THE PSYCHO-SOCIAL FUNCTIONING AND EXPERIENCES OF CHILDREN IN CHILD-HEADED HOUSEHOLDS IN GAUTENG PROVINCE, SOUTH AFRICA

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DECLARATION

I, Leonard Munyaradzi Agere (Student Number: 201105727), do hereby declare that the work contained in this thesis is my own, except in those instances where due acknowledgement is given through references. This thesis has never been submitted to any university or institution of higher learning for any qualification or certificate.

Signed……

Date 13/03/2018

DEDICATION

This work is dedicated to the Almighty God for the strength and resilience He instilled in me to complete it. This work is also dedicated to all the children in child headed households who have never stopped dreaming of, and believing in, a better tomorrow and strive to change the course of their destinies. May you find inner strength to keep making strides in your quest for betterment! Your stories and journeys are carved at the core of my heart.

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ABSTRACT

The study was aimed at investigating the psycho-social needs and lived experiences of child headed households in the Gauteng Province of South Africa. A mixed methods approach was used to collect and analyse the data. The qualitative approach was the dominant one, while a quantitative approach was used to corroborate the qualitative findings. The quantitative data was collected through a survey. Three hundred questionnaires were distributed among children in child headed households. The child headed households were selected through simple random sampling from the databases of the NGOs and community based organisations that had agreed to participate in the study. The quantitative component of the study produced results that supported the qualitative findings. The qualitative data was collected through in-depth interviews and focus group discussions, which were conducted with purposively selected social service practitioners and community structures who were involved in work with child headed households. The resilience approach, which posits that humans are born with inherent reserves to face adversity, and the ecological systems theory, which postulates the framework in which an individual can be understood in his constant interactions and relationships within community and wider society, inform this study.

The findings of the study indicate that there were various psycho social needs and challenges that child headed households faced. As Maslow postulated in his hierarchy of needs theory, inferences were made to the diverse needs of the child headed households. Physiological needs like food, clothing and finance were found to be more presenting and eminent needs for the child headed households. The study findings highlighted safety needs in the form of need for formal housing as the

majority lived in informal settlements where they were exposed to much vulnerability like violence, sexual exploitation and other social misdemeanours. Other needs were esteem and familial needs, which provided a platform to foster senses of identity and belonging. However, there were other child headed households who were fortunate to have extended family members and community based organisations that assisted by providing these needs and these gestures were appreciated by the households as they ameliorated dire situations and cushioned them from absolute poverty.

The findings further revealed that the psycho social challenges and needs did not only present when the household became child headed household but when their parent/s was still with them and were only exacerbated in their absence. The effects of living with parental illness, sadness and anxiety due to dramatic changes in dynamics, pain and trauma witnessing a parent dying were among the psychosocial challenges faced when the parent was still present with the children. After their departure or absence the challenges shifted and the debilitating effects of grief and loss, emotional trauma, living without adult caregiver and stigma and discrimination, were among the cocktail of challenges that the child headed households faced. However, others had support from extended family members and community structures that supported them with palliative care for the terminally ill and this afforded them the much needed respite as they focused on their studies and enjoyed their rights to be children.

The study reveals that children have several coping mechanisms that exude their resilience and this includes support from social workers in promoting sustainable development goals (SDG's) including no poverty, good health and well-being and

quality education (goals 1, 3 and 4). The study highlighted that others had to supplement education with paid work (informal) whilst some ended up disengaging from their education to pursue paid employment to eke a living and support their siblings. The community and NGO's were seen as vital components of the ecosystem that promoted the resilience of the child headed households in coping with their day to day challenges and needs.

On the basis of the findings, it is recommended that the South African government should, among other things, provide a properly resourced, co-ordinated and well managed child protection system to facilitate constituency work that responds to the real needs of child headed households and SMART planning by social workers, with systemic teaming around CHH with the DSD as lead agency. The study also recommends a psychosocial approach to CHH care in the form of a model that rallies for robust assessments that social service practitioners and every structure that has the "duty to care" for CHH, can embed in their practice for improved outcomes.

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
CBO	Community Based Organisation
CCG	Child care giver
CHH	Child Headed Households
CYCC	Child and Youth Care Centres
CYCW	Child and youth care workers
DOH	Department of Health
DSD	Department of Social Development
HIV	Human Immune Virus
NPO	Not for Profit Organisation
OVCY	Orphans and vulnerable children and youth
PSS	Psycho social support
RSA	Republic of South Africa
SPSS	Statistical Package for Social Sciences
UN	United Nations

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CHAPTER ONE

GENERAL ORIENTATION OF THE STUDY

1.1 Introduction

The study focused on the psycho social functioning and experiences of child headed households in Gauteng province in South Africa. This chapter presents a general overview by providing the background to the study and a discussion of the objectives of the research, the research questions and the motivation for conducting the study, which developed as a result of identifying the need to do so. The chapter also discusses the significance of the study for communities. The chapter will conclude with an outline of the chapters, which provide insight into the structure of the thesis.

1.2 Background

Along with the economy, polity and education, the family is universally viewed as one of the essential sectors without which no society can function (Ziehl, 2003). As the setting for demographic reproduction, the seat of the first integration of individuals into social life and the source of emotional, material and instrumental support for its members (Germann, 2006), the family influences the way society is structured, organised and functions. In light of this, a household is a unit that traditionally accommodates a family. The composition, structure and function of a household may change drastically and dramatically as a result of death, disease, unemployment, displacement or war, resulting in a child headed household (CHH) (Department of social development, 2007). In addition, Chilangwa (2004) notes that CHH may result due to the decline of Ubuntu, as relatives may refuse to have bereaved children in their care due to economic hardships. Chilangwa (2004) further adds that the

prolonged absence of parents in cases of migrant work, and children not wanting to split up, further perpetuates the emergence of CHH.

The phenomenon of child headed households is complex and multifaceted. The increasing morbidity and mortality rates among adults as a result of the HIV/AIDS pandemic, poverty, violence, social exclusion and crime have resulted in growing numbers of orphans and vulnerable children and youth (OVCY), UNICEF (2000). The extremely rapid rate of orphanhood and destitution among children makes it difficult for families and communities to respond in the traditional manner of taking these children into extended families and, considering their age, it is virtually impossible to consider them for statutory intervention in view of alternative care arrangements. The child and youth care centres (CYCCs), for instance, are already riddled with severe challenges that inhibit their capacities to take more children and also provide holistic services due to erratic funding and other infrastructural challenges (Agere, 2014). On the contrary, Magwa and Magwa (2016) aptly states that informal care system such as older siblings will continue shouldering the biggest share of orphan care in the absence of other care systems and strategies.

In South Africa, the impact of HIV has been increased by other social challenges such as poverty and the socio-economic imbalances that already exist in diverse communities. These challenges have increased the physical and emotional vulnerability of child headed households. Even though significant strides have been made towards increasing access to ARVs and care for adults and children, the emotional impact has been seriously neglected. In light of this, psycho-social functioning refers to the social and emotional well-being of an individual and the

ability to fulfil his/her potential as a human being (Department of Health, 2012). To complement this, Ro (2010) states that psychosocial functioning describes a continuum of care and support that addresses social, emotional and psychological problems in order to preserve the well-being of individuals, families and communities. The psychological aspects include emotional, cognitive, mental and spiritual factors; while the social aspects refer to relationships with others, the environment and society. These aspects of functioning also influence the physical health of an individual (Department of Health, 2012). Due to the pressures outlined above that affect CHH, there is a great possibility that the psycho-social functioning of child headed households is impeded due to life stressors they are presented with, like looking after terminally ill parents, loss of life, poverty, fear of rejection and isolation among others. Conversely, psycho-social support becomes imperative to restore their impaired capacities that are often not dealt with.

1.3 Problem Statement

The multi-faceted phenomenon of child headed households keeps growing in leaps and bounds and also in complexity over the years, with minimal abatement. According to the Department of Social Development (2007), the magnitude of the phenomenon of child headed households (CHH) indicates the need to understand the concept within the South African context where, even though there are other myriad causes, the HIV/AIDS pandemic and its ripple effects are not limited to orphan hood only but also increases the vulnerability to children. The vulnerability is further compounded by the fact that these children often have to look after their terminally ill parents who eventually die in their care, leaving them destitute as resources would have been gobbled on medical and hospital fees, and

consequently, on funeral expenses Further, Ayieko (2004) notes that economic hardships may compel these children to look for means of substance that negate their psycho-social functioning, increase vulnerability to HIV infection, substance abuse, child labour and delinquency and subsequently the vicious cycle continues and, most importantly, robs them of their childhood. The Department of Health (2012) notes that the socio-economic imbalances and poverty that are rampant in such households are easily noted and sometimes dealt with but the emotional and psychological aspects are generally not dealt with and this exacerbates the trauma child headed households endure.

1.4 The Research questions

The study intended to answer the following research questions;

1. What are the psychosocial needs of child headed households?
2. What are the day-to-day experiences of child headed households in managing their households and resolving conflict?
3. What are the support systems and coping mechanisms of child headed households with respect to life and day-to-day challenges?

1.5 Research aim/ objectives

The main aim of this study was to explore the psycho-social functioning of children in child-headed households, i.e. the holistic functioning of the children at all levels of human existence in their constant interaction in the household, communities and the broader outside world.

The specific objectives include:

1. To investigate the psycho-social needs and various challenges child headed households experience
2. To explore the day-to-day experiences of child headed households in managing households and solving conflicts
3. To examine the safety nets and support systems available to the child headed households and their effectiveness

1.6 Assumptions of the study

The study aimed to investigate the psychosocial functioning and experiences of child headed households in Gauteng Province. A mixed methods approach was used to collect and analyse the data. The qualitative approach was the dominant one, while a quantitative approach was used to corroborate the qualitative findings. The study made the following assumptions:

- The participants will completely answer the interview questions in an honest and candid manner
- The inclusion criteria of the sample was appropriate and guided by Section 137 of the Children's Act No. 38/2005- and assured that the participants had all experienced the same or similar phenomenon of the study

1.7 Significance of the study

The study identified that there were significant psycho-social challenges that child headed households face and there are more that are not being covered by the safety nets provided for by both state and non-state actors. By doing so, the study answered important questions on the psycho social challenges and lived

experiences endured by child headed households, nature of conflict and the coping strategies they employ to survive and most importantly identifying and appraising the support systems available to ameliorate their challenges.

While there has been quite a number of studies concerning the child headed household type in South Africa (Department of Social Development, 2010; Mturi, 2012; Mkhize, 2006; Van Breda, 2010), little has been done to relay the extent of the psycho social challenges that child headed households face and how programmes and policy address their plight. The study, therefore, contributes to the body of knowledge on the realities and lived experiences of child headed households and provide insight on the current support systems. It also provides perceptions on the current responses by practitioners and provides suggestions that the government can augment and reformulate strategy and policy in relation to child care, and in particular child headed households in a diligent and effective manner. The study further provides parameters that will enable practitioners to identify child headed households' needs in the form of assessments that recommend and action a package of care tailored to each child's unique needs. This study should be of assistance to social service practitioners, policy makers, government departments and various stakeholders, in an overall strategy for improved outcomes for child headed households.

1.8 Scope of the study

This study was devoted to an investigation of the psychosocial functioning and lived experiences of child headed households in the Gauteng Province of South Africa.

The study also had as its thrust in examining the nature and extent of support available to mitigate the diverse quagmires that child headed household's experience. The community based organisations that by and large have regular interface with child headed households render diverse programmes at local level to alleviate the numerous challenges these households face. The study focused on five CBOs who work with child headed households who had a significant number of those that qualified as child headed households.

1.9 Structure of the thesis

This section is devoted to an outline of the chapters which comprise this thesis and their specific areas of focus.

The first chapter gave a general background and introduction to the study on the psycho-social functioning and experiences of child headed households. It further included the problem statement, aims and objectives, the research questions and the significance of the study among other issues. It also provided a brief discussion of the theoretical framework that guided the research and an outline of the structure of the thesis.

The second chapter gives a detailed discussion of various issues that the child headed households face. It further gives a review and appraisal on the nature and dynamics of child headed households in South Africa and other countries in the region. The relevant literature provided an overview of the rights of child headed households and how possibly they have been stifled as a result of their peculiar set up and vulnerabilities.

Chapter 3 discusses the mixed method approach which was made possible by combining both qualitative and quantitative research methods to the conducting of the study. The chapter provides a detailed discussion of the methods that were used to collect data, the research design, the research population, the research sample and the sampling techniques that were used. The measures that were taken to satisfy the criteria of validity, reliability and trustworthiness with respect to the findings of the research are also discussed, followed by a description of the area in which the study was conducted and a discussion of the ethical considerations that were respected during the study.

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While chapter four presented the demographic information of both the respondents and participants who were involved in the study, chapters five and six take the form of a presentation and a discussion of the data collected through the use of both qualitative and quantitative research methods. The quantitative data was used to support the results from the qualitative data. . The findings are presented and discussed in line with the ecological systems and the resilience theories in relation to the plight of child headed households and give a review and nuanced discussion on the psycho-social pressures child headed households are exposed as well as socio-economic challenges they face. The sixth chapter presents and discuss conflict and conflict resolution and the support structures that are available to mitigate the diverse challenges faced by child headed households.

The final chapter revisits the objectives of the research study in order to summarise the findings. It also provides a discussion of the conclusions that are drawn from the

findings and make recommendations. The chapter also presents a model that tries to provide parameters for best practice that social workers and all stake holders should embed for improved outcomes for child headed households care and management.

1.10 Conclusion

This chapter provided a general overview of the scope of this study. It gave a detailed discussion of the psycho social problems that afflict child headed households, a new type of family that has emerged because of the erosion of the structure of families and their lack of cohesion among other factors. The importance of the psychosocial functioning and experiences of child headed households has been explained. A case has been presented for the motivation for conducting the research and the significance of the study for the practice of social work and an overview of the theoretical frameworks that guided the study has also been provided. The following chapter is devoted to a review of the relevant literature pertaining to child headed households and their diverse experiences.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In an effort to get the holistic picture on the emergence and nature of child headed households, this chapter delves into perspectives on this type of family in South Africa and internationally. The chapter begins by conceptualising the notion of child headed households and provides a synopsis on the emergence and characteristics of child headed households.

Definitions and explanations of concepts are imperative as they help the reader get insight and have a firm grasp of the main concepts used in the context of this research. Therefore, the section immediately below provides definitions and discusses key concepts that the study articulates.

2.2 Conceptualising of child headed households concept

2.2.1 Orphanhood

The Children's Act No. 38/2005 defines the term "orphan" as any child who has no surviving parents to assume the role of caregiver in providing care and protection to him/her (Republic of South Africa, 2005). The UNAIDS (2014) presents two types of orphans; "single orphan" and "double orphan". A single orphan is where one parent is deceased and a double orphan is where both parents are deceased (UNAIDS, 2014). In contemporary times this description of orphanhood tends to be related to HIV/AIDS where parental deaths are usually in quick succession with paternal orphans being more seriously affected than maternal orphans (Phillips, 2011).

According to Phillips (2015), AIDS is a main cause of orphanhood in South Africa. In other regions or continents the reasons for orphanhood tend to differ. For example in Northern Uganda war is the primary cause for orphanhood (Phillips, 2011) and, similarly, in Rwanda the 1994 genocide created over one hundred thousand orphans (Bregg, 2004). Wecksser (2011) notes the equivalent word for orphan (in South African languages such as Xhosa, Zulu, Sotho and Xitshonga) is one that is highly stigmatised and is led not to a definition defined by age or biological parental morbidity but to a material destitution and social exclusion. Further, Weckesser (2011) states that the etymology of the Xhosa term for orphan, *inkedama*, denotes one who is rejected, cast away or downcast and someone who has been cast away by their kin and community. In Southern Sotho the terms for orphan, *kgutsana and kgutsana yakgudu,* mean common or a poor person. Weckesser (2011) points out that in the Limpompo province they use *Xisiwana* (singular) or *vusiwana* (plural) where children have experienced social isolation or great poverty. In view of this, Meintjes and Giese (2006) state that children are only 'orphans' if they are without the broadly accepted trappings of 'parental care and importantly the social rather than the biological aspects of parenting.

2.2.2 Vulnerable children

According to Phillips (2015), a vulnerable child is one under the age of 18 and at high risk of lacking adequate care and protection. Phillips (2015) further adds that vulnerability also refers to a child whose survival, care and protection or development may be compromised due to a particular condition, situation or circumstance that prevents the fulfilment of his/her rights. In the policy framework on orphans and other children made vulnerable by HIV/AIDS in South Africa

(Department of Social Development, 2005), a vulnerable child is a child whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance and which prevents the fulfilment of his/her rights. Section 8 of The White Paper for Social Welfare of 1997 refers to vulnerable children as “children in difficult circumstances” (Republic of South Africa, 1997).

The term vulnerable does not limit itself to children who are orphaned but may include children in a wide range of differing circumstances that compromise their rights as outlined in Section 38 of the Constitution of South Africa (Republic of South Africa, 1996). The list includes orphans, street children, children living in poverty, children caring for the sick adults, children heading children and or are living in a child headed household, grandparent headed household or children in centres, institutions and foster families (Mothapo, 2016).

In defining vulnerability Smart (2003) emphasises individual households and community factors beyond orphan-hood, and includes recognition of elevated risks that child headed households face. To this end, Macllellan (2005) takes a cue from the Rwandese government perspective of a vulnerable child and states that it is a person less than 18 years old and exposed to conditions that do not permit him or her to fulfil his/her fundamental rights for harmonious development.

2.2.3 Household

A household is one or more people who share cooking and eating arrangements Muyomi (2012), Mothapo (2016) and Foster (1997). Further, a household head is the person primarily responsible for the day to day running of the household and this

also includes tasks related to child rearing and care, breadwinning and household management, (Ngonyama, 2013). Society decrees that children are to be raised in a family, nuclear or extended, with adults in these families providing for the physical, physiological, social and emotional needs of the children and ensuring that their rights as enshrined in the South African Constitution of 1996 and the Children's Act No. 38/2005 are recognised. The White Paper for Social Welfare (1997) endorses this as it describes family as "the basic unit of society that provides services to its members, especially those that need care" (Republic of South Africa, 1997:12). However, the composition, structure and function of a household may change drastically and dramatically as a result of death, disease, unemployment, displacement or war, consequently resulting in child headed households.

The White Paper on Families (2012), notes that in many studies and analyses related to the family, a household is typically used as the unit of analysis. In light of this Ngonyama (2013) and Belsy (1997) indicate that household and family are not synonymous. In support of this clarity, the United Nations (1989) states that a household comprises of either: (i) a single person who makes provision for their food and other essentials for living or (ii) a group of at least two people living together who make common provision for food and other essentials. This means that a household can contain a family, but that household members do not necessarily have to be a family.

In support of above definitions, Ngonyama (2013) submits that the description of a household is dependent on a variety of factors that range from culture, religion, legal framework and social interpretation of specific countries. Ngonyama (2013) further

add that a household is better conceptualised when members eat from the same pot. However, Muyomi (2012) attempts to distinguish between household and a family by explaining that a family includes people who are related while a household could be a person or group of people who live and eat together whether they are related or not.

2.2.4 Child headed household

According to the White Paper on Families (2012), a child headed household is a household without an adult caregiver or prime-aged caregivers, which is headed by the eldest or most responsible child who assumes parental responsibility (Republic of South Africa, 2012). Phillips (2015) also defines child headed household as those under the care and supervision of a person below the age of 18.

Mturi (2012) defines child headed households as households where the child has assumed the role of primary caregiver in respect of a child or children in the household in terms of providing food, clothing and even psychosocial support. When a parent dies, older children may be expected to take up paid employment and care for younger siblings (Byline et al., 2009). In view of this, Mturi (2012) expresses that children in child headed households tend to be more vulnerable as they may encounter challenges such as failure to access social services aimed at strengthening them, inability to generate resources for survival and unresolved grief to cope with their circumstances.

There are differing definitions put forward to describe the concept of child headed households. Consequently, a single definition of child headed households cannot

incorporate the variety of different contextual features that characterise a child headed household. Thus, this study adopts a socio-economic dimension to accommodate all approaches in the definition of child headed households. To this end, Germann (2007) provides a definition of child headed household as a household where either parents or alternate adult caregivers are permanently absent and the person responsible for the day to day running of the entire household is aged less than 20 years.

Bequele (2007) describes a child headed household where practically everyone in it is younger than the age of 18 and the household is headed by one of the children who is recognised as being independent and responsible for providing leadership and steering sustainable strategies for the unit. The Children's Amendment Bill Article 137 provides a descriptive definition of chid headed households in terms of scenarios. The section provides that a child headed household occurs when the parent/caregiver is terminally ill, has died or has abandoned the children in the household. Further to this, the absence of an adult family member who can provide care for the children can also point to a child headed household, if the child over the age of 16 has now assumed the role of caregiver in respect of other children in the household.

In light of the above mentioned definitions, it is safe to state that a child headed household is a household where in the absence of adults, a child/youth has now assumed the role of a primary caregiver in respect of other children in the household by providing the basic physiological needs like food, clothing and emotional support (Phillips, 2015).

2.2.5 Needs of child headed households

The needs of child headed households are quite diverse and multifaceted and of utmost importance is their rights and dignity, which are often compromised (Department of Social Development, 2010). The Department of Social Development (2010) notes that empirical research has indicated that the ripple effects of the HIV pandemic are some of the key drivers perpetuating the emergence of the child headed household. The absence of a caregiver, whether due to ill health, death, imprisonment or any other reason means that they are not able to contribute economically to households. More so, the ability to provide emotional security, psychological stability and care to children is compromised.

The Department of Social Development (2012) notes that, often, the emotionally mature child in the household who often assumes responsibility for the family unit is usually found fulfilling parental roles and tasks like helping siblings with homework, spiritual guidance by encouraging and ensuring affiliation to a spiritual group and many other household chores. According to Mturi (2012), these children are susceptible to various types of abuses because the family environment, which is supposed to serve as a safety net, is then defunct and non-existent. In light of this, Muyomi (2012) notes that these children tend to be exposed to various social ills like heightened risk of HIV/AIDS contraction that results from sexual exploitation, poor living conditions, poor educational opportunities, crime and deviance, lack of knowledge and understanding of their fundamental rights and unemployability due to lack of formal knowledge. Further, they are exposed to emotional trauma as they may have to cope with multiple losses in the form of death, sibling dispersal,

relocation and reconstitution of the family in the absence of people with parental responsibilities (Department of Social Development, 2012).

In a national statutory policy guideline document, the Department of Social Development (2010) provides a succinct description of the various needs of child headed households through the depiction of Maslow's theory on the hierarchy of needs. Maslow (1943) postulates that all humans have basic needs and until all those needs are met, all other needs will be perceived as subsets of those needs. Maslow (1943) also notes that people's activities become habitually directed towards meeting the next set of needs that we have yet to satisfy and these become people's salient needs. Everyone is capable and has the innate desire to move up the hierarchy towards the next level but progress is often disrupted by failure to meet lower level needs due to life experiences and other social stressors that plague people. According to Arends (2009), Maslow's theory indicates that a child's development depends on different needs that must not be taken for granted as they allow the child to develop holistically. As much as development proceeds through different stages, the needs are also hierarchically ordered according to the basic needs that have to be met first.

2.2.5.1 Psychological needs

Maslow's theory states that nutrition plays an important role in one's development as it is a physiological need. In light of this, Egan and Kauchack (2010) note that in the theory, it is admissible that physiological needs are the most important needs that play a role towards the development of an independent and mature person with full potential. The very powerful driving factor for prime satisfaction is that the bodily

needs like hunger and thirst have to be fulfilled for one to function normally. Hunger and thirst are the basic needs for one to meet his/her developmental milestones. With hunger there is stunted growth and malnourishment, which impedes a negation in the psycho social functioning of children (Agere, 2014). The ripple effect of this deprivation extends to their education as well, as they will fail or struggle to concentrate if they are on empty stomachs. Pursuing educational endeavours becomes a harsh expectation in the classroom if a child is on an empty stomach and is in quandary on when he/she will have access to his/her next meal (Magwa and Magwa, 2016).

2.2.6 Psychosocial support

Psycho-social support (PSS) is defined by the Department of Health (2012) as the ongoing care and support of an individual to meet their appropriate and relevant emotional, spiritual, cognitive, social and physical needs, through interactions with their surroundings and the people who care for them. PSS envisages helping build resilience and assist children cope with life and its stressors.

Onuoha and Munaka (2010) note that the family institution in which parents play essential leadership roles, caters for the emotional, spiritual and material needs of children. Thus, the loss or absence of one's parents makes a child vulnerable to psychological distress. It is held that the experience of bereavement can be severely emotional for young children and can affect the psychological and physical development of children. Byline et al. (2009) add that young children are the most vulnerable over the long term as their bodies, brains, social relations and self-confidence develop rapidly during early childhood. Any interruption and delays in

young children's developmental potential are difficult to recover in later years, especially when children continue to live under difficult conditions and living a life of deprivation. Further, Onuaha and Munaka (2010) observe that many programmes in South Africa are materially focused and negate ideals in non-material needs such as psychosocial support and protection. Psycho social support describes a continuum of care and support and aims at ensuring the social, emotional and psychological well-being of individuals, their families and of communities. The provision of psycho social support services maybe curative or preventative in nature (Mothapo, 2016).

According to Katyal (2015), most child headed households are not lucky to have parents for longer times thus they get separated at a very early age. Katyal (2015) adds that the phenomenon of early separation of a young child from his parents is known as 'parental deprivation'. This creates a lot of psychosocial problems for children. Being deprived of parental care and familial protection, such children get lesser opportunities for wider interactions with the physical and social world outside their immediate neighbourhoods. Katyal (2015) further notes that it is much difficult for them to have a happy and normal life due to inability to meet their varied needs and the constant need to cope up with problems like insecurity, stress, anxiety and loneliness.

The benefits of psychosocial support are many and diverse. For starters, psychosocial support helps vulnerable children and caregivers to cope with the mental and emotional challenges related to the death of their parents and loved ones (Mothapo, 2016). According to The Department of Health (2012), when a psychosocial support intervention becomes a success, it often brings back control

and confidence in the lives of the affected. Resultantly, social, physical and psychological health is strengthened. Psycho-social support interventions also bring positive change for children regarding their skills, knowledge, emotional and social well-being (Department of Health, 2012). The extent and quality of the psycho social support services being provided needs to be monitored and evaluated systematically, as this will provide a contextual understanding of the situation of orphaned and vulnerable children and youth and will contribute to better policies and programme development (Mothapo, 2016).

2.2.7 Legal rights of children

According to Mkhize (2006), children have fundamental needs that should be fulfilled but sometimes circumstances are such that the needs of the children remain unfulfilled.

Rights are important in the sense that through provision of services, children needs are met and they therefore, do not fall within the cracks. The Constitution of the Republic of South Africa Act No. 108 of 1996 makes provision for the protection of children. The Act requires that anything done by the administration or any public body, which affects children, must be shown to be in the best interests of the children. Section 28, in particular, focuses on the rights of children and contains fundamental concepts, which have been developed in international treaties for the protection of children. It recognise that children have a right to grow up with dignity and feeling of self-worth, that they are entitled to be protected from any form of abuse, and that they are entitled to take own decisions about their lives.

Mkhize (2006) notes that it is permissible to state that the escalating number of child headed households is symptomatic of the fact that the rights of children as enshrined in the Constitution of South Africa are violated and undermined. Then, that child rights to parental care have been compromised through the loss of their parents is a cause for concern.

Taking a cue from a Kenyan perspective, Muyomi (2012) states that when it comes to legal considerations in Kenya, the children can only be taken by a close family member in the event that parents are no longer there. The legal framework and regulations surrounding child protection work in Kenya are not encouraging for non-family members to assume parental responsibility of children who are not related to them. Muyomi (2012) adds that it is for such reasons that most children prefer to remain in their homes and take care of their households than go with their relatives. Thus, the Kenyan legal framework does not offer a supportive environment that fosters kinship ties by enabling children to be in extended families easily and by doing so the legal framework does not do enough to curb the escalating number of child headed households.

Section 28 of the Constitution of RSA (1996) accords children the right to a name and nationality from birth. This not only ensures that children's births are recorded in the population register but also that vulnerable children are able to gain access to available resources and social security by having the necessary identification documents. It must be stated categorically that children in child headed households must enjoy the same rights as any other child and have equal unimpeded access to all rights enjoyed by other children with families.

2.2.7.1 Inheritance and property rights

Inheritance and property rights are important to child headed households and the norms and standards do relate to the protection of property rights of children in these households. When a parent is absent, the remaining minor children are left facing a number of challenges and the situation is worsened if no plans were made in respect of what should happen to the children and the knock-on effect extends to the extended family that is also potentially at loss if no plans were made beforehand. Some relatives may end up taking advantage of the children and take property that belongs to the children. The Department of Social Development (2010) points to a phenomenon called ‘property grabbing’, a great challenge that minor children whose parents would have died face. The Department of Social Development (2010) also notes that cases have surfaced where long lost relatives surface after the demise of the parents with no veiled interests to grab property and they do this under the guise of having interest to be guardians of the orphans. The relatives claim even the furniture and use money for themselves and their own children, often excluding the rightful owners.

2.2.7.2 Right to education

The Department of Social Development (2012) points out that access to education is a basic human right that is vital for all children and this includes children in child headed households. Children in child headed households who are of school going age must attend school regularly and receive any necessary assistance so that they remain enrolled in school. The South African schools Act No. 84 of 1996 makes school attendance compulsory for learners between the ages of 7 and 15 years and

provides for learners to be exempted from the payment of school fess under certain conditions.

The South African schools Act stipulates that it is an offence for parents or guardians to fail to ensure that their children are in school. Section 39 (4) and 61 of the Schools Act provides procedures to waive school fees to facilitate easy access to free schooling for the most vulnerable children. The Education Amendment Act No. 24 of 2005 authorises the Minister of Education to identify categories of schools that may not charge any school fees. Orphans and children in foster care placements, as well as children whose caregivers are receiving child support grants for them are exempted from paying school fees. It is worthy to mention that in practise though, very few of the children eligible for exemption apply for it. The Department of Social Development (2010) notes that low uptake has been largely a result of parents' ignorance and poor communication on the part of the schools that fail to educate parents on the policy and a lackadaisical approach by Social workers to educate and encourage service users to apply for school waivers.

It is also pertinent that children in child headed households have access to nutritious food while in school. The Department of Education introduced the Quantile system where schools are ranked in relation of their resources. The national treasury allocates funds to Quantile II schools who are regarded as poor and the funds allow the schools to provide feeding programmes to vulnerable children. This initiative was introduced in 1994 by the government as part of the Reconstruction and Development Programme (RDP), the National School Nutrition Programme (NSNP). The initiatives provide needy learners with healthy meals at school to enhance their

educational experience. The purpose of the NSNP is to contribute to the quality of education by enhancing pupils learning capacity through alleviating hunger, improving school attendance and punctuality and to contribute to the general health well-being of pupils.

2.2.7.3 Right to healthcare

According to Article 24 of the Convention on the Rights of Children (CRC) 1989, parties to the convention must recognise the right of the child to enjoyment of highest attainable standards of health and to facilitate the treatment of illness and rehabilitation of health of children. It adds that state parties shall strive to ensure that no child is deprived of his right of access to such health care systems. In view of this, the South African Constitution (1996) echoes the same provisions through section 28 (everyone has the right to life) and Section 27 (1); everyone has the right to have access to healthcare, including reproductive healthcare, and Section 28 (1); everyone has the right to basic healthcare services.

2.2.7.4 Right to protection from abuse, maltreatment and neglect

Section 28 (1) (d) of the South African Constitution of 1996 (Republic of South Africa, 1996), holds that every child has the right to be protected from maltreatment, neglect, abuse and or degradation. The Children's Act No. 38/2005 (Republic of South Africa, 2005) addresses children's rights in its entirety, and Section 110 specifically deals with the protection of children and resonates with the Convention on Child rights and the African Charter. Article 19 of the CRC provides for state parties to take all appropriate legislative, administrative, social and educational

measures to protect children from all forms of physical and mental violence, injury or abuse, neglect, maltreatment and exploitation.

According to UNICEF (2011), many families in South Africa face severe challenges in protecting and caring for children. On one hand the country has inherited a legacy of violence, extreme inequality and social dislocation. On the other, the country's huge HIV burden has resulted in high levels of orphaning, which has resulted in childhoods being stolen and exposing such children to maltreatment and leaving them vulnerable to abuse.

Section 110 of the Children's Act compels certain professionals to report any child abuse, neglect and maltreatment that is suspected on reasonable grounds to a designated child protection organisation, the department of social development or the police in terms of Section 107 of the Children's Act. If the reporting is done in good faith and substantiated to the relevant authorities, the professionals responsible will not be held liable to civil claims as a result of their reporting. The Act further stipulates that the department of social development must assess and further manage the situation in the best interest of the child. The said section further mandates correctional officers, immigration officers, labour inspectors, teachers, social workers, speech therapists, social service practitioners, nurses, ministers of religion, religious leaders, occupational therapists, physiotherapists, psychologists, volunteers to child and youth care centres, midwives, legal practitioners, medical practitioners and traditional healers, to report cases of child abuse and maltreatment.

2.2.8 International Perspectives and the Extended Family

According to Mthethwa (2009), on the international front child headed households are not a phenomenon that has been known to society for a lengthy time. They emerged as alternative family structures in order to adapt to the changing realities, elevating the pressure put on extended families as “safety nets’’. Parents die from a variety of reasons, for instance the AIDS pandemic, road carnage, other health factors, war and genocide.

Traditionally in Africa, children have been regarded as belonging not only to the biological parents, but also to the lineage or kinship group as a whole (Oleke et al, 2005). Oleke et al (2005:2630) submission is that “The customary willingness to help relatives when a calamity strike has been culturally deep-seated and implies that families readily welcomed orphans of their relatives” amplifies the notion of Ubuntu. Furthermore, there is a pattern of fostering children even when both parents are still alive, for instance in rural Tanzania it was found that ‘’over a third of children whose parents were still alive did not live with both their parents (Urassa stated in Pisani, 1997:105).

Now with the rampant spread of HIV and its effects, researchers are faced with the mammoth task to seek the coping mechanisms of the extended family in the wake of the socio-economic effects of HIV. It is interesting to investigate whether the extended family or other unrelated caregivers are a robust enough network to act as the focus of initiatives allowed at community based support for children orphaned by AIDS (Phillips, 2011). Evidence is now emerging that the capacity of the extended family to provide such a case is “experiencing significant strain” and there is a

concern that the extended family cannot continue to absorb the full social, economic and psychological impacts of the epidemic (Freeman and Nkomo, 2006). Ngonyama (2013) adds that the family system that once was a strong feature of the African society is coming under increasing threat, especially in high prevalence and low resource areas. In view of this Boris et al (2006:584) refer to this as the ‘’saturation of tradition extended family orphan mechanism”, which thereby means that due the fatigue the extended family experiences the number of which child headed households emerge will continue to escalate.

While it may not be possible for all orphans to be placed within the extended family there is general agreement that family care is more appropriate and cost effective than institutionalised care, (Mothapo, 2016). In light of this, Agere (2014) notes that even though child and youth care centres are often regarded as vehicles for delivering holistic care to children in need of care and protection they tend to be compromised due to institutional and infrastructural challenges like funding and human resources that can adequately capacitate child and youth care centres to offer developmental programmes that can restore children’s impaired capacities. As a result, policies and programmes efforts should, in principle be targeted towards strengthening existing and community based networks (Jones, 2005) so as to keep children in their communities divorced from institutional care. The challenge of HIV, however, is that the resources of families gradually decrease, while at the same time the number of orphans and vulnerable children and youth continue to increase; “the extended family is not a social sponge with an infinite capacity to soak up orphans” (Foster, 2000:58-59).

In a study in Swaziland by Freeman and Nkomo (2006) it was established that the extended family system continued to function, but poverty hindered the ability to provide material and financial support to more vulnerable sections of the family. This is particularly true for rural families, who are more impoverished than urban areas. The same study also revealed a shift from traditional patrilineal ties towards matrilineal, as more women find themselves increasingly carrying sole responsibility for child care.

However in Swaziland kinship networks are wearing thin as women, often grandmothers, carry more responsibility for providing care to an increasing circle of dependants. The patriarchal nature of this society means that men are little involved in child care and rearing. Jones (2005:163) concludes that “it is often assumed that women will take on these duties in addition to their household commitments, yet this is unlikely to be sustainable in the long term. In contrast a study in Zimbabwe found that child headed households were “invisible” and were not “connected to any effective network of relations outside their own household” (Roalkuam, 2005:212). Community members avow that there are no child headed households in their communities and that all children are cared for (Magwa and Magwa, 2016)

In Zimbabwe, various reasons are given for the isolation that child headed households experience (Roalkuam, 2005). One explanation concerns the stigma and shame associated with HIV/AIDS, which often results in social exclusion and marginalisation. Another explanation is that the communities that are most vulnerable to HIV are those that are most fragmented, malnourished, poor, beset with inequalities and so on, and thus also most likely to fail in caring for orphans and

vulnerable children. A third explanation is the breakdown in social relationships, characteristic of anomie (as conceived by Durkheim, 1973) which manifests in, among other forms of social fragmentation, child headed households.

Using an in-depth case study, Phillips (2015) concludes that kinship networks are merely brought into existence by birth or marriage, as one might expect in the Western communities. Rather she refers to “kinship in the making”, meaning that there are elaborate and often time consuming activities that lead to the establishment of kinship, such as lobola. If these transactions are not completed or let alone initiated before a child becomes orphaned, these children may not have an established kinship network capable of providing the necessary protection and care.

In Kenya, child or adolescent headed households are a rapidly growing form of family due to increased death rates caused by AIDS, civil wars and the weakened state of traditional family nets in taking up care and raising responsibilities of orphaned children (Muyomi, 2012). In addition a study on policy implications of the inadequate support in Western Kenya found out that the major problem areas for orphaned children were schooling, medical care, food and clothing (Ngonyama, 2013). Some of the deprived children end up on the streets where they maybe sexually abused, infected with HIV and even engage in criminal activities all in the name of survival (Schoentech, 2001).

Another study also found out that in Zimbabwe factors that led to the emergence of child headed households were related to the fact that some of the children were left to live alone because some of the close relatives such as uncles and aunties did not

want to take up the responsibility due to economic strains, Kurebwa and Kurebwa (2014) . In other instances the children opted to stay together in their own house due to fear of separation or in keeping family property, fear of mistreatment and exploitation by foster families or to fulfil promises made to dying parents. Other relatives feared the stigmatisation attached by society to the children. Thurman et al. (2012) point out that in Rwanda studies found that three-quarters of the orphaned children were isolated from community and a fifth were ill-treated.

2.2.9 The South African perspective of Child headed households

According to Nesengani (2005) with the onset of industrialisation in most countries and during the 19th century among black South Africans and elsewhere, the extended family was a dominant form of the structure of the family. In this type of structure, secondary relatives such as grandparents, aunts and uncles or cousins that lived in the same household as the primary family gave way to the nuclear family. In the context of changed values and cultural family structure, the family now consists solely of parents and their offspring living in the same household. This setting creates new problems in the family. In the nuclear family more and more time is taken by work. More adults seem to have less time to spend with family members. As a result of this change, members of the extended family are likely to live far away and not in the same house/community as could have been the case centuries ago. Pringle (1987) states that what has changed is that most people no longer live with relatives and friends most of their lives, such that they are not surrounded by network and kinship and neighbourhood all within walking distance.

The majority of the black population still lives in the rural and shanty urban areas (Mpofu and Chimhenga, 2016). The value system of the largest number of these people is traditionally African, which illuminates “Ubuntu’’ or humanity among them. According to Lombard (2008) the traditional African is more communalistic, placing a high value relationship with other people. Lombard maintains that South Africa is a developing country characterised by a multicultural population that is at different levels of development and with diverse values and system of norms. African and western cultures have in the 20th century tended to show marked differences as most South Africans developed educationally and in the industrial sphere (Le Roux, 1994). Ngonyama (2013) asserts that there is still a fundamental difference between modern Westernised and the African value systems, with regard to the size of the family. The psychosocial traditionally African value dimension manifests itself in a large family norm, as opposed to small family norm of the modern western family value system (Le Roux, 1994). In view of the dilemma, Mthethwa (2009) proposes that the transition from a traditional outlook on family size will have to be encouraged and supported.

In view of the present negative attitude with regards to family size among most African families, a large number of parent-absent children may suffer untold hardships in relation to parental absence. This premise is based on the fact that in view of the traditional trend on the size of the family, the rural areas are overpopulated and impoverished (Ngonyama, 2013). Consequently, South Africa is presently experiencing intense urbanisation, which while cannot be seen as isolation, it may be placing a definite socio-economic strain on urban communities. The largest population movement today and in the future will be the rural areas to the

metropolitan areas (Lombard, 1991). Besides causing a backlog on housing of millions of dwelling units in South Africa, accelerated urbanisation causes parents to leave children alone in the rural areas. This problem, if viewed within the whole setting of societal change, poses a very serious threat to the future of children in the rural areas and of the whole society at large.

The effects of parental absence cannot be seen in isolation as they further impact on the changes of the greater society, where poverty is likely to be persistently reproduced. Consequently the future of rural black children who constitute the majority of poorest people in South Africa may be seriously affected as they are on the receiving end. Some of the serious challenges that appear to be facing South Africa and the rest of the African continent as a whole are the production of food and work for the ever increasing population in rural areas.

2.3 Theoretical framework

2.3.1 Ecological systems approach

According to Maphalala and Ganga (2014), the ecological systems approach was conceptualised by Bronfebrenner (1979) to explain how child growth and development are affected by everything in their respective environments. The relationships between individuals and their environment are viewed as ‘mutually shaping’. Bronfebrenner (1979) notes that the ecological theory, also known as ‘development in context’, views individuals as being embedded in five types of nested environmental systems with bi-directional influences within and between the systems. According to Maphalala and Ganga (2014), the assumptions in

Bronfenbrenners ecological systems theory are based on the fact that relationships or interdependence between organisms and people are holistic, where every part is vital in sustaining the life cycles of those concerned. Further, Donald (2010) states that there has to be a balance in the ecological concept. The theory thus views different individuals as interacting systems. For instance, a child headed household is a system with different individuals living together as siblings or other vulnerable children who might decide to join an orphaned and vulnerable child and youth who is already in a child headed household.

According to Bronfenbrenner (1979), the systems within the theory contain norms, roles and rules that shape development. The systems include the micro system (individual/community or small level), meso system (community/medium level), macro system (national or societal) and Chrono system. The interactions that occur within and between the overlapping ecosystems influence each other. How a system interacts with a child will have an effect on how the child grows and how the child acts or reacts to the system will also influence how they react to the child. The theory embodies growth and development occurring through processes of progressively more complex interaction between an active child and the person's objects and symbols in the immediate environment (Bronfenbrenner, 2004). Bronfenbrenner (2004) further points that a child's development is determined by what she or he experiences in the settings where time is spent and for the interactions to be effective they will have to take place regularly over extended periods.

In terms of Bronfenbrenner's ecological systems theory, there are components that characterise any human system. This structure echoes Bandura's (2001) reciprocal

determinism. According to Bandura (2001), in human behaviour there is an interaction process involving both psychological and social forces. Factors such as thought, expectancies and feelings all influence the environment and behaviour. In turn behaviour influences the environment and personal factors. A reciprocal relationship, that Bandura (2001) calls reciprocal determinism, is thus established. The child headed households as a whole system can interact with other systems (in form the of other children, informal play centres, the school, the church or other systems that may be found in the OVC's vicinity. As one subsystem interacts with the next, the learning that takes place may eventually affect all the players in the whole system.

The ecological model helps a great deal in informing policy makers on how to develop programs and policies that can benefit children and, more particularly in the case of this study, child headed households. According to Bronfenbrenner (2004), child rearing requires public policies that provide opportunity, status, resources, encouragement, stability and, above all, parenthood primarily by parents, but also by significant other adults in the child's environment, both within and outside the home.

In a child headed household, the individuals are shaped by patterns of interaction within the system. For example, in the instance of illness the siblings in the whole system are bound to sympathise and empathise with each other and this can psychologically affect the whole household. Older children may fail to attend school in order to assume parental responsibilities like sourcing and dispensing medication or accompanying the sick sibling/member to a medical facility. This can spread out to

the significant systems in the community like neighbours or church members, who can pay a visit, bring a meal and offer concern and emotional support.

According to Maphalala and Ganga (2014), the goals and values within each child headed household influence the whole system in many ways and can have both negative and positive effects on the general wellbeing, social adjustment and cognition of each child in the household. The dream and quest of life goals for children in child head households are often overshadowed by more powerful goals such as obtaining the status of child headed households from retrogressive members of the extended family. Maphalala and Ganga (2014) add that the child headed household tries to allocate individual roles within each section. For illustration purposes, domestic chores are often a reserve for the feminine and are perceived to be roles girls are expected to fulfil. The boys often want to assume the masculine roles and feel macho as they want to provide for the family unit and make decisions. This is often the case where boys are older and are in adolescence and are perceived to be mature and bearing the responsibility of looking after their young siblings.

2.3.1.1 Micro and meso levels

UNICEF (2012), notes that there is more development in cognitive, social and physical functioning during the early years of life than in any other periods across the human lifespan. According to the Bowlby's (1969) attachment theory, what happens from birth to the age of five largely influences how the rest of childhood and adolescence unfolds. A healthy start to life greatly enhances a child's later functioning in school, relations with peers, in intimate relationships, and interactions

with the broader connections in society. In support of this, Agere (2014) adds that a holistic package for self-sustenance should contain the major dimensions of a healthy start to life, and these are social, physical and psychological well-being. WHO (2007) notes that factors that can negatively affect these are poverty, disease, neglect, malnutrition and HIV/AIDS in the family. Early traumatic events and lack of care and sensitive responsiveness by parents can harm the neurological development of such systems leading to chronic vulnerability to stressful conditions (Mothapo, 2016). The child's psychological well-being including cognitive skill, coping with stress, emotional resilience and sense of mastery change dramatically during this time as the child interacts with the environment (Mpofu and Chimhenga, 2016). This is typically common in child headed households when a lot of things unfold quickly shortly after the demise or absence of a parental figure and the onus is placed amongst the older sibling to ensure care and support is offered to the younger siblings (Mothapo, 2016).

There are often boundaries in the sub-systems. The openness or rigidity of the boundaries affects the systems' functioning in as far as time and development are concerned. Any system is bound to develop and change over time. Any one part influences the whole system; for example a developing orphan in prebuscent stage in a child headed household might begin to experience growth that forces him or her to change behaviour, which might result in role confusion (Eriksons Psychosocial Stages of Development Theory, in Berk, 2007). Any inconsistencies in the manner in which developing adolescents behave may affect the rest of the other children in the system; for instance if the elder one is imprisoned for burglary the ripple effects of his/her absence extend to stigma as the siblings are branded by the community and

the feelings of loss and separation from their sibling will bring change. Microsystems interact with each other, for example a household and peer group can influence how children respond to schooling. Therefore, it becomes vital to understand how child development is shaped by their social contexts (Berk, 2007). Further, occurrences in the microsystem of a child's family, peer groups and school may interact negatively with the child's mesosystem and thus reinforce developmental difficulties.

However Bronfenbrenner's Ecological Systems Theory has been criticized for not emphasizing the active role of the individual in his or her own development. As such, sometimes the individual's own biological and identifying characteristics, such as age, health, gender are considered the unofficial first layer of the nested systems. Another weakness in Bronfenbrenner's Ecological systems theory is the lack of depth regarding detailed analysis of the specific biological contributors to development, references to which are difficult to uncover, even though he categorized his theory as a bio-ecological model (Berk, 2007). A further weakness that has been highlighted is the failure to understand that children positively cross boundaries to develop complex identities. An additional weakness is the inability of the theory to recognize that children's own constructions of family are much more complex than what traditional theories account for and that the social systems around children are not always linear. Further to this ecological systems theory focuses upon the environmental aspects of development with a particular focus on child headed households (Bronfenbrenner, 2004). From an observer's perspective, there is little the observer can do about an individual as framed by the microsystem aside from their individual interactions. Similarly, the macro system and chronosystem are too large for an observer to encompass. However, the macro

system and chronosystem are interpretable through understanding various sociological, environmental, and time factors that influence an individual (Bronfenbrenner, 1974)

Bronfenbrenner's focus upon development, particularly, in children makes application of ecological systems theory to adults somewhat more difficult than might otherwise occur. However, the analysis done by Bronfenbrenner (2004) demonstrates those factors, such as birth weight, mother's education and circumstances, and family situation impact childhood development. The concept of external factors influencing an individual makes sense. Lastly, understanding that the time one develops in, as well as the passage of time, both influences psychological development is an important concept. In view of this, this study also utilized the resilience theory to complement the ecological systems theory. The resilience theory addresses the weaknesses raised above as it recognizes the individual's development in the face of adversity and complex situations.

2.3.2 Resilience theory

Fonagy (1994) defines resilience as 'normal development under difficult circumstances'. In addition Fox (2007), states that resilience is a key factor in protecting and promoting good mental health. It is the quality of being able to deal with the ups and downs of life, and is based on self-esteem. The resilience theory provides a conceptual framework for considering a strengths-based approach to understanding child and adolescence development. Resilience theory supplies the

conceptual scaffolding for deep understanding why children grow up. Ungar (2006), suggested that resilience is better understood as follows:

*"In the context of exposure to significant adversity, resilience is both the capacity of individuals to **navigate** their way to the psychological, social, cultural, and physical resources that sustain their well-being, and their capacity individually and collectively to **negotiate** for these resources to be provided in culturally meaningful ways."*

Thus, Fox (2007) notes that this definition shifts the understanding of resilience from an individual concept to a more culturally embedded understanding of well-being. Understood this way, resilience is a social construct that identifies both processes and outcomes associated with what people themselves term well-being. It makes explicit that resilience is more likely to occur when we provide the services, support and health resources that make it more likely for every child to do well in ways that are meaningful to his or her immediate environment and wider community. In this sense, resilience is the result of both successful navigation to resources and negotiation for resources to be provided in meaningful ways (Gilligan, 1997).

Gilligan (1997) notes that there are different factors that affect resilience and these include securing early attachments, confidence of being loved and valued by one's family and friends, clear sense of self-identity (personal, cultural and spiritual), a sense of self-efficacy (being able to make decisions and act independently) and confidence to set goals and attempt to achieve them. These factors can be assessed with the assessment framework and risk model propounded by Thornton (2011) and they are more appropriate for children in child headed households who tend to lose parents when they are still young and in some cases fail to secure positive attachments with parents. For instance, looking at the child's developmental needs

(health, education, self-care skills, family and relationships and identity), it is clear that is a pre-requisite to interrogate the existence of a secure base where friendships, social competencies and positive values are fostered to allow secure attachments to be formed. Gilligan (1997) adds that the three fundamental building blocks of resilience that underpin the many factors are a secure base, whereby a child feels a sense of belonging and security, good self-esteem, that is, an internal sense of worth and competence and a sense of self-efficacy, that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

In dissecting the resilience theory, Ungar (2006) emphasises that it is imperative to discuss promotive factors, in the form of assets and resources. Assets can be defined as positive factors that reside within individuals, such as self-efficacy and self-esteem. Ungar (2006) add that resources will then refer to external support like NGO support, churches, communities, mentors that all play an integral part in filling the gaps that an individual is lacking. Assets and resources provide child headed households with the individual and contextual attributes necessary for healthy development. Relating the resilience model to the assessment framework enables the Social workers working with the child headed households to integrate resilience into their assessment and planning work.

According to Killian (2004), resilience does not seem to be purely a characteristic. Studies have found that it can be developed over time, through coping with successive stressful situations, to establish feelings of mastery (Killian, 2004). Related research suggests that coping strategies are either problem-focused or

emotion-focused. Problem-focused coping is when a child deals actively with the problematic situation by seeking to change it or by getting help to deal with it. In dealing with it, individual factors focus on the health and development of the child and Eriksson's(1968) psychosocial development theory, places this into context with the various stages of development. Issues embedded in this paradigm include assertiveness, the child's ability to solve problems, self-efficacy, having goals and aspirations, ability to maintain a balance between independence and dependence on others and appropriate use of or abstinence from substances like alcohol and drugs, Germann, 2006).

Germann (2007) submits that emotion focused coping usually occurs when the child in child headed household has assessed his ability and realises that he/she does not have the internal or external resources to deal directly with the problem and attempt to deal with the emotional problems of that problem. Coping resilience is improved if there is the presence of robust social support. It is further cemented by the presence of social competence, the presence of a positive mentor and role models, meaningful relationships with others at school, home, and perceived social support and peer group acceptance. Other factors that are of importance include avoidance of exposure to violence in one's family, community, and with peers. Other factors that can boost the emotional resilience are concerned with cultural aspects and these instil a sense of belonging as guided by Brokenleg's (1990) theory on the circle of courage (senses of belonging, mastery, independence and generosity). Under this paradigm aspects of utmost importance include affiliation with a religious organization, cultural and/or spiritual identification and being culturally grounded by knowing where you come from and being part of a cultural tradition that is expressed

through daily activities. All these assist the child to deal effectively with the problem, in a problem focused manner. The apparent lack of these support networks can lead a child to using emotion focused strategies, which are usually ineffective for them to overcome quagmires. According to Marais (2005), coping strategies that vulnerable households use are usually short term and do not take into account the long term consequences of these approaches. Other weaknesses of the theory are that child plans that social workers make for children in child headed households need to take into account both the external protective factors and the internal resilience. These should then be understood in the context of the adversity and protective factors within the child's family, friends, community and environment but this often is not the case due to overburdened caseloads and high staff turnover (Agere, 2014).

2.4 Legislative framework

2.4.1 Constitution of the Republic of South Africa (1996)

The White Paper on Families (Republic of South Africa, 2012) defines the Constitution of South Africa (Republic of South Africa, 1996) as the overarching institutional framework that guides implementation of South Africa's policies and legislation; the supreme law of the land. Chapter 2 of the constitution is dedicated to the Bill of rights, which enumerates the civil, political, economic, social and cultural human rights of the people of South Africa. It is unfeasible to talk of children's constitutional rights without taking into regard the established principle of the best interests of the child in the South African law (Tyabazayo, 2009). This principle is now entrenched in section 28(2) of the Constitution. The Constitution provides, in section 28, for a number of rights for children, which include inter alia the right to family care or parental care, or to appropriate alternative care when removed from

the family environment. The same section further provides for children's rights to basic nutrition, shelter and basic health care services and social services. In addition to the rights of children entrenched in section 28, children are entitled to all the other rights in the Bill of Rights.

2.4.2 White Paper for Social Welfare (1997)

The White Paper for Social Welfare (Republic of South Africa,1997) is the first overall social welfare policy under the 1996 Constitution of South Africa and reaffirms governments' commitment to securing basic welfare and human rights and active citizen participation in promoting human well-being. Its stated vision is to reform the apartheid era's residual social welfare system and to bring it in line with the new constitutional framework and binding international law. According to Lombard (2008), the implementation of the white paper for social welfare has been effective in reshaping the policy landscape in South Africa, especially in welfare paradigms. Lombard (2008) adds that there is now a much clearer understanding of developmental social services in relation to traditional social welfare and social development. Social welfare is now more firmly established and reflects a rights-based approach and there is significant evidence that the sector has indeed made a paradigm shift to developmental social welfare services (Lombard, 2008).

2.4.3 The Children's Act No. 38/2005 as amended in 2007

The Children's Act No.38 of 2005 replaced the largely residual Child Care Act No.74/86 in 2010. According to Philips (2011), it is the first national legislation in the African context in which reference to child headed households is made and in which these households are legally recognised as a form of alternative care. The legislation

gives effect to certain rights of children as contained in the Constitution of South Africa, to set out principles relating to the care and protection of children. The existence of child headed households is recognised and incorporated in the Childrens Act. According to le Roux-Kemp (2015), the phenomenon of caregiver is further regulated in the Children's Amendment Act of 41/2007. It further provides that the provincial head of social development can declare a household as 'child headed' when the following four criteria are met:

1. The parent, guardian or caregiver has died, is terminally ill or has abandoned children
2. Care by an adult family member is not available
3. A child of 16 years or older has adopted the role of caregiver
4. The best interest of all the children involved must be shown

Phillips (2015) adds that once a household is classified as a child headed household, it is registered on a provincial register, in terms of the provisions of the Act, an adult designated by the Children's Court, by a government organ, or by an NGO appointed by the head of the department of social development is appointed as supervisor.

According to Mturi (2012), the Children's Act provides for the designated supervisor not to make any decisions relating to the household without consulting the child head or other children belonging to the household and the day to day decisions concerning the household fall within the exclusive domain of child heads responsibility. The role and duties of the adult supervisor are outlined in the Government Notice 35476 of 2012 issued by the Department of social development. In terms of these regulations, the adult supervisor must, inter alia assist the children

with medical issues including access to health care facilities and adult supervision must at all times regulate the responsibilities of the children in the household in a manner that develops their self-reliance and promotes their continued involvement.

Le Roux-Kemp (2015) notes that even though the government made strides in legally recognising the existence of child headed households, it remains limited to households where the child head is at least 16 years of age and where an adult supervisor has been assigned as stipulated in the provisions of the Act and the Guidelines. Many other child headed households exist that do not meet the criteria and, therefore, cannot be registered officially and, as such cannot receive government support.

The Act contains further provisions on child headed households. A household may be recognised as a child headed household when the parent, guardian or caregiver has died, is terminally ill or has abandoned the children while care by an adult family member is not available and where a child of 16 years or older has adopted the role of caregiver.

A child headed household should be supervised by an adult, designated by the children's court, by a government organ, or by an NPO appointed by the provincial head of social development. According to Philips (2011), the probability of a conflict of competence arising is very low. Firstly, the recognition of a household as child headed household and the designation of an adult to the household are registered in a specific provincial register. It is, therefore, not likely that a second supervisor will be allocated. Furthermore, a designation ordered by the court, by definition ranks

highest. The adult should possess the requisite competence to provide the household with supervisor and carry out responsibilities in accordance with the order from court.

The child heading the family and the supervising adult may apply for, and administer, any grant or assistance the household is eligible for, in cases where the designated adult performs these tasks, he is accountable to the NPO or the designated government organ. The adult may not take any decisions relating to the household without consulting the child head and when required by age and maturity (of other children in the household). Day to day decisions are taken by the child head, although the Act is silent on what these day to day tasks entail. Phillips (2011) suggests that it might be decisions pertaining the running of the household and those relating to custodial responsibilities for other children belonging to the family.

It is noteworthy that a 16 or 17 year old child who lives alone is not eligible for a child support grant due to the fact that he cannot be recognised as a child headed household, whereas a child of the same age heading a household is able to apply for a grant for himself and siblings. Also to note is the fact that the designated adult is likely to be a community worker who is a paid supervisor rather than an individual providing a service on a voluntary basis.

2.4.4 The National Plan of Action (2012-2017)

The National Plan of Action (2012-2017) responds to the plight and needs of children living in abject poverty and AIDS stricken communities. The mainstreaming foundation of NPAC is essential to ensure its sustainability, coherent implementation

and effective monitoring of children's rights in South Africa. The gist and rationale of the Plan was to lessen the impact of HIV on orphans, vulnerable children and youth (OVCY) by ensuring they have access to vital social services including basic education. The National plan of action (2012-2017) aimed to bring together existing national and international priorities for the survival, protection, development and participation of children in South Africa into one coherent framework. The plan also advocates for mainstreaming which requires a re-conceptualisation on how children's issues are addressed and operationalised by the government. By and large, children are often thought of as only the concern of the welfare, education and health sector. However the NPAC tries to change mind-sets and encourage that all government departments have an important duty/responsibility towards the promotion, protection and fulfilment of children's rights. The NPA provided for six key strategic goals that sought to deal with the devastating effects of HIV/AIDS that render children vulnerable. These strategic goals sought to:

1. strengthen and support the capacity of families to protect and care for OVC
2. Mobilise and strengthen community based responses for the care, support and protection of OVC
3. Ensure that legislation, policy, strategies and programmes are in place to protect the most vulnerable children
4. Ensure access of OVC to essential services
5. Raise awareness and advocate for the creation of a supportive environment for OVC
6. Strengthen mechanism to drive and support the implementation of the NPA

2.4.5 The White Paper on Families (2012)

According to the White paper on families (Republic of South Africa, 2012), the different types of families in South Africa, which include child headed households, are products of various cultures and social contexts. Therefore, the need exists to recognise the diverse nature of South Africa's families in all initiatives that address their plight. The White Paper on families of 2012 views the family as a key development imperative and seeks to mainstream family issues into government-wide policy-making initiatives in order to foster positive family well-being and overall socio-economic development in South Africa. The White paper endeavours to enhance socialising, caring, nurturing and supporting capabilities of families so that their members are able to contribute effectively to the overall development of the country. Further, the White paper also endeavours to improve the capacities of families and their members to establish social interactions that make meaningful contribution towards a sense of community, social cohesion and national solidarity.

The fundamental principles and values that drive this elaborate policy are the acknowledgement of the basic human rights of South African citizens as the policy recognises that human rights are first learnt in 'functional rights' through socialisation. The White paper on families is also driven by values of family resilience, community participation, promoting and strengthening marriages and, lastly, promoting and strengthening responsible parenting.

2.4.6 The National Family Policy (2005)

The policy is premised on the principle that families are the core of society, and its goals include, among others, the protection and support of families through effective

and efficient service delivery. The policy endeavours for the creation of an enabling environment geared towards the self-reliance of families and the promotion of inter-sectoral collaboration amongst stakeholders in the provision of services for families including child headed households.

2.5 Characteristics of child headed households

According to StatsSA (2015), there will have to be a lot of work for South Africa to achieve the Sustainable Development goals 1(no poverty), 2 (zero hunger), 3 (good health and well-being) and 10 (reduced inequalities) among others. StatsSa (2016) states that poverty and inequality continues to deter the family from playing its various roles in society and makes it difficult for mothers to meet the needs. In view of this poverty, inequality and social exclusion are among the major characteristics that are predominantly associated with child headed households. Among the major causes of poverty in South Africa is a lack of or low income, which reduces the capacity of its citizenry to meet their day to day needs for decent living.

The White Paper on Families (2012) further notes that employment creation has also not transpired at the anticipated rate and many people are unskilled. This inability of many people to secure employment has led to families facing additional burdens due to limited or no income to secure family livelihood. This situation continues to place a huge dependency burden on families. In light of this, ven der Berg (2010) states that poverty still reflects apartheid settlement patterns and, virtually all poor households are found in the former Bantustein regions, informal settlements and townships. The White paper on families (2012) is of the view that overall inequality reduces

redistributive effects of economic growth and skews benefits of growth towards those who are already better off.

It is generally accepted in South Africa that child headed households (CHHs) are an indication of orphan-hood, desertion and destitution. CHHs are composed of an older sibling, usually between the ages of 8 and 14, looking after other siblings who may be his/her biological relations, cousins, friends and or are complete strangers (Feinstein and O'kane, 2005). These occur mostly in poor rural and urban informal settlements and are mainly a result of HIV/AIDS, which often has, linked to it, the stigma and discrimination that these children have to cope with. Mturi (2012) adds that the rurality is also distributed in terms of provinces, with Kwa Zulu Natal and the Eastern Cape found to be the most affected.

In terms of the gender ratio of child headed households, Leatham (2005) notes that as a result of socio-economic dynamics of AIDS across Africa, female child headed households outnumber male child headed households. Further, Luzze and Leatham (2002) report that the gender of children heading the household plays a significant role in relation to the division of labour in the household and the nature of social support system, with the younger children tending to be responsible for domestic chores like laundry, cleaning, cooking while the head-child is involved in income generating activities, directly in kind, or activities that provide supplies to the household. In these situations, girls, younger than 16 may exchange sexual favours for money or employment and may, in the process, fall pregnant and or contract HIV, thus increasing their vulnerability (Muyomi, 2012).

Mturi (2012) adds that the main challenge for the head child is to keep the household routine, including continuous access to school, after the parents have died. A study by Mturi (2012) on special needs of children in CHHs reports the effort made by the head-child to sustain education in activities like homework and peer learning when he or she can no longer afford to physically attend school because of the household duties and responsibilities. Further, the Nelson Mandela Foundation (2001) conducted a study which reported that a high dropout rate was evident as a consequence of being child headed households. Other challenges involve emotional decisions in relation to dispersal of siblings, relocation and making contact with the extended family as well as taking care of outstanding debt and future planning for the family (Ayieko, 2004). These, and others, impact on the child's attendance and concentration at school and, consequently, lead to low grades.

2.5.1 Child poverty

Mturi (2012), notes that another particularly worrisome trend in South Africa is child poverty, which is largely attributed to the direct consequence of family disintegration. It has also been exacerbated by the HIV/AIDS pandemic as parents and caregivers succumb to the disease. The issue of child poverty is also aggravated by a growing sense of absent fathers. The White Paper on Families (2012) weighs in on this matter and states that nuptiality patterns and the prevalence of absent fathers is an increasing phenomenon in contemporary South Africa and, in most instances the children do not know or have any contact with their paternal families. This lack of responsibility is often attributed to poverty, high rates of unemployment and financial constraints.

2.6 Types of Child headed households

According to Phillips (2011), there are different types of child headed households in Africa in general and in South Africa in particular. According to Germann (2006), there are about five types of child headed households, namely; adolescent headed households, child headed households, accompanied child headed households, unaccompanied child headed households, and, supported child headed households. An adolescent headed household, Walker (2009) states, is a household headed by a 16-20 year old. With regards to a household headed by a person younger than 16 years, when such a head turns 16 the household becomes an adolescent headed household.

On accompanied child headed households, Germann (2006) explains that this is a child or adolescent headed household which includes an adult in need of care such as an aged grandparent or guardian in need of care and unable to provide adequate child care, income or household supervision. Germann (2006) adds that the accompanying adult could be a mentally unstable adult or any other adult in need of care and unable to provide adequate child care, income or supervision. Another type is unaccompanied child headed household whereby in the child-adolescent headed household there is no adult residing with the children. Lastly, a supported child headed household is whereby the extended family regularly visits the household or neighbours support and supervise the household. It could also be that a community care programme that provides monitoring and support for orphaned and vulnerable children visits the household for the purpose.

According to Masondo (2006), the descriptions above allow one to incorporate the different contextual features that characterise child headed households and assists in identifying different types of the households, even within one community. Desmond, Michael and Cow (2004) concur with this view and go on to separate adolescent and child headed households by indicating the different social subsystems within such households based on the ages of the affected children. A child headed household in some African countries like Rwanda refers to a situation where the child who heads the household is under the age of twelve (Children's Institute, 2007).

Maclellan (2005) makes another distinction between the types of households headed by children in rural, urban-formal and urban-informal communities where inheritance plays a significant role. Child headed households in the rural areas often inherit land, while those in the urban-formal and urban-informal mostly own some kind of property. However, in situations where there is some inheritance and there is no will expressing the dying wish of a parent/s chaos usually erupts. In such situations the children are much more likely to lose their inheritance to greedy relatives who take advantage of the children's ignorance or lack of knowledge thereof. In Uganda, property grabbing from orphans is reported to be as high as 20% (UNICEF, 2010). Chilangwa (2004) found the same experience in Malawi. The children ended up working as labourers on what is supposed to be their land.

Masondo (2006) agrees with the above types of child headed households and adds a grandparent headed household as a type of chid headed household in the rural communities. Although the grandparents maybe the legal guardian of the household,

these children often have to assume the role of responsible adult caregiver because in many instances the grandparent is either physically or socio-economically incapable of looking after the children. The children have to do household chores and even generate some income by working the land, herding stock or selling goods.

2.7 HIV as a structural driver to the emergence of child headed households

According to Van Dyk (2012), HIV has changed the world forever as it does not only affect individuals' immune systems but also impacts profoundly on people's belief systems as well as their social, sexual, economic and political lives. The socio-economic impact of the HIV/AIDS pandemic has ravaged with minimal abatement in African countries, especially in South Africa (Muchanyarei, 2015). The UNAIDS Gap report (2016) states that there are 7 million people living with HIV/AIDS and there is a 380 000 new infection rate in South Africa. Further, there is a 19.2% prevalence rate and 180 000 AIDS related deaths despite having 48% of adults on antiretroviral treatment. It should be noted that South Africa has the largest antiretroviral treatment globally and these efforts have been largely financed from its own domestic resources. According to Muchanyarei (2015), the HIV pandemic, other acute emergent infections like multi drug resistant tuberculosis, chronic debilitating diseases, motor vehicle accidents, violence, poverty and lingering social maladies of migrant work contribute to the increase and complexity of the phenomenon. These often result in the untimely death of young adults and parents, adults who are too sick or too old to provide care and protection to growing children in the home and the absence of adults at home, rendering these children orphaned and or otherwise vulnerable. Orphaned and vulnerable children are deprived of their rights in terms of the Children's Act No. 38/2005.

In 2012 an estimated 410 000 children aged 0-14 were living with HIV in South Africa. From 2002 to 2012 HIV prevalence declined among children, mainly due to great strides in programmes that prevent the transmission of HIV from mother to child. The scaling up of ART has reduced child mortality by 20% (UNAIDS, 2014). In South Africa there is an estimated 3.7 million orphans and close to half of them have lost their parents to AIDS-related diseases and there are many more children living with sick and bedridden caregivers who have been orphaned by HIV/AIDS (UNICEF 2015). Orphans are particularly vulnerable to HIV transmission as they are often at risk of being coerced into sex, have sex in exchange for support and care, and typically have experienced early sexual debut compared to their counterparts. However, despite these robust prevention strategies implemented via the HIV/AIDS and STD Strategic Plan for South Africa, 2000-2005 and the Comprehensive Prevention, Treatment, Care and Support and the UNAIDS 90-90-90 policy that has been co-opted by the Department of Health, the national prevalence of HIV/AIDS rates continue to rise (Department of Health, 2012). According to StatsSA (2017), out of the estimated population of 57 million in South Africa, about 7.06 million were reported to be HIV positive, giving an overall adult prevalence rate of a little over 12.6% of these more than half were women with prevalence rates ranging between 35% and 46% among non-pregnant women in provinces like KZN, (StatsSA, 2017). Despite the provision of antiretroviral therapy (ART) at most local clinics and hospitals, there are increasing numbers of people are still dying from AIDS and the toll continues to rise, with devastating social and economic consequences. Of prime concern are the children who are orphaned by this epidemic, some of whom are left HIV positive themselves. According to UNAIDS (2014), it is estimated that 360 000

children (aged 0-14) were living with HIV in South Africa. UNAIDS (2014) further estimates that 2.3 million children in South Africa have been orphaned by HIV. In light of this, Scheibe (2015) notes that the impact of HIV/AIDS is not only the burden of disease processes but also a burden to systems and services that provide support for those orphaned children and children in families otherwise affected.

According to HSRC (2014), the children are often forced to look after parents until death. The loss of parents as a result of HIV/AIDS has far reaching effects that should not be underestimated. It has implications beyond the family's economic circumstances. HIV infection has left many South African children's futures in obscurity. The trauma and distress that the children endure may be so overwhelming for some that they resort to destructive and cruel behaviours to self and to others, such as taking drugs and alcohol, lacking morality and being ill-disciplined (UNAIDS, 2014). The UNAIDS (2014) adds that orphans are particularly vulnerable to HIV transmission and that they are often at risk of being coerced into sex, have sex in exchange for support and typically experience early sexual debut than other children. According to Muchanyarei (2015), the burden to care for orphaned children is often left to compassionate caregivers in society who may be complete strangers or members of the extended family who, themselves, may be overwhelmed by poverty as well as by the large numbers of orphaned children and the rapid rate at which this is occurring. In most cases grandparents become sole providers for these orphans. As a last resort, many children have to fend for themselves, resulting in the emergence of child headed households, a growing social reality of great concern. As HIV/ AIDS orphans are usually young, the utter vulnerability of these children in

these households demands an uncompromising commitment from the state in the provision of care and support (HSRC, 2014).

In 1995, South Africa ratified the United Nations Convention on the rights of the child (CRC), which obligated her to commit to the needs and rights of children as paramount throughout all government development strategies. This, it is envisaged, will have a direct impact on the concern for children in child headed households. In addition, many international, national and local development agencies, formal and non-formal, have made sincere efforts to reduce the HIV prevalence (a major contributing factor in child orphanhood and child headed households) by implementing various projects aimed at community development (Magwa and Magwa, 2016). However, these projects have not been successfully coordinated and accordingly have not had the desired impact. Furthermore, the stigma attached to and discrimination against those infected with the HI-virus also spills over to affect orphaned children, impacting negatively on the nature of support these children tend to receive. Ross and Deverell (2010) point out that although many chronic illnesses are stigmatised, HIV carries the double stigma of being a terminal illness and a sexually transmitted disease. As a result, many HIV infected children and their families prefer to live in what Vranda and Mothi (2013:21) refers to as “a conspiracy of silence and shame”. The children and families become withdrawn, socially isolated and emotionally cut off from traditional support systems. Vranda and Mothi (2013) further add that the self-imposed secrecy and reactions to social stigma may preclude families from procuring necessary treatment and seeking assistance with permanent planning for infected children and obtain needed forms of social support. Nevertheless, Muchanyarei (2015) notes that as HIV infected children navigate

through the complex challenges of adolescence and become sexually active, it becomes pertinent to disclose to friends and significant others. These children will require massive support through continuous education so that they can manage the complex issues of integrating healthy sexual development with their day to day routines.

2.8 The effect of HIV/AIDS and poverty on child headed households

Philips (2015) posits that in Sub-Saharan Africa HIV is considered to be the primary catalyst for children being deprived of a family environment. Parents' ability to protect and care for the children will already diminish during the period of death, leaving children to provide for themselves and in most cases to care for the chronically ill parents. In South Africa, the situation remains dire but current statistics on orphanhood have decreased over the years. Orphanhood statistics have become more critical with the advent of HIV/AIDS, which has resulted in the increase in the number of children that are orphaned. According to StatsSA (2016), the number of children aged 17 years and younger who have lost one or both parents has declined from 3.4 million in 2011 to 2.4 million in 2016. This could be attributed to great strides made by South Africa in fighting the pandemic and the success of their robust Anti-retroviral programme. However, StatsSA (2016) are quick to state that the drop is likely possible from misreporting of parental survival status by children and the difference in the drop might not be that significant.

Phillips (2015) notes that the economic impact of HIV on families and children generally compromises three consecutive stages; the first being sickness, the second the time of death and the third stage being the period that follows death. On

the first phase direct costs are on medical treatment and indirect costs are through the decline and eventual loss of household income, both of the chronically ill and of other members who have no choice but to divert time from generating income to providing the much needed care. At the time of death, there are often substantial funeral expenses. During the final phase, additional indirect costs may be incurred through the loss or dispossession of household assets and repayment of loans taken to cover medical aid and funeral expenses (Phillips, 2015). In most cases the household impoverishes beyond the stage of recovery and the children have to pick up the pieces on their own.

Poverty and the concomitant ability of the extended family to cope with the care of children care. Philips (2015) states that the vast majority of children orphaned by HIV are cared for by the extended family members or by the community without any government support. However when there are family members affected by HIV and poverty, it becomes extremely difficult, if not impossible, to cope with the extra care of one or more children (Mpofu and Chimhenga, 2016). The traditional safety net, in which children without parental care are absorbed into the extended family, has been eroded by the increasing number of parental deaths and, in most countries, this societal institution is no longer able to cope. In addition, the stigma attached to HIV/AIDS transfers from parents to their children and in some cases the children themselves might be affected; as a result these children are not welcome in the extended family.

According to Van Breda (2010), there is a reciprocal relationship between HIV and poverty. On the one hand, HIV has significant negative economic implications.

Whiteside (2008) adds that economic factors drive the expansion of the pandemic. At the community level, there is general consensus that AIDS has macro-economic implications, such as reduction in economic growth. It is at the level of households, however, where the impact of AIDS is seen more starkly. There is a close relationship between a household being affected by HIV/AIDS and its subsequent impoverishment, with children being particularly vulnerable (Whiteside, 2008). Chronic poverty in the form of multiple deprivations over a sustained period is evident in most families and it affects children (Jones, 2005). In light of this Murphy et al (2005:268) state that HIV/AIDS have far reaching effects; "beyond individual infection, illness and death, the pandemic is evidently undermining social structures that sustain rural livelihoods".

One of the serious structural drivers impacting the perpetuation of the incidence of child headed households is the effect of HIV/AIDS. When parents die children are left with limited or no resources at all in the household. As the epidemic spreads, these child headed households are likely to grow in leaps and bounds. Children in such conditions are often deprived of their childhood and the opportunity to go to school (Mpofu and Chimhenga, 2016). Economic hardships lead them to look for means of subsistence that increase their vulnerability to HIV infection, substance abuse, child labour, sex work and delinquency (Magwa and Magwa, 2016).

2.8.1 Living without parents

In his study, Ayieko (2004) notes that the traumas of parental death are usually most vivid in young minds. Death or absence of a father figure deprives children of male authority, which is often regarded as symbol status in many African cultures. But the

subsequent death of the mother further deprives the children of crucial emotional and mental security also. The double blow of parental absence often leaves the children vulnerable emotionally, psychologically, socially and financially in most instances. In a study in Kenya and Zimbabwe, it was noted that many HIV infected women in Kenya often migrate back to their family's homes during the later stages of their illness. Frequent illnesses, which precipitate deteriorating economic conditions, a sense of despair and worthlessness have weakened many marital bonds that obligate wives to remain in their nuptial home when husbands die. Other women return to their homes because they are too frustrated by their in-laws to continue living with them.

2.8.2 Family support system

According to Murenje (2012), frequent deaths and migration are weakening the extended family support system and threatening to separate household members. It is likely to continue reducing surviving members' capacity to manage and support each other until an effective educational programme is established. Orphans become the major victims of the in-cohesiveness settling on the community.

According to Magwa and Magwa (2016), the growing individualistic trend could also be attributed to alarming rates of absolute poverty and social exclusion that have bedevilled many African communities, South Africa included. The recent drought in South Africa (2015-2016 agricultural season) among other socio-political challenges has also exacerbated the economic strength of the country at large (StatsSA, 2017). Skinner (2006) adds that the current urban lifestyle and tendency to emulate the Western nuclear family are also playing a role in eroding the concept of extended

family support. This has resulted in the erosion of cultural practices that made sure orphans were well taken care of in the demise of their parents. Children are no longer the collective responsibility of communities, a legacy that has been historically associated with child rearing in African communities (Ayieko, 2004). Extended families no longer feel obliged to welcome orphans when they are not even sure of the future of their own children. This is attributed to overstretched household resources and the discouraging numbers of deaths from HIV/AIDS in communities.

2.8.3 Life situations of orphaned children

According to Agere (2014), nutrition and food security are essential in achieving good health in growth and development for every child. For many orphaned children this is unattainable since many of these children live in very impoverished states after the family spends most of their resources on medical care and other expenses during the parents' illness. Studies in rural parts of East Africa have shown that households which took care of orphans reported moderate to severe food insecurity and that orphans in these areas were more likely to go to bed hungry than those who were not orphans (UNICEF, 2006).

Basic education for all children is one of the key millennium development goals and is central in preparing the young people for their future roles in society (UNDP, 2014). This goal has been further amplified in the Rio Sustainable Development Goals (UNDP, 2014), which further places emphasis on increased access and opportunities to education and quality of life for all children. However, households with ailing parents have high medical care costs and other expenses that usually leave the children with very few resources after the demise of the parents. The

psycho-social impact of parents' death on children's schooling is determined by the economic circumstances, schooling readiness and their relation to adult decision makers (Case et al., 2014). Children/adolescence without parents find themselves in situations where they are forced to drop out of school to care for their ailing parent/s, and on some occasions they take up the responsibility of breadwinners of their families and have to work to fend for the family (UNICEF, 2003). The situation is more dire with the high cost of education in countries where there is no free education (even with free education for the children costs for books, school uniforms and meals that may not be provided by government still matter). Their school enrolment as evidenced by previous research is far much lower than those of non-orphaned children (UNICEF, 2006).

Children who have lost either one or both parents already suffer from loss of affection, support and protection and are further subjected to more psychological trauma when they are separated and sent to live with different families, thereby dissolving the nuclear family. Some are sent to institutions, others to formal and informal related and unrelated foster placements. Others are left to fend for themselves and some with the responsibility of taking care of their siblings without any guidance (Ashford, 2006). With increased poverty, lack of maturity and experience, these children experience poor health, poor nutrition, do not attend school and their development is stunted, limiting their possibilities of a good childhood that in the end affects their future ambitions.

2.8.4 Economic deprivation

According to Van Breda (2010), child headed households are much more vulnerable than adult headed households. A small qualitative study conducted in Pietermaritzburg found out that child headed households survived on about a third of resources (money and, in kind, gifts of food among other things) compared to similar adult headed households (Donald and Clacherty, 2005). The research found out that in adult headed households there was a clear advantage as adults had the responsibility of income generation compared to child headed households.

Ngonyama (2013) points to research done by Davids, Nkululeko, Mfecane, Skinner and Ratale (2006) as giving indications on the economic quagmires the child headed households endure after the demise of their parent/s. Ngonyama (2013) adds that in countries badly affected by the AIDS pandemic, household income with parental HIV/AIDS infliction has been found to be 20-30% lower than those with non-afflicted parents. Thus, the average per capita income in households where at least one person was known to be HIV positive was reduced as compared to non-affected households. This demonstrates that households affected by HIV are more likely to experience food insecurity, show a tendency to borrow money and sell more of their productive assets that are essential to sustain their livelihoods.

2.8.5 Role adjustments

Following the demise of their parents, children must take an adjustment from being children to being members of a child headed household, an adjustment that carries many challenges. Nkomo (2006), in a study conducted in Gauteng and KZN, identified several key components of this adjustment, including the feeling of having

lost loved ones and sense of self, with the attendant feelings of deprivation. Nkomo (2006) also observes that older siblings felt obligated to step into the shoes of the departed parent, felt abandoned by extended family members when they perceived that they should be taking over the responsibility of taking care of their households. There are survival concerns in view of the challenging economic quagmires South Africa has and continues to endure for the poor and socially excluded. The feelings that the head of the household has to grapple with are multiple and varied and this does not exclude uncertainty about personal safety, family disintegration, discipline and feelings of helplessness. According to Mkhize (2006), the other roles that the head of the household now has to undertake include decision making, leadership, economic provision, caregiving, conflict management and housekeeping, which often are stressful roles for a child who also requires to focus on school.

2.8.6 Education and schooling

Education is one of the most powerful tools to unlock opportunities and combat poverty. On the other hand, it is one of the facets of life of a child that is threatened by HIV/AIDS and by child headed households in particular. According to Muyomi (2012), children often drop out of school before the death of the parent, when their parent (often mothers) is too ill to work and take care of the family. When a parent is dying or has died of HIV, social stigma acts as an additional stumbling block to the continued education of the child, some of whom report being bullied and harassed (Robson and Kenyatta, 2007). Heads of households are particularly vulnerable to dropping out of school in order to care for their younger siblings who continue with their education. Orphans and vulnerable children and youth (OVCY) cannot afford to continue schooling and have to spend their time eking for survival. In other instances

their emotional capacities are overwhelmed by the additional responsibility and traumatic experiences induced by the demise/absence of the parents and the attendant social stressors. Resultantly, attention spans tend to be short, dyslexia kicks in, triggered by the emotional imbalance and they end up dropping from school and focusing on survival strategies.

2.8.7 Social capital

According to Chirau (2015), social capital is considered a vital part of livelihood strategies. The notion of social capital in the livelihoods approach and the propagated community driven development approach are closely related. They both start with the view that poor people may not have the means to an end or lack capital thereof, but they can be resourceful to devise strategies that can navigate them from the harsh effects of poverty. Gonzalez de Rocha (2007) notes that the myth of survival in which poor people are perceived as able to implement survival strategies that are based on their endless capacity to work, consume less and to be part of mutual help networks may result in ignoring the real issues poor people face. This is equally true in light of the blanket approach that child care grants in South Africa are expected to ameliorate child headed households social and economic challenges. The real, pertinent and daily struggles the child headed households endure are ignored and not dealt with effectively and this deprives them of enjoying full rights as enshrined in the Constitution of the republic of South Africa.

2.8.8 Deprivation of parental guidance and support

Phillips (2011), notes that a household deprived of adult care and supervision does not provide children with the chance to learn skills essential to their development.

Phillips (2015) add that the natural attachment between a child and mother/father or main caregiver forms during early childhood (Bowlby's theory of attachment, 1969), this attachment is believed to provide a firm basis for later relationships in life. Meintjies (2010) states that a relationship between a child and parents remains the utmost experience in the lives of children with a lasting affection. Parents provide a secure zone in which children feel protected. In general, children learn ways of coping with stress and anxiety from their parents, parental behaviour in times of stress forming an example (Maqoko and Dreyer, 2007). Children model themselves on their parents in other behaviours as well, either by precept (a child is told by parents what he should do and should not do) or by precept (a child observes and copies his parent's behaviour (Phillips (2011). Parents teach their children moral standards and encourage positive behaviour and they discourage unwanted behaviour displayed by a child. Children in child headed households often have to navigate through life's challenges without this firm attachment and parental support and delve into relationships later in life with a huge void within and are always at disadvantaged point. In addition, it may therefore be concluded that children in child headed households are severely disadvantaged in that they do not have the opportunity to learn the much needed skills.

2.8.9 Susceptibility to abuse and exploitation

In South Africa children without adequate parental care are often vulnerable to abuse and exploitation (Phillips, (2011). According to Masondo (2006), problems specifically encountered by child headed households are varied and multiple. These include the burden of parental responsibility robbing them of their right to be children. Resultantly, they are overburdened with aspects such as guidance and discipline

when they obviously are disposed of the experience to facilitate it. Child headed households also find themselves in unsafe and unstable environments to grow up in and they lack access to important documents like birth certificates and identity cards. In addition to these challenges, children live in settings that lacked love, security; they experience feelings of hopelessness, vulnerability, loneliness, emptiness, a desire for a fulfilling life and fear of the unknown (Phillips, 2011). Children in child headed households are therefore vulnerable and at a heightened risk of sexual abuse, exposure to child labour and child prostitution and pursuing life on the streets (Maqoko and Dreyer, 2007).

2.9 Measurement of psychosocial functioning

According to Van Breda (2010), orphanhood is usually associated with psychological and emotional trauma as well as social distress. Van Breda (2010) adds that such children usually exhibit vegetative symptoms, hopelessness and suicidal ideations stemming from the grief, depression, anger, stigma among other stressors. According to Ro (2010), it is pertinent to measure psycho-social functioning and this can be achieved by exploring four domains of a person's life. Ro (2010) further adds that the four domains are work/school, interpersonal relationships, recreation and overall satisfaction. Thus, the domains suggested by Ro (2010) provide insight on measuring the functionality of CHH against the stressors highlighted by Van Breda (2010).

2.9.1 HIV/AIDS and psychosocial functioning

Phillips (2015) notes that children orphaned by HIV/AIDS experience heightened psychological distress compared to other children and are more likely to experience

psychological problems such as depression, peer problems, post-traumatic stress and conduct problems. HIV, coupled with other stressors such as poverty, single parenthood and high levels of exposure to violence, can be an additional stressor on children's psychological wellbeing (Cluver et al., 2009). Further, Myomi (2012) adds that stigma also affects the response of individuals towards HIV/AIDS. Myomi (2012) also notes that some people perceive that their families will be infected if they interact with HIV/AIDS orphans. This in turn limits the chances of orphaned children being prioritised in their communities and also in traditional social protection mechanisms (Muyomi, 2012).

2.9.2 Poverty and psychosocial functioning

Kasese-Hara et al. (2012) note that caregivers of orphaned and vulnerable children and youth are themselves vulnerable in terms of poverty, burden of care and mental health problems, especially depression. It is inadmissible that extended families are overstretched by existing loads of caregiving, poverty and other social problems. Relatives who accept orphans are often elderly and or poor, and therefore in need of support themselves. Kasese et al. (2012) adds that stress from the psychological needs of OVCY, and their health and well-being, is also often overlooked. Thus, caregivers often face their own quagmires, and therefore difficulties arise to provide adequate support to OVC without also supporting their caregivers. This then leads to a serious need to enhance the psychosocial wellbeing and caring capacity of orphaned and vulnerable children and youth guardians. In light of this, Thurman et al. (2012) adds that by attending to the needs of caregivers a more nurturing environment can be fostered for children's development.

Further, Thurman (2012) alludes to the benefits of support groups as part of enhancing psychological well-being of caregivers. They note that a support group has an effect on their psychological well-being, which in turn has an effect on the treatment and psychological well-being of children under their care. The benefits of support groups, according to Thurman et al. (2012), include better family functioning; lower perceptions of the children in their care and fewer behavioural problems. This, therefore, highlights the importance of providing support to caregivers as the quality of care and vulnerable children hinges on interventions that address the psychosocial challenges experienced by their caregivers. Kasese et al. (2012) then sums this by stating that guardians' circumstances and experiences have implications for the welfare of OVCY; therefore, it is a pre-requisite that any concerted efforts surrounding the improvement of OVC should acknowledge their guardians.

According to Phillips (2015) measuring psycho social support is a multi-faceted construct and various definitions and multiple measures have been propounded. Phillips (2015) and Ro (2010) add that there are several themes that are commonly used as proxy in assessing psycho social support. For the purposes of this study the following will be explored in the assessment framework: school progress, self-acceptance, emotional symptoms, the relationship of the child with family and peers, peer relationships; for instance interaction with other children as opposed to preference of being alone among other factors.

Muyomi (2012) notes that there are children who often find themselves alone and instantly become a child headed household imminently after the arrest and

subsequent conviction of a parent. In such instances the children are often subjected to ruthless social exclusion by their respective communities and can be labelled in relation to the crimes their parents would have committed. They suffer for the sins of their parents and they will not be there to provide the adequate strengthening they will require to get through the pain, confusion and anguish they will be experiencing. Muyomi (2012) notes, from his study on the psycho social dynamics of child headed households in the coastal areas of Kenya, that in most cases the parents are jailed for either civil and criminal cases and sometimes it is cases related to the children like neglect which has been criminalised in countries like South Africa.

2.10 Conclusion

This chapter explored various literature pertaining the emergence and the prevalence of child headed households. The chapter further gave a detailed synopsis of the challenges and life situations that the heads and the members of the child headed households endure in their quest for survival and quest not to be marginalised and live as second class citizens.

The chapter also interrogated the theoretical framework that informs the study, the ecological theory and resilience theory. The ecological theory provides the basis on which the concept of children in child headed household should be contextualised in view of developmental theory, which comes out of the context of family and provides an understanding of all the factors that they face. The resilience theory acknowledged that in great adversity children in child headed households will seek out experiences that will encourage them to realise their potential and encourage resilience.

The psychosocial challenges that the child headed households tolerate emanate from the social stressors they endure when their parents fall sick and subsequently deaths which often leave them devoid of love, protection and poverty stricken. The child headed households withstand and soldier through strife and complex challenges where often their rights to be children are taken away from them but in most instances they bear the brunt of the misgivings of policy and the realities of the lives they find themselves in.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The previous chapter gave a comprehensive review of literature on the psycho-social functioning and lived-experiences of children in child-headed households from the South African perspective and also on the international front. The chapter further explained the theoretical frameworks that succinctly describe the children in constant interaction with the environment as well as their innate capacities/potential to deal with the diverse social stressors and challenges that are triggered in view of the circumstances they have to face after the demise of their parents or when their parents leave them permanently.

All research is based on some underlying philosophical assumptions about what constitutes 'valid' research and which research method(s) is/are appropriate for the development of knowledge in a given study. In order to conduct and evaluate any research, it is therefore important to know what these assumptions are. This chapter discusses the philosophical assumptions and also the design strategies underpinning this research study. Common philosophical assumptions are reviewed and presented. The interpretive paradigm was identified for the framework of the study. In addition, the chapter discusses the research methodologies and design used in the study, including strategies, instruments, and data collection and analysis methods, while explaining the stages and processes involved in the study.

According to Bhattacherjee (2012), research methodology refers to a strategy of enquiry, which moves from the underlying assumptions to research design and data

collection. Although there are other distinctions in the research modes, the most common classification of research methods is into quantitative and qualitative. This study employed a methodical triangulation approach whereby both quantitative and qualitative methods were used. A description of the methodological triangulation that was employed justified the choice. The population of the study as well as the sampling technique employed in the study are also highlighted in this chapter. The chapter also provides a clear description of the sample and further outlines the demographic characteristics.

The chapter further provides a detailed précis of the research instruments used in the data collection process and the subsequent data analysis process. At the end of the chapter ethical considerations, which guided the study, are explained.

3.2 Research Paradigm

According to Grix (2010), the research process has three major dimensions: ontology, epistemology and methodology. Grix explains that research paradigm is an all-encompassing system of interrelated practices and thinking that define the nature of enquiry along these three dimensions

The term paradigm originated from the Greek word *paradeigma* which means pattern and was first used by Thomas Kuhn (2012) to denote a conceptual framework shared by a community of scientists which provided them with a convenient model for examining problems and finding solutions. Kuhn (2012:470) defines a paradigm a paradigm as; “an integrated cluster of substantive concepts, variables and problems attached with corresponding methodological approaches and tools…”. To Kuhn, the

term paradigm refers to a research culture with a set of beliefs, values, and assumptions that a community of researchers has in common regarding the nature and conduct of research (Kuhn, 2012). A paradigm, hence implies a pattern, structure and framework or system of scientific and academic ideas, values and assumptions (Olsen, Lodwick and Dunlap, 1992).

According to Antwi and Hamza (2015), the term ontology is from two Greek words; onto, which means ‘being’, and logia, which means ‘science, study or theory’. Ontology refers to a branch of philosophy concerned with articulating the nature and structure of the world (Wand and Weber, 1993; 220). It specifies the form and nature of reality and what can be known about it. There are two broad contrasting positions – objectivism and constructionism; objectivism holds that there is an independent reality and constructionism assumes that reality is the product of social processes (Neuman, 2008). Ontological and epistemological aspects concern what is commonly referred to as a person's worldview, which has significant influence on the perceived relative importance of the aspects of reality. Two possible worldviews are: objectivistic and constructivist. These different ways of seeing the world have repercussions in most academic areas; yet, none of these views is considered to be superior to the other. Both may be appropriate for some purposes and insufficient or overly complex for other purposes. Also, a person may change his/her view depending on the situation. For example, this study makes use of elements from both views and they were considered as complementary.

Antwi and Hamza (2015) submit that research paradigms inherently reflect our beliefs about the world we live in and want to live in. Based on this belief, Guba and

Neuman (1997) distinguish between positivist, post-positivist and postmodernist enquiry, grouping postmodernism and post-structuralism within ‘critical theory’. The nature of reality assumed by positivism is realism, whereby a reality is assumed to exist; in contrast, post-positivism assumes that this ‘reality’ is only ‘imperfectly and probabilistically apprehendable’ (Guba and Lincoln, 1994;109). Post-positivism is viewed as a variant of positivism, but they are both objectivist.

Epistemology refers to the nature of the relationship between the researcher (the knower) and reality and it denotes “the nature of human knowledge and understanding that can possibly be acquired through different types of inquiry and alternative methods of investigation” (Hirschheim, Klein, and Lyytinen, 1995:349). Methodology, therefore, refers to how the researcher goes about practically finding out whatever he or she believes can be known.

The researcher sought to investigate the lived-experiences of the child headed households and was guided by the realist/objectivist ontology and the empiricist epistemology contained in the positivist paradigm, which requires a research methodology that is objective or detached, where the emphasis is on measuring variables and testing hypotheses that are linked to general and causal explanations (Sarantakos, 2005). Further, in getting detailed understanding of the psycho-social functioning of child headed households the study was underpinned by interpretivist epistemology and constructionist ontology. This assumed that meaning is embedded in the participants’ experiences and that meaning is mediated through the researcher’s own perceptions (Merriam, 1998). Antwi and Hamza (2015) reiterate that researchers using qualitative methodology immerse themselves in a culture by

observing its people and their interactions, often participating in activities, interviewing key people, taking life histories, constructing case studies, and analysing existing documents or other cultural artefacts. The qualitative researcher's goal is to attain an insider's view of the group under study, which in this study are child headed households.

3.2.1 Area of study

The researcher chose Gauteng Province as the area of study. The Gauteng province is divided, for local government purposes, into 3 metropolitan municipalities which are City of Johannesburg, City of Tshwane and Erkhuruleni municipality. There are also two district municipalities, namely Sedibeng and Westrand which are further subdivided into 7 local municipalities. These seven include Emfuleni, Lesedi, Merafong, Midvaal, Mogale, Randfontein and Westonaria. Due to funding restrictions, the researcher focused on one metropolitan municipality, City of Johannesburg and the focus was only on five areas, which were Johannesburg, Soweto, Lenasia, Alexandra and Roodepoort. Below is a map of Gauteng Province.

Fig 3.1: Gauteng Map

(Source: toolsforschools, 2012)

3.2.2 Profile of City of Johannesburg

According to StatsSA (2016), the city of Johannesburg is the largest city in South Africa and is the capital of Gauteng, deemed the wealthiest province in South Africa. Johannesburg is a mixed city, with the poor occupying the southern suburbs or the peripheries of the far north and the middle class occupying the central and northern areas (StatsSA, 2015). According to StatsSA (2015), unemployment is near 46% and most young people are out of work. StatsSA (2015) further indicates that around 20% of the city lives in abject poverty in informal settlements that lack proper roads and sanitation. According to the 2011 census, the city has a total of 4.4 million people and young children (0-14 years) are 23.2% of the population and the working age (15-64) represents 72.7% of the population.

3.3 Research Approach

According to Bhattacherjee (2012), a research approach is a belief about the way in which data about a phenomenon should be gathered, analysed and used. The term epistemology (what is known to be true) is opposed to doxology (what is believed to true). The purpose of science, then, is the processing of transforming the things believed into things known*: doxa* to *episteme* (Antwi and Hamza, 2015). The distinction between qualitative and quantitative research is a methodological issue. The decision to choose a specific methodology should be based on its suitability to answer the research questions (Bryman, 2001). Denzin and Lincoln (2000) assert that qualitative research emphasises the process of discovering how the social meaning is constructed and stresses the relationship between the investigator and the topic studied. Conversely, quantitative research is based on the measurement and the analysis of causal relationships between variables. Bryman (2001) discriminates between qualitative and quantitative research, arguing that qualitative research referred to the meanings, concepts, definitions, characteristics, metaphors, symbols and descriptions of things, while quantitative research referred to the measures and counts of things.

Qualitative and quantitative research approaches differ basically in some major areas, including their analytical objectives; types of questions posed; types of data collection methods used; types of data produced; degree of flexibility in study design. Bhattacherjee (2012) indicates that qualitative research is a naturalistic/interpretative approach concerned with understanding the meaning people give to the phenomena within their social setting. Bhattecherjee (2012) outlines a number of key elements that distinguish the qualitative approach, among these is that it is an approach that

provides a deeper understanding of the social world; it is based on a small scale sample; it uses interactive data collection methods, i.e. interviews; it allows new issues and concepts to be explored.

This research study, which explores psycho social functioning and experiences of child headed households, employed a mixed methods approach, which made use of both qualitative and quantitative methods, with particular emphasis being placed on qualitative procedures. An advantage of triangulating the results through the use of both qualitative and quantitative methods resides in the fact that the research takes less time to conduct than that which makes use of a sequential design and each set of data can be collected and analysed separately. Another advantage that can be exploited is that the results obtained from using both approaches can serve to corroborate each other. A potential disadvantage of the design concerns the fact that it requires a great deal of effort and expertise to collect and analyse two separate sets of data concurrently (Creswell, 2014). In the case of the current study, the researcher overcame this potential difficulty through employing research assistants to assist in the collection and the analysis of the data. A mixed methods approach was considered to be best for the purposes of this study, as it would enable the findings to be corroborated and it would increase the validity and the reliability of the results.

3.4 Research Design

According to Bhattacherjee (2012), a research design is a comprehensive plan for data collection in an empirical project. It is a “blue print” for empirical research aimed at answering specific research questions or testing specific hypotheses, and

specifies the data collection process, the instrument development process and the sampling process. In furtherance, a research design can be identified as a strategic framework for action to guide the arrangement of conditions for the collection and analysis of data in such a way that there will be a combination of research questions and the implementation of the research (De Vos, 2010). A research design, therefore involves organising, collection and analysis of data to fulfil the purpose of the research and further provides a plan that may specify how the research will be executed and at the same time providing answers to the research questions. It may also involve multiple decisions about the manner in which data will be collected and analysed. It also ensures that the final report answers the initial research question (Bhattacherjee, 2012). Thus, in order to answer the research questions in this study the research adopted a mixed design known as methodological triangulation.

In social sciences, triangulation refers to the combination of two or more theories, data sources, methods or investigations in one study of a single phenomenon to converge on a single construct and can be employed in both quantitative (validation) and qualitative (inquiry) studies (Yeasmin and Rahman, 2012). Simply put, triangulation is a process of verification that increases validity by incorporating several view points and methods. Thus in order to answer the researched questions, in this study the research adopted a mixed method design known as methodological triangulation. A scientific analysis conducted by Yeasmin and Rahman (2012) concluded that the origins of triangulation in social work and the wider social sciences are only metaphorically related to the process in the discipline within the field of geography concerned with land surveying based on the laws of trigonometry where a surveyor gets a fix on the position by carrying out three measurements to

determine the exact position of a point in the landscape. This states that if one side and two angles of a triangle are known, the other two sides and angle of that triangle can be calculated.

In recent years, the use of both quantitative and qualitative methods in studying the same phenomenon has received significant attention among scholars and researchers. As a result, it has become an accepted practice to use some form of triangulation in social research. A more discerning interpretation was rendered by Ivankova and Kawamura (2010) who offered a comprehensive and extensive bibliometric survey of contemporary mixed methods practice. They found a consistent growth in mixed methods research since 2000. They argue that 689 studies that were classified as full mixed methods had both qualitative elements and quantitative research methods.

Arguments have been put forward advocating mixed methods as a means of beneficial social transformation and of promoting greater social justice (Mertens, 2010). However, there are both benefits and challenges associated with triangulation. Some of the benefits include enhancing confidence in the result and its ability to subdue the elite bias of naturalistic research and most importantly it improves explanation of divergent results. However challenges have also been existent and these include that triangulation must be researched and understood otherwise it will not achieve its full intended potential and may end up increasing bias .In addition triangulation does not really guarantee internal and external validity and a replication of a study is often difficult and costly to carry out (Yeasmin and Rahman, 2012).

In an effort to minimise these possible challenges, the researcher appraised the strength and weakness of each method so they supplement each other .The methods were chosen accordingly to the ones that best answer the research questions. The methods were also chosen in regard to the type of data that was required to answer the research questions. In addition these aspects were continuously evaluated throughout the study.

Denzin (1978) elevates the issue when he interprets triangulation as having few types, which are methodological triangulation, investigator triangulation, theatrical triangulation, analysis triangulation and data triangulation. This study, therefore utilised methodological triangulation, which is defined by Guion, Diehl and MacDonald (2011) as using more than one research method or the coordination of two different qualitative data collection methods (in-depth interviews and focus group discussion) and one quantitative data collection method (questionnaires).

The mixed methods type of design that was employed to conduct this study has been described by De Vos (2011: 442) as “a one-phase design in which the researcher uses both quantitative and qualitative methods during the same time frame to best understand the phenomenon”. The quantitative component of the study employed a mini survey, while a case study design was used to collect the qualitative data. These two components of the study are discussed in detail in the sections that follow.

3.4.1 Case studies

A case study was employed to collect the qualitative data. According to Yin (2012: 16), “a case study is an empirical inquiry that investigates a contemporary phenomenon in depth and within its real world context, especially when the boundaries between phenomenon and context may not be clearly evident”. Given the realist/objectivist ontology adopted in this study and the nature of the research questions, the case study methodology was considered the most appropriate approach to employ because it provides a systemic way to collect data, analyse information and report the results, thus understand a particular problem or situation in great depth. It also enabled the use of multiple data collection techniques and provides a variety of participant perspectives.

A case study can be conducted separately or in combination with other research methods, and case studies have been used to evaluate the implementation processes of programmes. Case studies have the advantage of being able to help researchers to discover causal relationships and to understand how and why particular events, occurrences or phenomena have occurred in specific observed ways. They enable richly detailed, interesting and easily readable descriptions to be obtained, which allow a deep understanding of phenomena in their natural settings (Vissak, 2010).

In this research the case study was exploratory in nature. Exploratory case studies are conducted in order to gain increased and improved insights into situations or phenomena. In the case of this research study, a case study enabled the researcher to ask specific questions in order to determine the psycho social needs and

experiences of child headed households (Yin, 2014). Other benefits derived from using a case study concerned the fact that it enabled the researcher to focus on evaluating the impact of responses to the needs of child headed households that had been selected by the researcher as well as to focus on the manner in which they were being implemented. Zainal (2007) explains that case studies usually select a particular geographical area. Although case studies have the disadvantage of usually being more time-consuming and labour-intensive than survey methods (Vissak, 2010), this potential source of difficulty was overcome through the employment of research assistants to assist in the processes used to collect the data.

3.4.2 Surveys

In survey research, samples of respondents are selected from a target population and researchers administer questionnaires or conduct interviews in order to collect information concerning specific variables (McMillan and Schumacher, 2009). Surveys are used to gather information concerning the ideas, attitudes, beliefs, demographics, behaviour, values and habits of people. The advantages of using a survey research design lie in the fact that research studies are not expensive to conduct and they allow researchers to select large and representative samples from large target populations and to collect correspondingly large amounts of data (Rubin and Babbie, 2016). A survey in the form of a questionnaire was chosen for this study because it would provide a numerical description of trends, attitudes and opinions of a population by studying a representative sample of that population. The researcher was able to gain insights into the opinions and attitudes of the beneficiaries concerning the psycho social needs and experiences of child headed households. A survey was considered to be particularly suitable for the purposes of this study, as it

allowed the researcher to generalise the results to the wider population. A survey has the added advantage of a rapid turnaround in the collecting of data and it allows researchers to identify attributes of a larger population from a relatively small group of individual respondents (Creswell, 2014).

3.5 Population and Sampling

According to Bhattacherjee (2012), population can be defined as all people or items that are termed ‘unit of analysis’. The unit of analysis may be a person, group, country, object or organisation that a researcher can draw scientific inferences about. Population can be defined as any set of people or event from which the sample is selected and to which the study result will generalise. Devos (2010) defines a population as a collection of items of interest in research, the population represent a group that one wishes to generalise results on. The research population is often defined in terms of demography, occupation, time and care requirements. In this study, the population refers to all child headed households in Gauteng province.

3.5.1 Sampling Techniques

Sampling involves selecting individual units to measure from a large population (Devos, 2010). The study employed two sampling strategies, namely multi-stage sampling and purposive sampling. Multi stage sampling was used to select the sample for the survey, whereby questionnaires were administered to child headed households and purposive was employed for participants of the in-depth interviews and focus group discussions.

3.5.2 Multi-stage sampling

In the multi-stage sampling procedure the units of study are selected in a random fashion (Devos, 2010). Multistage sampling can be a complex form of cluster sampling; cluster because it is a type of sampling that involves dividing the population into groups or clusters (Bhattacherjee, 2012). Then, one or more clusters are chosen at random and everyone within the chosen cluster is sampled. The areas/wards in the chosen seven areas were selected randomly. The City of Johannesburg is comprised of seven regions (A-G). Initially, the first stage was to randomly select two regions from the five regions and the regions selected were Region B and Region D and they were made up of a certain number of households.

At the second stage, in each region selected, ten percent of the households were selected as the focal units of the study. Therefore, the total number of households selected was 94. The selected households were only included in the sample only upon enquiry and confirmation that they were indeed child headed households for the selection of the respondents for each household. The head of the child headed household and appropriate members were included in the sample frame.

3.5.3 Purposive/judgemental sampling

The second sampling technique that was used to select participants for in-depth interviews and focus group discussions was the purposive/ judgemental sampling. Bless, Higson and Kagee (2007) argue that in purposive sampling a sample is chosen according to what the researcher considers to be typical units. The participants were purposefully selected to obtain rich data. The strategy is to select units that are judged to be the most common in the population under investigation. Saunders, Lewis and Thornhill (1997) state that purposive or judgemental sampling

enables a researcher to select cases that best enable him to answer research questions and meet objectives. Neuman (1997) concurs with Saunders, Lewis and Thornhill (1997) that a purposive sample is also used when research is informative and the sample size is small. Saunders Lexis and Thornhill (1997) go on to mention that under purposive sampling there is a common strategy called heterogeneous or maximum variation sampling that enables a researcher to collect data in order to describe and explain the key themes under observation. In this particular case, the research project envisaged acquiring in-depth information from respondents within a particular context.

3.5.4 Sample

A sample is a group of people or events drawn from a population (De Vos 2005). A research study is carried out on a sample from a population. The goal was to be able to find out the facts about the sample that will also be true of the population. In order for the sample to truly reflect the population, one needs to have a sample that is representative of the population. Therefore, the total sample of the study was 174.

The study consisted of four sets of samples, with the first consisting of 94 child-headed households to which survey questionnaires were administered. The second set was made up of 40 social service practitioners (social workers and social auxiliary workers) and the third set was made up of 20 participants (community structures) who were interviewed using in-depth interview guides. The fourth set included 20 social service practitioners who were involved in focus group discussions. The sample that was drawn was representative of all child headed

households and every possibility was undertaken to ensure that the sample was representative of children in child headed households.

3.6 Instruments/methods of collecting data

This section articulates the instruments used for the data collection process. Data was collected through the use of a structured questionnaire, in-depth interview guides and focus group discussions. The following section discusses the instruments and how the researcher administered them.

3.6.1 In-depth Interview guides

An in-depth interview is a method of detailed data collection that involves an interview discussing specific topics in-depth (Hennik, Hutter and Barley, 2011). An in-depth interview may be described as a conversation with a purpose. The purpose of the study was to explore the psycho-social functioning of child headed households; therefore the analysis of the questionnaire data was to provide important indication for the ensuing evolution of the interview schedule. The in-depth interview guide that was used in this study was more focused and structured. The structure of the interview guide included an introduction, opening questions, key questions and closing questions.

In the introduction section, the guide included introductory points to remind the interviewer what to tell the participant at the beginning of the interview. During the introduction the interviewer introduced himself, explained the purpose of the study and the subsequent process from the data collection process. After that the participants were informed about ethical issues, which included consent,

confidentiality and anonymity of the interview. Further permission to use audio recorders was sought and the interviewer explained what he would do with the recordings after the session. After providing all the information, the interviewer sought consent of the interviewee to be interviewed.

After the introduction, there were several questions on the background of the participant. Information on the age, education level, and source of income, employment status and relationship status was gathered. The questions had a dual function, firstly to provide some background of the participants, which enabled the interviewer to gain some context about the participants and, secondly, to begin the process of building rapport in the interviewee.

A set of general questions were placed to bolster the rapport building process, to allay fears and make participants feel comfortable. The questions were broadly related to the key topic of the interview guide. They included the way of living in the household, the land on which the house they lived in stood and the total income the family accrued. However, the central part of the interview also included key questions that assisted in collecting information that answered research questions. Interviewing skills like probing, paraphrasing (etc.) were utilised to gain detailed information. It is pertinent to state that the in-depth interviews were used to supplement and determine whether the qualitative findings confirmed the findings of the quantitative data.

3.6.2 Questionnaires

Through a comprehensive consultation on the literature on child headed households, the questionnaire for this study was devised. The questionnaire consisted of several open-ended questions. This self-report measure asked respondents to indicate in detail responses that gave a comprehensive picture of their lived-experiences. The questions also gave room for the interviewer to probe further in order to elicit finer details that provided meaningful responses. Further to this, the questionnaire also utilised close-ended questions that had a finite set of answers from which the respondents had to choose. The benefit of close-ended questions is that they are easy to standardise and data gathered from close-ended questions lend themselves to statistical analysis.

Among the advantages of using self-administered questionnaires is the fact that they are easily distributed to large numbers of people and they represent a quick and inexpensive means of obtaining answers from even thousands of people. Their disadvantage is that it is difficult for researchers to collect additional data and respondents are able to omit any questions which they choose not to answer in the absence of a researcher (Mitchell & Jolley, 2012). The researcher overcame these weaknesses through the use of mixed methods, through which additional data was gained by means of systematic probing questions in the in-depth interviews. The self-administered questionnaire was considered to be an appropriate research instrument for the purposes of this research study, because it allowed the researcher to collect data from a large number of beneficiaries of preventive family-strengthening programmes and to be able to generalise results to a wider population

The questionnaire was divided into two sections. Section 1 comprised questions concerning the biographical details of the participants such as age, gender, school attendance, the sizes of their households, and the types of families in which they lived. Section 2 included the nature and dynamics of the challenges they faced during the illness of parents and the subsequent demise of the parents/guardians. The section also included the type of support they accessed and the sources of this support including how the challenges altered their routines.

3.6.3 Focus group discussion

Hennik, Hutter and Barley (2011) define a focus group as an interactive discussion between 6 and 8 pre-selected participants, led by a trained moderator and focusing on a specific set of issues. The name of the method actually highlights its key characteristics and pans a specific issue with a predetermined group of people, conducting an interactive discussion. The study intended to use two focus group discussions and in light of this a focus group discussion guide was formulated.

The discussion group used in this study consisted of a list of topics and a series of questions used by two moderators to guide the discussion and this ultimately helped the discussion keep focused on the research topic. The guide essentially served as a memory aid for the moderators to ensure that the key topics were uncovered during the discussion period. However, the moderators had to be flexible since participants at times answered topics and questions in a haphazard manner. The moderators also needed to ensure that the discussion guide was well structured and this included an introduction, opening questions, transition questions, key questions and closing questions, which provided an environment where participants were relaxed

and moderators able to collect more information, perceptions and news from the participants.

3.7 The analysis of the data

Both the quantitative data and the qualitative data were analysed in order to triangulate the results obtained from each set of data. The quantitative data was coded and entered into a Microsoft Excel programme. The Statistical Package for Social Sciences (SPSS) was used the quantitative data. The analysis of quantitative data in this research therefore followed a multi-faceted approach. Firstly, the questionnaires were coded and entered into a computer program and then SPSS was used to analyse the data. The reliability test was conducted, and then mainly descriptive analysis of the variables followed. Descriptive statistics were presented in simple descriptive methods by explaining the trends and levels through frequencies and percentages. Tables and figures were used for further illustrations. In addition, multiple linear regression analysis was performed to test linear relationships with a significance level of 0.05.

The qualitative data was analysed using content thematic analysis. Content thematic analysis involves counting explicit words or phrases and identifying and describing both implicit and explicit ideas (Guest and Macqueen, 2008). The collection and the analysis of the data in qualitative research occurs simultaneously because findings emerge during the process of collecting the data. The results of the qualitative analysis complemented the results which were obtained from the quantitative data. The sections which follow will be devoted to a detailed explanation

of the processes that the researcher followed to analyse the qualitative data (Braun and Clarke, 2006).

The process was begun by listening to the recordings of the interviews several times in order to become completely familiar with the data. This step was performed in order to make an initial search for patterns and meanings in the data. The researcher took notes throughout the repeated playing of the recordings, to use in the data analysis.

The researcher then took the recorded interviews and transcribed the data. The transcribed data was checked against the audio recordings to ensure that the feelings and perceptions of the participants had been accurately reflected. After coding and collating the data, the researcher sorted the different codes into themes and then carefully established relationships between themes and levels for each of them. Those themes that did not belong to any category were grouped separately. The researcher then grouped together themes and sub-themes.

After grouping the themes and sub-themes, the researcher determined the coherence of themes and quotations through analysing all of the extracts that were related to each theme. This stage also included rechecking themes to determine whether they reflected the meanings of the data from which they had emerged. Themes were then defined, refined and assigned names and titles.

Lastly, the researcher used the sets of themes to conduct the final analysis and to write up the data, after which he corroborated the qualitative findings with the quantitative ones.

3.8 Limitations of the study

The researcher experienced a considerable amount of difficulty in obtaining a suitable research sample. The aim of the study was to examine the psychosocial functioning of child headed households and it was pertinent to include child headed households as stipulated in Section 137 of the Children's Act No. 38/2005. The organizations involved in the study had different interpretations of what constituted a child headed household. Others considered orphans and vulnerable children and youth with adult caregivers as child headed households whilst others refused to acknowledge that a household could be considered to be child headed with the presence of a terminally ill caregiver or an absent parent who visited the children regularly. Other households had extended family members who supported them whilst living in the same locality and other organizations did not want to consider these households as child headed.

The other limitation was the scheduled time for interviews took longer than anticipated and there had to be breaks in between to ensure completion. The participants were not willing to participate as they feared that they would be removed from the programmes run by their organisations or it will impact negatively on them; however, after clear explanations of the research aims and objectives, they eventually cooperated.

3.9 Methods of verifying data

As this research study endeavoured to triangulate the results obtained through the use of both quantitative and qualitative research methods, this section is devoted to a discussion of how the researcher ensured the validity and reliability of the quantitative data and the trustworthiness of the qualitative data.

3.9.1 Reliability

According to Leedy and Ormond (2005), validity is defined as the extent to which an instrument measures that which it is actually intended to measure. The reliability of the results which are obtained by a research study can be defined as an element which determines the quality of the instruments which are used to make the measurements which generate the data or the extent to which test scores are free of error with respect to what they are intended to measure (Leedy and Ormond, 2005). Diamantopoulos and Schlegelmilch (2006) further explain that a valid measuring instrument is free from both systematic and random errors and that reliability is a measure of the absence of random errors. Leedy and Ormond (2005:93) further state that reliability is the extent to which results are consistent when the characteristic of the unit being measured does not change.

Conbach's alphas coefficient is a good measure of the internal consisting of the questionnaire, and exploratory factor analysis is a good measure of construct validity and reliability (Maletic, Maletic and Gomiscek 2012). The use of measure of internal consistency reliability will determine the extent to which items in the measuring instruments will yield similar results (Leedy and Ormond 2005). Therefore, after coding the data in SPSS, the questions were assessed for internal consistency by

using Cronbach's alpha. The questions were measured in five subscales. The results of the reliability test from the first subscale, for which the alpha score was 0.820, indicates that the scale had a high internal consistency of 80%.

Table 3.1: Reliability test

Cronbach's alpha	Number of items
.820	5

As shown in Table above five subscales were used in the calculation of Cronbach's alpha. The obtained alpha score was .820 which indicates that the scale had high internal consistency (reliability) of 80%. Therefore, the reliability check showed that the survey instruments were reliable.

3.9.2 Validity

Neuman (2008) describes validity as the truth value of a research study. The reliability of the results which are obtained by a research study can be defined as an element which determines the quality of the instruments which are used to make the measurements which generate the data or the extent to which test scores are free of error with respect to what they are intended to measure (Tappen, 2010). There are two main categories of validity (construct and content validity). Both were ensured for the results of this study through the measures which are briefly explained in the following sections.

3.9.2.1 Construct validity

Construct validity refers to the degree to which a test measures what it claims to be measuring. To ensure this type of validity, the questions in the questionnaire were designed in such a way that they required precise responses.

3.9.2.2 Content validity

Content validity refers to the extent to which a research instrument includes all of the dimensions of the phenomenon which are to be measured (Tappen, 2010). Items from a domain not only have to be representative of that domain, but they also need to be relevant to it (Domino and Domino, 2006). In order to ensure the content validity of the results of this study, the researcher ensured that all of the relevant themes and sub-themes of the research topic were adequately covered in the questions in the self-administered questionnaire.

3.10 Data Trustworthiness

Trustworthiness in qualitative research refers to methodological soundness and adequacy (Holloway and Wheeler, 2013). Assessing the accuracy of qualitative findings is not easy. However, there are several possible strategies and criteria that can be used to enhance the trustworthiness of qualitative research findings. Trustworthiness is the corresponding term used in qualitative research as a measure of the quality of research. It is the extent to which the data and data analysis are believable and trustworthy. Guba and Lincoln (1994), Krefting (1991) and Creswell (1998) suggest that the trustworthiness of qualitative research can be established by using four strategies: credibility, transferability, dependability and conformability, and

are constructed parallel to the analogous quantitative criteria of internal and external validity, reliability and neutrality. Each strategy in turn uses criteria like reflexivity, triangulation and dense descriptions. The Researcher takes cognisance of this argument and prefers to use the term trustworthiness as it is used by several others to cover all these.

The traditional criteria for ensuring the credibility of research data— objectivity, reliability and validity— are used in scientific and experimental studies because they are often based on standardized instruments and can be assessed in a relatively straightforward manner. In contrast, qualitative studies are usually not based upon standardized instruments and they often utilize smaller, non-random samples. Therefore, these evaluation criteria cannot be strictly applied to the qualitative paradigm, particularly when the researcher is more interested in questioning and understanding the meaning and interpretation of phenomena. But the question is whether these evaluation criteria have any value in qualitative studies. Merriam (1998) cautions researchers that a debate is raging because the constructs of reliability and validity are quantitative and positivist, and not necessarily that applicable to qualitative research.

3.10.1 Credibility

Credibility in qualitative research is defined as the extent to which the data and data analysis are believable and trustworthy. Credibility is analogous to internal validity, that is, how research findings match reality. However, according to the philosophy underlying qualitative research, reality is relative to meaning that people construct within social contexts.

Qualitative research is valid to the researcher and not necessarily to others due to the possibility of multiple realities. It is upon the reader to judge the extent of its credibility based on his or her on understanding of the study. Most rationalists would propose that there is not a single reality to be discovered, but that each individual constructs a personal reality (Smith and Ragan, 2005). Thus, from an interpretive perspective, understanding is co-created and there is no objective truth or reality to which the results of a study can be compared. Therefore, the inclusion of member checking into the findings, that is, gaining feedback on the data, interpretations and conclusions from the participants themselves, is one method of increasing credibility. This research study ensured the credibility of its findings through using three different methods of data collection, namely, in-depth interviews, focus group discussions and questionnaires.

3.10.2 Transferability

Research findings are transferable or generalizable only if they fit into new contexts outside the actual study context. Transferability is analogous to external validity, that is, the extent to which findings can be generalized. Generalizability refers to the extent to which one can extend the account of a particular situation or population to other persons, times or setting than those directly studied (Maxwell, 2002).

Transferability is considered a major challenge in qualitative research due to the subjectivity from the researcher as the key instrument, and is a threat to valid inferences in its traditional thinking about research data. However, a qualitative researcher can enhance transferability by detailing the research methods, contexts,

and assumptions underlying the study. This study provided a detailed description of the sample and the context in which the research was conducted, in order to make it possible to apply the findings to settings. This enables future researchers to conduct research using the same procedures concerning the experiences of child headed households.

3.10.3 Dependability

Dependability is analogous to reliability, that is, the consistency of observing the same finding under similar circumstances. According to Merriam (1998), dependability refers to the extent to which research findings can be replicated with similar subjects in a similar context. It emphasises the importance of the researcher accounting for or describing the changing contexts and circumstances that are fundamental to consistency of the research outcome. In order to satisfy the criterion of dependability, the researcher provided a clear and detailed explanation of the procedures which had been followed to collect and analyse data. The tape recording of the interviews ensured that their raw data could be consulted at any time and care was taken to code the data in a transparent manner.

3.10.4 Confirmability of the findings

Confirmability is the degree to which the research findings can be confirmed or corroborated by others. It is analogous to objectivity, that is, the extent to which a researcher is aware of or accounts for individual subjectivity or bias (Seale, 1999). The use of both the qualitative and the quantitative results in this study enabled the two sets of results to affirm and confirm each other.

3.11 Ethical Considerations

Wild and Diggines (2009) argue that ethical issues, when conducting research, are not optional, but are a matter of necessity. These are established in order to protect the physical and mental integrity of individuals, to respect their normal and cultural values as well as their religions and philosophical connections, in addition to other fundamental rights inducing respect for privacy whilst maintaining the highest level of confidentiality. Therefore, the following ethical issues were considered during the research:

3.11.1 Voluntary Participation

According to Babbie (2004), social research represents an intrusion into people's lives. A major tenet of social research ethics is that participation should be voluntary. The researcher ensured that the participants were adequately informed that they were not compelled to participate in the study by informing them that their decision to participate would be voluntary and that they should not hesitate to withdraw if they wished to do so. The information on voluntary participation and the right to withdraw was explained verbally to the participants and also written on the informed consent.

Thus, the researcher issued out consent letters for children in child headed households to confirm that they were willing to participate. The research aims and objective were fully explained to the participants before the commencement of data collection. The respondents were encouraged to participate voluntarily and they did and it gave the researcher the view that accurate data was obtained.

3.11.2 Informed consent

The researcher adhered to the principles of informed consent by providing adequate and all possible information to the child headed households, social workers, clergy, NPO's and other respondents involved in the study. Such information includes the goals and objectives of research, the procedures to be followed during the study, the possible advantages and disadvantages of the study as well as the credibility of the researcher (Strydom, 2011). The informed consent forms that were used in this study were submitted to the Ethical Clearance Committee of the Faculty of Social Sciences and Humanities of the University of Fort Hare for approval before commencing the collecting of the data.

Since the study involved children, expressive consent was sought in consultation with their social workers and other persons they viewed as guardians. The researcher explained in detail the aims and objectives of the study and reminded that they can opt out at any time if they felt like doing so. The details of the research process and what was expected of the participants was included in the consent letters that all respondents signed.

3.11.3 Deception of participants

Strydom (2002) regards deception of subjects as the deliberate misrepresentation of facts, withholding information or offering incorrect information to ensure the participation of subjects when they would otherwise have refused. The researcher provided the background, the goal and objectives of the study and clearly explained the proposed expectations of the study to all participants. This enabled the participants to make informed decisions concerning whether they wished to

participate in the study or not. Maintaining transparency at all times enabled the researcher to gain the trust of the participants and enabled them to participate in the research without fearing any possible repercussions of any sort.

3.11.4 Privacy, confidentiality and anonymity

Privacy refers to the need to respect the personal privacy of the participants, while anonymity ensures their privacy through remaining anonymous, to prevent them from either being victimised or from being placed in uncomfortable situations during or after their participation in the study (Yin, 2014). Creswell (2014) explains that researchers are able to ensure the anonymity of the participants in their studies by concealing their identities through the use of fictitious names or composite profiles. In this study anonymity was ensured through the use of composite profiles, rather than names. The researcher also took great care to ensure that the private information which had been provided by the participants was not disclosed to anyone.

3.12 Conclusion

This chapter outlined the research paradigm, research methodologies, strategies and design used in the study, including procedures, participants, data collection tools, data collection and analysis methods, and data credibility issues. The chapter covered all the details pertaining to the research design, population of the study, sample and sampling techniques, instruments of data collection and administration, and how the data was analysed. It also provided an overview of the ethical

considerations that guided the study in data collection before providing an in-depth survey of the various measures and criteria employed to ensure both reliability and validity of findings. The next chapter provides the design principles, evaluation instruments, and then the pedagogical framework for the study that helped to translate the philosophy into actual practice.

CHAPTER FOUR

DEMOGRAPHIC INFORMATION OF RESPONDENTS

4.1 Introduction

The previous chapter outlined the methodology utilised in this study. This chapter presents the biographic information of the respondents who participated in the survey and the second part presents the demographic information of participants in the focus group discussions and the in-depth interviews.

4.2 Demographic information of survey respondents (Children)

4.2.1 Number of Children in the Households

Upon completion of primary data collection, the study revealed that the number of children in the families that formed part of this study ranged from one to five. The detail number of children in households is shown in Table 4.1.

Table 4.1: Number of Children in Child Headed Households

Total number of children in the households		
Number of children	Frequency	Percent
1	2	2,1
2	40	42,6
3	31	33,0
4	20	21,3
5	1	1,1
Total	**94**	**100,0**

Table 4.1 presents findings from primary data collection concerning the number of children in child headed households. The study found out that the majority of the

families, 42.6%, had two children followed by 33% which indicated that they had three children in their household. In addition to these statistics, 21.3% of the respondents maintained that there are four children in their households while 1.1% indicated that there are five children in their family. The remaining 2.1% were of the view that there is only one child in their families. To sum up these findings, the total number of children under the care of child headed households summed up to 260. Considering the challenges faced by child headed families and several psycho-social dynamics, these findings are significant and could imply that there are 260 vulnerable children if no action is taken to improve their welfare.

4.2.2 Ages of the Children in Child Headed Households

In addition to the number of the children discussed above, the respondents also indicated the ages of these dependents. The children were aged between four and 18 years. The ages of the children is shown in table 4.2 below.

Table 4.2: Age Range of Children in Child Headed Households

Age range	**Percentage**
Over 18 years	19.8%
13-18 years	64%
9-12 years	15.7%
4-8 years	0.5%
Total	**100**

Table 4.2 presents findings from primary data collection on the ages of children in child headed households. The majority of the respondents (19.8%) were 18 years old while the least of the respondents (0.5%) were aged four, seven and eight. The cumulative frequency of the children under the age of 12 years was 15.7% while the remaining children were teenagers. When these results were weighted against the number of children in the households, the study revealed that most of the teenagers had one or two siblings while those under the age of seven years had family members in the teenage hood. Overall, these findings show that all the child headed households that participated in this study had dependents who were aged 18 years and below.

Similar to the variable discussed above, these children still need parental care in terms of their upbringing and they need financial assistance, basic goods such as education, clothing, shelter and other amenities which they cannot provide themselves.

4.2.3 Gender of the Children in Child Headed Families

Out of the 260 children who were members of the child headed households, 60.7% were female while 39.3% were males. Considering the basic needs of the people, these findings imply that among the child headed households, the girl child amenities are needed the most. The findings also imply that should the child headed households become vulnerable, the girl child is more likely to suffer compared to their male counterparts.

4.2.4 Educational Levels of the Children in Child Headed Households

Findings from primary data collection show that the majority of the children in the child headed families were all scholars in day care, primary education and high school, with the exception of a few who had dropped out. Table 4.3 shows the education levels of the children.

Table 4.3: Educational Levels of Children in Child Headed Households

Educational level	**Percentage**
Crèche	0.3%
Grade 8	8.3%
Grade 9	33.3%
Grade 10	24.3%
Grade 11	23.2%
Grade 12	10.3%
School Drop Outs	0.3%
Total	**100**

Table 4.3 presents the findings from primary data collection on the educational levels of the children who were members of the child headed households. The findings reveal that 73 of the children were in grade 10 and these formed 24.3% of the study. Grade 11 pupils constituted 23.2% of the children under child headed households while 10.3% were in grade 12. This led to a cumulative 57.8% of the children in High

School Senior Grades. On the other hand, 33.3% of the children were in grade nine and 8.3% were in grade eight. Out of these children, 0.3% dropped out of school while 0.3% were in crèche during the time data was collected. An analysis of these findings reveal important dynamics in terms of the number of children in senior grades of high school who belong to child headed households. The study revealed that over 50% of these respondents were in grade eight and above, which is the most important level of education towards their career choices and their overall results.

The South African education system allows the learners to choose their careers as they get to grade 10. Learners need parental guidance since such a decision is an important one as it determines one's future role in the job industry as well as the economic development of a country at large. An analysis of the survey results shows that the majority of the children who belong to child headed households do not have this opportunity, let alone other school related resources that they are not able to acquire.

4.2.5 Number of Children with a Disability of Special Needs within Child Headed Households

Figure 4.1 shows the responses of the people who participated in this study concerning the number of children with disabilities of special needs in the child headed households.

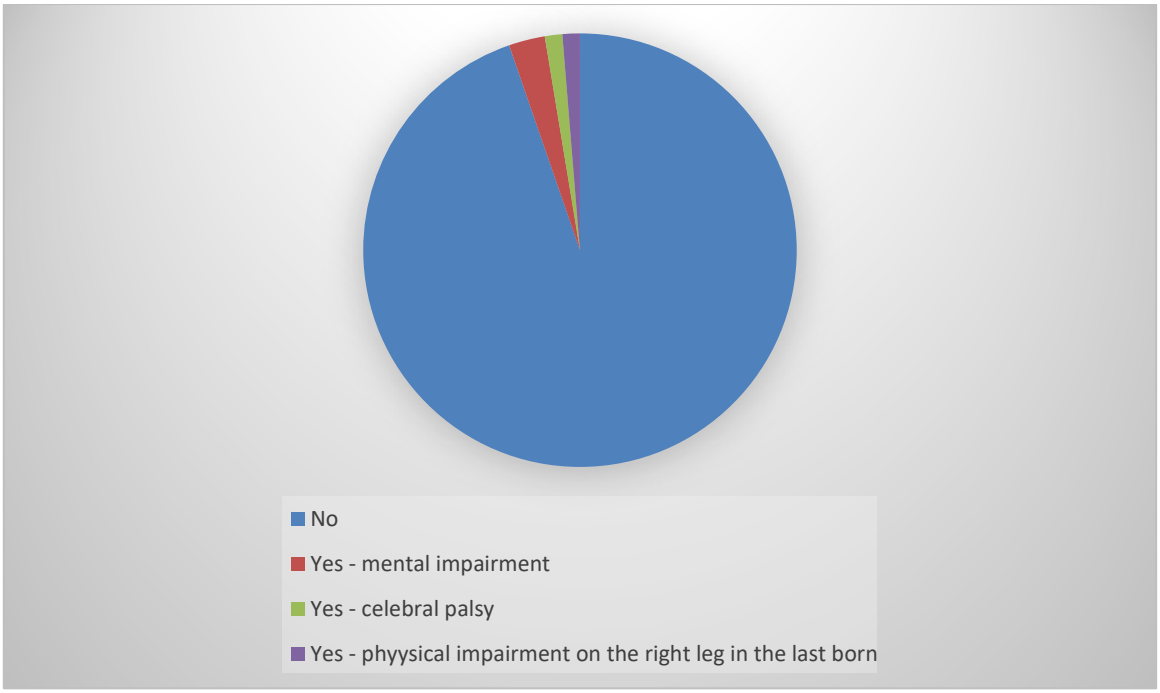

Figure 4.1: Number of children with a disability of special needs within child headed households

The figure above shows that 94.7% of the respondents indicated that they did not have any members of their family with a disability or special needs. On the other hand, 2.7% indicated that they had a family member who had a mental impairment. In addition to this, 1.3% indicated that at least one of their family members had a physical impairment while 1.3% indicated that at least a member of the family had cerebral palsy.

Although the number of persons living with disability and special needs is very low among these child headed households, there are significant implications that come with these forms of illnesses and they require special care. Awoniyi, Aderanti and Tayo (2011) maintain that this is actually a challenge in child headed families since the majority of them are not financially stable and they rely on social grants that are

insufficient to cover the special attention required. As a result, Adebe and Asbjorn (2007) note that child headed households continue to evolve around the vicious cycle of poverty due to this reason and other reasons mentioned in the preceding discussions.

4.2.6 Length of time as a child headed unit

The following figure shows the research findings on the period that the children in child headed households have been staying and taking care of themselves.

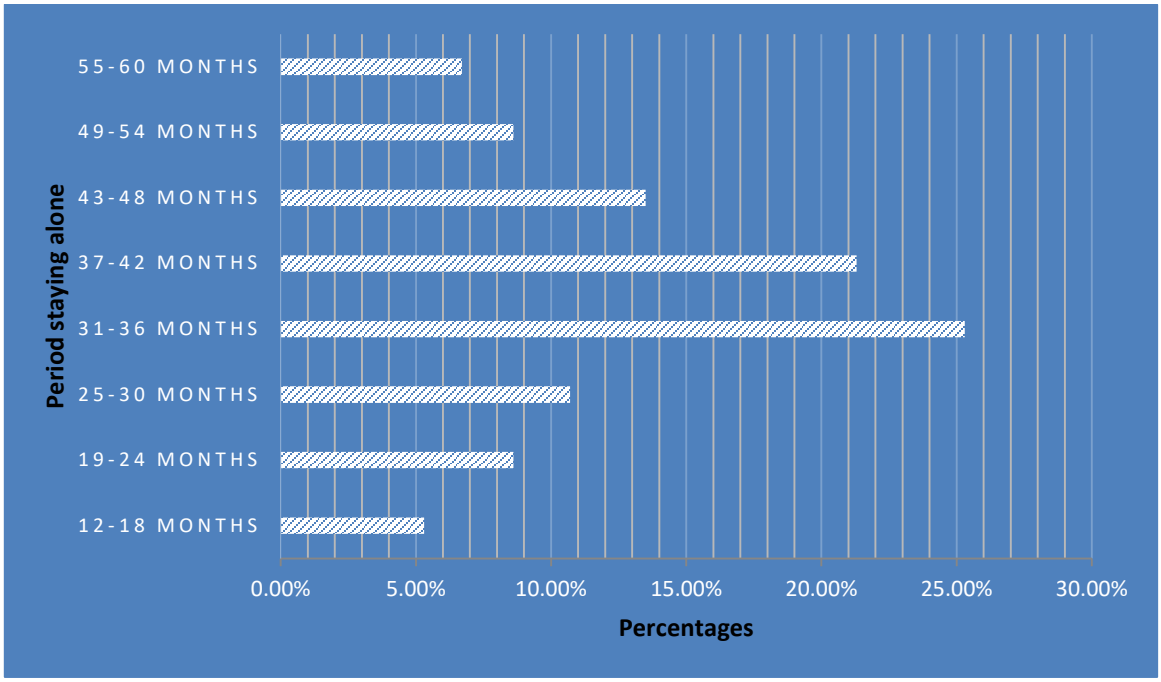

Figure 4.2: Length of time as a child headed unit

The respondents were also asked to indicate the number of months they have been staying alone after their parents passed on or separated. The study revealed that none of the respondents have been staying alone for less than a year or more than 60 months. As shown in figure 2, the majority, 25.3%, indicated that they have been staying alone for a period of 31-36 months. On the other hand, 21.3% maintained that they have been alone for a period between 37 months and 42 months. The

figure above also shows that while 5.3% of the respondents have been staying alone for the least period in this study (12-18 months), 6.7% indicated that they have been alone for a period of 55-60 months. These findings imply that the child headed households have been staying alone for a long period of time which further implies explains their level of suffering to date if no assistance was offered to them. Further analysis also indicated that the majority of the respondents who have been staying on their own for a period of 31 months and above have family members who are doing senior grade in high school.

This has an implication that these children grew up in this condition and have been missing the opportunities of growing up in a family where the parents are all present. As previously mentioned, the prevailing literature shows that the child headed families tend to stay on their own due to various reasons (Adato and Carter, 2005). Some of them are related to family choices while others are strictly because they do not have an option.

4.3 Biographical information of in-depth interview participants

During the qualitative stage of the study, a total number of 60 participants were interviewed and saturation was reached. Notably, the focus group interviewees used their titles and office portfolios in the study. The portfolios were important in that they were directly related to the work each focus group participant did and the rank occupied in the social service organizations. These have been important in that they have a bearing on the expertise and knowledge of each focus group member in terms of knowledge and experience of the lived experiences and the psychosocial functioning of child headed households.

In providing the profile of the social service professionals, the researcher focused on the gender and age distribution, educational qualifications, years in child protection work and length of time working particularly with child headed households. It was particularly significant to do so as it provided an in-depth understanding of the professional's background and experience with regards to the lived-experiences and psycho-social functioning of child headed households.

4.3.1 Gender

The majority of the social service professionals that were interviewed were females. The majority of the participants were females, and a few were men. This reflects that most women uphold the notion of taking care and providing for the children as well as protecting children's social rights as compared to men. It is a prima facie that, unlike men, women work well with children. This is because of their motherly characteristics as opposed to men. This could also be informed by the fact that most of the nurturance and hospitality based tasks in many patriarchal societies, of which South Africa is one, are handled by women (Agere, 2014).

4.3.2 Age

The participants were asked how old they were as at their previous birthdays. The findings signify the fact that services aligned to child protection work in Gauteng Province is largely handled by relatively youth individuals of demographic reproductive age cohort. This could largely explain their in-depth understanding of the challenges, lived experiences and terrain pertaining to child headed households.

4.3.3 Educational qualifications

On the state of qualification of working with children, an overwhelming majority of the participants were Bachelor of Social work holders and were practicing as registered social workers. Some of the participants were holders of a social auxiliary work certificate and were also registered with the SACSSP and few were community development practitioners and were registered with the SACSSP. The information on qualification indicates that the implementers were adequately and professionally qualified, and fulfilled the statutory requirements of being bonafide social service professionals. This also has a bearing towards expecting reliable and valid information from these participants.

4.3.4 Type of Agency

It was important to have representation from different agencies so as to seek divergent views and experiences of child headed households in the manner they approach and respond to their plight. An overwhelming majority of the participants were coming from the NPO fraternity which comprised community based organisations and faith based organisations. Few of the participants were coming from the local government sector and some were coming from the government sector.

4.3.5 Years of experience

On the state of experience, the participants reported to have worked with child protection services for at least three years. This indicates that the workers whose perceptions, perspectives and opinions were sought in the interviews had reliable

experience, knowledge and possibly competences pertaining to child welfare and protection.

4.3.6 Number of years with present child protection team

In as far as working with the present child protection team was concerned, the majority of the participants reported to have worked within the same team for more than three years, while many participants reported that they have been in the same team for 2-3 years. Some of the participants reported to have been working in the same team for less than a year. This gives credence to the results that would accrue from the intervention practitioners as they had enough or valid experience to give reliable and valid information about the psychosocial functioning and experiences of child headed households.

4.3.7 Number of years working with child headed households

With respect to working with the child headed households, an overwhelming majority reported to have worked for five years, a significant number of participants had worked for four years with the same child headed households, while many participants reported to have worked with the child headed households for two years. Lastly, a few participants revealed that they had worked with the child headed households for a year. The scenario or profile above indicates that the interviewees on child headed households issues were well grounded in experience, knowledge and possibly competences. This implies that their thinking, perspectives, opinions and recommendations were likely to be more valid and reliable. This would adequately link with the overall expected research results.

4.3.8 Information of focus group participants

One focus group discussion was conducted and had a significant number of participants. There was an equal representation in terms of gender in the focus group discussion. Further, it can be deduced from the table that the roles of the participants were proportionately selected according to their occupations: social workers, social auxiliary workers, pastoral coordinators, Orphans and vulnerable children and youth (OVCY) Coordinators and Child care givers (CCG). In terms of educational qualifications, most social workers had Bachelor degrees in Social work and were registered with the South African Council for Social Service Professionals (SACSSP). The Social Auxiliary workers were holders of higher certificates of the Social Auxiliary work course and were also registered with the SACSSP and so did the OVCY coordinators who were also holders of the higher certificate course in Social Auxiliary work. The Pastoral coordinator had a higher certificate in theology and was registered with the South African Council Churches and was a practising minister of religion. The CCG's were employed on a volunteer basis and they had matric certificates, HIV/AIDS training and were proficient in basic counselling skills.

4.4 Conclusion

The chapter presented the demographic information of both the respondents and the participants in the study who were all able to contribute towards obtaining results on the psychosocial functioning and experiences of child headed households. The family profiles and composition was also presented and the designations of the social service professionals, including qualifications, were clearly explained to provide clarity on the background and involvement in the study.

CHAPTER FIVE

THE PSYCHO SOCIAL NEEDS AND VARIOUS CHALLENGES CHILD HEADED HOUSEHOLDS EXPERIENCED

5.1 Introduction

The previous chapter outlined the demographics of the participants in the study. One of the objectives of this study was to look at the psycho social functioning of child households, identifying their experiences and needs as a result of their difficult circumstances. These needs and challenges often impede a negation in the holistic functioning of children and their impact often has devastating effects in building resilience and their optimal development. This chapter presents and discusses the psycho social needs, challenges and lived experiences of child headed households. Where necessary, the findings are discussed in line with the theoretical framework. The quantitative findings are presented as supplementary to the qualitative and these are backed up by examples of direct quotations from some research participants. The chapter further provides a succinct account of the challenges that subsist in the lives of child headed households involved in the study and in some instances highlights the impact of these challenges.

5.2 The diverse needs of the child headed households

The respondents were asked to indicate their crucial needs for their survival. Figure 5.1 below shows the diverse needs of the child headed families in their day to day lives.

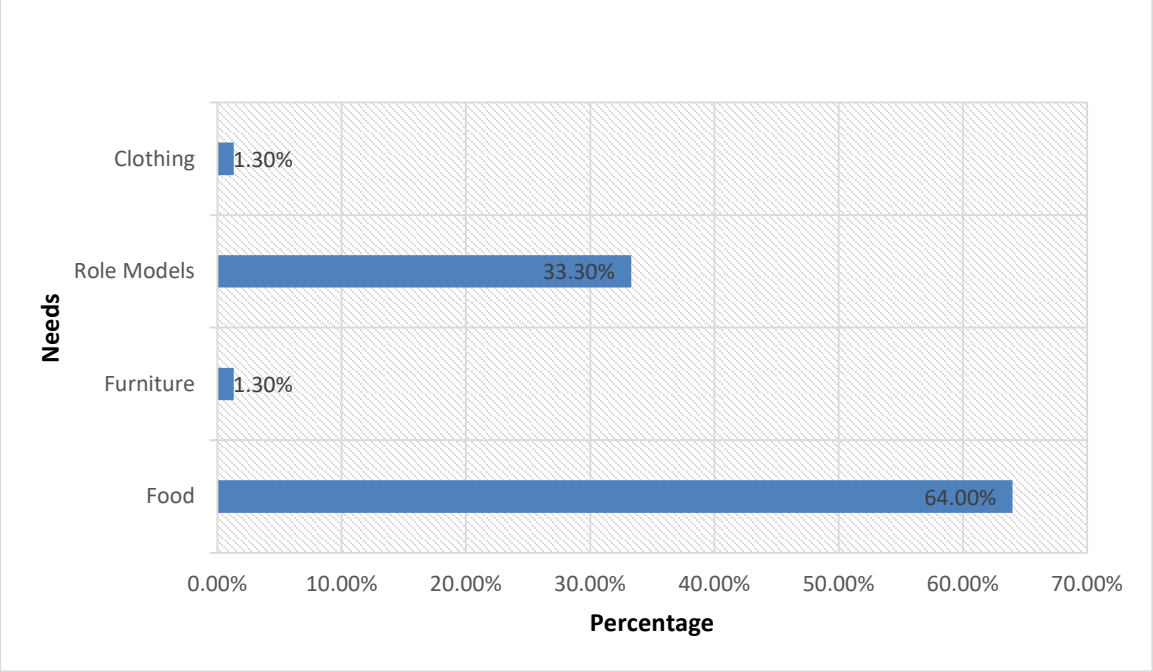

Figure 5.1: Diverse needs of the child headed households

The respondents were asked to indicate what they considered as the primary needs in their households. The study revealed that food was the prominent need of the respondents as indicated by 64% who were in agreement. On the other hand, the respondents raised an interesting fact that they needed role models. This is supported by 33.3% of the total participants in this study. The rest of the respondents indicated that they required clothing (1.3%) as well as furniture (1.3%). The needs identified are essential as they have an implication on the way in which one lives. The type of food eaten by people determines their health status as well as their personal development. As indicated earlier on, the child headed households under study indicated that they had up to 260 children in their families, which imply that food requirement is an important need for these families. In addition, the need for role models, as identified by 33% of the respondents, is essential since it helps them to deal with the challenges they face in their daily lives. The previous variables noted that vulnerable children end up losing concentration in class to the extent that it is

essential for them to have role models to help them with solutions and other important actions to face their challenges.

5.2.1 Food security needs

As highlighted above, the qualitative findings also showed that an overwhelming majority experienced food shortages and they always wondered and pondered on where and how they would get their next meal. The narratives below portray the challenges of food security on child headed households:

> *we rarely have enough to feed the four of us, we have to cut down on how and what we eat so that we can last the month. It is always difficult especially with my 5 and 8 year old siblings. They will never understand* (member of a child headed household).

Another voice weighed in on the matter:

> *food is the most challenging thing we endure. I am constantly worried and thinking about what I am going to provide every night for my little brothers and sister to eat* (member of child headed household).

In view of the above narrations, UNICEF (2015) notes that well-nourished children are better able to grow and learn, participate and contribute in their communities. Further, they are enabled to be resilient in the face of disease. In the absence of

food security for child headed households the possibility of them being disenfranchised to the periphery of society is possible and in most instances they have nothing valuable to contribute in their communities. The study also revealed that because of the lack of food security for the child headed households it was increasingly apparent that they did not have balanced diets and they just ate what they could get their hands on to chase away hunger. This results in stunted growth and malnutrition. This finding was best supported by a child in a child headed households who stated the following:

> *We do not mind what we eat as long as we do not go to bed hungry. My siblings and I do not like vegetables, they do not taste great. We will prefer to buy kota than cook vegetables* (member of child headed household)

The child headed households clearly lack the requisite knowledge on healthy living and eating and coupled with an acute lack of food security, malnutrition is likely to kick in and obesity is likely to occur. Malnutrition blunts intellect, saps productivity and perpetuates poverty and this entrenches child headed households to the periphery of coming out of the cocoon of deprivation and lack. However, other children in the study revealed that they had support from community based organisations that provided them with meals on a daily basis or food parcels weekly. They further reported that these meals and packages always had vegetables and were healthy meals that were balanced and nourished their bodies.

According to UNICEF (2015), good nutrition is the bedrock of child survival, health and development. In furtherance, good nutrition provides the body with the fuel it needs to feed the living cells in all the body's subsystems replace damaged cells and grow new cells. This expresses the importance of having balanced meals that will nourish the body and mind and ensure consistent growth for young children. In view of this, South Africa is party to the Rio Sustainable Development Goals SDGs(UNDP, 2014) and they committed to work on eradicating hunger and achieve food security and improved nutrition for its people (Goal 2). However, the narratives from the child headed households painted a very disturbing situation where a greater number of children do not have access to basic healthy diets. Findings further showed that food security is chief among the cocktails of adversity with multiple stressors that the participants faced. This included food shortages, economic insecurity, compounded by social alienation and exploitation. However, the resilience the children that was shown in overcoming this hardship was amazing. In the face of severe economic and social risk factors, some children did not only cope but exhibited great resilience through the expressions of their situations and the way they handled the challenges they faced. Kapesa (2015) states that the challenge theory of resilience postulates that stressful experiences challenge the individual to do better and cope. According to the theory, too little and too much stress is not good. The stress levels should be moderate, thus providing the person with a challenge that strengthens them when they overcome the challenge.

5.2.2 Financial needs

The participants were asked on financial aspects and they reported that their struggles with money emerged with the sickness of their parents and their

subsequent demise exacerbated the situation. The majority of the participants reported that financial aspects were a big challenge for them as they had to buy medicines that were prescribed but not found in the hospitals. They had to go and buy these at the private pharmacies, which are a bit costly.

The participants revealed that by the time their parents passed on they were already in debt and this situation escalated from then on. A significant number of the participants also reported that they were either in debt with their neighbours, friends and a significant number reported that their SASSA cards were with the *mashonisa* (illegal cash barons). Further, they would have approached for emergency money and they have to submit their SASSA cards as collateral and a majority of the participants revealed that they found themselves knee-deep in debt and unable to service the debt. The following extracts are particularly revealing:

> *We have not had our SASSA card for the past five months because we keep borrowing and they remain with our card. Our situation is not getting better* (member of a child headed household)

They also reported that it was increasingly difficult to have enough money to buy food to feed the family, get the necessary supplies to ensure that the family was comfortable. They reported that they survive on a hand to mouth basis and it was increasingly difficult to have extra money to buy new clothing, pay for services like electricity, money to buy data bundles to have internet access. They found these as privileges instead of right to access.

5.2.3 Educational requirements

The study revealed that many children in child headed households did not enjoy the right to education fully, not because of choice but because of their circumstances. The study found that children face many different life challenges that affect how they engage with their education. This included concentration in class, lack of tools required for their studies and attendance. Most of the developmental encounters faced by the majority of the participants seemed to have serious repercussions for them as could be expected in terms of reciprocal interactions between individuals, as noted by Bronfenbrenner's ecological theory. As children develop their intellect, their independence or proximal interactions can either aid in knowledge constitution or its destruction. The ecological environment can thus enhance construction of knowledge if it remains cognitive enough. The first and foremost developmental effect that child headed households experienced was the shock and trauma of witnessing a parent slowly dying and this inevitable process has devastating effects on children. For lengthy periods, children longed for parental care and guidance especially when they compared their situations to other children with living parents. The following extract from an 8 year old girl illustrates the extent of the feelings of loss:

> *Always the last lesson before break time I start thinking of rushing to queue for the school meal because my stomach will be rumbling with hunger. As the bell rings I am usually the first to be there. But as I eat I see other children open well packed lunch boxes or those who opt to go and buy tuck at the spaza's. I feel so lonely and less*

worthy and I feel as if everyone laughs at my situation (member of child-headed household)

The child relived a vivid scenario of daily encounters at school which brought about her developmental experiences as a member of a child headed household. It is a situation that is unbearable in her developmental stage. Lack of concentration in class often breeds out poor marks and ultimately affect the entire ecological system, thus affecting the child's immediate environment, which includes the other members of the child headed household (micro system). When the wile child headed household is upset, the community (meso system) and the wider community (exo-system) are in turn also affected by the plight of the children's circumstances.

According to Maphalala and Ganga (2014), these experiences do not stop here but penetrate the child's social system or micro-system. For instance, some teachers reported that at times they felt moved and sorry for the child headed households in their class and they would contribute money as teachers to buy school uniforms or stationery or pay for a school organised educational excursion. Moreover, their plight of child headed households eventually creeps into the child's mono system, where over time, the effects of not having parents and a subsystem of support may eventually be felt by the entire system and affect their entire development. For instance, failure to learn and pass school grades during childhood may eventually affect the family's entire system when the household member ultimately grows into an unsuccessful or poorly adapted member whose earning capacity is severely affected by life's early encounters (Maphalala and Ganga, 2014). However, the availability of positive adult role models, supportive networks, opportunities to be responsible and participate in community activities, opportunities to attend school,

supportive peers, neighbours, teachers were strong protective factors that promote resilience for the participants. Kapesa (2015) states that identification of existing resources, strengthening and extending them also provided additional support to the child headed households for instance extending the role of teachers to provide emotional support to child headed households in addition to their role of their normative role of teaching.

However, from the findings it also becomes apparent that children struggled with engaging consistently with their education because they had to look after their parents during their illness. The study findings show that some of the participants admitted to dropping out of school so that they could assume the role of full time caregiver to their parents. This was cemented by narratives from a child headed household member and child care giver through the extracts below:

> *I was in Grade 10 when mum's illness became worse. I immediately knew that when she was bed ridden I had to be there for her always to give her the medicines, bath her and respond to whatever she needed. Sadly there was no one else who could help and I had to leave school* (head of child headed household).

> *Even though I could offer to look after her mother twice a week, Sibongile refused. She felt so responsible to look after her mother to the end. The maturity she showed during that time to look after her siblings and sick mother was amazing but sadly her education suffered* (child caregiver).

The study also found that during the illness of parents, the educational needs of the children escalated. The children faced diverse social challenges that made focusing in class an arduous task. The children often wondered if their sick parent would make a full recovery and how she will be doing when they were at school. The ripple effect of this often resulted in solitude, closed in behaviour, failure to concentrate fully in their studies and resulted in poor marks and self-care skills.

> *I remember that period as if it was yesterday. I have never felt so consumed with worry. I only thought of her lying helplessly on the bed at home. I could not go with my friends; I felt I was betraying her that I was having fun whilst she was in pain* (head of child headed household).

From the extract, it is clear that most of the developmental encounters faced by the majority of the participants appeared to have severe repercussions as would be expected in terms of reciprocal interactions between individuals as stated by Bronfenbrenner's theory. As children develop their intellect, their independence or proximal interactions can either aid in knowledge construction or its destruction. The ecological environment can thus enhance construction of knowledge if it remains cognitive enough (Oswalt, 2008). The first was the emotional trauma of having a parent bedridden with sickness and sometimes the emotional entrapment as feelings of guilt took centre stage. The extract expresses the magnitude and extent of the effect parental illness has in disturbing the ability of the children to focus on their educational development. This also results in impeded psychological functioning as they find themselves in solitude consummated with thoughts of a sick parent and also gripped with feelings of guilt to have fun with friends. The children carried a big

burden on their shoulders and clearly their right to play, right to education and right to be a child were robbed under their noses. Thus, the thoughts and feelings of blame affected their ability to concentrate and the ripple effect of this was poor grades, which affect their ecological system, thus affecting the child's immediate environment, which includes the child headed household members and their macro system.

5.2.4 Housing necessities for child headed households

The study revealed that housing challenges were still persistent and child headed households involved in the study were not spared. Despite South Africa having the most elaborate subsidised housing programme in Africa (Brown-Luthango and Gubevu, 2016) and being party to the Rio Sustainable Development goals (Goal 11- make cities and human settlement inclusive, safe, resilient and sustainable), children find themselves battling on their own in informal settlements. An overwhelming majority of the participants reported that they lived in dilapidated informal housing, popularly known as *mikuku* in South Africa. They reported that the living conditions in the informal settlements were deplorable and lived in precarious conditions which disproportionately affected their health, safety, socio-economic standing and security. The children further reported that they had a communal tap for water supplies and communal toilets that were often overwhelmed and health concerns were highlighted. The following extracts explain the painful living conditions:

> *Our mikuku as you know get hot when it is hot and extremely cold when it is winter. We also have to share the tap for water with about*

50 families. We have to store water in big buckets but space is a challenge as we have to leave the buckets outside and take them in the morning (head of child headed household).

We have to bath in the house because there are no bathrooms, my sisters have to pretend to sleep when I bath because they cannot go out in the morning, it will be too cold (member of child headed household).

It is a busy settlement and usually noisy every day and I struggle to sleep…I often wake up tired and sleepy when I go to school (head of child headed household).

Further, a significant number of the participants also reported that they had illegally connected electricity because they could not afford to top up electricity for their homes. They further stated that in winter it gets very cold in the iron corrugated homes and they would require adequate heating to escape the cold. However, the illegal electricity was usually unsafe and exposed and had killed other children and adults in the past and above all it is a crime.

5.2.5 Safety needs for child headed households

The majority of the participants reported that it was largely unsafe to stay in the informal settlements as these settlements were largely violent and the issue of gangs was a cause for concern. Brown-Luthango and Gubuvu (2016) note that informality

and violence were a serious development concern in informal areas, coupled with high rates of poverty and inequality. From the children's narratives it was increasingly apparent that increasing violence, violent crimes, social exclusion and discrimination were aspects that brought fear and uncertainty to their well-being as they continuously resided in the informal settlements. One head of households expressed fear at the rampant increase of gangs where boys fought each other and burglaries, murders, rape and physical attacks were the norm in the informal settlements they lived. Her narration also revealed her fear that the environment was unfavourable for her siblings, who could end up joining these gangs:

> *Gangs are a big issue and there is so much violence. I am worried that one day my brother might end up joining them as a survival strategy or he being coerced to join or that there is nothing else he can rather do* (head of child headed household).

From the narrative above, the voice of fear and despair emanating from the child headed household's interaction with their microsystem, is concerning. In view of this, the Bronfenbrenner's ecological theory highlights the challenges of the microsystem and how this can be negative as the direct interactions with social agents in such an environment can have debilitating effects on behaviour, safety and social functioning of the child headed household.

5.2.6 Familial needs vis-à-vis reality of being a child headed household

The respondents indicated that there were various causes of death or separation of their families. The figure that follows shows findings from primary data collection on the causes of death and separation.

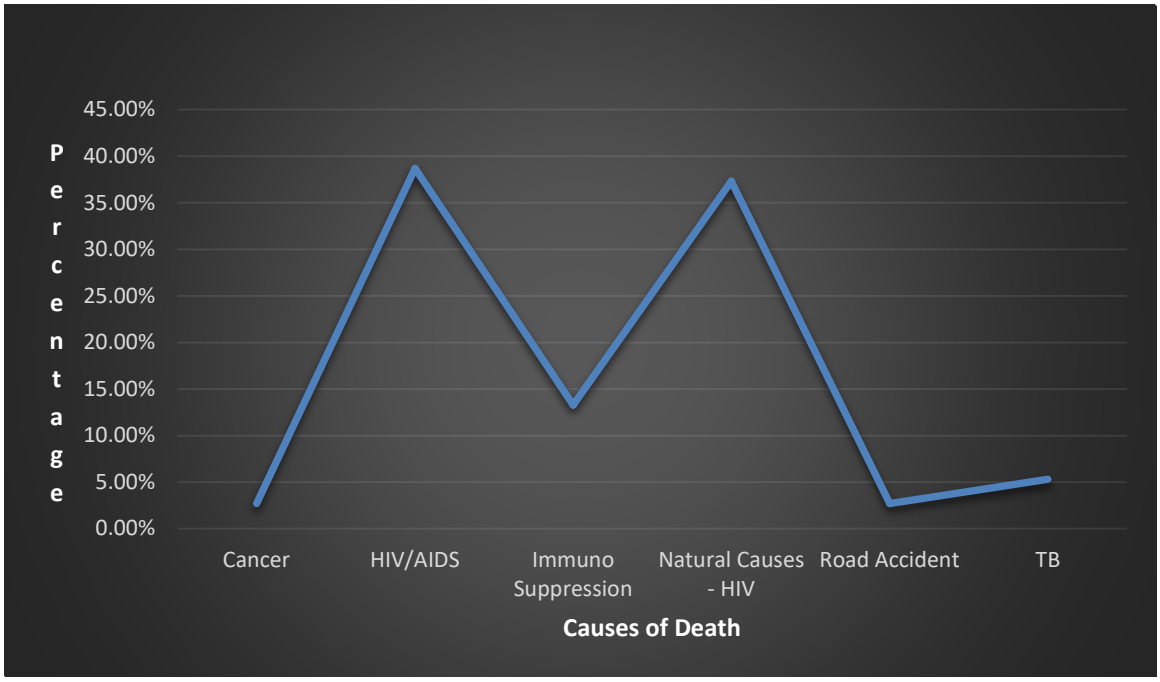

Figure 5.2: Causes of Death or Separation of the Parents

Primary data indicated that the child headed households that participated in this study came to being due to the death of the parents. None of the respondents indicated that their parents separated. This study found that the main cause of death of the parents was HIV/AIDS as well as other HIV related illnesses. This is shown in Figure 5.2. A total of 38.7% indicated that HIV/AIDS claimed their parents' lives while 37.3% were due to HIV related illnesses. On the other hand, some of the respondents (13.3%) indicated that their parents died due to immuno suppression, 2.7% was because of cancer and road accidents while the remaining 5.3% died of Tuberculosis.

When these findings are generalized to the majority of the child headed households, one can conclude that the main cause of death is HIV/AIDS and related illnesses. These findings are in line with the existing literature, which reveals that HIV/AIDS and the related illnesses claim the lives of many people in the world (Leatham, 2005). While many people contract it through sexual intercourse with infected people, some people contract it through bodily fluids which they get into contact with while taking care of the sick (Mkhize, 2006). In addition, these findings have an important implication in the sense that they psychologically affect the children who are left behind, especially in cases where there is financial instability, poverty and inequality.

5.3 Challenges constantly faced in child headed households

After the determination of their needs, the respondents were asked to highlight what they considered as their challenges. The responses revealed that there were various challenges that child headed households constantly face.

5.3.1 Daily challenges

Following primary data collection, the findings presented in figure 5.3 show the various challenges as indicated by the respondents.

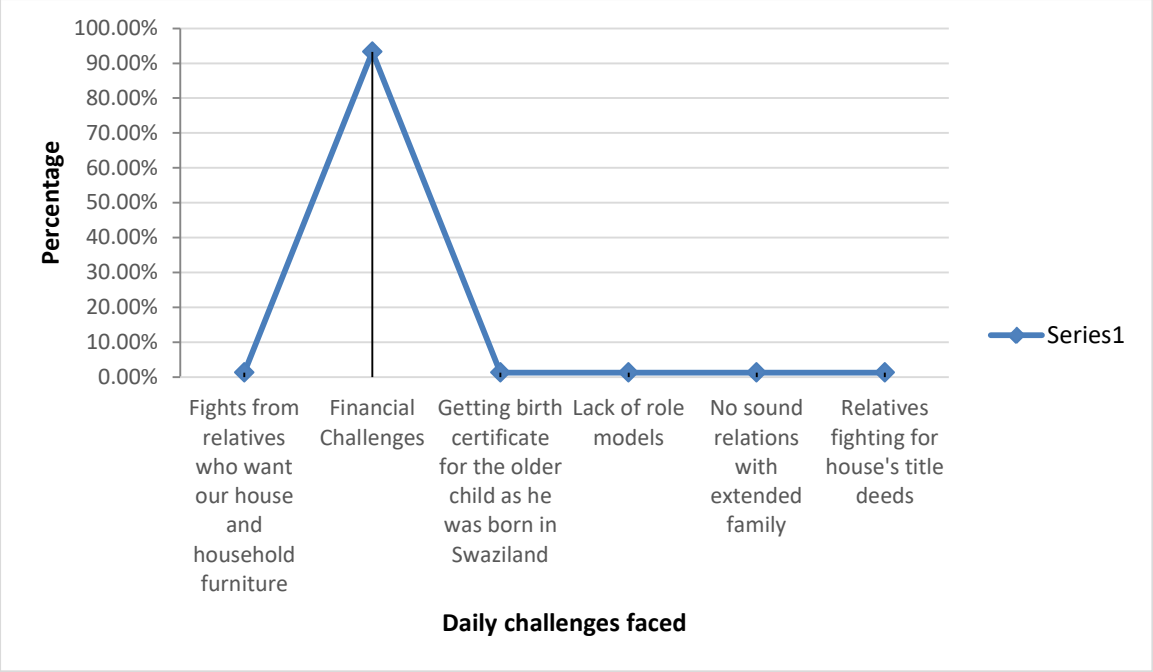

Figure 5.3: Challenges constantly faced in Child Headed Households after the death of the parents

In addition to the changes in the routines of the respondents following the death of their parents, the participants were also asked to indicate the challenges they constantly faced in their day-to-day living. Figure 5.3 above shows that the major challenges faced were financially related. This is shown by 93.3% of the respondents who agreed that financial problems continued to prevail since the passing of their parents. As indicated earlier, these respondents required financial assistance for their basic upkeep, education as well as special needs (for the few respondents who required such attention). Figure 5.3 further shows that other challenges faced by child headed households include lack of role models (1.3%), no sound relations with extended families (1.3%) and continuous fights over property rights after the parents passed on. Some of the respondents (1.3%) indicated that they faced difficulties in efforts to acquire legal documents such as birth certificates, particularly those who were born outside the country due to differences in legislation.

These findings imply that the child headed households face different challenges and these are common in most of these families. Several other challenges are identified in literature and, overall they affect the morale of the children and their self-esteem at large (Adato and Carter, 2005)

5.3.2 Psycho-social challenges of child headed households

The study revealed that an overwhelming majority of the participants experienced some degree of psycho social challenges in their everyday experiences. The psychological aspects include emotional, cognitive, mental and spiritual factors; while the social aspects refer to relationships with others, the environment and society. These aspects of functioning also influence the physical health of an individual. The study revealed that most children had depression symptoms, which were largely compounded by feelings of less worth, inferiority complexes, low self-esteem as they largely felt they lived as second class citizens.

Most of the participants had ruminating thoughts on survival strategies, often mind boggled on their next meal. Food security was found to be a major issue that preoccupied the minds of the majority of the participants and anxiety was easy to creep in as they found themselves increasingly worried about how they would get over the day/week/month with the meagre resources at their disposal. This finding manifested itself in the statements below, which illustrate concern or preoccupation with survival. The quote below is quite revealing:

> *I am increasingly worried about how we will get over the month when we get the child support grant. The food we buy can only last us two weeks and the other two weeks we often struggle. I always find myself in class constantly worried what I will cook for my siblings after school* (head of child headed household).

The extract above captures the sense of desperation often experienced by a head of child headed household when there are not enough resources to look after the welfare of the siblings adequately. The study also observed that a significant number of the participants generally had lower and poor perceptions of their lives as they felt that their lives were a failure and second best. Feelings of inadequacy, different, deemed not worthy of love, care and support dominated the mentality of the child headed households. This often results in them closing themselves off, fearing to subject themselves to further pain and rejection. This is indicated in the following extract:

> *I do not think my life will change much and there is no one to assist me, I do not do well at school and I have no ID. My future is doomed (with tears in eyes)…I will always struggle in my life…I have accepted it, children with parents are better off than me* (head of child headed household).

The above narrative exudes desperation, feelings of limitedness as he feels that there is no end in sight for his quagmires and has a combined sense of failed mastery and sense of undervalue that allows him to view himself as deficient in all

facets of life. In line with the ecological theory, children tend to grow better in their own communities where they have opportunities to relate to adults and other children with similar backgrounds and this provides fertile ground to foster the sense of identity and better self-appreciation. The study also revealed that the child headed households often had shorter concentration spans in class, with pre-occupation with thoughts of survival strategies and this could explain the reasons they developed a negative attitude to their studies and, ultimately achieved lower marks.

5.3.3 Routine changes during parental illness for child headed households

The following figure shows the findings from primary data on the impact on the child headed families of the routine changes during the time their families departed or during parental illness.

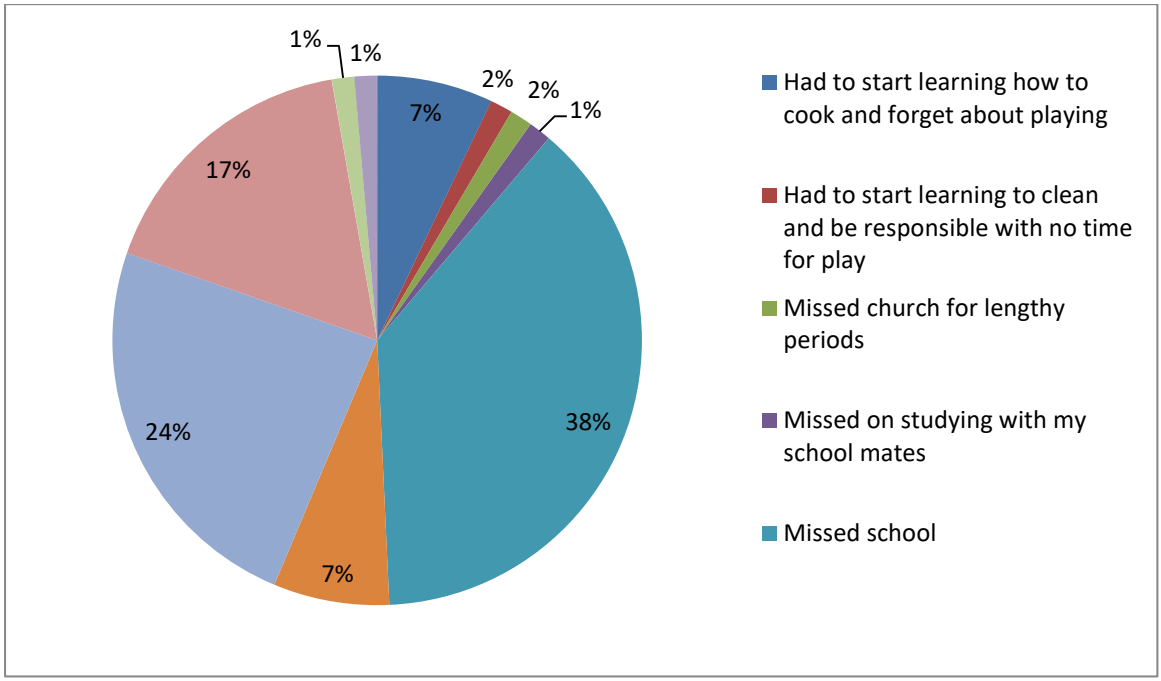

Figure 5.4: The impact of routine changes during parental illness for child headed households

The figure 5.4 above shows significant routine changes that children in child headed families faced during the time their parents were sick. The survey revealed that the majority of the respondents missed class and classes a lot. This is indicated by 38% who missed school while 22.7% of the respondents missed class a lot. In addition to the school routine changes, 6.7% maintained that they missed school to the extent that they decided to drop out since they could not cope with catching up anymore. The study also found out that 16% of the respondents indicated that they no longer had time to play while 1.3% missed their soccer practice and 1.3% missed on choir training. Some of the respondents, 6.7%, mentioned that they had to start learning how to cook and forget about playing because no one was there to do that for them. Similarly, 1.3% of the respondents maintained that they had to start learning how to do household chores such as cleaning and have less time to play. Other respondents noted changes in their studies as well as their counterparts at school.

The findings highlighted above have an important implication on the scholarship of child headed families. Scholars, such as Evans (2012), are of the view that due to the death or any other circumstances faced by the parents or guardians that lead to the prevailing of child headed families, a certain type of gaps are created within the remaining family. Studies show that the way things are normally done by the family in question will be altered due to several reasons. Some children are left without any form of financial assistance to the extent that they miss or drop out of school while others end up feeling empty, as if it is the end of the world for them (Bundy and Mandas, 2006). This has a negative implication on the academic performance and general well-up of the children in child headed households.

To corroborate the quantitative findings, the qualitative findings revealed that there were adverse effects experienced by participants as a result of changes in routine. The HIV/AIDS epidemic has deepened poverty and exacerbated myriad deprivations and when parents fall sick, particularly in marginalised and less economically privileged communities, it is the children who come under intense stress that may continue to fester in different ways, for the rest of their childhood. The parents' responsibility for caring in some instances is automatically transferred to children when there is no other adult who can come to assist.

The issue of change of routine for children during the time of parental illness was also highlighted in the study. Children have to make amendments and radical changes to be with their ailing parent or assist their siblings with looking after the sick parent if there is no adult family member who can come and assist them. The following extracts are particularly revealing on the interruptive changes in routine for the children:

> *Before mum fell sick I was an avid soccer player and was involved in the community choir so it meant every day I would be either attending practice for either of the disciplines. On weekends we would be hired to sing at funerals or we would be playing a soccer tournament somewhere. I was busy and enjoyed it even though I did not earn much money it kept me busy* (member of a child headed household).

> *I have to go home straight after school to assist my sister with household chores and running errands and also relieving her because she would have spent more time with our sick mother in our shack. I no longer have time to hang out with my friends* (member of child headed household).

The narrations above clearly express the sombreness and pain the participants experience when they have to forego their usual routine due to illness in the family. From the narratives of the participants, it is clear that to a greater extent children bear the responsibility one way or the other to take care of their sick parents. In their microsystem the child headed households have no parents to help them learn values, attitudes of society and give help with school work. Ultimately, the children adapt the parental role, with all its complexities. Janes (2015) points out that the child headed households are not miniature adults and should not be treated as if they were. As a result of parental absence the child headed households often find themselves bypassing most stages of childhood and early adulthood as they take over the role of parenthood. And this is often accompanied with toxic stress in balancing school and social life.

5.3.4 Challenges witnessing parental illness

The figure below shows the challenges and impact of witnessing parental illness as experienced by the child headed households. The information was obtained from primary data.

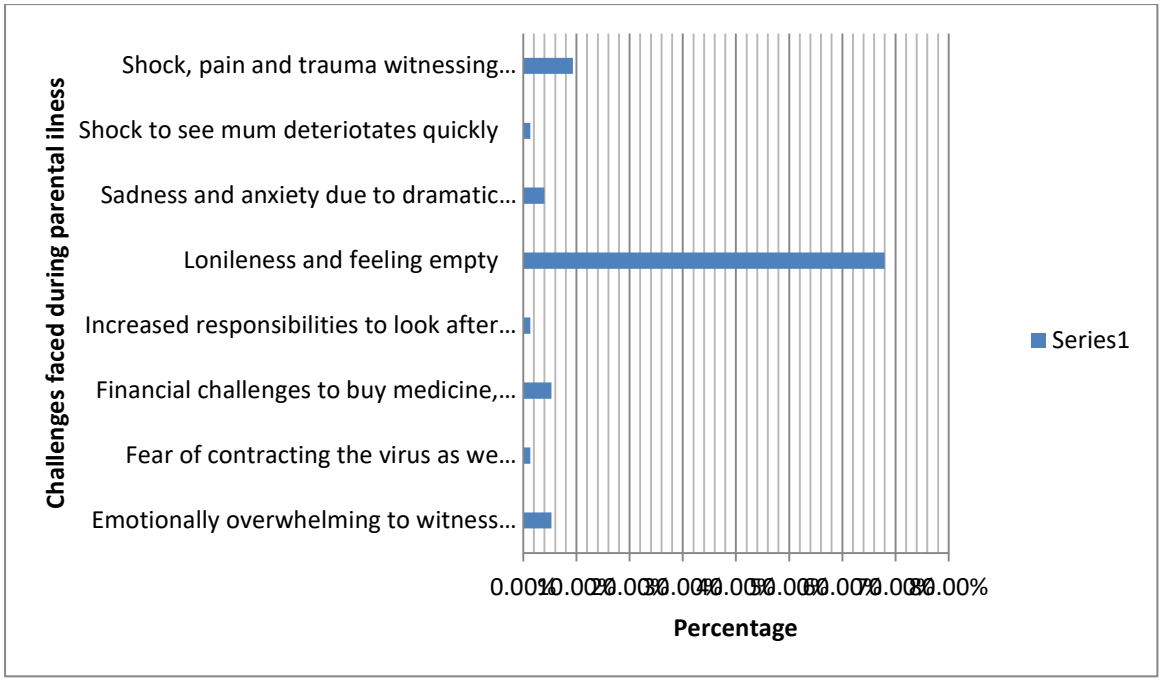

Figure 5.5: Challenges witnessing parental illness

The study established that the respondents faced a lot of challenges during the time their parents were ill and before they passed on. The challenges were mostly financially related, psychological and fear. As indicated in the diagram above, the majority (68%) of the participants felt loneliness and emptiness during the time their parents were ill. This could be due to the fact that they did not have a shoulder to lean on and they were left on their own until their parents passed on. Review of literature reveals that a lot of people opt to stay away from suffering patients particularly in the case of HIV/AIDS because they are afraid of contracting the disease. This can be explained by 1.3% of the respondents who indicated that they had fear that they might contract the virus when they were taking care of their mother while she was on her death bed. The respondents indicated that their mother was fragile and could not do anything on her own. Some (9.3%) of the respondents indicated that they experienced pain and trauma as they witnessed their mother dying. Some indicated that they actually had pain seeing their mother deteriorating.

In addition, 5.3% of the participants said they faced financial challenges when it came to providing the patient with the suggested food or purchasing the required medication. A total of 4% of the respondents indicated that they had sadness and anxiety due to dramatic changes in circumstances while 1.3% had shock that their mother had never told them about her illness.

The challenges above are among a lot of challenges that child headed households face in their everyday lives (Trawick-Smith, 2003). Even though there are many supporting strategies available, Ganga and Chinyoka (2010) note that the mere fact of the loss of parents and/or loved ones is unbearable. Financial assistance may be provided to such families but it can never cure depression suffered when one losses parents, hence it is essential to consider such emotional challenges and devise alternative strategies, particularly from the psychologists, to assist the people in need (Johnson and Dorrington, 2001).

Further, the qualitative findings revealed that most of the participants experienced trauma from witnessing their parents get sick and quickly deteriorating. As the pandemic ravaged with minimal abatement so did physiological changes and increased responsibilities that came with taking care of their ill parent/s. A majority of the participants revealed that the pain they endured as they saw their loved ones gradually die was too much for them to handle and had an adverse effect on their psychosocial functioning. One of the participants from a child headed household mentioned that he was deeply traumatised by his mother’s illness and it was always difficult for him to see her in pain when he visited her in hospital where he would also see other people suffering from different ailments that made tremendous

physiological changes. This experience made severe psychological distress that has made him develop nosocomephobia, leading to panic attacks whenever it was time for visitation. The following extracts are revealing:

> *When mom was admitted at Baragwaneth hospital I ended up not visiting. She had changed so much that I barely recognised her and even the ward mates scared me* (member of child headed household).

> *I still shiver, tremble and have elevated heart rate when I have to go to a hospital, despite the fact that it happened 5 years ago. The septic smell of hospitals makes me think of all those memories and I cannot do it* (member of child headed household).

The extracts above explain the extent of the trauma endured when faced with the arduous task of witnessing and nursing a sick parent. The prosaic issues like septic smell of hospitals and seeing the parent deteriorating can be triggers that can be unsettling for children even in later years. For other children it becomes a constant reminder of their loss and the vivid memories that life is short and that everyone dies. This is not healthy for them to build their resilience and strengthening in coping with their traumatic experiences.

Apart from, and in conjunction with, the reversal of roles described earlier, the qualitative findings show that the effects of living with parental illness had tremendous impact in the psycho social functioning for some of the participants. As

illustrated in the narratives below the adverse effects related to school performance or attendance, playing and the change of routine for the children featured prominently. In the extracts, one child provides a very clear narration of how her mother's illness impacted on her ability to fully engage with her education:

> *When mum fell sick and I was bathing her, giving her medications I no longer felt I belonged in school and felt that my only responsibility was to look after her until she recovered. I no longer wanted to attend lessons regularly, do the tasks that I was required to do and even spend time with friends socialising and never wanted to talk with anyone about mum's illness* (member of child headed household).

> *Even when I was in the classroom my mind regularly wandered and never focused on the learning material. It felt as if my whole world now evolved around my sick mother* (member of child headed household).

What is apparent in the narrations is the pain, anxiety and the indifference feelings that the children experienced at this period. The first participant revealed that she did not divulge to anyone the true story behind her inconsistency in attendance at school and lack of socialisation. This could suggest that she was engulfed with the feelings of shame and the need to keep her mother's illness under wraps. The illness was a pervasive and ruminating thought that dominated her entire universe. The illness became a persistent and obsessive issue for her and she did not find meaning in

hanging out with children of her age, ultimately being robbed of her inherent right to be a child. On the second extract it is evident that the child struggled to concentrate on her schooling because of the illness and this reveals the extent of how worried she was with the situation at home.

5.3.5 Emotional distress child headed households endure

From the data it was apparent that emotional distress was chief among a cocktail of psychosocial challenges that affected the participants. Being a head of household (even for adults) is often associated with psychological and emotional trauma as well as social stress. The study revealed that ongoing traumatic stress was evident in the child headed households in view of the many and varied experiences they endured. It was revealed that participants had accompanied ill parents to hospital for appointments and these experiences were traumatic for them as they witnessed the deteriorating health of their parents. Since HIV is a progressive health condition, the participants often found it difficult to cope with and manage the peculiarities of each stage of the disease. Further, the participants found caring for their dying parents emotionally taxing and they had to live with those memories for the rest of their lives.

A few of the participants expressed emotional distress through outward behaviours such as delinquency, aggressive and or risky behaviours. The social service professionals highlighted this aspect; that in their experience they had witnessed service users from child headed households that behaved well within the confines of societal norms but their behaviour would take a nose dive after the demise or

prolonged absence of a parent. One extract from a social worker illustrates this remark;

> *Thabo was a lovely and adorable child that everyone loved. The family was open to us as the mother (Sibongile) was part and parcel of the support group for people living with HIV and AIDS. When Sibongile died we started witnessing a new Sipho who neither respected older people nor looked after himself properly. He rebelled with against authoritative figure and was hell bent on defying any rule in place* (Social worker)

From the extract above it is clear that the trauma the children experienced when parents were sick and when they eventually died has devastating effects for children if they do not get the requisite support. According to Bronfenbrenner (1979), parental death denies the children the constant mutual interaction with important adults that is necessary for holistic development. Further, if the relationship in the immediate microsystem breaks down the children are often devoid not of the tools to explore and navigate fully other parts of their environment.

The qualitative findings also revealed that the emotional distress that the child headed households endured did not end here but came with other hosts of issues. The issue of helplessness, vulnerability and uncertainty after the demise of a parent/s emerged from the data gathered. Grief can shake everything up for children who would have lost parents (Kapesa, 2015). It can shake beliefs, personality and sense of reality and reality is often veiled in obscurity for children. Bereavement

support plays an important role in the emotional well-being of children who have suffered loss. It tries to give an emotional connection when they feel isolated and trying to adjust to the immense changes that would be happening in their lives. Other children often experience numbness after the funeral, shock, denial, anger and others degenerate and exhibit depression symptoms when the realisation kicks-in that they are all alone. Bereavement support becomes pertinent to help the children find a place for their loss and carry on with life. The study revealed that most children received some sort of support to deal with their loss and grief from neighbours, relatives and some from social workers. The extract below illustrates this assertion:

> *Our social workers were quite helpful and they were with us through the funeral wake up to the burial, reassuring us that it would not be easy but everything would be alright. We felt genuineness and we were reassured because we knew that with mum gone there was no way it was going to be easy. We felt they were in sync with what was going on in our minds and did not say things out of sympathy only (*member of child headed household).

However a greater number of the participants also revealed that they never received any counselling or support to deal with their loss and they had to make meaning of the changes on their own and soldier on. This is particularly revealed in the extract below:

> *Everything that happened on the day of the funeral and after everyone dispersed is still in my mind to this and I hardly remember*

anyone talking us through about what happened and offering support to go through it. I still remember feeling lost and not sleeping for days because the pain was just unbearable (member of child headed household).

5.3.6 Reversal of roles characterised in child headed households

The study revealed that participants had experienced role reversal as a result of parental absence due to illness, death or any other reason. One of the issues that impeded the psychosocial functioning of the participants was having to adjust to the reversal of parental and child roles when the parent became ill. This experience brought about vexing challenges. This theme revealed a whole range of emotions, including shock, trauma, and pain, despair, hurt as well as loneliness and depression. The following extract poignantly captures emotions of the children when they realised that they were now in the driving seat:

My mother was a hard worker who wanted to do everything herself, the day she fell sick is the day we realised that she overworked herself and we only then discovered how much she did for us. We quickly knew the extent of the role she played when my younger sister and I had to wake up early each morning to clean the house, iron uniforms for our three siblings and prepare breakfast and ensure everyone was well prepared to begin the schooling day (member of a child-headed household)

In light of Bronfenbrenner's theory (2004), parental roles can result in internalising social and behavioural problems, including depression, eating disorders, anxiety and low self-esteem, which can be interpreted as internal locus of control. In terms of the theory and the above quote, the sibling system has come to replace the parental subsystem. Thus, traditional rules and boundaries of family organisation have been disrupted in the face of the incapacitation of the parent. According to Korevaar (2009), clear boundaries in the family system play a role in defining the autonomy of a system and delineate the behaviours, roles and values of members and consequently ensure members meet their developmental needs. However, Korevaar (2009) observes that in the context of HIV, older siblings have had to take over parental roles and responsibilities in order to retain some autonomy in the family system, thereby ensuring its survival. The disruption of roles, rules and boundaries within the family system impacts on a child's ability to meet their own developmental needs. In assuming parental roles, children have diminished chances of engaging positively with their education and other community engagements, which are protective factors for children. The extract below heartrendingly captures more emotions of the children when they realised that they had to step up to the responsibilities of a parent:

> *When there was no bread or snacks for lunch boxes in the house I panicked because I did not know what to do as there was no money and I knew when my siblings woke up they were going to ask for their breakfast and they would either refuse to go to school or were going to be impossible to deal with. I shed a tear and wished mum was here to solve this because she always did but then she was*

lying in hospital fighting for her life (member of a child headed household).

From the extract above, it is crystal clear that the change of roles represents a shift in dependence between a parent and child. Further, the participants reminiscing of the old memories of what their mothers would have done provided an 'escape' for the challenges that befell them at that particular time. However, the 'escape' would not last long because the moment they realised that they had enormous responsibilities and their mothers, who would have cared for them with ease were currently unavailable to fulfil it at that time. Most of the participants found the roles strenuous and indicated that they found themselves emotionally incapable of handling the affairs of the household. What is also imperative to note is the resilience that the participants exuded in the light of these drastic changes in their world. The majority of the participants admitted to finding the role reversal as tedious and difficult but they took the responsibility and took care of their siblings. The participants further demonstrated resilience by dealing with frustrations and challenges head on, continuing in their new roles and the older ones looking after their siblings.

The study findings further revealed that a majority of the participants had to make huge adjustments from being children to being heads of households after the demise of their parents or in the prolonged absence of their parents. Nkomo (2006) identifies several key components of this adjustment. These include feelings of losing one's childhood and sense of self with the attendant feelings of deprivation of responsibility towards one's family and the obligation to take the place of the deceased's parents.

Feelings of loss on self and childhood featured prominently as some respondents captured feelings around having to assume responsibilities of an adult when they still considered themselves a child. This also includes a sense of deprivation and exclusion from developmentally appropriate activities like participating in extra curricula activities like soccer, choirs; that other children their age are involved in. Moreso, this issue describes feelings of losing a distinct and separate identity. The following extracts depict a response on carrying extra responsibilities:

> *I feel I am a 30 year old trapped in a 16 year old body. Since mum died, I have to wake up very early and iron uniforms and prepare porridge for my siblings. After this, I accompany my little sister to crèche before I go to school. When school is over I have to rush to pick my sister from crèche and prepare something for us to eat as I wait for my other brother to arrive. I have to start washing the uniforms for tomorrow and clean the house. As I start cooking dinner, I have to help my brother with his homework. I start on my homework when everyone sleeps. I feel so tired* (head of child headed household)

> *I find it hard to decide what the family is going to eat and what they are going to wear on special occasions like Christmas and how they will celebrate their birthdays. Last week my 5 year old brother's friend had a birthday and the parents hired a clown and a jumping castle. That is all my brother wants for his 6th birthday. How can I make him understand that we do not have that kind of money for*

that only? I have no answers most of the time to what they seek and I know they rely on me for those answers. It is painful (head of child-headed household).

The narratives above express strong views and feelings of indignation on the children's current circumstances. It further presents a lucid snapshot of the suffering and pain endured as a result of losing one's childhood from having to assume adult responsibilities at a tender age. Further, Bronfenbrenner (1979) notes that children develop and function better socially, emotionally and mentally in familiar surroundings and with parental figures. The absence of such figures triggers an imbalance in their micro system and this impacts on their ability to function fully in their future relationships. A chronosystem encompasses change or consistency overtime, not only in the characteristics but also of the environment in which the person lives, for instance change of the life course in family structure or socio-economic status necessitated by the absence of the parent due to death or any other factor.

5.3.7 Sadness and anxiety due to dramatic changes in circumstances

An overwhelming number of the participants revealed that they felt quite saddened about their dramatic changes in their circumstances. The study found out that a significant number felt saddened that their lives had taken a paradigm shift and the increased responsibilities had interfered with their normal routines. Caregiver fatigue and burnout was bound to kick-in when looking after a person who is terminally ill, especially those who might have become vegetative. Palliative care needs

specialised training and in most cases some of the participants had played roles of caregiver to their parents and they were untrained and they lacked the emotional maturity and stamina to react to stressful situations. Their servitude was driven by love and pain, witnessing a parent's sickness and hoped that they would recover. However, in most cases children were unprepared for the arduous task that is physically and emotionally demanding. All these changes brought sadness to the participants who often wondered why they deserved to experience this and wished for normalcy where they could go and play and come home and eat meals prepared by a parent, watching television and going to bed.

The participants also reported that they felt quite unsettled and anxious about their circumstances as they knew that their parents had developed full blown AIDS and they became primary caregivers. A few of the participants stated that they found themselves constantly worried that they would contract the virus through frequent contact with their sick parents. They reported that this ended up with them changing their attitudes where they sometimes could not bath them every day and avoided changing their stools. They felt consumed with uncertainty and were constantly on the edge as they could not understand how they would meet their day to day expenses when the parent had died and how life would be on their own.

5.3.8 The debilitating challenges of grief and loss

A host of issues emerged on this theme. Trauma of parental death was still vividly etched in the minds of the participants when asked of their experiences after the

demise of their parents. It was abundantly clear that the participants relieved the feelings of loss and grief during the study due to tearful responses, elongated responses that often digressed to long lost memories of departed parents. Although not always articulated explicitly, it was nonetheless evident in various interviews that children had unresolved grief as most of them did not receive bereavement counselling when they lost their parents. The following extracts express the magnitude of the feelings of loss and despair that the participants endured:

> *I felt like I have been stabbed in the heart when the hospital called to say that she had passed on. I felt numb and I lost appetite for days. I did not want to talk and this is where I lost all purpose for living* (member of child-headed household).

> *All our lives we had depended on mum after our dad had died in a car accident. I remember being lively and confident. When she died the confusion that I carried for days and weeks, the anger I had at the world, I felt as if I was losing my mind. This is where I started closing myself to people* (head of child headed household).

The narratives above show the impact that untreated and unresolved grief can have in shaping personality and behaviour. According to Ross (1969), on the five stages of dying denial is a conscious or unconscious refusal to accept facts, information, and reality relating to the situation concerned. It becomes a defence mechanism and children can be locked in this stage when dealing with the fact that their loved one is no longer with them. Anthropological research informs that the absence of a father

figure deprives children of male authority, a status symbol in African societies. However, the absence or death of a mother deprives them of crucial emotional and mental security which aids their psychosocial functioning.

5.3.9 Feelings of loneliness and hopelessness with no adult care giver

The study findings revealed that participants were unavoidably bedevilled by feelings of hopelessness and disappointments and yearned for family love and care. This is echoed by Veale et al (2001) who observed that vulnerable children who are marginalised from the community framework and without family care show a decreased capacity to function in society and have peculiar needs. These needs are confirmed by Kapesa (2015) and also include the need for love, care, warmth and guidance. UNICEF (2010) reports that the hopelessness felt by the children in child headed households suggests that they need love to help them heal the emotional traumas they have endured, needing guidance through childhood and adolescence. The extracts below portray the state of hopelessness that the children feel in their day to day living:

> *I often ask myself why I did not die also died that day when mum passed on because I cannot keep living like this. When mama was still alive I felt alive and was confident* (member of child headed household)'.

> *What did I ever to do to deserve this kind of life? I feel less important. Children with parents are more important than us*

without. Anyway what do I have? I wish mama was still alive (member of child headed household).

The narratives are clearly expressive of a state of hopelessness catapulted by feelings of less worth caused by the mere absence of their parents. Next to a secure attachment to a parent, the all-important role of the family in the development of the happy child cannot be overemphasised. The happiness of a child depends on the relationship with a parent. Bronfenbrenner (1979) maintains that child development cannot be properly understood unless one comprehends how the elements of the systems surrounding a child act together to exert an influence on his development (Bee and Boyd, 2004). The child's family is among the most important social contexts with which a child interacts. Since child development is inextricably linked with the context in which it occurs, therefore the microsystems are of utmost importance to help build resilience. Further, this view resonates with William Shakespeare's submission that "the voice of parents is the voice of gods, for to their children they are heaven's lieutenants". Shakespeare, with this quote, was trying to state that parents are "god" to the children with their mere presence provided all basic care and needs (love, shelter, clothing, warmth etc.) are met. The sense and state of the children being alone and without familial warmth and love can be very alienating and this provides room for hopelessness to kick in. The study revealed that the children also felt that they were alienated and had poor attachments. From the narrations above it is abundantly clear that the children felt different from other people. They felt they were cut loose, no longer deemed worthy of love, care and support. Resultantly they closed themselves off, fearing further pain and rejection.

5.3.10 Challenges of stigma and discrimination

The participants reported that they faced stigma in the communities and this had an adverse effect on their adjustments and self-image. They reported that their engagement with community based organisations was sometimes disturbed because of views and perceptions of their peer groups and other children in their communities. They further indicated that they were labelled Welfare Kids and this was damaging efforts of integration with peers and other school related tasks. The following statements illustrate the damage:

> *I feel so hurt and angry when they label me a welfare child because I come to the Drop-in centre. They make it sound as if we are poor and useless and this makes it difficult for me to have friends and join in other things as I will always be labelled (*member of child headed household).

> *Because the NGO also works on HIV/AIDS programmes, most of my friends think and say I have the virus because I attend a support groups at the NGO. It makes me very angry (*member of child headed household).

The extracts above illustrate the material and psychosocial impact of stigma and discrimination and how it deeply entrenches them into social marginalisation. As a result, the children's resilience is tested and others end up disengaging from the help and become worse when they cannot take it anymore. One social worker noted that

when children reach the adolescence stage they tend to process these negative perceptions and stigma deeply and they usually choose to opt out of the programme rather than sticking it out. The following quote is indicative of this:

> *These negative sentiments that discriminate children have always been there but when they are younger they engage more meaningfully, not minding them. They become an issue when they are in early teens and they disengage* (social worker)

In view of the above the ecological theory by Bronfenbrenner (1979) tries to explain how the other systems of the child's functioning can be affected by stigma and discrimination. According to Bronfenbrenner (1979), the participant's proximal encounters with the community can affect their microsystem and eventually their meso system. When discriminated and experiencing stigma, the children might be unable to trust their proximal relationships, especially if the hatred and negativity comes from those who used to show them love like friends and neighbours. Further, findings from a study carried by Buzizi et al (2014) in Manicaland, Zimbabwe showed that the community usually blamed the child headed households for any deviant behaviour or anti-social behaviour the community faced. They are easy targets for blame because of their poverty stricken lives (Kapesa, 2015). In view of this, Eyber (2009) found that in a study in child headed households in Rwanda where the orphaned children had perceptions that the community and extended families wanted to hurt them more than they wanted to help and this appeared stressing for them. However, Tend and Befriend theory postulated by Taylor (2011) suggests the opposite and says that it is not the actual support that enables them to cope, but it is

the perception of the availability of support that enables the child headed households to have resilience and manage the stress.

5.3.11 Poor social networks, especially in extended family

The respondents were asked the reasons they were not staying with their extended families. Several responses were given and as shown in figure 4.8, the reasons are very diverse, as indicated in the figure below.

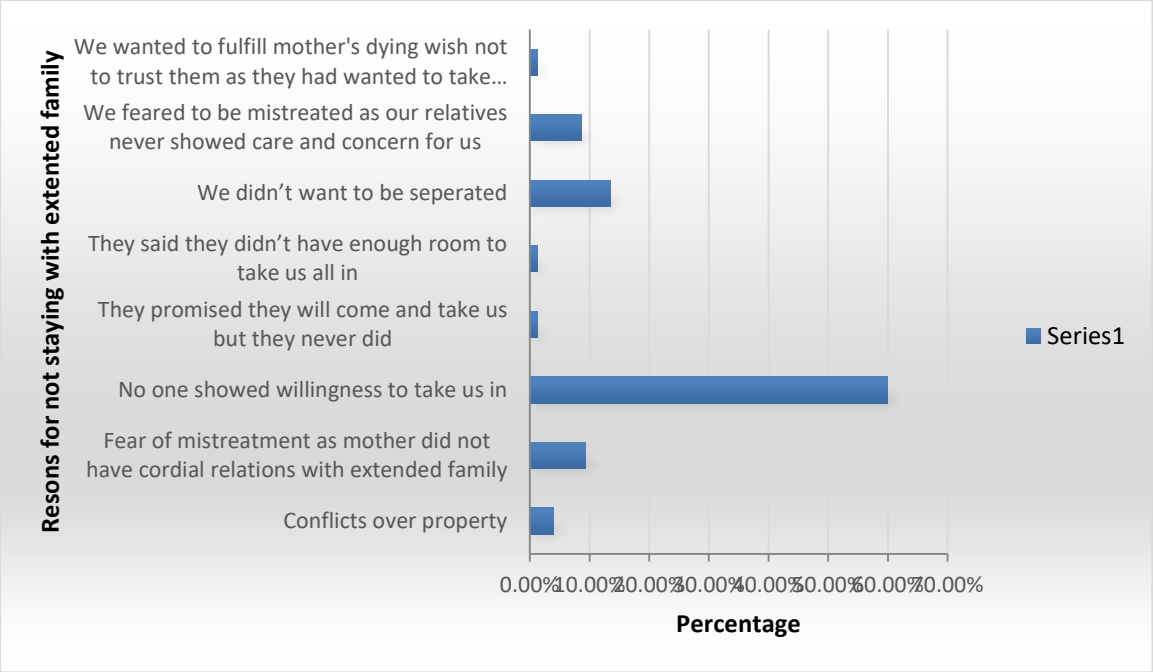

Figure 5.6: Reasons why the Respondents do not stay with their extended families

The study revealed that there were many reasons the respondents were not staying with their extended families or why they were staying alone. Some of the reasons were related to the children opting to stay alone while most of the participants indicated that they did not have any choice. The majority (60%) of the respondents indicated that they stayed alone because none of their extended family members

was willing to take them in. Some (1.3%) of the respondents indicated that their extended families had promised to take care of them but never showed up while an additional 1.3% indicated that their extended families did not have enough shelter to take them in. Some of the respondents indicated that their parents did not have good relationships with their relatives such that it was difficult for them to stay together. Other respondents (9.3%) noted that they feared that they would be mistreated by their relatives so they decided to stay on their own. The study also found that some of the respondents (1.3%) wanted to fulfill their parents' wish that they should not trust their relatives while 4% feared that they would lose their property if they stayed with relatives.

As previously mentioned, there are several reasons why orphans in child headed households decide to stay on their own. Some of the reasons include the mere fact that they are neglected (Seifert and Hoffnung, 1994), while others stay on their own because of family politics (Swart and Pettipher, 2005). The issue of politics is subjective in the sense that most of the people who face the problems are even perfect from the beginning and do not even know the roots and where the conflicts take them. As a result, it is essential for the third parties to inquire the reasons children in child headed families stay on their own and provide intervention strategies to assist the victims.

From findings of the study an overwhelming majority felt estranged from their extended families while some expressed confidence in the willingness of their neighbours to help them than members of the extended family. The inability or lack of willingness to connect with orphaned children has been linked to the effects of

migration, debilitating effects of HIV and economic challenges faced by families Mkhize (2006), Kurebwa and Kurebwa (2014) and Kapesa (2015). Mkhize (2006) went on further to note that these arrangements are peculiar to the African traditional systems, especially Ubuntu. The children gave varied reasons for their isolation from extended families and the following extract provides one reason children end up in solitude:

> *Our mkulu told us that we were going to be separated equally among my father's brothers and mother's sisters. Ultimately, my sisters were going to be in Mpumalanga and Tzaneen where my maternal aunts live. My brother was going to KZN with malume and I was going to be in Free State with my other uncle who had not come for the funeral wake. We refused this arrangement and this angered the elders* (head of child headed household).

It is abundantly clear that some critically analysed the arrangement the extended family arrangements and obviously did not see meaning and intended benefits in dismantling their family unit and ultimately be distant over time. They chose to stay together and maintain a bond as siblings even though it angered the elders and created a misperception of insubordination. Others also chose to stay together as a way of fulfilling dying parent's wishes and choices. It became apparent in the discussions that frosty relations could have been in play between family members and the dying parent expressed his or her wish for them not to allow them to move or agree with them on anything. The following extract illustrates this:

> *My mother and her sisters never got along. I am not sure what really happened between them but I know it involved my father. Mum never gave us the full story. We never visited my aunts and neither did they visit us. Before she died she instructed us not to listen to what they said and to never leave our home* (head of child headed household, 2016).

The reasons the participants brought forward are echoed by Mkhize (2006), Kapesa (2015) and Foster et al. (1997) when they observed that the extended family represented a traditional social security system and its members were responsible for the protection of the vulnerable family members like child headed households.

In view of economic hardships, extended family members have also become greedy, corrupt and hideous. After the death of a family member, some found it as an opportunity to grab property and others appeared to be caring and concerned so as to get access to housing permits and accounts left by the deceased. One extract from a participant portrayed the situation she encountered:

> *During and just after the burial aunt Poppie was good to us, she bought us new clothes for the funeral, and she would take us to the movie house because she wanted us to get over the feelings of our loss. She would buy groceries and cook for us and sometimes sleep over even though she has her own family and house in Bramfisherville. One day she just requested for the bank cards and the housing permit and when we did not give them to her she suddenly changed, calling us names and vowed to take over the house* (member of child headed household).

Even though conflict is inevitable in any relationship, especially when societal values are evolving with time, conflicts with vulnerable children only disenfranchises them to the periphery of human existence. It is very clear those 'frosty' relations between them and members of the extended family would go on when they refuse to yield to the hoodwinking and thuggery of certain elements of the extended family. Some also revealed a sense of disconnection from the extended family that they knew growing up that they were violent, alcohol abusers or those whose lifestyle choices they never appreciated. This made them feel lonely and the detrimental consequences of isolation and the ensuing loneliness lead many children to despair.

5.3.12 Poor self-perceptions in child headed households

The study revealed that a significant number of the participants doubted their potential and capabilities and had lower perceptions about breaking out of their cocoon of deprivation. They felt overwhelmed about their situations and felt they did not have the opportunities that those children with parents had. According to Marx (1983), human beings are intrinsically, necessarily and by definition social beings who, beyond being "gregarious creatures", cannot survive and meet their needs other than through social co-operation and association. Healthy relationships are a vital component of health and well-being and they bring happiness. The most important relationship is with the Self (Rogers' 1984 theory on personality). The extract below illuminates the extent of the poor self-perceptions:

> *Even if I was to pass matric, how would I go to university? With what money and who anyway who could think of paying for me? At*

least those with rich parents can work hard and go to university. I will just find a job with my matric certificate (member of child headed household).

This is quite suggestive of poor relationships with the self. In view of this, Rogers' (1984) personality theory provides insight on the importance of the relationship with the self. It is defined as the organised, consistent set of perceptions and beliefs about one self. Rogers (1984) maintained that we do what we do because of the way we perceive; we are the best experts on ourselves. Rogers (1984) believed that people are inherently good and creative and they become destructive only when a poor self-concept or external constraints override the valuing process.

However, a few felt encouraged by their situations and had improved self-perception, were motivated and inspired. These were determined and committed to steer the wheel of success their way through intensive studying. Social service professionals included in the focus group discussions noted that they had worked with achievers who were goal-oriented and hard workers determined to change the course of their lives. The following extracts are is relevant to this argument:

We collect academic reports every term and keep copies on file, we have a few children who do extremely well. They are determined and motivated to achieve and do well for their lives and those of their siblings (Social worker).

We have continuously observed those children who participate consistently at the drop-in centre, who do not worry about what

people say about their circumstances and those that engage with their caregivers and social workers do quite well in school (OVC coordinator).

This clearly shows that resilience is an important aspect in changing and steering the course of their lives. From the narratives, it is evident that some had accepted their circumstances and had a stable sense of belonging (I am) and they also know where they can draw support from (I can) and lastly believe in themselves and that the responsibility is theirs to change their outcomes (I will).

5.3.13 Deficiencies in relationship building

In terms of relationship building with other people, peers, teachers and the wider community, the study revealed that most children in child headed households had some deficiencies in developing and maintaining relationships. Social service professionals pointed out their observations on relationships and they pointed out that because of low self-worth they were susceptible to violations, exploitation and violence when they engaged in relationships with older people. Consequently, they ended up being either promiscuous in relationships or being clingy. The extract below illustrates the picture:

Over the years we have seen some of these children being subjected to domestic violence when they get partners, even when dating older men they are sometimes beaten up for petty things and they have scars on their faces (social auxiliary worker).

> *Some fight with peers over boyfriends, some end up being promiscuous and having many sexual partners, young and old. It is sad* (social auxiliary worker).

Other social service professionals highlighted the effect of the relationships their parents had in shaping how they would maintain their own relationships. Other boys presented as physical, aggressive and often angry in the relationships they had even with the social service professionals. One Social Auxiliary worker said;

> *Some of these children tend to replicate how their fathers and family members behaved in relationships. They believe the only way to earn respect is to be physical and they know not how to vent out the bottled emotions that stem out of their frustrations because of their circumstances* (Social auxiliary worker).

From the above narratives it can be observed that behavioural problems tend to perpetuate and spiral out of control in the absence of parental figures. This study concurs with Bronfenbrenner (1979) that the proximal or near processes involve all sets of transactions between the child and the immediate surroundings that are responsible for the child's competencies and general wellbeing. These transactions are responsible for driving the development of the young persons and the proximal processes are usually protective or preventative. However in the absence of parents who provide boundaries for children they tend not to get lessons about appropriate behaviours, they are deprived of authoritative parenting (love in combination with

strict rules). In addition, Bronfenbrenner (1979) observes that the absence of the parents brings the absence of protection from physical and psychological harm and this exposes the children to more vulnerability.

The lack of trust also emerged as another pertinent finding. The study revealed that a few faced challenges in relationships and trust was far and wide in those relationships. The social service professionals indicated that many often found it very difficult to develop trust, either with the professionals, other children and even peers. The pain, anguish, rejection and solitude were offered as reasons they often failed to trust in relationship building. The extract below is particularly revealing:

> *They feel they have been let down by everyone and no one is fighting for them. They have endured a lot as young children and the pain and the trauma they have faced makes them feel that life is not fair to them* (Social worker).

Alfred Adler's (1984) theory on inferiority and superiority complexes sheds some light on the above narrative on lack of trust. Inferiority complex is a belief that one does not measure up to the standards he or she has placed on themselves. They internalise feelings of less worth and inequality to other children and they ultimately struggle in placing trust in other people. This mistrust has the potential of growing with them and this affects their ability to develop and sustain intimate relationships and potentially marriages if it remains unresolved.

5.4 Impact of challenges on child headed households

The respondents were asked to indicate the impact of the challenges they faced on their daily lives. Figure 5.7 below shows the impact of these challenges.

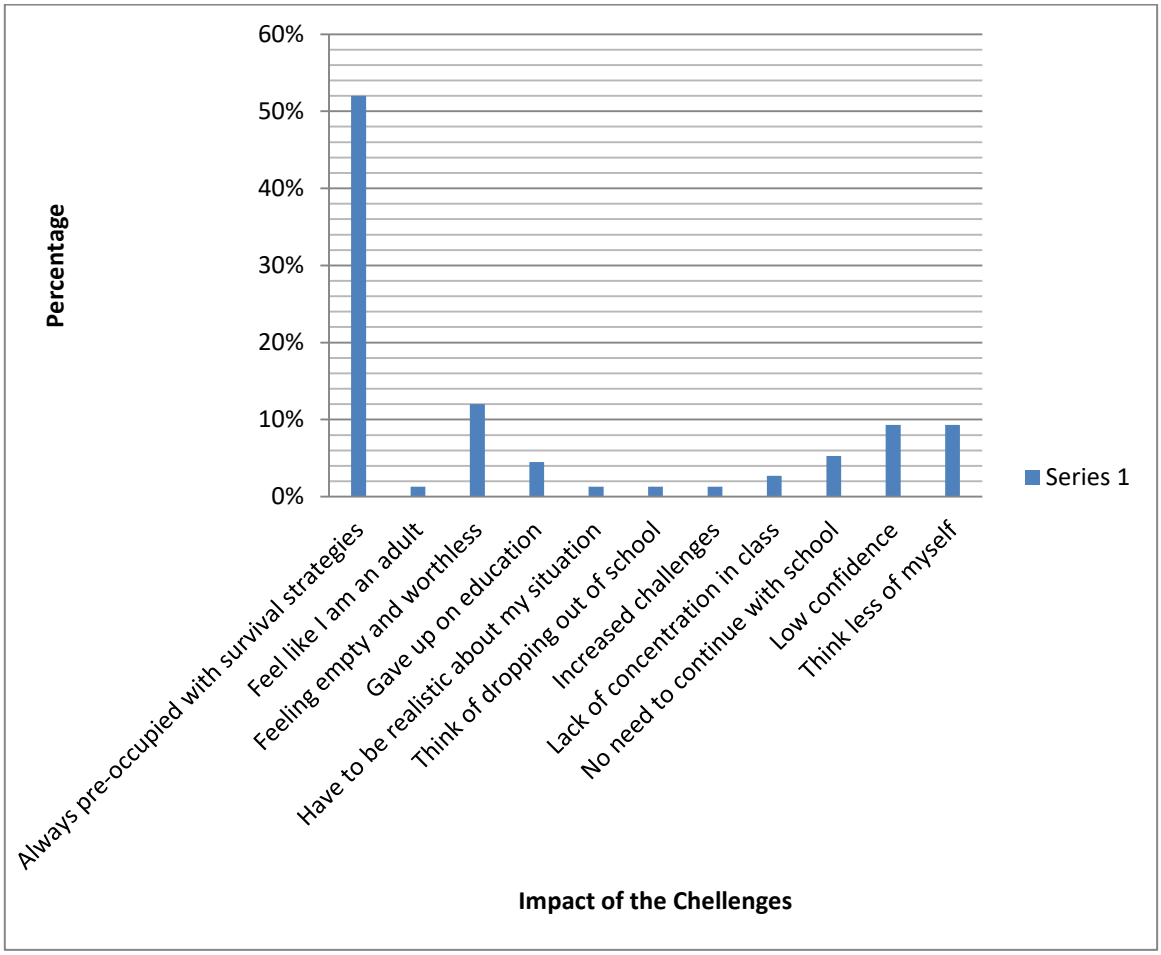

Figure 5.7: Impact of the challenges

The challenges discussed in the preceding section have several implications on the daily lives of child headed households. As indicated in figure 5.7 above, the majority (52%) of the respondents, mentioned that their constant challenges made them always preoccupied in survival strategies than thinking of playing and enjoying being a child. This is due to the fact that most of the respondents did not have anyone to take care of them as previously discussed and as a result they should devise ways

of survival. In addition to this effect, 12% indicated that they felt empty and worthless in their lives. This is because these people did not have anyone to tell if they had challenges and they were left on their own to survive. In addition, 9.3% maintained that they tended to think less of themselves. This was applicable to the child headers who indicated that they had many siblings in their family. In terms of educational performance, 5.3% of the participants in this study indicated that they had no reason to continue studying while 1.3% thought about dropping out of school. A total of 2.7% maintained that because of their continuous challenges, they tended to lack concentration in class, while a significant 9.3% indicated that they had low confidence in doing things.

An analysis of the existing literature shows that the majority of the members of child headed families face the challenges discussed above and in terms of educational qualifications they end up poorly performing and can even drop out of school if the challenges continue to prevail (Trawick-Smith, 2003; Seifert and Hoffnung, 1994). Literature also shows that vulnerable children end up doing wrong things such as drug intake so as to forget about their daily challenges. Some individuals become depressed such that they lose hope in everything (Mkhize, 2006). This study revealed that 1.3% of the respondents did not dream of a better future as they had to be realistic about their daily situations and constant challenges they faced.

5.5 Conclusion

This chapter presented the descriptive analysis on the needs, daily experiences and psycho social needs of child headed households. The chapter analysed the nature of

the households that formed part of this study in terms of the number of children in each household, their age groups, educational qualifications as well as the information on special needs in cases where there were some. Further, the chapter analysed the information on the daily challenges faced by child headed households as well as the implications on their daily life experiences. Several solutions to these challenges were also obtained in this study. Overall, the descriptive statistics were presented in the form of diagrams for easy interpretation. In this chapter the research findings gave information on the psycho social functioning and experiences of child headed households in Gauteng and were discussed in light of the resilience theory and the ecological systems theory. The participants' of the study were either heads of child headed households or children living in child headed households and their responses were based on experiences and attitudes of their settings.

CHAPTER SIX

CONFLICT RESOLUTION IN CHILD HEADED HOUSEHOLDS AND AVAILABLE SUPPORT SYSTEMS

6.1 Introduction

Another objective of the study was to investigate conflict, conflict resolution and the available support services in communities that assist child headed households to manage and get through the challenges they endure. The study needed to explore the existing support that ensured that child headed households were able to maximise opportunities through effective integration across the continuum of care and mitigation. It was pertinent also to investigate the nature of conflict that existed in child headed households and how the households managed the conflict. This chapter presents and discusses the findings on conflict, conflict resolution and the nature of support available to child headed households.

6.2 Conflict and conflict resolution

This section of the chapter presents and discusses findings in relation to conflict within child headed households Other sub-themes are presented in the latter part of this chapter.

6.2.1 Conflict in child headed households

The study revealed that the participants were susceptible to conflicts at different levels, firstly within the family unit and secondly with their wider surroundings. It was further revealed that maintenance of order and cohesion in a family unit was not only

confined to household rules but also boundaries for behaviour and routines. The following narratives are particularly revealing:

> *We fight at times. When rules are not followed I just cannot keep quiet, I will have to take action but I know my sister does not take it well when I reprimand her for coming home late and starts preparing dinner late. She thinks I am only 16 months older and I cannot tell her what to do, but I am the man of the house* (head of child headed household).

> *I didn't do well in school and dropped to take up a job but we fight with my young brothers when they are not taking their studies seriously. But they fight back and tell me not to judge since I dropped out of school* (head of child headed household).

The excerpts above clearly show that child headed households do clash at times and test the authority of the household. However, it was revealed that though they clash they often had a collective effort in setting the normative rules that govern behaviour and maintain social cohesion even though the leading role in executing this responsibility is assigned to the oldest sibling. The following quote illustrates this finding:

> *We all agree to the rules of the house and everyone is expected to follow. But it is always natural that our big brother takes the lead in*

all matters in the house. We cannot do anything without telling him (head of child headed household).

Thus, the oldest sibling takes charge and assigns roles to younger ones who may accept the authority of the elder sibling. In view of this, Mkhize (2006) notes that good communication is of paramount significance among the siblings if they need to foster new rules with minimal conflict. Children often take a cue from the rules that the parent/s employed when they were still with them and the likelihood is the eldest child will design rules that follow that path. Mkhize (2006) further submits that the cognitive age of the eldest child at the time of separation with parents is an important factor towards enabling children to realise that they are on their own and would have to set rules in order to regulate behaviour in the family unit.

6.2.2 Conflict resolution in child headed households

The majority of the participants revealed that because of their unique set up with no adult supervision they often argued. The study further revealed that as the participants continued to live and interact as a family unit, the likelihood of conflict in their functioning was inevitable even in the absence of tension amongst them. Differing opinions and views were likely to result in conflict. Occasional arguments and the allocation of household chores were found to be among the reasons that often provided fertile ground for conflict in the household. Going against the grains of the boundaries set for behaviour, especially for the girl child in male headed households, and school related tasks like attendance and home works were triggers for conflict in most of the households involved in the study. Another finding was on

food portions and the allocations thereof; if it was perceived that portions were not fair and that others were wasting food it irked other members, especially the head of household who would have provided the meal and this would cause despondency in the household.

However, the study also established that children have the ability and capacity to design and implement strategies to deal with the conflict. The study revealed that children did not perpetuate conflict for longer periods or let the tension to fester, and they often tried to get even without sitting down and talking about their differences in the hope that the tension will subside naturally. The study also revealed that other households utilised effectively their support structures in the community, such as teachers, social workers, neighbours and their tenants to get past the conflict in the household.

Conflict is better managed where there is a free flow of communication and where siblings are co-operative. The study revealed that the majority of the participants have a strong sense of cohesiveness. The positive response to conflict could be attributed to good familial relationships that prevailed even while the parents were still present. The following quote is particularly revealing:

> *For us we have always believed in addressing the elephant (indhlovu) in the room rather than keeping quiet as the bitterness remains. We remember that because mama used to say it and we grew up knowing that remaining unhappy with what has happened*

without talking about it did not make our situation any better – so we talk until we resolve it (headed of child headed household).

Since case study analysis is about particularisation and not generalisation, the households that respond to conflict in destructive ways are also taken into cognisance. Hypothetical thinking would lead one to assume that such households were dysfunctional and were unfamiliar with strategies that were useful in de-escalating conflicting situations. It is, therefore, safe to state that for child headed households involved in the study to continue functioning optimally as a unit; conflict would have to be managed continually. The quotations below illuminate this line of thinking:

I remember my older brother beating me with fists when I had not slept at home one night. He refused to listen to my reasons and, in anger and defiance, I threw stones at him telling him that he had no right as there is only a two years difference between us. I made sure I inflict the pain he had made me suffer. We did not speak to each other for almost 5 months (member of child headed household).

Whenever we disagree or need to address a particular problem in our family we fight. It usually starts with verbal insults and it degenerates into fist fights. At one point the neighbours had to intervene when my older brother was fighting with our middle brother. We don't like it and sometimes talk about it but when we

cross each other's line we repeat that again (member of child headed household).

From the excerpts above it is clear that violent actions had been normalised as a paradigm in which conflicts could be settled. This had a bearing on how the family would be viewed in their communities and disturbed their proximal interactions within the macro system. Despite the extended view of the community, the micro system is also strained when fists are used to resolve conflicts and tensions soar. Consequently, the immediate support structure is impaired and its ability to absolve themselves immediately from this stalemate rests in the robustness of their macro systems.

6.3 Safety nets, support systems and coping mechanisms employed by child headed households

The study also aimed to gain insight and awareness on the strategies that child headed households employed to survive. This section presents findings pertaining to coping mechanisms that the child headed households involved in the study utilised to survive and these include piece jobs, engaging in risky relationships, sibling and peer support.

6.3.1 "Piece-jobs" as a means to survive

The findings revealed that the majority of child headed households engaged in various activities that form their livelihoods. These sources of livelihoods include domestic piece-jobs (*as they are affectionately known in South Africa).* These are menial jobs that include laundry, ironing, house cleaning, and car washing among

others. The extract below illustrates some of the jobs that the children do to eke out a living:

> *Our neighbour Mrs Nxumalo made an agreement with me that I will do her family's laundry on Saturdays and ironing on Sundays twice a month and she pays me R 200 per month for my services. I really find this money useful to buy groceries and food for the household* (member of child headed household)

> *I wash the car for my school teacher every Monday afternoon and he pays me R20 per wash* (member of child headed household).

A significant number pointed out that they did recycling work in their communities like bottles and plastics. This job required them to move around the community picking used bottles and plastic, which they sell to recycling companies. It is a cumbersome job as you have to move around the community to have substantial amounts that are accepted by the companies to receive a respectable amount. Some become creative by collecting at school and others dealing with the *shebeens* and taverns who do not have their own recycling initiatives. It is a relatively difficult job and competition is very high and to survive some children reported that courage, diligence and creativity were essential. The following extract illustrates the measures used by some to get ahead:

> *It is difficult but to get full access to popular taverns in our area I had to sweeten the deal by offering to sweep the tavern on*

> *Saturday and Sunday mornings to have access to the used bottles left by beer drinkers. This has been working in my favour for a while especially month ends when they are very busy* (head of child headed household).

It is clear that children sought ways to get ahead even if it made them work twice as much because the recycling business is also done by many adults in many communities in Gauteng. According to Bronfenbrenner (2004), the exo-system comprises the linkages and processes taking place between two more settings, at least one of them does not contain the developing person but can indirectly have a strong impact on the individual's development, for instance the relationship between the home and working at the tavern or Jabulani mall. The child headed households had to bear the challenges of seeking survival and bearing the effects of missing school. Survival is the driving motivation that drives them to think outside the box and do whatever it takes to be successful. Further, a majority reported that it was a bargain as they would be able to collect more bottles at one moment if it is a popular spot (tavern) in the community and especially on weekends. However, it was pointed out that the job was hazardous as they had to crush the bottles and a few reported to have been hurt during the process. It places them at great risk as they move about collecting bottles, making them vulnerable as they work in the shebeens/taverns where people will be imbibing alcohol. They are also at risk of sexual violations or physical violence but from this finding it is crystal clear that the children demonstrate resilience and try to seek survival in honest ways. The risk and challenges that come with the job do not seem to deter them from seeking survival means for themselves and their siblings.

A few reported that they worked at the malls as parking assistants/security and others as trolley pushers where they offer to push the trolleys for shoppers with groceries to the taxi rank or to their cars. They stated that it was a risk-free way of making money that required self-care skills and better communication strategies for one to be likeable and attract customers. They added that it was easy to be wrongly mistaken as a thief or to branded as a *nyaope (*illicit drugs that is a mix of heroine, ARVS, rat poison- *a nyaope* is street name for an addict as they are usually filthy, stinking and wear dirty clothes). Shoppers often associate *a nyaope* with a thief and a person possessing a criminal mind. Hence participants said it was imperative that you will be clean and having decent clothes. Some also highlighted challenges with the job as there were too many people including older people who chase them from various spots around the mall and they are also told to pay some sort of rental fee for certain spots around the car parks. They also stated that most shoppers did not pay and even if they paid they got R1 to R2 at a time and it was very difficult to go home with more than R30. However, they recognised how that little made a difference in their lives even though it was hard and difficult to get that kind of money. Some reported that the money made a difference as they could afford to buy food and certain things they needed for school for their siblings. This demonstrates the level of resilience they display to keep on coming and seeking survival for themselves and their siblings. The extracts below sum up how they place value and are dependent on this:

> *After a long day I might have R 20 in coins and I am able to buy bread and cheap wors for dinner and everyone has a decent meal at home* (member of child headed household).

> *I sometimes finish around 8pm when the mall closes; there are good days and bad days. I have gone home with R100 one day (chuckles, nods his head and smiles) …it was a very good day. I bought a lot of groceries and even kept some change* (head of child headed household).

There were some who were reported to have resorted to petty crime as a means of eking a living. One reported that her older brother (17) had been held in the cells twice for house break-ins and usually he stole electronic gadgets he would pawn to get money. Even though he bought food and groceries for his siblings, he also used some of the money to sustain his drug addiction. The extract below demonstrates how child headed households may also rely on crime for survival:

> *My brother is no longer in school and he is the sole breadwinner. The police have taken him twice for breaking into people's houses. He steals hand irons, cell phones, laptops and anything he can pawn to get money. He buys food for us but also buys some nyaope that he smokes with his friends* (Head of child headed household).

From the narrative above it is crystal clear that child headed households have to do whatever it takes to survive and cope with daily challenges. They are at risk of being confronted by powerful cumulative and often negative social changes in their lives, over which they have no personal control. Lack of control after the demise or

absence of parents produces hopelessness. This resonates with Bronfenbrenner's theory when he postulates that parental death denies children the constant mutual interaction with important adults, which fuels their holistic development. The loss of hope diminishes the individual's bargaining power in relationships and child headed households become susceptible to vulnerability.

6.3.2 Engaging in risky relationships as a survival strategy

Some social workers who participated in the study stated that survival strategies came at a cost and sometimes girls were dating older men to survive. Many social workers stated that they knew of some of their service users who had been reported to be seen with *mageza* (taxi drivers). They often got free rides, money to buy kota (street name for bunny-chow), beer, pocket money and sometimes cannabis among other toxic substances. Others mentioned that in most instances they would bring home groceries for their siblings to validate their behaviour but it came with a price. A narrative from one social service practitioner brings this to life:

> *Young girls are getting involved with older men especially taxi drivers to try to bring some food like kotas and cold drinks for their younger siblings or even have their rentals paid, hairdo at the salons and sometimes clothes* (Pastoral Coordinator)

It is abundantly clear that the girls involved sacrificed their health for survival of themselves and their siblings and this gave them a sense of meaning and responsibility. Ungar (2011) note that sometimes the social ecologies can force children to behave in ways that are typical but which meet their needs. He argued

that more emphasis should be on transforming toxic environments, as these can have negative impacts on the child's individual characteristics. However, the repercussions for this behaviour have always come with a heavy price for the girl child as research has shown over the years that orphaned and vulnerable children and youth are susceptible to sexual exploitation and abuse (HIVSA, 2015). Most girls who fall prey to older men risk contracting HIV and falling pregnant. Another social service practitioner provided another narrative in view of the vulnerability of the young girls:

> *We had one child from a child headed household in our programme who fell pregnant when she was in Grade 11; she had to leave school to raise her baby and also her siblings. The situation of the family worsened from this point* (OVC coordinator).

It was further revealed that it became impossible for others, especially those who became pregnant, to continue with education once they started dating older men. The shame and the increased responsibilities became too heavy for them to continue with studies. According to Bronfenbrenner (1979), once the child drops out of school the meso system is disturbed as there will be disconnection in his/her psychosocial functioning. Once the child is no longer consistently engaged in education, the influence of school, teacher involvement, peer group influence and play are no longer in consonance with the home environment and this provides a gap that reduces their emotional, social and mental security. One social auxiliary weighed in on the matter as illustrated in the extract below:

> *Shame and also an additional mouth to feed make it quite hard for the children to continue with school. Some eventually disengage from education and some end up in full time prostitution as a means to continue surviving* (social auxiliary worker) .

However, it was not all gloomy as other participants noted that other children stuck together as family and ensured the inheritance their parents left them was put to good use. Child caregivers involved in the study voiced out that they had witnessed children they worked with making use of the house the parents left them to good use so that they could derive benefits from it. The extract below demonstrates the initiatives child headed households employed to attain economic benefits:

> *The children I work with have put tenants in the backrooms and they managed to build more mikuku's (iron corrugated zozos) which they have leased. From these structures they receive about R1000 in monthly rentals, which they use to buy basic necessities* (child-care giver).

This shows the extent of resilience of the children in overcoming their challenges. Through social learning, listening to each other and from their own stories they often identify and build strength on their challenges and strive to re-write their own stories.

6.3.3 Dropping out of school as a survival strategy

The study revealed that a significant number of children opted to drop out of school so as to pursue avenues of survival. The majority of the participants highlighted that

dropping out of school offered them a chance to pursue livelihood strategies. Kurebwa and Kurebwa (2014) note that despite the evident emotional as well as learning benefits awarded by the school arena, disengaging from education can also be a powerful coping mechanism employed by child headed households. A few stated that they had continuously failed Grade 10 and when they turned 17 they dropped out and started to look for employment. The excerpts below speak to this development;

> *I failed Grade 10 twice and got fed up. I got a job at a Pakistan-owned spaza (tuck shop) as a packer and I am not going back to school because I get paid every Saturday and we can survive* (head of child-headed household).

> *School was never my strength. Even in primary I was repeating grades. I got lucky and got a job at a garage as a petrol attendant and I get weekly wages. It's far from home but it is better than nothing and I will stick with this job for now* (head of child-headed household).

> *I felt I had outgrown Grade 10 after repeating it twice. I only went for the first term when I was repeating for the third time. I failed that term and that was it. I was offered employment at the local hair salon as a barber, the money helps us a lot and we do not starve* (head of child-headed household).

These are opportunities that they grabbed with both hands and they have been a source of livelihood for them and their siblings. From the above narratives, it is clear that the older siblings feel compelled to provide for their younger siblings and because of situations they are forced to disengage with their education. In cases where they were academically behind, it became a natural decision for them to quit school as they felt it was embarrassing to learn with children two or more years younger than them after repeating the grade several times.

6.3.4 Sibling and peer support

The study revealed that support and understanding among the siblings in the household was a major source of strength for an overwhelming majority. Siblings supported each other emotionally, socially and psychologically through working together in ensuring the running and functioning of their family. They respected, directed and guided each other and more so to the ones heading the house. The following extracts illuminate this finding:

> *Our 19 year old brother is coming back from jail where he was incarcerated for burglary. We are so happy he is coming back and he will be able to lead us again when he is back* (member of a child-headed household).

> *Our sister is a hard worker and she is intelligent. She is in matric this year and we think she will pass. We listen to her and help her in anything she asks us to do because we trust her. She will be a teacher one day* (member of a child-headed household)

The heads of households felt strengthened by the respect and support they were accorded by siblings. Also important is the feeling brought about by family time where they relaxed, strategised, supported, encouraged, advised and strengthened each other. In adversity and challenging periods they supported each other and it was a point of strength. From the first family, even though their brother had been jailed for burglary they still expressed joy that he would be coming to be with them again. It is clear from this family that what counted for them was his presence and that he remained their brother and not judging him for what he had done. It can be argued that normally, sibling relationships are authentic when siblings grow in the same environment and share common memories. These children derive support from each other, that is, siblings (microsystem) from their social systems such as friends, extended family, school and community (mesosystem) networks (Ward and Eyber, 2009). Caring relationships brought the feeling of togetherness that played a big role in building resilience for these children. The presence of one or more protective factors and uplifting of the child's own capabilities enhanced their resilience and ability to come up with positive coping mechanisms. Normally, a sibling can partly be a keeper of one's core identity, the only person with the keys to one's unfettered and more fundamental self and for children living alone this paves way for resilience to build in as they face challenges together.

6.3.5 Social networks as a source of support

The study revealed that an overwhelming majority child headed households purposefully sought out those networks that enabled them to survive. Socialisation always occurs in a context and any specific context is embedded in a web of other

and ever changing contexts (Maphalala and Ganga, 2014). There is no such thing as a decontextualized child as children benefit from social networks that meet some of their needs. Social networks contain ties and different forms of support that build people together (Dandenean and Isaac, 2009). The child headed households use their agency to navigate through their social ecologies that benefit them. This concept of social navigation was also highlighted in studies by Vigh (2006), Lee (2012) and Thurman et al (2008) where it became a useful lens through which the child headed households explored their social environment for opportunities that enhance their survival. Vigh (2006:38) defines social navigation as a process that requires assessment of "immediate dangers and possibilities as well as an ability to envision the unfolding of the social terrain and to plot and actualise one's movement from the present into the imagined future". This characteristic of strategically plotting one's actions to get a desired outcome also emerged as coping strategy for child headed households. Their plotting emerged in terms of planning what to say to the target person, how to say it and when to say it, which matched with the overall self-presentation. The extract below sums up how Sipho ensures he gets customers at the mall:

> *I ensure that my clothes are clean and that my hair is kempt and cut regularly because customers easily trust and engage with me when I am smart. I never get any customer when I am not clean; rather I am chased away* (child-headed household)

From the above narrative it is clear that presentation is regarded as a medium to initiate proximal interactions between the child and the customers as they will easily

engage with him and leave some money for him. In view of this the gist of the ecological model is that each component interacts with other components, making a highly complex context that the child grows in. In addition, the child is not just a passive recipient of what goes on in his or her life. The child at the centre of Bronfenbrenner's model interacts directly with people in the micro systems and the effects of the interaction go both ways. As people affect the child, so does the child have an influence on them as well.

The study established that a few of the child headed households used communication strategies that were well thought out in advance, so as to achieve a desired outcome. This demonstrates that although child headed households are minors themselves, they think and strategize like an adult (Kapesa, 2015). It is imperative for the child headed household to think and act like adults to avoid starvation. In light of this they basically become adults inhabiting children's bodies. According to Kapesa (2015), the children's level of maturity does not match their chronological ages. This characteristic can become a double edged sword in the sense that on one hand it enhances their coping and resilience and on the other hand it can increase their vulnerability and chances of being abused and exploited because of their constant interaction with adults in the absence of parental figures (Kapesa, 2015).

The cases of child headed households clearly demonstrate what Evans (2012) and Chriansen et al. (2006) explored on how the children heading the child headed households moved in life's social trajectories and transitions from childhood to adulthood when they were already behaving and carrying out adult roles and duties

whilst they were still children. They concluded that for these children, some of life's expected stages like school, tertiary studies, working and marriage and raising a family may lag behind as they concentrate on the business of survival and taking care of their siblings. This could be similar to Honwana's concept of 'waithood' discussed by Theron et al. (2015) in the sense that the child headed households' concentration on the day to day struggles for survival does not give them an opportunity to engage in that which is expected of children their age. 'Waithood' is a phenomenon coined by Honwana (2012) that represents the experiences when the attainment of social adulthood is disrupted due to unfavourable social and economic systems.

6.4 Community structures as a support structure in mitigating the challenges faced by child headed households

The following section presents the findings on the role that community structures assume in addressing the diverse quagmires faced by child headed households.

6.4.1 The Community as a vehicle to lessen the burden of child headed households

The study also investigated the roles of the communities in lessening the burden of child headed families. Figure 6.1 below shows the findings from primary data collection concerning the roles that the community played in lessening the challenges faced by child headed families.

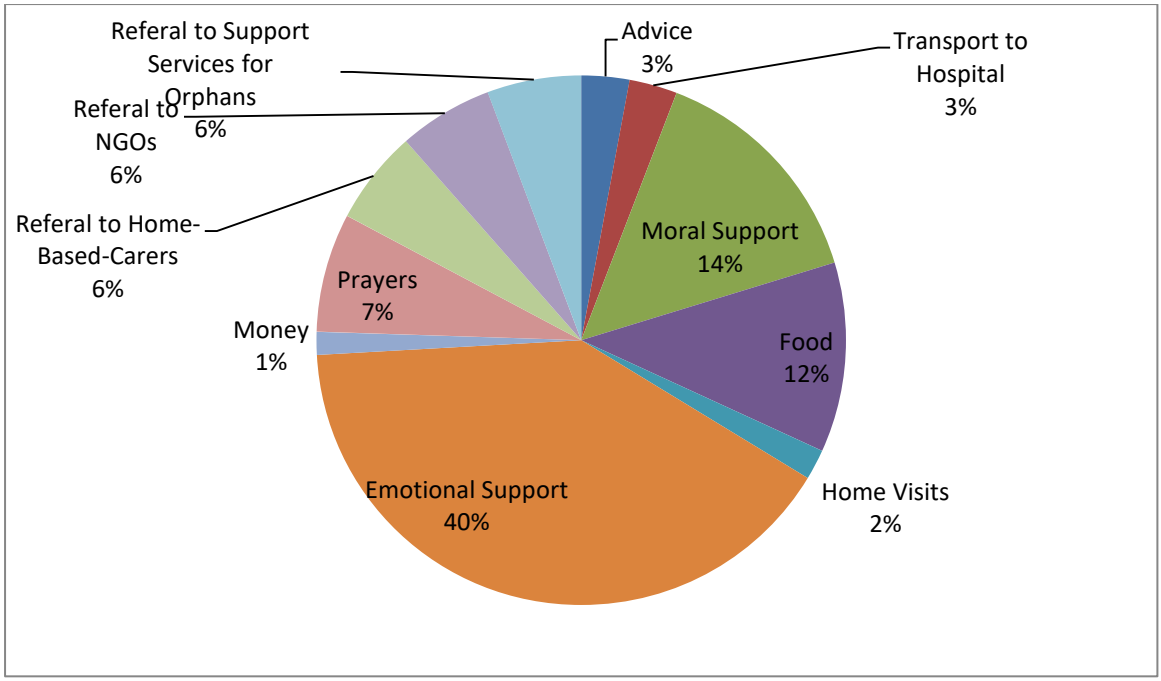

Figure 6.1: The role of the community in lessening burdens faced by child headed households

When the respondents were asked to indicate whether they had received any form of assistance from their community, 96% agreed while the remaining 4% indicated that they had never received any form of assistance. This is indicated in the figure above. Those who were assisted by the community indicated that the help ranged from moral support, prayers, encouragement, referrals to local NGOS, food hampers, transport, financial assistance at times as well as basic home visits among other forms of assistance. The majority (37.3%) of the respondents indicated that they had been emotionally supported while 10.7% maintained that their communities had provided them with food hampers. Equally important, 13.3% of the respondents said the community provided the family with moral support. The study found that 6.7% of the respondents received prayers from the community as a way of assisting them to stay stronger while 5.3% were referred to the home based carers.

All the findings indicated in the figures above show the role of the community in supporting their members during the time of need. Literature also shows that the assistance of the community is important as it makes the situation better for the patients or for the orphans when the parents pass on (Meintjies et al., 2010). Review of literature shows that there are different types of interventions to assist the families in need and these range from financial, emotional and kindness (Care, 2002). Studies show that assistance is available from hospitals, social workers as well as other non-governmental institutions which provide relevant help when needed (Hulley, 2006). This helps the people in need to easily deal with a situation that they cannot solve on their own.

The study revealed that the community as an institution served as a safety net and a support system for the majority of child headed households. At community level, support systems consist of kin, patrons and neighbours. At this level, Barnett (1990) observes, resources maybe mobilised and distributed according to a variety of institutional rules and they typically involve the provision of emotional support, material support, signposting to useful resources and enhancing the quality of life.

Social support from the community was cited as a service the child headed households have received from communities. The narratives point out that child headed households received companionship, emotional support and information that made them cope with the daily pressures. One of the participants had this to say:

> *After the death of mum there were always people at our house coming to visit us, encouraging us and even giving us money and*

food. This helped us get through a difficult time (member of a child headed household)

The other coping mechanism was receiving help from relatives and neighbours, who were an important support to the efforts of child headed households. Child headed households indicated receiving some assistance in cash or kind from other households. Most heads that were interviewed highlighted that neighbours often assisted in the form of basic food, emotional support, welfare visits and offering advice for them. A few highlighted that neighbours once paid for his young brother's educational excursion and often relied on the family that he thought understood their plight and circumstances. Some highlighted that they were referred to the local councillor by their neighbour when their relatives wanted to cheat them out of their family home after the death of their parents. The support they got from the neighbours to go and see the local councillor was tremendous and resultantly enabled them to save their house from being taken away.

6.4.2 The utility function of community based organisations (CBO's)

The respondents were also asked to indicate whether there were any services they received during the time when they were taking care of their parents. The study found that in addition to the assistance of the siblings, the home-based home carers were always available to offer their hand and they were provided by community based organisations. The study revealed that 57.4% of the respondents got assistance from their older siblings while the remaining 42.3% indicated that they got assistance from home-based carers. The study revealed that services offered their

hand in feeding, bathing and providing the patient with hygienic conditions while others assisted by helping with medication intake. Other respondents noted that some people helped in the washing and treating of bedsores as well as other health related issues. When the respondents were asked to indicate the kind of assistance they received from their older siblings, a significant 90.7% indicated that they accompanied them to the hospital, making appointments with the doctors, cooking, doing laundry, cleaning as well as providing the required medication to the patient at the right time.

The qualitative findings also corroborated that the majority of the participants also received tremendous support and services from community based organisations. The study revealed that institutions have played an instrumental role in improving the quality of life and looking at the welfare needs of vulnerable children. For instance, the social service professionals from community based organisations in Zola, Soweto reported that they provided holistic services to 300 orphans and vulnerable children and youth, including child headed households.

> *We provide holistic service to orphaned and vulnerable children and youth and work towards their optimal development. We currently have 300 children that we are working with* (social worker).

They added that they provide supportive services, with children remaining in their households as they did not promote institutionalisation. This has been one of their successes to avoid family breakdown but instil resilience for child headed households and provide opportunities for self-discovery and empowerment for better

opportunities. This finding was also supported by child headed households who reiterated how the community based organisations have been instrumental in providing the much needed support to face their day to day struggles. One participant had this to say:

> *The program we attend at the NGO has changed our lives for the best. They are easily accessible and visible in our community. They give us food; they listen to us and provide us with advice* (member of a child headed household)

Another child participant added:

> *Being in the program has ensured us that we do not go to bed hungry, we will always be clothed and we have big brothers, sisters, mothers and fathers from the NGO who are looking out for us* (member of a child headed household).

From the findings it is clear that the community organisations had the responsibility of providing access to resources and opportunities that should enable the good interaction at the meso system level so they can function properly and aid their development (Bronfenbrenner, 1979). The community based organisations offered financial support (exo-system) through community based programmes (macro-system) modelled to help ease the burden on the children and the ease of access to them influenced the children's attitudes and behaviour in building resilience. Conversely, these institutions are overburdened and the capacity to deliver sound

project deliverables is always questioned. The social service professionals of the project in Soweto mentioned that they had one social worker who was assisted, with three social auxiliary workers and it was virtually impossible to adequately address challenges affecting child headed households and orphans and vulnerable children and youth. In view of this the majority of the respondents alluded to meeting with their social worker at least once a month and they felt it was not quite enough as they always had issues they wanted their social worker to address for them and issues of funding were mentioned as the biggest concern.

6.4.3 Nutritional support for child headed households

From the findings of the study it was increasingly apparent that the provision of balanced diets cushions children from absolute poverty. The study further established that the community based organisations are cognisant of the varied and multiple challenges child headed households faced in accessing balanced diets and they had stepped up to meet that need. Globally, many children fail to reach their potential in cognitive development because of inter-related factors of poverty and inadequate care. However, the approach, frequency and rate of distribution differed per community based organisation, with others providing food parcels and others providing nutritious meals daily and others meals a certain number of times a week. The following extracts from social service professionals are revealing:

> *We provide food parcels once in two weeks. We know that what we give out is not much but it does help and they appreciate the help* (Spiritual Coordinator).

We offer them food on week days and weekends we give them food parcels to cook in their homes (Project Manager).

Food is delivered by trucks to their households on a daily basis and others access meals at the drop-in centre (social auxiliary worker).

The nutritional support played an instrumental role in ensuring that service users had access to daily nutritious meals, which lessened the burden of thinking of what they would eat. In view of the ecological theory, the role of agency is of utmost importance and consequently promotes the resilience of the children in their quest for daily survival.

6.4.4 Academic support for child headed households

The study findings revealed that most child headed households were supported by community based organisations in the academic endeavours. It was reported that a plethora of initiatives were utilised by community social service professionals to ensure that children in child headed households kept engaging with their education. The majority of the social service professionals acknowledged that they knew that the child headed households were susceptible to much vulnerability that had a formidable chance of having them drop out of school and they had to find ways to reduce and mitigate the impact. The following extract is revealing:

Over the years we have observed that child headed households are mostly affected when it comes to attitudes and approach in engaging with their education due to their vulnerabilities. It's not

easy for them to be children and to be parents at the same time; it takes a lot to balance the two (social worker).

This shows the magnitude of the challenges the children encountered. Substance abuse, disillusionment, peer pressure and teen pregnancies are among the rampant vulnerabilities that child headed households are exposed to and their ripple effect often lead to dropping out of school. Absence of caregivers who regularly support and encourage them, look after their school needs and offer advice and direction is among the reasons the social service professionals highlighted to have often contributed to the child headed households disengaging with their education.

A significant number of the social service professionals reported that they had a wide array of initiatives they had in place to support child headed households to cope with the demands of mainstream education or specialised education. Some of the social service professionals noted that they had the responsibility of paying school fees for children that attended Special schools in their programme like Adelaide Tambo, Winnie Madikizela and Philip Kushlick for the cerebral palsied. They added that this removed the pressure from the child headed household to worry about school fees, food and transport as they catered for all those requirements as indicated in the excerpt below.

We have made it our responsibility to pay fees for children in child headed households that attend specialised education that nurture and stimulate them from their deficient faculties (social worker).

In view of this, Bronfenbrenner's ecological theory (2004) states that the exo system encapsulates the meso system. The exo system comprises settings in which a child headed household is not immediately involved but do affect the child's life (Berk, 2004). The school fees, among other support rendered, form part of the exo system. However, Bee and Boyd (2004) note that the adjacent macro system may affect the moral development of the children as it embodies cultural values, beliefs, practices and traditions. Further, the challenges with this is that the community based organisations rely on the presence of donor funding and, in view of the economic quagmires that have fallen the social development sector in recent years, donor fatigue has kicked in and the continued running of such progressive and helpful initiatives will be found wanting, which has devastating effects for children who had been benefiting.

The majority of the children also reported that they received school uniforms and stationery from the community based organisations. Some of the social workers weighed in on this narrative and stated that they received uniforms and budgets for stationery from the Department of Social development and they do this every year. They observed that this was extremely beneficial as it prepared the child headed households for the academic year, with all their requirements just like any other child from other families. The following extract from a social auxiliary worker illustrates the benefits:

They will be smart with new uniforms and have the required stationery for the classroom. They will not be different and they will feel confident and this boosts their morale (social auxiliary worker).

However, the majority of the social service professionals noted that over the years the funds provided for stationery have dwindled and they can no longer meet the stationery needs of every child adequately. On uniforms they reported the same; that there were years where they did not receive money for uniforms from the Department of social development and they had to rely on donations and petty cash to address individual circumstances through means testing.

The majority of the social service professionals also observed that the child care givers role was to befriend, assist and advise the child headed households. Through the home visits and interaction at the drop-in centres, they became big brothers and big sisters who assisted them with their home works and showed a keen interest in their day to day academic progress. Through those professional relationships the children could confide in social service professionals on their daily challenges at school and the child care caregivers and social workers also conducted school visits to discuss progress and areas that needed assistance with their educators. This synergy and active interest removed the isolation and sense of loneliness for child headed households as they acknowledged they had a sport system. The following quote is revealing:

At the drop-in centre I get help with homework from Bhuti Mjovhi (child care giver) and I know I can rely on him for advice. It is

encouraging, through parents consultations to see Sisi Simangele (social auxiliary worker) coming to represent me as my parent. I feel so proud (head of child headed household).

A few of the social service professionals mentioned that they had introduced a rewards programme where they recognised and rewarded children who did well not only in academics but in behaviour at class, sport, hygiene and cleanliness and attendance. They realised over the years that these reinforcement strategies were an effective tool in encouraging children take pride in their work and engage more meaningfully in their studies. An excerpt reads;

We have seen the level of competition among the children and because we have made it an annual event they all look forward to this event and they work hard so that they are recognised. They know that they can at least work hard and excel in one of the many disciplines that are rewarded (social auxiliary worker).

6.4.5 Psychosocial support for child headed households

The respondents also indicated that they received psycho social support from the community. Figure 6.2 below presents findings from primary data collection concerning the psychological assistance they received from the stakeholders of the society.

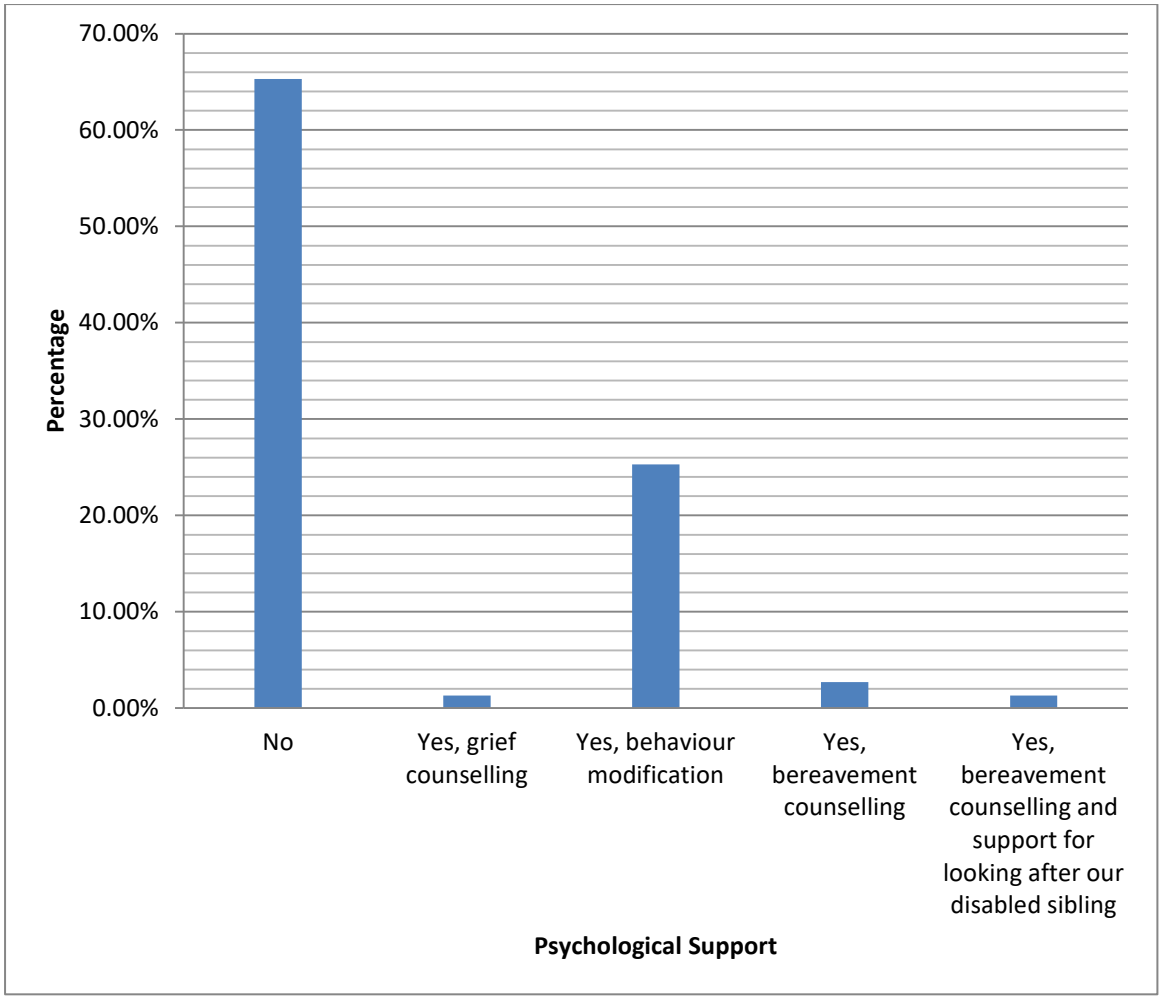

Figure 6.2: Psychosocial support received by child headed households

When the participants of this study were asked to indicate whether they received any form of counselling or therapeutic intervention in any ways, 65.3% of the respondents indicated that they had never received any. The remaining 34.7% indicated that they had received counselling in a variety of ways. The majority (25.3%) of them maintained that the parties that were there to support them offered them counselling in the form of behavioural modification. This enabled them to deal with their behaviour first before they could face the community since their behaviour has an implication on who they really are. In addition to these respondents, 2.7% of the participants indicated that they received bereavement counselling, while 1.3% got grief counselling when their parents passed on. This form of intervention assists

mourners in the sense that they tend to accept their losses, know how to deal with such loses and move on with their lives. Other respondents, 1.3% indicated that they received counselling on how to take care of their disabled siblings. This form of counselling is important since it enables people to gain more skills and emotions to deal and assist people in need.

The respondents also revealed that they had received different forms of assistance that formed the basis for psycho social support from various stakeholders in the community. The figure below shows findings from primary data collection concerning the major sources of assistance aligned to psycho social support available in child headed families.

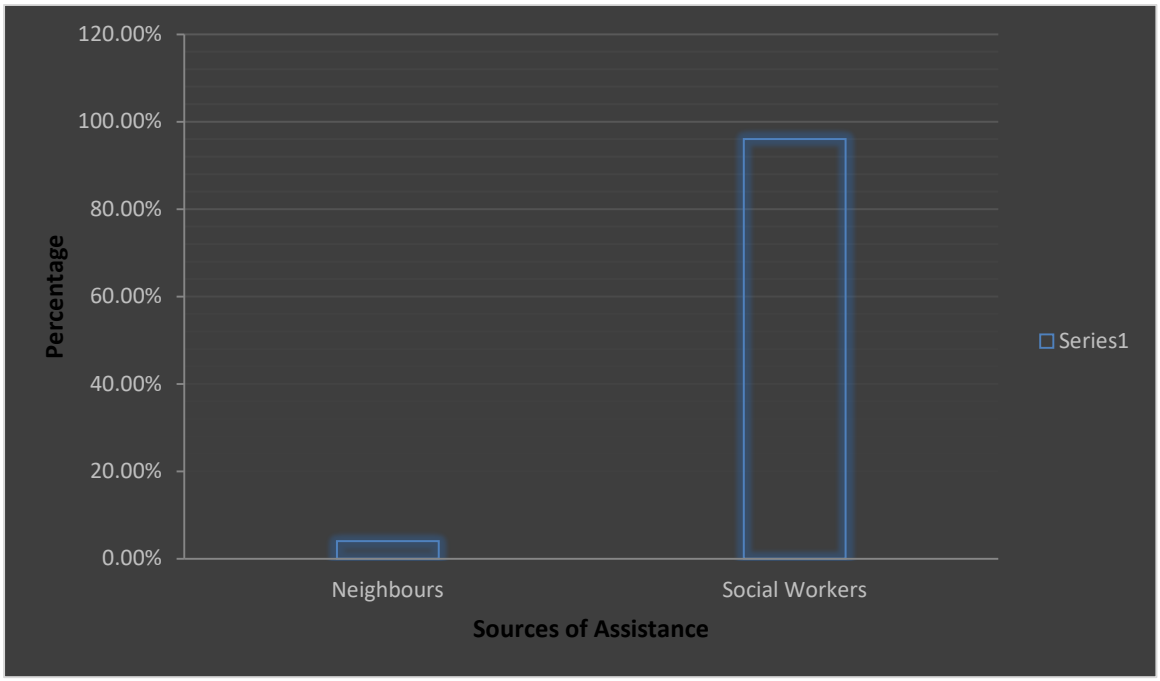

Figure 6.3: Sources of Psycho Social support

The figure above shows the findings obtained from primary data collection on whether or not the respondents received any form of emotional support after the death of their parents. As noted in the diagram above, 54.7% of the respondents

indicated that they had never received any form of emotional support while 45.3% received it. These findings imply that more than half of the child headed households who did not get any assistance to deal with their emotions remained vulnerable compared to those who got assistance. The study found that the majority of the respondents indicated that the social workers were always there to deal with such challenges. This is shown by 53.3% of the respondents who indicated that the social workers were always there to provide an extra hand. In addition to these parties, the study also revealed that the neighbours of the affected families also provided assistance. These formed 4% of the total participants.

Other important parties identified in this study that provided assistance to the child headed households are the school teachers and local NGOs. The respondents were further asked to indicate the parties that offered them emotional support. Primary data collected revealed that 5.3% got assistance from their neighbours while the remaining 94.7% got the assistance from social workers. These findings imply that the social workers and the neighbours play an important role on the daily welfare of the child headed households as they offer different forms of intervention which have psycho-social impacts.

6.4.5.1 Nature of Emotional Support Provided

The respondents were also asked to indicate the nature of emotional support that was provided to them. The findings from primary data are indicated in the following figure.

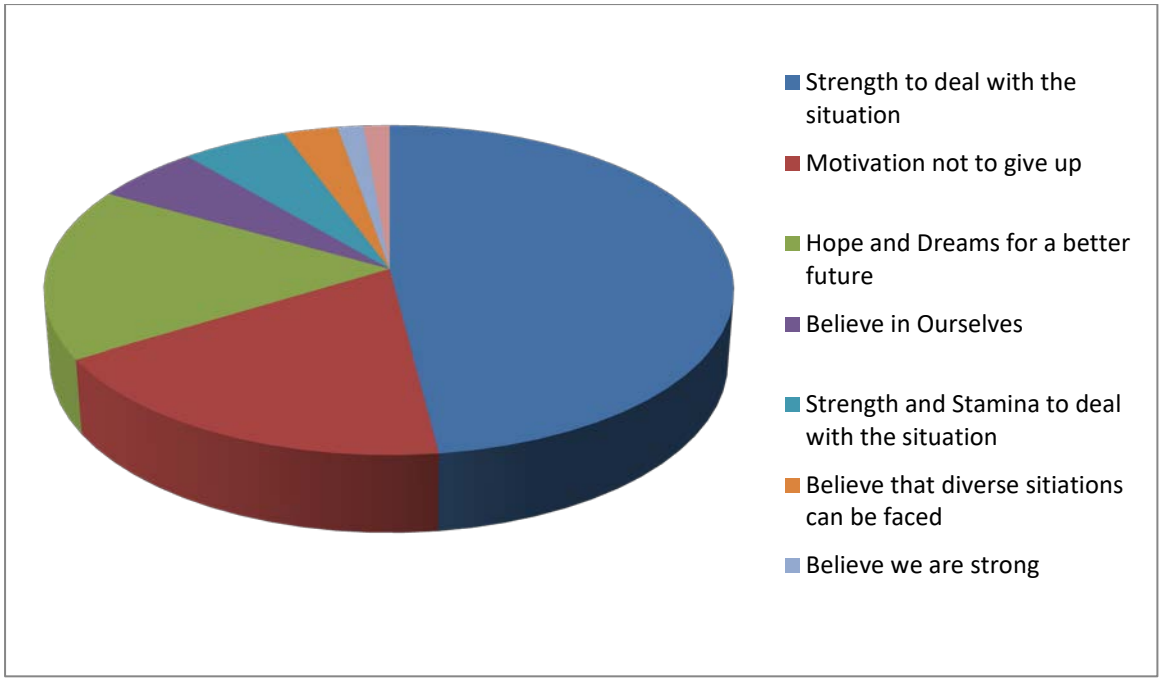

Figure 6.4: Emotional Assistance provided to Child Headed Households

The figure above shows that the majority of the respondents in the child headed families under study were given strength to deal with their situation at hand. This is shown by 45.4% of the respondents who said they had received such support. Further, the study revealed that 17.3% of the respondents were assisted in the form of motivation given to them not to give up. In addition to these respondents, 16% indicated that the people who were there to emotionally assist them gave them hope and afforded them to dream again about their future and their desires. Some of the respondents maintained that through the counselling sessions they held with the neighbours, social workers and other stakeholders, they were encouraged to believe in themselves (5.3%) and understand that they had the stamina and strength to face their daily challenges (5.3%). Other respondents noted that the respondents made them strong enough and believe that they can face diverse situations (2.7%), others made them believe that they are stronger than they thought (1.3%) while others encouraged that they should continue with school (1.3%).

The previous sections have shown that there are different forms of intervention available to assist the people in need. The social workers, for instance, are available to offer different types of assistance to needy communities (Leatham, 2005). All the forms of assistance discussed in the section above are essential as they shape the well-being of child headed families (Awoniyi et al., 2011). According to Swart and Pettipher (2005), child headed families at times face intense challenges that would leave them more vulnerable if the forms of assistance discussed in the preceding section are not provided. Hence, it is important for the government or the responsible institutions to ensure that they keep an eye on the needs of the child headed households so that they are not in darkness in the time of need.

The qualitative findings revealed that there were different psychosocial initiatives that were offered to child headed households that participated in the study. The majority of the social service professionals highlighted that children in child headed households often developed problematic behaviours that included excessive crying, aggression, withdrawing, being fearful, anxiety, sexual promiscuity and substance and alcohol abuse. One social worker illustrated the extent in the following statement:

> *In my experience I have observed that when child headed households have behavioural problems it is a result of their circumstances, not their genetics. They lack the requisite stamina and social skills to deal with problems and these skills are usually imparted by adults socialising with them* (social worker).

Life is often described as a journey of life and death and in each journey people encounter certain opportunities or face certain challenges. In view of this, typically adults help children learn skills to overcome challenges but in their absence it becomes a huge challenge to ensure children are equipped with skills or develop the resilience to cope with life's challenges. The majority of the social workers added that extreme toxic stress often leads to depression, anxiety and can have long term effects on the children's emotional development. To respond to the behavioural challenges experienced by child headed households three social workers in the study stated that they used various psycho social tools to help build resilience and cope with challenges. Strategies included support groups, which they described as a useful tools to enhance the psychosocial functioning of child headed households, working with formal and non-formal school systems, social services and other community structures. Support groups allow the children to vent out their struggles, challenges with other children in similar circumstances. Further, they offer encouragement from peers and assist them to process their feelings about a tough situation. Some social workers noted that counselling was another way of effectively dealing with the challenges facing the child headed households and it would either be one to one or include the family in 4-6 short sessions.

> *Depending on the nature and sensitivity of the matter I usually consider 1:1 but if it is a common problem affecting the particular family I conduct functional family therapy to help them go through their challenges* (social worker)

A few social workers reported that they used talent shows that included pageants, drama, singing, dancing, poetry and creative writing as a therapeutic tool where the

children are provided with opportunities to compete and nurture talent. These helped build confidence, self-esteem and integration into the wider community. It is convincingly evident in the findings that the community based social workers have built on effective psychosocial support interventions made possible through community resources, and links children with existing support systems and ultimately help child headed households strengthen coping mechanisms and make deposits of resilience.

6.4.5.2 Planned gestures of kindness and excursions as a treatment tool

Extra curriculum activities are believed to be important in solving the challenges faced by members in the child headed households. Figure 5.6 indicates the findings from primary data collection on the number of participants and nature of extra curriculum activities carried out by the respondents.

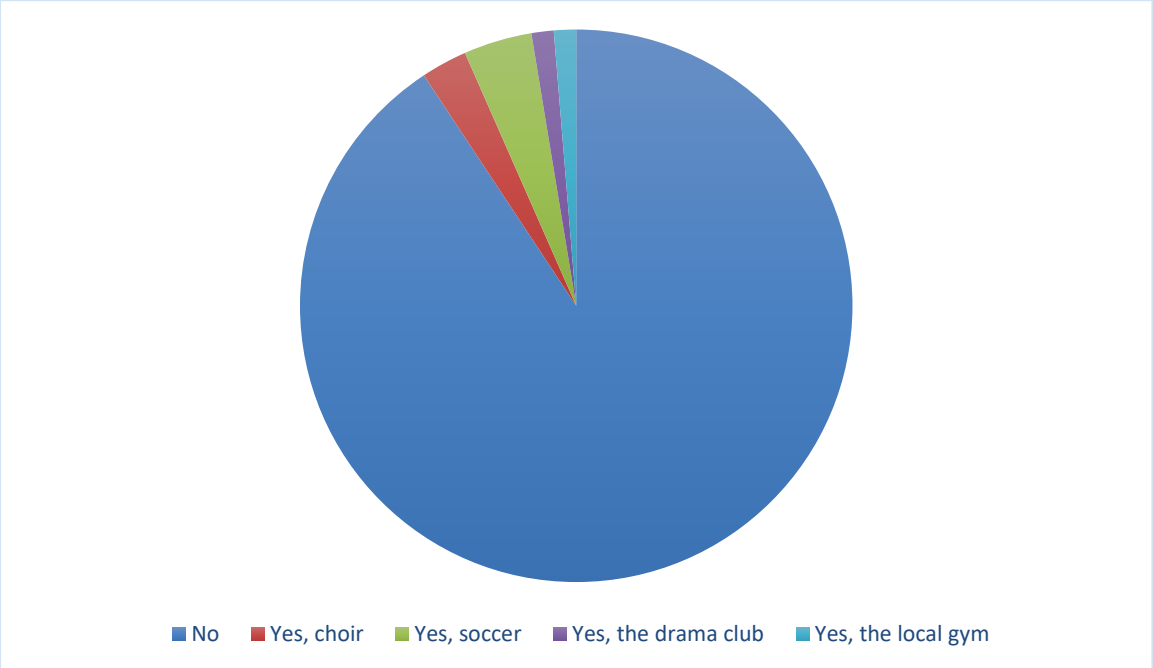

Figure 6.5: Extra-Curriculum activities in Child Headed Households

Recreation activities are essential as they enable the respondents to divert their thinking and focus on different things. The respondents were asked to indicate whether they participated in any recreation activities. The figure above shows that 90.7% of the respondents indicated that they did not participate in any recreational activities. Among those who participated, 2.7% indicated that they belonged to a choir, an additional 1.3% mentioned that they participated in community drama clubs. On the other hand, 4% of the respondents opined that they belonged to a soccer club while the remaining 1.3% maintained that they partook their recreational activities under a certain drama club.

These findings imply that further assistance needs to be given to the respondents to ensure that they participated in recreational activities. Recreation is essential as it enables people to develop mentally and psychologically and enable them to face several challenges (Magwa and Magwa, 2016). Considering the challenges faced by the child headed families, such as depression, emptiness, loneliness and lack of self-esteem (Evans, 2012) is of the view that the participation in recreational activities is one of the powerful tools to deal with the implications of such challenges. This is due to the fact that people become occupied in certain activities to the extent that they shift their minds from stress and put it in potentially developmental activities.

The qualitative findings also revealed that excursions provided an “escape” for the majority and the social workers used it as an opportunity for education and regarded it as a treatment tool. The majority of social service professionals also mentioned that they also facilitated basic material needs as a programme and this was particularly helpful for the child headed households as it identified material needs

they lacked and the community based organisations tried to source these on their behalf from the donors. The support availed such things like blankets, beds, electric gadgets like stoves, heaters, fans, sofas and even reconstructing shacks that had leaks. In addition, food parcels and clothing were distributed to children to make them have some degree of comfort in their homes. This was perceived as timely and helpful for most child headed households that often lacked these basic material needs and some of these materials went a long way in providing simulation, safeguards and comforts for children. A 17 year old member of a child headed household stated the following:

> *One day the Social worker came with a television set, toys and a two plate stove that were donations. He had observed every time he came for home visits that we did not have these and my three siblings (sister and two brothers are below the age of 8) hardly had toys and always went next door to watch cartoons. That day our lives changed because they have toys to play with and they watch TV in their home. We are closer than before* (child headed household).

6.4.5.3 Spiritual support as a tool to deposit resilience

The study also revealed that some community based organisations in Soweto facilitated programmes at drop-in centres that embodied spiritual paradigms that helped foster the sense of belonging and generosity and resultantly helps children build resilience as the child headed households navigated through their difficult circumstances. The study also revealed that other NGO's had pastoral coordinators

who had a background in pastoral work and who had the ultimate role of running groups with the child headed households and orphaned and vulnerable children and youth. The aims of these programmes were restoring impaired capacities and help rebuild lost resilience through spiritual teachings. The pastoral coordinators conducted home visits to have one to one or family support work and ran groups at the Drop-in centre on certain topics. This was seen as a useful tool in reaching out to children and making them remain visible in the community. The following extract from the pastoral coordinator is revealing:

> *I have seen over the years that some children relate and do better after our sessions. They end up having a strong disposition on religion and build their own networks in the church and they build faith that they are not alone in their situations and that it is temporary and they have the fortitude to change their lives around*
> (Pastoral coordinator)

In the same vein, at a broader community level (macro system) the majority of the participants confirmed affiliation to a religious group in their respective communities. Some confirmed that they were affiliated to Christian groups and a few did not belong to any kind of religious group. Some of the participants stated that they had received some counselling by their church leaders following the demise of their parents. They found this support as helpful as it came from a familiar person who also had a degree of understanding of their personal circumstances and family life. A majority of the participants reported that they had received welfare visits from the congregants during the illness of their parents and also after the demise. A few

highlighted that they had received food and some had received some sort of financial support that kept them going. A significant number reported to have been refereed by the church to community based organisations that offered support to children in circumstances similar to theirs. The religious support can be viewed as a solid base for the children to build resilience as they meet other children and have interface with adults who use religion as a tool to help them make sense of their situations. Further, Bronfenbrenner's (1979) theory reiterates that the religious groups were part and parcel of the macro system that acted as a conduit for the vulnerable and strengthened them to face adversity.

6.4.5.4 Sustainable livelihoods programmes

The majority of participants also reiterated the importance of skills training for child headed households, especially those who found academia challenging. In Westonaria there was a community based organisation that focused on including child headed households in food gardening. They gave child headed households resources like seedlings and imparted knowledge on growing vegetables that, after harvest, were a source of food and of money after resale for some income and this assisted a lot of the children involved in improving their diets and having business minds to change their circumstances. In Soweto, a similar programme but on a larger scale was also being run by another NPO that ran a skills training centre and they had a variety of programmes like computers, business studies, professional chef, hydroponic agriculture, painting and plastering. These were accredited courses that were 3 months long and were are meant to equip participants with skills and knowledge to seek employment or start their own businesses through continual and effective learning. The sustainable livelihoods programmes, through the provision of

basic material and social, tangible and intangible assets that child headed households could use to construct their livelihoods, are empowering and this provides the premise where they develop resilience to effect change in their lives.

6.4.5.5 The valued role of the child caregivers (CCG's)

The study revealed that child care givers played an active nurturing role to child headed households they were involved with. The study found out that the caregivers played a key and instrumental role in assisting child headed households with emotional and practical support. Kurebwa and Kurebwa (2014) define a child caregiver as a person who voluntarily assists a household whose members are related or not related to him or her in doing household chores, befriending, assisting, advising, giving psychosocial and material support. In South Africa the Department of Social development funds community based organisations to employ child caregivers who assist them with home visits and programme facilitation for orphans and vulnerable children. They also possess in-depth knowledge of the family dynamics and functioning of the families they were working with. A few social workers cited how they felt the child caregivers contributed in programme development. The following extracts from the social workers paint this picture:

> *The CCGs identify child headed households for us in the community. They also visit them weekly and involve them in after care programmes* (social auxiliary worker).

The CCG's provide weekly updates on home and school situations and we as the social work team are always up to date with the children's progress (project manager).

The CCG's roles are to assist, befriend and advise the child headed households. They become more of a mentor and a reliable support system for the children. It is quite an important role (social worker).

The narratives above clearly show the important role that is fulfilled by the child care givers as a niche for support for child headed households. Child care givers work within and across the varied ecological contexts that influence the children they work with. Bronfenbrenner's theory (2004) has an influence on the role child care givers practise as it is quite evident in the ways they navigate these varied terrains. The ecological paradigm has not only influenced the daily interactions between the child headed households and the child care giver but also the efforts of the child care giver to work across the various ecological contexts that are significant in children's lives. It expresses how social workers are assisted in getting up to date developments on the situations of the child headed households to intervene timely. The findings also indicate that the CCGs are allocated 10 children they visited weekly at home and sometimes at school. Other child caregivers at a Soweto community based organisation met the child headed families daily at the Drop-in centres where they engaged them in after care activities. One social worker and one child care giver expressed the purpose and nature of activities that child headed households are involved in. The following excerpts indicate the above:

After care activities provide a safety net where they are cushioned from vulnerability like drugs, unhealthy relationships or indulging in sexual activities (Social worker)

We engage the child headed households in activities like sports, drama, arts and culture, poetry, children's forums, music and talent shows, debates, help with home works (Child care giver).

From the narratives it is quite apparent that the drop-in centres provided a safe haven for the child headed households, enhanced their sense of belonging, independence and mastery. Further, they cushioned them from vulnerability and risk, therefore enhancing social cohesion. Thus, from the findings it was clear that the child care givers met the criteria of being regarded as supervising adults (Regulation 55 of the Children's Act No. 38/2005). The child care givers facilitated psychological, social and emotional support to child headed households and they ensured that children were at least accessing an educational programme and received assistance with school requirements. However, the child care givers castigated the effectiveness of the drop-in centre model as most of the young people did not want to engage in activities and were interested in receiving food only. They mentioned that the young people were afraid of the social stigma and discrimination attached to the drop-in centre as they were branded 'welfare kids'. They engage well whilst still young but the moment they are in adolescence they are no longer consistent. The child care givers also raised concerns over the aspects of their employment contracts as they are renewed annually pending funding from the DSD and felt there was no permanency and would leave when they secured employment elsewhere. This has an adverse effect on the children entrusted in their care as they are

temporarily left with no supervising adult and they have to start developing a relationship with a new person.

6.4.5.6 Tenants as a support system for child headed households

Support from tenants featured prominently in child headed household narrations of their life experiences as a strong support system of building resilience. A significant majority noted that they had tenants at the back of their properties who paid rentals that they then used as income. These tenants lived lives independent of each other but they had established formidable relationships with them in such a way that they were involved in each other's lives and the tenants had become like big brothers/ sisters or uncles/aunts. A few of the child headed households stated that every time she got paid, their tenant would pay her rent with extra money and groceries on top to assist them cope and last to the next month because she felt for them and they appreciated the help. The following extracts portray how the children felt:

> *On the 25th we know our tenant umamaMpho (Mpho's mother) adds R50 or R80 on top of her rent and gives us 12.5kg of mealie meal and 2litres of cooking oil* (member of child-headed household).

> *Our tenants are the best; they have shown us love and care we never imagined. We feel like we have second mothers and this has helped us settle and focus on school because she also checks if we have done homework's and follow everything we do".* (head of child headed household)

This illustrates that a healthy start to life greatly enhances a child's later functioning in school, relations with peers, in intimate relationships, and interactions with the broader connections in society. In support of this, Agere (2014) submits that a holistic package for self-sustenance should contain the major dimensions of a healthy start to life, and these are social, physical and psychological well-being. However, the role of tenants cannot be discussed in full extent as a solid support system as it is only possible if the other household are of relatively better off economic standing and level of understanding to reach out and help these child headed households.

6.4.5.7 The eminent role of local councillors and NGO support

The study also revealed that the local councillors played an instrumental role in ensuring that child headed households remained protected and that their rights were promoted. Some children involved in the study mentioned that through the support they received from the community based organisations and the local councillor they had managed to keep their inheritance, especially houses from the evil intentions their extended families harboured after the demise of their parents. A few of the participants from different households reported that after burying their parents, relatives had moved in with them and they wanted to take over the houses by falsifying the house permits and deceiving them into changing ownership as indicated in the excerpt below;

We could have lost our house if it was not for the councillor. We are grateful. As of now the housing permit is at the Social worker's office for safe-keeping and we know that no one will deceive us of our inheritance". (Head of child headed household)

From the narratives it is clear that the children received numerous services that supported their day to day living from the councillors and community organisations. This is a clear indication that people do not exist in isolation but that they are part of an ecological chain supporting each other, thus allowing a family system to function optimally. Bronfenbrenner's constructivist thought (Oswalt, 2008) within the theoretical framework is clearly demonstrated by this finding. It was clear that the proximal relationships that existed between the participants in child headed households and the councillors and aligned organisations helped ease the pressure on the child headed households and in the process bolstered their resilience to adversity.

6.5 Conclusion

The chapter presented findings on the support systems that are available for child headed households. The findings revealed that there were several community structures in place that had recognised the plight of child headed households and have developed responses that are aimed at mitigating the challenges the households face. Even though these structures and systems were bedevilled by several hurdles in service provision like funding, they however remained involved with child headed households and they would seek alternatives to ensure that child headed households were cushioned from the adverse social, psychological and economic challenges they were vulnerable to.

Chapter Seven

Summary of findings, conclusions and recommendations

7.1 Introduction

The main aim of this study was to bring about the psycho social functioning and experiences of child headed households in Gauteng province. The previous chapters presented and discussed the findings of this study within the context of the current literature and the theoretical frameworks which underpinned it. This chapter therefore presents a summary of the findings of the study, conclusions as well as the recommendations. The chapter also presents a model on the basis of these conclusions and offer suggestions for further studies.

The implications of the study and the potential contribution which it has to make are presented in the form of a proposed model for the effective care management of child headed households. This presentation is followed by the recommendations emanating from the study and a review of how the study met its intended objectives. The chapter concludes with recommendations for further studies.

7.2 Summary of the findings

This section of the chapter is devoted to a summary of the findings with respect to the psycho social needs and various challenges affecting child headed households. This is summarised in the following sub sections:

7.2.1 Psycho social needs and various challenges of child headed households

Among a cocktail of needs, the study learned that the debilitating effects of HIV/AIDS and other life stressors that have given birth to orphaned and vulnerable children and youth is a disturbing phenomenon in South Africa. Many children find themselves in precarious positions when their parents fall ill and consequently die because of the virus and are forced by circumstances to be the primary caregivers. They ultimately forego their rights as a result of assuming such responsibilities. The processes they endure during and after the sickness and deaths of parent/s often compromise their psycho social health and in most instances their potential is impeded and their vulnerability is heightened. Food featured as the prominent need for the child headed households. Linked to food challenges were financial needs that were a huge challenge of providing for themselves adequately and they often found themselves entangled in debts with loan sharks *(mashonisa)* and this worsened their situations. Educational needs were also highlighted as needs as well as that most of the participants missed or dropped school not by choice but through circumstances they control over. They mostly acknowledged that they required being in school but due to compelling situations that made them forego this need. Housing needs were also highlighted in the findings as most of the participants lived in informal settlements which also compromised their safety needs. It was revealed that they lived in environments that do not promote their optimal development as they were exposed to violence, crime, prostitution and poor sanitation. The respondents also highlighted the need for family that could have ensured their senses of identity and belonging and consequently their physiological and safety needs but because of

HIV/AIDS, TB among other illnesses that had claimed the life of their parents, this was a pipe dream.

7.2.2 *Challenges faced by child headed households*

The study established that the participants faced different challenges and most of them were financially related. Some of the respondents required financial assistance for their basic upkeep, education as well as special needs for the few respondents who required such attention. Among other challenges, the study revealed that they lacked role models who could reinforce positive traits and the fact that some had limited or no contact at all with their extended families, had devastating effects for them. Others had challenges with their extended families that wanted to take over their inheritance like the house and household furniture. These challenges sounded insurmountable for the respondents.

It was learned that others struggled to access birth registrations and have identity documents when their parents passed on and this opened a plethora of challenges as it limited them from accessing bursaries, work opportunities and even a chance of opening a bank account. It found out that the impact of these challenges often were negative for the respondents as they contemplated leaving education and others actually gave up on their education. The ripple effect of these challenges also lowered the way they valued themselves and impacted on their self-esteem and emotional well-being. The older children were always inundated with responsibilities of being “young adults” and ruminating thoughts of survival for them and their siblings.

7.2.3 Psycho-social challenges

The qualitative findings revealed that the children experienced diverse psycho social challenges as a result of their experiences at a tender age. The psychological aspects included emotional, cognitive, mental and spiritual factors; while the social aspects refer to relationships with others, the environment and society. These aspects of functioning also influenced their physical in different ways. Further, it was established that psychosocial challenges were experienced by an overwhelming majority of the participants. The psychological aspects included emotional, cognitive, mental and spiritual factors while the social aspects referred to relationships with others, the environment and society. These aspects of functioning also influenced the physical health of the participants. Feelings of low self-esteem, limitedness due to life pressures and poor self-perceptions featured among the challenges the participants faced.

7.2.3.1 Routine changes

The findings of the study revealed that illness and subsequent deaths/absence of the parent/s ultimately altered the routines of the respondents and changed the context in which they engaged in their usual extracurricular activities like soccer practice, drama, singing or hanging with friends as they had to get home and help around the house and ensure that meals for the family were cooked and that sick parents were attended to. These changes interfered with the rights of the children to play as they felt morally obliged to forego their interests and assume responsibilities at home that would ensure social cohesion and a certain degree of normalcy in their respective households. It was clear that children were cognisant of the fact that to survive they had to feed themselves and this was their biggest challenge as they had limited

income sources and they had to attend school. This resulted in them failing to concentrate in their studies as they would be riddled with ruminating thoughts of how they were going to feed themselves and/ or the household. The children in the study elaborated on the emotional distress they had endured during the times their parents fell ill.

7.2.3.2 Challenges of living with parental illness

The qualitative findings from the social service professionals also revealed that agencies had been involved with families that had a terminally ill parent/s or guardian to assist the children cope with the challenges that came with the responsibilities of caring for them. The respondents indicated that their challenges were mostly psychological and they were riddled with fear of witnessing the physiological changes that happened to their parents and the extent of the caring responsibilities that came with this. The majority of them had accompanied them to hospital to seek medical attention and they had witnessed the deterioration of their parent's health and the various physiological changes they had undergone. The psychological reasons had everything to do with the pain and trauma of witnessing a loved one in pain and slowly dying. Others feared contracting the virus as a result of looking after their parents. Other agencies assisted children with home based care services that had eased the burden of looking after an ill parent and providing the relevant support to them, accessing and administering medicines and the general management of the household. All these challenges also brought emotional distress to the respondents and when their parents passed on, a few highlighted, they did not received any bereavement support from professionals though others had received it informally from family and neighbours.

7.2.3.3 Role reversal characteristic of child headed households

One of the lived challenges that were highlighted was that attendance at school became a factor as caring responsibilities increased when a parent fell sick. The children sometimes took turns to stay behind and look after the sickly parent and they also had the task to take them for appointments and also ensure that they had access to medicines required for their patient. This resulted in poor attendance at school and this had an impact on the quality of work. Even when the parent died it became very difficult for the older child to continue going to school in some instances as he/she had to ensure that all siblings were fed and had everything they required for school. This also meant that they had the responsibility of ensuring that there was food for them before they went out to school and when they returned from school

In some aspects some found it very difficult to understand, let alone accept, the fact that their parent was living with the virus when they had disclosed to them. The children experienced feelings of despair, shock and confusion of what to make of this and what this penned for their futures, which according to them was now “veiled in obscurity”. These feelings exacerbated the emotional distress and the children felt saddened, witnessing a parent going through intense pain.

The majority of the children had to step in and fulfil different roles when their parent was incapacitated to do so. Some assumed the roles of cleaning, cooking, accompanying siblings to school and for most the older one assumed the role of looking after the sick parent. Though they acknowledged home based care services and in some instances relatives coming in to assist, they found themselves having to fulfil different roles they were never used to. They felt that the situation compelled

them to fulfil these roles and they relied on other household members to play their part or make a routine that ensured others had respite at certain times or days. What was sad to witness were the feelings of guilt they experienced when they went to school or when they had to forego other extracurricular activities they had to participate in as they had to rush home and look after the sickly parent. The quantitative findings highlighted the various changes that the respondents had to go through and this had an adverse effect on their development as they missed church, had to alter study patterns, missed school in some instances and they could not find time to socialise with friends. The qualitative findings further revealed that these changes were dramatic and they caused great sadness and anxiety about the future of the children.

7.2.3.4 The debilitating effects of grief and loss

The findings were very clear that the effects of grief and loss were of paramount importance as a lot of issues emerged around this. They reported feeling lonely and hopeless and they struggled with their emotional trauma. However there was overwhelming evidence that the support they had received from social workers over the years had helped them to cope with their grief and their emotional trauma. Despite the feelings of loss of a loved one they also expressed another loss in the form of social/emotional disconnect with their respective communities in terms of friends or neighbours or extended families due to stigma and discrimination. There were reports that they felt blamed for the societal changes or vices because of their status and they were labelled for accessing support services from local Ngo's affiliated with AIDS programmes.

The findings revealed that the majority had decided to stay on their own because no extended families had offered to take them in and others had been promised that they would come and take them but they never came. Others mentioned that relations were not cordial between their late parent and the extended family and some were fulfilling the dying parent's wish for them to remain as a unit without the extended family involved. The qualitative findings on the other hand revealed that economic hardships had diminished the capacity of the extended family to take orphans and also the children refused to be separated from each other when relatives had offered to divide in view of these financial hardships. Over time the children became estranged from their families and the study revealed relationship deficiencies, which affected their self-perceptions as they regarded themselves as inferior and that stemmed from their distorted sense of belonging.

7.2.3.5 Challenges of stigma and discrimination

The respondents also highlighted the challenges they faced in their communities on stigma and discrimination and how they affected the way they engaged in programs facilitated by community based organisations. They feared to be labelled AIDS beneficiaries and it was perceived as a weakness to be seen involved with such programmes. Further, the qualitative findings revealed that the majority of the children usually disengaged from the programme when they reached adolescence as they were more particular about what the community said about them and would not want to be seen linked with the programmes. In other instances the study revealed that anything negative that occurred in the community was usually linked to

the child headed households or they would be the first to be linked to any vices that occurred. This was observed to be emotionally damaging the respondents.

7.3 Conflict in child headed households and support systems

The other objective of the study was to explore conflict and conflict resolution and support structures that were available in the communities. The following sub sections highlight the summary of findings with regards to conflict and the support structures in the communities.

7.3.1 Conflict and conflict resolution

The study highlighted positives and strength that were evident in the relationships with siblings. They supported each other and demonstrated love in difficult times and covered for each other. However, they were also prone to conflict and they had a lot to argue about. The child head of the household acted as the principal head of the family and assumed responsibility for ensuring that there was routine and boundaries. These were often tested by the young siblings, especially those those in puberty. Issues like coming home late, lateness at school or preparing meals late provided fertile ground for arguments that at times degenerated into physical fights and warranted the intervention of neighbours or mediation from their social workers or pastoral coordinator.

The study revealed that most of the households had a collective agreement on the normative rules they wanted as a unit and expected everyone to follow through. Their strongest weapon was communication and readiness to forgive each other and this made it easy for them to get past conflicts easily. In challenging scenarios they

relied on mediation and conflict resolution from their other structures in their respective communities. Where necessary, agencies also held mediation and conflict resolution programs for child headed households. From this finding it could be concluded from both the quantitative and the qualitative results that the children in child headed households faced difficult circumstances in their day to day living.

7.3.2 Piece jobs

The study revealed that the children were quite industrious and demonstrated ingenuity as they explored avenues to widen their income and eke a living. Most children performed menial jobs like cleaning, ironing, car washing while others did recycling work. Others who were fortunate enough to have retained properties from their parents had constructed *mikukus* and rooms in their backyards, which brought in some money in the form of rentals. However, the piece jobs were challenging as they posed a health hazard and exposed them to vulnerability at times and overworking themselves and school work suffered.

7.3.3 Engaging in risky behaviours

The study also revealed that a few engaged in risky relationships and behaviours to survive. They engaged in sexual relationships with the taxi drivers and other older men who gave them money or groceries to support their siblings. Some dropped out of school as a strategy to pursue various means of survival like working in spaza shops, garages or opening barber shops in the streets. These were easy decisions for those that struggled with school and would have repeated grades. The respondents also highlighted that dropping out of school to pursue economic opportunities was an option they found easy, especially those who struggled with

academic endeavours and they would have repeated grades several times in the first place.

7.3.4 Sibling support and social networks

Sibling support was viewed as a source of strength as they worked together for the common good of their household. They all recognised that they had each other and they had to embrace that and support each other in all ways they could possibly do.

7.3.5 The role of the community and utility function of community based organisations

The community structures were viewed as an important organ that provided support to children and acted as a safety net for the children in ameliorating the diverse challenges they faced in their communities. A total of 96% reported that they had received some kind of support from community structures, with only 4% reporting otherwise. The support ranged from visits, food, advice, referrals and emotional support which they found to be helpful. The neighbours and the local councillors were perceived to have played an eminent role in the promotion of the psycho social functioning of the respondents. A few mentioned that their neighbours had either signposted them for support or offered support in the form of advice and material things like money, groceries and clothing.

Community based organisations were regarded as very helpful for rendering many programmes that safeguarded the children from the harsh effects of poverty and their vulnerability. They received nutritional support, academic support, spiritual support and benefited from random acts of kindness and excursions that made huge

deposits of resilience for them. The quantitative findings also revealed that social workers played a critical role in ensuring that the children's well-being was maintained and that they were fed adequately. However, the findings revealed that the social workers had huge caseloads and it was very difficult for them to have one on one consultations more frequently with the children in a structured environment and this made it difficult for the children to receive the therapeutic support that was measured over time. Neighbours were also described as a community structure that at times was effective in giving support but this was described as contextual as it depended on a lot of factors.

7.4 Conclusions

The study sought to examine the psychosocial functioning and experiences of child headed households. The study established that the challenges that child headed households faced were real and they persisted. It further revealed that there were diverse needs that child headed households have and these are either tangible or non-tangible. The findings enabled an assessment on the nature and extent of their experiences and how they managed to cope and what systems were available in their respective communities that assisted with their psychosocial functioning. The conclusions that were drawn from the findings are presented with respect to the main themes that emerged from the study, namely the psycho social needs and various challenges child headed households experienced and the support systems and conflict resolution in child headed households.

7.4.1 Psycho social needs and various challenges of child headed households

It became increasingly apparent that the challenges faced by the participants were real and that their socio-economic challenges were exacerbated by the demise of their parents. Most of the needs they required were hinged on financial constraints that limited their ability to make the decisions they wanted to and a bit of freedom to exercise their rights as children. Their need for housing that provided better sanitation and proximity to social amenities was genuine but they had limited financial muscle to turn the wheels of fortune in a way that suited their requirements. Consequently, their safety needs stemmed out of the lived experiences from their respective environments and they really felt that they were exposed to different vulnerabilities that came from the informal settlements they lived in. The most pressing need was food and this limited their abilities to focus in the classroom and be able to engage even. Food security is important for any family and this becomes a critical need for children who live with no adult supervision, making decisions for them and taking responsibility for such needs.

7.4.2 Psycho-social challenges

The challenges imposed by the deteriorating health and subsequent death of the parents presented deepening challenges for children that made them face dire psycho social challenges. The children had some of their parents die due to HIV related causes and this made them have fear of contracting the virus as a result of assuming care responsibilities.

7.4.3 Routine changes

It was established that when parents got sick the household experienced a lot of changes and most of these impacted on the routines of children. Caring responsibilities for the children increased and they had to prioritise the welfare and comforts of the sickly parent over their own interests. These changes included school attendance and school programmes, which ultimately affected their grades and possible return to school. Their rights to freedom, play and to be a child were taken away as they felt that they had to look after their sick parents. In the event of the death of a parent it became worse as they had to start thinking about food security and someone filling the role of being head of household. It was difficult for all the children as no one would have been prepared for this transition and new routines would need to be identified and followed with any adult input.

7.4.4 Challenges of living with parental illness

Some respondents had support from family and community networks to get through the challenging time of parents being gravely ill. However, other respondents felt that it was still a challenge as they spent the greater part with their parent, especially at night and in the mornings. Living with parental illness is a challenge that the respondents found emotionally traumatic as they witnessed the physiological changes and the increased caring responsibilities that came with these changes. Witnessing a parent rapidly deteriorating brought about sadness and trauma for the children and this impacted on the emotional development in the long term.

7.4.5 Role reversal characterising in child headed households

Although other families often had the extended family coming to support them during parental illness and others had home based carers to assist them, other families were not so lucky and the respondents had to play these roles on their own. The findings revealed that it was a difficult transition period when children realised that they had to adults and make decisions for the sick parents. The difficulties lied in arranging logistics for care management as there were arrangements needed to be made for the hospital and this was an arduous task that chewed up any remaining finances they had to meet day to day challenges. The respondents also had to miss school to ensure parent/s accessed medical attention.

7.4.6 The debilitating effects of grief and loss

Loss and grief often have harmful effects not only to children but even adults. The impact becomes more challenging if it is children who are left with no close adult carer. The support received during such a period often has a bearing on the psycho social functioning of the bereaved. The findings revealed that the majority of the respondents had received some sort of support to navigate through the feelings of loss and some had received support from social workers and others from neighbours and family. However, others did not receive any formal support at all that assisted them to internalise the changes that had just occurred in their world and preparing them for the challenges that lay ahead.

7.4.7 Challenges of stigma and discrimination

The study concludes that a range of challenges relating to stigma are persistent in some communities and they have impacted on the way some of the child headed

households engaged in community programmes aimed at providing support to them. Name calling and being labelled as deviants in their communities played a part on how the respondents viewed themselves and ultimately accessed support.

7.4.8 Support systems and conflict in child headed households

The following sub-section makes conclusions on the support systems and conflict resolution.

7.4.8.1 Conflict and conflict resolution

Like any other household, child headed households also engage in conflict. The study findings revealed that as the older sibling assumed responsibility for heading the household, the siblings often wanted to challenge the authority by testing boundaries that would have been placed. This often led to conflicts, for instance in cases where members were not following routines and were arguing over chores and attitude towards school work, and these often led to arguments. Even though the respondents highlighted that in most instances they managed to talk to each other and resolve their challenges without mediation, there were instances the conflict escalated and they needed outside help to settle their disagreement. They relied on neighbours, friends and social service professionals from the community based organisations, to settle their conflict.

7.4.8.2 Piece jobs

Economic stability is a pre-requisite for the quality of life for most families and this includes child headed households. Even though the majority had access to child

social grants that helped them meet day to day expenses, child headed households always struggled to make ends meet and they had to be very creative to explore different sources that improved their income. Some sought piece jobs that provided that boost in their income but this often had challenges and it affected routine and engagement with studies. The respondents highlighted that recycling, domestic work, car washes, security at malls and pushing trolleys were among other jobs they pursued to eke a living and supplement their income. For the fortunate few that had inherited properties from parents, they were innovative and constructed informal houses in their backyards and they survived on the rentals their tenants paid.

7.4.8.3 Engaging in risky behaviours

Survival strategies are of utmost importance when in difficult circumstances and the study revealed that respondents had to do whatever it takes to ensure survival. The girls mostly were vulnerable as they engaged in relationships with older men who had or appeared to have financial muscle. They would engage in sexual relationships with people where they perceived there can be a financial gain. The money, however, was often used for their upkeep and other petty items that made them more appealing like clothes and hair do. Others used the money realised from these relationships to buy cheap and unhealthy foods like kotas, which appeared unsustainable. In other cases, the findings showed that they would use the money to the benefit of the entire household like groceries, educational requirements for young siblings and clothing.

7.4.8.4 Sibling support and social networks

It was learnt that the support realised between siblings strengthened them and they found their strength by sticking together. The respondents stood out for each other through the good and bad and this made them develop the resilience to face any challenges or adversity that came their way. In other instances it was the relationships they kept open with extended family members, friends, teachers and other relevant people in their communities that also made them have deposits of resilience. The strength they had in the networks was valuable in ensuring that they had unit of purpose and supporting each other in all their endeavours.

7.4.8.5 The role of the community and utility function of community based organisations

The community was regarded as a safe place by some respondents, where they managed to access support and feel valued and accepted. This of course differed with unique cases of other respondents who perceived that the community was out to get them than support them. The findings revealed that the community played an eminent role in ensuring that respondents were signposted to relevant services within and outside the community. They also benefitted from moral, emotional and material support from neighbours and church groups. The local government offices where the councillors were housed were mentioned as instrumental in safeguarding properties for children in instances where extended family members would have hoped to fraudulently to take over. The community based organisations were seen as beams of hope for the majority of the respondents as they highlighted accessing nutritional support, psycho social initiatives like trips and counselling, participating in

sustainable livelihoods programmes that empowered them for income generating programmes. They also valued the assistance given in ensuring their educational needs like payments of fees to special schools, transport and uniforms were looked after. However, social service practitioners stated that they were facing financial hurdles to sustain service provision and over the years they were finding it difficult to meet the needs of their service users. They also stated that they had challenges in staffing as social workers were overburdened with huge caseloads.

7.5 Implications of the study for social work policy

This section presents the implications of this study for social work policy in terms of some considerations from Abrahams and Matthews (2011). The study recommends robust programming around child headed households welfare. In view of this, the Department of Social Development, as lead agency in overseeing the duty of care and the protection of children, need to regularly seek to do the following:

7.5.1 Public participation ingenuities

It is suggested that the Department of Social Development and other government departments through the office of the MEC and other arms of government, regularly hold public indabas in communities. These address a myriad of social issues ranging from unemployment issues, crime and immigration among other issues. However, it has been observed that the plight of child headed households has fallen short as part of their discourse. It is pertinent that focused themes around understanding the child headed households are brought to the fore of public participation initiatives and hear from a range of stakeholders what the concerns, extent of phenomenon and share positive stories that have come as a result of interventions. This is a rich

resource base to elicit responses from the communities that host these children and build responses that come from lived experiences.

7.5.2 Conducting oversight visits

The DSD, as the lead agency in multi-sector collaboration, should make visits to schools, CBO's, clinics and other community structures to gain insight and information into the effectiveness of programmes that are in place. They would do well if they would make efforts to engage the beneficiaries or meet with the children and zero in on their circumstances. They should encourage partner agencies to share their stories and compare programme successes and failures that thus becomes a domain for capacity building and promoting inter-sectoral collaboration.

7.5.3 Constituency work

Even though there is a CHH register per province and NPOs provide monthly and quarterly reporting, there is need for constituency work from the DSD. The DSD needs to gain qualitative information from the recipients of their funding and observe CHH in their own environments so as to gather the lived experiences of their day to day living as part of informing research on how to improve their welfare and responding appropriately to their challenges. In turn, this information should empower them to draw responses that address the myriad of challenges for the affected communities.

7.5.4 Increased knowledge dissemination on CHH specifications and services

There is an apparent lack of information on the processes of recognising the specifications of CHH as stated in Section 137 and the CHH Guidelines. It is essential that social workers in the NGO sector, local government and even in government should be conversant with the processes. The assessment process and subsequent panel presentation and the issuing of an order are not widely recognised by social service practitioners and there is need to roll out intensive awareness.

Also of importance is knowledge dissemination, especially about the Guardians Fund, compensation fund, UIF, and different pension funds, which should be cascaded to the families and children so that they do not lose out to their entitlements. There is need for inclusivity and greater mention of this type of family in both the Act and the White paper on families. It is recommended that increased acknowledgement of this type of family is essential in an effort to recognise its existence and provide necessary services that will minimise psycho social distress for the children.

The Department of Human Settlements needs to prioritise and expedite cases for children that are identified as child headed households. There are some child headed households that live in informal settlements and dilapidated housing. The environments they live make them prone to sexual exploitation, gang violence and diverse misdemeanours. Child headed households require to be protected and should be prioritised for housing therefore the processes need to be very clear for

both recipients and social service professionals who will be implementing children's plans.

The DSD needs to update their guidelines on CHH services and they should cascade information on the processes and steps to be followed. As part of effective care management and assessment there is need for inputs from the necessary professionals for a robust plan to be put in place. In the same vein, the guidelines need to be inclusive of a complaints process that empowers child headed households of their right to service and an opportunity to a review process of their grievances. Children need to know their rights and make complaints if they are not satisfied by the quality of services they are receiving, either from the guardian or the CBO. The complaints process should be handled firstly internally at the locality level (CBO) and, if unresolved, should be escalated to DSD.

7.5.5 Legislating the aspect of duty to care for all professionals working with children

Leadership and meaningful coordination in multi-sectoral collaboration should be a requisite responsibility for all matters concerned with child protection. The DSD is the lead department in child protection systems and there are several departments who also have a duty to protect children and these include Health, Education, Social Security, Housing, Justice and Correctional services. It is recommended that the DSD leads, cooperates and collaborates with the different arms of government. Of utmost importance is that the lead department, DSD must work cooperatively with the NPO's since most of the services are being delivered by NPOs through a Public Private Partnerships model. The quality of coordination and cooperation between the

child protection system and other systems will be central for effectiveness of strengthening responses to the need of child headed households.

7.6 Implications for social work practice

Although the study revealed that there was enormous amount of work that the social service professionals were delivering to improve the psycho-social functioning and experiences of child headed households, there is still more that social work practice can embed for improved outcomes for child headed households. The following section provides details that can improve service delivery to child headed households.

7.6.1 Functional systemic approach to child protection work

Among the many and varied value-wisdom quotes Nelson Mandela is renowned for is: “There can be no keener revelation of a society’s soul than the way it treats its children” (Nelson Mandela Foundation, 2001). This quote provides the premise on which recommendations of this study are embedded. The Constitution of 1996 has enshrined the rights of children in the supreme law of the country, designed to respect, promote, protect and fulfil the rights of citizens. This commitment resonates strongly with international treaties and principles. In essence, human rights are not merely abstract notions but they are envisioned to transform people’s lives. Abrahams and Matthews (2011) observe that fostering a culture of human rights goes beyond the attainment of material conditions but instead defines one’s sense of nationhood. Closely related to this is the inculcation of a set of values that underpin a culture of human rights and bringing to the fore systems of beliefs that further develop the shared objectives of shared values. A human rights culture can only be

built on value systems, therein lies the challenge of children's rights. Society's notions of childhood and how this is defined as well as what this means within a particular context and time, are significant variables in shaping the manifestation of children's rights.

The notion of systemic working around child protection matters has continuously been riddled with many inconsistencies in South Africa and, unfortunately, a lot of child headed households have been left down by many agencies, including the Department of Social Development that is supposed to be the lead agency in child protection matters. The essence of systemic teaming around the child ensures that every aspect related to a child's development is addressed and appropriate interventions are in place in time to avoid distress for children. The DSD needs to ensure that the development of continuum of care after parents die is a pre-requisite in safeguarding child headed households. This is essential as it rallies multi agency, whole system approach to assessments and interventions for child headed households. It is also imperative that redefining the scope and function of designated adult supervisors for child headed households is done. The well-being of children should be promoted, safeguarded and a child should be protected from physical or emotional harm. It is imperative that a child should be guided and directed in matters of education, development, behaviour and important decisions. Thus the Children's Act needs to specify the tasks that child headed households can do independently and also increase the scope for monitoring and supervision of these households by the designated adult. The designated adult becomes the point of focus in ensuring that the care plan for the child headed households is in place and being executed. Regular periodic reviews of the professionals should be held and they should involve

the adult supervisor and the children where possible so that outcomes are measured and the impact of the services is evaluated.

As espoused in the White Paper for Social Welfare (1997), the Children's Act takes a developmental approach to social welfare, where human and financial resources are focused mainly on the prevention of social problems (Chames and Lomofsky, 2016). When the prevention has not yielded positive outcomes, the aim is to intervene thoroughly through early intervention services and programmes when cracks of social problems begin to emerge. This approach is developmental, first because it encourages the optimum development of the child and, secondly, because it avoids costly interventions once the problems have occurred. Thus, a policy framework for multi-sectoral collaboration exists in South Africa. These policies, however, are unable to respond to the multidimensional nature of the needs of child headed households in the country. Departments such as health, police, education and social development run vertical and somewhat independent programmes guided by a myriad of legal and policy frameworks. In view of this, Jamieson et al (2017) note that departments responsible with child protection functions do not always implement the cooperative paradigms the Children's Act exudes. Jamieson et al (2017) further observe that cases are in most instances not jointly managed and the lack of inter-sectoral collaboration is also a result of lack of trust and low expectations from other departments who often sit on referrals from other agencies. The Department of Social Development has been identified by many researchers as the biggest culprit yet they are supposed to be the leading actor in the implementation of the inter-sectoral collaboration.

The limited focus of vertical nature of the current legislative framework in South Africa limits the responsiveness to the multidimensional nature of the needs of child headed households.

7.6.2 The training of Guardians/ supervising adult as qualified child and youth care workers

The guardian/ supervising adults as enlisted in Regulation 55 of the Children's Act No. 38/2005 must be trained as a child and youth care worker (CYCW) and should be registered with the South Africa Council for Social Service Professions (SACSSP). This should be made compulsory and the Act should make this mandatory. This is so because of the delicate issues that child headed households face and as this study has revealed there are diverse intricate psycho social challenges that child headed households face and it is in the best interest of the children to be supported by a professional. Further, it is so that children benefit from a professional who has ethics prescribed by a registering body. There is an acknowledgement that social workers have high caseloads and are sometimes unable to see child headed households as much as they would want to. The guardian, therefore, will have the knowledge and skills to intervene and support the CHH speedily without social work intervention. The guardian will also have been cleared on the sexual offenders register and would have been deemed suitable to work with children.

7.6.3 Introduction of the CHH grant to ameliorate financial distress for CHH

The financial situation of child headed households requires improvements to ameliorate them from the financial challenges and protect them from social

disenfranchisement because of poverty and its ripple effects. The study revealed that an overwhelming majority had no access to pension funds inherited from parents as they were unemployed whilst they were still alive. The study also revealed that they also found themselves entrapped in the clutches of poverty and they are forced to go into illegal activities just to eke a living. The study also revealed that the majority of the participants had not lived with extended families for different reasons but among other reasons was a financial challenge to look after these children. In view of this, the researcher recommends a child headed household grant **(CHH grant)**. This grant should be the equivalent of foster care payments and should be payable to the children. Despite the existence of the social relief of distress and extending the age of child support grant to 18 years, there is need for a specific grant aimed at this particular type of family.

7.6.4 Robust care plans and child focused interventions

The Children's Act legislates for the establishment of a properly resourced, co-ordinated and well managed child protection system. The Children's Act further legislates for all spheres of government and non-governmental service providers to work together and implement the Act in a uniform and integrated manner. It is recommended that the Act goes further to detail the following to ensure the implementation and effectiveness of a robust child protection system that will also address the plight of child headed households.

7.6.4.1 Specific, Measurable, Achievable, Realistic Time-bound planning

A solid evidence base is needed to inform the provision of appropriate, accessible and adequate services, and to monitor and evaluate the implementation of the

Children's Act. In addition, care plans that are developed should ensure that they are evidence SMART planning and that children do not get lost in the system and that services are tailor made to meet the needs of the children. There is a great need for robust assessments from social work practitioners who will require external agencies for input that will feed into such assessments and come up with SMART plans. It then becomes imperative that effective collaboration from outside agencies become central in implementing the plans for children.

The Children's Act makes provision for the appointment of guardians to look after the welfare of child headed households and these come in the form of NPOs and other relevant parties that nurture children in their communities. There tends to be a significant oversight that these child headed households need a family setting, adult supervision and sound care that is relevant for their optimal development. Appointment of a guardian does not guarantee provision of child focused interventions that will assess the need of each individual child in a child headed household and address their needs appropriately. The Act further pays lip service to classifying that child headed households should be regarded as children in need of care and protection and only mentions this particular type of family a few times in the whole document. There is a great need to revisit the proposed interventions for children in such households and for the Act to specifically categorise child headed households as children in need of care and protection. Thus, Section 150 of the Children's Act needs to include CHH as children in need of care.

7.6.5 Providing adequate and skilled workforce spread across the Gauteng Province

There is an inconsistent spread and representation of skilled workforce that works with child headed households and orphaned and vulnerable children and youth. The study revealed that there are inconsistencies in skilled staff and numbers varied per region for similar DSD funded programmes. Other NPOs had Pastoral Coordinators, Youth workers and Development practitioners need to assist the social workers and social auxiliary workers to implement programmes. These skilled professionals were not known to other organisations and this created a burden to social workers and they could not sufficiently respond to areas that these 'missing' professionals provided. The role of Social workers is generic in South Africa and this tends to impede a negation in their effectiveness in making sustained improvements in the lives of service users. In most areas, it was discovered that social workers are expected to offer services that they are not trained for and these include counselling and other specialised roles that fall under the ambit of psychiatrists, psychologists and counsellors.

Allocating and provision of sufficient budgets and resources will ensure the strengthening of a robust systems approach to analyse, plan and monitor the implementation of child protection systems in South Africa. This will ultimately help build the much needed infrastructure of child protection that responds to the requisite needs of the children. Each element of the child protection system is strengthened by the implementation of the other agencies involved. There are also vast differences in funding per provinces, which has given birth to different responses to the plight of children in difficult circumstances. Funding per province needs to be

revisited and the policy on financial rewards remains shambolic, needing urgent redress to strengthen the child protection infrastructure.

It is further recommended that social workers be increased. This will increase the quality of care plans and level of responsiveness to the needs of children in communities.

It is recommended that for every community based project dealing with CHH and OVCY it becomes a prerogative to have professionals in Youth work, Pastoral Coordinators and Development work, all working and assisting the children's social work teams.

7.6.6 Formal psychological assessments for CHH

Formal psychological assessments are imperative in making diagnosis and framing appropriate therapeutic interventions for children who would have endured emotional trauma in early child hood and development. As the findings in this study has revealed, children in child headed households have experienced deep emotional trauma before and after their parent/s died and an overwhelming majority did not receive any evaluation despite a clear need for this. The Children's Act calls for assessment of capacity for the older children in child headed households and capacity needs to be ascertained through a robust assessment framework that encapsulates psychological functioning. In view of this it has to be mandatory for assessments to be offered to all children in the household and for them to access the correct treatment for their psychological deficits. It is recognised that psychological services are not in great abundance in Gauteng, especially for children to access. The Child and Family Unit (CFU) is a vital service that remains centralised at the

Jo’burg General Hospital and is inaccessible to children in many deprived communities. They conduct several psychological assessments but they always have a huge waiting list as it is a public service. There are many in the private sector, that is unreachable for deserving children with difficult backgrounds like child headed households because they cannot afford the fees. There is need for DSD to engage DOH and make strategic plans that will ensure that several child and family units are decentralised and complete their duty to care to children identified as vulnerable and or in child headed households.

7.7 Psycho-social model to Child headed households care

The following section presents the psycho social model to child headed households care management. Figure 7.1 describes the model and below is a detailed outline of the figure and the linked-in processes that ensure best practice in enhancing the psychosocial functioning and improving experiences of child headed households.

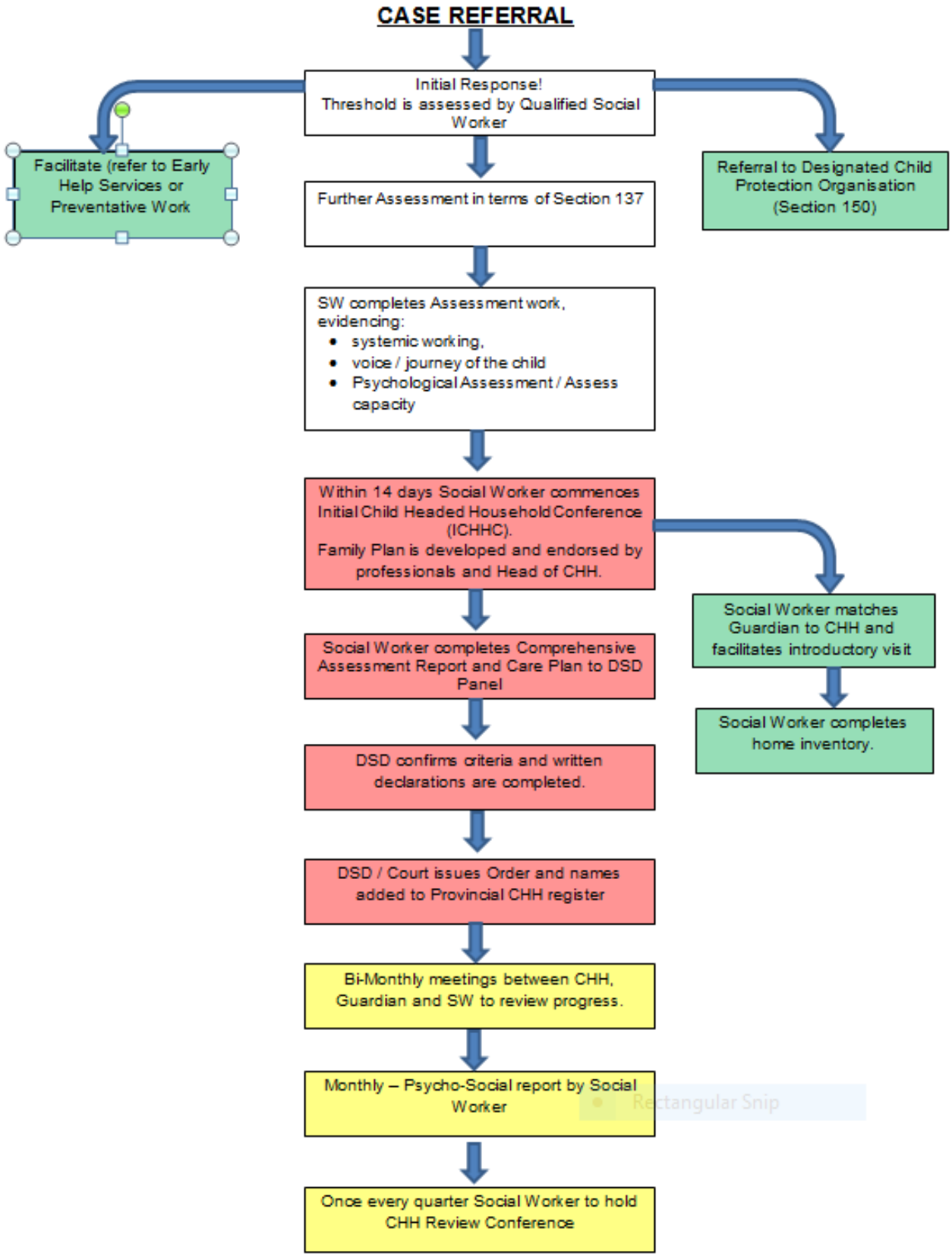

Fig 7.1: Psycho-social model to child headed households care

7.7.1 Psycho social model to CHH care

7.7.2 Referral

The referral stage is the preamble of the whole process. A referral comes through to a community based organisation from different sources. The sources can be from agencies like health delivery points, churches, educational institutions, local government structures, community members and self-referrals. There are also organisations that place adverts in community papers like Zola urban among other media platforms and rigorous awareness campaigns by the community organisations.

7.7.3 Initial response

In initial response this is the hub that assesses individual cases reported to the social worker. The social worker makes an investigation and consults to ascertain if threshold is met in terms of Section 137 of the Children's Act. It is pertinent that the Social worker reviews criteria in view of reported circumstances and home visits to verify if reported circumstances are important. Initial checks with partner agencies should also assist social workers in assessing if threshold is met. If not met the Social worker refers the case to a designated child protection organisation for statutory interventions and Section 150 applies. If Section 137 and Section 150 are not met satisfactorily the social worker has options to close the case, make referrals or conduct intake for early help services or prevention work.

7.7.4 Further assessment work in terms of Section 137

The Social worker has the duty to care and make necessary preparations in ensuring required processes are followed diligently and without delay. If Section 137 is

applicable: social worker has to complete an assessment. The assessment needs to be robust and should show evidence of input from other agencies. Systemic working should be at the core of the assessment and should be clearly evidenced in the report. Of paramount importance are the voice/s and or the journey/ies of the child/ren. Evidence of the journey of the child should be paramount in the assessment process and family history (genograms and ecomaps to be very clear). Input from other agencies like Education, Health, SAPS, Local government, religious affiliation among others should be evident in the assessment. The assessment also needs to assess capability of children in the household who are 16 and above- emotional maturity/intelligence and capacity. In view of this there has to be a psychological assessment on all the children in the household to address their needs and that treatment plans are tailor made to the “real” needs of the children.

7.7.5 Initial child headed household conference (ICHHC)

Within fourteen (14 days) of completing the initial assessment report, the social worker needs to convene an Initial child headed household conference (ICHHC). The agencies involved also need to prepare reports ahead of the conference. The gist of the conference is to contribute towards the final assessment report and the development of the care plan (child headed household plan). The professionals will discuss the psycho social issues identified during assessment and assess the level of risk and come up with strategies and programs that will reduce risk and ensure the psychosocial functioning of child headed households is strengthened. At the end of the conference they should come up with an agreed care plan. The care plan should be SMART and setting out clearly the tasks that need to be completed by each agency (issues on housing, financial situation, food provision, health, education

should be very clear). The older child/ren (16 and above) might be attending the conference at the recommendation of the psychological assessment and recommendation of the chair/social worker in view of their capacity.

7.7.6 Matching of guardian and introductory taking visit

The social worker will have identified a guardian who will be assigned to the child headed household. The social worker would have considered the peculiar needs of the child and recommendations of the psychological assessment in light of the experience, skills and competence of the guardian. This is important as it reduces the risks of allowing gaps in service provision. Meanwhile, the agency should open a case and ensure all administrative requirements are on file and basic services are rendered to the CHH.

The NGO through the social worker or appointed guardian with birth certificates, death certificates and necessary documentations should assist CHH apply for appropriate grants if not already in receipt and explore other applicable benefits they are entitled to. The social worker should undertake an introductory visit with the guardian to the child headed household. This should provide the premise for the following:

1. Rapport building between the child headed household and the guardian
2. Complete inventory checks in view of identifying material needs for the child headed household
3. Explaining the scope of work and parameters for the guardian to the child headed household

4. Explain the complaint procedure (It is envisaged that agencies have all complaints procedures that service users can easily access)

7.7.7 DSD panel presentation

If the conference has agreed to a care plan and they agree that conditions are met for criteria in terms of Section 137, the Social worker has the task of finalising comprehensive assessment report and the care plan (child headed plan). These will need to be presented to the Department of Social Development. The profile of the guardian (qualifications, ID, proof of registration to a professional body, police checks and Form 30), should be attached to the paperwork presented to the panel.

If DSD is of the view that threshold is clearly met and they are satisfied with submitted care plan, declarations will then need to be signed. The appointed guardian, organ of state, the agency representation and the 16 year old/ head of household will have to sign a declaration. Afterwards DSD issues an order that recognises the CHH before their names are added to the CHH Provincial register.

7.7.8 Monitoring and Evaluation

Internal M and E processes: On a bi-monthly basis the Social worker, child headed household and guardian hold meetings to discuss challenges and assess progress. The care plan for each child should be updated after such a meeting.

On a monthly basis the Social worker generates psycho-social report. The quantitative reporting to DSD on a monthly and quarterly basis will continue as

currently structured. Thus, quantitative and qualitative reporting is of essence for effective planning and future funding prospects.

7.7.9 Child headed household Review (CHHR)

Once every quarter, the social worker convenes a meeting with the professionals and the older children (according to capacity). The rationale is to discuss progress and review the care plan. At the end of the meeting, a new care plan is made, the social worker distributes contents of the care plan to the professionals and the child headed household. The social worker updates DSD with progress reports and care plans on a monthly and quarterly basis.

7.8 The extent to which the study was able to meet its objectives

This section will be devoted to a discussion of whether the objectives of the study were met. The study had three main objectives; the first was to investigate the psycho social needs of child headed households. The study found that there were diverse psycho social needs that child headed households and most of these did not emerge when they were already a child headed household but during parental illness. The need for food, financial support, housing and adult caregivers who provided love, warmth and support were not unique to child headed households. Other needs were related to familial support that was far and wide for them, due to different conflicting reasons that made them estranged. They also needed safety and access to educational opportunities that could help them improve their chances and change their destinies.

The child headed households also faced emotional distress due to routine changes and role reversal during the time their parents were terminally ill or they were absent. These psycho social challenges exacerbated when the parent was permanently gone, which worsened their circumstances, and the magnitude of their psycho social needs emerged. The feelings of grief, loss and challenges with stigma and discrimination in their respective communities aggravated their vulnerability and these findings were clearly revealed in the study. It may be concluded that the study successfully accomplished this objective with respect to the psycho social challenges of child headed households.

The other objective was to examine the safety nets and support systems available to the child headed households and their effectiveness. This objective was also met as it was revealed that there were different structures at community level that did their best to ameliorate the challenges that were faced by child headed households. There were also support systems that child headed households initiated on their own to improve their welfare. They valued sibling support and sometimes had to pursue formal and informal employment opportunities to improve their circumstances.

7.9 Suggestions for future studies

As this study cannot claim to have exhausted psycho-social challenges and experiences of child headed households in South Africa, the following suggestions are offered for future studies:

- A study that investigates the challenges that are faced by the NGOs in implementing programmes for child headed households Although the White

Paper on Families (2012) calls upon all stakeholders to join forces to remedy the problems which continue to afflict the South African society and to impede much-needed socio-economic development, little has been done to evaluate the capacities of these organisations or to enable them to overcome the challenges that they are encountering at present in the implementation of the programmes.

- The study focused only on the psychosocial functioning of child headed households and their experiences in Gauteng Province. Future studies could focus on other municipalities or provinces, in order to obtain a larger and more comprehensive assessment of the extent of the spread of child headed households, level of support and test the strength of the quality of responses by state actors and non-state actors.

REFERENCES

Abebe, T. (2009). Orphanhood, poverty and the care dilemma: Review of global policy trends: *Social work and society international online journal*, *7(1) 70-82*

Abrahams,K. & Matthews,T. (2011). Promoting Children's Rights in South Africa: A Handbook for Members of Parliament. Parliament of Republic of South Africa

Adato, M.M. & Carter, J. (2005). Exploring Poverty Traps and Social Exclusion in South Africa using Qualitative Data. *Journal of Development Studies, 4 (3) 211-218.*

Adler, A. (1984). *Praxis und Theorie der Individualpsychologie. Vorträge zur Einführung in die Psychotherapie für Ärzte, Psychologen und Lehrer*. Frankfurt am Main: Fischer Taschenbuch Verlag.

Adebe, T. & Asbjorn, A. (2007). Children, AIDS and Politics of orphan care in Ethiopia. The extended family revisited. *Social science and medicine. (64) 2058-2069.*

Agere, L.M. (2014). *An evaluation of the role of Child and youth care centres in the implementation of the South African Children's Act*. Master of Social Science Dissertation, Alice: University of Fort Hare

Anderson, B. A., & Phillips, H. E. (2006). Trends in the percentage of children who are orphaned in South Africa: 1995–2005 . Pretoria, RSA: Statistics South Africa.

Antwi, S.K. & Hamza, K. (2015). Qualitative and Quantitative Research paradigms in Business research: A philosophical reflection. *European Journal of Business Management, 7 (3) 215-225*

Arends, J.V. (2009). Cultural differences in family, marital, and gender-role values among immigrants and majority members in the Netherlands. International journal of psychology.

Ashford, L. (2006). '*Bringing information to decision makers for global effectiveness*; How HIV and AIDS affect populations. Retrieved from: http://www.prb.org/pdf06 (accessed on 11/11/2016).

Awoniyi, S.A., Aderanti, R.A & Tayo, A. S. (2011). *Introduction to research methods*. Ibadan: Abada press Ltd.

Ayieko, M.A. (2000). *From single parents to child-headed households: the case of children orphaned by AIDS in Kisumu and Siaya districts*. New York: UNDP

Ayieko, M.A (2004). From single parents to child-headed households: the case of children orphaned by AIDS in Kisumu and Siaya districts. New York:UNDP

Babbie, E. (2004). *The practice of social research, 10th Ed*. Belmont: Wadsworth/ Thomson Learning.

Babbie, E. (2001). *The Practice of Social Research* (SA Ed). Cape Town: Oxford University Press.

Babbie, E & Mouton, J. (2001). *The practice of social science research. Belmont, CA: Wadsworth*

Bandura, A. (ed.) (2001). *Exercise of personal and collective efficacy in changing societies*. New York: Cambridge University Press.

Barnett, L. A. (1990). Playfulness: Definition, design and measurement. Journal of Play & Culture, 3 (1) 319-336

Barnett, T & Whiteside, A. (2003). *AIDS in the Twenty-first century disease and globalisation*, New York: Palgrave MacMillan

Bee, H. & Boyd, D. (2004). The Developing Child. Boston, New York, Pearson.

Belsy, C. (1997). *The feminist reader: essays in gender and the politics of literary criticisms.* Malden, MA: Blackwell

Bequele, A. (2007). *The Emerging Challenges of Children Heading Households: Some Reflections*. New York: The African Child Policy Forum.

Berk, L.E. (2007). *Development through lifespan*. Boston, MA: Allyn and Beacon, Incorporated.

Bhattacherjee, A. (2012). *Social Science Research: Principles, methods, and Practices.* Florida, USA: University of South

Blanche, M. & Durkheim, K. (1999). *Research in Practice*. Cape Town: UCT Press

Bless, C., Higson, C. & Kagee, A. (2007). *Fundamentals of social research methods, An African perspective (4thEd)*. Cape Town: Juta Legal and Academic Publishers.

Boris, N. W.; Thurman, T. R.; Snider, L., Spencer, E., & Brown, L. (2006). Infants and young children living in youth-headed households in Rwanda: Implications of emerging data. *Infant Mental Health Journal, 27*(6), 584-602.

Bowlby, J. (1969). *Attachment and loss. Vol. I: Attachment*. London: Penguin Books.

Braun**,** V. & Clarke**,** V. (2006). *Using thematic analysis in psychology*. Qualitative Research in Psychology, 3 (2), 77-101.

Bregg, P. (2004). Children raising children. *Maclean's, 117* (30), 32-34.

Brendtro, L., Brokenleg, M., & Van Bockern, S. (1990). *Reclaiming youth at risk: Our hope for the future*. New Jersey: National Educational Services.

Bronfenbrenner, U. (1979). *The Ecology of Human Development .* Cambridge, MA: Havard University Press.

Bronfebrenner, U. (2004). *Making Human Beings Human.* New York: Sage Publications

Brokenleg, M., & Van Bockern, S. (1990). *Reclaiming youth at risk: Our hope for the future*. New Jersey: National Educational Services.

Brown-Luthango, M £& Mutungwa-Gulevu, E. (2016). *Informal settlement upgrading and safety experiences*. Cape Town Jhouse and the Built Environment

Bryman, A. (2001). "*Social Research Methods*". Oxford: Oxford University Press.

Bundy, D. & Mandas, F.(2006). *Ensuring Education Access for Orphans and Vulnerable children.* London: Imperial college.

Buzizi, H. (2014). *South African National HIV Prevalence, Incidence and Behaviour Survey*, HSRC, Pretoria, South Africa

Byline, Y, Tagurum, O, Chirdan, D, Bello, D, Afolaranmi, A, Hassan, Z, Iya, A & Idoko, L.(2009). Situational analysis of orphans and vulnerable children in urban and rural communities of Platean State. *Annals of African medicine, 14 (1)* 18-24.

Campbell, P.;Moroni, M & Webb, D. (2008). A review of monitoring and evlautaion in support of orphans and vulnerable children in Eastand Southern Africa. Vulnerable children and youth studies, 3(3), 159-173.

CARE. (2004). *A Model of Community-Based Organisations for Orphans and Vulnerable Children*. Care International. Retrieved from http://www.pdf.usaid.gov/pdf/pdacw762. (Accessed 25 September 2016).

Chames, C & Lomofsky, D. (2016). Planning, Monitoring and Evaluation for Development Projects.United Kingdom

Chilangwa, B. (2004). *Zambia's Orphans and Vulnerable Children*. Lusaka, Zambia. Ministry of Sport, Youth and Child Development.

Children's Institute, (2007). *The South African Children's gauge*. University of Cape Town, Childrens Institute.

Chirau, T. (2015). *Livelihood Strategies of Female-Headed Households in the former Bantustans of Post-Apartheid South Africa: the cases of Nonaliti and KwaNdindwa.* PhD thesis. Grahamstown: Rhodes University.

Christensen, Z., Homer, D., & Nielson, D. (2006). Dodging adverse selection: How donor type and governance condition aid's effects on school enrolment. *World Development, 39* (11), 2044–2053.

Cluver, L.; Garder, F. & Operariro, D. (2009). Poverty and psychological health among AIDS orphaned children in Cape Town, South Africa,. AIDSCARE, 21 (6), 732-741.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches.* Washington DC: Sage publications.

Cresswell,J.W. (1998). Qualitative Inquiry and research design: Choosing among five traditions: London: Sage publications.

Dandeneau, F. S., & Isaac, C. (2009). Community resilience: Models, metaphors and measures. Journal of Aboriginal Health, 5 (1) 62-117.

Dawes, A.; Bray, R. & van der Merwe, A. (2007). *Monitoring Child Well-Being: The South African Human Rights-based Approach.* Pretoria: HSRC.

De Klerk, G. (2006). HIV/AIDS and the education of African children: An essay review. *EducationReview, 9*(6). Retrieved from: http://edrev.asu.edu/essays/v9n6index.html/ (Accessed 27 September 2015).

Denzin, NK. (1978). Sociological Methods. New York: McGraw-Hill.

Denzin, N.K. & Lincoln, Y.S. (2000). "Introduction: The Discipline and Practice of Qualitative Research". In E. Bell & H. Willmott (Eds), Handbook of Qualitative Research (pp. 1-29). Thousand Oaks: Sage.

Department of Health (2012). *Psychosocial support (PSS) for children and Adoloscence affected and infected by HIV*. Pretoria: Department of Health. Pretoria

Department of Social Development (2005). *Policy Framework on Orphans and other Children Made Vulnerable by HIV and AIDS in South Africa*. Pretoria: Department of Social Development.

Department of Social Development (2007). *Norm and standards for developmental social welfare services*. Thutukisa. Pretoria: DoSD.

Department of Social Development (2010). Five year strategic and performance plan. Retrieved from www.socdev.gpg.gov.za. (Accessed 12/10/2016).

Desmond, C.; Michael, K. & Gow, J. (2004). *The Hidden Battle: HIV/AIDS in the Family and Community. Durban, South Africa:* HEARD, University of Kwazulu-Natal.

De Vos, A. S. (2010). *Research at Grass Roots: For the social sciences and human services profession*s. Pretoria: Van Schaik Publishers

De Vos, A.S. (2005). Qualitative data analysis and interpretation. In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L.(eds) *Research at Grass Roots for the Social Sciences and Human Services Professions* (3rd ed.). Pretoria: Van Schaik Publishers: 333-349.

De Vos, A.S., Fouche, C.B & Venter. L.N. (2007) Qualitative data analysis and interpretations. In De Vos, A.S. Strydom, H., Fouche, C.B. and Delport, C.S.L. (eds) *Research at grassroots for the social sciences and Human Sciences professions* (Third ed). Pretoria: Van Schaik publishers.

De Vos, A. S. (2011). Combined qualitative and quantitative approach In De Vos, A.S., Strydom, H., Fouche, C.B & Delport, C.S.L (eds) (3rd edition). *Research at Grassroots for the social sciences and human service professions*. Pretoria: Van Schaik Publishers.

Diamantopoulos, A. & Schlegelmilch, B. B. (2006). *Taking the fear out of data analysis*. London: Thompson Learning.

Domino, G., & Domino, M. L. (2006). *Psychological testing: An introduction*. New York: Cambridge University Press.

Donald, R.T. (2010). Donald (2010). Recommendation concerning HIV/AIDS and the world of work. Retrieved from http://www.ilo.org/dyn/normlex//en. (Accessed 14 April 2016).

Donald, D., & Clacherty, G. (2005). Developmental vulnerabilities and strengths of children living in child headed households: A comparison with children in adult-headed households in equivalent impoverished communities. *African Journal of AIDS Research, 4* (1), 21-25.

Dorrington,R.; Bradshaw,D & Budlender,D. (2002).*HIV/AIDS Profile in the Provinces of South Africa: Indicators for 2002*; Cape Town: Centre for Actuarial Research, University of Cape Town.

Durheim, K. & Wassenaar, D. (2004). Putting design into Practice: Writing and Evaluating research proposals, In Terre Blanche, M and Durheim, K (editors). *Research Practice: Applied methods for the social sciences*. Cape Town, University of Cape Town Press.

Ebersohn L.& Eloff, I. (2006). Identifying asset-based trends in sustainable programmes which support vulnerable children. South Africa Journal of Education, 26 (3), 457-472

Egan and Kauchack (2010). Educational Psychology: Windows on Classrooms, 9th Edition. University of North Florida

Erikson, E.H. (1968). *Identity: Youth and Crisis*. London: Faber.

Evans, R. (2012). Safeguarding inheritance and enhancing the resilience of orphaned young people living in child- and youth-headed households in Tanzania and Uganda, *African Journal of AIDS research*. 11(3), 177-189

Feinstein and O'kane (2005). Feinstein, C. and O'Kane, C. (2009) Children and adolescent's participation and protection from sexual abuse and exploitation. UNICEF Innocenti Publication, IWP 2009-09.

Fonagy,P.; Steele, M.; Higgit, A. & Target, M. (1994). *The theory and practice of resilience*. *Journal of Child Psychology and Psychiatry*. 35(2), 231-257

Foster, G. (2000). The capacity of the extended family safety net for orphans in Africa. *Psychology, Health & Medicine, 5* (1), 55-63.

Foster, G.; Makufa, C.; Drew, R., & Kralovec, E. (1997). Factors leading to the establishment of child-headed households: The case of Zimbabwe. *Health Transition Review, 7* (Suppl 2), 155-168.

Fox, C. (2007). Children's understanding of mental illness: an exploratory study. Child: *Care, health and development*. 34 (1), 10-18.

Freeman, M., & Nkomo, N. (2006). Assistance needed for the integration of orphaned and vulnerable children: Views of South African family and community members. *SAHARA: Journal of the Social Aspects of HIV/AIDS,* 3 (3), 503-509.

Ganga, E. & Chinyoka, K. (2010). Exploring psychological Disorders caused by poverty amongst orphans and vulnerable children living within child-headed households. *Journal of Sustainable Development in Africa*. 2 (4), 186-192 .

Germann, S. E. (2006). An exploratory study of quality of life and coping strategies of orphans living in child-headed households in high HIV/AIDS prevalent city of Bulawayo, Zimbabwe. Unpublished doctoral thesis. Pretoria: University of South Africa

Germann, S. E. (2007). Call to action: What do we do? In R. Pharoah (Ed.), A generation at risk? HIV/AIDS, vulnerable children and security in Southern Africa (276) (ISS Monograph No 109) (pp. 93-114). Pretoria, South Africa: Institute for Security.Studies. Retrieved from:http://www.iss.co.za:16080/pubs/Monographs/No109/Contents.htm [March 12, 2008]

Gilligan, R. (1997). *Promoting the mental health of children in need*. In Payne,H. & Butler, I. (eds) Quality Protects research Briefing: London, Research in Practice.

Gonzalez de la Rocha, M. (2007). 'The Construction of the Myth of Survival'- *Development and Change*, 38(1), 45-66.

Grinell, R. M. (1993). *Social Work Research and Evaluation.* ltacsa:F.E. Peacock.

Grix, J. (2010). *The Foundations of Research*. (2nd ed). Palgrave MacMillan.

Guba, E. & Lincoln, Y. (1994). "Competing paradigms in qualitative research". In N. K. Denzin & Y. S. Lincoln (Eds.), *Hand book of qualitative research* (1 ed.,105-117). Thousands Oaks, CA: Sage.

Guest, G.& Macqueen,K.(2008). Re-evaluating guidelines for qualitative research. In Guest, G.& Macqueen,K (Eds). *Handbook for team-based qualitative research* (205-226). Lanham, MD:AltaMira Press.

Guion, L. A.; Diehl, D. C. & McDonald, D. (2011) "*Triangulation: Establishing the Validity of Qualitative Studies"*. Florida: Department of Family, Youth and Community Sciences, Florida Cooperative Extension Service, Institute of Food and Agricultural Sciences, University of Florida.

Gumede, P.R. (2009). The psychosocial wellbeing of teenaged orphans in rural community, KwaZulu Natal. MA dissertation, University of South Africa.

Heale, R. & Twycross, A. (2015). Validity and Reliability in quantitative studies. *Evidence Based Nursing Journal, Vol 18 (3), 116-127.*

Henderson, P.C. (2001). South African AIDS orphans: Examining assumptions around vulnerability from the perspective of rural children and youth. *Childhood*, 13(3), 303-327.

Hennink, M.; Hutter, I and Bailey, A. (2011). Qualitative Research Methods. London: Sage Publications.

Hirschheim, R.; Klein, H. K., & Lyytinen,K. (1995). A Comparison of Five Alternative Approaches to Information Systems Development. *Australian Journal of information Systems*, 5 (1), 347-354

HIV/AIDS Strategic Plan for South Africa, 2000-2005. Retrieved from http://www.data.unaids.org/topics/nsplibrary/nspafrica/nsp_south_africa_2000_2005_en.pdf. (Accessed 14 February 2015)

HIVSA (2015). HIV/AIDS in South Africa. Retrieved from http:www.hivsa.com/?q=content/hiv-aids-south-africa. (Accessed 16 August 2016)

Holloway, I. & Wheeler, S. (2013). Qualitative research in nursing and healthcare. John Wiley & Sons

Hulley, C. (2006). *Child-headed households and Human Rights*. Cape Town: Centre for the Study of Violence and Reconciliation.

Human Sciences Research Council (2014). 'South African National HIV prevalence incidence and Behaviour survey 2012'. Pretoria: HSRC

India HIV/AIDS Alliance (2006). *A situation analysis of child-headed households and community foster care in Tamil Nadu and Andhra Pradesh State, India.* New Dehli, India: HIV/AIDS Alliance and Tata Insitute of Social Sciences.

Ivankova, N., & Kawamura, Y. (2010)."Emerging trends in the utilization of integration designs in thesocial, behavioral and health sciences". London, England: SAGE.

Jamieson, L.; Matthews, S. & Berry, L. (2017). Strengthening the child protection system in South Africa, Cape Town: Children's Institute, University of Cape Town

Janes, D. M. (2015). *The Economic Development in Africa Report.* Retrieved from http://www.unacted.org./en/PublicationsLibrary/aldcafrica2015_en.pdf (Accessed 23 April 2016)

Johnson, L. C. (1992). *Social Work Practice: A Generalist Approach.* Boston: Allyn and Bacon Inc.

Johnson, L. & Dorrington, R. (2001). *The impact of AIDS on orphanhood in South Africa: A qualitative analysis*. Centre of Actuarial research. Cape Town: University of Cape Town.

Jones, L. (2005). Childcare in poor urban settlements in Swaziland in an era of HIV/AIDS. *African Journal of AIDS Research, 4*(3), 161-171.

Kasese-hara, M. M.; Ndebele, M. & Pillay, N. (2012). Health and psychological well-being of caregivers and households of orphans and vulnerable children, (OVC) from a low-income South African community, *Journal of Psychology in South Africa, 22 (3)*, 453-439

Kapesa, M. J. (2015). Understanding resilience and coping in child headed households in Mutasa District, Zimbabwe. Doctoral thesis. Pretoria: University of South Africa.

Katyal, S. (2015). A study of resilience in orphan and non-orphan children, *International journal of multi-disciplinary research and development* .2 (7), 325-327.

Killian, B.J. (2004). Risk and resilience. In Pharoah, I.R. (ed). *A generation at risk. HIV/AIDS, vulnerable children and security in Southern Africa* (pp 33-63) Pretoria: Institute of Security studies

Krauss, S.E. (2005), "Research paradigms and meaning making: A Primer". *The Qualitative Report.* 10 (4), 758-770

Korevaar, J.K. (2009). *Globalisation and its effects on education with its specific reference to education in South Afric*a. Retrieved from http://unesdoc.unesco.org/images/0016/001627/162723e.pdf.(Accessed on 7 June 2016)

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 43 (3), 214-219.

Kuhn, T. (2012). *The Essential Tension: Selected Studies in Scientific Tradition and Change*. Chicago: University of Chicago Press

Kurebwa, J. & Kurebwa, Y, N. (2014). Coping strategies of child headed households in Bindura Urban of Zimbabwe. *International Journal of innovative research and development, 3 (11), 236-249*

Leatham, C.P. (2005). *The Lived Experiences of Adolescent learners from Child headed households in the Northern Free State*. Mini-dissertation. Pretoria: Department of educational Psychology: University of Johannesburg

Lee, T.Y. (2012). Children's resilience-related beliefs as a predictor of positive child development in the face of adversities: Implications for interventions to enhance children's quality of life. *Social Indicators Research*, 93 (3), 437-453.

Leedy, P. D. & Ormrod, J.E. (2005). *Practical Research: Planning and design* 8thEd*.* New Jersey: Pearson Educational International and Prentice Hall.

Le Roux, J. (1994). *The Black child* in *crisis: A socio-educational perspective. (*Vol 2). Pretoria: J L Van Schaik.

Le Roux-Kemp, A. (2015). Child headed households in South Africa: the legal and ethical dilemmas when children are the primary caregivers in a therapeutic relationship. Retrieved from: (www.academia.edu/3070767/childheaded households. (Accessed on the 09/02/2017)

Loening-Voysey, H & Wilson, T. (2001). *Approaches to caring for children orphaned by AIDS and other Vulnerable Children*, New York: UNICEF/IUPHC.

Lombard, A. (1991). *Community work and community development*. *Perspectives on social development.* Pretoria: Haum-Tertiary.

Lombard, A. **(**2008), The impact of social transformation on the non-government welfare sector and the social work profession. *International Journal of Social Welfare*, 17 (2), 124–131.

Lorenz, K. (1979). *On aggression*. London: Methuen. [Translated from the German]

Louw, D.A. (1998). *Human development.* Pretoria: Hawn.Lyons,

Luzze, F. (2002). *Survival in child-headed households: A study on the impact of World Vision support on coping strategies in child-headed households in Kakuuto*
County, Rakai District, Uganda, Leeds: University of Leeds.

MacLellan, M. (2005). *Child-Headed Households: Dilemmas of Definition and Livelihood Rights.* Coventry, UK: African Studies Centre.

McMillan, J. H. & Schumacher, S. (2009). Research in Education: Evidence-Based Inquiry, 7th Edition. Virginia Commonwealth University.

Magwa, S & Magwa, W. (2016). Challenges affecting schooling faced by child-head families: a study of perceptions by teachers, parents and learners in Masvingo district. European Journal of Research and Reflection in Educational Sciences. 4 (10):19-27

Maletic, D.; Maletic, M. & Gomiscek, B. (2012). "The relationship between continuous improvement and maintenance performance". *Journal of Quality in Maintenance Engineering*, 18 (1), 30-41.

Maphalala, M. C & Ganga, E. (2014). Developmental experiences of OVC in child headed households and the impact on cognition and learning: Mediterranean journal of Social sciences, 5 (3), 312-323

Marais, B. J. (2005). *Poverty and Human Immunodeficiency Virus in Children. Annals of the New York academy of sciences. Vol 1136, 21-27*

Marczyk, G., DeMatteo, D. & Festinger, D. (2005), “Essentials of Research Design and Methodology”. New Jersey. John Wiley and Sons, Inc

Maslow, A. (1943). Maslow’s hierarchy of needs. A dictionary of public health, Oxford university press.

Masondo, G. (2006). *The lived-experiences of orphans in child-headed households in the Bornkhorstspruit area: A psycho-educational approach.* Unpublished Master’s Degree, Johannesburg, RSA: University of Johannesburg.

Masten, A. S. (2010). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, 2 (3), 141–154.

Maqoko, Z. & Dreyer,Y. (2007). Child-headed households because of the trauma surrounding HIV/AIDS,.*Theological Studies*, 63 (2), 717 – 731.

Maxwell, J. A., & Loomis, D. (2002). Mixed method design: An alternative approach. In Tashakkori, A & Teddlie, C. (eds.), Handbook of mixed methods in social and behavioural research (pp. 241–271). Thousand Oaks, CA: Sage.

Meintjies, H., Hall, K., Marera, D. & Boulle, A. (2010). Orphans of the AIDS Epidemic. The extent, nature and circumstances of child-headed households in South Africa. *AIDS care*, 22 (1) 40-49.

Meintjes H., Hall K. , Marera D. & Boulle A. (2009). *Child-headed households in South Africa: A statistical brief*. Cape Town: Children’s Institute, University of Cape Town.

Meintjes, H., Budlender, D., Giese, S. Johnson, L. (2003).*Children ‘in need of care’ or in need of cash? Questioning social security provisions for orphans in the context of the South African AIDS pandemic*, Cape Town: Children’s Institute & Centre for Actuarial Research, University of Cape Town.

Meintjes, H. & Giese, S. (2006). Growing Up in a Time of AIDS: The Shining Recorders of Zisize, Children and young people’s participation and its transformative potential, Cape Town: Children’s Institute, University of Cape Town.

Merriam, S. (1998), “Qualitative Research and Case Study Applications in Education” (2nd ed.). San Francisco: Jossey-Bass.

Mertens, D. M. (2010). *Research and Evaluation in Education and Psychology: Integrating Diversity with Quantitative, Qualitative, and Mixed Methods* (3rd ed.). Thousand Oaks: Sage.

Mitchell, M., & Jolley, J. (2012). *Research design explained*. USA: Cengage Learning.

Mkhize, Z.M. (2006). Social functioning of a child headed household and the role of social work. Unpublished D Litt et Phil. Pretoria: University of South Africa

Mothapo, M.C. (2016). Exploration of the psychological experiences of learners from child-headed families in Mankweng area, Limpopo province. (MA dissertation). Limpompo: University of Limpompo

Mthethwa, S.M. (2009). Challenges faced by child headed families at Mahlabathini in Kwa Zulu Natal. Master of Arts Community Work dissertation: Zululand: University of Zululand

Mturi, A. (2012). Child headed households in South Africa: What we know and what we don't. *Development Southern Africa*, 29 (3), 506-516

Muchanyarei, B. (2015) '*Challenges experienced by social workers in placing children living with HIV in foster care in Johannesburg'*. Master of Social work (Health Care) mini-dissertation: Pretoria: University of Pretoria

Murenje, M. (2012). *The state of refugees in Cape Town, South Africa*. Masters dissertation: Ibadan: University of Ibadan, Nigeria

Murphy, L. L.; Harvey, P., & Silvestre, E. (2005). How do we know what we know about the impact of AIDS on food and livelihood insecurity? A review of empirical research from rural Sub Saharan Africa. *Human Organization, 64* (3), 265-275.

Muyomi. B. (2012). Forced into adulthood: An exploration of psychosocial dynamics in child-headed households. Council for the development of social research science in Africa, 37 (3), 193-207.

National Action Plan for orphans and other children made vulnerable by HIV/AIDS in South Africa (2009-2012), Government of South Africa, Pretoria

Nelson Mandela Foundation (2001). Nelson Mandela Children's Fund Report on: A study into the situation and special needs of children in child-headed households, Highlands North. Retrieved from: www.mandela-children.com/english/worddoc/Report.doc. (Accessed 29 March 2015)

Nesengani, R.I. (2005). The need of Rural Parent-Absent Early Adolescents. Doctoral dissertation. Johannesburg: University of Johannesburg

Neuman, W. L. (1997).'*Social research methods.Qualitative and Quantintative Approaches'. Needham heights,* MA. Allyn &Bacon

Neuman, W. L. (2008). *Quantitative and Qualitative Approaches. Social Science Research Methods*. (6th Ed). United States of America: Pearson Education.

Ngonyama, G. L (2013). Exploring community resilience strategies on challenges faced by orphans and vulnerable children affected by HIV/AIDS in Erkhuleni metropolitan municipality, Gauteng. Masters Dissertation. Pretoria: UNISA

Nkomo, N. (2006). *The experiences of children carrying responsibility for child-headedhouseholds as a result of parental death due to HIV/AIDS.* Unpublished Masters Thesis, Pretoria, University of Pretoria.

Nyambedha, E.O.; Simiyu, W & Hansen, A. (2001). "Policy implications of the inadequate support." *Health Policy*: 5 (8), 83-96.

Oleke, C., Blystad, A., & Rekdal, O. B. (2005). "When the obvious brother is not there": Political and cultural contexts of the orphan challenge in northern Uganda. *Social Science & Medicine,61* (12), 2628-2638.

Olsen, M.E., Lodwick,D.G., & Dunlap, R.E.(1992). Viewing the world ecologically. Boulder, CO:Westview

Onuoha, F. & Munaka, T. (2010). Gender psychosocial health of children orphaned by AIDS. *Vulnerable children and youth studies*, 5 (3), 256-267

Phillips, C. (2011). Child-headed households- a feasible way forward, or an infringement of children's right to alternative care. Retrieved from www.charlottephillips.org. (Accessed on 15 June 2016)

Oswalt, J.2008). Report on the Global HIV/AIDS Epidemic. UNAIDS, Geneva.

Phillips, L. (2015). An outcome evaluation of psychosocial services provided to OVC in the Western Cape. Cape Town: Department of Social Development, Western Cape, South Africa.

Pisani, E. (1997). The Socio-Demographic Impact of AIDS in Africa, 3-6 February 1997, Durban,South Africa. *African Journal of Reproductive Health / La Revue Africaine de la Santé Reproductive, 1* (2), 105-107.

Plan Finland (2005). *Helping AIDS orphans in child-headed households in Uganda*. Finland: Plan Finland.

Pringle, M.R. (1987). *The needs of children.* London: Hutchinson & Co Ltd.
Sroufe.

Republic of South Africa. (2005). *Children's Act (No 38 of 2005)*. Pretoria: Government Printer. *South African Social Security Agency Act, Number 9 of 2004*.
Pretoria, South Africa: Government Printers. Available:
http://www.info.gov.za/view/DownloadFileAction?id=67983 [August 24, 2016]
Republic of South Africa

Republic of South Africa (RSA). 2012. National Plan of Action for Children in South Africa. Pretoria: Department of Women, Children and People with Disabilities

Republic of South Africa. (2005). *Children's Amendment Bill (B 19F - 2006)*. Pretoria, South Africa: Government Printers. Retrieved from http://www.info.gov.za/gazette/bills/2006/b19f-06.pdf (Accessed on 15 February 2016)
Republic of South Africa. (1996). *The Constitution of the Republic of South Africa. (Act 108 of 1996)*. Pretoria: Government Printers

Republic of South Africa (1997). *The White Paper for Social Welfare*. Pretoria: Government Printer

Republic of South Africa (2012). *The White Paper on Families. Pretoria*: Government Printer

Republic of South Africa (2005). The Education Amendment Act No. 24 of 2005. Pretoria. Government Printer

Republic of South Africa (2005). The National Family Policy. Pretoria. Government Printer

Republic of South Africa. (2004). *Social Assistance Act, Number 13 of 2004*. Pretoria, South Africa: Government Printers. Retrieved from http://www.info.gov.za/view/DownloadFileAction?id=67983 (Accessed on15 February 2016)
Republic of South Africa (1996). South African Schools Act (1996). *(Act 84 of 1996).* Pretoria: Government Printers.

Richter, L. (2004). The impact of HIV/AIDS on the development of children. Pretoria, South Africa: Institute for Security Studies. Retrieved from http://www.iss.co.za:16080/pubs/Monographs/No109/Contents.htm. (Accessed 14 July 2016)

Ro, E. (2010). “Conceptualisation of psychosocial functioning: Understanding structure and relations with personality and psychopathology”. PhD thesis, Iowa: University of Iowa.

Roalkuam, S. (2005). The children left to stand alone. *African Journal of AIDS Research, 4* (3) 211-218.

Robson, S., & Kanyanta, S. B. (2007). Moving towards inclusive education policies andpractices? Basic eduation for AIDS orphans and other vulnerable children in Zambia.*International Journal of Inclusive Education, 11* (4), 417-430.

Rogers, C. (1984)). *Client-centered therapy*. Boston: Houghton Mifflin.

Ross, E. & Deverell, A. (2010). Psychosocial approaches to health, illness and disability. Hatfield, Pretoria : Van Schaik Publishers

Rubin, A. & Babbie, E.R. (2016). Research Methods for Social Work. California: Wadworth

Sarantakos, S. (2005), “Social Research”. (3rd ed.). Melbourne: Macmillan Education.

Saunders, M.; Lewis, P. & Thornhill, A. (1997). Research Methods for Business Students. Pitman Publishing, London.

Save the Children (2007). *African Children without Family Care*. Pretoria: Save the Children.

Seale, C. (1999). The Quality of Qualitative Research. California: Wadworth

Scheibe. L.B. (2015). Global AIDS response progress reporting. New York: UNAIDS

Schoenteich, M. (2001). AIDS and age: SA’s crime time bomb. *AIDS analysis Africa,* 10 (2), 1-4.

Schulze, S. (2003). “Views on the Combination of Quantitative and Qualitative Research Approaches”:Pretoria: University of South Africa. *Progression* 25 (2), 8-20

Seifert, K. L. & Hoffnung, N. J. (1994). *Child and Adolescent development*. Houghton: Millin Company.

South African National Aids Council (2011). National Strategic Plan 2012-2016, Pretoria: South African National Aids Council

Skinner, D., Davids, A., Matlaku, T., Phakedi, R., Mohapeloa, P., Romao, S., Mdwaba, T., Kazi, N. & Mundondo, J. (2006). *A reflection on values, principles*

and organisational issues. Cape Town*:* Human Sciences Research Council. Cape Town*.*

Smart, R. (2003). *Policies for Orphans and Vulnerable Children: A Framework for Moving Ahead*. Washington, Policy Project, Futures group.

Smith, T. (2003). *A Teenage Parenting Guide*. Pretoria: Save the Children

Smith,P. L & Ragan,T. J. (2005). *Instructional Design, 3rd Edition,* John Wiley & Sons, Inc.,New York

Statistics South Africa 2011. *South African Statistics 2011*. [online] Available at http://www.statssa.gov.za/publications/SAStatistics/SAStatistics2011.pdf (accessed 10/05/2013).

StatsSA (2015). *Yearly archives*. Statistics South Africa, South Africa

StatsSA (2016). *Community Survey*. Pretoria:StatsSA

Strydom, H. (2002). Ethical aspects of research in the social sciences and human service professions. In De Vos, A. S. (ed.) *Research at grassroots: For the social sciences and human service professions.* Pretoria: J.L Van Schaick .

Strydom, H. (2011). Ethical aspects of research in the social sciences and human service professions. In A.S. De Vos, H. Strydom, C.B Fouche, and C.S.L. Delport (Eds), *Research at grassroots: For the social sciences and human service professions* (4th ed., pp 369-372). Pretoria Van Schaik Publishers.

Strydom, H. & Venter, L. (2002). Sampling and sampling methods, In De Vos, A. S Strydom, H.; Fouche, C.B and Delport, C. S. L.(eds). *Research at grassroots: For the social sciences and human services professions.* Pretoria: Van Schaick.

Struwig, F. W. & Stead, G. B. (2001). *Planning, Designing and Reporting Research*. Cape Town: Pearson Education South Africa.

Swart, E. & Pettipher, R. (2005). A Framework for Understanding Inclusion. In E. Landsberg, D. Kruger & N. Nel (Eds.), *Addressing Barriers to Learning: A South African Perspective.* Johannesburg: Van Schaik Publishers

Tappen, R. (2010). Advanced nursing research. Jones & Bartlett Learning

Taylor, M. V. (2011). Parental perspectives on nurture groups: the potential for engagement. *British Journal of Education*. 38 (2), 73-82.

Theron, L.C. (2012). Towards an African definition of resilience: A rural South African Community's view of resilient Basotho Youth. *Journal of Black Psychology*. 39 (1) 63-87.

Theron, L.C; Liebenberg, L., & Ungar, M. (2015). Youth resilience and culture: Commonalities and complexities. Dordrecht, the Netherlands: Springer.

Thornton, B. (2011). Risk Assessment in children's social care. Bruce Thornton, Development and Training, United Kingdom.

Thurman, T, Jairob, B & Rice, T. (2012). Caring for the caregiver and evaluation of support groups for guardians of OVC in Kenya. AIDSCARE, 24 (7) 811-819

Thurman, T. R., Snider, L. A.; Boris, N. W., Kalisa, E., Nyirazinyoye, L., & Brown, L. (2008). Barriers to the community support of orphans and vulnerable youth in Rwanda. *Social Science & Medicine, 28 (6), 736-744.*

Trawick-Smith, J. (2003). Early Childhood Development- A Multicultural Perspective 3rd ed: Ohio: Merrill Prentice Hall

Tyabazayo, T. (2009). The duty of the state to give effect to the rights of children in child headed households in the context of section 28(1) (b) and (c) of the Constitution of the Republic of South Africa, 1996. Dissertation (Master of Law). Pretoria: University of South Africa

UNAIDS (2004). *2004 report on the global AIDS epidemic*, Geneva, UNAIDS

UNAIDS. (2006). *2006 Report on the Global AIDS Epidemic. Chapter 4*. UNAIDS

UNAIDS (2014). The Gap report 2014. Retruieved from files.unaids.org/../unaidspublication/2014/UNAIDS_Gap_report (Accessed 15 February 2016)

UNAIDS (2016). 'The Gap Report 2016. Retrieved from files.unaids.org/.../unaidspublication/2014/UNAIDS_Gap_report_ (Accessed on 15 February 2016)

United Nations Development Programme. *Millennium Development Goals. (*2010). Retrieved from http://www.undp.org/mdg/ (Accessed December 9 2014).

UNICEF (1989) *Convention on the Rights of the Child.* UNICEF.

UNICEF. (n.d). A simplified version of the United Nations Convention on the rights of the child. Retrieved from https://www.unicef.org.au/Upload/UNICEF/Media/Our%20work/childfriendlycr Accessed 05/08/2016.

UNICEF. (2000*). The State of the world's children report*. New York

UNICEF. (2003). *Africa's orphaned generation*. New York

UNICEF. (2004). *The state of the world's children: Child Survival*. New York

UNICEF.(2006). *The State of the world's children report: Excluded and Invisible*. New York

UNICEF. (2010). "*Africa's Orphaned and Vulnerable Generation: Children Affected by HIV/AIDS." UNITE FOR CHILDREN.* New York, UNICEF.

UNICEF. (2011). The State of the world's children report. New York

UNICEF.(2012). The State of the world's children report. New York

UNICEF. (2015). Unite for children against HIV/AIDS. New York

Ungar, M. (2011). Community resilience for youth and families: Facilitative physical and social capital in contexts of adversity. *Children and Youth Social Services Review*, 3 (3), 1742–1748.

Urassa, M., J.T. Boerma, J. Z. L. Ng'weshemi, R. Isingo, D. Schapink and Y. Urassa, M., J.T. Boerma, J. Z. L. Ng'weshemi, R. Isingo, D. Schapink and Y. Kumogola. (1997).Orphanhood, child fostering and the AIDS epidemic in rural Tanzania. *Health and Transition review*, 7 (2), 141-153.

Van Breda, A.D. (2010). The phenomenon and concerns of child headed households in Africa. In M. Liebel and R. Lutz (eds.), *Soziarlabeit des Sudens, Band III: Kindheiten und Kinderrchte* (pp 259-280). Oldenburg: Paolo Freire Verlag

Van Den Berg, E. (2010). *Factors influencing the capacity of extended families to provide psychosocial support to AIDS orphans*. MA Dissertation, Pretoria: University of South Africa.

Van den Berg, W., Hendricks, L., Hatcher, A., Peacock, D., Godana, P., & Dworkin, S. (2013). 'One Man Can': shifts in fatherhood beliefs and parenting practices following a gender-transformative programme in Eastern Cape, South Africa. *Gender & Development*, *21*(1), 111-125.

Van Dyk, A. (2012). HIV and AIDS**,** Education, Care and Counselling. A Multidisciplinary Approach. 5th ed, CTP Printers, Cape Town.

Veale, A. & Giorgia, D. (2001). Street children and political violence: a socio-demographic analysis of street children in Rwanda. *Journal of Child Abuse and Neglect*, 27 (2), 253-269.

Vranda, M. & Mothi, S. (2013). Psychosocial issues of children infected with HIV/AIDS. *Indian Journal of psychological medicine*, 35 (1),19-22.

Walker, L. (2009). 'We will bury ourselves': A study of child-headed households on commercial farms in Zimbabwe. *Zimbabwe, Harare: Farm Orphan Support Trust of Zimbabwe*.

Walsh, M. (2001). *Research made real: A guide for students.* London: Ashford Colour Press.

Wand, Y. & Weber,R.(1993). On the ontological expressiveness of information systems analysis and design grammars.Information systems journal, Vol 3(4)

Ward C. (2007). "Neighbourhood Indicators: Monitoring child rights and well-being at small-area level" in Dawes A.; Bray R. & van der Merwe A. (eds). Monitoring Child Well-being: A South African rights based approach. Cape Town: Human Sciences Research Council.

Ward, L. M & Eyber, C. (2009). Resiliency in child headed households in Rwanda: implications for community based psychosocial interventions. *Intervention: Journal of Mental Health and Psychosocial support in conflict affected areas*, 7 (1) 17-33.

Waspe, M. A. (2007). Child-Headed Household – A Challenge for Child and Youth Care Work: A Qualitative study. Unpublished Mini-Dissertation. Pretoria: University of South Africa.

Weckesser, A. M. (2011). An ethnography of materiality of care in rural Mpumalanga, South Africa. Doctoral thesis: Warwick, University of Warwick, United Kingdom

Whiteside, A. (2008). The economic impact of AIDS. In Abdool Karm S.S & Abdool Karim, Q (Eds.), *HIV/AIDS in South Africa,* Cape Town, RSA: Cambridge University Press

WHO (2007). World Health Assembly. Resolution WH47.5 on Infant and Young child nutrition. Retrieved from http://www.who/int/nutrition/topics/WHA47.5_iycn_.pdf. (Accessed 24 September 2015)

Wiid, J. & Diggines, C. (2009). *Marketing research*. Cape Town: Juta and Company Ltd

Wolcott, H. F. (1994). *Transforming Qualitative Data: Description, Analysis and Interpretation.* Thousand Oaks, CA: SAGE Publications

Vigh, H. (2006) *Navigating Terrains of War: Youth and Soldiering in Guinea-Bissau* (New York: Berghahn Books).

Yamba, C. B. (2006). Loveness and her brothers: Trajectories of life for children orphaned by HIV/AIDS in Zambia. *African Journal of AIDS Research, 4*(3), 205-210.

Yeasmin, S. & Rahman K. F. (2012). "'Triangulation' Research Method as the Tool of Social Science Research". *BUP Journal*, 1 (1), 154-167.

Yin, R.K. (2004). *Case study research*: Design and methods (3d ed.). Thousand Oaks, CA: SAGE Publications

Yin, R. K. (2012). *Applications of case study research*. USA: Sage.

Yin, R. K. (2014). Case Study Research: Design and Methods. (5th ed): Sage.

Zainal, Z. (2007). Case study as a research method. *Jurnal Kemanusiaan, (9), 1-6*

Ziehl, S.C. (2002) Baby headed households: Media (mis) representations and the AIDS debate: *Society in Transition*, 33 (3), 432-46

APPENDICES

APPENDIX 1: CONSENT FORM

I hereby confirm that:

□ I have understood the information provided regarding the study.

□ I am aware that a tape recorder will be used to capture data during this study.

□ I understand that participation in this study is voluntary.

□ I have the right to withdraw from the study at any time.

□ I understand that no payment will be received for participating in this study.

□ I have a right to access the study results if I so wish.

I hereby confirm that I fully understand the conditions of this study and what my rights and responsibilities as a participant are.

I am therefore willing to participate in this study.

Signature: .....

Date: .....

APPENDIX 2: CONSENT FORM FOR CHILDREN

You are being invited to take part in a research project. The aim of the research is to look at the psychosocial functioning and experiences of children living in child headed households in the Gauteng Province. It tries to investigate on the holistic challenges and experiences that child headed households endure and also their coping mechanisms they employ to deal with life stressors. The study also aims to elicit the holistic element of child headed households in how they deal with conflicts and day to day management of their households. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do initially agree to take part.

This study has been approved by the University Research Ethics Committee at the University of Fort Hare and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research. Since you/siblings are considered to be child living in a child headed household, you meet the criteria for selection to enquire on your/their feelings, perspective and experiences of living in such a family setup. That is the data that will assist in finding out the psychosocial functioning and experiences altogether of children in child-headed households. The responsibility of the investigator is to administer the questionnaire and interpret where you do not understand. I will also make sure that your rights are not infringed in any manner during the process and that all the information given is treated as confidential and there are no risks in this study. Nothing will be held against you if you do not agree to take part. The information collected will be confidential and protected and it is for a PhD thesis.

Assent: Children with an age of 7 and above must give assent to participate in research

Declaration by CHILD

By signing below, I *(name of child*)* ……..…… ,……. years old, agree to take part in a research study entitled *(The psychosocial functioning and experiences of children in child headed households in Gauteng province, South Africa).*

I declare that:

- I have read or had read to me this information and consent form and that it is written in a language with which I am fluent and comfortable.
- If I am older than 7 years, he/she must agree to take part in the study and his/her ASSENT must be recorded on this form.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to withdraw from the study at any time and I will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished if the study doctor or researcher feels it is in my child's best interests, or if I do not follow the study plan as agreed to.

Signed at (*place*) .....…….. on (*date*) ……..……

....
Signature of parent/legal guardian **Signature of witness**

Declaration by investigator

LEONARD AGERE

I *(name)* ……..……. declare that:

- I explained the information in this document to ……..
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understand all aspects of the research, as discussed above
- I did/did not use a interpreter (i*f a interpreter is used, then the interpreter must sign the declaration below).*

Signed at (*place*) .....…….. on (*date*) ……..……

.....
Signature of investigator

Declaration by interpreter (Only complete if applicable)

I *(name)* ……..……. declare that:

- I assisted the investigator (*name*) …….. to explain the information in this document to (*name of parent/legal guardian*) ……..…….. using the language medium of Afrikaans/Isizulu/Sotho
- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the parent/legal guardian fully understands the content of this informed consent document and has had all his/her questions satisfactorily answered.

Signed at (*place*) .....……. on (*date*) ……..……

....

Signature of interpreter **Signature of witness**

**You do not have to write your real name if you do not feel like doing so.*

APPENDIX 3: INTRODUCTION

I am a PhD student in the Department of Social Work/ Social Development at the University of Fort Hare. I am conducting a study focused on obtaining the holistic view on the psycho-social functioning and experiences of child-headed households in Gauteng, South Africa. In light of this, the title of my research project is the psychosocial functioning and experiences of children in child headed households in Gauteng province, South Africa. Therefore, this interview guide has been formulated to obtain such evidence. You have been selected to be part of the research sample and you are kindly asked to assist by answering the questions in this interview guide. Please be assured that all responses remain confidential, all the participants will remain anonymous and their responses will be used for academic purposes only. Thank you for your cooperation

Leonard Agere

APPENDIX 4: INTERVIEW SCHEDULE FOR CHILDREN

Section 1
Family dynamics and composition

1. What is the total number of children in the household?
……..
2. What are the ages of the children?
……
3. How many are males and how many are females?
……..
4. What is their educational level?
……
5. Explain whether there is any child with a disability or special needs?
……
……
6. How long have you been staying alone?
……
……
7. What circumstances claimed your parent's lives or led to the separation with your parents?
……
……
……

8. Why didn't the extended family stay with you?
……
……
……

Section 2: Psychosocial needs and challenges

9. What were the challenges that you experienced during the illness of your parent/s or when your parent/s left permanently?
……
……
……
10. If your parents were sick, who were the people responsible for their care and what were their roles?
……
……
……

11. What kind of roles did everyone in the family assume in fulfilling this responsibility?
……
……
……
12. Was there any support you received from the community when your parent(s) were sick or left you permanently? If so what kind of support?

……
……
……

13. Explain whether there was any routine activity that was affected during this time e.g. missing school, play, missing church services etc?
……
……
……

14. What do you consider as challenges you constantly face after the demise of your parent or when your parents permanently left you?
……
……
……
14.2 In which way do these challenges affect your daily lives?
……
……
……

14.3 Who assists you to get over the challenges?
……
……
……
14.4 What do you consider as the needs of the household?
……
……
……
15. Explain whether you ever received counselling or any therapeutic interventions?
……
……
……
15.2 If so, what was the reason for the therapeutic intervention?
……
……
……
16. After the demise of your parents/since the departure of your parents did you receive any emotional support to deal with the void left?
……
……
……
16.1 Who gave you support and in which way did it assist you to cope?
……
……
……
17. Are you involved in any recreational activities in the community? If so what sort of activities do you have access to and how helpful are they?
……
……

Section 3: Financial circumstances

18. Do you access social grants?
……
19. If so which type of grant do you receive and how much is it?
……
20. Are there any other sources of income and what are they?
……
……
21. How is money spent in the household?
……
……
22. Do you have any debt? If so how is it serviced?
……
……
23. How do you meet the day to day needs like food and other household supplies?
……
……
……

Section 4: Conflict within the household

24. Who sets household rules and behaviour norms?
……
……
25. How often do you have arguments, fight/conflict in the household?
……
……
26. What is usually the source of conflict?
……
……
27. How is conflict resolved in the household?
……
……
28. Who normally resolves conflict in the household?
……
……
……

Section 5: Relationship with the community systems
(a) Religious/spiritual groupings

29. Explain whether you are you affiliated to a church or religious group?
……
……
30. If you belong to any church or religious group how often do you attend services at the church or religious group?
……
……

31. Explain whether there is any support you have been offered by the church or religious group?

……
……

(b) Community based organisations (CBO's)

32. Explain whether you receive any services from Social workers.

……
……

33. What kind of services do the Social workers provide for the household?

……
……
……

34. How have these services assisted in improving your quality of life?

……
……

35. How often are you in contact with the social workers?

……

(c) Schooling

36. Are all the children enrolled in school?

……
……

37. If not, what are the reasons for not attending school?

……..

38. How do you meet school requirements and needs?

……..

39. Are there any support services the school offers? Please describe them briefly

……
……

40. How satisfied are you with the schooling of the members of the household?

……
……

(d) Health Services

41. Where do you receive medical attention as a household?

……

42. What kind of services are you eligible to receive at the primary health care facility?

……

43. Are all the children's vaccinations/immunisations done accordingly and on time?

……
……

44. Explain whether the medical care or services that you received is to your satisfaction? If not please explain.

……
……

(e) Neighbours

45. How do you describe your relationship with neighbours and significant other people (councillor, extended family members, and teachers) in your community?

……
……
46. Are there any support services you receive from neighbours and significant others in your community? If yes, please explain
……
……

47. Is there any support that the neighbours and significant others provide to the household? If so what sort of support do they render?
……
……

APPENDIX 5: QUESTIONNAIRE

Please put an X on the appropriate answer

1. **What is your age range?**

0-4 years	
5-9 years	
10-14 years	
15-19 years	

2. **How many children are staying here?**

1	
2	
3	
4	
5+	
None	

3. **Gender**

Male	Female

4. **Are you going to school?**

Yes	No

5. **Which level are you at school?**

Pre-school	
Grade 1-7	
Grade 8-9	
Grade 10-11	
Matric	
Other	

6. **Is there any child with disability or special needs?**

Yes	No

If any, please specify…….

7. **How long have you been staying alone?**

12-18 months	
19-24 months	
25-30 months	
31-36 months	
37-42 months	
43-48 months	
49-54 months	
55-60 months	

8. **What circumstances claimed your parents' lives or led to the separation with your parents?**

Cancer	
HIV/AIDS	
Immuno Suppression	
Natural Causes	
Road Accident	
Tuberculosis (Tb)	

Why didn't the extended family (relatives) stay with you?

Conflict over property	
Fear of mistreatment as mother did not have cordial relations with extended family	
No one showed willingness to take us in	
They promised they will come and take us but they did	
They said they didn't have enough room to take us all in	
We didn't want to be separated	
We feared to be mistreated as our relatives never showed care and concern for us	
We wanted to fulfil mothers dying wish not to trust them as they had wanted to take the house when the parents died	

Section 2

1. **What were the challenges that you experienced during the illness of your parent/s or when your parent/s left permanently?**

Emotionally overwhelming to witness a parent going through so much pain	

Fear of contracting the virus as we had to bath our mother and do everything and she was so fragile	
Financial challenges to buy medicine, provide the foods that doctors suggested	
Increased responsibilities to look after sick parent	
Loneliness and feeling empty	
Sadness and anxiety due to dramatic changes in circumstances	
Shock to see mum deteriorate quickly	
Shock, pain and trauma witnessing our mother deteriorating and dying	

2. Was there any kind of assistance available to the sick?

Yes	**No**

3. Who offered assistance?

Older Sibling	
Relative	
Home-based Home Carers	
Natural Causes	
Other	

4. Was there any assistance offered by the community?

Advice	
Assistance with transport to hospitals	
Emotional support	
Encouragement	
Food	
Home visits for moral support	
Moral support	
Money	
Rapport	
Not much we were largely doing things alone	
Prayers	
Referrals to home based care	
Referrals to local NGOs	
Referrals to home based carers	
Referrals to services for orphans	

5. **Was there any routine that was affected during this time e.g. missing school, play, church services etc?**

Had to start learning how to cook and forget about playing	
Had to start learning to clean and be responsible with no time for play	
Missed church for lengthy periods	
Missed classes	
Missed on studying with school mates	
Missed school	
Missed school until I decided to drop out	
My routine of studying was changed	
No longer had time to play	
No longer had to go for choir practice	
No longer had to go for soccer practice or any other sports game	

6. **What do you consider as challenges you constantly face after the demise of your parent/s?**

Fights from relatives who want our house and household furniture	
Financial challenges	
Getting a birth certificate for the older child as he was born in Swaziland	
Lack of role models	
No sound relations with extended family	
Relatives fighting for the house's title deeds	

7. **In which way do these challenges affect your daily lives?**

Always preoccupied on survival strategies than thinking of playing and enjoying being a child	
Feel like I am an adult	
Feeling empty and worthless	
Gave up on education and I know I have limited opportunities now	
I can't dream of a better future as I have to be realistic about my situation	
I think of dropping out of school	
Increased challenges	
Lack of concentration in class	

Lost reason and meaning of continuing with education	
Low confidence in doing things	
No longer have to play or hang with friends as I have to be home and cook for the family	
Poor self-perception and view of life	
Think less of myself	

8. Who assists you to get over the challenges?

Social workers	
Neighbours	
School teachers	
Local NGOs	
Others	

9. What do you consider as the needs of the household?

Clothing	
Food	
Furniture	
Role models	
Other	

10. Have you ever received counselling or any therapeutic intervention?

Did not receive anything	
Yes, grief counselling	
Yes, behaviour modification counselling	
Yes bereavement counselling	
Yes bereavement counselling and support for looking after disabled siblings	

11. Who provided you with support and in which way did it assist you to cope?

Neighbours	
Distant relatives	
Social workers	

Other	

12. Who gave you support and in which way did it assist you to cope?

Gave us hope and afforded us to dream again	
Made us believe in our potential	
Made us believe we could live normal lives and realise our potential	
Made us believe we had the stamina and the strength to face our challenges	
Made us believe we have potential	
Made us believe we are stronger that we thought	
Made us see we are not inferior to other children	
Motivated and inspired us not to give up	
Strengthen us	
To continue with school	

13. Are you involved in any recreational activities in the community? If so what sort of activities do you have access to?

Not involved in any activities	
Yes, choir	
Yes, soccer	
Yes, drama club	
Yes, the local gym	

APPENDIX 6: **INTERVIEW SCHEDULE FOR SOCIAL WORKERS AND SOCIAL AUXILIARY WORKERS**

Section 1: Background information

1. Gender: ……..
2. Age:…….
3. Educational qualification…… ……

4. Type of Agency

   Government Department
   Local government
   Non-Governmental Organisation

5. Number of years in experience in child protection services
   0-3 years
   4-6 years
   7-10 years
   More than 10 years

6. Number of years of service with the present child protection team
   0-3 years
   4-6 years
   7-10 years
   More than 10 years

7. Number of years of involvement with child-headed households
   Less than a year
   1-3 years
   More than three years

Section 2: Profiling child-headed households

8. What are your views and comments on the prevalence of child-headed households in this area?

……
……
……

9. Of the cases you have dealt with how would you describe the family circumstances/dynamics of those child-headed households?

……
……
……

10. Why were the children not taken by the extended family after the death of their parents/unavailability of parents?

……
……
……

Section 3: Psycho-social challenges faced by CHH

11. What is your understanding of psycho-social support?

……
……
……

12. Can you tell us what you think CHH endure during the illness of their parents or when their parents leave them permanently and how it affects their psycho-social functioning?

……
……
……

13. In your experience what are the challenges that child headed households go through after the demise of their parents or when their parent/s leave permanently?

……
……
……

14. In view of those challenges how do they affect them to cope emotionally in relationships?

……
……
……

14.2 Cognitive capacities and school demands?

……
……
……

14.3 Physiological development and achievement of developmental milestones?

……
……
……

15. How do child-headed households cope in the face of adversity and other life stressors that come their way?

……
……
……

16. Explain the relationship of the child headed households and community based resources in the community like CBOs, churches, schools etc?

……
……
……

17. In your experience, how susceptible are child headed households to inter and intra-conflict?

……
……
……

18. If so, what are usually the reasons that they engage in conflict and who are the opponents?

……
……
……

19. How do they usually resolve conflict and are their external people/resources that assist in mediation or conflict resolution?

……
……
……
……
……

Section 4: Social Service Delivery

20. How does your organisation identify child-headed households?

……
……
……

21. What are the basket of services that your organisation or agency do offer to child-headed households?

……
……
……

22. In what way do these services meet the objectives of social work?

……
……

23. What inhibits your intervention in relation to a child-headed household?

……
……
……

24. What are your comments on the resources that are at the disposal of the organisation in relation to child headed households?

……
……
……

25. What is your view on the element of a multi-sectoral approach in responding to the needs of CHH? Who should be part of the team?

……
……
……

26. Explain whether your organisation works with other professionals to enhance the psycho-social functioning of child headed households?

……
……
……

27. What role does your organisation assume in the multi-disciplinary team in responding to the challenges of child headed households?

……
……
……

The end
Thank you for participating
☺☺☺☺

APPENDIX 7: INTERVIEW SCHEDULE FOR COMMUNITY LEADERS (PASTORS, COUNCILLORS, TEACHERS, POLICE)

Section 1: Background information

1. Gender: ……..
2. Age:……
3. Occupation…….
4. Educational qualification…… ……..

5. Type of structure……
6. Position Occupied……..
7. District where the structure is located……
8. How does the structure identify children who are from child-headed households?
……
……
……
9. What are the institutional challenges that child-headed households face in your community?
……
……
……
10. What are the emotional challenges that child-headed face during the demise of the parent/s or when they left permanently
……
……
……
11. How do these emotional challenges affect their ability in relationship making with different systems in the community?
……
……
……
12. How do these challenges affect their physiological growth?
……
……
……
13. In your view do these challenges affect their cognition? If so in which ways?
.....
.....
.....
14. Tell us from your observations how child headed households cope with the challenges they endure?
……
……
……
15. What support services are available/offered to child headed households from your structure?

……
……
16. How effective are these services in ameliorating the marginalisation of child headed households?
……
……
17. In your view what coping mechanisms are used by child headed households to deal with insurmountable pressure and challenges they endure?
……
……

APPENDIX 8: Focus group discussions for Social service professionals

I would like to thank you all for coming today. My name is Leonard and my assistants are Marilyn and Simangele. Over the past few weeks our research team has been conducting interviews with children, men and women in the community and social service professionals who are working directly and indirectly with child headed households. The major aim of the research is to investigate the psycho-social challenges and experiences of child headed households and this discussion will be centred on getting more information regarding that.

Let me tell you a little about how we will conduct our group discussion. As we have already told you, your participation in this group is voluntary, so if you prefer not to be part of the discussion you are completely free to leave. However we value all of your opinions and hope that you will stay and share your views. Whatever we will discuss this day will be confidential and will be used for this research project only. I would like to say that there are no wrong or right answers we simply are asking for your opinions and experiences so please feel free and comfortable to say what you really think. We would like to hear different points of view as possible so feel free to disagree with someone else and share your own view but also respect the view of others.

During the discussion we will be taking notes and my colleagues will be reminding me if I forgot to ask something. Nevertheless, so that we do not have to worry about writing every word on paper we would also like to record the whole discussion. The reason for recording is so that we don't miss anything that is said. Please do not be concerned about this. Our discussion will remain confidential. The discussion will probably last about any hour or so. Are there any questions before we start?

Questions

1. What is your understanding of psycho-social support?
2. In your view and experience what is the normal day of a child headed household structured?
3. What kind of challenges are child-headed households exposed to during the illness, subsequent death of their parents or when their parent/s left permanently?
4. In your experience what is the pyscho-social challenges that child headed household's face?
5. To what extent do the challenges affect their psychological being?
6. What other challenges do child headed households endure that places them further to vulnerability?
7. What also are the cognitive challenges the CHH endure and how do they affect academic progress?
8. What are the physiological challenges that CHH face and explain how these can impede a negation in milestone achievements/development?
9. What are the structural drivers that perpetuate the emergence of child headed households?

10. In your experience what are usually the reasons child headed households engage in conflicts and with whom?
11. How do your structure and other structures intervene in instances where there is inter and intra-conflict in the child headed household?
12. What in your view are the coping mechanisms employed by CHH in dealing with adversity and lie challenges?
13. Which approaches of social work are normally employed in dealing with the child headed households?
14. What are the services that your organisations are providing to child headed households?
15. How do you ensure that the services provided meet the needs of the children in CHH?
16. To what extent are the services rendered by community based organisations; enhance the optimal development of child headed households?
17. Do you think there is adequate community based support for child headed households that improve their quality of life?
18. How does a child-headed household cope in view of quagmires they are exposed to?
19. What are the coping mechanisms employed by heads of child headed households to deal with diverse challenges they are exposed to?

CONCLUSION

We are now reaching the end of the discussion. Does anyone have any further comments to add before we conclude this session? I would like to thank you all very much for your participation in this discussion, your experiences and opinions are very valuable to assist in improving outcomes for children in child headed households.