – therefore, the change process should start with valuing what is important to the person – not the expert.
• People are more confident and comfortable with embarking on the journey to the future (the unknown) when they are invited to start with what they already know.
• Capacity building is a process and a goal – a life-long journey that is dynamic as opposed to static.
• It is important to value differences and the essential need to collaborate – effective change is a collaborative, inclusive and participatory process – “It takes a village to raise a child” (taken from Hammond, 2010).

In line with these principles, Saleeby (1997:6) argues that focusing on what is wrong often reveals an egregious cynicism about the ability of individuals to cope with life or to rehabilitate themselves. The preoccupation with pathology leads to a sense of hopelessness and a belief that individuals are unable to truly change.

One of the basic premises of the strengths-based perspective is that “trauma and abuse, illness and struggle may be injurious but they may also be sources of challenge and opportunity”. Weick and Chamberlain (1997:45) maintain that, “although some problems are too critical to be ignored, they need to be consigned to a position secondary to the person’s strengths once a crisis has passed”.

By placing emphasis on the coping abilities and strengths of members of youth-headed families in my research, the assumption was that they would be more likely to continue the process of development along the lines of those strengths. This is in line with the basic premise of the strengths-based perspective, which argues that by highlighting the strengths that a person with a problem has already demonstrated, there is a greater likelihood that the person will not only maintain those strengths, but also develop new strengths.

Saleeby (1997:15) states that “every environment is full of resources”. Saleeby further argues that, even in the poorest of communities, there are resources and that these resources are frequently unrecognised and untapped.
One of the assumptions that guided my thinking is that people have the capacity to determine what is best for them. According to the strengths perspective, there is no one correct way for people to live or grow. Each person, family or community will find their own best way that works for them. Applied to youth-headed families, the focus should be not on changing their experiences, but on mobilising them and the communities they interact with, in order to identify strengths that already exist within themselves and their environment that will help them cope better with their circumstances and therefore enhance their resilience. The following section will therefore focus on resilience and coping.

2.6 RESILIENCE AND COPING

Coping forms a fundamental part of the theory and research on child- and youth-headed households. Even though coping cannot be equated with resilience, studies on resilience do refer to the ability to cope with the demands that are appraised as taxing and challenging by tapping on personal and environmental resources as important in enhancing resilience. For instance, Masten, Best and Garmezy (1990) have identified three kinds of resilience. Firstly, the 'overcoming odds' type of resilience, which is commonly used to refer to the belief that individuals have a particular quality or personal strength, as well as environmental resources, that enables them to withstand adversity. Secondly, resilience could refer to the existence of positive coping strategies that facilitate adaptation in the face of sustained and acute negative circumstances. Thirdly, it could refer to recovery from trauma (e.g. the death of parents). The literature on child- and youth-headed households also refers to the existence of coping strategies that facilitate effective coping and adaptations in the face of challenging and traumatic situations (Germann, 2005; Nkomo, 2006; Van Dijk, 2008).

2.6.1 CONCEPT OF COPING

Lazarus and Folkman (1984:134) indicate that coping styles can affect how a stressful event is perceived and managed. They describe coping as “all efforts to manage taxing demands, without regard to their efficacy or inherent value”.
The abovementioned authors further explain that when a person is faced with a new or dynamic situation or experience, a process called primary appraisal occurs, in terms of which the situation is perceived as positive, neutral or negative. Secondary appraisal follows through which the person assesses his or her resources and abilities to manage the situation. Situations or events are usually perceived as potentially stressful if the person needs to make changes or draw on his or her resources in order to overcome the problem. Negative or unpleasant situations or events are more often interpreted as stressful, as are uncontrollable or unpredictable factors. Ambiguous events are also interpreted as more stressful. When a stressful event is ambiguous, the individual must utilise resources to gain understanding of it (Lazarus & Folkman, 1984:26). This makes the choice of a particular course of action more difficult. Sense of control refers to the perception by an individual that his or her actions will result in particular outcomes, particularly if those outcomes are important for that person. When people believe that they have control, they continue to work hard, even in the face of difficult and adverse circumstances.


2.6.2 COPING PROCESS

Four steps have been identified in the coping process. The first step refers to appraisal. This involves determining the meaning of an event or situation and its implications for one's well-being; that is, determining if the event is stressful, and if so, whether it is controllable. The second step involves selecting a coping strategy, after taking stock of one's coping resources, the stressor, and the likelihood that the coping strategy will be effective. Coping strategies have been defined as “learned, deliberate and purposeful emotional and behavioural responses to stressors that are used to adapt to the environment or to change it”. The literature on stress and coping alludes to the importance of distinguishing between problem-focused, emotion-focused and avoidant coping strategies (Smith & Carlson, 1997; Compas, Conner-Smith, Saltzman, Thomsen & Wadsworth, 2001). Problem-focused strategies are
primary or active problem-solving methods that are used to resolve the stressful relationship between the self and the environment. These strategies, such as information-seeking or attempts to alter the actual source of stress, are appropriate when the stressor is perceived accurately as malleable and controlled. Access to adequate material resources is associated with problem-oriented coping and a heightened sense of control (Meursing, 1997:53). Through a problem-solving style of coping, individuals may seek social support, and in this way, may be able to resolve the crisis at hand, which was the case with my research participants. Emotion-focused coping strategies, which are also called secondary or passive strategies, are ways in which people achieve an optimal level of emotional regulation and the capacity to deal with intense situations and feelings, for example, during bereavement (Compas et al., 2001:120). These strategies focus on adapting to the stressor without altering it and are employed more often when stressors are perceived as uncontrollable. They include changing one's outlook and regulating emotions, which tend to require a higher level of maturity. According to Smith and Carlson (1997:237), these strategies are likely to be used more frequently by adolescents and older children than by very young children.

Avoidant coping strategies are more appropriate in situations where time out from active coping is required for one to marshal personal resources before returning to active coping. In this sense, resilience differs from coping, in that a person can cope with situations by avoiding them (Gruen, Folkman & Lazarus, 1988). The key component to these successful coping strategies is the ability to be flexible in the selection of strategies, depending on the control an individual has over the situation. Success is measured by the individual involved.

2.6.3 TASK MODEL OF COPING

The task model of coping specifies the multiple aspects of a problem. In this model, coping is seen as a set of efforts to achieve certain goals or tasks. In line with this view, Leontopoulou (2005:96) postulates that the more resources young people have to draw on in an effort to achieve certain tasks and/or to cope in times of stress, the better their chances of dealing with difficulties more effectively. Here, reference is
made to individual resources, the availability of social support, and the availability of community resources. When a person is confronted with a challenging and stressful situation, he or she will generally appraise the resources available to deal with the situation. In this case, coping is influenced by the resources one can mobilise. First, control beliefs and values can serve as a resource, especially beliefs about one's personal control. Secondly, self-efficacy is important in developing a sense of self-worth, which in turn influences a person's ability to persevere in the face of adversity (e.g. the death of a loved one, having to face life without parents). Here, Meursing's (1997) adapted coping model is significant.

**Diagram 2.3: Factors that Influence Coping** (Adapted from Van Dijk, 2008)
This model presents factors that influence coping. In this model, the availability of social support and community factors, such as community values and attitude, as well as factors related to the individual, are crucial in promoting coping. These factors in turn influence the self-efficacy of the individual, which in turn influences the coping of the individual.

The following section will briefly indicate how these theoretical perspectives have informed the choice of the methodology used in this study to explore participants’ experiences, their coping and adaptation, as well as the protective factors within their environments that promote their resilience. The first goal of this study was to gain a deeper understanding of the experiences and needs of youth-headed families, as well as the protective factors within youth-headed families and their environment that enable them to cope with their circumstances. This information was used to formulate practice guidelines for supporting members of youth-headed families that can be used by social workers and other social development professionals to address the needs of these families and therefore enhance their resilience.

In line with the goal and objectives of this study, the primary focus was the exploration and assessment of protective factors at community and household/family levels. Participants’ stories pointed to the fact that prior or current experience of significant risk or adversity is a key determining factor in assessing resilience and one cannot therefore assess resilient outcomes without assessing the causes. This then led to the revision of the data collection process and making new observations, which further informed the theoretical perspective chosen for this study.

In this study, the family interviews assisted in exploring the participants’ exposure to adversity in two ways. Firstly, participants provided me with crucial information on the journey that their families had gone through and the events that are generally accepted as stressful life events, as also confirmed through the literature study, such as the death of a parent, as well as the constructions of coping with life following parental death. Secondly, the in-depth interviews enabled me to move beyond the exploration of risk and protective factors within the individual and the family to focus on the external factors that influenced the ability of the participating individuals and
the families to cope with adversity and therefore promote resilience. This was in line with Bronfenbrenner's model of human development. In addition, the use of the narrative tradition of inquiry enabled me to identify the meaning the participants assigned to these experiences. In this way, the participants provided me with an indication of what they counted as stressful and what they regarded as successful negotiation by the individual for health resources, as well as how their constructions of their strengths and well-being shaped their interpretations of their health status (Ungar, 2004:352).

2.7 CHAPTER SUMMARY

The resilience theory, with related interlocking perspectives, such as the strengths-based perspective, influenced my assumptions and approach to this study. Resilience was examined from an ecological perspective. The constructivist perspective to resilience contributed towards challenging Ungar's (2004:12) observation that “we [usually] predetermine what we will accept as that which is acceptable”. In terms of this approach, if resilience in these families was studied using what is predetermined to be the acceptable norms for the definition of resilience, then some of these families might be perceived as not resilient. This can be as a result of failure to inquire what children and young people in youth-headed families construct as resilience in their own context. The constructivist perspective of resilience therefore acknowledges the unique contribution that can be made by children and young people growing up in youth-headed families in constructing their own meaning of resilience in their families and enables them to identify the protective processes that are needed to enhance the resilience of their families. In this way, their agency is acknowledged. Furthermore, the ecological perspective of resilience has enhanced understanding of the complexities underlying the phenomenon of youth-headed families, as well as the complexities of potential interventions, and has highlighted the need to focus not only on individuals and their families, but to also look at macro level interventions.
CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter presents the research design and methods used in this study. A description of the application of the qualitative research process for investigating the research topic under discussion is also provided.

3.2 DESIGNING THE STUDY

Social research requires a design before data collection and analysis can commence. De Vos et al. (2005:106) define research design as “a blueprint or detailed plan for how a research study is to be conducted”. It is the logical structure of the research inquiry that connects empirical data to a study’s initial research questions. Babbie and Mouton (2001:75) suggest that the design for any type of research depends on how much data is already known in the problem area to be studied. The current study employed a qualitative approach, exploratory, descriptive and contextual in nature, utilising the narrative tradition of inquiry.

3.2.1 CHOICE OF QUALITATIVE RESEARCH APPROACH

Merriam (2002:3) contends that the key to understanding qualitative research lies in the idea that meaning is socially constructed by an individual in interaction with the world. These meanings or feelings cannot be captured through numbers and measures (Manotte, Sullivan & DeJong, 2011:40). Qualitative researchers are therefore concerned with understanding the interpretations attached to these interactions at a particular time and in a particular context. The focus on meaning and the context of the individuals researched, requires a data collection instrument that is sensitive to the underlying meaning (Smith, 2006:58). This is in contrast to the quantitative research approach, which stems from a positivist paradigm, and argues
that the world exists independently of people’s perceptions of it and that science uses objective techniques to discover what exists in the world.

The strength of qualitative research is derived primarily from its inductive approach. In this approach, the researcher begins with observations and then develops some theoretical propositions that would be plausible, given the observations. The methods and process used in qualitative research have greater flexibility. An emergent design is used, which means that decisions about data collection strategies are made at the beginning and during the process of the study (Creswell, 2007:39).

The choice of a qualitative approach in this study stems from my own assumptions that youth-headed families have stories to tell about their own experiences, the need to discover and understand these experiences, the needs of and coping strategies constructed by the members of these families, as well as the opinions and interests of community members, social workers and other social development practitioners who provide support and services to these families.

3.2.2 EXPLORATORY RESEARCH DESIGN

Exploratory research begins with some phenomenon of interest. It aims at exploring the dimensions of the phenomenon, the manner in which it is manifested, and the other factors with which it is related (De Vos et al., 2005:106). An exploratory research design was deemed necessary for this study and appropriate for achieving the following study objectives:

- To explore and describe the experiences and needs of youth-headed families, as constructed by children and young people in youth-headed families.
- To gather the narratives of youth heads of the families, as well as other family members, regarding the strategies they employ to cope with their circumstances.
To explore the perceptions of community members regarding the needs of youth-headed families, as well as their perceptions regarding how these needs are addressed at community level.

To identify the protective factors and processes within young persons heading families, the families as a whole and within the community context, which enable these families to cope with their circumstances.

To gather information from service providers rendering services to youth-headed families in order to establish whether the services rendered to these families incorporate the facilitation and the development of protective factors and processes for building resilience.

3.2.3 DESCRIPTIVE RESEARCH DESIGN

A descriptive design describes the specific details of a situation, social setting, or relationship (Neuman, 2006:33). According to Neuman, while the exploratory design focuses on answering the “what?” question, the descriptive design focuses on answering questions such as “who?”, “when?”, “where?” and “how?” (Neuman, 2006:35). The purpose of descriptive research design is to observe situations and events and then describe what was observed (Babbie & Mouton, 2001:80). The researcher begins with a well-defined subject and conducts research to describe it accurately (Neuman, 2006:158). In this study, a dense description of the research methods and the process followed to reach the goals and objectives of the study is provided.

3.2.4 CASE STUDY RESEARCH APPROACH

Merriam (2009:40) defines a case study as an in-depth description and analysis of a bounded system. In the context of the current study, the case study was selected as an approach because it would facilitate an in-depth exploration of the experiences and needs of youth-headed families within their real-life context. Yin (2009:18) argues that the in-depth exploration of a phenomenon using a case study approach is relevant, especially when the boundaries between the phenomenon and context are not clearly evident. Merriam (2009:40) contends that the most defining
characteristic of case study research lies in delimiting the object of study, which is
the case. However, the literature on case study research indicates that there is little
consensus regarding what constitutes a case (Baxter & Jack, 2008; Yin, 2009). In
this regard, Yin (2009) and Creswell (2003 & 2007) contend that the case can be
bounded by time and place, time and activity, and by definition and context. Stake
(1995), in Baxter and Jack (2008:550), uses three terms to describe case studies,
namely intrinsic, instrumental and collective. The intrinsic case study is used when
the researcher is interested in a unique situation; however, the results have limited
transferability. An instrumental case study is used in order to gain insight in and
understanding of a particular situation or phenomenon. Collective case studies are
used when more than one case is examined. Yin (2009:50) refers to this type of case
study as multiple case studies. The latter was used in the current study, as the aim
was to examine the in-depth experiences and needs of children and young people
within six selected families, all headed by a young person as a result of parental
death.

Merriam (2009:41) suggests that since it is the unit of analysis, a bounded system
that defines a case, other types of research approaches can be combined with the
case study. In the context of the current study, a narrative inquiry was used. The
motivation for this choice was based on the fact that, as a researcher, I was
interested in understanding the lived experiences of children and young people
within youth-headed families, as well as those of the youth heads of such families.
As a research approach, the narrative inquiry is as an appropriate way to gather data
about lived experience.

3.2.5 NARRATIVE AS TRADITION OF INQUIRY

Narrative inquiry involves recording the stories told, based on an assumption that
“people live ‘storied’ lives and that telling and retelling one’s story helps one
understand and create a sense of self” (Marshall & Rossm, 2006:115). The basic
belief in narrative research is that it is in the telling that meaning is given to
experience (Kramp, 2004:107). Each story has a setting in time and place. Each
story has a beginning, middle and ending, although not necessarily presented in the
order in which it is told. The narrative inquiry was chosen for the following two reasons: (i) it provides an effective way to undertake the “systematic” study of personal experiences and meaning (Riessman, 1993, p. 78); (ii) it provides a way of coming to understand people’s experiences by being open to the stories they tell and how they themselves construct their stories and, therefore, themselves.

Kramp (2004:107) argues that in narrative inquiry, there is no already existing story for the narrator to tell; rather, the story comes to be in the act of telling, where meaning is assigned to experience and intentionality becomes apparent. According to Kramp, the narrator not only “tells” the story from a specific point of view, but also situates it in a particular social, cultural or political context. This therefore highlights the importance of the context or setting, as it assists the researcher in interpreting the story and understanding its meaning.

3.3 RESEARCH METHODOLOGY

Research methodology refers to a step-by-step account of all the components, processes and methods used in order to achieve the research goals and related objectives of a given study. Noor (2008:1602) states that the choice of research method is primarily dependent on the nature of the research problem.

In this section, the research population from which samples for the three groups that participated in the study were drawn for inclusion in the current study, as well as the sampling procedures used, is presented.

3.3.1 RESEARCH POPULATION

According to Bless and Higson-Smith (2000:85), “A research population is a set of elements that the research focuses on and to which the obtained results should be generalised”. De Vos et al. (2005) refer to a research population as the totality of persons, events, organisations, units and other sampling units with which the research problem is concerned.
The research population for this study comprised the following three groups:

**Group 1:** Youth-headed families residing in Port Elizabeth.

**Group 2:** Community members and/or neighbours residing in the communities within which the youth-headed families were found.

**Group 3:** Service providers, such as the Department of Social Development, Non-governmental Organisations (NGOs), Non-profit Organisations (NPOs) and Community-based Organisations (CBOs) within Nelson Mandela Bay rendering services to youth-headed families.

### 3.3.2 SAMPLING

The following section presents the sampling procedures employed in this study.

#### 3.3.2.1 SELECTION OF YOUTH-HEADED FAMILIES

Babbie (2010: 190) refers to a sample as a group of people that the researcher selects from a defined population and these are the individuals about whom information will be collected. Neuman (2011:220) argues that the relevance to the research topic rather than the representativeness of the cases determines the way in which the people to be studied, are selected in qualitative research. In support of this view, Mason (2002:121) states that the sample that the researcher selects, must provide the researcher with a meaningful context that will allow him or her to establish the ideas and data needed to obtain the research goals and objectives. Neuman (2011:222) refers to this type of sampling as purposive or judgement sampling. Neuman further states that purposive sampling is most commonly used in exploratory research. In the current study, purposive sampling was used to select youth-headed families. In order to select a sample purposively, the researcher should first decide upon effective ways of entering the site to be studied (Merriam, 2002:12).
Each organisation that agreed to assist was given the inclusion criteria to use in identifying potential research participants for inclusion in the study. The first inclusion criterion was that all the family group participants must reside in a youth-headed family and/or household within Port Elizabeth. However, this proved to be challenging, because in some residential areas, I was informed that there were no longer any child- or youth-headed households, as the children and young people within these households had been integrated into their extended families. It was only within the Xhosa communities that the existence of youth-headed families was overtly acknowledged. Van Dijk (2008:6) reports that some communities may be reluctant to acknowledge the existence of child- and youth-headed households, for various reasons, while in some cases, the existence of such households may be a temporary measure only.

The second criterion was that the head of the family must be between the ages of 12 and 18 years. This criterion needed to be adapted, as became clear during the fieldwork and after consultations with some organisations working with families in this context. The age of the head of the family was consequently adapted to 15 – 28 years. The motivation for this change was the fact that some young people who were the heads of their families and were between the ages of 21 and 28 had been heading their families since the age of 15 years. This change was also in line with the views articulated in the National Youth Development Policy Framework (2002 – 2007). According to this Framework, the term ‘youth’ has a range of different meanings and connotations within the South African historical, social, cultural and political context. In this vein, Ansell (2005:22) argues that the term ‘youth’ is a social construct that is interpreted, understood and socially institutionalised differently, based on the circumstances and vulnerability that young people face.

Thirdly, the organisations were asked to select families whom they perceived to be coping with their circumstances. Finally, a criterion was that participants had to participate voluntarily. This criterion was important, due to the fact that participants were recruited by organisations that rendered services to them. My concerns were around issues of power differences and coercion (whether perceived or real) or inducement; and that some participants might feel obliged to participate out of fear of
losing the services, should they choose not to participate. Voluntary participation was emphasised from the onset and after the initial contact, participants were informed of their right to withdraw from the research or refuse participation at any stage without any repercussions to them.

Care workers from the organisations who agreed to assist with the identification of youth-headed families accompanied the researcher to the families during the initial contact, for the purpose of introducing the researcher to the families and to enlist their participation in the research study. In one instance, the care worker insisted on being present during the interviewing process, even after the researcher had explained the importance of confidentiality. As a researcher, I intended to use this visit to build rapport with the family and to discuss ethical issues. Based on this incident, I arranged a briefing meeting with the care workers, during which some of them articulated the need to protect their ‘clients’ from possible emotional harm. However, once the ethical issues were addressed, there was greater understanding of the research process, which led to better co-operation between the researcher and the care workers.

A total of six (6) families were interviewed, from the KwaZakhele, New Brighton, Gqeberha (Walmer) and Zwide townships. Initially five families were selected to participate in the study, with a total of seventeen members. In addition to the five families, a sixth family with two members participated, recruited by means of the snowball sampling procedure. The researcher was led to this family by one of the members of the families who had already participated in the study. This was possible because of interaction between families through a mentoring programme implemented by an NGO in Port Elizabeth. Almost all children and young people within the families were involved in the study. The first family comprised three people; the second comprised three members (but only two members participated, as the other member was away at their rural home) while the rest of the families comprised four to five members each. The study sample included nineteen participants in total.
3.3.2.2 SELECTION OF COMMUNITY MEMBERS

Four townships in Port Elizabeth, namely the Gqebarha, New Brighton, KwaZakhele and Zwide Townships, were identified by the researcher as containing youth-headed families, after consultation with service providers. However, only two communities were approached, following a request from two youth-headed families that their neighbours not be involved in the study. Community developers from a Non-profit Organisation offering care and support to vulnerable children and young people, as well as families and individuals affected and infected by HIV and AIDS in Nelson Mandela Bay, facilitated entry into the community. These community developers introduced the researcher to the leadership structures within the two communities. A formal written request for assistance with the research was sent to the leadership structures of the two communities containing information about the study. The selection criteria used for the selection of community members were that participants had to be community members and/or neighbours in the specific residential areas within which the youth-headed families resided.

The leadership structure of one of the communities invited the researcher to a community meeting in order to inform the community members about the research aim, as well as to invite community members to participate in the study as research participants. Two social work students were also invited to this meeting, as they were planning a community outreach programme. As a researcher, I was given an opportunity to introduce myself and to share information about the research aims. Whilst I was sharing this information, community members started to share information about the child-headed households in their neighbourhood, their views about these households, and the support that they were providing to these households. The community leader then advised me to use this opportunity to gather some of the information I needed for the study. His motivation was that it might be difficult to reconvene the community meeting at a later stage. The two social work students assisted with note taking, whilst I facilitated information sharing. The care workers from the same Non-profit Organisation also facilitated entry into the second community. During this time, I was informed by the community developer working in
that community that I might be required to collect the information immediately after a community meeting, which was scheduled on that same day.

3.3.2.3 SELECTION OF SERVICE PROVIDERS

The criterion for inclusion was that the organisation had to render services to youth-headed families. Two organisations (NPOs) with care workers and counsellors operating in different communities, five Community-based Organisations/Faith-based Organisation (FBOs), a community health and welfare initiative and the Department of Social Development met the criteria for inclusion, and all participated in this study. In total, twenty-four care-givers, counsellors and an assistant manager participated in the study.

The organisations were required to:

- render a service(s) or have rendered services to youth-headed families within the previous three to five years;
- be willing to send representatives to participate voluntarily in the focus group interviews.

The sampling in the three sample groups was guided by the recommendation of Guba and Lincoln (2005), namely to continue to recruit study participants until the point of saturation or redundancy has been reached. This was evidenced by the examination of data that yielded the same or similar material to that which had already been discovered and coded.

3.3.3 ENTRY TO RESEARCH SITE: YOUTH-HEADED FAMILIES

A research proposal was submitted to the Faculty of Health Sciences’ Research Committee at the Nelson Mandela Metropolitan University. After academic approval had been obtained the proposal was submitted to the University’s Research Ethics Committee (REC-H). Once submitted, permission was granted by the aforementioned University Committees, after which the researcher sent a letter
containing information about the study to a number of Non-governmental Organisations, Non-profit Organisations, Community-based Organisations and the local Department of Social Development. The letter required the organisations to indicate whether they rendered services to youth-headed families. Only a few organisations, mostly Non-profit Organisations and Community-based Organisations, indicated that they rendered services and programmes to such families. A meeting was subsequently set up with these organisations. The aim of this meeting was to inform them about the research and to enquire whether they would be prepared to (i) assist with the recruitment of potential youth-headed families; and (ii) participate as research participants in the service provider group. Only two Non-profit Organisations of all the organisations approached, indicated that they rendered services to youth-headed families. These organisations agreed to assist the researcher in selecting youth-headed families as potential research participants as well as to participate as research participants representing their organisations. In addition, a local Non-governmental Organisation, that provided funding grants and support to some of the Community-based Organisations, agreed to assist in recruiting potential research participants.

3.3.4 DATA COLLECTION PROCESS

Data collection was conducted in three phases over a period of ten months, from September 2010 until November 2011, with a break of approximately two months.

Phase One of the data collection process comprised focus group interviews with youth-headed families and individual interviews with the youth heads of these families.

Phase Two of the data collection process entailed focus group interviews conducted with community members.

Phase Three of the data collection process comprised two focus group interviews and two individual interviews with service providers.
3.3.4.1 DATA COLLECTION: YOUTH-HEADED FAMILIES

The following sub-section presents data collection with members of youth-headed families.

3.3.4.1.1 Focus group interviews

Multiple semi-structured focus group interviews were conducted with Group 1, namely youth-headed families. A focus group is a carefully planned discussion designed to obtain perceptions on a defined area of interest in a permissive, non-threatening environment (Holloway & Wheeler, 2002:111). It takes the form of an open conversation between people who have certain characteristics in common (in this instance, family members) on a specified topic regarding which participants are encouraged to discuss, make comments, ask questions of each other and respond to other participants’ comments (De Vos et al., 2005; Holloway & Wheeler, 2002). The discussion has a definite focus and a clear agenda from which the researcher is able to develop inductively derived concepts, generalisations and theories from the intimate knowledge obtained from the participants in the groups (De Vos et al., 2005). Focus groups are conducted in a series:

- Multiple focus groups with similar participants to detect patterns and trends within the area of study, or
- Multiple focus groups with the same participants for more in-depth information.

The latter applied to the current study in the sense that I initially planned to have three contact sessions with each family (in the end, I had more than three contact sessions with some of the families). The first contact with the family members was for the purpose of building rapport and discussing ethical issues around the research. In this session, I also made use of a lifeline activity (Chan, 2008). The lifeline is a visual tool that provides personal histories, as constructed by participants. In terms of this tool, research participants are required to present different facets of their lives and different events, from the past to the present. It is a form of storytelling about an
individual, with time lines reflected in a horizontal line. Although this could be considered as an unconventional data collection tool in research, this tool was very effective, as it served as an icebreaker prior to gathering information of a more personal nature, as well as a data collection tool for biographical information. The lifeline exercise, with some reflection questions, was given to family members to complete as ‘homework’. In this ‘homework’, each family member was required to complete his or her own lifeline individually, as he/she saw it, and to respond to questions such as:

- **What did you notice about your lifeline?**
- **Describe the high points in your life’s journey in terms of what made these high points.**
- **Describe your low points in terms of what made these low points.**
- **What are you aware of regarding your life journey?**

During the second contact session, the focus was on the descriptions as reflected in the lifeline activity as well as the reflection questions. Family members were given the option of sharing their lifeline individually or as part of the family focus group discussion. Only one family exercised the option to discuss the lifelines individually. It was noted that the families who opted to share their lifelines as part of the family focus group discussions, experienced this positively, as it brought about greater self-awareness and a sense of connectedness as they listened to each other’s descriptions and reflections, as well as an appreciation of their strengths, as awareness grew of the journey they had travelled together. It also provided an opportunity for the informants to clarify issues and perceptions with each other.

The researcher provided a copy of the transcriptions of the first and second interviews to participants in order for them to verify whether these were true reflection of the interviews. Only a few family members read the transcripts. The third contact session focused more on the further exploration of the initial themes that emerged from the transcripts, as well as the exploration of strengths and resilience factors. The interesting dynamic was observed that some members of some families used this as an opportunity to give each other some feedback. The purpose of the
additional contact with some of the families was to explore issues left unclear and/or to follow up on aspects raised during the data analysis process.

Prior to the family focus group interviews, the researcher established rapport with the family members by opening the discussion and outlining the ground rules of the discussion through casual talk, getting to know each family member; and providing an overview of the topic, such as obtaining permission for the use of the tape-recorder (Appendix A). At the end of the discussion, the family members were thanked for their participation and informed about what would happen to the information gathered. The interviews were conducted in isiXhosa; in most of the families, the responses were also in isiXhosa, with the exception of one family, who preferred to respond using a combination of isiXhosa and English. The interviews were recorded using an audiotape recorder and I also took detailed notes of the body language and social processes observed, as well as brief notes of what was said during the family discussions. These notes were kept in a locked cabinet, for confidentiality purposes. However, the practice of taking detailed notes of the body language and social processes proved to be challenging at times, as the researcher was the sole facilitator during the family focus group interviews.

The following questions were developed and used to guide the family focus group discussions:

- Would you care to share some of experiences as a young person living in a youth-headed family?
- What situations influenced your experiences?
- How do you as a family cope with these situations? What has enabled you to continue moving on despite these situations?
- What are your needs as a family?
- Is there any type of support and/or help that you receive as a family to address your needs and challenges?
- From whom have you received support?
- What are the strengths and/or limitations of the support and/or help that you are receiving?
3.3.4.1.2 Interview techniques with youth and young children

The interviews with the family members were conducted mostly in isiXhosa and took a more informal conversational form, which appeared to work well with most of the more mature participants. However, in some cases, the younger children tended to keep silent, and it was not easy to enter into a conversation with them. I realised the importance of building trust with all members of the family, and not just with the older members, as was the case initially. It also seemed that the formal interviews were experienced as intimidating by the younger family members, even though these interviews took place in the homes of the participants. Some of the younger children appeared to be uncomfortable with my presence, as I was a stranger to the family. Kyronlampi-Kylmanen and Maatta (2010:87) refer to the importance of entering the children’s world and their culture when interviewing them. The authors contend that entering the children’s experiences require equal, confidential and open interaction and co-operation between the researcher and the children.

In this study, this co-operation was achieved by first, spending enough time to become better acquainted with the children and young people. This meant that I was not able to have formal conversations with the younger children. Secondly, I spent more time with these families that had younger children in order to observe how they interacted with each other in an informal manner. During these observational visits, I also took along some refreshments and attempted to keep the conversation as informal as possible. Once the children had grown familiar with me as the researcher, they were more welcoming and seemed to be more willing to talk to me. The friendly way in which they would greet me upon my arrival and their smiling faces indicated their level of readiness.

During my first interview with the children, I noticed that my questions were still phrased in terms of an adult perspective, despite my efforts to change them to ensure that they were more age appropriate. I noticed that some of the younger children were not able to respond to my questions (e.g. “Tell me about you experience/Tell me about your family?”). Literature on research with children points to the importance of using child-friendly adaptations, such as simple vocabulary
and/or adding visual prompts (such as smiling faces) when interviewing children (Fraser, 2004; Kvale & Brinkman, 2009). I then decided to ask the children to draw their family and to use headings such as: ‘Me and my family’ or ‘My family’ as a way of entering into their understanding of the family. The focus was on the child’s interpretation and information surrounding the drawing, and not on the child’s drawing skills. The specific participant was then asked to explain his/her drawing, as a basis for further interaction during the interview. The primary value of the drawings was the meaning that the children themselves attached to their drawings and their positive impact on the ‘joint meaning making’ to ensure that the participants and the researcher had a similar understanding of the concept (Westcott & Littleton, 2005:148). The following areas were explored to elicit the meaning that the children attached to their drawings: Who was in the drawing; the positioning of the family members; the use of colours, and a more general question, namely, “Can you please tell me about your family from this drawing?”

Once the drawing had been explored, the second part of the interview began with the focus on what was it like to be in the family, the happy – and sad – times the family shared, and what helped and comforted them when they felt sad. The literature on research with children emphasises how much easier it is for children to talk about things that are related to their lives using their own drawings (Brooker, 2001; Fraser, 2004). This was experienced as being the case with most of younger children participating in this study, with the exception of Family A, which comprised two children living with their 19-year old sister. When they were given A4 paper, crayons, pencils and other materials to draw their family, the children appeared to be anxious. When I explored their feelings about drawing their family, it emerged that these children were not comfortable with drawing. This was evident in their responses, such as “I can’t draw”, and “Other children in my class laugh at me, because my teacher said I can’t draw”. In this case, using drawing as a data collection tool was not appropriate. The next interview was scheduled to take place in my office, as per the request of the 19-year old sister – she wanted to take her siblings to the beach after the interview. Prior to the interview, we went to McDonalds to buy lunch and to play. During lunch, we had an informal discussion on topics of preference to them. This conversation provided me with an opportunity to observe
the social interactions of the family members, how the older sister resolved conflict when there were disagreements between the younger siblings, and how decisions about money were made (they were discussing their plans for Christmas). It was during this time, that I was able to ask simple questions about their family.

After the second interview, most participants seemed comfortable to share their stories with me. There was a sense of pride in their accomplishments. The interviews ranged in duration from an hour and a half, to two hours. In some of the families there were members who appeared to be shy and did not contribute much. These members were encouraged by the use of eye contact, drawing them out and using other non-verbal cues to invite their participation. In one instance, a member of one of the participating families shared that she felt more comfortable with writing than with talking. The use of a journal was suggested, and the member agreed to this only if she was permitted to choose what to share with me. The sharing took place mostly when the other members of the family were not present. Her motivation for not sharing in the presence of other family members was that they perceived her to be the ‘stronger one’ in the family, even though she had two older siblings. According to her, she did not always feel strong, and it was her quiet nature that had created this perception. The other members of the family referred to her perceived strength during the family interviews, and they shared that her strength made them want to be equally strong. This perception was clarified during the interview, when she was invited to respond to this view. This method of interaction worked out well for this member as she was able to tell her siblings her feelings and her own experiences and how difficult it was for her to live up to their expectations. There were also opportunities for further observations as I spent more time with the families. This point will be further discussed later in the results chapter and when reflecting on the ethical considerations observed in the study.

3.3.4.1.3 **Individual interviews: youth-heads of families**

Interviews are the most common form of data collection in qualitative research (De Vos *et al.*, 2005:287). This method is used when detailed information is needed from the participants (Creswell, 2007:132). One-on-one in-depth interviews were conducted with the heads of each participating family. The rationale and motivation
for using this method was that it would allow for richness in data and would provide me with a comprehensive understanding of the meaning participants attach to the phenomenon being investigated (Gillham, 2000:9; Creswell, 2007:133). In this form of interviewing, the researcher used prompts and probing questions in search of elaborations, meaning and reasons (Holloway & Wheeler, 2002:84). The purpose of the individual interviews was to explore the participants' experiences of heading the family unit, as well as their views regarding what they perceived should be included in interventions and programmes aimed at addressing their challenges and needs and thereby enhancing their resilience. Two interviews were conducted with each young person heading a family, and these took place at the participants' homes. In addition to the interviews, essay writing was also used. This method of data gathering proved to be effective, as the participating young people reflected extensively on their experiences and feelings in their essays. I was amazed at their ability to reflect their emotions. I made contextual notes before the interview and field notes immediately afterwards, when events and thoughts were still fresh in my mind (Holloway & Wheeler, 2002:87).

3.3.4.1.4 Role of researcher during family focus group interviews

Qualitative research is only as good as the researcher who undertakes the research, as it is the researcher who, through skill, patience and wisdom, obtains the information necessary for the study (Creswell, 2007; Monette et al., 2011). The relationship between the researcher and the research participant is based on mutual respect and a position of equality as human beings. I was constantly aware of my position of authority and power, based on my age, role as a researcher, and my professional status. In this study, as a researcher, it was essential that I brought genuineness, positive regard and empathy to the relationship with the young people who participated in the study. Listening to participants' perspectives and respecting the way in which they developed and phrased their responses were important. The researcher's attitude should be one of openness to a wide range of types of behaviours and of respect for the dignity of the research participants (Monette et al., 2011:235). My attitude needed to demonstrate reciprocity, and I had to recognise that the participants made a significant contribution to the production and
interpretation of the knowledge that was necessary to achieve the objectives of this study. The counselling and communication skills I acquired in my career as a social worker enabled me to facilitate more open interaction with the individual members of the participating families during the interviews (previously, I worked as a social worker at FAMSA). In this latter role, I worked with families in need, and this experience enabled an in-depth and intimate understanding of the experiences, challenges and needs of these families. However, at times I struggled to clarify my role as a researcher. This was particularly the case when I visited one of the youth-headed families for the first time. I was taken aback by the unacceptable living conditions I observed, to the extent that I feared for the safety of this family. I referred the case to the social workers, with the family’s cooperation. I noticed that my need to follow up on the case was very strong. It was upon reflecting on this with a colleague that I realised that my previous role as a social worker and counsellor was influencing my role as researcher and that I found it difficult to maintain role boundaries.

When conducting any form of qualitative research, the researcher him- or herself is the primary data collection instrument (Creswell, 2007:38). The qualities and skills of the interviewer impact significantly on the study and it is therefore crucial that the interviewer be competent and effective in order to make the most of the interviews and gather the maximum amount of data from the informants. In this study, it was important for me to build trust with the children and young people, both before and during the interviewing process. The desired rapport was promoted by engaging in initial small talk and showing interest in what the participants were saying. Rapport was also achieved through both verbal and non-verbal behaviour. It was crucial for me as a researcher to observe and effectively interpret all verbal and non-verbal communication taking place between the participants and myself.

As a researcher, I had to be aware of my own attending behaviour during the interview, such as the need to maintain appropriate eye contact, facial expression and posture (for example, leaning forward slightly to encourage communication). This demonstrated respect for interviewees, encouraged them to continue sharing with the researcher, and enhanced the sense of equality.
An interview is essentially a process of communication between the interviewer and interviewee. Attentive listening is the most important part of communication. As a researcher, I was constantly aware of my own non-verbal communication and its effect on the interviewee. Non-verbal cues, such as body language, expressions and tone of voice, played an important role in adding to and clarifying meaning. Silences were also used effectively, as they provided opportunities for thinking and reflection by all parties during the interviewing process. However, at times I struggled with long silences and was tempted to fill the gaps by asking a question. I soon realised the negative effect this had, as in one case, I picked up that I was not giving the informants enough time to think. I then dealt with the long silences by pointing out my observations, and these were then processed in terms of meaning and significance.

The ability to utilise questions effectively ensures that the researcher assumes a learner role (Holloway & Wheeler, 2002:84). Paraphrasing and probing were utilised effectively during the interviews. This enabled me to adopt a frame of mind in which assumptions that I ‘knew’ what the informants meant, were set aside and I rather sought explanations about their meaning.

At times during the family interviews, confrontations between family members were experienced. At these times, I suspended any desire to intervene, listened attentively and calmly, and remained neutral until the feelings were vented. This helped me to observe how conflicts were resolved in the family.

3.3.4.1.5 Transcription of interviews

I transcribed two interviews that were mostly conducted in English and isiXhosa. All the other interviews, which were conducted in isiXhosa, were transcribed verbatim by a research assistant. Some of the participants told long stories in response to the questions, whilst others struggled to begin their narratives without further guidance. This resulted in some of the transcriptions being lengthy, providing more detailed information than others. The transcriptions were then translated into English for the purpose of analysis.
3.3.4.2 DATA COLLECTION: COMMUNITY MEMBERS

Focus group interviews were also conducted with Group 3: Community members/neighbours.

The purpose of the focus group interviews for Group 3 included the following:

i. To explore the perceptions of community members regarding the existence of youth-headed families.

ii. To identify how communities responded to and supported youth-headed families.

iii. To gather information regarding what they think should be included in interventions and programmes that address the holistic needs of members of youth-headed families and therefore enhance the resilience of these families.

Three focus group interviews with community members from Walmer and KwaZakhele were conducted. Interview questions for Group 3 were posed as follows:

1. What are your views as a community member about the existence of youth-headed families?

2. What do you perceive to be the needs of youth-headed families?

3. Do you think communities have a role to play in caring for and supporting youth-headed families?

   3.1 If so, what do you perceive to be the role of communities in caring for and supporting youth-headed families?

   3.2 In your opinion, what type of care and support do you believe are offered to youth-headed families at community level?

Arrangements were made by community leaders and the community developer from the Olive Leaf Organisation for the focus group interviews to take place in a community hall in Gqebera (Walmer) and a local school in KwaZakhele. A group of fourth year social work students, that is, final year students, were trained as
facilitators and moderators for the focus group interviews with community members. The researcher assumed an observer role during the focus group interviews.

Focus group interviews need to be recorded in order to facilitate subsequent data transcription and analysis (Holloway & Wheeler, 2002:61). This can be done by making written notes, using a tape recorder, or recording the session on video. The researcher obtained the verbal consent of all the group members in order to conduct the interviews. Only one focus group interview was audiotaped, due to the fact that the participants refused to give consent for the recording of the interviews. The participants’ right to refusal was respected, and detailed notes were taken by two students who acted as research assistants. During the focus group interviews, it was at times difficult to keep members focused on the topic of research. The focus group interviews with the participating community members were about three hours or longer in duration. The community members struggled to respond when terms like resilience were used. In some instances, this term was confused with coping. The students who conducted the focus group interviews also struggled to translate resilience into isiXhosa, as there is no direct translation for this term into isiXhosa. The use of metaphors such as “keeping one’s head above water when situations seem like one is about to drown” were useful in this instance. There were also definitional challenges, as community members persistently confused youth-headed households with child-headed households. This had implications for the questions eliciting their views about the existence of these families.

3.3.4.3 DATA COLLECTION WITH SERVICE PROVIDERS

Three focus group interviews were conducted with identified service providers, who constituted the third sample group in the current study. Two of the three focus group interviews were with representatives from an NPO, while one focus group comprised representatives from Community-based Organisations. The first focus group interview served to test the interview tool. This interview generated rich data; as a result, it was included in the data from the service providers group. In these interviews, I was the primary interviewer, while the research assistant took notes.
The interviews were tape-recorded. The interview with the representatives from CBOs was conducted in isiXhosa.

Prior to commencing the group interviews, as a researcher it was important to establish rapport with the participants. This was achieved by opening the discussion, welcoming the group, and allowing the participants to introduce themselves. An overview of the research topic was provided, and some ground rules for participation were set.

The following interview questions were posed to each focus group:

- **What do you perceive to be the needs of youth-headed families?**
- **How does your organisation meet the needs of these families? / What type of services do you offer to address these needs?**
- **What do you see as gaps/limitations in the services that are offered to youth-headed families?**
- **What do you think should be included in interventions and programmes that are aimed at addressing the holistic needs of members of youth-headed families in order to enhance the resilience of these families?**

During the interviews, elaboration probes were experienced as particularly helpful in keeping participants talking about or elaborating on the subject of the research (Hoyle, Harris & Judd, 2002:144). Clarification probes were also used to indicate to the participants that more information was needed or to restate the responses to check interpretations by the researcher. The focus group interview with the Community-based Organisation was very challenging and long, because some members struggled to grasp some of the concepts and terms used, for example ‘model’ and ‘holistic’. In this instance, examples had to be used. It also became clear that the representatives of some organisations perceived the session to be an evaluation of their services and therefore were not keen on responding to questions that focused on the gaps and limitations in the services offered to youth-headed families. However, some participants were very open and forthcoming and acknowledged the reasons for these limitations, which deepened the researcher’s
awareness and understanding of the specific services rendered. At the end of the interview, participants were reminded about the importance of confidentiality and thanked for their participation.

Two individual interviews were also conducted with two managers from the participating organisations. These interviews yielded valuable data regarding policy related matters, which will be explored in the results chapter.

3.3.4.4 PILOT STUDY

Gray (2004:235) argues that researchers should take ethical issues into account when preparing for interviewing. One of the ethical considerations, as suggested by Gray, is related to ensuring that the participants are not harmed by or uneasy about the questions asked. The pilot study was conducted with a family comprising two individuals in order to test the interview questions in terms of age appropriateness and their comprehensiveness.

During the pilot interview, I had to adapt the questions to ensure that they were age appropriate (for example, *I would like to know more about your family? What is it like to live here with your brother/sister?*). This pilot study yielded rich data, which was included in data analysis for the main study. In addition, family members were provided with a copy of the interview guide so that they could familiarise themselves with the questions prior to the actual interview and identify those questions that were unclear and difficult to answer. This was based on the feedback received from the pilot study participants, where the participants experienced one of the questions as intrusive. These questions required participants to share information about parental death and the cause of parental death. An opportunity to reflect on how the family members experienced the interview and to ask questions, when necessary, was provided. An interesting observation was that even though the children and young people spoke openly about their experiences of looking after their sick and dying parents, there was a noticeable silence about the cause of parental death.
3.3.5 PROCESS OF DATA ANALYSIS

Data analysis involves ‘breaking up’ the data into manageable themes, patterns, trends and relationships (Mouton, 2001:108). According to Mouton, the aim of data analysis is to understand the various constitutive elements of one’s data through an inspection of the relationships between concepts, constructs or variables in order to see whether any patterns or trends can be identified or isolated and to establish the themes in the data. Qualitative research entails studying experiences and the meaning attached to specific experiences. These experiences can be represented in multiple ways.

This section reflects on the methods of analysis that were employed. These methods will be described according to the phases of data collection, as discussed above.

3.3.5.1 DATA ANALYSIS: FAMILY INTERVIEWS

The narrative analysis method was utilised for the family interviews, and individual interviews for the youth-headed families.

3.3.5.2 NARRATIVE ANALYSIS

Narrative analysis refers to a family of methods for interpreting texts that have a storied form in common. Analysis of data is only one component of the broader field of narrative inquiry, which is a way of conducting case-centred research (Riessman, 2008:11). Vincent (2012) indicates that a researcher can choose to focus on:

- What is told (content)
- How it is told (form or structure)
- Who tells it (intentionality)
- Who it is told to; when it is told; where it is told (context)

In narrative analysis, the researcher can employ either thematic analysis or structural analysis. Thematic analysis focuses on what is said or told, namely the content,
rather than how, to whom or for what purpose (Riessman, 2008). The researcher develops the themes, which may come from the purpose of the study, the theoretical framework of the study, or from the data itself. In seeking to analyse data, thematic analysis can either identify themes pertaining to a particular question (in this case, a deductive analysis is followed) or it can identify themes that are observed across the entire data range (inductive analysis).

Structural analysis, on the other hand, focuses on the ‘telling’ rather than the ‘told’. The researcher using this method is interested in how narratives are organised to achieve the narrator’s strategic aims. This method involves the detailed analysis of forms of speech. The researcher’s interest moves from the told to the telling. There is a realisation that there are many ways of relating ‘what happened’. Therefore, there is an interest in the form of representation that is being employed.

In this study, thematic analysis was used. I began the process by preparing the data for analysis. This involved the process of transcribing all the interviews.

The family interviews were analysed according to the two broad phases, namely the descriptive phase and the interpretive phase, as suggested by Smith (2008:120). I started the process by reading the narrative accounts of children and young people in youth-headed families. This process preceded both phases, as it allowed for the identification of key themes and sub-sub-themes within the broader narrative. Once the themes had been identified, a coding frame was developed and applied to the narratives in order to capture their overall meaning, or the story-line(s) running through all stories (Smith, 2008:120).

My observations from some of the texts were that some stories followed a sequence representing a particular journey and the turning points in that journey. This then enabled me to analyse the informants’ stories, ‘restorying’ them into a chronological presentation. This involved shaping the stories into a chronology about life before parental death, life after parental death, their experiences of reconstituting the family, their experiences of life without parents, and finally, the interpretation of the process of coping and resilience. Cortazzi (1993) suggests that this chronology of narrative
research, with an emphasis on sequence, sets narrative apart from other genres of research. Restorying is the process of gathering stories, analysing them for key elements (such as time, place, plot, and scene), and then rewriting them to place them within a chronological sequence (Ollerenshaw & Creswell, 2000).

I also observed certain thematic assumptions that were of particular interest to the study and developed additional questions that would elicit further information on these assumptions. These questions were used during the additional contacts with some of the families. During this process, the participants expanded on their stories and the process of analysis continued. The next step involved the identification of themes that were common across the narratives, and which themes were then defined and described. The second step of narrative analysis was to connect the narratives with the broader theoretical literature in order to interpret the story. According to Smith (2008:120), it is during this phase that narrative accounts can be identified as illustrating the relevant theoretical literature.

The transcripts of the recorded interviews were sent to an independent coder, together with a set of the interview questions and the goals and objectives of the study in order to guide the process of theme identification. A consensus discussion was held with the independent coder once the researcher and the independent coder had independently completed the process of data analysis in order to identify final themes. The purpose of this discussion was to exclude any biases on the part of the researcher and to ensure the trustworthiness or validity of the findings.

3.3.5.3 DATA ANALYSIS: INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY MEMBERS

The steps reflected in Tesch’s method of data analysis (1990), as discussed in Creswell (2003), were employed. These steps entailed the following:

- All the transcripts were carefully read and short notes were made in order to get a sense of the complete data set for this group of participants.
One transcript was chosen and read carefully in order to make meaning of its contents. Notes on initial ideas were written in the margin; and thoughts regarding themes that emerged were written down.

The previous step was repeated with the remaining transcripts, which were examined in a similar fashion. The topics that emerged, were listed, and similar topics were clustered together. Topics were divided into themes, sub-themes and categories.

The list was taken back to the data, and topics were abbreviated as codes. Some new categories and codes emerged. The revised list was used to do coding.

The researcher found the most descriptive wording for the topics and turned them into categories. Groups were made to reduce the total number of categories.

A final decision was made on the abbreviation for each category and the categories were then arranged alphabetically.

The data were grouped under different categories, and preliminary analysis was conducted.

3.4 VALIDATION

The rigour of qualitative research has been the subject of continuous discussion and debate in the literature (Denzin & Lincoln, 2005; Creswell, 2007; Kvale & Brinkman, 2009). Rigour is defined as a way of establishing trust or confidence in the findings or results of a research study. Despite the debate regarding rigour in qualitative research, there seems to be consensus among scholars about the importance of validation in qualitative research (Creswell, 2007; Kvale, 2009; Kvale & Brckman, 2009).

Validation in qualitative research is a process that takes place throughout the research process. This ensures the authenticity of the research. In this study, the process of validation was guided by Kvale’s validation at seven stages (2009:237), as indicated below:
1. **Thematising**: According to Kvale, the validity of a study rests on the soundness of its theoretical presuppositions. In the process of formulating a research question, I connected with established theory and research. A literature review was conducted, which assisted me in developing theoretical assumptions on the phenomenon under investigation and illuminating how the research questions should be approached.

2. **Designing**: Validity depends on the accuracy of the design and methods used. The design that will best answer the research question and is deemed to be appropriate and in line with the goal of the study, is selected. The pilot study that was conducted, confirmed the accuracy of the design, as well as the methods used.

3. **Interviewing**: Kvale refers to the trustworthiness of the subjects’ reports and the quality of the interviewing. During the narrative interviews, my focus was not on determining whether or not events actually happened or on ascertaining the correctness of the story, but on gathering storied evidence about the meaning experienced by people, whether or the events were accurately described or not. Kvale refers to communicative validation as involving testing the validity of knowledge claims in a dialogue. In this study, I used member checking, asking participants if any interpretation was accurate and making adjustments in the data and interpretation, if necessary. I constantly checked throughout the interviews, making sure that the informants were answering in a way that retained their overall sense of correctness, whether objective (the facts of the story) or subjective (the emotional truth). Here, paraphrasing was important. Verbatim quotations were also included to ensure reader validation. The study was also discussed with the study promoters, which created opportunities for dialogues regarding the interpretation of the stories and the themes presented. My formal training and experience as a social worker equipped me with experience in interviewing, and this experience was very useful when I conducted research interviews.
4. **Transcribing**: The interviews were transcribed verbatim in isiXhosa and English. I used a coder fluent in isiXhosa to ensure that the meaning was not lost in translation. However, this presented its own challenges, especially when the material had to be translated in English. Member checking was also important to ensure that the interpretation captured the essence of the story told. Some of the informants responded positively by giving feedback. However, this was not always possible, especially with youth-headed families that had younger children.

5. **Analysing**: This refers to answering the question: *Are the questions put in the interview text valid?* The pilot study and feedback generated from the pilot study assisted in this process.

6. **Validation**: This entails deciding on forms of validation. In this study, the following forms of validation were applied: (i) Member checking: Continuously checking meaning and clarifying during interviews; (ii) Prolonged engagement in the field: This was achieved in the current study by way of conducting multiple interviews with the same families that were selected for participation in the study; (iii) Triangulation, which involved the use of different methods, such as observational visits with the families, multiple focus group interviews with the same families that were chosen for participation in the study, and individual interviews with the youth heads of the families. In addition to this, the heads of the families were requested to write narrative essays on their experiences of heading their households; (iv) Reflexivity was ensured through the use of field notes to reflect the researcher’s thoughts, feelings, observations and ideas within the research context. The findings were confirmed by conducting literature verification. Peer debriefing with colleagues and the study promoters took place. The use of research methods, such as interviews, the line of questioning during data collection, as well as the methods of data analysis used, which were well established in qualitative research, contributed towards the credibility of the study. Opportunities for the scrutiny of the project by colleagues and other academics were created, as chapters were sent to colleagues and other academics for critical reading and
feedback purposes. This process ensured that the assumptions made by the researcher could be challenged.

7. **Reporting**: Is the report a valid account of the main findings? The verbatim quotations provide an opportunity for the reader to test the themes against them.

### 3.5 ETHICAL CONSIDERATIONS

There are four fundamental ethical principles that researchers have to bear in mind in research. These are: (1) autonomy and the respect for the dignity of persons involved in the research; (2) non-maleficence; (3) beneficence; and (4) justice (Wassenaar, 2006:67-68). These four principles and how they were applied in the current study will be discussed in the following section.

The research proposal was submitted to the Faculty of Health Sciences’ Research Committee at the Nelson Mandela Metropolitan University (FRTI) and the Research Ethics Committee – Human, for academic and ethics approval, respectively.

#### 3.5.1 AUTONOMY AND RESPECT FOR THE DIGNITY OF PERSONS

In this study, autonomy referred to respecting the rights of participants to participate voluntarily and to provide informed consent.

In order to ensure that participation was voluntary, consent was viewed as a continuous process. At the beginning of this study, I was concerned about the fact that the participants were initially recruited by organisations that rendered services to them. My concern regarding the involvement of these gatekeepers was that some participants might feel obliged to participate, out of fear of losing the services, should they choose not to participate. During the initial contact with the families, they were informed about the research and the process that was to be followed. Members of the families were informed that should they wish to participate in the study, their participation would be on a voluntary basis. They were also informed that they could
withdraw from the study at any point should they wish to, without any repercussions or negative consequences. After this contact, I asked the participants for an appointment for a follow-up interview. In some instances, where I picked up a sense of reluctance after explaining the research process, I gave the family time to think and talk to each other about whether or not they wanted to participate in the research study. I gave the head of the family my contact details, should they reach a decision to participate. At the beginning of each interview, I always asked if all members were in agreement that I could proceed with the interview and if all members still wished to participate. A letter containing information about the goal of the study, as well as the process that would be followed, was explained verbally, together with a written assent form (Addendum G) to the younger children who participated in the current study.

Consent was sought from the youth-head of each family, since all these youth heads were over the age of 18 years and were regarded as legal guardians to their siblings, in cases where the other members of the family were minors (Children’s Act No. 38 of 2005, as amended).

3.5.2 PRINCIPLE OF NON-MALEFICENCE

One way of avoiding harm is to inform research participants thoroughly about the potential impact of the study (De Vos et al., 2005:58). The researcher ensured that no participant was subjected to any harm, exploitation or any risks by: (i) providing opportunities for debriefing the participants after the interviews; (ii) adhering to confidentiality at all times; and (iii) ensuring the anonymity of the participants by using codes and labels and not the participants’ names.

Towards the end of the interviews, the participants were asked to reflect on the specific interview itself and the questions asked, as well as whether they experienced any emotional difficulty in talking during the interview. I received some feedback from the head of one of the participating families that it was difficult to respond to the question pertaining to the nature of parental death. The interview
schedule was subsequently amended, and the participants were not asked to talk about the cause of their parents’ death if they did not wish to do so.

3.5.3 PRINCIPLE OF BENEFICENCE

On the consent form, the participants and their guardians were asked to indicate whether they would wish to receive feedback and were also informed about the form that this feedback would take. During the field visits, I provided refreshments, as I was influenced by my understanding of a practice common in the Xhosa culture, in that food is used as a way of welcoming a person to one’s home and as a way of showing hospitality. I followed this cultural practice as an acknowledgement of the families’ hospitality in allowing me into their homes and also as a way of not placing an undue burden on the participating families. The conversations that took place between the members of youth-headed families during the family focus group interviews and the space that was provided for them to tell their stories were often experienced as a relief and as assisting members in reflecting on their feelings in a supportive environment.

Despite the fact that I expected from the beginning of the study that the living conditions of some of the families would be strained, when I visited family number three, I struggled to comprehend how human beings, especially children and young people, could survive in such adverse housing conditions. This impacted on my ability to separate my role as a researcher from that of social work practitioner. I subsequently discussed the matter with a colleague, and on reflecting on my emotions, I was able to refer the matter to an appropriate organisation. The feedback that I received from the families during the interviews was that the interviews provided a safe space for them to listen to each other’s experiences and that they also appreciated meeting someone who was interested in them as human beings and in their stories.

3.5.4 PRINCIPLE OF JUSTICE

In this study, the principle that participants had the right to fair and equitable
treatment before, during and after their participation in the study was respected.

The researcher ensured that all members of the families that were identified for participation had an equal chance of participation and that their views were respected, irrespective of their age.

3.6 CHAPTER SUMMARY

This chapter presented the research design and methodology used in this study. This qualitative study employed a research design that is exploratory, descriptive and contextual in nature and incorporated the narrative tradition of inquiry. An explanation of the phases of the research process was also given, together with the various research methods utilised. Three participant groups with differing sampling techniques and data collection methods took part in the study. The different data analysis methods used for the different sampling groups were explained. The importance of the process of validation and the method used to ensure the validation of the research process, as well as the ethical considerations for research, were also discussed.

The following chapter will present the research findings from the narrative interviews with members of youth-headed families, as well as a discussion on these, with reference to the relevant literature.
CHAPTER FOUR

NARRATIVES OF CHILDREN AND YOUNG PEOPLE IN YOUTH-HEADED FAMILIES IN PORT ELIZABETH

4.1 INTRODUCTION

This chapter provides the narratives of children and young people in youth-headed families in Port Elizabeth. The chapter begins with a brief presentation on each family that participated in the current study. The next section presents the narratives of the children and young people in youth-headed families. These narratives follow a particular sequence, telling the journey of each family. The narratives on the journey have three parts, namely:

(i) The first part, the tragedy, focuses on the participants’ experiences during parental illness; the trauma of seeing their parents getting ill and the effect this had on the family’s functioning; and the experiences and challenges faced by the children and young people after parental death, reflecting the most difficult part of this journey. The storyline then reflects the turning points and/or transition in the lives of children and young people in youth-headed families during the process of the reconstitution of their families and the challenges experienced in this phase, with key moments common across the stories.

(ii) The second part of the story reflects the narratives on coping strategies, both at individual and family levels, that enabled the children and young people in youth-headed families to overcome their adversity and challenges and to move on with life without their parents.

(iii) The third part of the story focuses on the factors that enhanced resilience in youth-headed families. Some of the families’ narratives are remarkably similar. The differences in the narratives are in how some of the families interpreted their experiences.
This section is further interpreted and discussed with reference to the existing literature and broader discourses on risk and resilience in children, youth and families.

4.2 **BRIEF PRESENTATION OF FAMILY CASE STUDIES**

4.2.1 **FAMILY ONE: ANDISWA’S FAMILY**

Andiswa was a 19-year-old female at the time of the study. She was in Grade 11. Andiswa lived with her younger brother Sipho, who was 11 years old and in Grade 6, and her youngest sister Siphokazi, who was 9 years old and in Grade 1. They had an older brother, Themba, born in 1989. Themba moved out of the family home a few months after the death of their mother. Andiswa and her siblings grew up in a single-parent home, even though their parents were married. Their father worked in Johannesburg most of his life, and Andiswa’s mother had to take sole responsibility for raising their children on her own. In 2000, Andiswa’s father moved back to Port Elizabeth. He was ill at that time and their mother, a self-employed housewife, looked after him until his death late in 2000. According to Andiswa, her mother was a strong person who, despite the family’s humble socio-economic status, tried to meet the basic needs of her children. Andiswa and her mother were very close. Andiswa recalled times when they had close, intimate conversations about life, womanhood and family. During one of these conversations, her mother informed her about her illness and asked Andiswa to look after the family should anything happen to her.

According to Andiswa, her mother taught her how to look after the house properly and how to cook, often mentioning that, one day, Andiswa should know exactly what to do, should something happen to her (the mother). Andiswa noticed her mother’s condition deteriorating. Although she was concerned about her mother’s illness, she did not take her messages seriously at the time. In 2007, Andiswa’s mother became seriously ill. Even during this stage, she insisted on looking after herself, and Andiswa started to assume some household responsibilities, including looking after her siblings. Andiswa claimed that they were not very close with their extended family, even while her mother was still alive.
Andiswa’s mother died in November 2007. Andiswa was 15 years old at the time. Andiswa and her siblings stayed with their aunt for a short period after the funeral, until conflict developed between her and her aunt. None of the other relatives showed any interest in Andiswa and her siblings. At the time of the study, Andiswa and her siblings were living on their own in their mother’s house, a two-roomed shack dwelling situated in close proximity to a dumping site. The shack was in a poor condition, with no yard. One room was used as a kitchen/lounge, with some kitchen facilities, a small wooden table and four chairs. The other room had two single beds. The entrance to the house led through this room. The family’s only source of income was the child care grants that the younger siblings received monthly from the Department of Social Development.

4.2.2 FAMILY TWO: LINDY’S FAMILY

Lindy, a young woman of 22 years at the time of the study, was the oldest child in her family and because the head of the family after the death of her parents when she was sixteen years old. She had two younger siblings, Sezi (male), born in 1991, and Nandi (female), born in 1995. Lindy was a final year university student. Sezi dropped out of school after completing Grade 10 and was working on a part-time basis. Nandi was in Grade Eleven.

Lindy had a part-time job at the University residences. Lindy’s father died first in 2004, following a long illness. After the death of their father, the family received financial assistance from the Department of Social Development. The situation was satisfactory for a while, until their mother started to show signs of being troubled by her husband’s death. In 2005, Lindy’s mother began to show some health problems, which resulted in her death towards the end of 2005. After their mother’s funeral, Lindy and her siblings were taken by their aunt to live with her and three of her children. A year later, Lindy’s aunt found a job that required her to relocate to Johannesburg. She invited Lindy and her siblings to move to Johannesburg with her, but they decided to remain in Port Elizabeth, as they were worried about school and they also wanted to be close to their parents’ burial-place. They moved back to their parent’s house, which at the time was shared by two other families. With the
assistance of a local NGO, which supported Lindy and her siblings, they were able to acquire a small RDP house in a new area. Most of their relatives lived in the Transkei area, except for one uncle, who lived in a smaller house not far from Lindy’s home. Even though their uncle lived nearby, Lindy and her siblings lived on their own as a youth-headed family.

4.2.3 FAMILY THREE: BONGA’S FAMILY

Bonga was a 26-year old male, who lived with his three sisters: Anelisa, a 19-year old in Grade 12; Thabisa, a 17-year old in Grade 12; and Zanele, an 11-year old in Grade 5. Bonga completed an N3 certificate in 2009, but was unemployed at the time of the study. He was 15 years old when he first assumed the responsibility of heading his household. Bonga’s family lived in a shack dwelling in one of the informal settlements in Port Elizabeth. Bonga’s mother became ill in 2003. The family did not know the source of her illness. In 2004, her condition deteriorated to the extent that Bonga had to take over some of the household chores, including looking after his sick mother, until she requested to go to her sisters. She passed away late in 2004, leaving her husband and the children. In 2006, their father also developed health problems, and it was also during this time that he lost his job. He became so weak that Bonga had to care for him, while also doing his Grade 12. Some relatives came to stay with them during the time of mourning, which was a relief welcomed by the family. After the mourning period, some of the relatives suggested that they be separated, as none of them were willing to take all four children. Bonga refused to be separated from his sisters. This caused tension between the children and their relatives. Bonga requested to be given about six months to prove that he could look after his siblings. The relatives were not happy about this suggestion, as they did not trust his ability to undertake this responsibility, but in the end they reluctantly agreed. Bonga was then left with the responsibility of heading his family. With the exception of one uncle, the extended family refused to give them support. Bonga and her siblings lived in a five-roomed house, donated to them by a Non-governmental Organisation in Port Elizabeth.
4.2.4 FAMILY FOUR: LWAZI'S FAMILY

Lwazi was a 24-year old male who lived with his sister Akhona, 22 years old, and her new-born baby (a four-month old baby girl). Lwazi passed his Grade Twelve in 2010, but could not study further, due to financial constraints. He was now self-employed, running a small hair salon in the back yard and selling sweets. Akhona was still at school (Grade 11). Their mother died in 2003, after a long illness. During her illness, a close relative assisted in looking after them. They claimed that they did not know their father at that time, as he abandoned the family when Lwazi was just five years old. Lwazi’s mother made it clear that she did not want her children to be separated when she was gone. According to Lwazi, they were not very close to his mother’s family. Lwazi was 16 years old when his mother finally passed away. After the funeral, the relatives decided to honour his mother’s wish by not separating the children. Some of the community members and some relatives stayed with them for a week, but after the period of mourning they left them on their own. At the time of the study, they were living in a three-roomed shack dwelling in an informal settlement (Walmer Township). The shack was very neat, with old furniture and an electricity supply.

4.2.5 FAMILY FIVE: NTANDO’S FAMILY

Ntando was a 19-year old male youth-head of the family. He achieved his Matriculation Certificate in 2010 and was working in a security firm in Port Elizabeth. He had three siblings: Unathi, a 15-year old female in Grade 9; Buhle, a 12-year old male in Grade 5; and Sandi, a 9-year old male in Grade 3. Ntando’s mother passed away in 2004, and his dad passed away shortly after her, in 2005, after a long illness. Ntando was between the ages of 11 and 12 years when he lost both his parents. Ntando, his elder brother, Zamo, and their siblings were left to stay with their grandparents after the death of their parents. Their grandfather died in 2008, after a long illness. Zamo had to leave school in order to earn an income to supplement their grandmother’s pension money. In 2010, Ntando’s grandmother fell ill. During this time, Zamo, who was then 26 years old, took over the responsibility of running the household. Ntando had to help him, as he was working to provide for the
family. Towards the end of 2010, Ntando’s grandmother died. Her death was experienced as a devastating blow. However, Zamo did his best to help them cope with this loss. In April 2011, Zamo was involved in a motor vehicle accident, from which he subsequently died. After the death of Zamo, the family found it difficult to cope. Some of the relatives moved in with Ntando and his siblings for a short while until after the funeral. When the mourning period was over, the relatives returned home, and Ntando was left with his siblings. The relatives promised to come back to visit the family. According to Ntando, nobody from his relatives was willing to assume responsibility for the family. Ntando and his siblings lived in a four-roomed house in New Brighton. They receive social support grants from the Department of Social Development for the three younger siblings.

4.2.6 FAMILY SIX: PAMELA’S FAMILY

Pamela was a 15-year old female at the time of the study, the second child in the family. She had an older sister, Aviwe, who was 17 years old. Pamela was still in school, in Grade Eight. Pamela lived with an elderly lady from her church, whilst Aviwe had moved in with a neighbour after the death of their grandmother, who was their primary care-giver. Their parents died when they were still young. They were then taken in by their maternal grandmother. In 2010, their grandmother started to show health problems and grew too weak to fulfil her duties. During this time, both Pamela and Aviwe took the responsibility of looking after their grandmother, as well as taking care of the house. Their grandmother passed away later that year. Some of the neighbours called a relative of the children, who then moved in with the children until after the funeral. Two weeks later, the relative moved out, and Pamela and Aviwe were left on their own. A neighbour who ran a shebeen invited the children to move in with her and her family, and for a while they stayed with this family. However, this arrangement did not work out, as no care was provided in this house. Pamela confided their situation to a member of her church, and she was then taken in by this elderly lady. This lady spoke to the social workers about fostering both children, but Aviwe refused. They decided to rent out their home, and the income thus earned, was divided between the two of them. During the time of the interview, her foster family was not available.
4.3 THE STORY - PART 1: THE TRAGEDY

4.3.1 EXPERIENCES OF LIFE DURING PARENTAL ILLNESS AND SUBSEQUENT DEATH

The informants’ narratives reflected a collection of experiences and the emotions they experienced during the illness of their parents and after parental death. According to the *Collins Cobuild Essential English Dictionary* (Sinclair, 1989:271), the term ‘experience’ is defined as a situation or feeling that happens to one or by which one is affected. It is a term that is commonly used in qualitative phenomenological research. Patton (1990:71) indicates that it is possible for the researcher to employ a general phenomenological perspective to elucidate the
importance of using methods that capture people's experience of the world without conducting a phenomenological study that focuses on the essence of shared experience.

Most of the children and young people in this study were exposed to a period of illness of their parents and/or their caregiver, with the oldest child being the primary caregiver in most instances. Exposure to parental illness was experienced as traumatic and devastating by some of the children and young people in this study. For some, it resulted in a negative outcome, as it interfered with schooling, as evidenced in this narrative:

*It was not easy, especially for me, as I am the oldest and their illnesses affected me in a very negative way. It was not easy also, because I did not receive the results I wanted at school, because I was dealing with all the other problems at home, for example, imagine how I felt having to come home every day after school and have to take care of my ill parents. It was traumatising, because I would say to myself that this person is dying and I'm not working, I've just failed Grade 12 and my life is just a mess ... [Bonga]*

In addition to looking after his sick father, Bonga was confronted with the reality of his younger sister's HIV status. He spoke about his fear of losing his father and his sister. He reflected as follows on the feelings of helplessness and anxiety he experienced:

*I never want to experience those feelings. Living every day and not knowing what will happen ... I will be at school struggling to concentrate, as I was preoccupied by my father's illness and I was also scared of losing my sister. This was the worst pain ever, and I do not know how I rose above all those situations.*

These narratives are consistent with previous studies on child-headed households. According to these studies, the intensity of the emotions experienced by children and young people in these situations could have long-term effects on them and could
result in anxiety and depression (Germann, 2005; Subbarao, Mattimore & Plangemann, 2001).

The events surrounding a parent’s death and the assumption of care for the younger siblings represented a major life transition for most young people participating in this study. When reflecting on their experiences, the young people expressed a feeling of having overcome the most difficult challenge imaginable.

The following quotes refer to the painful experience of losing parents:

I never thought that we will ever get over their illness and losing them, because the way it was so painful, I did not think it will pass ... [Anelisa]

It was not easy and it was too painful to lose my parents. Even Sipho and Siphokazi used to cry, asking for their mother. I did not know what to say to them. I was also missing them, and I would cry at night. It was not easy at all to see them in so much pain. Sometimes I feel discouraged. This happens when things gets too much for me. When I feel lonely and I can’t sleep at night, I think about my mother, about the fact that if she was around, things would be better. Sometimes, I can’t believe that we were able to survive their loss. [Andiswa]

Most of the narratives reflected on the strong bonds that existed between the children and their parent(s) and/or their primary care-givers. The bonds that existed between the parents and the children made it easier for the parents to speak openly about their illness and approaching death. Some of these parents spoke to their children about their wishes regarding the future of the children, should the parents die.

My mother asked me before she died to look after the family. She would say this from time to time when we had our chats. We were very close. I used to be bored when she said this, because she was not even very sick. Now I understand why she always said that. I do what she asked for, and I do not
even push myself. It just happens. I am happy to do it for her. We used to talk about everything and I enjoyed our chats. When she was sick, she told me what was happening and she asked me to be strong and take care of the family. [Andiswa]

It would seem from the young persons’ narratives that, in some cases, parents were not in favour of their children moving in with relatives after they passed on. In these cases, living with the extended family was not always considered as a preferred option.

*My mother always said that should something happen to her, we must never move in with relatives, because the treatment will not be the same, especially because we were close as a family. I did not know this will become a reality.* [Andiswa]

This resonates with findings from similar studies (Mann, 2002; Mkhize, 2006).

Talking about death and dying with children is an uncommon practice within the Xhosa culture. However, by talking openly about their illness and impending death, some of the parents in the study were able to prepare and train their children, especially the oldest child, in managing the household. This further strengthened the relationship between the parents and the children. In these cases, the young people maintained that they were prepared for the loss, which seems to have lessened the trauma of losing their parents.

For some of the children and young people, their emotional difficulties and trauma had been exacerbated by their parents’ non-disclosure of their illness and possible death.

*My mother did not talk to anyone about her illness. Not even me. I remember seeing her weak at times, but she always told me that she was okay. I did not have to look after her, because her sister was there to look after my mother. I did not think she would die, so I was not worried. When she finally told me...*
that she was very ill, I started to worry about losing her. She was all we had, because my father left us when I was a child. My mother liked a neat and tidy house, so even when she was in bed, she gave me instructions on what to do to keep the house tidy. She was a loving lady. Sometimes I wish that she told me early about her illness. Who knows, maybe she would be alive today. [Lwazi]

These findings are consistent with previous research, which has shown that children’s emotional reactions are aggravated if the illness and death of their parents is not adequately explained to them (Pivnick & Villegas, 2000; Giese, Meintjes, Croke & Chamberlain, 2003).

In some cases, the stress and the emotional distress of parental death were compounded by the experience of multiple losses of family members. This had a negative impact on the children, as each death brought forth unresolved feelings around previous losses (Ewing, 2002; Townsend & Dawes, 2004). Adapting to and facing loss and finding a way to move on was experienced as a greater challenge by most young people in the current study. Various emotional reactions characterised the grieving process. The responses ranged from a deep sense of loss and devastation, to emotional repression. The following excerpts capture the various ways in which the informants responded to their loss:

"Dealing with my brother's death was difficult. He was everything to me. When he died, I did not have the courage to go on. It was too much, and I was not coping well. I was not talking to anyone and I was suffering from the inside. I would cry at night when I think about our situation and what was going to happen, but I did not want my siblings to see me crying. I felt helpless and discouraged. I was angry because my brother left me alone in this. I wanted to give up. I felt that I was on my own. It was too dark in my life and the cloud was not getting any lighter. I could not see anything but only a dark cloud over us. [Ntando]"
My mother’s death was too painful. It was more emotional. I never felt that kind of pain before. I did not think I’d get over that pain. [Nandi]

The loss of a loved one who was a primary care-giver was experienced as devastating by the informants. Of note is the difference in the ways in which some of the informants responded to their loss, as captured in the following extracts:

… with my father’s death, the only difference was that there was no salary anymore. I understood that there was no father. It was just us and mom. Otherwise, it was not that painful. It was not emotional… [Lindy]

Another young person shared the following:

I needed to be strong, because my siblings are younger than me and I am not supposed to cry in front of them. I did feel the pain, but then I will remind myself of the pain they experienced when they were alive and tell myself that it is better this way. I also told myself that I can’t cry in front of my younger siblings, because I will not be giving them hope when I cry. I have to be strong for them throughout this whole experience. [Bonga]

While the oldest siblings had to deal with their own grief and sense of loss, they also had to support and deal with what their younger siblings were going through emotionally, with no support from their extended families.

It was difficult for me to deal with their loss and to see my younger brother and sister crying and I was also missing them and I would cry at night. It was not easy at all to see them in so much pain. One day I just remembered what my mother used to say to me, that I must take care of her children and be strong, because one day she will die. I did not want to disappoint her. This is when I told myself that I must be strong. I just had to, for the sake of the young ones. I decided to talk to Luvuyo, because he asked about mom all the time. I told him that mom will not come back at all. He cried, but after a while he stopped asking. He is stronger now, because he is growing. [Andiswa]
This is in line with the findings of the study by Evans (2010), which explored the experiences and priorities of young people caring for their siblings in Tanzania and Uganda. In this study, whilst the younger siblings felt able to turn to their older siblings for emotional support, the older siblings heading their households felt unable to share their feelings with their younger siblings, as they did not want to cause them further distress. The ability to manage their own and their siblings’ emotions during the grieving process was perceived as crucial by the youth heads of the families in the current study. However, this was reported to be challenging. It was, however, noted that in cases where the age difference between the siblings was not large, the siblings were able to support each other during the grieving process. Stroebe and Schut’s (1995; 1999) dual process model of coping with bereavement may be relevant in this context. The dual process model recognises that both expressing and controlling feelings are important. In this model, grief is viewed as a dynamic process in which there is an alternation between focusing on the loss and grief (loss orientation) and avoiding that focus temporarily (restoration orientation). In this study, the youth-heads of the family were required to deal with other responsibilities, such as being available to the younger siblings, whilst also trying to maintain a sense of stability following the loss of their parents.

The experience of loss and its impact seemed to be stronger in cases where there was a strong bond between a parent and/or the primary care-giver and the children, as evidenced by the following narrative:

… we were very close to our mother. She was always there for us. When my father died, we did not feel his loss in the same way as the loss of my mother. My father was always away at work. We would wake up in the morning and he would be gone by that time, and he would come back home late. The actual loss that was too painful was when she died. I felt empty when she died. My mother was everything to us. When she was alive, we did not feel that we had one parent … Mom did not work. She was always at home. [Lindy]

Bowlby (1988:12) has provided a theoretical basis in his attachment theory which underpins understanding bereavement. Bowlby has provided an explanation for the
human tendency to develop strong affectional bonds. Such bonds may be reciprocal between two adults, but between a child and a parent (caregiver), these bonds are based on the child's need for safety, security and protection. Bowlby suggests that grief is an instinctive universal response to separation from or the loss of an attachment figure. Germann (2005) argues that when a significant attachment is threatened or severed, such as during parental illness, followed by loss, emotional distress is triggered.

It was evident from the children and young people’s narratives that they also grieved for a future without their deceased parents and the loss of their parents’ presence at important events and phases in their life. The deep sense of loss was felt especially in the realisation that family life was not the same any more. This was and continued to be the case, especially during special days:

… there are days when… maybe it is Mother's Day and you see other children planning to do things for their mothers … and I think about my mother … I think there is a time when you have to talk to your mother mos you are a child, a female, and so there are things that we are not able to discuss with my brother, some other stuff and then there is a time where I think about my father, like Father's Day … [Anelisa]

Some of these young people reached some important milestones in their lives, such as graduation and going through the process of circumcision, without their parents’ support and encouragement.

Even if you have done something nice or you have passed or achieved something, nobody congratulates you. You just do things for yourself and your family and to make yourself and your siblings proud. Those who have parents do things to make them proud, but when you are in a youth-headed family, you do things to make your siblings proud. This may impact on one’s motivation, as there is no adult feedback or recognition for a job well done. You have to constantly motivate yourself and to be self-driven. You have to be disciplined and always think of your own values. [Lindy]
The loss of parents produced intense feelings of vulnerability, emptiness, fear and at times hopelessness in some of the young people in the current study:

_Sometimes I think, what is the point of going to school? When will this all end, because my brother and sister are still very young? I just feel tired at times._ [Andiswa]

_I have never felt that kind of pain before. I felt empty and lonely and nobody understood my pain. I felt like running away and never look back. Sometimes I still wish that my gran was here._ [Pamela]

Although these feelings may never fully go away, the feelings of vulnerability and fear were often alleviated to some extent by the grieving process, especially when young people within these families were able to share this process with their siblings.

_We supported each other when we lost our parents. Even now we talk about our parents and we do not cry any more when we do. We just remember them and the happy moments we had and laugh. Just the other day, Nandi said she wants a photo of my mother. We are going to ask somebody who is a relative to find us a picture of her, because we do not have one._ [Lindy]

_From my side, what helped me cope with the loss of my parents, I would say, was my family, I mean my sisters, and from time to time I would receive motivations, and when times got tough, they were the people that I could speak to._ [Bonga]

In support of the participants’ narratives, Killian (2004:47) argues that siblings provide a strong link to the family history, collective memories and a sense of belonging, which is important during times of loss.

4.3.2 CHALLENGES AND RISK FACTORS IN YOUTH-HEADED FAMILIES

The events, conditions and experiences of participants presented here are those that
were discussed with me during formal interviews and those generated from observations that took place primarily during the formal interviews with children and young people in youth-headed families. From the children and young people’s narratives, it became clear that the death of their parents had serious repercussions for their well-being.

The following challenges were identified in children and young people’s narratives of life following the death of their parents and will be discussed in the ensuing section.

4.3.2.1 ADJUSTING TO CHANGES IN FAMILY STRUCTURE

For some of the children and young people in the current study, the journey required them to accept the fact that they were now a family without parents. They were faced with the reality that their family structure, as they known it, had changed, and this caused anxiety, fear and a state of panic. Some of the informants reported feeling embarrassed initially when they had to speak about their families at school. For example, Lwazi never spoke about his family with his friends at school, because he was concerned about their reactions. He refused to let his friends visit his home, as he did not want them to see that they were ‘different’. Anelisa (Bonga’s sister) avoided conversations that focused on families, because their family was, according to her, ‘different’ from other families, and she feared that her friends would ridicule her for belonging to such a family. It was also noted that, given the value and the status attached to families and family life within institutions such as the church and schools and the traditional constructions of the family and family life, some of the young people struggled to adjust to the changing structure of their families, as they perceived their families to fall outside the ‘acceptable’ societal norm.

Nobody at school knew what was going on inside me. I did not want to talk to my friends, because I thought they would make jokes about me, because our family was different, and I was the one looking after my sister. I felt lonely and I did not know what to do. [Lwazi]

Andiswa said this about her family:
One day we were a family with parents, and now we are on our own. Sometimes it is difficult to deal with this. Even our older brother moved out, because he said I am too bossy.

Younger children reported both positive and negative aspects of living with their older siblings without their parents. Buhle, a twelve-year-old boy, said this about his family:

We are different from other families, because we do not have a mom and a dad. I wish mom and dad were here. My friends have a mother and a dad. Ntando is now the father to us, because he is the one looking after us. Ntando is very strict and he does not allow us to play all the time, because he tells us about homework and that we must help him with the dishes.

The need to let go of the fantasy of a traditional family with parents was reported as challenging yet crucial for some of the children and young people in this study. The ability of the children and young people to cope on their own depended on their ability to accommodate the structural and role changes within the family. Mkhize (2006:17) argues that, due to the need to accommodate larger societal changes, families continue to modify their structures and functions. According to Mkhize, the survival of the family unit is highly dependent on its ability to absorb external challenges; in this case, internal changes, which required the youth-headed families to survive and to move on without a parental subsystem. Families who are flexible, and who are able to adapt and adjust to stressful and challenging demands are referred to in the family resilience literature as being resilient. Patterson (2002,351) argues that “the processes by which families restore balance (reducing demands, increasing capabilities, and/or changing meanings) are called regenerative power in stress theory if the outcome is good (family adaptation)”. According to Patterson, family resilience is similar to family regenerative power when good outcomes follow significant risk situations confronting a family. This would seem to be the case here, based on the data from the informants’ narratives.
4.3.2.2 CHALLENGES RELATED TO BASIC NEEDS, LACK OF EMOTIONAL SUPPORT AND GUIDANCE

The narratives revealed the emotions of fear, vulnerability, helplessness and uncertainty experienced by children and young people in youth-headed families, as they were moving on without parents. Preoccupation with personal safety, fears of what the future held for the families and feelings of vulnerability and uncertainly regarding their ability to overcome the challenges were expressed. Issues such as economic deprivation, the daily struggle to meet basic needs, such as food, electricity and safety, also featured in the participants’ narratives:

*It is difficult sometimes, especially when we run out of food in the middle of the week. My mother used to be the one to provide, but now I must be the one to provide.* [Andiswa]

It was also evident from observing the living conditions of this particular family, headed by Andiswa, that the struggle for basic needs, such as a warm and decent shelter, remained a challenge for them. In one of my conversations with Andiswa, I noted her desire to have an adult who would focus on her as an individual. This became evident when she continued to speak about her life and her day, even after the formal interview has ended. Andiswa and her brother repeatedly spoke about feeling unsafe, because of the dilapidated state of their home. They spoke about how daunting it was at night, because there was no adult to protect them from harm.

Lack of emotional support was also highlighted as a challenge by some of the children and young people. The void that was left when their parents died, remained a daily reality for them. One of the young people who participated in the study said:

*Sometimes, I wish I could talk to somebody who will know what I am going through, who will help me when I feel down. I just wish to learn how to be a good parent to my siblings. I am now their mother and sometimes I don’t know what to do as a parent.* [Lindy]
Similarly, Andiswa and her brother described how difficult their lives were without the love and protection provided by at least one close adult. Andiswa shared her wish to have an adult in the community who could play this role. According to her, social workers could also play this role:

*I wish that there was an adult or a social worker visiting us regularly just to talk to us, to check how we are doing. Here we just sit and sometimes I need an adult to talk to. I wish they could ask us how we are coping. Like now I am talking to you and you asked me how I am coping. I miss that. To have somebody who is going to monitor us and see how we are doing. I really need support here from an adult so that I can also talk to that person. I am still a child and I need some guidance. It is not enough that we get food and school things. It is not that I do not appreciate the assistance that we are getting now and we really need food and school things. I just think that we need an adult to monitor us – it will feel as if there is a parent around.*

When asked to elaborate on this, she said:

*If there was an adult around, I would share about my day at school; about things that are going well and about things that are not going well. I will talk to them about girls’ stuff. That would make me feel better. When my mother was alive, I spoke to her about anything. I will ask them what to do when the children do not listen to me. Anything, sisi, anything.*

In spite of all the challenges experienced, Andiswa indicated that she preferred to continue to stay with her siblings, because she knew that that was what her mother wanted and for her it was important to honour her mother’s wishes.

The literature on resilience reviewed, indicates that the existence of caring adults and supportive environments serve as protective shields for children and can enhance the resilience of these children (Hawley, 2000; Patterson, 2002; Leon, 2003). Boyden and Mann (2005:8) concur with these views, further postulating that neighbourhoods and institutions such as schools and organised community groups
could serve as protective factors at individual and family levels by providing a supportive context for such children. Concepts such as *Ubuntu* mothers and neighbourhood friends featured prominently in the past when organisations such as Childline introduced family preservation programmes in South Africa. These concepts are in line with the spirit of Ubuntu, where phrases such as ‘*a child belongs to the village*’ are commonly used.

The continuous struggle to meet basic needs was evident from all my interactions with the families. For instance, for Ntando, the constant struggle of ensuring that they had access to electricity and food was experienced as challenging. He shared the following:

> Things were very hard for us. To make things worse, my youngest brother Sam is on ARV’s. Zamo looked well after him. He always made sure that there were enough vegetables and fruit for him. When he was gone, Sam refused to take his medication. He would come home late from his friends. I didn’t know what to do. I would shout at him, but he did not listen …

Ntando had to let go of his dream to further his education. From a young age, he had to take the responsibility of becoming the breadwinner and sole provider for his three younger siblings. Similarly, Lwazi and Akhona spoke about how they had to negotiate and prioritise how the money was spent. They reflected on the challenge of making ends meet. Lwazi had to open up a hair salon at the back of his yard in order to generate income to support Akhona. As a result, he could not further his education.

For some of the young people, the uncertainly they experienced as they navigated through life without parents caused anxieties:

> There are times when there are situations where you see that someone has deep emotional problems, and yet there is a lack of guidance, and there are times when you need someone to just come and to tell you that things will be okay. There are times when I feel that I have failed, or if a person did not
receive results, and I sometimes feel that I do not receive support when I need it, so as much as social workers can provide food parcels, they need to be present to deal with our emotional and psychological needs, because most of the time people that are like us (YHH), you will find that maybe they are slow at school and so on, and to someone else they might not know that it is because of the situation that person is in, and the person will not speak about it. Sometimes, the focus of the social workers is to just give us grants, but that is not all that is going to help my life move forward, because sometimes you come back from school and you have had to budget and nobody has taught you how to do so and nobody has provided financial coaching, so it is up to you to figure out what is right.

In two of the families, the support and guidance of caring neighbours seemed to alleviate the fear, anxiety and hopelessness experienced.

4.3.2.3 DISCIPLINE, SEXUALITY AND PEER PRESSURE

The narratives also reflected on challenges related to issues of discipline, sexuality and peer pressure. For instance, Akhona spoke about the difficulties of growing up as a young girl without a mother to guide her. Although Lwazi was doing a good job of looking after her, she indicated that she struggled to deal with her emotions during the adolescent stage. She experienced physical, emotional and sexual changes and was not able to talk to Lwazi about these issues because, according to her, “he is a man and he would not understand”. She described this as a lonely and confusing time for her. She had no-one to talk to and ended up relying on friends for guidance. She recalled that she tried to talk to a female relative, who became harsh with her, accusing her of wanting to sleep around. She was told that she would fall ill like her mother and the relative told her that she was not going to take responsibility for her carefree behaviour.

It was a very lonely and confusing time for me. I needed someone to talk to and I had no-one willing to listen to me. I felt so lost and embarrassed to ask again. [Akhona]
Akhona decided to keep quiet and not ask for any information or guidance. She also indicated that when she was younger, it was easier for her to listen to her brother, because she saw him as ‘a father figure’ even though there was not much of an age difference between them. According to her, Lwazi is a conscientious person who takes life too seriously. She described herself as a fun-loving person who enjoyed spending time with friends.

Anelisa and Thabisa shared similar experiences; however, unlike as in Akhona’s case, their brother and elder females in their church were there to support them when they reached puberty and had to grapple with issues around sexuality. Whilst they felt supported by their brother, he, on the other hand, reported feeling helpless, inadequate and sometimes embarrassed to even talk to them about the challenges they were facing.

For Ntando, this self-doubt resulted in him almost giving up on everything. He was struggling to make sense of the situation. He shared that at times he looked at his brothers and realised that theirs would be a long journey, as they were still very young:

> At first, it felt as though I would not be able to do this. I felt like running away, but I could not, because of my siblings. I did not have the courage to do this. It was too much, and I was not coping well. I was not talking to anyone and I was suffering from the inside. I would cry at night when I think about our situation and what was going to happen, but I did not want my siblings to see me crying. I felt helpless and discouraged. I was angry, because my brother left me alone in this. I wanted to give up. I felt that I was on my own. It was too dark in my life and the cloud was not getting any lighter. I could not see anything, but only a dark cloud over us. Unathi refused to listen to me. She always told me that I am not her father. To make things worse, I discovered that she is pregnant. I was very angry with her. Even though she apologised for this, I am still disappointed. [Ntando]
These experiences and concerns represented on-going challenges for the children and young people in youth-headed families and were perceived as stressors by some of the families. However, the impact of these stressors was experienced differently by these families, depending on their internal coping strategies, the availability of social support, and the resourcefulness and level of personal control of the children and young people in these families. Similar studies have confirmed this view and have highlighted the ability of these families to make meaning of the experiences and the availability of social support structures as crucial in buffering the effects of the stressors experienced (Germann, 2005; Mkhize, 2006; Maqoko & Dreyer, 2007; Walker, 2002; Van Dijk, 2008).

4.3.3 EXPERIENCES AND CHALLENGES OF THE YOUNG PEOPLE HEADING THEIR FAMILIES

For most of the participants, the end of the mourning period marked the beginning of a new journey, which was characterised by confusion, loneliness, fear and anxiety. As the relatives prepared to return to their own families, it was time for decisions that would change the lives of some of the young people and children in youth-headed families. In an attempt to recreate a sense of stability in the family, the older siblings took the responsibility of heading the family and all the responsibilities associated with this role.

When reflecting on this phase of their journey, there were mixed views among the youth-heads of the families regarding their choice or decision to head the family. For some of the young people, heading their families was not a matter of choice, as they as the oldest siblings felt obliged to assume this role. Their sense of obligation and responsibility, as well as compassion for their siblings, contributed to their decision to head the family.

The following sub-themes emerged from the analysis of the narratives of young people heading their families.
4.3.3.1 BECOMING AN ADULT AND THE HEAD OF THE FAMILY

The narratives of the youth-heads reveal diverse experiences of managing the transition to sibling care, in terms of changes in their everyday practices. Many initially found caring for their siblings very difficult, especially while they themselves were still grieving and coming to terms with their parent’s death. Adjusting to the new role of heading the family was experienced as very challenging. The multiplicity of adult roles that the youth-heads undertook, particularly decision making, leadership, the responsibility of providing in the practical and economic needs of the household, caring for the younger siblings, with all the challenges related to disciplinary issues, conflict management and housekeeping, often led to feelings of loneliness, anxiety, fear and helplessness. For some of the young people, this had negative ramifications for their scholastic performance (Foster & Williams, 2000).

Most of the young people who headed their families reported feeling anxious and worried about their ability to perform these roles with their challenging demands.

_There were times when I was afraid and doubting whether I’d be able to do this. We were living with my father at first, who was a single parent, and at the time that he passed away, I had fears and it was because this was something new to me. I did not know where to begin, because I was not even employed, I was just a student and overall I was not moving forward, and I was looking at my life and it was terrible and it was unfortunate for me that my aunt, who cared about us, was not close. Even though I was receiving support from my church, they were living far from us and they have their own issues. I have never been so scared before in my life, especially not knowing what to do, because I was not even working and had just failed my Grade 12. Imagine a situation like that: there is nothing that you are able to put on the table, you have no source of income, but you are still standing up for your family. What helped me, is that I have the belief that God will not give you burdens that you are not able to deal with. He knows that everything happens for a reason and purpose with Him, so I felt that if God wanted things to be the way they are, He will make provision for you to show you what to do, so I always carried that_
in my heart. I always thought that if this is the way things are, I can sacrifice the goals that I have and even go out and work for my sisters, because I knew situations where people get taken away and children get placed in centres and are not happy. [Bonga]

This is consistent with the findings of other studies (Germann, 2005; Mkhize, 2006; Van Dijk, 2008). For instance, Van Dijk (2008:199) has referred to the difficulties and challenges experienced by child-heads of households in adapting to parental roles, highlighting that this would sometimes create tension between the siblings. Some of the informants already started undertaking this role when their parents fell ill. In these cases, the anxiety was lessened, as there was already some familiarity with the role. Organisations like the Ubuntu Education Fund were instrumental in meeting the physical/practical needs of these families, and this seemed to lessen the level of anxiety experienced. A few children regarded the experience of caring for their siblings as a facilitator of valued personal growth. The young people referred to caring for their siblings and their families as a source of skills and independence which would stand them in good stead throughout their lives.

4.3.3.2 BALANCING THE ROLE OF PARENT AND OF BEING A SIBLING

The young people’s narratives revealed the challenges related to balancing their roles as the head of the family, whilst still acknowledging the need to be a sibling. The absence of parental figures and the changing structure and role assumptions within the family required role redefinition within the sibling sub-system. The research data reveal that for some of the young people heading their families, this was a constant struggle, as they tended to identify themselves more as a parent/guardian for their younger siblings, because of their role in providing moral guidance and teaching, attempting to fulfil the parental role their parents would have performed if they were still alive.

I do not know whether I am a mother to my siblings or a sister. I try to be a mother to them, since they do not have a mother, but I do not mean that. I do play a mother role, even though I do not mean to be a mother. They told me
that they need me to be a sister and not their mother. I also want to be their big sister. Big sisters communicate openly about anything and she communicates to the level as a big sister. Mothers are strict. I am strict as a mother in a way that a person may hide what is really happening. I do not do this intentionally, though. I would love for them to open up to me more freely. They say that I am strict. I do this in order to protect them, because people may take advantage of them and the situation. [Lindy]

Bonga shared the following:

I see myself as a big brother, but I cannot run away from the fact that I have to play the role of a motherly and fatherly figure. I do often realise that at the end of the day, I am also young and I am just their brother. There are times when I reach a point where I have to remind my siblings that I am not a mother nor a father, but I am trying to ensure that we all understand each other. In that way. I see myself as the big brother, but although I do play the parental role, that is why at times I need to remind my siblings that I am just their brother and not their mother nor father, and maybe they would have been more experienced than me.

The importance of being able to relate with each other from the position and level of a sibling was emphasised, as it encouraged open communication and interaction patterns that would facilitate bonding between the siblings. However, their responsibilities most often required the youth-heads to undertake a parental role. This meant that the youth-heads had to take the lead in decision making, set rules and take charge in setting limits for behaviour. This often became a point of tension and confusion within the household as, in some instances, the younger siblings challenged the authority of the head of the family, especially in cases where the range in the ages of the siblings was smaller.

Sometimes I have to stop them from watching certain programmes on TV, especially the ones with an age restriction. Sometimes they do not want to listen. I worry when I am at work, because I have no control over what they
are watching. Unathi is a carefree person and she does not worry about these things. At times they ask me questions that I am not able to address, especially those related to sex and sexuality. We have rules in the house, such as no TV at certain times, because they have to do their homework. Unathi sometimes defies my rules, especially now that she is pregnant. She sometimes tells me that she is old enough to make up her mind about certain things like what to watch on TV. She tells me that I am not her parent. I do not try to be a parent. I just want to have order in the house, and I want the best for them. [Ntando]

It was noted from the findings that some of the heads were perceived by their siblings as being ‘very strict’ and ‘too serious about life’. This tended to influence the nature and levels of communication between siblings. The following narrative bears testimony to this view:

*My siblings may not find it easy to communicate to me about other issues. I also do not like this, but it just happens. My care worker told me about this. I am trying to be better now, to listen more, but I do know that I am harsh.*

[Lindy]

West and Keller (1991), cited in Moffett (2007:29) have theorised that children and/or young people who are parentified may develop a basic sense of insecurity that they are never doing well enough, which could result in continuous striving for greater control. It is also suggested in the parentification literature that children who have experienced parentification are likely to become more serious about life and dependable, responsible and competent adults (Moffett, 2007:29). Although these may be perceived as good qualities, they could also impact on the youth-head’s ability to be flexible and tolerant, which is important for an open sibling relationship.

The findings also revealed the stresses related to dealing with behavioural problems and the social pressures confronted by siblings. This was compounded by the difficulty in meeting the contradictory needs and demands of the siblings. This often
led to feelings of helplessness, anxiety and confusion among the youth-heads, as boundaries were shifting and new role definitions were required.

For some youth-heads, the social support provided by neighbours and the ability to acknowledge one’s limitations as an older sibling, as opposed to being a parent, were important and seemed to buffer the stresses experienced:

*I learn each and every day, and I need to adapt to certain things every day. I won’t lie: it is not easy, because sometimes we are faced with situations where we have to decide if we are going to settle for food or our hair. These are girls, and to them beauty comes first, so these are some things that take place. I learn a lot, and as much as I learn, at the end of the day I have to tell myself that I need to understand and to see how they view things. There are also elderly women whom I decided to approach for help, because I knew that I am a male and that there would be situations that I will confront that would not be easy, I guess it’s just nature’s way, because those situations might need someone who is a female in that situation. So I decided that I would use other people like elderly women who would be able to advise. Even at the time when they were experiencing bodily changes, my role was to tell them that now whatever happens, these are the results etc… but I called upon the elderly ladies, because they had to come in and teach them what to do, seeing that they are young girls and what to do when they are faced with certain situations and what to use and so on. [Bonga]*

It is well documented that stress is the result of situations when an event or situation – or a combination of situations – occurs in which demands are perceived by the child or adolescent as exceeding his or her capacity to respond comfortably. Lazarus (1991) states that demands that are appraised as difficult and ambiguous, experienced both for a long time and under pressure, are more likely to induce threat perceptions than easy tasks that can be prepared for thoroughly. When there is a belief that one has personal resources to deal with the demands and to mediate the effects of stress, then one is able to cope effectively with such stressful demands. In this vein, Lazarus (1991) refers to the importance of having commitments (which
represent motivational structures, such as personal goals) and beliefs (referring to convictions and expectations of being able to meet the challenges).

The research data revealed that even though the young people heading their families described the process of balancing their dual role of parent and a sibling as demanding and stressful, there was a belief that, with the cooperation of the other siblings and the support of adults in the neighbourhood, this process could become more manageable and meaningful.

The findings also revealed that the assumption of a parental role led to a sense of loss of childhood in some of the youth-heads. They felt deprived of and excluded from participating in developmentally appropriate activities, such as visiting friends and having a ‘good time’ with their peers.

It means that I must be responsible and I must look after my siblings, to make sure that they go to school. I must also go to school and be an example to them. My life has changed now, because I am a mother to them now. It means I had to grow up and be more responsible. Sisi, I am still young and I still want to play with friends, but now I can’t do that… I do visit them occasionally, but I now have more responsibilities. I have to rush from school to home to do the chores. Everything is depending on me, and everybody is relying on me. I must also worry about food and my siblings (looking sad) I used to stress about everything, but I am better now. Luvuyo is very helpful around the house. He also had to learn to cook. [Andiswa]

This gives support to Erikson’s (1959) contention that individuals face particular developmental tasks or crises at particular stages of their lives and that the successful resolution of a stage is necessary to proceed to the next stage of development. Young people’s caring responsibilities for siblings during this phase of their development could challenge conventional understanding of ‘individualised’ youth transitions to adulthood, as these transitions tend to be highly relational, rather than ‘individualised’ and embedded in their social relations with siblings’ (Evans, 2010:2). Erikson (1959) also recognises that the culture and the contexts in which an
individual finds him- or herself may limit the number of socially meaningful identifications available to him or her when making choices.

4.3.3.3 PLACING THE NEEDS OF THE FAMILY AHEAD OF THOSE OF THE INDIVIDUAL

The research data revealed the sacrifices made by young people within youth-headed families to ensure the success and proper functioning of their families. Their narratives highlighted the difficult ‘emotion work’ involved as they struggled to provide for their younger siblings’ material and emotional needs, while their own emotional needs for love, support and guidance were often unnoticed and unmet.

*When you are young, you have your own issues that you go through. For example, if you are a young person and you are studying, and some days are better than others, and maybe you are having a bad day at school for some reason, and maybe you get home and you see something wrong … your tendency will be that if you have had a bad day, you will be impatient when handling whatever it is that is wrong, and when you think about it later on you realise all the things that you said … I strongly believe that a mother would be able to deal with situations more wisely. I believe that older people are wiser than young people, and young people need to learn from their elders. [Bonga]*

*I sometimes wish that there was someone older that I could talk to, because I also have needs and I would like to share about my day at school. Sometimes I wish I could talk about things that are going well and about things that are not going well. I will talk to them about girls’ stuff. That would make me feel better. When my mother was alive, I spoke to her about anything. If she was alive, I will ask them what to do when the children do not listen to me. Anything, sisi, anything… [Andiswa]*

Despite the difficulties experienced, some of the youth-heads seemed to see themselves in the context of the family; as a result, the collective actions and needs of the family were valued most. In these cases, the members felt obligated to place
the needs of the family above their own personal needs or goals. This was seen as a survival strategy, as Lwazi said:

... family unity and making sure that we are okay is more important.

Some of the youth-heads expressed a long-term commitment to care for their siblings until they had completed school and were able to support themselves financially. For some, this decision meant delaying their own educational aspirations in an effort to find employment in order to support the family. Others had delayed decisions about entering marriage in order to care for their siblings. In this regard, two of the young people heading their families reflected:

If I were to get married now, it would not be the right time, because I have this thing that when the right time comes for me to get married, I would have to move out of the house and leave my sisters here at home. I would not want to take somebody and let her live here at home, because I have seen bad things that have happened to people where a husband had to choose between his family and his wife. I have postponed this, so that Anelisa and Thabisa can at least finish high school and perhaps be at tertiary… [Bonga]

Smith (2006:21) refers to the individual-family/cultural dualism, arguing that in an individualistic culture, such as the Western culture, strong emphasis is placed on autonomy and independence. In contrast, a collective culture takes into account the needs of the group to which one belongs. Based on this, Smith (2006:21) quoting Goldschmidt, writes: “Man is by nature committed to social existence, and is therefore inevitably involved in the dilemma between serving his own interest and recognising those of the group to which he belongs”. Collective cultures support the group, whether that group is family, friends, social class, or religion. Individuals work to advance the needs and goals of the collective culture; acting otherwise would be considered selfish, which perception was evident from the participants’ narratives (Van Zyl, Dalglish, du Plessis, Lues & Pietersen, 2009).
4.4 THE STORY – PART TWO: COPING IN YOUTH-HEADED FAMILIES

In line with the goal of this study, my focus changed from exploring the challenges faced by youth-headed families to exploring how the families coped with their experiences and challenges following the loss of their parents. The concept of coping in child and youth research is well developed conceptually, emphasising both the importance of personal strengths and the relevance of the social context for well-being.

Lazarus and Folkman (1984) contended that conceptualisation is very useful in defining the concept of coping. They define coping as “constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person”. In line with this thinking, Ungar (2008:219) contends that coping will always be a context-specific activity – shaped by the particular problem that a child and or young person faces, and enabled or limited by the social, political and economic situation in which he or she is located. In a similar vein, coping is described by Grover (2005) in Ward and Eyber (2009:18), as “anything that increases the survival likelihood of the child emotionally and/or physically, whether or not the strategy the child employs is socially acceptable or devoid of appreciable risk”. For the purpose of this study, and in line with Ungar’s contentions, coping was conceptualised as a reflection of the child and young person’s agency and engagement with his/her social environment. Whilst this engagement takes place, the child and/or young person may apply both positive and negative strategies in order to survive.

In this study, coping was examined on two levels, (i) coping at individual level (here, the strategies employed by the young people heading their households were explored); and (ii) coping at family level, by focusing on the coping strategies utilised by the family as a whole.

4.4.1 COPING AT INDIVIDUAL LEVEL

Coping for the young people in this study meant being able to survive daily
challenges and hardships and remaining together as a family, with hopes and dreams for the future, in spite of the challenges experienced. Various coping strategies were utilised by the individual heads of the families, which will be discussed in the following section.

4.4.1.1 ACCEPTANCE OF SITUATION/ SENSE OF RESIGNATION

The young people heading their families emphasised the importance of accepting one’s reality and making sense of the situation they were faced with. This sense of resignation was facilitated by the realisation that there was nothing that they could do to change the fact that their parents were no longer alive. This was captured in a phrase by one of the informants: “What is the point of crying over spilt milk?”

Ntando spoke about the importance of being realistic and accepting the fact that there would always be challenges in their lives. He shared how he initially struggled with the situation:

\[
\text{At first, it felt as though I would not be able to do this. I felt like running away but I could not because of my siblings. I did not have the courage to do this. It was too much, and I was not coping well. I was not talking to anyone and I was suffering from the inside. I would cry at night when I think about our situation and what was going to happen, but I did not want my siblings to see me crying. I felt helpless and discouraged. I was angry, because my brother left me alone in this. I wanted to give up. I felt that I was on my own. It was too dark in my life and the cloud was not getting any lighter. I could not see anything, but only a dark cloud over us. Then one day, I realised that I was stuck with this situation and things were not changing.}
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For some of the youth-heads, their sense of obligation and responsibility, as well as the compassion they felt for their siblings, facilitated their acceptance of the situation. Andiswa shared the following:
Everything is depending on me and everybody is relying on me. I must also worry about food and my siblings. What can I do? I can’t change this situation. Plus my mother asked me before she died to look after the family. She would say this from time to time when we had our chats. I am happy to do this for her. I do what she asked for, and I do not even push myself. It just happens. I am happy to do it for her. I don’t see myself getting married, because if I do, what will happen to my siblings? I just want us to be okay. I love my brother and my sister so much and all that I want to do, is to look after them and to make sure that they have everything they need. I want them to succeed in life.

4.4.1.2 SUPPRESSION OF EMOTIONS AND NEGATIVE EXPERIENCES

Suppression of emotions and negative experiences was a coping strategy evident from the narratives of the participants when asked to reflect on the experiences of life after parental death. The content of the narratives contained statements about how these young people avoided focusing on negatives and emotions.

What makes us to be able to bounce back or move on is to not always focus on the fact that we don’t have parents. They have passed on, and this will not change. We have to live life the way we live it, without focusing on negative things, but positive things.

This need to move quickly to the positive became more evident when young people reflected on the lowlights and highlights in their lifelines. There was a tendency to focus more on the highlights than the lowlights, as was evidenced by these extracts from one of the stories:

When I was doing the lifeline exercise, I looked at the past, but quickly moved to the positives, even though I thought about the negatives. I do not allow negatives to bring me down. I focus more on the positives. I also like to focus on the positives and focusing on the future than the past.
As you can see, I have fewer lowlights than highlights. For me, the only two lows that I have, are related to the death of my parents, between the ages of 15 and 16 years. The highlights were between the ages of 17 and 18. I celebrated my 18th birthday in New York, as I attended the gala event. This was the best time of my life. It helped me to forget about my situation back home. Since my lowlights, my life has gotten better and better. Another highlight was when I was 19 years. I passed my Matric and I started varsity the following year. This was a new beginning for me. From the pain of losing my parents and having to step into the role of the head of the family, and now I was starting a different life. Yes, the stress was there, but the excitement of a new life, the start of a new beginning, was helping me to cope. Like to me, since the age of 17, I have more highlights than lowlights.

I later gained insight into how the suppression of emotions and focusing on positives facilitated perseverance and, ultimately, survival, despite huge trauma and difficulty. The suppression of emotions and focusing on positives demonstrated the need to have more control over circumstances and therefore facilitated coping.

4.4.1.3 EXERCISING CONTROL OVER ONE’S LIFE

For some of the young people heading their families, the importance of balancing one’s life and having more control over one’s life was identified as crucial to their coping as well as the coping of their younger siblings. Lindy explained this as follows:

Like, if I give in to temptations such as being serious with a boyfriend or even move in with him – that is being weak. It means running away from your challenges. I can’t do that. I have to be an example to my siblings. I like to have control over my life, and I think that is what helps me.

Ntando spoke about the importance of doing things step by step, as this helped him to manage his life and his role as the head of the family. He reported that he
preferred to write things down, because this gave him a sense of control over the situation. He also spoke about his plans for the future, sharing the following:

My focus is on my family now, because I want them to pass. I would also like to go to school next year to study social work. This will help me a lot and it will help my family. I will just need to make plans for this. The grant money will assist a lot in terms of taking care of my siblings. I can't continue to postpone the plans to study, because the money that I get is not enough to meet all our needs for the future, especially because my siblings are growing and they will need more things. They will not get the grant money forever. I just need to sit and make some plans in terms of what will happen when I go to school. [Ntando]

The young people participating in this study showed a commitment to succeed, in spite of the challenges experienced. It was also evident from the narratives of the young people that the belief that one could control one's situation minimised their fears and concerns about the future. In support of this view, Boyden and Mann (2005:7) assert that socially competent children, capable of lateral thinking and problem solving, could enhance their coping by identifying alternatives to their current circumstances and devising creative solutions.

4.4.1.4 Belief in One's Ability to Cope

The belief in the ability to cope with the stressful events was highlighted as crucial by some of the youth-heads of the families. For some, this belief stemmed from the traumatic and painful experience of looking after their sick parents, having to take responsibility for their siblings, whilst watching their parents dying, and the ability to survive the pain of losing their parents. Phrases were used such as: "What does not kill you makes you strong" as a way of deriving meaning from the painful situations and hardships experienced. This attitude contributed to their belief that they would also be able to cope with the other challenges of life. For instance, Lindy spoke about how important it was for her to believe that she could cope with all life's challenges. She spoke as though her ability to survive as the head of the family
depended on the ability of the individuals within the family to cope with the challenges they faced. She conveyed that without this belief, it would be easy to feel sorry for herself and to give up.

You need to be bold in life to cope with life’s challenges. Through the challenges and the pain that I went through, I have learned to be strong and I know that I can cope with other challenges that come my way. Being the head of the family and growing up in such a family is not easy at all, but it is also not impossible. It just needs you to commit to it. It also depends on the individual. Like some people would give up. You can’t give up. You just need to accept your situation and understand that it will not change. You need to believe that you can survive this. I just endure the difficult situation and pain. I have learned to just hang in there. If I did not die during the most difficult time in my life, when I lost my parents, then this means that I can cope with anything. [Lindy]

For Bonga, this belief had been strengthened by his faith that God and the belief that He would not give him a burden he could not carry.

I have the belief that God will not give you burdens that you are not able to deal with. He knows that everything happens for a reason and purpose with Him, so I felt that if God wanted things to be the way they are, He will make provision for you to show you what to do, so I always carried that in my heart. I always thought that if this is the way things are, I can sacrifice the goals that I have and even go out and work for my sisters, because I have situations where people get taken away and children get placed in centres and are not happy at the centres. Those were the things that I was thinking if I really need this, and I thought to myself that I don’t want that. God will see what He will do with us and I am willing to go out and find a job, so that there is light at home and to be able to put bread on the table, instead of running and turning my back on them.
Antonovsky’s (1987:19) view of a sense of coherence is useful in understanding participants’ need to make meaning of their hardships. Antonovsky defines a sense of coherence as “a global orientation that expresses the extent to which one has a pervasive enduring though dynamic feeling of confidence that the stimuli deriving from one’s internal and external environments in the course of living are structured, predictable and explicable; the resources are available to one to meet the demands posed by these stimuli; and these demands are challenges worthy of investment and engagement”.

The definition of a sense of coherence includes three dimensions that present the concept, that is, comprehensibility, manageability, and meaningfulness. Comprehensibility refers to the extent to which one perceives stimuli from the internal and external environments as information that is ordered, structured and consistent. The stimuli are perceived as comprehensible and make sense on a cognitive level. The need to seek information in order to make sense of a situation could be related to this construct. Manageability refers to the extent to which individuals experience events as situations that are endurable and manageable and can even be seen as new challenges. Challenges are therefore welcomed. Meaningfulness refers to the way in which one makes sense of life emotionally. Here, the importance of ‘involvement’ in life itself is recognised.

The demands of life are seen as worthy of commitment and investment of energy (Antonovsky, 1987:16-18). Finding meaning in life, even in unhappy or negative experiences, results in continued motivation, which was amply demonstrated by the participants in this study.

4.4.1.5 EDUCATING SELF AND SEEKING INFORMATION

Being proactive and creative in seeking and utilising information has been identified as a major strategy to help youth-heads of families address problems related to discipline, behavioural problems and other challenges. Getting pamphlets and self-help brochures from organisations like Lovelife and the Planned Parenthood Association; identifying educational programmes on television and encouraging
siblings to watch such programmes, where necessary; and talking to teachers and community care-givers, have helped the youth-heads to address some challenges that they would otherwise have found difficult to deal with.

I do research by staying with people and learning from them, and you teaching them as well. Just recently, I attended a workshop about family matters, mainly because I am staying with children; it focused on how to handle family matters and how to handle situations with young children, etc. I would say that all these things play a role as well, in order for me not to just sit back and fold my arms and watch when things get chaotic and there is no order, but I chose to face it and get information to see what to do when I am faced with situations with these people who are of the opposite sex and try and find out what happens, perhaps when they are at a stage where they start menstruating, because there are things that are deep and complicated and sexual. I want to educate them and not run away from it, even though I am a male, but I am the one that is here for them and with such things I need to research and find out what other people do when they are in such situations, or else how I can find help to learn more about the people that I am living with and the situations that they face? [Bonga]

4.4.1.6 APPLYING VALUES LEARNED FROM PARENTS

The young people participating in the current study referred to the importance of having values and principles to guide them in organising themselves and their behaviour. Their parents had played a crucial role in passing down family values and principles, and these were either taught or observed from parents and also other care-givers. Responsibility and respecting each other and one’s family was emphasised. These values and principles were seen as contributing to family unity, which was perceived as crucial. These values were captured in the following statement by one of the youth-heads:

So I must try and be an example to them, and every day If I go somewhere, I would tell them, because I highly respect them, because they are my brothers
and I respect my home, so they know my movements and where and whom I am going to. [Ntando]

My mother taught us to be honest and never to give up. She tried by all means to give us what we needed, even though she was not employed. She also kept her promises. She taught me to be a woman. My mother was selfless, a good provider, and a source of security. I learned all these things from her, and I wish to be like her one day. She would sacrifice her food to ensure that we have eaten. That is why I was able to sacrifice my own happiness for the sake of my siblings. [Lindy]

4.4.1.7 ENDURING PAIN WHILST BELIEVING THAT IT WON’T LAST

Some of the young people believed in phrases such as ‘time heals all wounds’. A sense of resignation to pain and hoping that it would pass emerged from a few of the narratives.

I just go through situations and believing that time heals. As the time passes, it gets better. Sometimes you don’t plan the next step when confronted by challenges, but as time goes by, a solution will present itself. When I am in that situation, I do not know how to get out. I allow myself to go through it and believing that the situation will pass. I just have to believe this. Sometimes as a family we just sit and do nothing, even if it is not easy. We have learned to let go and we know that time heals and that we will cope with the situation eventually. [Lindy]

This belief that the adverse situation would not last forever helped Lindy to endure the difficulties she encountered. The duration of time that the young people had been responsible for their family also played a role in their coping, as they learnt over time to become more resilient. The duration of time could also be linked to mastery, as those who had been heading their families over a longer period of time achieved mastery, which enabled them to be more resilient.
CREATING HEROIC AND POSITIVE STORIES AS A WAY OF COPING WITH TRAUMA AND TRAGEDY

It would seem that the young people heading their families were seeking an identity as heroic, competent and resilient individuals and were able to negotiate for such an identity through portraying their stories in a positive light and through stories of heroism. In this way, their stories of hope and coping replaced the stories that focused on the tragic aspects of their situation.

*I see myself as a hero, and one day I will be able to tell my children about how we succeeded in life without anyone’s help. I know I will be a good father one day. I am also a role model to others, because of what I went through.* [Lwazi]

Andiswa described herself as a role model to others:

*Other children respect me, even my other neighbours. They talk to me when they have problems with their children. They say it is rare to see a young person, especially a girl, doing what I am doing and not being after boys. I feel happy when I hear this, and it makes me want to do more. It gives me strength and I feel proud. I am also a positive person.*

This view is best explained by Ungar (2005:5). Quoting the work of Bakhtin (1986) and Madsen (1999), Ungar writes: “For my identity story to take hold, I must perform it. I must define myself by influencing the dominant discourse and how it portrays my life. It is this enacting of my identity in front of an ‘audience’ by which my personal and collective identity story comes to be invested with power”.

ATTACHING TO OTHERS AND MOBILISING SOCIAL SUPPORT

In most of the cases, the youth-heads had been able to identify elderly people and neighbours that they trusted around their neighbourhood, taking the responsibility of voicing their concerns and needs to them, as opposed to sitting back and waiting for people to reach out. These people were consulted on a regular basis, as they were
regarded as possessing the required insight and wisdom. The young people in the current study highlighted peers and friendship as significant sources of support. The time spent with friends, though limited due to the demands at home, was experienced and described as ‘a good space to escape to’ when overwhelmed by the situation at home. In some situations, friends offered peer mentoring.

I spend time on Tuesdays with my church friends. I get a positive influence from them. We share our challenges and we encourage each other. They pray a lot, and we pray together. They do advise me and I trust them. [Ntando]

Most empirical studies differentiate between active and passive coping strategies. The choice of strategies is influenced, first, by the extent to which stressors are seen as controllable. Problem-focused strategies (also called ‘primary’ or ‘active’), such as seeking help and information, taking action, or attempts to alter the actual source of stress, work better when the stressor is perceived accurately as malleable. Emotion-focused strategies (also called ‘secondary’ or ‘passive’), in contrast, focus on adapting to the stressor without altering it and are employed more often when stressors are perceived as uncontrollable (such as the death of parents). Such strategies include changing one’s outlook and regulating emotions (Folkman & Lazarus, 1991). Coping strategies have been defined by Smith and Carlson (1997:236) as “learned, deliberate and purposeful emotional and behavioural responses to stressors that are used to adapt to the environment or to change it”, as can be seen from the narratives of the young people heading their families in the current study. Germann (2005:294) argues that the choice of coping strategies and/or methods is strongly influenced by the relevant intrapersonal/family variables, such as resilience factors, vulnerability, self-efficacy and context/time bound variables, such as the availability of social support.

It was noted from the narratives that the participating young people in youth-headed families employed a combination of problem-solving and emotion-focused strategies to deal with the effects of the loss of their parents and the challenges inherent in their roles as heads of the families.
It was evident from the narratives that these young people also utilised some coping strategies that had the potential to be harmful. The following such coping strategies were identified from the narratives:

4.4.1.10 **ISOLATION OF SELF**

Ntando spoke about how easy it was for him to simply isolate himself from friends and family. He reported that this happened mostly when he felt overwhelmed. He shared the following:

*There were times when I did not want to talk to anyone about what was going on inside me. I would just sit on my own and keep things inside me. I avoided my friends and I also stopped going to church, because I thought they would not understand my pain. I am learning to talk about what is happening in my life. This is not easy, and sometimes I find myself going back to withdrawing from others, especially when things are too much. My health workers who helped us are teaching me how to talk about my feelings. It is not easy.*

Similarly to Ntando, Bonga also referred to times when he wanted to be alone. He reported that this usually happened when his siblings refused to listen.

*There are times when I wonder what is going on, because we might not be getting along, and it’s almost like we are not taking each other into consideration, because we don’t listen when one speaks, and we all want to have our say, so sometimes I would go and speak to elderly ladies or other ladies that I know… because children have their own challenges. So I’ll ask them that if you are faced with a certain situation, what do I do and how do I approach the situation… and how my response should be to the situation. So if the solution would be that someone needs to speak to them, then that is what I would do. But I learn daily. I’m a young person, and my patience is not the same as an elderly woman’s, for example… so the situations that are meant to be faced by my parents, I am faced with, and there are times when I’m under pressure, because I’ve also got on my own life. I do have bad days*
and although I know that there are problems I need to deal with, I still feel under pressure. There are times when I just want to be alone, or just leave the house.

Bonga reported that he was aware that this worried his sisters and that he himself did not like the fact that he sometimes withdrew from the situation. However, he sometimes felt overwhelmed by everything that was happening in his life.

4.4.1.11 ESCAPISM IN NEGATIVE BEHAVIOUR

In an effort to learn more about the coping strategies employed by the young people heading their families, I asked their siblings to identify what they thought were the coping strategies of their older siblings. Bonga’s sisters recounted an unpleasant situation, which caused a great deal of distress:

There was a time... mhh ... I think some time this year; it must be around June/July. My brother started drinking a lot. We did not know what to do and this was difficult for us, because my father was drinking a lot, too. Now my brother was doing the same. He would drink a lot and would come back at home very late in the evenings. It was his first time to drink and I would talk to him and tell him that what he is doing, is wrong, and that he also knows that it is wrong. He would also say that he knows it is wrong and would promise to stop. He would stop for the whole week, until a weekend. He would start all over again and he had bad company. He stayed away from church. Some of his church friends asked about him and I decided to tell them the truth, because things were getting out of hand. One of his friends came to talk to him and asked him what was going on. He said the situation at home was overwhelming him at times, because we did not want to listen to him. He said that we were making things difficult for him at times, because we did not want to listen and he was drinking in order to cope, because he felt helpless. We were called to a meeting. We asked him to tell us exactly what was wrong so that we can fix it, but he did not say anything. He did not want to say anything in front of the church people and then the pastor's wife, who is also a social...
worker, intervened. She spoke to us and to my brother, and since then he stopped drinking. I told myself that okay, maybe this is one of the situations that we must go through in life. It was scary, sisi, because he is our hope. We are happy again, and my brother apologised for this. He now talks to his friends and the pastor’s wife. We are good now.

It was evident from this narrative that young people facing severe adversity might be forced to deal with the impact of multiple stressors, and therefore could become increasingly unable to cope. When faced with stressors that are appraised as demanding and taxing, young people may employ negative coping strategies in an effort to survive. Applying the risk perspective in understanding the different pathways utilised by young people to cope with their adversity, would label Bonga’s behaviour as dysfunctional, putting him at risk of negative future outcomes. Ungar (2004:19), on the other hand, stresses the importance of looking at survival strategies and the factors that contribute to thriving without the blinders of prejudging outcomes. Based on Bonga’s account, could one view him and others in similar situations, who employ strategies that are not socially acceptable, as vulnerable?

Ungar (2004:91) argues that applying such a thin description to vulnerability could imply to children and young people that any socially unacceptable coping strategy that they may develop, especially those strategies that fail to help them access the health resources available from family, community and friends, are the result of personal failings.

### 4.4.2 COPING STRATEGIES AT FAMILY LEVEL

As indicated in this report, one of the research objectives was to explore the coping strategies employed by youth-headed families, following the death of their parent(s). Contrary to the belief that the family disintegrates in the absence of parents, the families that took part in this study proved that such families are able to continue even after their parents died, albeit in the face of unfair challenges. Mathambo and Gibbs (2008), quoted in Kendrick and Kakuru (2012:399), assert that the family needs to be viewed as a fluid set of relationships that must constantly evolve to meet
the needs of its members. This section presents and discusses the coping strategies that children and young people as a family employ to address their problems and challenges.

4.4.2.1 REMAINING A FAMILY IN THE MIDST OF CHALLENGES

After the death of their parents, the children and young people were confronted with the challenge of moving on with their lives without their parents. During this time, decisions had to be made regarding the future of the children. In some instances, the solution was to disperse the children, as relatives claimed that it would be difficult to adopt all the children into the household with the limited resources available. In these cases, the children had to stand up for themselves against the decisions of the extended family in an effort to remain together as a core family. When asked to reflect on their experiences after the death of their parents and on how they coped, Lindy and her sister described the first few months of living on their own as challenging. She was 17 years old, in Grade 10, at that time. She had to assume the role of the head of the household. Having to head the household was a major adjustment to her. As newcomers in the community, there were no trusted neighbours or community members to turn to for guidance and support. Her siblings were struggling to cope with the fact that they were on their own, and this sharpened the pain of losing their parents.

Lindy spoke about how difficult it was for her to see her siblings struggling to deal with the pain of losing their parents. It was important for her to make sure that they were fine. Previously from comparatively sound financial footing, the family had to readjust, as they now had no other source of income except the support they were receiving from one of the NGOs in Port Elizabeth. Lindy had to take the responsibility of becoming the income earner. She found a part-time job and this, even though not meeting all the financial needs of the family, brought welcome relief. She spoke about the sacrifices she had to make to ensure that her family coped. She made a conscious decision to place her family’s needs above her own needs. She described that the love existing between the siblings, which enabled her to make these sacrifices, because she wanted to see her siblings happy again.
Lindy and Nandi both agreed that staying together as a family was the best decision that they had taken. They described their family as close, loving and connected. They reported that even though they struggled at times to make ends meet, they supported each other, and all made an effort to ensure that the atmosphere at home remained warm and positive.

Bonga’s sisters shared their gratitude that their brother stood up for the family to ensure that they would remain together. They shared the following:

*In the beginning, when they had passed away, it was not nice, because we realised that they were gone and that we were not going to see them again, but we had to try and stop thinking that way, and come to terms with it. At times, it does get difficult, like on Mother’s Day or Father’s Day, we always think that if they were alive, we would be able to wish them. I can describe my family now as a family of young people who care for one another.* [Anelisa]

The research data revealed that, despite the occasional conflict between the siblings in these youth-headed families, there were indications of a cohesive family structure. The siblings were reported to be a significant resource of emotional support for each other.

*We are not a perfect family, but we are happy. I am happy that my brother stood up for us. We are now a family, and our brother is the leader of our family. Even though we do not have parents, we have each other, and my brother is helping us a lot ... We do have problems, and sometimes we run out of food and we fight with each other, but we are still together.* [Thabisa]

Spending time together, bonding as a family and having routines contributed to the stability and order that existed. McCubbin and McCubbin (2001) refer to family cohesion as the bonds of unity within families, comprising trust, appreciation, support, integration and respect for individuality. The sense of collectiveness and collaboration in thinking and actions facilitated family coping and adaptation.
4.4.2.2 LEARNING TO LET GO OF WHAT COULD HAVE BEEN

Some of the children made reference to the rules set by their parents while they were still alive; the family functioning at that time and the positive experiences they had had. Some continued to compare their current situation with the situation when their parents were still alive. This made the adaptation to the new situation challenging. Learning to let go of what could have been and the fantasy of a happy family, with both parents alive, prompted acceptance of the current situation.

*I cannot change what has happened. I just need to accept it. Our parents will not come back* … [Akhona]

For some of the children and young people, this acceptance presented the biggest single challenge, but once they were able to let go, the journey of the ‘newly redefined’ family could begin. This enabled them to appreciate what they had and the support that still existed within the family.

*… our parents were backward. We never had an opportunity to talk, to communicate with them and to show them and each other how much we appreciate each other. Now we can talk openly. We are happy, because we have somebody whom we appreciate, somebody that we are able to talk to. It’s not that we were wiser when we were small. No, we were not. But now we are wiser. We can talk about anything with our brother and he also communicates with us. We are happy, yes, we are happier now and we love each other here at home.* [Anelisa]

In this process, the young people were able to set new rules and/or revise the rules set by their parents, when these were perceived as not fitting the current structure.

4.4.2.3 STAYING CONNECTED TO FAMILY HISTORY, VALUES AND PRINCIPLES

Adherence to the cultural practices taught by the parents presented opportunities for
learning, making sense of the situation, finding meaning in life, finding refuge in times of need, and aiding adaptation. Cultural practices were also seen as important by some, as these practices provided a sense of identity.

At home we long to the Bhaca tribe, and you know the Bhacas and the Zulus are known to be strict. When you are 15 years old, your family will have a ceremony called umhlonyane for you. It is like a 21st birthday, but it is done at the age of 15, or when you start menstruating, because they can't perform this ceremony for you if you already have a child. In this ceremony, they educate you about right from wrong as a young woman; about what is acceptable and not acceptable. It is a common practice. They teach you how to handle yourself as a young person. We grew up with these values and they became a part of us. They guide us even when we feel lost.

The need to ensure that parents are remembered, was also highlighted as important.

We laugh about things of the past. We talk about our parents and our situation after their death, and we do not cry when we do. We just remember the situation, and we laugh. Just the other day, we saw the family album and we looked at their photos. This was a good way of remembering our parents and the good times. We decided that we must keep a memory album and to write the important and fun events we had with them. This helps us to stay connected to where we come from. It helps me to remember my parents, because I was very young when they passed away. We sometimes cry whilst talking about them; and at least we have each other and we cry together. [Nandi]

Creating the space to remember their parents and to reflect on the good times the families had enjoyed, seemed to also enable them to mourn and grieve the loss of a future with parents. This was helpful given the fact that most of the children and young people in these families had never received any counselling following the death of their parents.
For Ntando and his brother, the values that they learned from their grandparents and their brother served as guiding principles in the absence of parents.

I had a very close relationship with my grandparents. I always saw how they believed in each other and in God. They taught me how to be strong and to have faith in God. The fact that I was always with them, helped me to not focus too much on friends. I spent a lot of time in church and at home. They taught me how to be a good child and how to look after myself and our home. They respected each other, and they feared God. If I was in the streets, I would have had children out of wedlock. I think I would be drinking and smoking. They taught me right from wrong, and my grandfather was very strict. I also learned from Zamo, because he did not drink or smoke. He respected himself and his family. These are the values I teach my younger brothers and sister. When we don’t know what to do, we think about Gran and what she would say. My brother Zamo did not like to rely on others. He did everything in his power to cope with the problems we faced. This encourages us, because we want to be like him.

The narratives of these families build on earlier studies and literature on family resilience, which indicate that most families find strength, comfort and guidance in adversity through their connections with cultural and religious traditions (Parrot, 1999; Walsh, 2003).

4.4.2.4 BEING PROACTIVE AND CREATIVE IN DEALING WITH CHALLENGING AND SENSITIVE ISSUES

Bonga reported that they sometimes struggled to deal with and discuss sensitive topics, like sex and issues around sexuality. As a family, they sometimes watched educational TV programmes together, and he would then take the opportunity to educate his siblings about various aspects of life. These programmes were helping the family to break the ice to discuss sensitive issues and challenges to them as individuals. He spoke about how these programmes helped to make sure that they did not personalise things or appeared to be blaming each other for not knowing.
They all took responsibility for raising individual challenges and discussing these in order to help each other find a solution. These times had helped him to get to know his sisters better. He said that they had learned the hard way to talk about their expectations, resulting in fewer misunderstandings. Similarly, Ntando spoke about how challenging it was for him to answer the questions his younger brother would ask. Introducing rules about TV watching had helped him to limit and supervise the amount and the content that his younger siblings watched.

*Sometimes I have to stop them from watching certain programmes on TV, especially the ones with an age restriction. Sometimes they do not want to listen. I worry when I am at work, because I have no control over what they are watching. I discussed this with my neighbour, and he helps to supervise them when I am not at home. Unathi is a carefree person, and she does not worry about these things. At times, they ask me questions that I am not able to address, especially those related to sex and sexuality. We have rules in the house, such as no TV at certain times. Unathi sometimes defies my rules, especially now that she is pregnant. She sometimes tells me that she is old enough to make up her mind about certain things, like what to watch on TV. She tells me that I am not her parent. I do not try to be a parent. I just want to have order in the house, and I want the best for them.*

One of the challenges reported by some of the children concerned their personal safety. In the absence of support and interventions from adults and professionals like social workers to ensure their safety, some of the children and young people found their own ways of ensuring their personal safety.

*I have learned that nobody will help me if I don’t help myself. We have decided to spend more time at home. I sometimes invite my friends over in the evenings so that we are not alone. Sipho also decided to come home early from his friends, so that we can lock the doors early.*

From the narratives above, it appears that the strong desire to remain a family and to ensure the survival of the family prompted the participating children and young
people in youth-headed families to find creative and new ways of coping with their daily challenges. In their study aimed at expanding and strengthening the current knowledge base on children living in child-headed households in Uganda, Kendrick and Kakuru (2009) used the funds of knowledge approach as a conceptual perspective through which to understand and document how children and young people in these households were able to draw on their knowledge and learn new knowledge in order to survive on their own. This study involved five families in Uganda’s Rakai District. In this study, the authors make use of Vygotsky’s (1978) concept of the Zone of Proximal Development (ZPD), a construct for understanding children’s learning, whilst also drawing on the work of Scribner (1990).

Scribner (1990:92) views the Zone of Proximal Development as “a space in which social processes and cultural resources of all kinds are involved in the child’s construction of her future”. The most significant finding of the research, which is consistent with the findings of this current study, which was based on the ZPD, was the ability of siblings to work together as a family in finding new and sometimes creative ways of coping in the absence of adults to guide and mentor them. In this way, they were forced to develop, learn and invest in new practices, relationships and knowledge.

Some of the youth-heads of the families managed to secure part-time employment in order to generate income to support their family and for household management. A few young people turned to informal self-employment, such as running a hair salon in the back yard, or selling sweets and fruits. Some of the young people joined community initiatives, such as umgalelo (women’s clubs in communities, where members contribute a certain amount every month, and this money is then saved until the end of the year and shared equally among members). Members of such clubs are allowed to borrow money in times of need. Qualities of altruism, sharing and mutual assistance demonstrated by neighbours and peers also served as sources of economic support, especially during difficult times.
4.5  THE STORY – PART THREE: MAKING IT

This part of the story focuses on factors that enhance resilience in youth-headed families. These factors are located within the ecological systems perspective, in terms of which the individual child is placed at the centre of the system, which interacts with other systems in the surrounding environment. In support of this view, Ungar (2004:352) describes resilience as both an outcome of interactions between individuals and their environments, and the processes that contribute to these outcomes to maintain a healthy self-definition. The research data revealed that, despite the exposure to challenging and sometimes threatening circumstances or severe adversity, the youth-headed families involved in this study were able to achieve successful adaptation. Here, successful adaptation refers to the ability of a person or family to thrive where failure would be expected, given the challenging circumstances faced. Research data have revealed factors, processes and structures, both at a personal, family and community levels, that have facilitated the successful adaptation of youth-headed families. These factors will be discussed in the ensuing section.

4.5.1  RESILIENCE FACTORS AT INDIVIDUAL LEVEL

4.5.1.1 POSITIVE ATTITUDE

The young people participating in this study displayed a positive outlook on life and a determination to survive, despite their circumstances. This facilitated a move towards findings effective ways of managing the challenges with which they were confronted. The following statements emerged from the narratives of young people in youth-headed families:

I like to focus on the positives and focusing on the future than the past. I have learned that I am able to overcome things and even though I do not like to focus on the past, I do not give up easily. I am confident of myself that when things go wrong, I just keep on trying. When I fail, I take failure as an event. It does not mean the end of my life. I don’t take myself as a failure. I do not let
that define me. It also does not mean I will always fail. I realise that the things that happened in my life have shaped me to be a better and a strong person. When I looked back to the past 15 years as I was doing this exercise, I thought to myself: Who would have known that things will work out and that I will be sitting here today, in my room at Varsity, doing my third year? [Lindy]

I want people to look at us and see that we have come far and the people must tell their children that we are a positive influence; we are grown up and we have survived difficulties, so that they must learn from us. I want to be hero and make history in my life, I want people to say that they have seen me suffer for long, but look at me now; I’ve achieved stuff in my life. I think that I am a hero; there are many people that believe in me. [Lwazi]

I think one of the reasons I am able to cope with challenges is because I get excited about life and what is to come. When something bad happens, I want to know how the story ends. I want to see a positive ending to my story. I want to write my story the way I want it to end. I also do what I think is best for me. Sometimes people drink when confronted by problems, because they do not have hope. They think they will not survive their situation. They do not know that they can make it work. You need to have hope. You need to believe in yourself and know that you can cope with the situation. [Nandi]

4.5.1.2 OPENNESS TO LEARNING/BEING TEACHABLE

Some of the young people were able to reflect and learn from their experiences. These learnings strengthened their belief in their own ability to cope with future challenges.

I learn each and every day and I need to adapt to certain things every day...

[Bonga]

The ability to do self-reflection was also identified in the narratives of the young people in this study:
I have learned that I should give her more credit and more respect and I should also learn to let go of things that are not working out. That I should let her deal with her own issues, as she always asks, and trust her more and be more like a bigger sister to her than a mother. Even when she fails a test, I always wish I was the one who wrote it. I don't allow her to make her own mistakes, and I am too strict. Listening to her now, I think I should trust more in her coping abilities, because I cannot always be there for her. I can see that she is more resilient. There are more lows in her lifeline than mine, but she is still here and being strong, because she was able to move on. Another person her age would not be able to cope with all that she has been through, but she has coped well.

The ability to undertake self-reflection has brought about more understanding and greater tolerance among the siblings. In some cases, it has also led to personal growth.

My experiences have shaped me to be the kind of a person that I am today. I have grown a lot from my challenges, and I am proud of what I have achieved. I am now able to encourage others who are going through painful experiences by using my own pain. [Lwazi]

Sometimes I think about what my siblings say about me being strict, then I try to keep an open mind. [Lindy]

Boyden and Mann (2005:7) assert that the capacity to engage in critical thinking can also help to shield a child from simplistic interpretations of experiences, which is self-defeating.

Some of the young people had joined community, cultural and church activities, and these structures were able to buffer the effects of the stresses experienced and provided opportunities for socialisation and learning experiences, in the sense that through participation in these activities, and with guidance from more skilled peers and adults, they were able to learn to think and develop new skills and more mature
approaches to problem solving. Participating in these activities also provided a sense of belonging and experiencing a caring environment, which facilitated the adaptation of these young people.

Some of the young people volunteered in social work/youth development initiatives. Even though the intention was to learn and develop as an individual, doing something that contributed to the development of other young people provided a sense of meaning and purpose. For some participants, NGO workers and their peers in similar situations had provided advice, encouragement and life skills training, as well as material support.

4.5.1.3 SENSE OF COMMITMENT/RESPONSIBILITY

The narratives from the young people heading their families revealed a deep sense of commitment to the success of their families. The commitment and responsibility towards their families shown by these young people served as a source of strength in times of difficulties. Some of the young people delayed pursuing their personal goals in an effort to ensure the survival and well-being of their siblings.

*If I were to get married now, it would not be the right time, because I have this thing that when the right time comes for me to get married, I would have to move out of the house and leave my sisters here at home. I would not want to take somebody and let them live here at home, because I have seen bad things that have happened to people where a husband had to choose between his family and his wife. I have postponed this so that Anelisa and Thabisa can at least finish high school and perhaps be at tertiary.*

4.5.1.4 PERSEVERANCE/DETERMINATION

Perseverance and determination was evident in the contents of the narratives of young people heading their families. In the face of the hardships experienced, there was a sense that the success of the family depended on the strength and determination of its oldest member:
I could have chosen to be someone who is irresponsible and not take on the responsibility and be selfish and only focus on my own needs or else be misled by friends or other people who would be negative, but I sat down and thought about it and told God that this is the way things are, and I also don’t know what to do, because I had never imagined myself to be in such a situation, but You have placed me here, so I believe that You have a plan. So that to me shows me that I am making a decision: through thick and thin I will stick by my family and will strive to be a person that is responsible, because I believe that running away from responsibilities and things that you can’t run away from, you just need to face them, because it might happen that God is teaching you something out of your situation. In other words, there is a lesson that must be learnt. I told myself that this is the way things are, and I am not going to run away: it is my responsibility and I need to give it a chance. At first, there were times that my own family wanted to divide us, but even then I said that I need to be given a chance and if there is anything, then I will come back to them, and then maybe we could see how we could work things out. I strongly believe in people that are responsible and that are not ignorant, because I don’t believe that it will take you anywhere if you do not take responsibility and don’t care.

4.5.2 RESILIENCE AT FAMILY LEVEL

Patterson (2002:356) argues that the key to understanding family resilience is the identification of protective factors and processes that moderate the relationship between a family’s exposure to significant risk and their ability to show competence in accomplishing family functions. According to the ecological perspective of resilience, protective factors and processes that contribute to competent family outcomes can emerge from within individual family members, from a family unit, and from multiple community contexts, as is evident in the narrative accounts of the children and young people who participated in this study.

In order to examine these protective factors and processes, a re-look at the definition of family resilience is deemed necessary. Family resilience is defined by McCubbin
and McCubbin (1988:247) as “characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations”. A crisis is often a turning point for the family as it leads to major changes in terms of family structure, family functioning and family interactions, as was the case in the current study (Patterson, 2002:351).

As indicated in Chapter Two of this dissertation, resilience can be viewed as a dynamic interplay or a process where there is interaction between risk factors and protective factors and/or processes, to produce favourable outcomes (Luthar et al., 2000). At this point, it is important to note that family resilience (in contrast to individual resilience) requires the outcome of interest to be at the family system level, where a minimum of two family members are involved; therefore, it should represent the product of family relationships (Patterson, 2002:352).

Various protective factors and processes emerged from the participants’ narratives in the current study, and these will be discussed in the ensuing section.

4.5.2.1 STRONG FAMILY AND SOCIAL RELATIONSHIPS

The bond that existed within some of the participating families carried them through difficult times. The sense of the shared experience of pain and collective coping with adversity enabled siblings to grieve together, which further enabled the survival of the family unit. The positive relationships with parents prior to their death and the lessons learnt about culture and tradition, as well as the existence of at least one or two supportive relatives, facilitated coping in some of the families. The deceased parents still acted as role models, especially those parents who were open to their children about the matters affecting them. The research data also revealed that the youth-headed families were able to access the support of their peers, their neighbours and siblings as a way of coping with their difficulties. Furthermore, qualities of altruism, sharing and mutual assistance enabled the siblings in youth-headed families to provide support to one another, and this in return enhanced their coping and adaptability to their circumstances.
Bonga and his siblings identified various individual characteristics, traits and strengths that helped them cope and bounce back. Respect, love, understanding, compassion, commitment, acceptance and hope were identified as factors contributing towards them coping with the challenges they faced as young people living in youth-headed families.

I would say hope, and believing in things, they will get better no matter what … so that is something that helped us to move forward. Someone else would have seen it as a hopeless situation, because even at the time that it all started, nobody ever thought that I would take a stand to want to stay with my sisters, I was just regarded as a child and there were no expectations, so other people realised that it is the best solution, as it seemed that this is the way. [Bonga]

4.5.2.2 OPEN COMMUNICATION AND ABILITY TO RESOLVE CONFLICT

The young people participating in study stated that they had learned to communicate. They acknowledged that they found it difficult to communicate openly about their expectations and feelings. It was evident that the ability to communicate depended on whether this had been the norm in their families when their parents were still alive. Bonga, for instance, learned to communicate during the time when his father was ill. He recalled times when he would withdraw from his family especially when he was overwhelmed by the fear of losing his father and his younger sister. He shared that during this time, he struggled with anger, which was displaced to his siblings. The pastor’s wife taught him the importance of communicating as a family. He realised then that his sisters were harbouring the same fears and anxieties. As a family, they were then encouraged to keep the communication channels open. He shared the following:

We sit down and we talk about everything that is happening. Maybe someone wants to say something that is bothering her or him. We share everything and when we see that one of us is bothered by something, we ask the person what is going on. We communicate all the time. I see my family as a family with love. We love each other and we respect each other. We support each
other, for example, by helping one another with schoolwork, and there are times when I have to be strict with them and tell them not to come to me with homework after 9 o’clock, because I also have schoolwork of my own to do, but I have no problem helping them any time before then, or else I tell them that there is a library right next door to the house, so they can go and sit and do their homework there. I want to maintain order. I teach my siblings to be organised, to have a daily routine, like we know when to watch TV, when to wash dishes, and when to do the homework.

Similarly, Akhona mentioned that open communication helped them to iron out any misunderstandings.

*When I have a problem, I can speak to him ... he listens and he encourages me to always be open with him. When I got pregnant, I was worried about his reaction and I knew that I disappointed him. He was upset with me for a while, because he wanted me to pass my Matric first, and he has dreams for me. After a while, he spoke to me and he told me why he was upset. Since then, we have learnt to be open with each other.*

Siblings were reported to be a significant source of emotional support. Spending time together, bonding as a family and having routines contributed to the stability and order that existed. McCubbin and McCubbin (2001) refer to family cohesion as the bonds of unity within families that are composed of trust, appreciation, support, integration and respect for individuality. The sense of collectiveness and collaboration in thinking and actions facilitated family adaptation. For instance, Zanele’s narrative revealed the close attachment she had formed with her brother. Having a brother who listened to her and who played with her helped her to forget about the loss of her parents. She stated that she regarded her brother as a father. The family also made efforts to celebrate special days, such as Mother’s Day, together. They planned their holidays and made a point of being together during Christmas and the New Year. During these days, they celebrated their family and gave thanks to God for “keeping us safe”.
Some of the young people acknowledged that there were times when they had arguments and misunderstandings.

_We do have conflicts. It is when you suffer at the end, because at times they like to do things that I have to account for. Like my brother will take my cousin’s things, and I have to be the one to account for that, because he does not have a good approach when talking to others. Also, when you are a child-headed household and have a positive mind, not everybody has a positive mind. You are the only one with a drive, and other people do not understand you. They wonder what your problem is. They wonder why you take things seriously, especially when there are no parents around to account to. Not everybody will work with you, especially when there is money concerned. People will not act like angels just because they do not have parents. They are just like others._ [Lindy]

When asked to reflect on what happened during these times, Nandi added the following:

_We take time out. Nobody expects anybody to apologise at that time. We then carry on. It is as if we know that we must forgive each other, even if nobody will say sorry. If you sit around waiting for a ‘sorry’, you will wait for a long time. We get along well. We have learned to forgive ourselves. We accept each other and we spend time together and talk about the things._

The ability to forgive each other and to ensure that there is order was evident across the narratives. The attitude evident from statements like: ‘_We have only each other, so we must make it work_’ seemed to facilitate the willingness to work on difficulties. However, some of the young people indicated that it was not always easy to get along, also because of the fact that there was not much of an age difference between them.
Several factors, such as commitment, connectedness, communication, flexibility, cohesion and adaptability, have been associated with resilience in families (McCubbin, McCubbin & Thompson, 1995; Walsh, 1996, 2003).

4.5.2.3 MAKING MEANING: GOD HAS A PURPOSE AND PLAN FOR EVERYTHING IN LIFE

Some of the young people interpreted their experiences in terms of their belief in the power of God’s will and the view that there is a purpose for everything in life. The conviction that God is in control, was echoed by some of the young participants in the study. For example, Bonga shared the following:

_I have the belief that God will not give you burdens that you are not able to deal with. He knows that everything happens for a reason and purpose with Him, so I felt that if God wanted things to be the way they are, He will make provision for you to show you what to do, so I always carried that in my heart._

Another young person shared the following regarding her feeling about her parents’ death:

_Maybe it is better that my mother died. She was in great pain. God knows when it is the right time for one to die. [Akhona]_

This meaning-making seemed to pull the families through their pain, as they were able to accept their circumstances as God’s will. This also helped them to stop struggling with questions about their situation:

_God knows. He takes here and provide there. He does not just take and not have a plan. There are times… when I cry, times when I sit by myself and cry. I would ask God, why? I would ask God, why must it be me, why me? But God answers. He answers all the time. I just see myself crying and, sisi, I don’t know during these times why am I crying. I ask God questions, but again_
after this, I realise that God has a will for everything. I will then find strength to stop. Then I become strong ... [Anelisa]

These convictions seemed to be more dominant in those families with a strong religious faith.

Patterson (2002:358) refers to the important role that is played by a family world view in shaping the family’s orientation to the world outside of the family. The family world view, according to Patterson, is grounded in cultural or religious beliefs. Patterson differentiates between normative and non-normative family demands. Normative family demands refer to expectable family life cycle changes, whilst non-normative demands, on the other hand, are unexpected and often traumatic changes, such as the death of parents.

Patterson (2002:359) contends that when the family’s world view is shattered by a non-normative experience, the family's ability to heal, grow and move forward often involves reconstructing a new view of the world that allows them to make sense of such an event.

4.5.2.4 DETERMINATION TO SUCCEED AS A FAMILY

When asked to elaborate on what kept them going as a family, Akhona responded:

Sometimes your dreams come to an end, but you keep on going ... We don’t give up easily in life. What also helped, was knowing that we need to work as a team, and we need to cook, we need to respect each other, there must not be any chaos, and we should take it as if there was an elderly person living with us. A person needs to love themselves and know what they want in life.

Bonga and his siblings learned to adapt to their life without parents. They acknowledged that it was not always easy, but they found a way of making things work for them. They learned to accept their situation. They mentioned that, initially, they struggled to adjust to the changes that had taken place in their family, such as...
having to grow up without parents and having to adjust to their brother’s style of parenting, which was different from their parents’ style. They spoke about their efforts to achieve a new balance in family functioning, which had been affected by the loss of parents:

I would say that we accept the situation that took place. We trust God, but I would say that I have accepted the situation. I’ve told myself that now I am going to have to make sacrifices, because the decisions that I make most of the times, they involve us as a family as a whole, so these were all new things to me. We talk a lot as a family. We are united in this. We look at negative things that happened to us and we appreciate that we have come through all. We remind ourselves about what is important and what matters. We want a bright future for all of us and if one of us goes out of line, we remind that person about what we want.

4.5.2.5 SUPPORT FROM OTHERS

Most of the children and young people in youth-headed families who participated in this study had not receive professional counselling in order to deal with the trauma of losing a loved one. For some, the emotional scars were still present.

There are times when things get too much for me, when I feel lonely and I can't sleep at night. I think about my mother, about the fact that if she was around, things would be better… [Unathi]

Sometimes I cry and I ask about my mother, and my brother helps me to feel better. I miss my mother a lot. [Zanele]

Even though my foster mother is here, sometimes I think about my gran and wishing that she was here. Sometimes I feel very emotional when I think about my life. [Pamela]
I do not like to think about the things that make me sad. I do not talk about them. My brother is here, and when I feel like crying, I look at him and I do not want to worry him. [Akhona]

However, some had learned to talk to each other, their peers, their church leaders and the mentors within their neighbourhood as a way of venting out. This is not surprising given the considerable evidence in the literature on resilience that social support from peers can greatly enhance children’s resilience (Werner & Smith, 1992; Masten & Coatsworth, 1998; Walsh, 2003). The literature points not just to children’s own inner resources and competencies, but also to their interpersonal relationships as essential factors in mediating risk and resilience. Therefore, the presence of at least one supportive adult can have an enormous impact on a child’s resilience (Boyden & Mann, 2005:8).

On the other hand, it was also noted that in the absence of such relationships, sibling support played a significant role (Killian, 2004; Richter, 2004; Germann, 2005). Open communication between siblings was evident and was emphasised as crucial in this study.

It is well documented that children and young people who are able to remain hopeful about the future, are flexible and adaptable, possess problem-solving skills, and actively try to assume control over their lives, are likely to be less vulnerable than those who passively accept the adversity they face.

4.6 CHAPTER SUMMARY

The study identified the journey of each family. This journey started with the beginning of the story, which focused on the participants’ experiences of their family life before parental death, the trauma of seeing their parents getting ill and the effect this had on the family’s functioning; experiences and challenges after parental death, followed by how participants’ lives had changed after the death of their parents and the challenges experienced in this phase. The absence of parents placed stressful demands on the oldest siblings and required a redefinition of the family and the
redefinition of roles, which were experienced as demanding and challenging. Moving on with life without parents was described as traumatic, and it was through the collective action and collaboration between the siblings, the neighbours and other external social structured that successful adaptation was possible.

Despite the challenges experienced by youth-headed families, the research data revealed that many children and young people had the ability to actively construct effective coping strategies and to mobilise the social resources available to them, making it appropriate to view many of them as competent social factors. These coping strategies had contributed towards the resilience of youth-headed families participating in this study. Coping and resilience were found to be closely linked. Some resilience factors and processes, both at individual, family and community levels, were identified as core protective and enabling factors and processes and were experienced as effective in enabling children and young people within youth-headed families to thrive, despite their adversity.

The following chapter presents the findings regarding the interviews with community members and the service providers as social networks that either facilitated and enhanced the coping skills and resilience of youth-headed families or served as constraining factors.
CHAPTER FIVE

EXPLORING SOCIAL NETWORKS OF YOUTH-HEADED FAMILIES

5.1 INTRODUCTION

In the preceding chapter, I presented the narrative accounts of children and young people in youth-headed families. This was in line with the first goal of the study, namely to gain a deeper understanding of the experiences and needs of youth-headed families in Port Elizabeth, South Africa, as well as to enhance understanding of the protective factors and processes, at individual, family and environmental levels, that enhance the coping and resilience of youth-headed families. In the main, the chapter focused on the stories about the journeys of members of youth-headed families, which were presented in three parts, namely:

(i) the tragedy, which focused on the participants’ experiences during parental illness; the trauma of seeing parents becoming ill and the effect this had on the family’s functioning; and the experiences and challenges faced by the children and young people after parental death, which comprised the most difficult part of this journey;

(ii) the narrative accounts of the coping strategies used both at individual and family levels that enabled the members of youth-headed families to overcome their adversity and challenges and to move on with life without parents; and

(iii) factors that enhanced resilience in youth-headed families. The narrative accounts of the members of youth-headed families and the literature reviewed on coping and resilience.

Ungar (2005), Germann (2005), Walsh (2006), Nkomo (2006), Van Dijk (2008) and Evans (2010) have pointed to the crucial role of social networks in promoting and enhancing coping and resilience in individuals and families, and in the context of this study, in members of youth-headed families, as well as the family as a whole. Gunnarsson (1990:48) refers to Mitchell’s (1969) definition of social networks as “a
specific set of linkages among a defined set of persons, with the additional property that the characteristics of these linkages as a whole may be used to interpret the social behaviour of the persons involved". According to Gunnarsson (1990:49), what is included in an empirical study about social networks depends on the nature of the research question under investigation. In the context of this study, social networks represented the relationships and the dynamic interactions between members of youth-headed families and their environment (both internal and external to the household).

This chapter is presented in three sections. Section one comprises a continuation of the narrative accounts of the members of youth-headed families of their lives before and after parental death. It specifically focuses on the experiences of the members of youth-headed families of social networks. This is in line with the second aspect of the first goal of this study, which focuses on enhancing understanding of the protective factors and processes, both at family and environmental levels, that promote the coping and resilience of youth-headed families. Section two of this chapter presents the findings of the interviews with community members in order to explore their perceptions of youth-headed families and the role of the community in facilitating the coping and resilience of these families. The final section of the chapter will present the findings of the interviews with the representatives of formal and informal organisations that rendered services to the youth-headed families.

The aim of these interviews was to answer the following questions:

- What are the support and intervention strategies that are available to youth-headed families?
- Do the support and interventions address the needs of these families in a holistic manner? If not, what are the gaps and limitations in the support and interventions offered to youth-headed families?

The research results will be discussed in conjunction with a literature control, which allows for the verification of the findings.
It should be noted that the interviews with community members (section two of this chapter) and the interviews with representatives of the organisations rendering services to youth-headed families (section three of this chapter) were analysed by means of thematic analysis; as a result, the findings of these groups are presented in themes with their related sub-themes, whilst the narrative accounts of the members of youth-headed families were analysed using narrative analysis.

5.2 SECTION ONE: EXPERIENCES OF MEMBERS OF YOUTH-HEADED FAMILIES OF SOCIAL NETWORKS

The narrative accounts of the members of youth-headed families participating in this study revealed a complex and sometimes challenging relationship between these families and other systems in their environment. The following section presents the experiences of the members of youth-headed families before and after parental loss.

5.2.1 SOCIAL ISOLATION AND MARGINALISATION

The narratives of most members of youth-headed families referred to experiences of social isolation and marginalisation by some community members immediately after the loss of their parents, as was evident from the following narratives:

_The community does not bother about us. They really do not care about us. When my mother died, I noticed that everybody withdrew from us. They kept their distance. Even those who used to come, were no longer coming. It was just us, so I decided not to crowd them. They don’t even greet us and they avoid looking at us. I think maybe they think we will burden them. They avoid us, because they do not want us to ask them for anything. I don’t bother them. We are fine as we are. We eat whatever we have, and we have accepted our situation. I am really okay with the situation, because I cannot force them to care for us if they do not care. [Andiswa]_

_Our community is not involved at all in our lives. They do not play any part in supporting us or helping us. They have not done anything to show us that_
they care. You know, just after our parents died, our situation was so bad. When we moved from our parent’s house to this new house, we had nothing. Our parents were dead. It was bad at that time. Community members would flock into the house to see the situation and I wondered why, because they just came to see without offering any kind of assistance. Why would you just come and see if you are not going to do anything to help? [Lindy]

The value of Ubuntu requires neighbours and communities to be aware of the needs of those around them. Despite this view, social isolation continues to feature as the most obvious characteristic of children and young people in child- and youth-headed households in studies conducted in Sub-Saharan Africa (UNICEF, 2005/2008; Roalkvam, 2005; Yamba, 2005; Mkhize, 2006; Germann, 2006; Van Dijk, 2008; Ward et al., 2009; Evans, 2010). Various factors, such as stigmatisation, discrimination and general community social dynamics, were identified in these studies as possible reasons for social isolation and marginalisation of children and young people in child- and youth-headed households. This is contrary to the African philosophy of Ubuntu. Statements that epitomise the essence of Ubuntu is reflected in phrases such as “my child is your child” and “Umuntu ngumuntu ngabantu” (one is a person through others). These phrases, which define what Ubuntu is, emphasise the importance of community solidarity, belongingness, empathy, caring, and sharing. Mbigi, in his writings about Ubuntu, states that “the heart and soul of Ubuntu is the solidarity principle, group conformity and care in the face of survival challenges, based on unconditional group compassion, respect, dignity, trust, openness and cooperation” (quoted in Swanepoel 2008:360). It would appear from the children and young people’s narratives that this was not always the case. In some cases, the young people had to take the initiative in seeking the support of neighbours. Reciprocity, with the emphasis on a transactional relationship, rather than Ubuntu, which encourages neighbourliness, was referred to as an aspect of community support that sometimes prevented members of youth-headed families from reaching out for support, as is evident from the following excerpt:

*Personally, I think that is a good thing that the neighbours do not do anything for us, because people will always tell others what they have done for you and*
they will think that you owe them something in return. People do not give for the sake of giving. I do not want anyone to think that they own me, but I also do not want them to assume without asking that we are okay. [Nandi]

This view was also articulated by Van Dijk (2008:130). The participants in this study argued that their ability to give back determined the availability and type of support provided by community members. An observation that I made from the young people’s narratives was that there seemed to be more empathy and support for families and/or households headed by males. This observation was clarified and confirmed during the focus group interviews with the community members. According to Van Dijk (2008:132), young women may be considered better able to care for younger siblings than young males, which may lead to the perception that the latter need more support.

The findings of studies conducted among children and young people living in child- and youth-headed households in Africa and, in particular, Sub-Saharan Africa, have established that children and young people living in these households continue to face a number of challenges that can put them at risk of future outcomes (UNICEF, 2005 & 2008; Roalkvam, 2005; Yamba, 2005; Mkhize; 2006; Germann, 2006; Van Dijk, 2008; Ward & Eyber, 2009).

As indicated in Chapter Two of this report, the risk perspective indicates that the presence of one or more risk factors in a person’s life has the potential to increase the likelihood that problem behaviour will occur in later life. Boyden and Mann (2005:7), however, assert that the psychosocial outcome of exposure to adversity varies from individual to individual and is mediated by an array of personal, family, and broader environmental factors or processes that interact with each other. According to these authors, these processes produce either an increase in chances of negative outcomes in children’s development and well-being, or prevent or reduce risk.

The resilience perspective, on the other hand, does acknowledge the need to focus on the challenges faced by children and young people in child- and youth-headed
households, highlighting and emphasising the need for advocacy, protection and assistance in the form of an integrated approach, which includes community support. However, the resilience perspective also emphasises the need to recognise the human capital, strengths, competence and or capacities of children and young people to overcome and/or mediate the effects of their adversity and therefore render them resilient to future negative outcomes (Ungar, 2004; Ward & Eyber, 2009; Kendrick & Karuku, 2012).

5.2.2 EXPERIENCES OF SOCIAL SUPPORT DURING PARENTAL LOSS

Several studies on child- and youth-headed households refer to the pivotal contribution of social support to the health and wellbeing of children and young people growing up in child-headed households (Leatham, 2005; Mkhize, 2006; Nkomo, 2006). Social support here refers to the perception of comfort, care and help people receive from others. Social support is one of the elements of social networks. When reflecting on the experience of social support following parental death, the following two sources of support were highlighted by the children and young people in their narratives:

5.2.2.1 EXTENDED FAMILY INVOLVEMENT AND SUPPORT AFTER THE DEATH OF PARENTS

The research data suggest that, in a minority of instances, the extended families played a supportive role during parental illness. It became evident that this tended to be the case in situations where there had already been a close relationship prior to parental illness. A relative would often move in to take primary care of parents during their illness, or the sick parent would move back to his/her family of origin to be cared for by relatives. This is in line with Foster and Williamson (2000:59), who argue that, traditionally, the extended family acts as a social safety net during times of crises and members of these families are responsible for the protection of vulnerable members, care for the poor and the sick, as well as convey traditional social values and education to younger generations. However, the care and support shown by the relatives during this time often change following the death of parents,
as was also the case in five out of the six families that participated in this study. Various factors, such as existing family conflicts before and after parental illness, different perceptions with regard to the level of maturity and capability of the children and young people to take responsibility for themselves, as well as the belief that children are not supposed to oppose adults in their decisions on matters that impact on them, contribute to this situation. Bonga and Andiswa’s narratives gave testimony to this view. When they were perceived to be opposing the decisions of adult relatives, the extended family did not offer them any form of support, as ‘their opposition’ was perceived as rejecting their views about ‘acceptable norms and practices of African families’ and the norms of ‘how society should operate’. This was also perceived as attempts to undermine the authority of adults. Bonga recalled his personal experience as follows:

*It was a difficult time. My relatives had bad thoughts, saying that I cannot be trusted with my sisters and that we must just listen to what they have decided about our future and obey them. I really thank God that I realised what type that they were, because I thought that they were there to help us. I had to deal with my father’s death and having to be separated by force, and was told that they have seen situations like this where the brother rapes his sister(s). I had to deal with the death of a parent and being confronted by social workers as well who wanted to separate us, because there were meetings with the social worker, and the social worker scared me with what she was saying, such as ‘you are still young and as much as you are young, you are not aware of life’ and I thought that as much as I am not aware of or experienced in life, I felt that I still deserved the chance. At that time, I needed my family, and my sisters were the only family that I had.*

Bonga and his sisters decided to remain together as a family. This decision led to the extended family distancing themselves from the bereaved family. Alanen (2003:14) argues that the relationship between children and adults is in most cases unequal and that young people are in structurally subordinate positions of power to older people and that the values attached to childhood and adulthood reflect the
differences in their power bases. This difference in power denies young people the opportunity to make decisions on matters affecting them.

From the narratives, one can argue that Bonga’s extended family and the social workers perceived him as young and inexperienced, hence the expressed concerns about the safety of his siblings in his care and the questioning of his ability to look after his siblings. This view represents Bonga and his siblings as incapable actors, as vulnerable and as in need of protection. This is in contrast to Moss and Petrie’s (2002:101) view of children and young people as citizens with rights and responsibilities, as members of a social group, agents and voices to be listened to. The United Nations Convention on the Rights of the Child (1989) afforded children and young people the same comprehensive human and citizenship rights as adults, positioning children as entitled to autonomy and to be heard, and conferring on them the right to participate in and influence matters that concern them. Whilst the concept of human agency can be understood as a quality that enables a person to initiate intentional action in order to achieve goals that are valued, there remains a tension around the extent to which young people and children as human beings can be considered to possess agency. Mashford-Scott and Church (2011:17) contend that this tension is informed by traditional discourses of childhood, which hold an image of children and young people as immature and incompetent. This view is in contrast with the philosophical underpinnings of the ‘new sociology of childhood’. In this paradigm, children and young people are viewed as competent and independent social actors, as active agents and not passive subjects of social structures and processes (James, Jenks & Prout, 1998:232). As social actors, children are understood as being able to shape society through their own experiences as well as being shaped by their circumstances. In this paradigm, children and young people are perceived not only as ‘becoming’ adults, but as ‘beings’ in themselves (Van Dijk, 2008:25).

This then suggests that children and young people’s views and perceptions of matters that directly affect them should be encouraged and not be seen as a rejection of adults’ views about how society should operate, as this would enhance their resilience. In line with this thinking, Boyden and Mann (2005:19) conceive
resilience as the presence of personal agency in children. Allowing children to be part of decision making increases their competence and confidence in problem solving and decision making, which is one of the factors that enhances their resilience.

Furthermore, the account of children’s wishes on legal matters that affect them has been encouraged within South African legal systems. Bonthuys (2010:56), in describing the legal capacity of children, refers to recent developments within South African law. According to Bonthuys, there has been a move away from universally imposed age limits towards more flexible standards that evaluate the competence and capacity of individual children, based on the recognition that statutory age ranges may not accurately reflect the competencies of individual children. This, therefore, suggests a need to explore and evaluate the competencies and capabilities of children and young people in youth-headed families, rather than focusing on their limitations. Van Dijk (2008:25) has referred to examples where, even in the face of challenges and difficult life circumstances, children and young people were able to successfully exercise power and take control of their lives.

5.2.2.2 EXPERIENCES OF NEIGHBOURHOOD SUPPORT AND OTHER EXTERNAL SUPPORT

Contrary to the views expressed by some of the children and young people with whom I interacted regarding lack of community support for youth-headed families, some of the youth-heads reflected on the support they received from neighbours. For instance, Ntando referred to his neighbours, who lived two houses away from his house, as a source of support to him and his family in times of need. Similarly, Bonga referred to the fact that elderly women in his street provided guidance when he was challenged by the developmental needs of his sisters. Lwazi also referred to his supportive neighbours. The young people differentiated between their neighbours and the community at large. The neighbours were perceived as caring and involved in the lives of the children and young people. Some of the young people consulted their neighbours when they needed someone to talk to:
I spoke to my neighbour, who is older than me, about our situation and how we were struggling to cope with losing our brother. I spoke to him about this role and the fact that I did not have the courage to move on. He said he had no idea that things were that bad and he said he was willing to assist me in whatever way possible. He also spoke to me about his challenges and how sometimes he felt like running away. This is someone that I look up to, and I did not believe that he also had problems. Listening to him made me realise that other people also have problems, but they are not running away. [Ntando]

Lwazi and Akhona spoke of the supportive social networks in their neighbourhood, through which some of the neighbours, though very few elders, acted as wise and respected advisors. Lwazi spent time with these ‘wise men’, and he started to see that other people respected him. He recalled times when he would talk to two older men about his situation and the support he received from them, which made him feel that they were not alone. This, according to him, gave him hope, and he started believing that he could make it, because of the positive feedback he was receiving from one man in particular. He also recalled times when other young people came to him when they had problems at school and with their parents, and he was able to help them. The notion of him being a man who is independent, who carries responsibility for his sister and even existing for others who need his advice, provided the impetus for Lwazi to continue with his role of being the head of his family, to not give up, and to plan for his family’s future. He shared the following:

_I like receiving advice from elderly people and tell me how to do things, they are the people who encourage me to carry on and to keep on moving forward and not to look back on the past and what is going on, and I tell them that one day I want to be a good father and to have a good family, and to act grown up in my family, and to one day have a wife, so that my children don’t grow up without parents like I did._

The young peoples’ narratives build on previous research on coping and resilience in children and young people (Walsh, 2002; Germann, 2005). The availability of caring adults has also been identified as crucial in enabling children’s coping in studies on
child-headed households. However, there seems to be contrasting views in literature regarding the level of involvement and the support provided by community members to child- and youth-headed households. (Bawa-Yawa, 2005; Germann, 2005; Nkomo, 2006; Maqoko & Dreyer, 2007; van Dijk, 2008).

The following section presents the findings related to community perceptions of youth-headed families and the role of communities in enhancing the coping and resilience of members of youth-headed families. These findings are presented and discussed under three major themes, with their related sub-themes.

5.3 SECTION TWO: FINDINGS OF COMMUNITY PERCEPTIONS OF YOUTH-HEADED FAMILIES AND THE ROLE OF COMMUNITY AS A SOCIAL NETWORK

DIAGRAM 5.1: THEMES AND SUB-THEMES OF COMMUNITY MEMBERS’ PERCEPTIONS OF YOUTH-HEADED FAMILIES, NEEDS OF THESE FAMILIES AND AVAILABILITY OF COMMUNITY SUPPORT

THEME 1: COMMUNITY MEMBERS EXPRESSED A DIVERSE RANGE OF VIEWS RELATED TO YOUTH-HEADED FAMILIES

SUB-THEME 1.1: COMMUNITY MEMBERS EXPRESSED POSITIVE VIEWS REGARDING YOUTH-HEADED FAMILIES

Community members support the existence of youth-headed families
Community members express respect and admiration for young people heading their families

SUB-THEME 1.2: COMMUNITY MEMBERS HAVE NEGATIVE VIEWS REGARDING YOUTH FAMILIES

Perceptions of risk factors

THEME 2: COMMUNITY MEMBERS’ PERCEPTIONS OF THE NEEDS OF YOUTH-HEADED FAMILIES

SUB-THEME 2.1: COMMUNITY MEMBERS PERCEIVE YOUTH-HEADED FAMILIES AS NEEDING ASSISTANCE TO MEET THEIR BASIC NEEDS

Youth-headed families need instrumental support
Subsistence/survival needs
Financial assistance
Need assistance to be reunited with their extended families

SUB-THEME 2.2: FACTORS THAT IMPACT ON COMMUNITY INVOLVEMENT AND SUPPORT

Concern over own survival
Lack of awareness or limited understanding regarding how to help
Lack of initiative from youth to ask for help
Lack of income and lack of resources within the community
Others might question the intentions to help

THEME 3: COMMUNITY MEMBERS’ PERCEPTIONS REGARDING THE BARRIERS TO SUPPORTING YOUTH-HEADED FAMILIES

SUB-THEME 3.1: FACTORS THAT IMPACT ON COMMUNITY INVOLVEMENT AND SUPPORT

Concern over own survival
Lack of awareness or limited understanding regarding how to help
Lack of initiative from youth to ask for help
Lack of income and lack of resources within the community
Others might question the intentions to help
The above diagram provides a visual presentation of the themes, sub-themes and categories of the perceptions of community members regarding the phenomenon of youth-headed families, their existence in the community, as well as their views regarding the involvement and support of the community in ensuring the effective coping and resilience of these families.

5.3.1 THEME 1: COMMUNITY MEMBERS EXPRESSED A DIVERSE RANGE OF VIEWS RELATED TO YOUTH-HEADED FAMILIES

The participants were asked to share their perceptions regarding youth-headed families and the existence of these families in the community. The research data revealed that community attitudes and perceptions of households and families headed by young people were polarised between those who held negative attitudes/perceptions, and those who were supportive towards the existence of such households and families. An interesting observation was that, despite the age of the youth-heads, the participants still referred to them as children. The participants’ view was that children lacked the experience and the skills to head a family and should therefore not be burdened with such a responsibility. The research data also revealed that some of the participants were aware of the factors that resulted in the existence of these families within communities. This will become evident in the discussion that follows in terms of the sub-themes and categories.

5.3.1.1 SUB-THEME 1.1 COMMUNITY MEMBERS EXPRESSED POSITIVE VIEWS REGARDING YOUTH-HEADED FAMILIES

Some of the research participants expressed a positive regard for youth-headed families and for the youth-heads of these families. These participants were able to identify positive aspects when siblings stay together. It should be noted that concerns were also raised regarding the plight of the children living in these families. However, the participants still felt strongly that these children were better off living with their siblings.
5.3.1.1.1 Community members support the existence of youth-headed families

The participants were aware of cases where children had been divided between their relatives after their parents died. Some of the participants expressed strong opposition to sibling dispersal. According to these participants, despite understanding the need of relatives to share the burden of care, they still maintained that it was not a good practice. Participants’ view was that siblings should be allowed to stay together as long as they supported and guided by adults. Some of the participants viewed young people in youth-headed families as capable of running their households, but needing adult guidance and support. The following quotations demonstrate this view:

*Children should not be separated at all. Imagine what this will do to them. They must be together and in this way, they can still be a family.*

*It teaches them to be responsible. They are united as a family, and it is better that they stay together than being separated.*

These participants’ views find support in recent studies on child- and youth-headed households, which have advocated against the separation of children, as this separation could cause emotional distress in children and young people who have already suffered the loss of their loved ones (Richter, 2004; UNICEF, 2004; Germann, 2005 & Van Dijk, 2008). These studies have also revealed the important role siblings play in facilitating coping and adjustment after the loss of parents. Literature on sibling relationships has emphasised the important role that siblings play as socialisation agents to each other even in the absence of the primary caregiver (Weisner, 1993b; Cicirelli, 1994; White, 2001).

In similar vein, Nampanya-Serpell, as cited in Cluver and Gardner (2006:2), conducted a study on children orphaned by HIV/AIDS in Zambia, using structured interviews with the families of rural and urban orphaned children affected by HIV/AIDS. This study reported that orphaned children who were separated from each other and placed in different extended family homes experienced emotional
disturbances, as they were unable to secure a meaningful attachment relationship with each other. In a situational analysis conducted by the University of South Africa (2008), which was commissioned by the Department of Social Development, communities overwhelmingly supported the notion of keeping children in their homes in the community, although safety was highlighted as an issue.

5.3.1.1.2 Community members express respect and admiration for young people heading their families

Some of the research participants expressed positive views regarding the initiative taken by young people in youth-headed families to deal with the pain of losing their parents and to move on with their lives. These participants also expressed their respect for the young people in these families, as evidenced in the following statements:

I respect them, because they are doing something to help themselves, instead of being in the streets. They are good kids and they are making a difference in their lives, because they have no-one else.

I see what they do for themselves and at least they are doing something for themselves, unlike those who sit back and complain.

Participants’ views resonate with the findings of the Nelson Mandela Children’s Fund (2001). In a study by Evans (2010) on sibling-headed households in Tanzania and Uganda, community members expressed a willingness and commitment to support the young people heading these households.

5.3.1.2 SUB-THEME 1.2: COMMUNITY MEMBERS EXPRESSED CONCERNS REGARDING YOUTH-HEADED FAMILIES

Some of the participants expressed concerns regarding the children and young people growing up in youth-headed families. The participants’ concerns were related to the effects of growing up without parents and the often poor living conditions of
youth-headed families. These participants viewed children growing up in these conditions as being at risk of engaging in maladaptive behaviours. Issues like school drop-out, the possibility of becoming involved in criminal activities, and the lack of proper socialisation were of particular concern to the participants. Based on these perceptions, some participants were of the view that child- and youth-headed households should not be an option. This was in contrast to the earlier view, where some of the participants expressed their support for youth-headed families. The following issues featured prominently in participants’ views about children and young people living on their own without parental or adult supervision:

- Perceptions of risk factors; and
- Concerns regarding the ability of young people to manage households.

### 5.3.1.2.1 Perceptions of risk factors

The community members expressed concerns regarding the plight of children in youth-headed families. Concerns related to lack of adult supervision and inability to cope with material needs were evident. Some of the participants viewed children and young people in youth-headed families to be at risk of negative future outcomes, based on their circumstances.

The participants’ views were reflected in the following statements:

*They may steal in order to survive.*

*Usually when a child is 18 years old in our culture, he is not ready to go to work, you know, because they start late at school, so at 18 maybe he is doing Standard 9 or Standard 10, so it’s getting tough for both of the youth. It’s worse for the child, because he knows nothing about taking care of the others.*

Contrary to the previous view that these families needed support, where community members viewed youth-headed families negatively, the availability of or lack of support became a subject of debate. These contradictory messages or ambivalent
perceptions continued to dominate the participants’ views. It was also noted that community members’ attitudes and views regarding youth-headed families influenced their willingness to support the families. Of note is the assumption, which is also evident in the literature, that the extended family structures should be able to absorb members of their families, regardless of their circumstances. This assumption led to participants blaming relatives and extended families for neglecting these children. Berk (2000:3) refers to the different layers of the ecological systems theory. According to Berk, the principles defined by the macro system have a cascading influence throughout the interactions of all other layers. For example, if it is the belief in a culture that parents and families should be solely responsible for raising their children, that culture is less likely to provide resources to help parents and families. This, in turn, affects the structures in which the family functions. Phrases such as ‘my child is your child’, believed to be reflective of Ubuntu, did not feature in participants’ views, as some community members maintained that children should be integrated within the extended family and that it was the duty of these families to look after their own.

Statements such as “A child does not know how to head a home and should not be allowed to do so” were identified in participants’ accounts. These statements tended to construct young people within youth-headed families as passive, dependent children who are at risk of future negative outcomes. Evans (2010:8) cautions against these views, arguing that this view seeks to emphasise their vulnerability as children lacking adult supervision rather than demonstrating their competencies as youth ‘managing their own lives’. Evans further argues that this view could undermine young people’s ability to exert agency and control over their lives.

Some of the participants expressed their concerns and hesitation in supporting the existence of these households, as this was perceived as encouraging children to live on their own, instead of being absorbed into their extended families. Research data also revealed that the situation of children and young people growing up in youth-headed families challenged the community’s understanding of childhood within a Black (African) context and represented a significant change in conventional beliefs about children and patterns of care within families.
The following extracts bear testimony to this view:

*Intsha lento kuthi ngoba nawe umele ukwazi ukuba kwi culture yethu abantwana abanakuziphatha and abanakuzihlalela. Baphi abantu abadala? [This is new to us. Even you should know that in our culture, children should not do as they please and should not live on their own. Where are the adults?]*

*We have seen cases where children find themselves in serious danger when there is no adult.*

Some of the concerns expressed by community members cannot be denied given the magnitude of the challenges faced by children and young people and the possible risk on their well-being. McWhirter *et al.* (2004: 2007) refer to the socio-economic environment in which children and young people grow as a significant exosystemic predictor of their overall well-being. Problems related to at-risk youth have been linked to the lower socio-economic status of the family. In support of this view, Fraser and Terzian (2005:5) have identified risk as relating to any event, condition, or experience that increases the probability that a problem will be formed, maintained, or exacerbated. These factors may include events, conditions or experiences of different magnitude and diverse nature which, it has been suggested, can be assessed on three levels, namely (i) individual level, (ii) household/family level, and (iii) community level. However, the literature on resilience in children and youth provides evidence that some of the children and young people demonstrated the capacity to adapt successfully, despite their challenging and/or threatening circumstances (Werner & Smith, 1982; Garmezy, 1991). The authors highlight protective factors within the individual, such as self-efficacy beliefs, factors within the family such as family connectedness, and factors within communities, such as the availability of support, as crucial factors that facilitated resilience of children and young people in their studies.
5.3.1.2.2 Concerns regarding the ability of young people to manage households

Some of the participants expressed concerns regarding the ability of children and young people to manage their households and the economic needs of the family with lack of and/or limited resources. The participants made reference to their own circumstances and shared their difficulties in coping with the challenging demands of managing their own households, even in situations where there are two income earners. Issues of prostitution, exploitation and crime as strategies to meet the economic demands of running a household featured prominently in participants’ views.

Some of the girls may end up selling their bodies to get money for the house. Some of them will drop out of school, because there is no money to pay school fees and they will end up being criminals.

Participants’ views are congruent with the literature on at-risk youth. Mc Whirter et al. (2004, 2007) argue that the socio-economic status of the family has an impact on the development and growth of children and young people in the family and could determine the future outcomes of members of the family. Germann (2005:316) indicates that the ability of children and young people within households headed by children and young people to mitigate household and economic challenges, coupled with parental loss, depends on the internal household economy, as well as access to existing internal and external resources.

5.3.2 THEME 2: COMMUNITY MEMBERS’ PERCEPTIONS REGARDING THE NEEDS OF YOUTH-HEADED FAMILIES

The participants were unanimous in their views regarding the needs of youth-headed families. They were of the view that communities have an important role to play in assisting the families to meet their needs. Some of the participants also referred to the need for community members to undertake an advocacy and broker role in order to support the families. The following section elaborates further on the perceptions of
community members regarding the priority needs of the members of youth-headed families, listed as follows:

- Youth-headed families need instrumental support
- Subsistence/Survival needs
- Financial assistance needs
- Need assistance to be reunited with their extended families

The next sub-sections of this chapter present each of these sub-themes, comparing them with existing theories and previous literature.

5.3.2.1 SUBTHEME 2.1: COMMUNITY MEMBERS PERCEIVE YOUTH-HEADED FAMILIES AS NEEDING ASSISTANCE TO MEET THEIR BASIC NEEDS

When asked about what they perceived to be the needs of youth-headed families, the participants identified the following:

5.3.2.1.1 Youth-headed families need instrumental support

The participants referred to the tangible support needed by children and young people in youth-headed families.

They shared the following regarding instrumental support:

*But the biggest problems are things such as having to clean the house and looking after the smaller children when they actually have to be at school.*

*Assistance with washing, because the youth-header will be at work and therefore does not have time to do things, like to cook, during the day. They should have a helper to assist them.*

Another participant said:
Sometimes they struggle to get to the places that can help them with things, like grants. Maybe as youth, you have children, you don’t have certificates or you don’t have anything for the children. They need someone who is older who can accompany them to social workers and guide them in terms of what is needed and how to apply for grants.

Some of the older ones need to go find a job, but it is difficult, because they cannot leave the young ones alone. I know one guy who works at night, but he does not have anyone looking after the kids when he is at work.

Some of the participants also referred to the importance of just encouraging the young people and motivating them to continue to do well. The participants’ views are consistent with findings of similar studies by Nkomo (2006), Mkhize (2006) and Van Dijk (2008).

5.3.2.1.2 Subsistence/survival needs

The participants referred to the challenges that children within youth-headed families experienced. According to the participants, access to food, safety needs and other basic needs such as electricity are priorities for these children and young people. Some of the participants expressed concern about the effect on the children in these families if these needs remained unmet for long, as some young people may end up using destructive ways of satisfying and coping with these needs.

They might end up dropping out of school and being involved in bad things.

The young girls may end up being used by older men in order to get money to buy food.

Some of the participants expressed concern regarding the conditions the children and young people in youth-headed families lived in and the lack of support of their relatives.
I feel sorry for these children, because they do not have anyone to care for them. I do know that they have a relative who used to visit when the parents were still alive, but I don’t see them anymore.

This participant continued:

I am concerned about these children, because they are good children. What will happen to them in future? I am unemployed, looking after three of my sister’s children who passed away last year, so I know how it is for these children to lose parents and not having someone. I see the pain that my nephews go through and how hard it is for them. At least they have me. What about those children who live on their own?

Findings of similar studies have revealed the vulnerability of children and young people, due to inability to meet their survival needs (Nelson Mandela Children's Fund, 2001; Naicker & Tshenase, 2004). The Constitution of South Africa provides for the protection of the rights of children and young people. In recognition of children’s special needs and vulnerability, the Constitution makes provision for the care and protection of children. Of particular importance are Sections 26 and 27 of the Constitution of South Africa, which provide for access to adequate housing, health care, food, water and social security. These sections therefore suggest that children and young people living in youth-headed families are also equally entitled to social assistance and should be protected against circumstances that increase vulnerability.

Section 137 of the South African Children’s Act 38 of 2005, as amended by the Children’s Amendment Act No 41 of 2007, makes provision for child-headed households to be recognised by state welfare departments as a family if the eldest child heading the household is over the age of sixteen years. This would enable the household to receive support from the state. Certain criteria are mentioned in Section 137(1) that should be met in order for a household to be recognised as a child-headed household. Of particular relevance to this study is the first criterion, which indicates that there should not be a head of the household who is an adult. It
should be noted that a child-headed household is a household headed by a child under the age of 18 years. The Act does not provide for situations when the oldest child who is the head of the household has turned 18 or is above the age of 18, even though one started undertaking this role at a younger age, as this household is no longer classified as a child-headed household, which is the case in this study. Furthermore, a young person over the age of 18 may still be in school. Although this section has been seen as a positive development for many child-headed households, the shortcoming is that those households headed by a young person over the age of 18 years are deprived of the same recognition and the state support provided to child-headed households. Communities and other stakeholders, such as social workers, have a crucial role to play in advocating for justice, fairness and equality in the delivery of services to youth-headed families, as well to ensure that the subsistence needs of these families are met. This will contribute towards the well-being of these families.

The theory of Max-Neef (1987) is useful in understanding human needs and helps to define the role that can be played by communities towards the satisfaction of the needs of children and young people in youth-headed families. Max-Neef, Elizalde and Hopenhayn (1987) have developed a taxonomy of human needs. In this taxonomy, human needs are organised into two categories, that is, existential and axiological needs. Table 5.1 provides a classification of these needs.

Max-Neef (1987) distinguished between needs and satisfiers. He suggests that food and shelter must be seen as satisfiers of the fundamental need for subsistence. Max-Neef argues that human needs are few, finite and classifiable and are constant through all human cultures and across historical time periods.

According to Max-Neef, what changes over time and between cultures are the strategies by which these needs are satisfied. Max-Neef indicates that all needs must be understood as a system; implying that all needs are interrelated and interactive. With the sole exception of the need of subsistence, that is, to remain alive, no hierarchies exist within the system. He further suggests that each need can be satisfied at different levels and within three contexts, namely the individual, the
social group and the environment. This theory is based on the premise that any fundamental human need that is not adequately satisfied reveals human poverty.

An insight into the taxonomy of human needs can provide some insight into problems that hinder the satisfaction and actualisation of fundamental human needs within communities.

**TABLE 5.1: MATRIX OF NEEDS AND SATISFIERS**

**Needs according to existential categories**

<table>
<thead>
<tr>
<th>Needs according to axiological categories</th>
<th>Being</th>
<th>Having</th>
<th>Doing</th>
<th>Interacting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subsistence</strong></td>
<td>Health, equilibrium, sense of humour, adaptability</td>
<td>Food, shelter, work</td>
<td>Feed, procreate, rest, Work</td>
<td>Living environment, social Setting</td>
</tr>
<tr>
<td><strong>Protection</strong></td>
<td>Physical health, mental health, equilibrium, sense of humour, adaptability</td>
<td>Insurance systems, savings, social security, health systems, rights, family, work</td>
<td>Co-operate, prevent, plan, take care of, cure, help</td>
<td>Living space, social environment, dwelling</td>
</tr>
<tr>
<td><strong>Affection</strong></td>
<td>Self-esteem, solidarity, respect, tolerance, generosity, receptiveness, passion, determination, sensuality, sense of humour</td>
<td>Friendships, family, partnerships, relationships with nature</td>
<td>Make love, caress, express emotions, share, take care of, cultivate, appreciate</td>
<td>Privacy, intimacy, home, spaces of togetherness</td>
</tr>
<tr>
<td><strong>Understanding</strong></td>
<td>Critical conscience, receptiveness, curiosity, astonishment, discipline, intuition, rationality</td>
<td>Literature, teachers, method, educational policies, communication policies</td>
<td>Investigate, study, experiment, educate, analyse, meditate</td>
<td>Settings of formative interaction, schools, universities, academies, groups, community, family</td>
</tr>
<tr>
<td><strong>Participation</strong></td>
<td>Adaptability, receptiveness, solidarity, willingness, determination, dedication, respect, passion, sense of humour</td>
<td>Rights, responsibilities, duties, privileges, work</td>
<td>Become affiliated, co-operate, propose, share, dissent, obey, interact, agree on, express opinion</td>
<td>Settings of participative interaction, parties, associations, churches, communities, neighbourhoods, family</td>
</tr>
<tr>
<td>------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Leisure</strong></td>
<td>Curiosity, receptiveness, imagination, recklessness, sense of humour, tranquillity, sensuality</td>
<td>Games, spectacles, clubs, parties, peace of mind</td>
<td>Day-dream, brood, dream, recall old times, give way to fantasies, remember, relax, have fun, play</td>
<td>Privacy, intimacy, spaces of closeness, free time, surroundings</td>
</tr>
<tr>
<td><strong>Creation</strong></td>
<td>Passion, determination, intuition, imagination, boldness, rationality, autonomy, inventiveness, curiosity</td>
<td>Abilities, skills, method, Work</td>
<td>Work, invent, build, design, compose, interpret</td>
<td>Productive and feedback settings, workshops, cultural groups, audiences, spaces for expression, temporal freedom</td>
</tr>
<tr>
<td><strong>Identity</strong></td>
<td>Sense of belonging, consistency, differentiation, self-esteem, assertiveness</td>
<td>Symbols, language, religions, habits, customs, reference groups, sexuality, values, norms, historical memory, work</td>
<td>Commit oneself, integrate oneself, confront, decide on, get to know oneself, recognise oneself, actualise oneself, grow</td>
<td>Social rhythms, everyday settings, settings which one belongs to, maturation stages</td>
</tr>
<tr>
<td><strong>Freedom</strong></td>
<td>Autonomy, self-esteem, determination, passion, assertiveness, open-mindedness, boldness, rebelliousness, tolerance</td>
<td>Equal rights</td>
<td>Dissent, choose, be different from, run risks, develop awareness, commit oneself, disobey</td>
<td>Temporal/spatial plasticity</td>
</tr>
</tbody>
</table>

Source: Max-Neef, Elizalde & Hopenhayn (1987)

This matrix demonstrates an interaction between the needs of Being, Having, Doing and Interacting on one hand, and the needs of Subsistence, Protection, Affection, Understanding, Participation, Creation, Leisure, Identity and Freedom on the other hand.
5.3.2.1.3 **Financial assistance**

Participants reported that financial assistance was one of the most important needs of these families, as this would enable the children to meet basic needs, such as food, clothing, and electricity as well as transport money to school. It was reported that some of the neighbours helped with electricity money and food at times. However, due to the rate of unemployment in the community, the participants reported that it was difficult to continue helping, as they themselves were faced with similar challenges. The participants referred to the role that can be played by government and the church in meeting these needs.

*Every Sunday they collect tithes you see, especially the saved people, they’ve accepted Jesus as their saviour. At least in that money that they get from tithes, I think they can share this with the families.*

*They [referring to the youth-headed households] need support; they need support from government because there is no-one else can help them.*

*They are not coping, unless our government can do something for like taking them to school, as I have said before, taking them to school or giving them training to do something.*

5.3.2.1.4 **Need assistance to be reunited with their extended families**

Some of the participants were of the opinion that the children in youth-headed families felt lonely and had a need to belong to a family. The participants expressed concern about the conflict that seems to exist between the children and their extended families. Some felt strongly about the need to reunite these families, and the motivation was that this would allow them to know their family and their culture and provide them with a sense of belonging. The participants also made reference to the important role that families and especially elder members of the family could play in transmitting positive values to their family members, which is not the case when there is no interaction or relationship between children and their extended family.
The children need to know that their relatives care for them.

We can help as communities, but what they need [referring to children and young people in youth-headed families] is their own relatives to love them and to make them learn good from bad.

I also agree, because relatives can teach them important things such as what is right or wrong. As community members we can teach them, but each family is different.

Despite the claims that the capacity of the extended family networks is stretched to the limit as a result of problems such as poverty, migration and HIV and AIDS (Foster, 2000), the research results reveal that communities still believe that extended families or relatives have an important role to play in ensuring the sense of belonging, sense of solidarity and socialisation of children and young people in youth-headed families.

The participants’ views are supported in Putnam’s (1995) contention of the family as the most important source of social capital. In this context, social capital can be understood as networks of social relations, characterised by norms of trust and reciprocity. Stone and Hughes (2001:2) argue that the essence of social capital is in the quality of relationships. This, according to Stone and Hughes (2001), affects the capacity of people to come together to collectively resolve the problems they are faced with. The latter authors refer to social capital as a resource for solidarity and collective action. This view is aligned with Coleman (1988), who states that social capital within the family is essential for the transmission of human capital to children. According to Coleman, the structure of social relations between people consists of three main forms. Firstly, high levels of ‘obligations and expectations’. People ‘do things’ for each other; actions that they expect and trust will be repaid so that, in due course, they will benefit from the ‘cost’ of their helpful action. Secondly, there is ‘information potential’. Social relations provide social capital in the form of the acquisition of information from others, which enables one to act on a knowledgeable/rational basis. Thirdly, social capital consists of ‘norms and effective
sanctions’. Here, socialties constitute a means for social control through the generation and sustenance of norms of approved social behaviour, and the sanctioning of disapproved behaviour. The latter form relates mostly to participants’ views about the role of the extended family network.

However, Amoateng, Richter, Makiwane and Rama (2004:18) refer to the gap that exists between the idealisation of the family and the reality that affects orphans and child- and youth-headed families and can be a challenge in the actualisation of beliefs about what families are and should be. The ecological systems perspective makes reference to the fact that families are not self-reliant; they depend on other systems, such as the external environment, for successful adaptation and growth. This, therefore, suggests that the communities and the other institution such as the school and church can equally play the role of transmitting good values to members of youth-headed families in the absence of supportive relatives. In line with this view, Hepworth, Rooney, Rooney and Strom-Gottfried (2010:236) provide variability and choices of ways in which family membership are achieved. Of note is the inclusion of informal relationships, biological and non-biological kin, and social networks within communities and/or cultural groups.

5.3.3 THEME 3: COMMUNITY MEMBERS’ PERCEPTIONS REGARDING THE BARRIERS TO SUPPORTING YOUTH-HEADED FAMILIES

When participants were asked about their views regarding the role of the community in supporting youth-headed families, the responses revealed that communities were willing to help and to offer their support; however, due to poverty and high unemployment, they felt constrained in assisting in meeting the needs of youth-headed families.

5.3.3.1 SUB-THEME 3.1: FACTORS THAT IMPACT ON COMMUNITY INVOLVEMENT AND SUPPORT

The participants referred to the following factors that pose barriers to their involvement in supporting youth-headed families:
• Poverty-related challenges as barriers impacting on community’s ability to support youth-headed families
• Lack of awareness or limited understanding regarding how to help
• Perceived lack of initiative from youth to ask for help
• Others might question the intention to help

The following sub-section further elaborates on the barriers to supporting youth-headed families as experienced by community members comparing these with relevant theories and literature.

5.3.3.1.1 Poverty-related challenges as barriers impacting on community’s ability to support youth-headed families

The participants indicated a willingness to support youth-headed families. However, poverty and limited resources within communities were identified as major hindrances. The majority of the participants expressed strong feelings regarding unemployment as a deterrent to their ability to lend a helping hand. As a result of high unemployment, community members were more concerned about their own survival, as illustrated in the following excerpts:

Something that is difficult is that sometimes we see that the family really need support and that they do not have anyone working. But it is difficult to help while I’m also not working, because what I can use to help is money. I would say to myself, I will give him/her rice, then I realise that I can’t do that because I don’t have it even myself.

Another participant said:

I really wish that I could help, but I need help myself, because I have nothing. If I had money or food, I’d share with them, but how do I do that when I don’t know what I will put on the table for my children for them to go to bed with something in their stomachs?
As parents, we always worry. You often think this child is living like this, but there is nothing to do. We only talk about these things, you see. Everybody worries you see it’s the say, it’s just a say but we have nothing to support them.

It became evident from participants’ narratives that some community members were willing to assist youth-headed families. However, limited personal resources served a hindrance to reaching out to others in need. Evans (2010:22) refers to resource constraints as one of the key barriers to community support. Similarly, some studies contend that unemployment, poor wages, unstable working conditions, and inadequate resources disproportionately place communities at a disadvantaged position, which makes it difficult for them to offer support to community members in need (Germann, 2006; Van Dijk, 2008).

5.3.3.1.2 Lack of awareness or limited understanding regarding how to help

Some research participants also reported that they did always know how to help youth-headed families. The lack of knowledge about what to do and the available resources limited their ability to help.

The following statements give testimony to this view:

*I don’t think people know where to go to first of all when they need to help. Where can I start? Where can I start to go to? How do I help?*

*I wish I could help, but I don’t know what to do.*

Van Dijk and Van Driel (2009:921) concur with this view and further state that lack of awareness as to how and when to help, can result in insufficient support being provided to children and young people in need. The findings of a study by Evans (2010:22) identified limited understanding among teachers and community members about young people’s problems and how to support them as barriers to developing
services and support for young people caring for their siblings in Tanzania and Uganda.

5.3.3.1.3 Perceived lack of initiative from youth to ask for help

Some of the participants blamed the young people for not reaching out for help. The participants viewed this lack of initiative as negative and as not wanting to be helped.

I don’t know whether those youth are willing to be assisted, you know, because sometimes they just sit and keep quiet even if they struggle.

Another participant reported the following:

It is difficult to help a person who does not ask for help. I do not want to appear as though I am forward, so I sit back and wait for someone to ask for help. I do not want to offend anybody.

Studies conducted with child and adolescent-headed households reported that due to issues of discrimination, stigma, fear of harassment and fear of marginalisation, children and young people from these households tended to isolate themselves, which impacted on their ability to seek help (Nelson Mandela Children’s Fund, 2001; Naicker & Tshenase, 2004; Van Dijk, 2008).

Evans (2010:9) refers to strategies used by young people to resist marginalisation and harassment, such as suppressing their emotional needs and being highly self-reliant.

5.3.3.1.4 Others might question the intentions to help

A few participants indicated that they were hesitant to help youth-headed families, due to fears that their intentions may be questioned. They referred to mistrust that existed among community members, which made it difficult to extend a helping hand.
It depends, because we as Xhosa have our own beliefs. People have, I can say, I can do something to help, but people nowadays will wonder why I am interested in helping. I can say, I can help with this, and then there will be questions like, why all of a sudden? You see neighbourhood and family members can be a problem.

Another participant referred to the fact that some young people had been exposed to abuse and exploitation by those who claimed to help them. He reported that this resulted in suspicion and lack of trust among community members.

People no longer give for the sake of giving. They expect something in return and I don’t want people to think I am also helping because I want something in return.

In a study with adolescents in youth-headed households by Nkomo (2006:91), participants showed scepticism and cynicism in terms of community support. Van Dijk (2008:133) raises questions as to whether communities are helping because of Ubuntu or reciprocity. The participants in this study felt that neighbours helped them because they expected something in return, and this influenced their appreciation of the support given. Contrary to the views articulated by members of youth-headed families about lack of care from communities for the well-being of these families, the community members reflected on contextual realities in their communities, such as crime, child exploitation and violence against women and children, which impacted on the ability of community members to offer the required support. These findings have highlighted the need to build the strength and capacity of communities to enable them to fulfil the crucial role of supporting youth-headed families. In addition, the findings have suggested the need to build social trust and community cohesion in order for the communities to serve as a strong social network for youth-headed families.
5.4 SECTION THREE: THE ROLE OF FORMAL AND INFORMAL ORGANISATIONS AS A SOCIAL NETWORK

The following diagram provides a visual presentation of the themes, sub-themes and categories of the findings of the interviews with representatives of formal and informal organisations that render services to youth-headed families. The aim of these interviews was to explore the views of representatives of formal and informal organisations regarding the role of these organisations in promoting coping and resilience in youth-headed families. The findings are presented in four major themes, with their related sub-themes, as depicted in the table below:

**DIAGRAM 5.2: IDENTIFIED THEMES OF FORMAL AND INFORMAL ORGANIZATIONS PROVIDING SERVICES TO YOUTH-HEADED FAMILIES**
5.4.1 THEME 1: PERCEPTIONS OF SERVICE PROVIDERS REGARDING THE NEEDS OF YOUTH-HEADED FAMILIES

Before exploring participants’ perceptions regarding the needs of youth-headed families (YHF), it was crucial to explore their understanding of the concept of youth-headed families. It was clear that each service provider had their own understanding of the concept of YHF. Participants who represented NGOs/NPOs and social work organisations commonly understood the term ‘youth-headed household’ to mean a household where the parents had died and the children and young people would be living alone, with the oldest child taking the role of a parent. Participants extended this understanding to include persons who could be over the age of 18 years, but were still at school. Even though this was the case, participants also reported that the children over 18 years of age did not receive any grants and that it was most of the times difficult for them to access the same services available to children under the age of 18 years. It was noted that participants who represented the HCBC organisations were more familiar with the term ‘child-headed households’ than youth-headed families. This was based on the local understandings of childhood and the constructions of a child within the community. When this was explored, the following extracts were captured from participants’ explanations:

Kaloku umntana noba umdala engekatshati nje uhlala engumntana. Thina singamaxhosa and apho siphuma khona sibabiza njalo. [A child remains a child, even if he or she is old, as long as one is still unmarried. We are the Xhosas, and where we come from, we refer to them as children.]

Another care-giver said:

*We work a lot with child-headed households and we do not differentiate these households, because most of these children are still at school and we see them as children.*

It was noted from participants’ accounts that the different understanding of the term youth-headed families, as well as their definition and or constructions of a child, had
a significant impact on how they were relating to young people within these families. This view resonates with the findings of a study by Van Dijk (2008:111). In this study, Van Dijk refers to characteristics such as independence, ability to take care of oneself, whether one is still at school or not, marital status and male circumcision as indicators that one has reached adulthood. Similarly, the findings of a study by Evans (2010) in Tanzania and Uganda on the experiences and priorities of young people caring for their siblings suggest that marriage continues to be seen as the major marker of adulthood in these countries and this, according to Evans, impacts on how communities perceive young people. It was noted in the present study that, despite the adult responsibilities fulfilled by those young people heading their families, this did not appear to qualify them for adulthood according to some of the research participants. In this vein, Van Dijk (2008:119) argues that the characteristics of childhood and adulthood influence the nature of communication between young people and the care-givers, as within the Xhosa culture, there are rules regarding communication and what is acceptable or not acceptable with regard to topics that a ‘child’ ought to communicate with an adult or senior. This could have implications for service delivery.

Participants were asked to share their perceptions regarding the needs of youth-headed families, and the following sub-themes emerged from participants’ accounts:

- Sub-theme 1.1: Youth-headed families need general practical support
- Sub-theme 1.2: Psychological needs of youth-headed families

5.4.1.1 SUB-THEME 1.1: YOUTH-HEADED FAMILIES NEED GENERAL PRACTICAL SUPPORT

5.4.1.1.1 Inadequate parenting skills

The participants referred to the need for more general support for the youth-headed families. In particular, participants referred to parenting skills as one of the priority needs of young people heading their families. The view was that young people within youth-headed families lacked parenting skills.
The parenting side is also very important. They need parenting skills and most importantly role-modelling. To be a parent does not only mean having parenting skills only. As a parent you are also a role-model to your children. These young people who are heading their families need a parent figure to learn from observation. We need to involve community members to volunteer this service. I am not saying they must go and live with the family or must be their parent, but they must look after these families, be the role model and be a parent figure to these families. They must monitor the family to see that they are doing well. You know a parent will look at the child’s academic progress, check their school work, and look if everything is okay on a regular basis. We need people who will be available for these families.

Another participant supported this view and further suggested the involvement of social workers in addressing this need:

At the moment, we are relying on care-givers within the HCBC to play the parenting role, but we also think that there is a huge role that a social worker can play especially around the education of the young person about his/her development and about parent related issues.

In support of this view, participants representing HCBCs referred to their centres as open homes for children and young people from youth-headed families and this was seen as an effective strategy to address the challenge of lack of parenting skills, as well as the provision of instrumental support for youth-headed families:

These children need someone who will take care of them. Even though they have their own homes, our centre acts like a home to them where they can just come in when they are in need. On their way to school, they stop by us and eat their porridge; when they come out of school, they come to us and we do activities with them. The caregivers also sit with them and help them with their homework, teach them and do programmes with them. At 17:00 pm they eat their lunch and thereafter they go home.
I would say that they need an adult to supervise and guide them because in some cases, the head of the household is young and the age group between him/her and the siblings is not that big, so the siblings do not listen to the head of the household. They do need a lot of guidance, especially in cases where the young girl is reaching womanhood. She needs guidance of an older person to educate her regarding the physical development and the tasks of that particular stage. They also need someone who will look onto their school work, praise them for work well done.

Participants’ views are consistent with the findings of a study conducted by the Nelson Mandela Children’s Fund (2001) on the challenges facing orphans and child-headed households. In this study, participants expressed that they constantly felt ill-equipped to provide proper parental guidance and discipline to their siblings. In a similar vein, Greenberg (2007:4&10) refers to social support, socialisation, coping and life skills as needs that only parents and or adult can meet. Van Dijk (2008) and Germann (2006), though, refer to situations where some of the child-headed households were able to cope better with their situations and were able to find ways of making the experiences ‘a good enough’ space for socialisation.

5.4.1.1.2 **Basic needs for survival**

The participants identified the basic need for food, good housing, health care, schooling, bedding and financial support as crucial. These needs were seen as priority needs for children and young people within youth-headed families. Similar studies have also emphasised the need to prioritise interventions and support for children and young people to ensure that their survival needs are addressed (Mkhize, 2006; Nkomo, 2006; Van Dijk, 2008).

5.4.1.1.3 **Lack of financial and budgeting skills**

Participants also referred to lack of financial and budgeting skills as a challenge for youth-headed families. This was reported to be the case in situations where younger children were receiving grants and financial support from the Government:
Sometimes children in these families get grants, but they do not know how to handle this money, because all of a sudden, they are expected to know things such as budgeting and how to be responsible. How are they supposed to know if they have not been coached to work with money? As volunteers we also lack training in order to equip them with skills that will help them on a day-to-day basis. You know moss that when you are a parent you learn every day from the challenges you experience and because you have been doing this for a while, your experience helps you to deal with the challenges of being a parent. What helps these children? They are trying to make it work on their own and every day they have to make choices and decisions that will impact their future. If they were monitored and supported in terms of this, they can be able to cope better with the demands that are facing them. As volunteers we help where we can and we know that our services are limited but we do what we can. We need training to be able to do more.

It should be noted that this view was also expressed by young people heading their families in the current study.

5.4.1.2 SUB-THEME 1.2: PSYCHOLOGICAL NEEDS OF YOUTH-HEADED FAMILIES

The participants interviewed, reflected on the traumatic experiences that children and young people in youth-headed families confronted as a result of caring for their parents and the subsequent death of their parents. Some of the participants expressed their concerns regarding the impact these experiences could have on children and young people’s well-being.

The following areas were identified as the psychological needs of young people in youth-headed families:

- The need for psycho-emotional support
- Lack of support and encouragement
5.4.1.2.1 The need for psycho-emotional support

Participants referred to various challenges facing youth-headed families as a result of the loss of their parents. They spoke not only of their perceptions of trauma surrounding the death of parents, but also of how this experience impacted on the self-esteem of the children and young people within these families.

*I also think that the other need is counselling in order for them to deal with the loss of their parents. We find that in some cases, when a young person loses his/her parent especially due to HIV and AIDS, their self-esteem is impacted because some see themselves as being different from others. This is especially the case when the extended family rejects them after the death of parents.*

*We already have programmes that meet their physical/practical needs and a little bit of their emotional needs but we should not end there. There is a need to meet their psycho-emotional needs as well.*

5.4.1.2.2 Lack of support and encouragement

Support and encouragement from significant others was highlighted as crucial for building a healthy self-esteem in children and young people. Participants were of the view that due to parental loss and detachment from the extended family, children and young people in youth-headed families may lack support and encouragement. The role that communities can play in providing such support and encouragement was described as crucial as evidenced in the following statement:

*We need to involve our communities. Children from youth-headed families need a lot of guidance, especially in cases where the young girl is reaching womanhood. She needs guidance of an older person to educate her regarding the physical development and the tasks of that particular stage. They also need someone who will look onto their school work, praise them for*
work well done. This is important, especially because there is no parent to offer such support. This will build their self-worth and self-esteem.

This view identifies communities as crucial social networks for youth-headed families and is supported by other studies that focused on coping of children and young people in child and youth-headed households (Germann, 2005; Evans, 2010).

5.4.2 THEME 2: PROGRAMMES AND SERVICES FOR YOUTH-HEADED FAMILIES

Research data reveal that programmatic responses do not identify youth-headed families or households as a target group requiring focused or specialised intervention. The needs of ‘youth-headed households’ were addressed within the OVCs and child-headed households’ programmes. From the participants’ perceptions regarding the programmes available to youth-headed families, three sub-themes were identified as follows:

- Sub-theme 2.1: Programmes for child- and youth-headed households provided by NGO/NPOs and DSD
- Sub-theme 2.2: Programmes for child- and youth-headed families provided by HCBCs
- Sub-theme 2.3: Perceived role of social worker

5.4.2.1 SUB-THEME 2.1: PROGRAMMES FOR CHILD- AND YOUTH-HEADED HOUSEHOLDS PROVIDED BY NGOs / NPOS AND DEPARTMENT OF SOCIAL DEVELOPMENT

The research data revealed that very few NGOs/NPOs rendered services to child- and youth-headed households. The Department of Social Development (DSD) did not operationalise programmes to child- and youth-headed families. The DSD provided funding to community-based organisations to implement programmes and
services to child- and youth-headed families as evidenced by the following extract from the interview with a representative from DSD:

*I cannot say we render services to these households as Social Development. We provide funding to Community-Based Organisations in order for them to identify families within communities that are headed by children and young people. They are then tasked with the responsibility to meet the immediate needs of these households in the form of food parcels and ensuring that children within these families go to school, have school uniforms as well as attend to other practical needs. They are expected to refer these cases to Social Development for foster care, when necessary.*

It was also reported that the NGOs/NPOs that rendered services to youth-headed families had care-givers and community developers who were involved with these families. The organisations received funding from mainly the Department of Social Development. The research data also revealed that programmes and services offered to child- and youth-headed families were implemented through home- and community-based care centres, as well as other volunteer programmes. As indicated in this chapter, it was reported that there were no programmes of services specific to youth-headed families. Programmatic responses and services were channelled through the category of Orphans and Vulnerable Children (OVCs) as well as those geared towards child-headed households. Participants did acknowledge that the programmes for child-headed households did not incorporate the developmental needs of young people who were over the age of eighteen (18) years.

5.4.2.2 SUB-THEME 2.2: PROGRAMMES FOR CHILD- AND YOUTH-HEADED FAMILIES PROVIDED BY HOME AND COMMUNITY-BASED CENTRES (HCBC)

In 2000, the three governmental departments, namely the Department of Education (DOE), the Department of Health (DoH) and the Department of Social Development (DSD), launched a special plan called the National Plan for Children Infected and Affected by HIV and AIDS (NIP). The aim of this special plan is to ensure access to
an appropriate and effective integrated system of prevention, care and support services for children infected and affected by HIV and AIDS. The key features of this plan, according to Sloth-Nielsen (2004:22), are life skills education, voluntary counselling and testing (VCT) and home- and community-based support. Several HCBCs were opened in Nelson Mandela Bay as a result of NIP and the aim and role of these HCBC involve the identification of children affected by HIV and AIDS who are in need of help and to link these children with services whilst they remained in their families and communities. The HCBCs reportedly provide numerous programmes, depending on the funding they receive. Most of these organisations provide programmes and services on behalf of the Department of Social Development (DSD). Such programmes were perceived by participants as similar and often overlapped.

At the moment we are relying on HCBCs to play a crucial role in supporting youth-headed families but we also think that there is a huge role that a social worker can also play especially around the education of the young person about his/ her development. However, due to high caseloads, social workers may not be able to fulfil this role. I still think that there are ways of addressing this challenge.

We also identified that there is an overlap between HCBCs in the services they provide to these families. Regular evaluation and monitoring will assist in addressing this problem.

This view in consistent with the finding of the situational analysis of child-headed households in South Africa which was conducted by UNISA research team (2008) which was commissioned by the Department of Social Development.

5.4.2.2.1 Focus of services offered by HCBCs

From the data collected from the focus group discussions with care-givers and representatives from HCBCs, the following areas were identified as the focus areas
for HCBCs: identification of child- and youth-headed households, provision of practical assistance, and provision of educational and life skills programmes.

5.4.2.2 Identification of child- and youth-headed households

Participants from HCBCs reported that they mainly provided general practical services, such as the identification of child- and youth-headed households, conducting the needs assessment on behalf of DSD, and referrals to social workers and the South African Security Agency (SASSA). The participants referred to the role played by neighbours as crucial in the identification of child- and youth-headed households. The view expressed is that neighbours know, by virtue of proximity to these households that the parents are absent. Care-givers, who also act as health workers in schools, also work with teachers. It was reported that teachers particularly note the child’s state of upkeep, late-coming or inattentiveness in class, and poor academic performance.

We work with schools. In fact, there is a school that Social Development has adopted here in New Brighton. We work from this school every day during school hours. We work closely with teachers who identify these children for us based on what they see in their classrooms. We observe what is happening during break times and we are able to identify some children based on what we see when they play with others and sometimes we are allowed to organise some sport events and this gives us an opportunity to be closer to the children. We then talk to all of them generally about their families and sometimes we pick up from these conversations that there are problems at home. We do follow-up on these children.

The participants indicated that they reported and referred these cases to social workers for applications for grants and food parcels. The participants also conduct a needs assessment for the social workers and in some cases, they offered some form of lay counselling, spiritual support, as well as guidance on issues related to the needs identified.
5.4.2.2.3 Provision of practical assistance

The participants mentioned that, in some cases, parents died without identity documents. In such cases, it became difficult for children to access any social grant and other forms of support from the Government. Where this was the case, caregivers would assist young people by accompanying them to Home Affairs Office to apply for these documents, also referring such cases to social workers for further assistance. Provision of new school uniforms, life skills like cooking and general hygiene were listed by care-givers as practical assistance provided to youth-headed families.

In the mornings, we do home visits especially for the child-headed families, we do a needs assessment to see what the children’s needs are. In the mornings the care workers go out for one or two hours, depending on their work and help out in those homes that they feel are in need of help. For instance, what happens in a home with four children, you will find that some of the children go to school, in the mornings we make porridge, so the children would stop by us first and eat their porridge and thereafter go to school and when they get back from school, the eldest one, who is looking after them, will check their uniforms, they will go to the centre and then go home.

This is consistent with the findings of a similar study conducted by a research team in UNISA (2010), where communities were encouraged and supported to identify families in need, to volunteer as caregivers, and to keep an eye on children who live alone.

5.4.2.2.4 Provision of educational and life skills programmes

The participants pointed to the importance of education and prevention programme for children and young people within child- and youth-headed families. Some organisations render life skills programmes focusing on assertiveness training, self-esteem and mentoring. Caregivers were reported by their managers to be doing commendable work in educating children and young people. Concerns were also
raised regarding the lack of on-going training and limited resources to enable the work done by caregivers to continue. The participants also reflected on their challenges in their efforts to meet the needs of child- and youth-headed families, as reflected in the following statement:

We do counselling, even though we are not trained to do this. Our counselling is more educational. We educate them about issues such as HIV/AIDS, how to deal with sexual harassment, how to look after themselves. We have come across cases where some of these children have been victims of rape because people know that they live by themselves. I remember two situations where the girls in these families were raped and we struggled to get social workers do provide counselling. Social workers take time to respond to the needs of these families. Teachers are also complaining, because of the lack of response or a delayed response from social workers and these children struggle to cope at school. We end up providing counselling, even though we do not really know what we are doing. We are forced to do so, because the emotional support is not there for these families. This is the biggest challenge and a big gap in terms of how the needs of these families are addressed. We are really struggling in terms of emotional and psychological services for these families. This affects their school performance. Some of these children end up being promoted at school, even though they are academically not ready. I am concerned about this, because we get young people who are in Grade 11/12 and are really struggling due to issues that are not resolved because social workers are not intervening early or there is lack of intervention.

This view is consistent with findings of similar studies, for instance that of Van Dijk (2008).

5.4.3 THEME 3: LIMITATIONS OF SERVICES RENDERED TO YOUTH-HEADED FAMILIES

Participants reported that although they offered services to youth-headed families,
they were aware that their programmes and services were not meeting all the needs of children and young people in youth-headed families.

The following sub-themes and categories emerged from participants' accounts:

- Programmes and services rendered to youth-headed families do not meet the holistic needs of youth-headed families
- Difficulties with policy interpretations

These two sub-themes will be presented in the following sub-section, comparing them with relevant literature.

5.4.3.1 SUB-THEME 3.1: PROGRAMMES AND SERVICES RENDERED TO YOUTH-HEADED FAMILIES DO NOT MEET THE HOLISTIC NEEDS OF YOUTH-HEADED FAMILIES

The majority of the programmes and services rendered were reported to focus on the physical and practical needs of these families.

The following extract from the interview with representatives of DSD and NPOs bears testimony to this view:

_We do understand the needs of these families, and this is exactly the reason that the HCBCs (Home and Community-Based Centres) that you refer to as CBOs were formed in the first place. The intention was to empower the organisations so that they can be able to identify these families and provide for their immediate need and also to speed up the foster care process. Once these families have been identified, they are then referred to Social Development. The HCBCs also provide us with information with regards to the needs of these families. They are expected to conduct home visit and do assessment of the needs and the situation. We are aware of the emotional needs, the physical needs and other practical needs. We also know that these_
children need a lot of support and guidance. Unfortunately, our care-givers within the HCBC are only able to meet some of the needs of these families.

The following were also identified as factors that impacted on the ability to meet the holistic needs of youth-headed families:

**5.4.3.1.1 Limited knowledge about children and young people’s needs**

Participants reported that even though they conducted the needs assessment in order to identify the needs of child- and youth-headed families, the instruments they used to collect this information and the type of questions they used, did not always give them enough information about all the needs of these families. This resulted in lack of knowledge about the holistic needs of children and young people within youth-headed families. When this issue was explored further, the participants explained that they had a standard form, and for this purpose, the questions tended to focus more on the practical needs of children like food and school needs. Lack of involvement of the children and young people themselves in decisions related to programmes and services geared towards addressing their needs was also identified as a challenge, as evidenced by the following extract:

*Sometimes children are not consulted when decisions are made regarding the programmes. Some of our organisations already have programmes in place and we are required to use these programmes.*

Another participant followed on to say:

*Even with the programmes that exist, the focus is not on the current needs of these households, because what happens, is that you are given a programme to implement that has already been decided on and you are told to implement it.*

From the extracts above, it would seem that despite the calls for children’s participation in matters that affect them and the articulated need for a fundamental
shift in the way that professionals engage with children, the reality with regard to programme development and service delivery for child- and youth-headed families is altogether different (UNICEF, 2011).

5.4.3.1.2 Lack of suitable developmental programmes for the children and young people

The need for developmental interventions that will enable the development of protective factors in children and young people from youth-headed families was emphasised. The research data also revealed the lack of such focus in the current interventions, as evidenced in the following quotation:

My understanding is that the HCBCs are supposed to be the centres where children are groomed and developed to their full potential. If a child or a young person has a problem they should know where to go to in their communities. Unfortunately at the moment we do not have a centre that focuses on programmes that ensures the developmental needs of children and young people are attended to. These organisations do not really focus broadly on all the needs of these households, because the tendency is to only focus on programmes that will generate money for the organisation. This is because we do not have organisations that can capacitate the HCBCs to be able to meet this need.

When this statement was explored further, including questions around the role of social workers in addressing the needs of youth-headed families, the following response was given:

It is because there is no funding currently to pay those organisations that can meet this need and most organisations focus on where there is money and not necessarily where there is a need because they also want to survive. There is also limited training for social workers but social workers are expected to perform wonders. They expect you as a social worker to know all. Social workers are not developed continuously to enable them to implement
programmes effectively. It is not that social workers are lazy to implement programmes; it is that we lack the skills to train HCBCs to be able to render services that can meet the developmental as well as all the other needs of these households. How do you train another person when you do not have knowledge and skills yourself? How do we capacitate others when we do not have the knowhow? That is where the challenge is. Social workers must be capacitated so that they can be able to empower the HCBCs to be able to provide the holistic needs of these families.

Other challenges, such as poor or no sustainable funding to address the growing demands on NPOs, were also highlighted. This view is consistent with the findings of the situational analysis on the phenomenon of child-headed households, conducted by UNISA (2010). The issue of collaboration between all service providers and communities in order to maximise efforts and share skills and resources featured in participants’ accounts.

5.4.3.1.3 Community Involvement in supporting members of youth-headed families

The role of the community in helping youth-headed families to meet their needs was seen as crucial. There were conflicting views among service providers about the involvement of communities. Some of the service providers were of the view that communities were trying their best to support youth-headed families. In some cases, community members were working closely with HCBCs in addressing the needs of youth-headed families. A health care worker from the service provider group said:

You know, one may think that our communities do not want to take responsibility to help these families. That is not entirely true. We do work with some of the communities and they play an important role in identifying these families for us. Some communities really want to help. We usually chat to community members, because we have a community garden project in the school and during the gardening, we sometimes have discussions with community members about the challenges of child- and youth-headed
households and how these households can be helped. Community members are required to help in the garden. We give them vegetables for their families in return, and the rest is used for the soup kitchen project, which also benefits the child- and youth-headed households. We encourage communities to work in the garden as a way of supporting these families. This brings about awareness of the needs of these families. It meets the needs of the community, so that people can be able to focus on other important things like how to be good citizens than worrying about food to feed their families. Projects like these can be encouraged and supported by social workers.

Of interest are the similarities between the community perceptions regarding the barriers to support youth-headed families and the above view of a representative of the service provider group.

Some service providers expressed their concern about limited community involvement and support. The participants ascribed the lack of or limited community involvement to the changing African values, where the self has become more important. However, others linked it to community attitudes towards helping:

Our value systems are changing and people are now focusing on themselves and there is no longer that sense of community. People are now focusing on their own survival.

I think this is caused by the community attitude and suspicion when a person tries to help, especially in child- and youth-headed household cases, because there may be money involved and some people get suspicious and accuse those who get closer to these families. The intention and motive may be questioned. People get discouraged by this. The education part of the model should focus on educating and capacitating communities to take ownership of this challenge.

Participants’ view was that community members could still play an important role despite the challenge of poverty that affects communities. Participants’ views were
similar to those expressed by young people in youth-headed families in this current study. White and Morton (2005:195) emphasise the importance of participatory, partnership-based approaches to mitigate the effects of HIV and AIDS in communities where communities are an important stakeholder in the partnership. In line with this view, project workers who participated in a study by Evans (2010) on the experiences and priorities of young people who care for their siblings in Tanzania and Uganda thought that raising awareness about young people’s circumstances and involving the community more would help to ensure that young people were supported in their caring roles.

5.4.3.2 SUB-THEME 3.2: DIFFICULTIES WITH POLICY INTERPRETATIONS

In response to the plight of children in child-headed households, national guidelines for statutory services to child-headed households were formulated in 2010 to ensure that their rights are protected.

These guidelines are meant for social workers and other service providers rendering services to child-headed households in order to inform service delivery to children living in child-headed households and ensure that Section 137 of the Children’s Act No. 38 of 2005, as amended, is effectively implemented. The aims as stated in the guidelines are:

- to provide an understanding of the legal rights of children in child-headed households and highlight State’s responsibilities and obligations towards such children as dictated by the international and national instruments, including the Constitution of South Africa, Act No. 108 of 1996 and other relevant legislation and policies;
- to provide a broad picture and overview of the needs of children in child-headed households;
- to identify services, resources and safety nets available for children living in child-headed households;
- to provide guidance to social workers in rendering statutory services to child-headed households;
to assist in developing and implementing the Strategic Plan of the Department (National Guidelines for Statutory Services To Child-Headed Households, 2010).

Upon reflecting on the current programmes for children and young people within youth-headed families, the participants representing NPOs and DSD referred to the national guidelines that should be guiding such interventions. However, the participants identified challenges they experienced with regard to the guidelines. The first challenge was related to the interpretation of the criteria for declaring a household a child-headed household. Participants’ challenges centred around the fact that in most of the cases, the household head was older than 18 years of age, whilst the rest of the siblings were still under 18 years of age. In some instances, the head had started taking on the responsibility whilst he or she was under the age of 18 years, but due to the processes followed and the by the time the case is finalised, the head of the household may be over the stipulated age. The second but related challenge was around the category allocation, which does not make provision for young people who are over the age of 18 years who are still at school. The participants reported their frustration with these limitations and according to the participants, this impact significantly on service delivery to youth-headed families.

5.4.4 THEME 4: RECOMMENDATIONS ON THE COMPONENTS OF A HOLISTIC MODEL TO ENHANCE RESILIENCE IN YOUTH-HEADED FAMILIES

The following components were identified by service providers as crucial for any intervention geared towards meeting the holistic needs of youth-headed families:

- **Education**: the need for programmes that can encourage the youth in these families to continue with education in order to ensure self-sufficiency was highlighted.

  *We need to have a plan that will not only assist them to reach Grade 12 and then get stuck after this but a plan that will ensure that they continue studying after Grade 12. The problem is that there is only a bursary offered for social*
work training. I think we need to have a scheme for child- and youth-headed households who would like to further their studies on whatever field they like.

It should however be noted that there are other bursaries offered by Department of health, Department of Education and public works that make provision for the financial needy to further their education. Participants view here suggests a gap in knowledge.

- **Psychological development** was also highlighted as important.

  We also need to have a section that will develop them psychologically for their psychological needs because currently even the programmes that meet their immediate needs do not meet their psychological needs. For the psychological needs we need someone with a deeper understanding of the psychological traumas these children and young people are exposed to. As Social Development in the long run we will realise that we need an in-house psychological services, because is difficult and time-consuming to access the psychological services within the hospital setting because of the protocol involved.

  As social workers, even if we do study psychology as part of our training, we are limited in terms of having a deeper understanding of the psychological trauma involved in losing the loved ones. We do not always understand how deep the wound is and the long-term impact of this because some of these children have had to look after the sick and the dying parent. We may have the understanding but we do not have enough training to be able to provide the necessary help because our knowledge is limited. I think one need to go deeper in these cases and not just brush it as we are doing currently because we think that social workers can do counselling and after that we expect the family to be ok.

- **Parenting training** for youth-headed families, community members and HCBCs was identified.
We need to involve community members to volunteer this service. I am not saying they must go and live with the family or must be their parent, but they must look after these families, be the role model and be a parent figure to these families. They must monitor the family to see that they are doing well.

• The need to **train community members** on the Circle of Courage:

  *I am thinking that communities can be trained in the Circle of Courage in order to assist us with the assessment so that we can be able to develop programme that meet the specific needs and move away from this practice a ‘one size fits all’ as we tend to do. Once communities understand this, they will be able to support these families. You know, to be a parent is more than having skills. As the person grows older, they develop wisdom that cannot be gained through parenting skills programmes. This wisdom and experience can be passed on to these families. This need would be met if each family was allocated a social worker. Some of the community based care-givers are neighbours of these children and they do try, but, the role of the community is very important here.*

• **Mentoring programmes** for young people who are heading their households was identified as important by representatives from formal organization in building and enhancing resilience of the youth-heads of these families.

• **Capacity building** for NPOs and HCBC in areas such as funding, budgeting, monitoring and evaluation, basic and advanced helping skills.

**5.5 CHAPTER SUMMARY**

The data that emerged from this study, reflects that all the three sample groups of research participants expressed diverse perceptions and experiences of the social networks and their role in facilitating and promoting coping and resilience in youth-headed families. The narrative accounts of members of youth-headed families acknowledged the limited support received from extended families and reflected a
need to be connected to the extended family. This supports the view of the crucial role of the extended family as a social network for these families.

Members of youth-headed families differentiated between neighbourhood support and the support received from the community at large. Neighbours were experienced as caring and as being able to fulfil the role of an effective social network, whilst the community at large was experienced as not supportive.

The data collected from the community members reflected both positive and negative perceptions, and these perceptions determined the availability as well as the type of support given to youth-headed families. Data from the community interviews revealed that the majority of the community members were willing to support youth-headed families. Certain barriers and limitations were identified, which served as constraining factors for the community as a social network. Similarly, the data that emanated from the interviews with formal and informal organisations revealed that these organisations, in particular the informal organisations, were playing a significant role in providing support and relevant interventions to youth-headed families. Certain barriers and limitations were revealed in their ability to offer the required support to meet the holistic needs of youth-headed families. The interviews with these organisations also revealed overlaps and gaps in the services and programmes rendered to youth-headed families.

The research participants expressed a need for a collaborative and holistic approach in meeting the needs of the children and young people within youth-headed families. The role of the community in this collaboration was highlighted. Furthermore, it was also noted that there are legislation and policies in place but these have either not been implemented or have been implemented in part only and are therefore not effective. A strong recommendation to capacitate communities and service providers to function collaboratively in implementing policies and programmes to address the needs of youth-headed families was highlighted as crucial.
CHAPTER SIX

A SYNTHESIS OF STUDY FINDINGS TO FORMULATE PRACTICE GUIDELINES FOR SUPPORT TO MEMBERS OF YOUTH-HEADED FAMILIES

6.1 INTRODUCTION

An in-depth analysis of the narratives from children and young people in youth-headed families was presented in Chapter Four of this research report. Chapter Five dealt with the analysis and discussion of results that emanated from the in-depth interviews conducted with research participants representing community members, as well as research participants representing service providers. The first goal of this study was to gain a deeper understanding of the experiences and needs of youth-headed families in Port Elizabeth, South Africa, as well as to enhance understanding of the protective factors and processes within youth-headed families and their environment that enable them to cope with their circumstances.

In this chapter, the focus is two-fold: firstly the study’s findings are synthesised as a chain of evidence from which to meet the second goal of the study, namely to formulate practice guidelines for support to members of youth-headed families. The Free Online Dictionary defines guidelines as a statement or other indication of policy or procedure by which to determine a course of action. Practice guidelines are defined in the clinical context as “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances” (Appraisal of Guidelines For Research & Evaluation Consortium, 2009 – AGREE). In the context of this study, practice guidelines are therefore defined as statements of recommended actions to assist family support interventions and/or programmes by social workers and other service providers rendering services to youth-headed families. In this vein, Rothman and Thomas (1994:18) indicate that the findings of research studies cannot be applied to practice without some translational processes that will enable one to convert the available knowledge into application concepts. This is referred to by Rothman and Thomas (1994:18) as knowledge utilisation, which is one of the facets of intervention research. It is the
means through which knowledge from theory and empirical research is converted into a more usable form. Rothman and Thomas (1994) assert that this process involves disciplined judgement and appraisal, augmented by empirical research methods, such as meta-analysis. The main objective of knowledge utilisation is to apply knowledge of human behaviour (Rothman and Thomas, 1994:19). These authors further state that knowledge utilisations results in “application as well as changes in practices relating to populations, problems or interventions in human service”. Even though this study cannot be viewed as falling in the genre of intervention research, knowledge utilisation as a method and/or a vehicle to frame the process of the formulation of guidelines for support to members of youth-headed families was deemed necessary, given its main objective, methods and outcomes.

According to Rothman and Thomas (1994:20), knowledge utilisation processes and activities involve the retrieval, appraisal, codification and synthesis of relevant information in order to formulate generalisations or inferences that are necessary for the formulation of guidelines and making them operational. The appraisal and synthesis of available knowledge was conducted in two steps.

The first step involved the codification and synthesis of the findings of the three research groups that participated in this study, with the assistance of an independent coder. This process yielded the following four inferred themes:

1. Divergences in the conceptualisation of childhood and family.
2. Divergent views regarding the needs of youth-headed families.
4. Social networks as a core protective factor.

The following section will present a discussion of the four inferred themes, whilst also drawing on relevant literature to further crystallise the synthesis.
6.2 DIVERGENCES IN CONCEPTUALISATION OF CHILDHOOD AND FAMILY

The findings of this study reveal that notions of childhood and family as well as local traditional understandings of childhood are being challenged by the existence of youth-headed families. In this study children and young people in youth-headed families were often perceived and regarded as vulnerable, incompetent and in need of protection. These views tended to focus more on the risk and vulnerabilities of children and young people in these families, and often led to aspects such as their ability to manage their own lives and their need to participate in decisions affecting their lives being overlooked (see Chapter Four, part one and cf. Germann, 2005; Nkomo, 2006; Mkhize, 2006; Van Dijk, 2008; Evans, 2010; Nziyane, 2010).

Of note were the similarities between the views expressed by extended families and some community members, who tended to view the young people in youth-headed families as vulnerable, at risk of engaging in dysfunctional behaviour if allowed to remain a family without parents or adults relatives, as incompetent and as needing protection. In contrast, the narratives of the members of youth-headed families who participated in this study highlighted that, in many cases, the children and young people in these families were able to draw from their individual and family coping strategies and strengths, which enabled them to adapt to their challenging circumstances in spite of the traumatic experiences faced (refer to Chapter Four). This is consistent with the literature reviewed on child- and youth-headed households, which has shown that many young people in child- and youth-headed households have the ability to actively mobilise both their internal and external resources, despite the challenging circumstances they are faced with, making it appropriate to view them as competent social actors who can contribute meaningfully to efforts aimed at improving their own well-being and also that of their families (Germann, 2005; Skovdal, Ogutu, Aoro & Campbell, 2009; Evans, 2010).

Contrary to the belief that a family disintegrates in the absence of parents, which was also articulated by some of the community members interviewed in this study, the narratives of young people of life after parental death revealed that, despite the challenges experienced, the children and young people in this study managed to
develop adaptive capabilities, which were crucial for the survival of the family. The findings of this study confirm the contention of Mathambo and Gibbs (2008) in Kendrick and Karake (2012:399) that the family needs to be viewed as a fluid set of relationships that must constantly evolve to meet the needs of its members. In this study, sibling relationships, the ability to alter beliefs and views about what constitutes a family, shaped by those who still hold specific, traditional assumptions about what constitutes a family, the commitment of the youth-heads of the family, as well as social support from caring friends and neighbours, enabled the children and young people in these households to remain a cohesive family structure responsive to the diverse needs of its members, in spite of the constant struggle for survival.

The discussion above highlights the need for educational initiatives within local communities, churches and schools that are aimed at:

(i) engaging members around notions of what constitutes a family in order to create awareness of change in traditional family constructions outside the acceptable societal norm;
(ii) continued dialogues with service providers and community members that will encourage new discourses on childhood to broaden understanding of the capacity and agency of children and young people.

This resonates with the findings of Skovdal et al. (2009). These authors assert that constructions of childhood matter in debates about how best to support children and young people who undertake the role of caring for their families.

6.3 DIVERGENT VIEWS REGARDING THE PRIORITY NEEDS OF YOUTH-HEADED FAMILIES

The table below presents a summary of the perceptions of the different research sample groups regarding the needs of the members of youth-headed families.
TABLE 6.1: SAMPLE GROUPS’ PERCEPTIONS OF NEEDS OF MEMBERS OF YOUTH-HEADED FAMILIES

<table>
<thead>
<tr>
<th>YOUTH-HEADED FAMILIES’ VIEWS OF THEIR PRIORITY NEEDS</th>
<th>COMMUNITY MEMBERS’ PERCEPTIONS OF PRIORITY NEEDS OF MEMBERS OF YOUTH-HEADED FAMILIES</th>
<th>SERVICE PROVIDERS’ PERCEPTIONS OF PRIORITY NEEDS OF MEMBERS OF YOUTH-HEADED FAMILIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Need counselling to deal with trauma as a result of multiple losses experienced</td>
<td>• Youth-headed families need instrumental/practical support to manage their households</td>
<td></td>
</tr>
<tr>
<td>• Need to be acknowledged as human beings with holistic needs (“We do appreciate the financial support and the food parcels but we are more than that”)</td>
<td>• Subsistence/Survival needs</td>
<td></td>
</tr>
<tr>
<td>• Need to be connected to a caring adult for mentoring and guidance</td>
<td>• Need assistance to be reunited with extended families</td>
<td></td>
</tr>
<tr>
<td>• Need to remain together as a family</td>
<td>• Financial assistance</td>
<td></td>
</tr>
<tr>
<td>• Need regular monitoring by social workers</td>
<td>• Need support from the community and churches</td>
<td></td>
</tr>
<tr>
<td>• Need budgeting and financial management skills</td>
<td>• Inadequate parenting skills</td>
<td></td>
</tr>
<tr>
<td>• Need assistance to further education</td>
<td>• They need help to deal with the day-to-day running of their households</td>
<td></td>
</tr>
<tr>
<td>• Need to stay connected to their extended family</td>
<td>• Basic needs/Survival needs</td>
<td></td>
</tr>
<tr>
<td>• Community involvement and support</td>
<td>• Lack of financial and budgeting skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Community involvement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Need for psycho-emotional support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lack of support and encouragement</td>
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</tr>
</tbody>
</table>

As reflected in Table 6.1 above, the research findings suggest that all three research sample groups who participated in this study were aware of the needs and the challenges facing youth-headed families. The research participants also seemed to be aware of the impact these challenges had on the well-being of children and young
people within youth-headed families (see Chapter Five). However, certain assumptions were expressed by community members and the service provider sample group with regard to what constituted the priority needs of children and young people in youth-headed families. These assumptions differed from the data emanating from the children and young people in youth-headed families regarding their priority needs. For instance, community members and the service provider group highlighted physical, practical and survival needs as the priority needs of the children and young people in youth-headed families. As a result, the services and the support offered to children and young people within these families focused on addressing their basic needs only. Psycho-social and emotional needs were the least attended areas, whereas in their narratives, the young people within youth-headed families identified as priorities emotional and psycho-social support from service providers; the need to have caring adults from their own neighbourhood linked to each family to provide mentoring, guidance and emotional support, as well as recognition, dignity and respect (see Chapter Four, part one and cf. UNISA’s Situational Analysis Report, 2010). Issues such as financial planning and financial management skills, training in parenting skills for young people who are heading families, and continuous mentoring and monitoring by social workers, were also highlighted as priorities by the young people in youth-headed families. The desire to maintain a close relationship with their extended families was also evident from the narratives of the children and young people in youth-headed families.

6.4 PERCEPTIONS OF RISK, COPING AND RESILIENCE IN YOUTH-HEADED FAMILIES

The research results indicate both similarities and differences in the views about coping, risk and resilience in youth-headed families. For instance, the dominant discourse in community members’ interviews centred on the risk and vulnerability of youth-headed families. These views influenced the attitudes of some of the community members towards youth-headed families (refer to Chapter Five, sub-theme 1.2) and tended to shape the community’s response and support offered to youth-headed families. Similarly, the discourses of service providers centred on the vulnerability and helplessness of youth-headed families. These views shaped their
approach to service delivery. The narrative accounts of the members of youth-headed families, on the other hand, reflected stories of individuals and families who had ‘beaten the odds’ and survived personal and family challenges. In line with Ungar’s (2005) contentions that resilience should be viewed and understood in a more ecologically fluid, historically sensitive and culturally anchored way, the narrative accounts of the members of youth-headed families reflected that, in spite of the tragedy and the trauma of losing parents and having to navigate through life with limited support, coping and resilience – both at individual and family levels – could be found. In Chapter Two of this research report, I proposed that resilience should be viewed as a continuum, with one side of the continuum reflecting risk, and the other end of the continuum reflecting resilience. Given that patterns of resilience may occur in one or multiple domains of an individual and family, rather than all life situations, members of youth-headed families can be found and/or placed at any point of the continuum, depending on the availability of coping strategies that enable them to navigate through their challenges and the availability of supportive environments that facilitate adjustment and adaptation following challenging traumatic experiences. This view finds support in Ungar (2005:92), who describes resilience as a dynamic process and a seamless set of negotiations between individuals who take initiative and an environment that provides resources that impact on the adaptation of the individual. Based on the discussion above and the literature reviewed on coping and resilience, the following conclusion was drawn:

- Community attitudes and norms influence and affect community responses to youth-headed families; therefore, initiatives that are based on exploring and understanding the basis for these attitudes and reinforcing community values, such as Ubuntu, are crucial for the integration of youth-headed families into their communities.

6.5 SOCIAL NETWORKS AS A CORE PROTECTIVE FACTOR

The narrative accounts of the members of youth-headed families of their journeys and experiences in reconstituting their families following the death of parents pointed to the role played by social networks in facilitating or constraining family adjustment
during such challenging times. The discussion on the social networks centred around three types of networks, namely personal social networks, family networks and environmental networks, which either facilitated or constrained the coping and adaptation of youth-headed families.

6.5.1 PERSONAL AND FAMILY SOCIAL NETWORKS

Personal social networks in this study included caring adults outside the family, friends, fellow church members and school contacts. These networks provided interactive and learning spaces for young people heading their families, as well as emotional and material assistance. Family networks referred to the connections that existed between the members of youth-headed families and their extended families. A dominant theme in the narratives of all the families that participated in this study was the lack of or limited involvement and support from their extended families. It was evident from the narratives of the members of youth-headed families that, despite the expressed need to be acknowledged and be allowed to remain together as a family, they still hankered after a stronger connection with their extended families. In their discussions, community members also referred to the need to connect youth-headed families with their extended families, as some still believed that families should take care of their members.

6.5.2 COMMUNITY INVOLVEMENT AS A SOCIAL NETWORK AND THE CHANGING FACE OF UBUNTU

The research findings from the service provider group highlight the important role that could be played by communities in supporting and strengthening the functioning of youth-headed families. Whilst this has been indicated as crucial for the positive coping and functioning of these families, the narratives of youth-headed families revealed that there was limited community involvement and support. Although some of the families received assistance and support from caring neighbours, there was a general perception among the children and young people of these youth-headed families that the community members at large were not involved nor provided much support to them. The young people from youth-headed families ascribed the lack of
and/or limited community involvement and support to changing community values, in which reciprocity had become more evident than the value of *Ubuntu*. It should be noted that an analysis of the community interviews revealed that community members were willing to offer their support to youth-headed families. However, due to certain barriers, as reflected in Theme 3 of the community perceptions, communities were not always able to provide or confident to offer the required support. Poverty, which resulted in a lack of resources within the community, compelled community members to focus more on their own survival needs (see Chapter Five and cf. Van Dijk, 2008:131).

Lack of trust as a result of contextual realities in modern-day communities, such as crime, child exploitation and violence against women and children, also seemed to impact on the ability of community members to offer the required support (see Chapter Five, Theme 3). These views raised questions around the notions of *Ubuntu* in the context of poverty and the current social realities in local communities.

Reflecting on my own observations and experiences of growing up in a previously marginalised community, where most families lived below the poverty line, I recalled that the value of *Ubuntu* seemed to bond people together and was best expressed in deeds of kindness, sharing and sacrifices, especially under conditions of poverty and hardship. In other words, poverty and hardship enabled and facilitated the presence of *Ubuntu*. This value of *Ubuntu* facilitated and necessitated communities to join forces in providing the relational context and support through which individuals could cope and adapt to their conditions. *Ubuntu* encouraged collectivism, and it was through values such as sharing, empathy, solidarity, kindness and compassion, that pools or networks of support were established and enlarged within communities.

From the narrative accounts of the children and young people in this study, a somewhat different picture emerged. These accounts raised questions regarding conditions that facilitate and/or prevent the ability of communities to practise the value of *Ubuntu*. A conclusion drawn from the discussion above is that the socio-economic status of a community influences its ability and/or capacity to provide the resources necessary to care for and support youth-headed families. Therefore,
programme responses that focus on building community strengths and resilience, as well as community development initiatives that build on community assets, can influence and enhance the care capacity of communities. On the other hand, communities can influence the availability and accessibility of services to youth-headed families. This can be achieved through strengthened collaborations between communities, youth-headed families and service providers.

Furthermore, it would seem from the narrative accounts of the young people and community members participating in this study that social trust, community cohesion and collective empowerment are crucial in strengthening the capacity of communities to enable them to build their own resilience, which will enable them to contribute towards enhancing the coping and resilience of youth-headed families. Community cohesion in this sense refers to those community characteristics and processes that facilitate togetherness and collectivism.

6.5.3 SUPPORT PROVIDED BY FORMAL ORGANISATIONS

The findings of the narratives from youth-headed families revealed the lack of and sometimes limited involvement of social workers. All the families who participated in the study expressed the need for monitoring, guidance and support from social workers. Representatives from social work organisations who participated in the study ascribed their limited involvement to several factors that posed as challenges and limitations. These were presented as follows:

- The financial crisis currently facing NGOs and NPOs in South Africa has resulted in organisations fighting for their own survival; and therefore, the focus is on programmes that are funded and those that generate income.
- The funding crisis has had a negative impact on the availability of resources, e.g. human resources and physical resources (such as vehicles to conduct home visits).
- Lack of strong partnerships and collaborative work between the different organisations rendering services has resulted in these organisations competing for the same resources.
• Challenges related to policy interpretation and policy implementation.
• Lack of opportunities for continuous staff development.

Despite the challenges, some organisations were making a significant difference in the lives of young people in youth-headed families (refer to Chapter Five).

6.5.4 INvolvement OF informal ORGANISATIONS

The research findings from the narratives of service providers revealed that there were a number of community and faith-based organisations providing care and support to child- and youth-headed families. Some of these community-based organisations received funding from the Department of Social Development, whilst others relied on private donations. The conclusion drawn from the data emanating from the interviews with service providers is that these informal organisations are making a positive contribution to the lives of children and young people in youth-headed families. The research findings have revealed some limitations that need to be addressed in order to enhance the effectiveness and maintain the sustainability of these organisations. The limitations were identified as follows:

• Lack of strong partnerships and collaborative work between the different role-players, including youth-headed families, communities and formal and informal organisations.
• Lack of knowledge about the developmental needs of children and young people within youth-headed families.
• Lack of sustainable funding.
• Lack of formal selection procedures, training, supervision and mentoring of volunteers working in some of these organisations.
• Lack of clarity regarding the scope of practice for volunteers and care-givers working with child- and youth-headed families. This was compounded by the limited involvement of social workers. Volunteers and care-givers often ended up conducting counselling, trauma debriefing as well as providing other support without proper training.
• Limited and/or lack of the resources and competencies needed to work with children who have experienced multiple losses and trauma.

The research participants presented the following suggestions for improved programme implementation to support youth-headed families; mainly involving timeous interventions by adequately and professionally trained social workers and service providers:

• Provide bereavement support groups for members of youth-headed families.
• Introduce a programme to involve community resources in order to provide role modelling and parenting skills.
• Provide bursaries for children who want to further their studies.
• Find suitable foster parents so that these children can experience love.
• Ensure that organisations have carefully chosen and skilled care-workers who can take on a parental role. Lobby for the greater involvement of social workers from NGOs/NPOs and ensure stronger partnerships between all organisations involved in responding to the needs of youth-headed families.

The second step involved a review and/or appraisal of existing family support interventions and programmes in order to identify the functional elements of these interventions and programmes as well as learn from best practices to inform the process of the development of the proposed guidelines for family support to enhance resilience in youth-headed families. The following criteria proposed by Rothman and Thomas (1994:18) were used in identifying family support interventions and programmes:

• Content relevance of the findings and/or intervention.
• The power of knowledge to resolve an identified issue.
• Identifiability of the information, which can also refer to issues of clarity of the presented information.
• Accessibility, which can also refer to the practicality of the findings and/or intervention.
The following section presents selected literature on family support interventions and family resilience models, as well as existing programmes to support child- and youth-headed households.

6.6 REVIEW OF SELECTED FAMILY SUPPORT INTERVENTIONS AND PROGRAMMES

The literature reviewed on family support interventions and programmes indicates that these interventions and programmes have different conceptual foundations. Dunst (2004:4) refers to the two contrasting worldviews that shape family support interventions. According to Dunst (2004:4), the traditional world view considers children and families as having deficits and weaknesses; whilst the capacity building paradigm views children and families as having varied strengths and assets. Interventions that are based on the traditional worldview focus more on how problems are caused and utilise remedial processes aimed at working with dysfunctional families (Nichols & Schwartz, 2000; Walsh, 2002). In these interventions, the professional helper is seen as the expert and takes the primary responsibility for the development of such interventions, whilst the family is placed on the receiving end. Examples of such models are the expertise model and the deficit-based model. The current study adopted the capacity building worldview as, according to Dunst (2004:4), the interventions that are based on this worldview focus on the promotion of the competence and positive aspects of the functioning of these families by strengthening their capacity and therefore enhancing their ability to adapt to unfavourable conditions and adverse circumstances.

The principles of family support adopted in this study are embedded in the ecological systems theory, the strengths-based perspective, and the family resilience theory. The ecological systems theory recognises the family as an open system that functions in relation to its broader socio-cultural and environmental contexts where the care, protection and development of children, among other functions, are facilitated. It emphasises the interdependent relationship that exists between the individual and the environment (Bronfenbrenner, 1979). The family resilience theory and the strengths-based perspective both aim to enhance the functioning and well-
being of families through engaging them with respect and compassion for their struggles, affirming their reparative potential and seeking to bring out their best (Walsh, 2002:130).

Examples of family support interventions located in current literature that are guided by the ecological systems model, the strengths-based perspective and the family resilience theory are as follows:

- The Dunst, Trivette and Deal’s (1988) Family Systems Assessment and Intervention Model for Promoting Positive Family Functioning (FSAIM).
- The Rwandan Intervention Model of Adult Mentorship and Support to Improve Psychosocial Outcomes among Youth-headed Households.
- The Isibindi Model of Care and Protection for Vulnerable Children and Youth.

The following section will present a brief description of the selected family support interventions, highlighting the functional elements of these interventions, linked to the current study's findings:

6.6.1 DUNST, TRIVETTE & DEAL’S FAMILY SYSTEMS ASSESSMENT AND INTERVENTION MODEL FOR PROMOTING POSITIVE FAMILY FUNCTIONING (FSAIM)

In this model, the family is dependent on the availability of social support for its survival. The model proposes that the sources of support potentially available to families be categorised into four major areas: (1) immediate family; (2) kinship networks (i.e. extended family); (3) informal networks (i.e. friends, neighbours, community members); and (4) formal networks (organisations rendering services to families, teachers). According to Dunst et al. (1988), optimal family functioning is dependent on the availability of a broad range of sources of support within each category. Lack of variety in the support system could indicate low or poor social
support networks and may therefore jeopardise a family’s ability to mobilise resources conducive to their well-being.

This is consistent with the current study’s findings, as presented in Chapter Five of this research report. In this chapter, the narratives of all research sample groups emphasised the importance of both personal and other social networks in buffering the effects of trauma and in enhancing coping and resilience in youth-headed families.

6.6.2 RWANDAN INTERVENTION MODEL OF ADULT MENTORSHIP AND SUPPORT TO IMPROVE PSYCHO-SOCIAL OUTCOMES AMONG YOUTH-HEADED HOUSEHOLDS

The aim of this model is to strengthen a supportive environment for children’s healthy growth and development and mitigate the psychological impacts of disrupted caregiving structures. This intervention model connects youth-headed households with the community through the recruitment and training of community volunteer mentors. The mentors conduct regular home visits in order to monitor the well-being of vulnerable children and youth. They assist in resolving family conflict, and in identifying and addressing behavioral problems among the children and youth. An evaluation of this intervention, which was conducted by Brown, Rice, Boris, Thurman, Snider, Ntaganira, Nyirazinyoye, Kalisa and Nshizirungu (2008), highlighted that this intervention demonstrated success in improving the psychosocial well-being of youth who serve as heads of households in South-Western Rwanda. However, the evaluation also made it clear that it would be unrealistic to expect a programme of this nature to have a strong impact on severe psychosocial outcomes. More intensive clinical interventions, which are beyond the scope of this intervention model, are deemed necessary for any intervention geared towards improving the psycho-social functioning of youth-headed families.

The narratives of members of youth-headed families, as well as the findings that emanated from the narrative accounts of the service providers sample group,
pointed to the need to develop community-based mentorship programmes as effective strategies for the support of youth-headed families.

6.6.3 ISIBINDI MODEL OF CARE AND PROTECTION FOR VULNERABLE CHILDREN AND YOUTH

Isibindi is a child and youth care model that was developed by the National Association of Child Care Workers. Its goal is to create safer and more caring communities for vulnerable children and youth at risk through developmental child and youth care work. This is achieved by deploying trained community-based child and youth care workers in their own communities in South Africa to provide developmental support to children and families rendered vulnerable as a result of the HIV/AIDS pandemic. It is founded on the principle of family preservation. The model utilises the developmental and strength-based approach in meeting the needs of vulnerable children and youth. The child and youth care workers conduct regular home visits to assess needs and design programmes to meet the assessed needs. They offer skills training, such as parenting skills and financial planning skills, to the children and young people. In addition, they assist with the practical and instrumental needs of these vulnerable families. The emphasis is on building circles of care and networks within communities. A case study on the Isibindi King Williams Town project was conducted by Khulisa Management Services in 2008. This study utilised various methods, such as observations, interviews and document analysis. In their report, Pillay and Twala (2008:25) highlighted the positive impact made by the Isibindi project in the local communities, in terms of which children and youth at risk were provided with developmental programmes. The King Williams Town project reached five villages through its various development projects. The findings of this research also highlighted that even though the children and youth at risk were the main beneficiaries, the Isibindi Project also contributed towards building and enhancing community resilience and community strengths through a range of services, such as community gardens as a strategy to address poverty, educational support and capacity building through the provision of training, and income generation opportunities for community members.
McCubbin and McCubbin (1996) developed the Resiliency Model of Family Stress, Adjustment and Adaptation. This model consists of two phases: adjustment and adaptation. The adjustment phase relates to family stress and is influenced by protective factors, which buffer the family from the impact of stressors. The protective factors, which can be within the individual, the family and in the external environment (i.e. the community), buffer the effects of stress and operate over time. The adaptation phase, on the other hand, relates to family crises, where recovery factors play a big role in enabling the family to ‘bounce back’ from the impact that the stressor has had (McCubbin & McCubbin, 1996). The model indicates how a family can mobilise available resources into constructive coping. This process involves the evaluation of the patterns of functioning in order to determine those that must be discarded, retained or restored. The family may need to adopt new patterns of functioning to facilitate adaptation to a crisis. The retained and restored patterns interact with the resources available to the family, such as social support (social, kin and community), and the appraisal processes and problem solving and coping ability of the family to produce the outcome of family adaptation.

A central theme arising from research findings and the synthesis of selected family support interventions:

Based on the synthesis of the study findings, the suggestions that emanated from all research groups and the literature study of the existing models and programmes, the following central theme was identified: A need for an integrated approach to supporting and enhancing resilience in youth-headed families. An integrated approach implies the following: strong partnerships and collaboration between the community, the service providers and the children and young people in youth-headed families in ensuring that the holistic needs of youth-headed families are met. In support of this statement, Ward and Eyber (2009:28) argue that interventions should have the goal of building the capacity of the children in these families, their households and the community as a whole.
Rothman and Thomas (1994:179) allude to the importance of formulating prescriptive formulations that will give direction to interventions. These authors refer to these prescriptive formulations as practice guidelines.

6.7 FORMULATION OF PRACTICE GUIDELINES FOR SUPPORTING MEMBERS OF YOUTH-HEADED FAMILIES

Prior to the formulation of the practice guidelines for supporting members of youth-headed families, as a researcher I identified a need for a set of principles that would frame the practice guidelines. In my search for literature, I came across guideline for early childhood development. These guidelines contained a set of principle that has relevance to the goals and focus of the current study and these were adapted to fit the context and purpose of this study. In addition, these principles were reflecting the core of the study findings.

These principles are listed and briefly explained in the ensuing section:

Accountability

Everyone who provides services and intervenes in the lives of children in youth-headed families should be held accountable for the delivery of appropriate, effective and efficient services.

Child and youth centred

The needs and rights of children and young people in youth-headed families should be central to all services rendered to youth-headed families.

Empowerment

The resourcefulness of each individual member and the family should be promoted. Interventions should have at their core, the empowerment of individuals and the families.
Family preservation

All services and programmes should have as a priority the goal to have children and young people remain within their families and community context.

Holism

The holistic development of children and young people should be at the centre of all interventions geared towards enhancing the coping and resilience of youth-headed families.

Participation

The agency of children and young people should be recognised and encouraged. In this way, children and young people in youth-headed families should actively participate in decisions on matters that affect them.

(Adapted from the Guidelines for Early Childhood Development Services, May 2006 – UNICEF, 2006 document)

The following practice guidelines are proposed for this current study. These practice guidelines are divided to focus on three aspects, namely practice context (service delivery to youth-headed families); policy; and education. The guidelines are presented in the following manner:

- **The title of the practice guideline, which is phrased as an action**
- **The rationale, which refers to the Why of the guideline.**
- **Activities refers to the ‘what’ and ‘how’ of the guideline. However, some of the activities include some literature**
- **Target group refers to whom or by whom**
### TABLE 6.2: SUMMARY OF GUIDELINES FOR PRACTICE

<table>
<thead>
<tr>
<th>GUIDELINES FOR PRACTICE</th>
<th>ACTIVITIES</th>
<th>BY WHOM/WHOM</th>
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<tbody>
<tr>
<td><strong>GUIDELINE 1:</strong> Design interventions and programmes that focus on strengths-based, positive coping and resilience oriented perspectives</td>
<td>1.1 Ensure that all the practitioners, care-givers and volunteers working with youth-headed families are trained in strengths-based, assert-based and resilient oriented approaches.</td>
<td>Partnership between social workers, institutions of higher learning that offer social work training and NGOs/CBOs/FBOs</td>
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<td></td>
<td>1.2 Review and design assessment tools that are multi-dimensional in nature, focusing more on asserts and strengths while identifying impediments of youth-headed families.</td>
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<td></td>
<td>1.3 Design and facilitate group work and life skills programmes that focus on the recognition, identification, reinforcement and mobilisation of skills such as problem solving, decision making, assertiveness, emotional intelligence, conflict resolution, and positive coping skills, which already exist within some of the members of youth-headed families.</td>
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<tr>
<td><strong>GUIDELINE 2:</strong> Strengthen the coping capacity of youth-headed families</td>
<td>2.1 Strengthen the economic capacity of youth-headed families</td>
<td>Social workers from DSD, NGOs/NPOs</td>
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<td></td>
<td>2.2 Provide capacity building for youth heading their households</td>
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<td></td>
<td>2.3 Develop peer mentoring programmes for youth-heads of the families</td>
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<tr>
<td><strong>GUIDELINE 3:</strong> Provide services and interventions that address the holistic needs of youth-headed families</td>
<td>3.1 Provide multi-disciplinary psycho-emotional support to members of youth-headed families</td>
<td>Social workers from DSD, NGOs, NPOs and community-based caregivers</td>
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<tr>
<td></td>
<td>3.2 Develop and facilitate community-based psycho-social support groups</td>
<td>Social work managers</td>
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<td></td>
<td>3.3 Ensure regular monitoring of youth-headed families by social</td>
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</table>
GUIDELINE 4: Integration of youth-headed families into communities

| 4.1 Create awareness on the concept of childhood | Social workers, community development practitioners, community developers, student social workers |
| 4.2 Facilitate discourses at community level on the phenomenon of family and of the change in traditional constructions of family [outside the acceptable societal norm] | Community volunteers and community members |
| 4.3 Maximise opportunities for meaningful participation of children and young people |  |

GUIDELINE 5: Build and enhance effective social networks

| 5.1 Enhance and strengthen the capacity of communities as effective social networks | Social workers and managers from DSD, NGOs, NPOs |
| 5.2 Strengthen the capacity of formal and informal organizations | DSD, institutions of higher learning that offer social work and community development training |

GUIDELINES FOR POLICY

GUIDELINE 6: Advocate for policies and legislation responsive to the needs of child and youth-headed families

| 6.1 Orientate social workers to increase their knowledge and awareness about policy implementation | Policy developers and social work managers from DSD |
| 6.2 Revisit and review policy regularly to ensure that it is responsive to the needs of child and youth-headed families |  |
| 6.3 Review policy guidelines for support of children and OVCs to include youth heads of households beyond the age of 18 years who are responsible for care of their younger siblings |  |
| 6.4 Allocate resources to facilitate adequate implementation of policy and legislation |  |
| 6.5 Facilitate open communication |  |
between all the role-players to ensure clarity of roles and functions

<table>
<thead>
<tr>
<th>GUIDELINES FOR EDUCATION</th>
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<tr>
<td><strong>GUIDELINE 7: Advocate for education support strategies</strong></td>
<td></td>
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<tr>
<td>7.1 Lobby for adequate bursary schemes at school and tertiary education levels</td>
<td>Civil society, leaders from faith-based organizations, community members Institutions of higher learning</td>
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<td>7.2 Create awareness at community level on the availability of various scholarships</td>
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<td><strong>GUIDELINE 8: Review social work curriculum to ensure that it aligned with current research and evidence-informed</strong></td>
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<tr>
<td>8.1 Present curriculum that is grounds evidence-based interventions</td>
<td>Institutions of higher learning that trains social development practitioners</td>
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<tr>
<td>8.2 Review social work curriculum to ensure the balance between problem orientation and resilience-based, strengths-based theoretical orientations</td>
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### 6.8 GUIDELINES FOR PRACTICE

#### 6.8.1 GUIDELINE 1: DESIGN INTERVENTIONS AND/OR PROGRAMMES THAT FOCUS ON STRENGTHS-BASED, POSITIVE COPING AND RESILIENCE ORIENTED PERSPECTIVES

**Rationale**

The literature on resilience emphasises the need to move away from the discourses on psychopathology and failure to discourses which allow individuals to tell stories of surviving, coping, hoping and factors that contribute to thriving in the face of adversity (Patterson, 1998; McCubbin *et al.*, 2000; Ungar, 2005). The basic premise of this view is that the identified strengths and positive coping strategies can be used as the foundation for continued growth and positive changes in individual members of youth-headed families and the family as a whole. This proposed approach does not mean that problems faced by members of youth-headed families are negated or minimised. It means that the strengths of individual members and those of the family can be used to facilitate efforts to address the problems and therefore enhance the coping of individual members and the family as a whole.
The synthesis of the study findings and the literature reviewed on coping and resilience in child- and youth-headed families has led to the conclusion that the coping capacity of youth-headed families is influenced and facilitated by factors and processes both at individual, familial and community levels, as a result of the dynamic interactional relationship between these different systems. Here, coping is viewed from two perspectives, i.e. coping as a household and family that needs to fulfil the material and emotional needs of its members; and coping as individual members of the family. Whilst coping cannot necessarily be equated with resilience, there is evidence that suggests that the existence of positive coping strategies can result in and facilitate resilience (Germann, 2005). The aim of coping is to ensure individual and/or collective well-being. The literature on resilience indicates that the development and existence of positive protective mechanisms (such as coping styles and/or strategies) has led to key turning points in individuals’ lives, as the negotiation of these turning points altered developmental trajectory from risk pathways to protective ones (Masten et al., 1990; Ungar, 2004). Therefore, the enhancement of individual and family coping will assist in building a network of adaptive capabilities and agency, both at individual, family and community levels. Berkes and Ross (2012:16) refer to adaptive capabilities as an attribute at multiple levels, from the individual to community, and sometimes to higher levels of organisation, which is crucial for building individual and collective resilience.

**Activities required:**

1. Ensure that all the practitioners, caregivers and volunteers working with youth-headed families are trained in strengths-based; assets based and resilient oriented approaches.
2. Review and design assessment tools that are multi-dimensional in nature, focusing more on asserts and strengths while identifying impediments of youth-headed families.
3. Design and facilitate group work and life skills programmes that focus on the recognition, identification, reinforcement and mobilisation of skills such as problem solving, decision making, assertiveness, emotional intelligence, conflict
resolution, and positive coping skills, which already exist within some of the members of youth-headed families.

In order to ensure a meaningful and lasting impact, Brookes (2006:71) proposes that the interventions should be facilitated by persons in the child's daily environment who can monitor the exercise of those skills, while providing supportive relationships over time.

**Target group:** Social workers and other social development professionals, and caregivers in community-based and faith-based organisations.

### 6.8.2 GUIDELINE 2: STRENGTHEN THE COPING CAPACITY OF YOUTH-HEADED FAMILIES

**Rationale**

The narratives of members of youth-headed families revealed the multi-faceted challenges that members of these families experience during and after the process of reconstituting the family following the loss of parents to making it on their own. The ecological systems perspective of resilience emphasises the dynamic interaction between individuals, families and environmental influences which can either facilitate coping and resilience or result in individuals and families being at risk of negative outcomes (Walsh, 2006). The need to minimise risk factors while providing a supportive environment has been highlighted as key in both individual and family resilience research (Rutter, 1987; Ungar, 2004).

The narratives of young people heading their families revealed that some of these youth-heads had initiated small income generating businesses as a way of providing for the economic needs of their families. However, it was noted that due to lack of entrepreneurial skills and financial management skills, these efforts failed. One of the youth-heads of the family shared how owning his hair-dressing business (though small) contributed to feelings of independence and pride, as he was able to provide for his family.
The narratives of the youth-heads of the families reflected on the challenges they experienced when they applied for grants, due to not having the required documentation, as well as other red tape.

**Activities Required:**

**Activity One: Strengthen the economic capacity of youth-headed families by:**

- providing them with economic support; mobilising and supporting community-based responses through sustainable funding and capacity building to provide both immediate and long-term support to youth-headed families. This can be done by ensuring that they are reached by social safety nets, as well as poverty reduction initiatives, including seed funding for small-scale businesses. Providing training in entrepreneurial skills, financial management and employability skills. These skills will contribute towards the self-sufficiency, independence and resilience of members of youth-headed families;
- ensuring access for members of youth-headed families to essential services, including education, health care and social security (grants) by facilitating effective collaboration between the Department of Social Development (DSD), the Department of Home Affairs (DHA), the Department of Education (DoE), the Department of Higher Education and Training (DHET) and the South African Social Security Agency (SASSA).

**Target group:** This requires a collaborative effort between the Department of Social Development, the Department of Education and the Department of Health, the Department of Home Affairs, SASSA and NGOs, such as Umzi Wethu and Ubuntu Education. The recommendation is that the Department of Social Development should facilitate this collaboration.

**Activity Two: Provide capacity building for youth heading their households**

This can be achieved through:
- Offering training and development opportunities that focus on reinforcement of existing parenting abilities (here the term parent is used in a functional sense) and the providing opportunities to acquire new skills and knowledge through training in parenting skills especially focusing on positive parenting.

- Facilitation of participatory community parenting opportunities by way of providing adult mentors for each youth-headed family according to the needs identified. These adult mentors can provide models of and reinforcement for problem solving, discipline, motivation and other coping skills related to parenting. Lessons can be learned from Rwanda’s mentorship programme and the Isibindi model in terms of the practical application of this programme.

**Target group:** Social workers from the department of Social Development, NGOs that provide services to youth-headed families and other formal organisations that have the required expertise. It is recommended that FAMSA (Families in South Africa) be approached in order to offer Train the Trainer programmes on positive parenting for the organisations that offer services to youth-headed families.

**Activity Three: Develop peer mentoring programmes for youth-heads of the families**

Peer mentoring is a mentorship programme that takes place between a person who has lived through a specific experience and a person who is new to that experience. The experienced person provides information, advice, support and encouragement to the person who is new to this experience. The programme has benefits for both, as the new person learns and receives support, whilst the mentor’s experiences and abilities are validated and enhanced.

**Target group:** The Department of Social Development, in collaboration with NGOs that have expertise in the area of mentoring.
6.8.3 GUIDELINE 3: PROVIDE SERVICES AND INTERVENTIONS THAT ADDRESS THE HOLISTIC NEEDS OF YOUTH-HEADED FAMILIES

Rationale

Effective and efficient family support interventions recognise the holistic needs of families and their members. Interventions and services provided to youth-headed families should recognise the diversity of needs of these families. Losing a parent is a traumatic experience, and members of youth-headed families need immediate support to deal with their losses and the host of new difficulties and challenges. The members of youth-headed families participating in this study identified the need for psycho-emotional support among their priority needs. The recommendation that emanated from the interviews with service providers pointed to the importance of a multi-disciplinary approach in addressing this need. The articulated view was that a multi-disciplinary team would ensure that the holistic needs of these families are addressed effectively.

Currently, some of the volunteers within Community-based Organisations and Faith-based Organisations are undertaking this function with limited training as lay counsellors. The recommendation that emanated from the focus group interviews with these volunteers indicated a need to work closely with social workers and psychologists so that the volunteers could provide short-term counselling, focusing on containment. These volunteers will then refer the relevant family and/or individual to qualified practitioners for long-term counselling and bereavement support.

Activities

Activity One: Provide multi-disciplinary psycho-emotional support to members of youth-headed families

- Ensure that all the practitioners who provide counselling, therapy and bereavement support are adequately and appropriately trained and equipped with the knowledge and required skills to undertake this function.
Define the scope of practice and delineate the role of volunteers and caregivers who work within CBOs and Faith-based Organisations to ensure that they provide short-term crisis management counselling and containment.

**Target group:** A collaborative approach between community psychology centres that offer psychological services to communities, University community psychology clinics that train psychology interns, social work departments that train social work students (4th year social work students), and NGOs that specialise in counselling and bereavement support.

**Activity Two: Develop and facilitate community-based psycho-social support groups**

- Identify talented young people within youth-headed families to act as co-facilitators and peer mentors.
- Design and facilitate peer helping and peer mentoring skills for the identified individuals. This was part of the recommendations from the members of youth-headed families. The premise is that young people respond well to advice and support that is offered by their peers who have “travelled the same journey”.
- Coordinate and offer supervision to the trained mentors and facilitators.

**Target group:** Collaborations with departments at local universities that train social work and psychology students need to be established. For instance, fourth year social work students and registered counsellor students can be placed within communities to co-facilitate these groups with the identified individuals from youth-headed families.

**Activity Three: Ensure regular monitoring of youth-headed families by social workers**

- Allocate a social worker to each youth-headed family.
- Lobby for more social work organisations to work with youth-headed families.
• Facilitate a closer collaboration between social workers from NGOs/NPOs/DSDs and community-based caregivers. Caregivers can ensure that the practical needs of the family are met. Social workers can focus more on the developmental needs and the psycho-social needs of these families.

**Target group:** Social workers from Department of Social Development, NGOs/NPOs and community-based caregivers.

### 6.8.4 GUIDELINE 4: INTEGRATION OF YOUTH-HEADED FAMILIES INTO COMMUNITIES

**Rationale**

The literature reviewed on child- and youth-headed households as well as findings from this study indicate that their social exclusion and marginalisation of children and young people in these households contribute to a wide range of psychosocial problems and, ultimately, the ability of children and young people in these households to survive and thrive (refer to Chapter Four of this study and cf. Nkomo, 2006; Van Dijk, 2008; Ward & Eyber, 2009; Evans, 2010). The importance of ensuring that child- and youth-headed families are integrated within their communities was emphasised in the literature reviewed. Research on resilience in children and youth emphasises the role that community connectedness and a sense of belonging play in enhancing resilience of these children and young people (Fraser, Kirby & Smokowski, 2004; Fraser & Terzian, 2005; Ward & Eyber, 2009).

Findings of this study revealed that community attitudes and norms influence the ability of community members to embrace youth-headed families. It is vital to enhance understanding of the dynamics at family, community and macro levels that prevent the availability of effective social networks and supports for youth-headed families. Supports in this context refer to strong collaboration between the community and youth-headed families in enhancing the coping and resilience of these families.
Activities Required:

Activity One: Creating awareness of the concept of childhood

- Coordinate the development and facilitation of interactive conversations that will focus on the concept of childhood and the phenomenon of youth-headed families within the local communities, which take into account and/or enhance understanding of the social factors that influence the constructions of childhood.
- Ensure full participation of children and young people from youth-headed families in these interactive conversations. This view was highlighted both in literature and in the narratives of the participating children and young people from youth-headed families.

Target group: Social workers and community developers, as they can play a vital role in facilitating such conversations in schools, churches and communities.

Activity Two: Facilitate discourses at community level on the phenomenon of family and of the change in traditional constructions of family outside the acceptable societal norm.

The integration of youth-headed families within communities depends on community attitudes and openness toward youth-headed families. The phenomenon of youth-headed families has challenged the traditional understanding of families and what constitute a family, as was evident in the findings of the community perceptions and the narrative interviews of youth-headed families. It was evident from the participants’ narratives that cultural beliefs, community values and attitudes challenged some of the youth-headed families, as well as some of the community members, to acknowledge and accept a youth-headed family as a true family. This stemmed from the perception that these youth-headed families fall outside the traditional societal norm of what a ‘family’ is and should be. This had implications for the integration of youth-headed families into communities as well as the ability of these children and young people to participate in community activities.
Facilitate discourses within the community, including schools and church community, which focus on the changing face of the modern family.

**Target group:** Social workers within NGOs, as they need to encourage and facilitate these discourses.

**Activity Three: Maximise opportunities for meaningful participation of children and young people**

- Create and coordinate opportunities for the participation of children and young people in activities that have meaning and value, as these are characteristic of communities that integrate children and young people as important social actors. This contributes towards a sense of belonging, mastery and self-confidence, which is crucial for resilience. In this study, children who were involved in church activities and other community groups expressed that this made them happy, presented them with an opportunity to interact with other children their age, and increased their sense of belonging.
- Encourage children and young people to participate in community events, such as community gardens, as well as in community cultural events and extra-mural activities where they can engage with other children whilst being socialised into their community culture.

**Target group:** Social workers and community developers, who can mobilise social processes to facilitate the participation of children in their communities.

**6.8.5 GUIDELINE 5: BUILDING AND ENHANCING EFFECTIVE SOCIAL NETWORKS**

**Rationale**

As indicated earlier in this chapter, resilience can be considered as an ecological phenomenon. It is developed through the interactions of various environments of the person. Environments can contribute towards an individual’s experiences of risk.
They can also provide protection against the risk factors and can facilitate the effective adaptation of an individual, despite the adverse conditions that the person may be exposed to. The development and enhancement of pools or networks for youth-headed families can contribute towards the resilience of such families.

The literature reviewed on family support and the family resilience model emphasises the crucial role that must be played by communities in providing the resources needed to enhance the coping and resilience of youth-headed families. These resources could firstly enable the members of youth-headed families to establish supportive relationships with caring adults; secondly, expand the range of constructive activities available for children and young people that provide opportunities for growth and meaningful participation; and, thirdly, meet the survival needs of these families. Collective empowerment initiatives that focus on building community resilience, community competence and community strengths are required to enable communities to fulfil this function. The Canadian Centre for Community Renewal, according to Berkes and Ross (2012:6) defines a resilient community as “one that takes intentional action to enhance the personal and collective capacity of its citizens and institutions to respond to and influence the course of social and economic change”. Both social and economic challenges were identified as barriers to supporting youth-headed families from the community perspectives. These areas will need to be addressed in order to build social capital within communities (Norris, 2008; Magis, 2010; Berkes et al., 2012). This can be achieved through community development (CD) processes. Community development here is seen as a “people-centred change process facilitated with a community of people to take action to increasingly actualise their fundamental human needs to enhance the quality of their own lives and those of the wider community that they are part of” (Schenck, Nel & Louw, 2010:6).

Pretorius and Nel (2012:4) indicate that community development can be approached from two different paradigms, namely the conventional way of working with communities, where the focus is on identifying the problems and needs within the community, or the application of an approach that focuses on strengths and assets, with the intention of building the community’s capacity. The latter approach is more
relevant to this study, as it is in line with the theoretical base employed in this study. Pretorius and Nel (2012:4) refer to this approach as assets-based community development (ABCD). This approach is empowering to communities, as it challenges communities to think about what they have as opposed to focusing on what they do not have. It is founded on the essentials of the strengths perspective, which is a collaborative process between community members and the professional, allowing them to work together to determine outcomes that draw on community members’ strengths and assets (Pretorius and Nel, 2012:9). It encourages an appreciation and mobilisation of the assets and strengths available in communities. Its emphasis is on social capital, which refers to the networks, connectedness and relationships of trust and reciprocity on which people rely to make a living.

Activities required:

Activity One: Enhance and strengthen the capacity of communities as effective social networks

- Encourage partnerships and collaborations with role-players such as institutions of higher learning, in particular involving departments that have community engagements, social responsibility and student internships as part of their values and core functions to implement community development projects in identified communities where youth-headed families are found.
- Train community-based organisations on the ABCD Model of community development.
- Coordinate the recruitment and training of community volunteers that can act as Ubuntu Mothers to children and young people in youth-headed families. This can be achieved through community education, engaging community leadership to support this drive, and talks at churches. Through regular home visits, these mentors can provide regular monitoring and develop a stable, caring relationship with the children and young people in these families. The mentors can also transfer life skills’ and help to ensure the health and safety of children in these families. Mentoring and support from community members was highlighted as important in the research results. Upon discussing this
area with the study promoters and academic peers, the concept of “Ubuntu Mothers”, which is borrowed from a Family Preservation Programme that was introduced in the past within local communities in Port Elizabeth by organizations such as Child Welfare, was seen as an effective mentoring system for youth-headed families. The aim of these Ubuntu Mothers would be to provide emotional support, monitoring, motivation and encouragement to children and young people in youth-headed families. In addition, the Ubuntu Mothers would mentor the youth-heads of families, as well as share the responsibility of supervising the younger children while the youth head is at work or at school.

- Design neighbourhood-level interventions to promote caring communities. Such interventions could include developing neighbourhood consensus about norms and values that promote community connectedness, a sense of belonging and community cohesion.

- Empower community leaders with knowledge of relevant legislation to support those interested in child- and youth-headed households and enable them to provide the support and care required

Target group: Social workers, in collaboration with institutions of higher learning.

Activity Two: Strengthen the capacity of formal and informal organisations

Capacity building for home and community-based organisations was highlighted from the data emanating from the interviews with social workers, as well as representatives from home and community-based organisations.

Activities required:

- Strengthen community-based initiatives through sustainable funding. This can be achieved through lobbying for funding from government and the business sector for informal organisations rendering services to youth-headed families to ensure the sustainability of services and initiatives for youth-headed families.
• Ensure capacity building for formal and informal organisations in areas such as compiling business plans, financial management skills, monitoring and evaluation skills.

• Develop indicators and design templates that are easy to implement to regularly monitor and evaluate the performance of both formal and informal organisations and put systems in place to effect this.

• Conduct impact studies with both formal and informal organisations receiving funding for programmes and services aimed at improving the social functioning of child- and youth-headed households in order to identify best practice interventions that are evidence-based or evidence informed.

• Reactivate prior learning, reinforce and enhance the skills of community-based volunteers, care-givers in faith-based organisations and social workers working with youth-headed families in areas such as the helping process, intervention tools, such as the Circle of Courage, and human development theories in order to assist them to develop programmes that meet the holistic needs of youth-headed families, as well as respond to the specific needs of these families.

• Offer training in basic counselling and referral skills and basic trauma support skills.

• Train Community-based Organisations in neighbourhood skills. The findings of the current study also revealed that some of the volunteers and caregivers in home and community organisations and faith-based organisations did not differentiate between youth-headed families and orphans and vulnerable children, as well as children from impoverished families; as a result, their interventions were not informed by the specific needs of and issues in youth-headed families. The development of guidelines for volunteers and caregivers in informal organisations that will result in clarity regarding their responsibilities and functions related to youth-headed families is required.

• Ensure the implementation of sustainable mentoring and supervision programmes for volunteers, health workers and care-givers in child- and youth-headed initiatives. It was noted that some of these initiatives were providing care and support, not only to child- and youth-headed families, but also to community members at large through income-generating projects. The
health workers and care-givers in these community-based initiatives were driven by compassion to reach out to those in need and were providing care and psychosocial support to child- and youth-headed families, without formal training and mentoring. In addition, sustainable funding and lack of resources remained a challenge.

**Target group:** Social workers from Department of Social Development, NGOs, community development practitioners and youth workers, in collaboration with institutions of higher learning.

**GUIDELINE FOR POLICY:**

6.8.6 **GUIDELINE 6: ADVOCATE FOR POLICIES AND LEGISLATION THAT IS RESPONSIVE TO THE NEEDS OF CHILD- AND YOUTH-HEADED FAMILIES**

**Rationale**

The research findings point to limitations in existing policies and legislation as a barrier to the effective implementation of services to youth-headed families. The literature reviewed, indicates that youth-headed households are not included in the definition of child-headed households under Article 137, Sub-section (c) of the Children’s Act of 2005. Furthermore, findings of service provider sample group indicated that policies and legislation aimed at improving the quality of life of child-headed households were not implemented in practice at grassroots level. Issues such as difficulties related to the interpretation of the policy, lack of resources (human and financial resources), as well as lack of clarity regarding the persons responsible for the implementation of the policies were identified.

**Activities required:**

Implement activities for policies and legislation related to the care and support of child- and youth-headed families that include the following:
• Orientate social workers in order to increase their knowledge and awareness about policy implementation;
• Revisit and review the policy regularly to ensure that it is responsive to the needs of child- and youth-headed families;
• Allocate resources to facilitate adequate implementation of policy and legislation;
• Facilitate open communication between all role-players to ensure clarity of roles and functions;
• Develop evaluation and feedback systems to ensure the effective implementation of policies at practice level.

**Target group:** Policy developers and social work managers.

**GUIDELINES FOR EDUCATION**

6.8.7 **GUIDELINE 7: ADVOCATE FOR EDUCATION SUPPORT STRATEGY**

**Rationale**

Young people in youth-headed families identified education as one of their future aspirations and as a vehicle to success. It was noted that some of the youth-heads of the families passed their grade twelve, however, due to financial barriers, they were unable to further their studies.

**Activities required:**

• Lobby for adequate bursary schemes at school and tertiary levels. The recommendation from the interviews with social work managers was that social workers must advocate and lobby for an educational support strategy that will focus on the provision of adequate bursaries and scholarships that will enable children and young people to further their basic and tertiary education.
**Target group:** Collaboration between social workers, government departments, civil society and community leaders.

**GUIDELINE 8: REVIEW SOCIAL WORK CURRICULUM TO ENSURE THAT IT IS ALIGNED WITH CURRENT RESEARCH AND THAT IT IS EVIDENCE-INFORMED**

**Rationale**

The literature reviewed on coping and resilience pointed to the importance of mobilising strengths and assets within the individual, the family and the external environment (communities) (Ungar, 2004; 2005; Germann, 2005; Strumpher, 2005).

The basic premise of the strengths-based perspective is that by highlighting the strengths that a person with a problem has already demonstrated, there is a greater likelihood that the person will not only maintain those strengths, but also develop new strengths.

- Review and revise the social work curriculum to ensure that it is more aligned with strength-based, asset-based and resilient oriented perspectives in both micro, mezzo and macro level interventions.

**Target group:** Institutions of higher learning that train social workers and community developers.
CHAPTER SEVEN

SUMMARY, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

7.1 INTRODUCTION

The previous chapter presented a synthesis of the research findings emanating from the various research groups, namely members of youth-headed families, community members, and representatives from organisations rendering services to youth-headed families. The synthesis of the study findings, together with the review of selected family support interventions, informed the formulation of practice guidelines for supporting members of youth-headed families. These practice guidelines were also presented in Chapter Six. The focus of this final chapter will be on the summary, conclusions, limitations and recommendations emanating from this study, and future research.

7.2 SUMMARY AND CONCLUSIONS RELATED TO RESEARCH FINDINGS

The first goal of this study was to gain a deeper understanding of the experiences and needs of youth-headed families in Port Elizabeth, South Africa, as well as to enhance understanding of the protective factors and processes within youth-headed families and their environment that enable them to cope with their circumstances. The secondary goal of this study was to formulate practice guidelines for supporting members of youth-headed families that could be used by social workers and other service providers rendering services to these families in order to enhance their coping and resilience. The following objectives were formulated to guide the research process:

- To explore and describe the experiences and needs of youth-headed families;
- To explore the perceptions of community members regarding the needs of youth-headed families, as well as their perceptions regarding how these needs are addressed at community level;
• To identify and describe the protective factors and/or processes within individual members of youth-headed families, their families and community context that promote their coping and resilience;
• To explore the views of service providers rendering services to youth-headed families regarding the nature of interventions and programmes rendered to these families;
• To review the literature on existing family support programmes in order to identify good practice examples to inform the formulation of practice guidelines for supporting members of youth-headed families.

The study employed a qualitative research design that was exploratory, descriptive and contextual in nature, as well as a narrative tradition of inquiry, in order to meet its goals and objectives. A case study method was used to select a sample of six youth-headed families who were perceived to be coping with their circumstances, for participation in this study. Entry to the research site was facilitated by two Non-profit Organisations and two Community-based Organisations working with child- and youth-headed families. These organisations assisted in selecting suitable families who met the criteria for participation in the study. The same organisations assisted in selecting communities to be included as a research site. Data collection was conducted in three phases, over a prolonged period of ten months.

**Phase One** of the data collection process comprised focus group interviews with youth-headed families and in-depth individual interviews with the youth-heads of families. The information gathered from the interviews with members of youth-headed families was transcribed, coded and analysed by means of the narrative analysis method by the researcher and an experienced independent coder. The results were presented in a narrative form. The narratives followed a particular sequence in order to tell the story of the journey of each family. The story about the journey had three parts, namely (i) the tragedy, which focused on the participants’ experiences during parental illness; the trauma of seeing parents getting ill and the effect this had on the family’s functioning; and the experiences and challenges faced by the children and young people after parental death, which reflects the most difficult part of this journey. The storyline then reflects the turning points and/or
transitions in the lives of children and young people in youth-headed families during the process of the reconstitution of their families and the challenges experienced in this phase, with key moments common across the stories. The second part of the story reflected narratives on the coping strategies used both at individual and family levels that enabled the children and young people in youth-headed families to overcome their adversity and challenges and to move on with life without parents. The final part of the story focused on the factors that enhanced resilience in youth-headed families. Each part of the story had themes and sub-themes, and these will be summarised in the ensuing section.

7.2.1 THE STORY – PART 1: THE TRAGEDY

7.2.1.1 EXPERIENCES OF LIFE DURING PARENTAL ILLNESS AND SUBSEQUENT DEATHS OF PARENTS

The narratives of members of the families reflected a collection of experiences and emotions. Some of the experiences were remarkably similar. The narratives regarding the experiences of members of youth-headed families painted the difficult and painful journey of each family following the loss of parents and the impact this had on each member of the family. The narratives also reflected the role played by the eldest member of the family in supporting his/her siblings. The storyline also reflected on the challenges faced by (i) the family as a whole during the process of reconstituting the family; and (ii) the challenges experienced by the young people who had to assume the role of head of the family.

7.2.2 THE STORY – PART TWO: COPING IN YOUTH-HEADED FAMILIES

This part of the story represented the turning points in the lives of the members of youth-headed families as they began to navigate their lives without their parents. The narratives of the members of youth-headed families reflected on the strategies utilised that facilitated coping and adaptation in spite of the difficulties experienced. The coping strategies were identified at individual and family levels. Ungar (2008:219) contends that coping will always be a context-specific activity – shaped
by the particular problem that a child and or young person faces, and enabled or limited by the social, political and economic situation in which he or she is located. The coping strategies used by the members of youth-headed families were varied, depending on their context and the challenges faced at that particular moment. Some of the coping strategies used, reflected the agency of individual members, the dynamics of each family (whether positive or negative), and the engagement of children and young people in youth-headed families with their social environment. Some of the coping strategies used, were negative and placed some of the members of the youth-headed family at imminent risk for future negative outcomes.

7.2.3 THE STORY – PART THREE: MAKING IT

This part of the story focused on factors and processes that enhanced resilience in youth-headed families. These factors were located theoretically within the ecological systems perspective, where the individual child is placed at the centre of the system that interacts with other systems in the surrounding environment. These factors and processes were identified at individual and family levels, as well in their immediate environment. These factors and processes reflected on the role played by the social networks in facilitating the coping and resilience of youth-headed families. In this study, coping and resilience were found to be closely linked.

Phase Two of the data collection process comprised focus group interviews with community members. These interviews were transcribed and analysed by means of thematic analysis. The following three main themes were identified from the data analysis process:

- Community members expressed a diverse range of views related to youth-headed families;
- Community members’ perceptions regarding the needs of youth-headed families;
- Community members’ perceptions regarding the barriers to supporting youth-headed families.
The discussion of these themes reflected both the positive and negative perceptions of community members regarding the existence of youth-headed families. These perceptions determined the availability as well as the type of support given to the youth-headed families. In situations where there was more understanding of the factors leading to the existence of youth-headed families as well as a broader view of the experiences and needs of these families, there was more compassion and greater willingness to support these families. Conversely, it was noted that where the community conceptualised youth-headed families from a risk perspective, there seemed to be some hesitation in supporting youth-headed families, as this was perceived as encouraging the existence of these families. Despite these diverse views, data from the community interviews revealed that the majority of community members were willing to support youth-headed families. Certain barriers and limitations were identified as constraining factors for the community to serve as an effective social network for these families.

**Phase Three** of the data collection process comprised two focus group interviews and two individual interviews with service providers. These interviews were transcribed and analysed by means of thematic analysis. The following four themes were identified through the process of data analysis:

- The perceptions of service providers regarding the needs of youth-headed families;
- The programmes and services available for youth-headed families;
- The limitations of the services rendered to youth-headed families;
- Recommendations regarding the components of a holistic family support intervention and/or programme to enhance resilience in youth-headed families.

The discussion of these themes revealed that formal and informal organisations (in particular, informal organisations) were playing a significant role in providing support and relevant interventions to youth-headed families. Certain barriers and limitations were also revealed that affected their ability to offer the required support to meet the holistic needs of youth-headed families. The interviews with these organisations also
revealed overlaps and gaps in the services and programmes rendered to youth-headed families. The research participants expressed a need for a collaborative and holistic approach in meeting the needs of the children and young people within youth-headed families.

As indicated before in this chapter, the second goal of this study was to formulate practice guidelines for supporting members of youth-headed families that could be used by social workers and other service providers rendering services to these families in order to enhance their coping and resilience. The study employed Rothman and Thomas (1994) identified knowledge utilisation as a method or vehicle to frame the process of the formulation of guidelines for support to members of youth-headed families. According to Rothman and Thomas (1994), knowledge utilisation processes and activities involve the retrieval, appraisal, codification and synthesis of relevant information in order to formulate generalisations or inferences that are necessary for the formulation of practice guidelines and making them operational. The appraisal and synthesis of available knowledge was conducted in two steps.

The first step involved the codification and synthesis of the findings of all three research groups that participated in this study, with the assistance of an independent coder. This process yielded the following four inferred themes:

1. Divergences in the conceptualisation of childhood and family.
2. Divergent views regarding the needs of youth-headed families.
4. Social networks as a core protective factor.

The discussion of these inferred themes highlighted the need for educational initiatives within local communities, churches and schools, aimed at (i) engaging members around notions of what constitutes a family in order to create awareness of change in traditional family constructions outside the acceptable societal norm; and (ii) continued dialogues with service providers and community members that will encourage new discourses on childhood, which will broaden understanding of the
capacity and agency of children and young people. Skovdal et al. (2009) assert that constructions of childhood matter in debates about how best to support children and young people who undertake the role of caring for their families. It was also evident that the way in which the priority needs of youth-headed families were conceptualised, influenced the type and focus of interventions and programmes offered to the members of these families. Furthermore, the findings revealed the need to focus on building the capacity of the social networks to enable them to play an active and effective role in supporting youth-headed families.

The second step in the process of the formulation of practice guidelines involved the review of selected family support interventions and programmes in order to identify the functional elements of these interventions. Based on the synthesis of the study findings, the multiple views regarding suggestions and recommendations that emanated from the various sample groups, and the literature reviewed of the existing models and programmes, my conclusion was that there is a need for an integrated approach to supporting and enhancing resilience in youth-headed families. An integrated approach implies strong partnerships and collaboration between the community, service providers and the children and young people in youth-headed families in ensuring that the holistic needs of these youth-headed families are met. These elements also informed the guidelines that were formulated. In this vein, seven practice guidelines for supporting members of youth-headed families were formulated. The formulated practice guidelines focused on three aspects, namely the practice context (service delivery to youth-headed families), policy, and education.

7.3 CONCLUSIONS RELATED TO RESEARCH PROCESS

7.3.1 THE RESEARCH QUESTION

The study sought to answer the following questions:

- What are the experiences and the perceived needs of youth-headed families in Port Elizabeth, South Africa, as constructed by children and young people within these families?
What are the protective factors and processes within the children, young people, their families and community context that promote the coping and resilience of youth-headed families despite their situations?

The questions delineated the focus of the study and guided decisions regarding an appropriate research approach and research design. There are two ways to answer a research question, namely through the use of theory and through empirical study. The research questions formulated above framed the scope of the empirical study and guided the choice of perspectives that provided the theoretical lenses for the study.

7.3.2 RESEARCH GOAL AND OBJECTIVES

After revisiting the goals and objectives formulated in Chapter One of this research report, I arrived at the conclusion that the goals and objectives adequately guided and directed the research process towards answering the research questions formulated for this study.

7.3.3 QUALITATIVE RESEARCH APPROACH

Based on the formulated research questions and the research goal, I had to think about how best to answer the questions formulated. I arrived at the conclusion that both the qualitative research approach supported by an explorative, descriptive and contextual design was best suited for this study, for the following reasons:

- Qualitative research methods and processes have greater flexibility. This was important within the current study, as it afforded me the opportunity to review the decisions about data collection strategies. Initially, I planned to hold semi-structured individual and focus group interviews with the members of youth-headed families. Whilst this type of data collection method proved to be effective, as it gave guidance to the research participants, as a researcher, I realised that I was guiding the direction of the interview and not allowing the research participants to choose how they wanted to construct their stories, as
reflected in the research questions. In addition, the interviewing method had to be supplemented with other methods of data collection, such as allowing those research participants who preferred to write rather than talk, an opportunity to write essays about their experiences. Furthermore, it was important to be respectful of the level of comfort and the manner in which the members of youth-headed families wanted to present their stories. Here, the use of a lifeline exercise proved to be useful. The conclusion drawn from this experience is that the researcher should always be guided by the needs and preferences of the research participants. Therefore, a flexible approach characteristic of a qualitative research approach is best suited for this type of study.

- Qualitative research is concerned with discovering meaning, as seen by those who are participants in research. This is in line with the goal of this study, which sought to gain a deeper understanding of the experiences and needs of members of youth-headed families, as well as enhance understanding of the protective factors and processes within members of these families and their environment that enhance their coping and resilience. These experiences could be told only by those involved in them. The conclusion drawn after listening to and reviewing the narratives of members of youth-headed families, (as reflected in Chapter Four of this research report), is that participants’ experiences are varied and can only be understood in the context of children and young people in youth-headed households themselves.

- Qualitative research approach is congruent with the social work values of respect for the uniqueness and diversity of people, which was important in this current study.

- A qualitative research approach encouraged children's agency, as it allowed for the active participation of children and young people in youth-headed families in constructing their own stories and in deciding how best they wanted to represent their stories.
7.3.4 RESEARCH DESIGN

As previously stated, an explorative, descriptive and contextual design was selected in this study. After reviewing the research process, my conclusion is that the exploratory design was well suited for this study, as it assisted in exploring the experiences and needs of members of youth-headed families, as well as the protective factors and processes within them as individuals and families and their environment. The contextual design enabled me to understand these views and experiences from the point of view and context of the research participants. This is in line with the contention of McCubbin (1999) that qualitative studies are well suited to understand the processes and strategies in the study of individuals and families, provided these are done taking into account the contextual factors of those being researched. My conclusion regarding the qualitative descriptive design used in this study is that this design played only a minor part in this study, as its relevance was limited to describing the research process employed.

The choice of a narrative research as a tradition of inquiry was deemed well suited and aligned to the research questions. Upon reviewing this tradition of inquiry and the research questions, my conclusion is that the decision to supplement the narrative research as a tradition of inquiry with the case study method assisted in meeting the research goals and objectives of the study.

7.3.5 METHOD OF DATA COLLECTION

The study utilised semi-structured individual and focus group interviews. Even though this enabled collecting detailed information from the participants, this type of interviewing had to be reviewed and changed, as it was felt to be directing the responses. My conclusion is that semi-structured interviews can be limiting and directive, especially in studies using a narrative design. Researchers using this type of interviewing need to be mindful of the impact this type of interviewing can have on the outcome of interviews, especially in narrative studies.
During the planning of this study, I conducted a pilot study to test the suitability of the research tool, as well as the questions contained in the interview guide. During the actual data collection process in Phase One, I noticed that some of the research questions were not phrased in a manner that takes into account the developmental needs and the level of comprehension of some of the research participants. During this process, it became necessary to change some of the questions to suit the level of comprehension of children and also all the other members of youth-headed families; to enhance the quality and the depth of data collected. This was also the case during data collection among community members. The conclusion drawn from this is that the researcher should be flexible and be guided by the contextual factors of the research participants.

Some of the representatives from Community-based Organisations viewed the interviews as an evaluation of their intervention and/or programme. This resulted in competition among some of the research participants. This perception had an impact on the openness, the type of information shared at the beginning, and the level of participation of some of the research participants.

7.3.6 DATA ANALYSIS METHODS

After reviewing the research results of all the research groups, my conclusion is that the narrative data analysis method utilised to analyse data that emanated from the narrative interviews with members of youth-headed families was best suited for this study. In addition, I arrived at the conclusion that the thematic analysis method that was employed to analyse data for sample groups two and three was best suited and aligned to the objectives of the study.

7.4 LIMITATIONS

The following limitations were experienced with regard to this study:

- The results of this study cannot be generalised to all youth-headed families, as the criteria for selection focused on youth-headed families who were
perceived to be coping with their circumstances. Coping here was used loosely translated and dependent on the interpretation of the organisations that assisted in identifying these families.

- Furthermore, the qualitative study was conducted using only six youth-headed families within three specific geographic communities in Port Elizabeth. This further limits the generalisability of the study's findings to other geographic communities.

7.5 **RECOMMENDATIONS**

The specific recommendations that emanated from the narrative of participants research findings were presented in Chapter six of the research report and informed the formulation of the practice guidelines in Chapter Six. This section of the report will therefore focus on the recommendations regarding the research process and future research.

7.5.1 **RECOMMENDATIONS FOR RESEARCH PROCESS**

In Chapter Three of this dissertation, I reflected on the challenges experienced during my initial visit to the various youth-headed families. One of the care-givers who introduced me to the families insisted on being present during the interviews. This was detrimental to the confidentiality of the interviews. Based on this experience, the following is recommended:

- A workshop – not a single information sharing session – be conducted with all those who are involved as gatekeepers in order to orientate them to the research process, educate them about the ethical requirements of research, discuss the criteria for selection in detail, and ensure that there is a common understanding of the criteria and the research process. This workshop could also provide space to reflect on concerns and questions by community stakeholders.
- Data collection methods must include structured observations, as well as innovative methods of data collection with children.
• The involvement of members of youth-headed families in decisions regarding the data collection method and definition of concepts must be explored during the study.
• A research process and methods must be used that focus on increasing children’s agency and individual voices, as this is congruent with the stance of research ‘with’ participants rather than ‘on’ them.

7.5.2 RECOMMENDATIONS FOR FUTURE RESEARCH

The findings of the study point to the important role of the extended family as a social network. Further studies should focus on exploring the perceptions of this group regarding the existence of youth-headed families and the role of the family as a social network for youth-headed families.

The results of this study were derived from a particular cultural and ethnic context. Similar studies could include other groups with different socio-cultural and/or ethnic backgrounds in order to gain a more comprehensive understanding of the phenomenon of youth-headed families in Port Elizabeth.

Following the confirmation of the transferability of this study’s findings, quantitative research could be implemented in order to generate more generalisable knowledge.

It is also recommended that a longitudinal study focusing on youth-headed families over a period of time be undertaken in order to gain an understanding of how the stages of development of the family influence the coping and resilience of these families.

The current study findings reflected partly on gender differences and how the communities were more supportive of households headed by males. This was beyond the scope of this study and was therefore not explored in greater detail. A study focusing on gender differences and coping in youth-headed families is therefore recommended.
7.5.3 RECOMMENDATIONS FOR IMPLEMENTATION OF PRACTICE GUIDELINES

It is recommended that a workshop and/or seminar be presented for all the stakeholders for the purpose of presenting the formulated practice guidelines. This workshop and/or seminar must provide space for input on the guidelines and should serve as a pilot and planning of the formulated practice guidelines.
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APPENDIX A: ASSENT FORM BY THE PARTICIPANT

Summerstrand South Campus
Department of Social Development Professions

ASSENT BY THE PARTICIPANT

I, the undersigned, ......................................................... (Name of the participant)
ID (Optional)..............................................................................................................of
...........................................................................................................................(Home address)

HEREBY CONFIRM AS FOLLOWS:

1. I was invited to participate in a research project titled “Practice guidelines for supporting members of youth-headed families” which is being undertaken by Zoleka Soji as part of the requirements for the Doctoral Degree in Social Work at the Faculty of Health Sciences, NMMU.

2. The research study aim to gain a deeper understanding regarding our experiences, and needs as youth headed families as well as talk about things that help us to cope with our situations. I understand that this information will be can contribute towards the development of programmes for Social Workers and other Social Development Professionals to address the challenges and needs of our families.

3. I understand that I will complete the consent form and forward it to the researcher before I participate in the research and I will attend the interview.

4. I understand that my anonymity and privacy will be protected at all times and that my identity will not be revealed in any other discussion, description or publication by the researcher.
5. My participation is voluntary and I can pull out any time during the research should I want to.
6. I give the researcher permission to use a tape recorder during the interview.

I consent voluntarily to participate in the above-mentioned study

Signed at…………………………………..on…………………………………..

Signature of the participant……………………………………………………
INFORMED CONSENT FORM

Practice guidelines for supporting members of youth-headed families in Port Elizabeth:

- I understand that I am being asked to take part in a study where I will talk to the researcher about my experiences, challenges and needs as a child/young person who lives in a youth headed family
- I am taking part because I want to and nobody else forced me to
- I know that I can stop at any time if I do not want to go on talking
- I understand that talking about sad/bad things that I have experienced might be hard and I will tell the researcher even after the time if this happens
- I know that I can phone the researcher if I feel I need to talk to someone after the interview
- I understand that my name will not be used in any of the reports that are written
- I understand that the researcher will use a tape recorder during the interviews and will destroy the tape upon completion of the research

Signed/confirmed at

.............................................

Signature of participant
Dear Participant

INFORMATION TO PARTICIPANTS

I am a qualified social worker and am currently busy with my Doctoral Degree in Social Work at the Nelson Mandela Metropolitan University. As part of my study, I need to do a research project. Research is about learning more about a topic that people do not know much about.

My research project is called: ‘Practice guidelines for supporting members of youth-headed families’. This means that I want to learn more about your experiences as a family since you are living on your own. I want to look at how you as a family are coping without your parents and what makes you so strong while you live without your parents.

I want to talk to you as a family so that I can learn more what you say about this topic, and since you are the ones experiencing this, you know the topic well. I have chosen to interview a few young people heading their families and I would like you to be one of those children. Your guardian has already given permission for you to participate, but it is important that you decide whether you would like to talk to me about this topic. If you wish to participate, this is what will happen:

- You will have to sign a form to say that you want to be part of the research. This is your choice; no one will be let down if you do not want to participate. If you do wish to participate, after you have signed the form, I will make a time
to meet with you during school hours.

- During the interview, you will be asked to do a drawing and answer questions about your family. You will choose what you want to share/tell the researcher, and what you do not want to share/tell the researcher.

- We will use a tape recorder, which means that your answers will be taped. This is so that I can remember everything that you say. You can listen to the tape if you wish to. We will make sure that no one else will be allowed to listen to the tape.

- Your identifying details, as well as those of your parents will be fully kept private. This means that your name will not be mentioned anywhere. The form you will be asked to fill in will contain your details for me to be able to contact you to schedule an interview appointment, but will not be used anywhere else.

- You have the right to not want to participate, as well as stop with the interview any time you wish. If you want to end your participation at any time, this would be accepted and nothing more will be expected from you.

I thank you for your time, and ask that you sign the assent form, if you wish to participate.

If you have any questions during the process, please call me on (041) 5042353.

Yours Sincerely,

________________________  __________________________
Zoleka Soji                     Dr Blanche Pretorius
Researcher                     Supervisor at NMMU
Zoleka.soji@nmmu.ac.za
Dear Sir/Madam

PRACTICE GUIDELINE FOR SUPPORTING MEMBERS OF YOUTH-HEADED FAMILIES IN PORT ELIZABETH

My name is Zoleka Soji. I am a qualified social worker and lecturer at NMMU. I am presently studying towards a Doctoral Degree in Social Work at the Faculty of Health Sciences, NMMU. The aim of the research project is to enhance understanding regarding the experiences and needs of youth headed families as well as the protective processes within youth headed families and their environment that enable them to cope with their circumstances. This information will be used to develop a holistic model that can be used by Social Workers and other Social Development Professionals to address the challenges and needs of these families and therefore enhance their resilience.

In order to obtain this qualification, I request your organization to act as a Community Liaison between the researcher and the prospective participants/community for this study. This will require of you to help me as the researcher to reach the youth headed families and to introduce me to these families. I am also planning to interview some community leaders/neighbors in order to gather information about the availability of support structures at community level for these families. Your assistance in identifying these community members will also be appreciated as a key stakeholder in this community.

The criteria for the selection of participants in this research study are as follows:

**Group 1**: The youth-headed families must:
- Be living in a home or family headed by a young person
- The head of the family must be between the ages 15 - 26 years
- Be a voluntary participant

**Group 12**: Participants must:
- Be representatives of organization rendering service to youth-headed families

**Group 111**: selection criteria are as follows:
Participants must:
- Be a community member and/or neighbor
- Reside in the community within which these families reside

Your assistance in this regard will be greatly appreciated. If you have any further queries, please do not hesitate to contact me on 041 5042353

Yours Sincerely

Zoleka Soji
Researcher

Dr Blanche Pretorius
Supervisor at NMMU
APPENDIX E: LETTER TO ORGANIZATIONS RENDERING SERVICES TO YOUTH-HEADED FAMILIES

Dear Sir/ Madam

PERMISSION TO CONDUCT RESEARCH

Project title: Practice Guideline for supporting members of youth-headed families in Port Elizabeth

My name is Zoleka Soji. I am a qualified social worker and lecturer at NMMU. I am presently studying towards a Doctoral Degree in Social Work at the Faculty of Health Sciences, NMMU. The aim of the research project is to enhance understanding regarding the experiences and needs of youth headed families as well as the protective processes within youth headed families and their environment that enable them to cope with their circumstances. This information will be used to develop a holistic model that can be used by Social Workers and other Social Development Professionals to address the challenges and needs of these families and therefore enhance their resilience.

Part of this study involves conducting individuals and/or focus group interviews with representatives of the organizations rendering services to these families in order to:

i. Gather their views regarding the needs of youth-headed families and the type of services rendered to these families

ii. To gather information from them on what they perceive / think should be included in a holistic model to enhance resilience of these families.

The study will take place according to the ethical guidelines and policy of the Nelson Mandela Metropolitan University. You are required to give permission for this study and to send representatives from your organization to participate in an interview and/or focus group interview in this study. A tape recorder will be used to record the interview, and once the information is used for the research, the tape will be destroyed.

The result of the study will be made available should you wish. Should you give permission; a follow-up meeting will be arranged with the prospective participants in order to give them more information about the research process and further details.
If you have any further queries, please do not hesitate to contact me on (041)5042353

Yours Sincerely

Zoleka Soji
Researcher

Dr Blanche Pretorius
Supervisor at NMMU

ASSENT BY THE PARTICIPANT REPRESENTING THE ORGANIZATION

I, the undersigned,……………………………………………. (Name of the participant)
ID……………………………………………………………………………
…of ………………………………………………………………………
…………………………………………………………………… (home address)

HEREBY CONFIRM AS FOLLOWS:

1. I was invited to participate in a research project titled “Practice Guideline for supporting members of youth-headed families in Port Elizabeth” which is being undertaken by Zoleka Soji as part of the requirements for the Doctoral Degree in Social Work at the Faculty of Health Sciences, NMMU.
2. The research study aim to enhance understanding regarding the experiences, challenges and needs of youth headed families as well as the protective factors within youth headed families and their environment that enable them to cope with their circumstances. This information will be used to develop a holistic model that can be used by Social Workers and other Social Development Professionals to address the challenges and needs of these families and therefore enhance their resilience.
3. I understand that I will complete the consent form and forward it to the researcher before I participate in the research and I will attend the focus group meeting/s.
4. I understand that my anonymity and privacy cannot be protected during the focus group meeting/s. However that my identity will not be revealed in any other discussion, description or publication by the researcher
5. My participation is voluntary and I can pull out any time during the research should I want to.
6. I give the researcher permission to use a tape recorder during the focus group discussion

I consent voluntarily to participate in the above-mentioned study

Signed at…………………………………..on………………………………………

Signature of the participant…………………………………………………. 