RESILIENCE IN CHILDREN RAISED BY GRANDPARENTS: A SYSTEMATIC REVIEW

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RESILIENCE IN CHILDREN RAISED BY GRANDPARENTS:

A SYSTEMATIC REVIEW

by

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Declaration:

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

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Abstract

The placement of children in alternative care has become a critical challenge facing the nation. Established systems of care are unable to meet the increasing burden of caring for these children and to date extended family care is the most prevalent form of care for orphan and vulnerable children. Looking specifically at the prevalence of grandparent-headed households, this study focuses on the wellbeing and development of children who are placed in the care of their grandparents.

The primary aim of the current study is to explore resilience in children raised by their grandparents. Central to the core of resilience in children is identifying elements that detract from their health and wellbeing (risk factors), while understanding those factors that moderate risk to their development (protective factors). A systematic review of existing literature was undertaken with the secondary aim of informing practice and policy regarding the care and placement of children in South Africa. Each primary study included in this review was appraised against best practice standards and salient themes and factors were extracted. The data was synthesized, integrated and applied to the context of child care policy in South Africa.

Twelve themes emerged from the systematic review. With regards to protective processes, four broad themes emerged which were consistent with factors identified in literature in the development of resilience. These included a positive relationship with a caregiver, parenting style, providing a sense of continuity and belonging and the stability this placement offers. The remaining eights themes, related to risk factors were financial instability, relationship difficulties with their caregiver, intergenerational differences between grandparent and grandchild, poor caregiver health and wellbeing, ill-discipline and rigid parenting styles, educational difficulties,

adverse past experiences of children and emotional difficulties. Based on these emergent themes, policy and intervention-focused recommendations were put forth with the aim of strengthening the capacity of grandparent-headed families to protect and care for orphans and vulnerable children.

Keywords: grandparent, orphan, vulnerable child, foster care, child care policy, resilience, risk factors, protective factors, systematic review

Chapter 1

Introduction

1.1. Overview of Chapter

This introductory chapter outlines the key focus areas of the study. The background and rationale for the study is briefly described and the aims are specified. Some of the key concepts used are defined and the chapter is concluded with the delineation of the research.

1.2. Background

In addition to the difficult social and economic climate of the country, South Africa is also experiencing the crushing burden of caring for an estimated 3.3 million orphans - the highest number of orphans in the world (United Nations Children's Fund [UNICEF], South Africa, 2011) - leading analysts to believe that the number of orphans in South Africa has exceeded the capacity of established systems of care in the country (Foster, 2004; UNICEF, South Africa, 2011). Government policy and interventions have been unable to keep pace with the crises and the burden of care is often placed on communities, families and siblings to care for these children (Dunn & Parry-Williams, 2008; Voysey & Wilson, 2001). Extended families and grandparents in particular, have assumed responsibility for more than 90% of orphans across sub-Saharan Africa (Bicego, Rutstein, & Johnson, 2003). However, since grandparents generally assume this role under circumstances which are adverse, the impact of this role can be challenging and confusing for both caregiver and child (Park, 2009). The destruction of the nuclear family and the establishment of these alternate family structures have raised many questions as to the long term implications. Looking specifically at the prevalence of grandparent headed households then, this study explores this child care practice. In this regard, the need to set in place comprehensive

interventions for children deemed *at risk* due to adverse life circumstances is a concern for policymakers (Foster & Williamson, 2000).

A developmental approach, informed by the resilience model, suggests that rather than focusing on problems, emphasis should be invested in promoting assets and protective factors already present. Keeping in mind that not all children exposed to adverse conditions succumb to their negative circumstances, identifying factors which present a risk and understanding protective processes that enhance their wellbeing, is a key element in promoting resilience in children (Garmezy, 1996; Werner & Smith, 1992). Hence, the study of resilience in children provides a framework within which to explore factors that place a child's development at risk and more importantly, identify the processes which increase the chances of them becoming well-adjusted adults (Killian, 2004).

1.3. Preamble

The Children's Act 38 of 2005 was promulgated with the aim of reforming laws on parental and alternative child care currently provided by the state, while supporting the childcare capacity of families and communities (Matthias & Zaal, 2009). Social security grants were introduced, motivated by the principle that orphaned children require additional financial support (Meintjies, Budlender, Giese, & Johnson, 2003). Within this framework, half a million families who have taken on foster children are paid a foster care grant (UNICEF, South Africa, 2011) and to date, extended family placement has been the preferred method of care for orphan and vulnerable children in South Africa (Dunn & Parry-Williams, 2008). However, in August 2012, a High Court ruled that grandparents should no longer qualify as receipients of a foster grant. Under this ruling, more than 300 000 grandparents stand to lose access to the grant and it is predicted that this will have devastating implications on the financial security of these families.

Furthermore, questions surrounding the merits of individualised care versus alternative care have sparked much debate. With almost 500 000 HIV and AIDS-orphaned children already in court-ordered foster care and 41 percent of these children in the care of their grandparents, this model of care provides a good forum for exploring the wellbeing and development of Africa's orphans.

1.4. Aim of this Study

The primary aim of this study is to explore and describe resilience in children raised by grandparents. This will be done through an examination of the two fundamental, underlying conditions for resilience, namely, having exposure to significant adversity as indicated by risk factors and being able to adapt positively due to the presence of protective factors. The focus of this study is therefore directed at identifying and exploring risk and protective factors in children raised by their grandparent(s).

Secondary to this aim, the study was undertaken to inform practices and policy regarding the placement of children in need of care, within the South African context. In doing so, this study will hope to answer the following research question:

What are the implications for policy regarding the long-term placement of children in the care of their grandparents?

1.5. Definition of Key Concepts

The following key concepts used throughout this dissertation are defined below.

(a) **Orphan.** A child under the age of 17 years who has lost his/her mother (maternal orphan), or lost both parents (double orphan) (Akwara, et al., 2010).

(b) **Vulnerable child.** This is a child below the age of 18 years who has lost one or both parents; or has a chronically ill parent; or lives in a household where at least one adult has

died in the past 12 months and was sick for 3 of the 12 months before they died; or lives in a household with an adult who has been ill for at least 3 months; or lives outside of family care (Akwara et al., 2010).

(c) **Alternative care.** In the South African context, alternative care refers to instances in which parents or legal guardians cannot look after a child and it becomes the states responsibility to provide the child with care (UNICEF, South Africa, 2011).

(d) **Statutory Services.** The committal of a child to alternative care, which may involve either residential or individualised foster care, through an order of the court (Voysey & Wilson, 2001).

(e) **Kinship care.** Family-based care in the child's extended family or with family friends, who are known to the child. It may be formal or informal in nature (Dunn & Parry-Williams, 2008).

(f) **Formal Care.** The term formal care refers to "all care provided in a family environment which has been ordered or authorised by a competent administrative body or judicial authority, and all care provided in a residential environment, including *in-private* facilities, whether or not as a result of administrative or judicial measures" (Dunn & Parry-Williams, 2008, p. 10)

(g) **Foster Care.** Refers to "care provided in the carers' home, on a temporary or permanent basis, through the mediation of a recognised authority, by specific carers, who may be relatives or not, to a child who may or may not be officially resident with the foster carers" (Children's Insititute, 2010, p. 714).

(h) **Residential care.** Care provided in a non-family-based group setting (Dunn & Parry-Williams, 2008)

(i) **Individualised care.** Children being cared for by individual foster families rather than in institutions.

(j) **Pathogenic Care** refers to care that disregards the child's basic emotional needs for comfort, stimulation and affection.

(k) **Resilience.** Resilience refers to the ability to maintain or regain mental health, despite adverse circumstances (Herrman, Stewart, Diaz-Granados, Berger, Jackson, & Yuen, 2011).

(l) **Risk Factors.** Literature defines risk as "statistical correlates of poor or negative outcomes" (Masten, Best & Garmezy, 1990). The term generally refers to the presence of one or more factors that influence or increases the probability of a negative or undesirable outcome for a child (Yates & Masten, 2004).

(m) **Protective factors.** Factors that moderate the effect of individual and societal hazards; and encourage a more positive outcome than would have been the case, had they not been present (Masten et al., 1990).

1.6. Delineation of Research

This dissertation will be structured as follows.

Chapter 2 clarifies the context for the present study. It explores the extent of the orphan crises in South Africa and outlines the concerns and interventions put in place by the state to support orphaned and vulnerable children.

Chapter 3 introduces the theoretical underpinning of the study. Resilience is presented as a theoretical framework with which to conceptualise and understand child protection and wellbeing. The concepts of risk and protective factors in the context of resilience are put forth as a means of operationalising the definition of resilience.

The research design and methodology is described in Chapter 4. The problem formulation and research aims is outlined; this if followed by a description of the research procedure that was followed. Validity and reliability considerations are discussed.

Chapter 5 presents the results and emergent themes of the study. This is followed by a narrative synthesis of the data.

Chapter 6 describes the conclusions of the study in the light of the contextual and theoretical framework used. The limitations of the study are given consideration and this is followed by recommendations for social policy and intervention.

1.7. Concluding Remarks

This chapter introduced the key elements of the study. The contextual and theoretical framework for the study was clarified and the aims and key concepts used were defined. This was followed by a brief overview of this dissertation. The following chapter will now expand on the context for this study.

Chapter 2

Child Care in South Africa

2.1. Overview of Chapter

The child's primary source of power and protection is his/her parents. However, for a variety of reasons such as poverty, HIV and AIDS, abuse and parental death, many children are not raised by their parents – leaving them orphaned and vulnerable. Despite the fact that extended African families have traditionally assumed responsibility for their young, more recently the growing number of orphans has threatened the stability of this practice. This chapter explores the extent of the orphan crises in South Africa and outlines the concerns and interventions put in place by the state to support orphaned and vulnerable children. The issue of kinship care versus alternative care is discussed. This is followed by a brief overview of literature on grandparent-headed households.

2.2. Challenges Facing Child Care in South Africa

South African families face multiple challenges in caring for and protecting their children (Cluver, Bowes, & Gardner, 2010). The prevalence of violence and inequality in the country has in turn translated into social challenges like poverty (Noble, Wright, & Cluver, 2006), high levels of substance abuse (Andrews, Skinner, & Zuma, 2006; Lockhat & Van Niekerk, 2000), child abuse (Lockhat & Van Niekerk, 2000; Richter & Dawes, 2004), trafficking (Laczko & Gozdziak, 2005) and neglect (Pierce & Bozalek, 2004). Furthermore, the high incidence of HIV and AIDS-related parental deaths has seen a dramatic increase in numbers, leaving millions of children orphaned and millions more vulnerable (Foster 2004; UNICEF, South Africa, 2011). Andrews et al. (2006) point out that while not all orphaning is due to HIV and AIDS, it has the "most visible,

extensive and measurable impact" (p. 270), the consequences of which have far reaching social and economic implications for the child, the family and the larger community.

In addition, it has been suggested that poverty affects sixty percent of the population with almost two thirds of the child population living in poverty (Meintjies, Berry, & Mampane, 2007). Poor housing in particular has 4.8 million children living in overcrowded conditions. Twenty five percent of households are said to be headed by an elderly person. Such grandparents are reported to be frequently left with the task of caring for their grandchildren when they are too old to earn an income (Dunn & Parry-Williams, 2008). In fact, poverty has been listed as one of the key factors that undermine a family's ability to care for their orphan children and it has been suggested that the financial burden of caring for an orphan poses a threat to the household's food security. In a study conducted in the United Republic of Tanzania, UNICEF (2007) reports that orphans are more likely to go to bed hungry than non-orphan children. NGO staff and social workers also report that the loss of the economically productive adult in a family is more difficult to manage than the loss of a caregiver (Dunn & Parry-Williams, 2008).

The migration of workers to urban areas in South Africa as a result of employment practices has resulted in the separation of families (Andrews et al., 2006; Foster & Williamson, 2000). As a result, both fathers and mothers are forced to leave their families in search of work, leaving children, more often than not, in the care of grandparents (Andrews et al., 2006). The HIV and AIDS epidemic has seen the prevalence of urban-to-rural migration, with adults "going-home-to-die" (Foster & Williamson, 2000; Richter, 2004) and a trend becoming increasingly common, rural-to-urban migration, with rural widows moving to towns to seek work or the help of extended families (Foster & Williamson, 2000). In other instances it becomes necessary for potential caregivers and dependents to move between urban and rural areas to accommodate care

arrangements (Richter, 2004). The resulting change in the composition of households is a common cause of grandparent-headed and child-headed households across South Africa (Foster & Williamson, 2000).

South African children have been exposed to diverse forms of violence, including political, familial and community violence (Barbarin, Richter, & De Wet, 2001). According to UNICEF (2007), as many as 275 million children worldwide, face the full consequence of domestic violence. An estimated 25 percent of children in South Africa live in households where there is violence, frequently made worse by alcohol abuse in the family (Dunn & Parry-Williams, 2008), male unemployment and status differences between partners (Jewkes, Levin, & Kekana, 2002). Seedat, Van Niekerk, Jewkes, Suffla and Ratele (2009) point out that the "most potent source of power and protection for children is their parents. However, because of orphaning, poverty, the irregular structure of the country's families, and the social norms around extramarital pregnancy and childbearing, many children are not raised by their parents. This leaves children vulnerable to abuse and neglect" (p. 1015).

2.3. Orphan and Vulnerable Children in South Africa

The word *orphan*, derived from Greek and Latin roots, is defined as a child who has lost one or both parents due to death (Foster & Williamson, 2000). The term orphan, as defined by the Joint United Nations Program on HIV/AIDS [UNAIDS], refers to a child under the age of 17 years who has lost his/her mother, referred to as a maternal orphan or both parents, referred to as a double orphan (Akwara et al., 2010; Skinner et al., 2006). Most models and estimates restrict the definition to include maternal or double orphans only; and until recently no census count of paternal orphans was available (Foster & Williamson, 2000). Paternal orphans are more

common than maternal orphans across all countries in sub-Saharan Africa (Monasch & Boerma, 2004), including South Africa, as indicated by Table 1 below.

Statistics indicate that South Africa has an estimated 3.3 million orphans, the highest number of orphans in the world - an estimated 2 million children having lost a parent to AIDS-related diseases (UNICEF, South Africa, 2011). The distribution of this estimated figure is represented in Table 1 below.

Table 1

Living arrangements and estimated figures of children in South Africa

	Total / Percentage
Number of children	18,086,530
Number of orphans	3,360,505
Living with father only (maternal orphan)	3%
Living with mother only (paternal orphan)	38%
Living with both parents	34%
Both parents alive, but child living elsewhere	24%
Double orphans	3.5%

Note: Adapted from *Alternative Care for Children in Southern Africa: Progress, Challenges and Future Directions*, Dunn and Parry-Williams, 2008 (working document prepared for UNICEF).

The concept of *orphan and vulnerable children* was introduced due to the limited definition of the word *orphan* in the context of HIV and AIDS (Skinner et al., 2006). Andrews et al., (2006) point out that in order to extend the understanding of vulnerability, one needs to recognise that children are made vulnerable by various circumstances including orphanhood, household structure, illness of parents, poverty and limited access to essential services like healthcare and social interventions. In this regard, UNAIDS defines a vulnerable child as being below the age of 18 years; who has:

(a) lost one or both parents or,

(b) has a chronically ill parent or,

(c) lives in a household where at least one adult has died in the past 12 months and was sick for 3 of the 12 months before they died or,

(d) lives in a household with an adult who has been ill for at least 3 months or,

(e) lives outside of family care (Akwara et al., 2010).

Extended families have assumed responsibility for more than 90% of orphans across sub-Saharan Africa (Bicego et al., 2003). Research from seven countries across Sub-Saharan Africa highlights the enormous burden that orphanhood exerts on the extended family. It was found that paternal orphans usually stay with their mothers, while maternal orphans rarely continued to live with their fathers – indicating the extensive prevalence of female-headed households (see table 1). Furthermore, it was found that many of these households were headed by elderly women, often grandmothers who took over raising orphans and vulnerable children when their own children died (Monasch & Boerma, 2004; UNICEF, 2007). Women therefore take on much of the financial, emotional and physical responsibilities within the household after an AIDS-related death occurs (Schatz, Madhavan, & Williams, 2011).

2.4. The Children's Act 38 of 2005

On 19 June 2006, The South African Children's Act 38 of 2005 was promulgated and the first stages of the implementation of this act proceeded on 1 July 2007. The primary aim of this act is to reform laws on parental and alternative care currently provided by the state and is strongly orientated towards supporting the childcare capacity of families and communities (Matthias & Zaal, 2009). This act also empowers social workers rendering services in child care and makes explicit the provision for state-funded preventative services.

Furthermore, under the new Act, The Children's Court is given more authoritative decision-making power in terms of determining the allocation of welfare resources. *Family service orders* that promote early intervention are also the responsibility of the Children's Court and may take the form of ordering family members to attend rehabilitation or parenting skills courses. Family preservation is another a key element of the new Act and the orientation seems to be towards enabling more children to remain at home as is evident by the introduction of the concept of *shared care*. Under the auspices of the *shared care* order, the responsibility for a child's care shifts between an individual caregiver and alternative care. This takes place when it is the opinion of the court that a parent provides inadequate care. Rather than removing the child from the care of the parent, in this instance the court will order that the child be under the care of another caregiver for a proportion of the child's time to supplement and correct inadequate parenting (Meintjies et al., 2007).

2.4.1. Statutory care in South Africa. Within the context of child care in South Africa, statutory services involves the committal of a child to alternative care which may involve either residential or individualised foster care through an order of the court (Voysey & Wilson, 2001). The rationale being that it is the state's responsibility to find the best possible alternative care for children in need (Foster, 2004). According to Dunn & Parry-Williams (2008), this kind of formal care refers to "all care provided in a family environment which has been ordered or authorised by a competent administrative body or judicial authority, and all care provided in a residential environment, including in-private facilities, whether or not as a result of administrative or judicial measures" (p. 10).

South Africa's statutory system is designed to promote legal adoption and foster care through maintenance grants and supervision by social workers (Foster, 2004). However, the dramatic

increase in the number of orphans in South Africa has exceeded the capacity of established systems of care.

2.4.2. Social grants in South Africa. South Africa's welfare policy strongly supports social security and welfare services. It forms an integral part of the government's response to poverty (Voysey & Wilson, 2001) and as a result, South Africa has a strong social grant system that offers relatively substantial grants for orphans and vulnerable children (Schatz et al., 2011). According to the Child Care Act of 2005, children without parents are deemed to be *in need of care*. The Department of Social Development introduced the provision of social security grants, with the underlying motivation for this provision being that orphaned children require additional financial support (Meintjies et al., 2003). Within this framework, more than eight million children in South Africa receive financial aid through child support grants and half a million families who have taken on foster children are provided for (Dunn & Parry-Williams, 2008).

South Africa has three schemes that provide assistance to children in need:

2.4.2.1. Foster Care Grants. Foster care grants are paid to families and it is estimated to provide for 449,009 children (UNICEF, South Africa, 2008). The Children's Court determines the eligibility of the payment of the grant and whether social work supervision is a necessary condition. The order of the court is renewable every two years. This system formalises informal family placements for children.

2.4.2.2. The Child Support Grant. This grant is paid out per eligible child. It is estimated that 7,930,807 children receive this grant (Dunn & Parry-Williams, 2008).

2.4.2.3. The Care Dependency Grant and the Disability Grant. These grants are paid to children who have a severe disability and are in need of full-time and special care. It also covers children who are HIV positive and who have low CD4 counts (Dunn & Parry-Williams, 2008).

2.5. Models of Care in South Africa

Approaches to the care of orphan and vulnerable children span a variety of modalities – from informal arrangements that have traditionally characterised African societies, to formal statutory care, legalised through court procedures. It has been suggested that child care approaches are predominantly needs-based rather than rights-based (Voysey & Wilson, 2001). The term *alternative care* is often used in the South African context and refers to instances in which parents or legal guardians cannot look after child and it becomes the states responsibility to provide the child with care (UNICEF, 2011). Several forms of alternative care have been identified.

2.5.1. Non-statutory or Informal Foster Care. In African communities especially, the extended family has been the predominant caring unit for orphaned children and the concept of adoption does not exist in the western sense of the word (Foster & Williamson, 2000). Within this form of care, community or family members assume responsibility for orphaned or vulnerable children, motivated by "kinship obligations, community preservation and personal calling" (Voysey & Wilson, 2001, p. 27). This practice is common in rural areas where access to welfare and governmental services is more difficult to attain. Informal fostering is a culturally sanctioned practice and is often an informal arrangement between members of the extended family. Dunn and Parry-Williams (2008) point out that there are various reasons children live in relative's homes, including migratory work, the location of better schooling or the inability of parents to care for their children. However, this arrangement comes with its own challenges as many families live in communities which are already disadvantaged by poverty, poor infrastructure and have limited access to basic services (Foster & Williamson, 2000).

Within this context of care, caregivers are not eligible for state support and often do not come to the attention of welfare services rendering services in the area. The dramatic increase in the number of orphans has threatened the stability of this practice and with family support being reduced as a result, institutional care for orphans is being used as an alternative (Ntozi, Ahimbisibwe, Odwee, Ayiga, & Okurut, 1999).

2.5.2. Statutory Foster Care. Traditionally, the term *foster care* denotes a temporary care arrangement for children who are awaiting a more permanent placement or solution. It has been defined as "care provided in the carers' home, on a temporary or permanent basis, through the mediation of a recognised authority, by specific carers, who may be relatives or not, to a child who may or may not be officially resident with the foster carers" (Children's Institute, 2010, p. 714).

Within the current child system in South Africa, a child may only be placed in foster care by means of a Children's Court Order which may deem a child to be *in need of care* and therefore be placed in the supervised care of an adult designated by the court. This person is then expected to perform the role of a surrogate parent. It should be noted that children are found to be *in need of care* for various reasons including neglect, abuse, abandonment and orphanhood (Voysey & Wilson, 2001). This may mean that children considered *in need of care* are placed with people recruited from the community who are unknown to them. In the majority of instances however, members of the child's extended family take them in. Caregivers, who are often the grandparents of the children and are themselves pensioners, come before the court in order to access financial assistance.

Only in South Africa is extended family care formalised through social work assessments and the courts. This means that children who are deemed *in need of care* and are being cared for by

relatives are entitled to a foster care grant and are subjected to social work supervision (Dunn & Parry-Williams, 2008). Within the formal child care system in South Africa, foster care is considered to be the preferred form of care for children who cannot be cared for by their biological families (Children's Institute, 2010). Social workers are required to supervise all foster placements on a regular basis and submit a report to the Department of Social Development every two years. Voysey and Wilson (2001), note that the contraints of this form of care is that it is time consuming and expensive and they assert that the statutory requirements of this form of care makes it a cumbersome process.

The use of the foster care system as an income maintenance measure has become a well-established practice, making it a viable option for families who would otherwise not have been able to maintain the child. An estimated 449, 009 South African children have been formally placed in foster care with relatives, making up about 80 percent of children who are fostered (Dunn & Parry-Williams, 2008). In a study commissioned by the Department of Social Development, it was found that in 48 percent of foster care placements both parents were deceased and in 80% of cases at least one parent was deceased. It further emerged that only 6.3% of foster placements were due to neglect and in only 9.7% of instances was it due to abandonment, highlighting the fact that the majority of foster care placements in South Africa are due to the orphanhood rather than abuse or neglect (Parliamentary Monitoring Group, 2007).

As the number of orphans increase and aunts and uncles as substitute carers become unavailable, grandparents are often enlisted as caregivers (Foster & Williamson, 2000) and grandmothers in particular, have long ago been identified as the key to the problem (Freeman & Nkomo, 2006). Within the South African context, 41% of foster care cases are with

grandmothers, 30% with aunts, 12% with other relatives and 12% with non-relatives (Dunn & Parry-Williams, 2008).

2.5.3. Statutory Residential Care. Residential care in the form of children's homes is the most prevalent type of alternative formal care (Dunn & Parry-Williams, 2008). However, this form of care is generally regarded as a last resort for children in need of care and whose return to the community or family of origin is not an option (Voysey & Wilson, 2001). Children's homes and reform schools fit into this category as well as places of safety, which are sometimes used for short-term admission and care.

Registered residential care institutes are managed and run by either the state or NGO's. Abuse, neglect and abandonment are listed as some of the more prevalent reasons for children being placed in residential care.

In direct response to the growing number of orphaned children, the Children's Act 38 of 2005 introduced the concept of *cluster foster care* and is the first legislative document to provide for this model of care (Sloth-Nielson & Gallinetti, 2011). The purpose of this model was to create an alternative to the western model of care where children are placed in the care of individual foster parents. Within this model of care, small teams of mutually supportive caregivers provide care to small groups of children (Meintjies et al., 2007).

2.5.4. Adoption. Adoption is a permanent care solution that involves a judicial process in which legal obligations and rights between a biological parent and child are terminated and new rights are created between adoptive parent and child (Dunn & Parry-Williams, 2008). This form of care is generally under-utilised. South African adoptions figures are recorded as 727 adoptions in 2003 and 1280 adoptions in 2005 but the majority of these adoptions have been attributed to step-parents.

2.6. The Impact of Orphanhood on Children

Worden (1996) reports that the "loss of a parent to death and its consequences in the home and in the family changes the very core of the child's existence" (p. 9). Children who are separated from a parent are more likely than other children to experience deprivation in one or more basic needs, often resulting in emotional and behavioral difficulties. They commonly display grief, anger, guilt, distress, irritability, dysphoria, detachment and a wide range of affective symptoms, particularly in the year following bereavement (Dowdney, 2000; Vida & Grizenko, 1989). It has been suggested that children who experience loss in early life are more likely to develop psychiatric disorders later on, particularly depression and anxiety. This assertion is based on the work of Michael Rutter who found that childhood bereavement increased the likelihood of psychiatric disorder by five times as compared to the general population (Black, 1998).

Children orphaned by HIV and AIDS face additional problems and it has been argued that the educational, social, economic and psychological problems they experience are more severe before, rather than after children become orphans (Cluver, Gardner, & Operario, 2009; Foster, 2004; Foster & Williamson, 2000). The impact on children is variable and for many it includes the loss of parental care, food insecurity, inconsistent schooling, increased poverty, decreased access to health care, increased risk of abuse and HIV infection (Akwara et al., 2010; Cluver et al., 2009). However, children are first affected by the disease during the terminal illness of their parents when they face new responsibilities such as additional household chores, taking care of their sick parents and caring for their younger siblings (Foster, 2004; Foster & Williamson, 2000). The slow onset of the disease also means that they often watch their parents go through long periods of deterioration (Harber, 1997) and it has been suggested that children are severely

traumatised by this experience (Booysen & Arntz, 2008). Furthermore, due to the nature of the illness, children who lose one parent often lose a second parent shortly afterwards, compounding their bereavement.

The stigma and secrecy surrounding the disease also means that parents are less likely to call on help and in many instances young children are called on to nurse their terminally ill parent (Harber, 1997). This secrecy also leads to a reduced opportunity for children to talk through their grief, resulting in such children experiencing social isolation and bullying (Cluver & Gardner, 2007b).

The economic and social effects of HIV and AIDS on children include malnutrition, migration, reduced access to education and healthcare and homelessness. In particular, the educational needs of these children are one of the first areas to suffer – when a parent is ill, children's school attendance drops often due to financial constraints. As is the case in some instances, children are forced to leave school to care for sick relatives or siblings (Foster & Williamson, 2000). Such children reportedly experience reduced guidance, discipline and positive support from adults and peers and this decreases their chances of developing positive identities and acquiring adequate social skills (Dawes, Bray, & Van Der Merwe, 2007).

As a result, children orphaned by HIV and AIDS are at an increased risk for emotional and psychological problems (Cluver & Gardner, 2007b; Dawes et al., 2007) and disrupted attachment styles (Dawes et al., 2007). This may be attributed to their tendency to internalise problems rather than externalise them (Cluver & Gardner, 2007b), leading to difficulties such as depression, anxiety, fear, guilt, conduct disorder and other problem behaviours (Cluver & Gardner, 2007a; Foster, 2004). A review of evidence by Cluver et al., (2009) further reports

increased rates of post-traumatic stress and relationship difficulties among AIDS orphans in sub-Saharan Africa.

2.7. Implications for Policy and Research

Improving the care of orphans and vulnerable children is a critical challenge facing the nation both at a societal and governmental level. Understanding the impact of HIV and AIDS on children is important in designing interventions aimed at supporting these children (Foster & Williamson, 2000).

To date, extended family placement is the preferred method of care for orphans (Dunn & Parry-Williams, 2008). Analysts predicting the impact that this form of care will have on the extended family, question whether extended family systems in South Africa can support the ever-increasing number of children in need of care. Other researchers point out that traditionally, African extended families have always cared for their young, particularly as a result of previously imposed laws which necessitated parents working away from their families. They suggest that this is merely a continuation of a trend in child care that began generations ago (Bray, 2003). While it has been said that there is "no such thing as an orphan in Africa", the extended family is becoming overburdened due to the dramatic increase in the number of orphans and a decrease in the number of prime-age caregivers (Foster, 2004). The Children's Institute (2010), based at the University of Cape Town, estimates that with mortality rates rising, four out of five families will need to take in a child unrelated to them in order to meet this demand – a situation that is highly improbable and unsustainable.

The establishment of a progressive legal framework in South Africa and the implementation of policies that protect children and guarantee their right to social services is a key national goal (Dunn & Parry-Williams, 2008). However, while much effort has been placed on improving the

welfare of children and families over the past 15 years, the government acknowledges that a gap still exists between the extent of the epidemic and the state's efforts to care for and support HIV and AIDS orphans.

UNICEF maintains the position that children should grow up in a safe family environment, either through foster or adoptive parents and asserts that child protection services are now better able to deliver interventions aimed at providing favourable family situations (UNICEF, South Africa, 2011). Together with the Department of Social Development, UNICEF is working towards strengthening alternative care for orphans and vulnerable children in response to the overwhelming demand on foster placement. Alternative models of care such as cluster foster care, informal foster care, community-based care and adoption are already being actively initiated in recognition of the inadequacy of conventional foster care (Dunn & Parry-Williams, 2008; UNICEF, South Africa, 2011). In response, regulations on cluster foster care were put in place in the new South African Children's Act 38 of 2005, making this form of alternative care more visible and better controlled (UNICEF, South Africa, 2011).

2.8. Individualised Care versus Institutional Care

Questions surrounding the merits and cost of individualised care versus institutional care have sparked much debate. While traditional foster care brings its own challenges, there is considerable agreement in existing literature that fostering rather than institutional care should be the preferred option for children who cannot be cared for by their parent. This is especially so, with regards to their physical, emotional and psychological wellbeing as research suggests that children in institutions are at greater risk of neglect, abuse, isolation and loss of cultural identity (Harber, 1997). Foster (2004) asserts that institutional responses to this need will not be able to

adequately address the scale of problem and that this form of care does not meet the social, cultural and psychological needs of the child.

In analysing the models of care that are already in place in South Africa, Desmond and Gow (2001) determined that informal, community-based structures are the most cost-effective method of caring for these children. However, they point out that policy must not be based on cost alone, but also on the quality of care. Therefore, while cost analysis studies have a place in policy development, the promotion and enhancement of the wellbeing and development of children should be of utmost importance when deciding on their care. Foster (2004), comments that "when parents die, there is no ideal placement for the children, just better or worse options" (p. 83). He points out structures that enable siblings to remain together, that allow children to remain with a caregiver whom they already know, that offer caregiving on a more permanent basis and promote familial bonds should be encouraged.

The critical issue of acting *in the best interest of the child* has become the cornerstone of the new South African's Children's Act. It has been suggested that in addition to the basic needs of a child in terms of food, shelter, education and emotional support, orphaned children are likely to require even more emotional nurturance from their new caregiver (Freeman & Nkomo, 2006). However, it remains questionable whether this is able to translate practically when considering a suitable placement for a child following the death of his/her parent/s.

With almost 500 000 HIV and AIDS orphaned children already in court-ordered foster care and 41 percent of these children in the care of their grandparents, this model of care provides a good forum for exploring the wellbeing and development of Africa's orphans.

2.9. Grandparents as Caregivers

Grandparents become the primary caregivers to their grandchild for a variety of reasons, such as child abuse, neglect, abandonment, parental substance abuse, teenage pregnancy, parental unemployment, HIV and AIDS, death and migratory labour. Rarely do they assume this role under circumstances which are not adverse or unpredictable and the impact of this role can be challenging and confusing for both caregiver and child (Park, 2009).

Early research into grandparent-headed households suggested that there was no difference between children raised by grandparents and those raised by their biological parents (Solomon & Marx, 1995). However, studies conducted by Ghuman, Weist and Shafer (1999) yielded contradictory results. They found that 21.9% of youth treated at a mental health centre were living with their grandparents and that these youth were more frequently given a diagnosis of oppositional defiant disorder than those living with other family members. Grandparents themselves saw their grandchildren as being at greater risk for mental health problems than other children in general (Smith & Palmieri, 2007).

Nyasani, Sterberg and Smith (2009) explored the difference between urban and rural grandmothers raising their grandchildren within the South African context. In both instances, grandmothers describe a feeling of disharmony in their relationships with their grandchildren, which they attribute to the generation gap. In particular, they experienced difficulties in disciplining and communicating with their grandchildren while feeling culturally and morally obligated to care for them. Other findings highlight poverty and grief as the main challenges faced by these guardians (Kiggundu & Oldewage-Theron, 2009).

2.10. Promoting Positive Outcomes for Orphaned and Vulnerable Children

The need to set in place comprehensive interventions for children deemed *at risk* due to adverse life circumstances is a concern for policymakers. Practitioners agree that it is necessary to develop and strengthen protective factors at various levels (Wessels, 2009). The rationale being that the healthy development of children depends critically on the care and protection provided by their caregivers which in turn, is very much dependent on a secure protective environment with adequate resources. Looking specifically at the prevalence of grandparent headed households then, it becomes increasingly important to explore this option in child care and efficacy of this practice. Keeping in mind that not all children exposed to risk succumb to their negative circumstances, identifying and understanding risk and protective factors in the lives of orphaned and vulnerable children is a key element in promoting positive outcomes for them. The study of resilience in children provides a framework within which to explore factors that place the child's development at risk and identify the processes which increase the chances of them becoming well-adjusted adults.

2.11. Concluding Remarks

This chapter presents the context for the present study. The orphan crisis in Africa was highlighted and South Africa's child care policy and practices were outlined. Alternative strategies for orphan care, such as the role of foster care and kinship care were explored. Particular attention was given to the prevalence of grandparent headed households in South Africa. The state's need to put into place effective interventions that promote the wellbeing and development of orphaned and vulnerable children was explained. The chapter concluded by introducing the need for a strength-based perspective when putting in place policy and interventions aimed at child protection; and resilience theory was put forth as a theoretical

framework. The role of risk factors and protective processes in the development of childhood resilience was briefly highlighted. The following chapter will now expand upon resilience theory as a framework within which to understand childcare and protection in the South African context.

Chapter 3

Resilience Theory

3.1. Overview of Chapter

This chapter introduces the theoretical framework used in this study. The Salutogenic Model of Health is discussed, focusing specifically on the paradigm shift it presented from the more traditional pathogenic approach to understanding wellbeing. Salutogenesis falls within the larger framework of Positive Psychology which focuses on the positive aspects of human functioning and experiences. In particular, Antonovsky's concept of Sense of Coherance is discussed drawing attention to its parallels with resilience. The chapter then explores the conceptual definition of resilience followed by a discussion on risk and protective factors, particularly in the context of child wellbeing and development. Finally the concept of resilience is put forth as a framework with which to conceptualise child protection and model intervention strategies.

3.2. A Shift towards Positive Psychology

Historically, the study of individual health focused primarily on disease, pathology and problem behaviours. The term *positive psychology* was first used by Maslow (1954) who noted that:

> The science of psychology has been far more successful on the negative than on the positive side. It has revealed to us much about man's shortcomings, his illness, his sins, but little about his potentialities, his virtues, his achievable aspirations, or his full psychological height. It is as if psychology has voluntarily restricted itself to only half its rightful jurisdiction and that, the darker, meaner half (p. 354).

Seligman expanded on this notion 40 years later, declaring that psychology was only "half-baked" and that there was a need to focus on what was good and positive in an individual's life (Snyder & Lopez, 2009).

Subsequently, it became increasingly clear that normally functioning individuals could not be accounted for from within a problem-focused frame of reference. Human strengths, such as courage, future mindedness, optimism, interpersonal skills, faith, hope, honesty and perseverance were found to act as buffers against mental illness (Seligman & Csikszentmihalyi, 2000). In conceptualising positive psychology, Linley, Joseph, Harrington and Wood (2006) define it as, "the scientific study of optimal human functioning" (p.8) and note that, "at the pragmatic level, it is about understanding the wellsprings, processes and mechanisms that lead to a desirable outcome" (p.8)

3.3. From Pathogenesis to Salutogenesis

Pathogenesis by definition refers to *the origins of disease*. At its core, this paradigm asserts that disease is caused by physical, biochemical, micro-biological and psychosocial agents and focuses on identifying specific etiological risk factors for specific diseases (Antonovsky, 1990; Strumpfer, 1990). The pathogenic approach is directed at discovering why people become ill and develop diseases. It seeks to treat illness and rid the individual of stressors (Strumpfer, 1990).

Antonovsky (1990) argues that the pathogenic orientation is limiting in its dichotomous classification of individuals as being either healthy or sick and he points out that every individual finds himself at a particular stage on the ease/dis-ease continuum, being more in the direction of either health or dis-ease. He believes that the end poles of this continuum, i.e. complete health and complete disease are not attainable and even though an individual may experience

themselves to be healthy, they may also have an unhealthy aspect to their being. The same can be said for a person who is ill - as long as they are alive, parts of themselves must be healthy (Bengel, Strittmatter, & Willmann, 1999).

Antonovsky (1979; 1990) goes on to say that with the focus being on pathology, the person is ignored. His views on the origins of health were influenced by a systems theoretical consideration and he saw health as an unstable, active and dynamic self-regulating process (Bengel et al., 1999). His Salutogenic Model of Health presents a paradigm shift for thinking about resilience, illness and health that is different from the more traditional pathogenic paradigm (Bengel et al., 1999; Strumpfer, 1990; Van Breda, 2001).

3.3.1 Salutogenesis

It was Antonovsky (1979) who first coined the term *salutogenesis*. The word comes from the Latin word *salus* which means *health* and the Greek word *genesis* which means *origins.* Translated literally, *salutogenesis* means the *origins of health* and has been defined as the process of healing, recovery and repair (Farlex Inc, 2012).

Antonovsky (1979) defined the term salutogenesis as the study of why people stay well and he maintained that human beings should be seen as primarily healthy and self-sufficient. He argued that individuals are confronted with a host of microbiological, chemical, physical and psychological pathogens on a daily basis and therefore reasoned that people would succumb to them and become ill. Since this does not happen, Antonovsky pointed out that it was important to identify sources of health and determine how individuals coped and remained well. Within this approach, disease and stress are seen as inevitable and the focus is on understanding why some people are situated on the positive side of the ease/dis-ease continuum (Antonovsky, 1979; 1987). The term salutogenesis represents those factors which distinguish individuals who stay

well from those who become ill after exposure to the same stressor. The approach encourages investigation into the broader realm of well-being and moves away from treating a specific disease as purported by the pathogenic paradigm (Antonovsky, 1979; 1987; 1990).

Central to the salutogenic approach, Antonovsky (1987) developed the construct he called *Sense of Coherence* (SOC). The term in itself described the way in which individuals made sense of the world. He proposed that this was achieved through three facets which he described as follows:

1. Meaningfulness: the way in which individuals go about identifying life events and circumstances as important.
2. Comprehensibility: the extent to which an individual is able to make sense of information from their environment.
3. Manageability: the extent to which an individual believes that they have the resources at their disposal to meet the demands of the situation (Antonovsky, 1987)

The SOC allowed one to select the mode of coping and resources most appropriate to a particular stressor, allowing a person to react flexibly to the demands of the situation (Antonovsky, 1990). Antonovsky formally defined the SOC as:

> a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable; (2) the resources are available to one to meet the demands posed by these stimuli; and (3) these demands are challenges, worthy of investment and engagement (Antonovsky, 1990, p. 7).

He proposed that the strength of one's SOC was a significant factor in facilitating the movement toward health and suggested that the stronger one's SOC was, the more successfully the person

would be able to cope with built-in stressors that define human existence (Antonovsky, 1992; 1996). The overarching hypothesis is then that the stronger the persons SOC, the greater the likelihood of moving toward the health end of the continuum (Antonovsky, 1990; 1992).

Antonovsky's (1979) salutogenic approach paved the way for the development and research of interrelated constructs like fortitude (Strumpfer, 1995) and resilience (Rutter, 1985). In particular, Rutter's (1985) work on childhood resilience conveyed similar ideas to Antonovsky's work on salutogenesis, rendering the concept of *resilience* and *sense of coherence* as almost synonomous (Almedom, 2005). Making the point clearer, Almedom (2005) quotes Rutter (1985) as saying "the promotion of resilience does not lie in an avoidance of stress, but rather in encountering stress at a time and in a way that allows self-confidence and social competence to increase through mastery and appropriate responsibility" (p. 608). Antonovsky himself offered resilience in children as a prime example of salutogenesis (Taylor, 2004).

3.4. Defining Resilience

Resilience was first formally described in 1973 as a way of understanding the non-linear dynamics observed in ecosystems. It was described as a measure of the ability of the system to absorb change and disturbance, and still maintain the same relationships between variables within the system (Holling, 1973). The word *resilience* stems from the Latin word *resili* or *resilire* which means "to rebound, recoil" (Harper, 2012). As an everyday concept, the Oxford English Dictionary (2006) defines resilience as:

(a) the ability of a substance or object to spring back into shape; elasticity;

(b) the capacity to recovery quickly from difficulties, toughness

Gillespie, Chaboyer and Wallis (2007) suggest that the conceptualisation of resilience should capture the universal understanding of the word and should therefore include the notion of

springing back and recovery. As a construct, researchers are in agreement that over the years, the term resilience has remained conceptually "fuzzy" with little consistency in how it is operationalised (Liebenberg & Ungar, 2009). This is evidenced by the variations in definitions across time and contexts, which have been tabulated below:

Table 2

Definitions of Resilience across contexts

Rutter (1990)	The dynamic process involving interaction between risk and protective processes – internal and external to the individual – that acts to modify the effects of adverse life events.
Wagnild & Young (1993)	A personality characteristic that moderates the negative effects of stress and promote adaptation.
Werner (1993)	Personal competencies and strengths, which emphasise capabilities and positive attributes rather than human weaknesses or pathologies.
Garmezy (1993)	Efforts made to restore or maintain personal equilibrium when under threat.
Margalit (1993)	Reflects both the relative inner strength of individuals and any external protective processes in relation to the impact of risk and vulnerabilities.
Connor & Davidson (1998)	Resilience is conceptualised in terms of personal competence, stress tolerance, acceptance of change and a belief in mystical influences.
Humphreys (2001)	The ability to promptly and successfully return to a former state following trauma.
Walsh (2001)	Resilience involves the interaction of the individual, their family, and the social influences that mediate the impact of stressful life challenges over time.
Turner (2002)	The capacity to bounce back in the face of adversity and go on to live functional lives with a sense of well-being.

Deveson (1996), and Holaday & McPhearson (2003)	A myriad of descriptions based on the personal vignettes of resilient people. These 2 paraphrased definitions are based on these lived experiences: 1. In cases of personal trauma, resilience is epitomized by the ability to complete a difficult task, even after repeated setbacks and failures. 2. The ability to reject the conviction that adversity serves as a form of expiation.
Dyer &McGuinness (2003)	Characteristics of resilience are rebounding and carrying on, a sense of self, determination and a prosocial attitude.
Richardson (2004)	The resiliency process is a life-enriching model that suggests that stressors and change provide growth and increased resilient behaviours.

Note: From *Development of a Theoretically Derived Model of Resilience through Concept Analysis,* Gillespie, Chaboyer, & Wallis, 2007, p. 127

As shown in Table 2, the definition of resilience has evolved as scientific knowledge has increased and the concept has been studied by researchers from diverse disciplines such as psychology, psychiatry, sociology, genetics and neuroscience (Herrman et al., 2011). Within the human sciences, resilience encompasses the ability to heal, take charge of one's life and live in a full and healthy manner. It is an active process of endurance and growth in response to crisis and challenges (Walsh, 1996).

Fundamentally, resilience refers to the ability to maintain or regain mental health, despite adverse circumstances (Herrman et al., 2011). While some researchers regard resilience as a personality trait, other researchers see it a dynamic process taking into consideration the contribution of the system in assisting people to cope with adversity (Herrman et al., 2011;

Rutter, 1985; Walsh, 1996). To date, most research on resilience has been focussed on three levels (Seccombe, 2002). These are :

(a) **Individual personality traits** like a positive self concept, sociability, intelligence, scholastic competence, autonomy, self-esteem, good communication, problem solving skills, good mental and physical health

(b) **Family protective and recovery factors** are those factors that shape the family's ability to endure in the face of risk factors. Resilience research has highlighted key factors like warmth, affection, cohesion, commitment and emotional support for one another.

(c) **Community strengths** like the allowing for opportunities to participate in community life and having avenues to contribute to the welfare of others.

Resilience literature highlights the fact that embedded within the construct of resiliency are two necessary conditions, namely:

1. Having exposure to significant adversity and,
2. Being able to positively adapt despite suffering adverse events (Luther, Cicchetti, & Becker, 2000; Ong, Bergeman, & Boker, 2009).

Fundamentally, definitions of resilience connect protective and risk factors as is evidenced by the various definitions, captured in Table 2. Researchers have conceptualised risk and protective factors as negative and positive ends of the same pole rather than different concepts. For an individual to experience resilience, they must have been exposed to some risk and have adapted positively through protective factors which mitigate that risk (Kolar, 2011). Each of these concepts, namely, risk and protective factors will now be looked at in the context of resilience.

3.5. Risk

Masten et al., (1990) describe risk factors as "statistical correlates of poor or negative outcomes" (p. 426). Risk is a central concept in the field of health sciences and refers to the relative influence of a variable on an outcome (Fraser, Richman, & Galinsky, 1999). It is defined by the presence of one or more factors that influence or increase the probability of a negative or undesirable outcome for a child (Yates & Masten, 2004).

Research on risk factors has its roots in medicine and in this context is concerned with the identification of factors that accentuate or inhibit disease or disorder (Garmezy, 1996). In the social sciences however, research often involves a longitudinal study of children who are believed to be at risk and involves the assessment of the positive or negative outcome attained as a result of being exposed to these factors (Pianta & Walsh, 1998).

3.5.1. Early risk research. The study of children with schizophrenic mothers played an important role in the emergence of childhood resilience as a theoretical and empirical topic (Garmezy, 1974). Most notable in the context of risk research, was Werner and Smith's (1982) landmark longitudinal study in 1955 conducted on the Island of Kauai, which set the tone for resilience research in the field. The study followed the progress of 505 children from birth until the age of 32. One third of the total number of children in this study was initially regarded to be at risk for poor developmental outcomes. This was because they experienced four or more of the following risk factors: poverty, perinatal stress, family discord, parental alcoholism or parental mental illness, low educational stimulation and poor emotional support. However, after the first decade only two thirds of the children who were initially regarded as being at high risk, actually showed learning and behaviour problems. The other one third developed into caring and competent adults and when they were last observed as adults, most of the high-risk youth who

had initially experienced coping problems as adolescents, had become more effective in adulthood. In trying to understand what set these children apart, researchers came to distinguish a set of protective factors that they had in common. These include personal characteristics together with factors associated with secure attachments and resources in the schools and wider community (Werner & Smith, 1992).

In a similar type study, Rutter (1979) identified six family-linked variables that together significantly increased the likelihood of psychiatric disorder in children. These included severe marital discord, low SES, overcrowding, paternal criminality, maternal psychiatric disorder and foster home placement of children in the family (Garmezy, 1993). He found that a single stressor did not have a significant impact on the overall outcome of the child but that the combination of two or more stressors diminished the likelihood of a positive outcome (Rak & Patterson, 1996). Furthermore, other factors like parental divorce (Garmezy & Rutter, 1983), parental conflict and family breakdown (Emery & Forehand, 1996), community violence (Luther et al., 2000); patterns of neglect and sexual/emotional abuse at the family level (Beegly & Cicchetti, 1994; Meichenbaum, 2012) all have been implicated as being risk factors to the wellbeing and development of children. Other commonly established risks include physical illness of a parent/caregiver, alcoholism in the home and psychiatric illness (Barkmann, Romer, Watson, & Schulte-Markwort, 2007; Luther et al., 2000; Masten & Coatsworth, 1995).

The International Resilience Project (Grotberg, 1997), which collected data from 600 children in over 30 countries described the most commonly cited adversities reported by children. These were (in order of frequency): death of parents and grandparents, divorce, parental separation, illness of parents or siblings, poverty, moving home, accidents, abuse, abandonment, suicide, remarriage and homelessness (Newman, 2002).

3.5.2. Risk factors in childhood development. Four major categories of risk factors in children and adolescents have been identified (Schonert-Reichl, 2001). These are:

(a) ***Individual factors*** like low intellectual capacity, poor social or problem solving skills

(b) ***Family factors*** like low family cohesion, psychiatric illness in parents, low socio-economic status

(c) ***Peer factors*** like bullying and rejection by peers

(d) ***School factors*** like poor teacher support and school alienation

In this regard, literature on risk research makes a further distinction between proximal risk factors which are experienced directly by the child; and distal risk factors which refer to risks that arise from the child's context but are mediated via proximal processes. For example, the impact of poor parenting on behaviour has been identified as a proximal process while poverty has been described as a distal risk factor (Centre for Parenting and Research, 2007).

Most frequently among studies of high risk children are investigations that trace the long term effects of chronic poverty or sudden economic misfortune. There is consistent evidence that children growing up in socio-economically disadvantaged families are at an increased risk for adverse outcomes and adjustment problems in childhood and adulthood (Garmezy, 1993; Rutter, 1979; Werner & Smith, 1982, 1992;). For example, adolescents growing up in poverty have been found to be at risk for poor academic achievement and violent behaviour (Fergus & Zimmerman, 2005). This is also reflected in poor social position, poor health (Rutter, 1985; Luther, et al., 2000; Schoon, 2006), poorly resourced housing, inadequate public transport and poor schooling (Kolar, 2011), all of which have been linked to poor outcomes for children.

Maternal depression in particular has been linked to poorer cognitive, academic and emotional development of children (Cummings & Davis, 1994). In fact, maternal drug use has

been found to present less of a risk to a child's resilience than maternal stress, depression and anxiety disorders (Kumpfer & Summerhays, 2006). Furthermore, low levels of academic achievement, high attention deficit and hyperactivity was commonly linked to delinquency, substance use, conduct problems, physical aggression, depression and shy behaviour (Fraser, et al., 1999). Poor executive functioning and a lack of self-regulation resulting in thrill-seeking behaviour have also been listed as risk factors (Kumpfer & Summerhays, 2006).

Culturally motivated child-rearing practices like severe punishment, excluding the child from activities that allow them to learn the realities of life and death, a strong focus on obedience to the exclusion of inner strengths and independence, not discussing sexuality with children and not providing opportunities in which children can ask for assistance have all been cited as risk factors in the development of well-adjusted children (Killian, 2004).

Other factors like low levels of academic achievement and high attention deficit and hyperactivity were found to be commonly linked to delinquency, substance use, conduct problems, physical aggression, depression and shy behaviour in children (Fraser, et al., 1999).

3.6. Protective Factors

Positive adaptation, which has been identified as the second core component of resilience, represents adaptation that is substantially better than expected given exposure to given risk (Ong et al., 2009). This interest in positive adaptation began in the 1970's with Garmezy conducting studies on children at risk for psychopathology. He found that some children remained well and failed to display the behavioural problems anticipated, given their *at risk* status. His work belongs to the first phase of resilience research that drew attention to several specific protective factors that were associated with resilience (Kolar, 2011).

The term *protective factor* however, was first developed by Michael Rutter who proposed that protective factors have an interactive relationship with risk factors and provide a beneficial mediating effect (Kolar, 2011). Hence, protective factors are understood to refer to those factors that moderate the effect of individual and societal hazards and encourage a more positive outcome than would have been the case had they not been present (Masten et al., 1990).

Models of risk and resilience routinely include protective factors which are said to reduce the likelihood of dysfunction in the presence of stressful life events. In this regard, researchers have focused their attention on identifying protective factors that serve to modify the adverse effects of risk in a positive direction (Gore & Eckenrode, 1996).

Emery and Forehand (1996) categorise these protective factors into:

(a) Individual characteristics like temperament, being female, being younger, higher intellectual capacity, self-efficacy, social skills, interpersonal awareness, possessing an internal locus of control, attractiveness and a sense of humour. Research has also highlighted problem solving skills, ability to focus and maintain attention and possesing talents which are valued by society as being protective factors.

(b) Family factors such as warm and supportive parents, a good parent-child relationship and parental harmony. Killian (2004) also includes positive role models and a sense of belonging and cultural and family heritage as being protective processes.

(c) Extra-familial support like having a supportive network, successful school experiences, stable schooling, community resources, access to health facilities and socio-economic advantages.

Killian (2004) adds interpersonal resources as an independent category and includes protective processess like trusting relationships, secure attachments, a sense of being loveable, being

socially competent, social self regulation, recognition of achievement and having a sense of meaning of life through faith or religious affiliation.

In compiling a list of defining attributes that characterise the concept of resilience, Ramirez (2007), examined extensive lists of protective factors developed by prominent resilience researchers and also cross-referenced characteristics consistently associated with the concept of resilience. These factors are represented in Table 3.

Table 3

Comprehensive list of protective factors

Protective factors	**Anthony**	**Bernard**	**Garmezy**	**Masten**	**Rutter**	**Werner**
Good natured, easy temperament		x		x	x	x
Positive relationships	x	x	x	x	x	x
Communicates effectively			x		x	
Sense of personal worthiness	x	x	x	x	x	x
Sense of control over fate	x	x	x			
Effective in work, play, love			x			
Positive social orientation	x		x	x	x	x
Assertive/asks for help	x		x			
Above average social intelligence			x		x	
Informal social support network	x		x		x	x
Ability to have close relationships	x		x		x	
Healthy expectations and needs			x			x
Uses talents to personal advantage			x	x	x	
Delays gratification	x		x		x	x

Internal locus of control	x		x		x	x
Flexible	x		x		x	x
Believes in his/her self-efficacy	x	x	x	x	x	x
Desires to improve			x			
Interpersonal sensitivity					x	x
Problem-solving ability	x		x		x	x
Decision-making ability	x		x			
Future oriented					x	x
Trust / hope for the future	x	x	x	x	x	
Sense of humor	x	x	x	x	x	x
Productive critical thinking			x	x	x	x
Manages range of emotions				x		
Adaptive distancing		x				
High expectations		x	x	x	x	x

Note: From *Resilience: A Concept Analysis,* Ramirez, 2007

Some of these protective factors are described in more detail below:

Personal characteristics like adopting an active approach towards problems solving, having the ability to gain other's positive attention, remaining optimisitic, maintaining a positive vision of a meaningful life and the tendency to seek novel experiences have all been identified as protective factors (Rak & Patterson, 1996).

Good intellectual skills has been identified as a protective factor. This was noted by early researchers like Rutter and Garmezy (Table 3) and has subsequently become one of the most

widely cited factor protecting children against various stressors (Burchinal, Roberts, Zeisel, Hennon, & Hooper, 2006; Kolar, 2011). The rationale is that a higher intelligence may imply superior coping abilities and carry the added benefit of a history of academic success (Luther, D'Avanzo, & Hites, 2003). In this regard, researchers have also listed problem-solving and critical thinking as protective factors (Table 3). Furthermore, academic achievement has been found to be a consistent protective factor for substance use (Fergus & Zimmerman, 2005).

Having an internal locus of control means believing that one has an influence over what happens while assuming responsibility for one's own decisions and the consequences thereof. This belief accompanies the notion that taking charge of the situation will result in management of the stressor (Joseph, 1994). Being alert and autonomous has been cited as a distinguishing characteristic of resilience in children (Rak & Patterson, 1996).

Gender has more recently been found to be important in moderating risk and resilience despite the fact that early researchers have not noted its impact (Table 3). Pre-adolescent boys report more stress and are thus more likely to develop childhood problems. However in adolescence, girls are said to experience more distress and in developing countries in particular, girls are more likely to sacrifice their education, take on household responsibilities and be accorded a lower status than boys – these factors make them less resilient than their male counterparts (Killian, 2004)

Self-esteem and self-efficacy is attributed to many stages and levels of resilience across a wide range of resilience research (Luther et al., 2000;Werner & Smith, 1992). As Table 3 indicates, all prominent researchers in the field have noted that having a *sense of personal worthiness* was a protective factor for children.

Self-determination encompasses the concept of self-worth and belief that whatever life brings, the individual can overcome these barriers and excel (Ramirez, 2007).

Flexibility refers to the ability to adapt to changes, being tolerant and having an easy temperament. In addition, being flexible means that the person is able to see a situation from different perspectives and generate possible solutions to a problem (Joseph, 1994). Children, who are able to develop flexible coping strategies and have the capacity to value their own strengths and assets, fare better in the face of adversity. These personality traits are seen as protective factors in fostering resilience in children (Yates & Masten, 2004).

Having a sense of humour about life and oneself is consistent across all resilience studies as being a protective factor. This quality plays an important role in the ability to make light of adversity and moderate the intensity of emotional reactions (Werner & Smith, 1992). This characteristic was noted by all prominent researchers in the field (Table 3).

Schooling: studies of effective schooling highlight the value of an appropriate academic emphasis and high expectations. Academic success was associated with good school attendance and good behaviour (Ungar, 2012).

External support: the extent and nature of a child's external support structure and available resources may either build resilience or increase vulnerability. A supportive environment within the family and community can serve a protective function in that it enables the individual to develop personal qualities like feeling secure, loved and accepted which in turn aids them in coping with adversity (Killian, 2004). Having a positive role model outside the family has been identified as a buffer for vulnerable children (Rak & Patterson, 1996).

Effective parenting, for example authoritative parenting that involves monitoring and support has been found to have a protective power, particularly against antisocial behaviour in risky environments (Masten, 2001).

3.7. Models of Resilience

Researchers have identified various models of understanding the concept of resilience.

3.7.1. Compensatory models. This model is defined when a factor that promotes resilience operates in an opposite direction of a risk factor. The effect is independent of the effect of a risk factor (Fergus & Zimmerman, 2005). It suggests that risk and protective factors have an additive effect on maladjustment and when the protective factors outweigh the risk factors, resilience ensues (Hatala, 2011). Killian (2004) describes this model of resilience as being the opposite of risk with risk and resilience as being on opposite ends of a single continuum.

3.7.2. Risk-protective models. This type of model maintains that resilience is the interaction between risk and protective factors (Hatala, 2011). Unlike compensatory models, this framework of understanding resilience asserts that protective factors only surface in combination with risk factors. The protective factor model asserts that assets or resources moderate the effects of a risk on a negative outcome and that protective factors operate in several ways to influence outcomes (Fergus & Zimmerman, 2005).

3.7.3. Challenge Model. The third model of resilience referred to as the Challenge Model suggests that exposure to both low levels and high levels of risks are associated with negative outcomes but moderate levels of risk are associated with more positive outcomes. The rationale being, that moderate levels of exposure allow the individual to practice skills and employ resources more readily, with the criterion being that the risk exposure should be challenging

enough to elicit a coping response (Fergus & Zimmerman, 2005). This model is aligned to Killian's (2004) universal strengths model which maintains that we are naturally endowed with the capacity to cope with adversity but that this capacity needs nurturing, with the focus being on building individual, family and community strengths.

3.7.4. Attachment Model. From this perspective, resilience is associated with the early developmental attachment styles of Bowlby and Ainsworth. The assertion here is that insecure attachment styles are associated with succeptability to psychosocial problems (Svanberg, 1998, cited in Hatala, 2011).

3.7.5. The Five Part ResilienceModel. This model, proposed by de Terte, Becker and Stephens (2010), takes into account the key components of cognitions, emotions, behaviours, physical activities and external evironmental factors. It postulates that resilience is an ever-changing process and the dynamic interplay between these variables can be used to understand how resilience develops after adverse events.

The path to understanding the concept of resilience has led researchers towards an integrative system in human development and how these systems develop in response to variations in the external environment. This involves understanding these processess at multiple levels, taking into consideration the unique way in which individuals interact and respond to their environments in the manner that they do (Masten, 2001).

3.8. Prevention Approaches within the Model of Resilience

The focus of prevention research and the development of interventions have historically been aimed at alleviating problem behaviours or maladjustment in children, focusing much attention on identifying risk factors to their development and wellbeing - the rationale being that the best way to prevent a problem is to prevent its cause (Leshner, 2002). Evidence suggests that this may

not be the most effective approach to preventative interventions as focusing on risk alone may be too limiting for several reasons. As highlighted earlier, research has indicated that the majority of children who are considered *at risk* do not succumb to their adverse life circumstances (Garmezy, 1993; 1996; Werner & Smith, 1982; 1992;). Poor outcomes are not specifically linked to specific risk factors and the cumulative effects of risk factors needs to be taken into account (Flouri, Tzavidis, & Kallis, 2010; Little, Axford, & Morpeth, 2004; Stanley, 2007). This strongly suggests that problem behaviours are complex and multi-dimensional, and if interventions are to be truly effective, need to take this into account.

The need to set in place effective interventions for children at risk due to adverse life circumstances is a major concern for social service policymakers (Rak & Patterson, 1996). As a point of departure, researchers often focus on identifying children who do well despite the presence of risk factors and understanding those factors that distinguish them from those who succumb to these risks (Pianta & Walsh, 1998). With its focus on factors that modify the effects of high-risk conditions, the resilience framework has the potential to guide interventions and social policies in that it focuses on identifying risks at all levels and in all contexts. This is crucial in designing and implementing successful intervention strategies that are both complex and comprehensive in their approach.

Blum (1998) notes that while some interventions are person-centered, resilience theory offers a system-centered approach in that it acknowledges the need to involve each unit within the individual's life. Resilience research, as it is being applied in the context of child care and protection, encourages practitioners to look for and enhance children's strengths. Such strengths may include enhancing social support networks, social skills or self-esteem (Little et al., 2004). Thus the concept of resilience has several implications for child care and the prevention of

adverse outcomes - the primary notion being that intervention strategies should be focused on promoting positive assets and resources for at-risk children rather than focusing on the risk itself (Fergus & Zimmerman, 2005). Preventative interventions should therefore seek to promote resilience and positive outcomes for children who are deemed at risk due to negative life stressors (Kumpfer & Summerhays, 2006).

Newman (2002) asserts that over the past few decades, there has been a growing increase in psycho-social disorders amongst children in developed countries. He notes that welfare services have their focus directed towards risk factors rather than towards that which keeps children healthy and safe and that this in turn has resulted in a limited range of practical interventions that actually promote resilience. Pre-occupation with risk and the avoidance, has resulted in children having fewer opportunities to take risks and learn important competencies, thereby increasing risk of other poor outcomes like poor psychological health and poor coping skills (Newman & Blackburn, 2002).

3.8.1. Advantages of applying the resilience framework to prevention approaches.

The study of resilience allows researchers within the social sciences to understand which factors place children's adaptive development at risk and which processes increase the chances of them becoming well-adjusted adults (Killian, 2004).

Luthar and Cicchetti (2007) outline the advantages of applying the resilience framework to child care and protection:

(a) As a framework, resilience helps to organise empirical evidence concerning factors that may alter the effects of various risks while taking into account the protective processes within the context of these adversities. This provides specific direction for intervention strategies that has a strong empirical basis.

(b) At a macro-level, the study of resilience takes into consideration the cumulative effects of stressors and they note that some factors exert a substantial effect in the absence of a particular risk but may have weak effects in the presence of the same risk.

(c) Research evidence on resilience demarcates areas of heightened significance among groups facing particular *types* of adversities. Luthar and Cicchetti (2007) illustrate this assertion using the example of the strictness of parental monitoring – this factor is associated with positive outcomes in children living in poverty, but is not necessarily the case for children from middle-class backgrounds who have to contend with familial risks such as parental depression.

Furthermore, resilience theory implies a focus on both positive and negative outcomes, addressing not only risks but also positive adaptations and their antecedents (Luther et al., 2000; Masten et al., 1990). The implication for preventative interventions and policy development means a shift in emphasis to include primary prevention rather than attempts to correct maladjustment after it has already crystallised (Luther et al., 2000). In instances where problems are already apparent, the resilience framework encourages emphasis on not only deficits but also on areas of strength (Schoon & Bynner, 2003) and implies increased efforts to actively identify and define positive strengths already present within the child's life.

The basic tenet of this framework is therefore that an effective intervention will not only minimise risk but maximise protective processes as well. Leshner (2002) asserts that it is more important to enhance these positive adaptations than it is to reduce risk. He bases this assertion on the notion that risk and problems are inevitable and suggests that assisting individuals to strengthen their adaptational skills and resources is the most rational and effective way forward.

3.8.2. Precautions in applying the resilience framework. As a concept, resilience has proven to be difficult to define (Liebenberg & Ungar, 2009). Hence, Luthar and Cicchetti, (2007) caution that resilience research may be compromised if conceptual and methodological problems with the term are not resolved. These include variations in the use of the term by different researchers, diversity in the methods used to operationalise risk and the limited understanding of the associations between the constructs that make up the framework. Furthermore, the construct of resilience is often misinterpreted as representing a personal attribute of the individual and Luthar and Cicchetti (2007) point out that invoking the term resilience may suggest that children should possess a particular trait or behaviour to be able to overcome adversity. The implications therefore inadverdently places the "blame" for not being able to cope with the child (Pianta & Walsh, 1998) by assuming that children should be responsible for paving their own way to success. This in turn, may inadvertently give stakeholders in child care and protection, reason to justify providing limited protection (Luthar & Cicchetti, 2007).

3.8.3. Recommendations for future work in prevention research and practice. Luthar (2000), in Luthar and Cicchetti (2007) makes several recommendations to be adopted by practicioners in the field of resilience research. They note that research reports should make the operational definition of resilience explicit by emphasising the fact that resilience is a phenomenon and not an individual characteristic. They also point out that researchers should avoid using the term *resilient* as an adjective to characterise children and instead apply it to profiles of adaptation. They suggest that when dicussing findings pertaining to protective processess, appropriate precautionary statements regarding these attributes should be made, highlighting the fact that these traits are not implanted in children but shaped instead by life circumstances.

In promoting positive developmental outcomes in children, the challenge is therefore to develop scientifically testable theories that can inform on best practice interventions. To date, research has addressed individual, family and community level processess (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003).

3.8.3.1. Individual level processess. These type of interventions focus on developing personal coping skills and resources in individuals. These may include promoting positive temperament, intelligence, sociability, communication skills and personality traits like self-esteem, tolerance, flexibility and sense of humour

3.8.3.2. Family level interventions. These interventions address characteristics like parenting style and cohesion within the family. For example, Werner's 40 year study on the Island of Kauai highlighted the fact that one caring adult in a child's life is one of the most critical protective factors in the promotion of resilience (Kumpfer & Summerhays, 2006). A belief in the child and non-blaming parenting style has emerged as a key protective factor (Olsson et al., 2003).

3.8.3.3. Social intervention. Both the school environment and the wider social environment are addressed at this level. Olsson et al. (2003) proposes that affirming, supportive communities play a vital role in promoting resilience in children.

3.9. Concluding Remarks

The importance of putting in place comprehensive and effective interventions that enhance child development and wellbeing, particularly within the South African context, was highlighted in chapter 2. This chapter therefore introduced the concept of salutogenesis as a framework with which to consider wellbeing and highlighted the significant contribution resilience research has made in the context of child development and wellbeing. The study of resilience in children

provides a framework within which to explore factors that place their healthy development at risk and identify processes which enhance their chances of becoming well-adjusted adults. Resiliency based interventions are built upon community wide collaborations that are focused on enhancing competence in children and the focus is on not only reducing risk elements present in the child's life, but also to build on individual strengths that the child may possess. This process of identifying risk and protective factors in the context of resilience theory is embedded within the research design which will now be presented.

Chapter 4

Problem Formulation and Research Method

4.1. Overview of Chapter

This chapter outlines the methodology employed for the present study. The chapter begins by providing a contextual overview for the study. Resilience theory is put forth as theoretical framework particularly with regards to its potential for guiding interventions and social policies. This serves to establish the rationale for conducting a systematic review. The advantages of this research design are further highlighted and the methodological processes employed by the reviewer are explicitly stated. Ethical issues, including validity and reliability are given due consideration.

4.2. Problem Formulation

Given the current social and economic climate of the country, South African families, and in particular, children are faced with multiple challenges (Cluver et al., 2010; Noble et al., 2006;). The high prevalence of HIV and Aids-related parental deaths has left millions of children orphaned and millions more vulnerable, leading analysts to believe that the number of orphans in South Africa has exceeded the capacity of established systems of care in the country (Foster, 2004; UNICEF, South Africa, 2011).

Improving the care of orphan and vulnerable children is a critical challenge facing the nation. South Africa has a strong social grant system aimed at providing financial support to children in need of care. Extended family placement is the preferred method of care for orphans (Dunn & Parry-Williams, 2008) and South Africa is the only country to have formalised kinship care through a court system; allowing family members to receive financial support in caring for their children. The use of the foster care system as an income maintenance measure is a well-

established practice making it a viable option for families who are otherwise already bearing the brunt of economic strain (Foster & Williamson, 2000). However, the government recognises the inadequacies of the current provisions put in place and is actively endorsing alternative models of care such as cluster foster homes and other community-based care models.

Research suggests that orphaned children are likely to require even more emotional nurturance from their new caregiver (Freeman & Nkomo, 2006) and whether this need will be met in alternative models of care remains questionable. At present, almost 500 000 orphaned children have already been placed in court-ordered foster care and 41 percent of these children have been placed in the care of their grandparents (UNICEF, South Africa, 2011).

It remains the responsibility of the state to put in place policies and interventions aimed at protecting the welfare of children. However, the majority of children who are considered to be at risk do not succumb to their adverse life circumstances indicating the presence of adaptive processes (Garmezy, 1996; Werner & Smith, 1992). Therefore, while the focus of preventative interventions has historically been aimed at alleviating problem behaviours or maladjustment in children (Leshner, 2002), evidence suggests that this may not be the most effective approach.

Resilience theory is put forth as a means of conceptualising and understanding this problem. With its focus on factors that modify the effects of high-risk conditions, the resilience framework has the potential to guide intervention and social policies that promote assets and resources for *at risk* children (Fergus & Zimmerman, 2005). This is crucial in designing and implementing successful intervention strategies that are both complex and comprehensive in their approach. Identifying risk and protective factors in the context of child protection allows researchers within the social sciences to understand which factors place children's adaptive development at risk and which processes increase the chances of them becoming well-adjusted adults.

4.3. Research Aim and Question

The primary aim of this study was to explore and describe resilience in children raised by their grandparents. Resilience literature highlights the fact that embedded in the operational definition of resilience is: exposure to adversity, referred to as risk factors; and the ability to adapt positively despite this exposure, referred to as protective factors. This study therefore sought to:

(a) Identify risk factors which research has shown to present a risk to the wellbeing and development of children raised by grandparents, and

(b) Identify protective factors that may promote and enhance the wellbeing and development of the children raised by their grandparents.

The study was undertaken to gain an in-depth and comprehensive understanding of factors influencing their wellbeing and development and inform practices and policy regarding the placement of children in need of care, within the South African context. In doing so, this study will hope to answer the following research question: What factors influence the long-term placement of children in the care of their grandparents?

4.4. Research Method

The methodology employed for this study was that of a systematic review. A systematic review is a specialised type of literature review that summarises research literature related to a single question. Chalmers et al., (2002), define a systematic review as the application of strategies that limit the bias in the collection, appraisal and synthesis of all relevant studies on a specific topic. It involves identifying, selecting, appraising and synthesising of all quality research relevant to the research question and makes use of rigorous research methodology (Bettany-Saltikov, 2010). Within the context of a systematic review, individual studies that

contribute to the review are called primary studies; the systematic review itself, is referred to as a secondary study (Kitchenham, 2004).

According to the Cochrane Handbook, the key characteristics of a systematic review are that it contains:

(a) A clearly stated set of objectives with pre-defined eligibility criteria for studies;

(b) An explicit, replicable methodology;

(c) A systematic search that attempts to identify all studies that would meet the criteria;

(d) An assessment of the validity of the findings of the included studies and

(e) A systematic presentation and synthesis of the characteristics and findings of the included studies (Higgins & Green, 2011).

According to Torgeson (2003), systematic reviews may be conducted for various reasons, such as: to address a specific, well focused, relevant question; to search for, locate and collate the results of the research in a systematic way; to reduce bias at all stages of the review publication, selection and other forms of bias; to appraise the quality of the research in light of the research question; to synthesise the results of the review in an explicit way; to make the knowledge base more accessible; to identify gaps; to place new proposals in the context of existing knowledge; to propose a future research agenda; to make recommendations and to present all stages of the review in the final report to enable critical appraisal and replication (p. 7).

4.5. History of Systematic Reviews

According to Torgeson (2003), there is a long history behind the use of systematic reviews in various disciplines. The science of research synthesis emerged in 1904 with a review of evidence on the effects of a vaccine against typhoid. In the 1950's social science researchers

explored approaches to undertaking meta-analysis, particularly in the education and psychology fields (Torgerson, 2003).

In 2003, the Cochrane collaboration was established with the aim of encouraging and publishing systematic reviews of health care interventions. This was in response to comments from researchers, and in particular Archie Cochrane, who criticised the medical field for not organising its knowledge in a systematic and reliable way. The international collaboration, named after him, is based on two principles: the need for unbiased comparisons of interventions and the importance of collating evidence from different studies to obtain reliable information (MacDonell, Shepperd, Kitchenham, & Mendes, 2009). While the Cochrane Collaboration centers its efforts on the concept of evidence-based medicine, initiatives like the Campbell Collaboration, focuses instead on the social and behavioural disciplines, including education, criminal and social welfare. The modern systematic review has its roots in initiative like the Cochrane and Campbell Collaboration.

4.6. Rationale for conducting a Systematic Review

The rationale for undertaking a systematic review has been well explored within the health and social sciences and is grounded in several premises. Firstly, the last decade has seen an explosion in the research field, making keeping up with primary research on a given topic almost impossible and somewhat overwhelming (Petticrew & Roberts, 2006). This is especially true with regards to HIV and Aids and its impact on households across Africa. The number of studies relevant to a topic may run into hundreds or even thousands; sometimes giving unclear, confusing or contradictory results (Hemmingway & Brereton, 2009). Systematic reviews are therefore used to refine this unmanageable amount of information by separating unsound, redundant literature from the more salient, critical type of study that is worthy of reflection

(Mulrow, 1994).It is regarded as a scientifically rigorous method for summarising the results of primary research and validating consistency amongst studies (Torgerson, 2003).

Secondly, systematic reviews are used to identify, justify and refine hypotheses and are often used by researchers to keep abreast of primary literature on a topic (Mulrow, 1994). Systematic reviews are particularly useful in formulating guidelines and legislation on intervention and strategies (Armstrong & Waters, 2007; Mulrow, 1994). It is also relevant when there is uncertainty about the effectiveness or outcome of a policy and service (Petticrew & Roberts, 2006; Torgeson, 2003).

Systematic reviews may also be undertaken for the purposes of summarising existing evidence (Petticrew & Roberts, 2006); identifying gaps in current research in order to recommend future research (Kitchenham, 2004); providing a framework or background with which to suggest new research activities (Kitchenham, 2004; Torgerson, 2003); and examining the extent to which evidence supports a hypothesis or social concern (Mulrow, 1994; Kitchenham, 2004).

Finally, Petticrew and Roberts (2006) point out that "systematic reviews can also answer questions about risk factors, and about associations between characteristics of populations, and can explore associations between risk factors or predictors and outcomes" (p.45). Taking all of this into account, the researcher concluded that conducting a systematic review with regards to the research question was most appropriate.

4.7. From Literatures reviews to Systematic Reviews

Traditionally, researchers have always endeavoured to collate existing knowledge on a specific topic in the form of a literature or narrative review. Although this has proven to be useful, it often represents a "biased sample of the full range of literature on the subject"

(Torgerson, 2003, p. 5) and lacks rigour and reliability (Kitchenham, 2004). This shortcoming became more salient in the 1980's when several commentators noted the inadequacies of the process and consequent bias in recommendations with traditional reviews (Kitchenham, 2004). Hence, while most researchers embark on their study with a literature review, it does not have scientific value unless this review is comprehensive and unbiased (Kitchenham, 2004). MacDonell et al. (2009) asserts that as individuals we are often biased in our selection of reference material and mentions a survey conducted by Shadish of over 280 authors of articles in psychological journals. It was found that more often than not studies are cited because they support the authors' argument and not because they are reliable. Furthermore, researchers are usually influenced by personal theories and beliefs and are often driven by a general interest in a topic (Bettany-Saltikov, 2010). Hence, in contrast to systematic reviews, the more traditional literature or narrative review, summarises evidence non-systematically and therefore lends itself to bias (Wieseler & McGauran, 2010).

As a result, systematic reviews have increasingly replaced traditional narrative reviews as a way of summarising research on a topic (Hemmingway & Brereton, 2009). Systematic reviews are often confused with literature reviews. However, the methodology employed for conducting a systematic review is vastly different, as highlighted in Table 3 below:

Table 4

The difference between a systematic review and a literature review

	Systematic Review	**Literature Review**
Question	Focused on a single question	Not necessarily focused on a single question, by may describe an overview
Protocol	A peer review protocol or plan is included	No protocol is included

Background	Provides summaries of the available literature on a topic	
Objectives	Clear objective identified	Objectives may or may not be identified
Inclusion / Exclusion criteria	Criteria are stated before the review is conducted	Criteria are not specified
Search strategy	Comprehensive search conducted in a systematic way	Strategy not explicitly stated
Selecting articles	Must be clear and explicit	Not described
Evaluating articles	Comprehensive evaluation of study quality	Evaluation of study quality not necessarily included
Extracting relevant information	Clear and specific	Not clear or explicit
Results and data synthesis	Clear summaries of studies based on high quality evidence	Summary based on studies where the quality of articles may not be specific
Discussion	Written by an expert or group of experts with a detailed and well-grounded knowledge of issues	

Note: Taken from *Learning How to Undertake a Systematic Review,* Bettany-Saltikov, 2010, p. 49.

4.8. Advantages and Disadvantages of a Systematic Review

While systematic reviews are generally labour-intensive and require more effort and expertise on the subject matter by the researcher (Wright, Brand, Dunn, & Spindler, 2001), it is quicker and less costly than embarking on a new study (Mulrow, 1994). A major advantage of a systematic review is that it provides information about a topic across a wide range of contexts and research designs (Kitchenham, 2004). Thus, similar effects may be interpreted as being evidence of robustness and transferability of results (Glasziou, Irwig, Bain, & Colditz, 2001).

Glasziou et al. (2001) also point out that it may not always be possible to detect small but significant effects from individual studies and that by combining data that answer the same question, one is able to study the consistency of results thereby improving the statistical power of the effect hence the accuracy of the topic is increased.

Other advantages of conducting a systematic review include the fact that it is useful in synthesising large quantities of information into a manageable format by making efficient use of existing data (Torgerson, 2003). It also helps professionals in a field stay abreast of developments by condensing the best relevant resources into a synthesised source (Greenhalgh, 1997) and provides an overview of the research surrounding a topic (Armstrong & Waters, 2007; Petticrew & Roberts, 2006; Torgerson, 2003). Furthermore, systematic reviews are also useful in identifying and highlighting gaps in the body of research (Bettany-Saltikov, 2010; Petticrew& Roberts, 2006), representing inconsistencies in findings (Torgerson, 2003) and assisting researchers in forming new hypotheses (Chalmers et al., 2002; Greenhalgh, 1997).

It must be noted that despite the scientific rigour and value attached to systematic reviews, this type of study has many potential drawbacks. Firstly, the time and effort required to conduct the review often means that the study requires a fairly large budget. It has also been suggested that funding and research grants cause researchers to find results that suit the purposes of their funders (Torgerson, 2003; Shuttleworth, 2009), which is not ideal as this conflicts with the unbiased nature of a systematic review.

Secondly, due to the rapid advancement in the research field, many reviews are out of date before they are published, forcing researchers to update their studies constantly. Thirdly, systematic reviews are often criticised due to the fact that in essence they are subjective (Torgerson, 2003). Hence, selection bias becomes a problem and Torgerson (2003) suggests that

any review can be made to tell any story that the researcher wants it to despite the stringent methodological practices characteristic of this type of review.

4.9 Validity and Reliability in a Systematic Review

Referring to systematic reviews in the medical field, Wright et al., (2001) assert that in the hierarchy of studies, meta-analysis and systematic reviews both occupy the highest levels. Systematic reviews are conducted with the explicit aim of establishing whether the findings of research studies are consistent and whether these findings may be generalised to different populations (Abalos, Carroli, Mackey, & Bergel, 2012). As a result, researchers conducting a systematic review are required to make use of explicit methods and processes to minimise or reduce bias (The Cochrane Library, 2012).

4.9.1. Validity. Within the scope of systematic reviews, validity refers to transparency regarding how the information was generated, accuracy, appropriateness of the methods and consideration of legal and ethical issues (Petticrew & Roberts, 2006). Validity within the research context refers to the degree to which the research conclusions are sound (Van der Riet & Durrheim, 2006). Validity consists of internal and external validity.

Torgerson (2003) asserts that the most important design criteria of a systematic review relates to its internal validity. Internal validity refers to the extent to which the design and process is likely to prevent systematic error (Kitchenham, 2004) and methodological biases (Petticrew & Roberts, 2006). It also informs whether the results of the study can be attributed to the actual findings rather than to flaws in the design and process. These flaws increase the risk of bias such as selection bias, response bias and observer bias (Petticrew & Roberts, 2006).

In addition to considering the internal validity of the review, researchers also need to take into account the generalisability or applicability of the study to the population it targets. Here

reference is made to the external validity of the study which takes into account the extent to which it is possible to generalise the data to a broader population and setting (Van der Riet & Durrheim, 2006).

4.9.2. Reliability. Reliability deals with the soundness of the methodology employed and refer to the degree to which the results of a study are repeatable (Van der Riet & Durrheim, 2006). The goals of the systematic review are that it should be objective and repeatable (MacDonell et al., 2009). Standard practice for conducting a systematic review dictates that the reviewer makes explicit the inclusion or exclusion criteria used and the reasons for exclusion of particular research. This transparency in method and process facilitates replicability of the review (Petticrew & Roberts, 2006).

Furthermore, the methodology of a systematic review dictates that rigorous procedures are adhered to at every stage of the process. This reduces the probability of inaccurate or distorted findings and the quality of the results of the study is largely dependent on the scientific rigour with which the process is followed. The following section describes the implementation of each step of the process as well as the steps taken to ensure the methodological soundness of the study.

4.10. Steps and Procedure

The process of a systematic review involves the careful and systematic collection, measurement and synthesis of data (Glasziou et al., 2001). The seven stages of a systematic review are well established in health care, social policy and educational research. They are:

1. Formulating the research question and developing a protocol.
2. Determining the types of studies that need to be located in order to answer the question. This includes clearly defining the inclusion and exclusion criteria.

3. Carrying out a comprehensive literature search to locate relevant studies. The procedure and methods employed are described below.
4. Screening the results of the search for those studies that meet the inclusion criteria. Final decisions are made regarding the inclusion and exclusion of research papers.
5. Critically appraising the studies included in the review.
6. Synthesising and integrating the studies.
7. Disseminating the findings of the review. The goal of this step is to draw conclusions based on the best available scientific evidence (Petticrew & Roberts, 2006; Torgerson, 2003).

Each of the steps listed above are discussed in greater detail below.

4.10.1. Research question and protocol development. The first step of the systematic review is the formulation of a research question. A well formulated research question increases the efficiency of the review and helps maintain the focus of the study (Torgerson, 2003). Petticrew and Roberts (2006) point out that one of the types of questions that systematic reviews are proficient in answering are infact those "exploring risk and protective factors" (p.46). This systematic review was undertaken with the intention of answering the following research question: What factors influence the long term placement of children in the care of their grandparents?

The next step of a systematic review is the development of a protocol or proposal in which the reviewer makes explicit in advance the rationale, objectives, process and methods employed. The theoretical, empirical and conceptual background of the review is established and the research question is clearly defined (Torgerson, 2003). Writing the proposal in advance minimises bias. Making this point clearer, Bettany-Saltikov (2010), points out that reviewers cannot change how

they view articles once they see the results of the studies. In this regard, a research proposal was put forward at the outset of this systematic review in which the reviewer outlined in advance the various aspects of this study.

4.10.2. Determining inclusion/exclusion criteria. The proposal also clearly defines the criteria used to select and appraise research articles (Bettany-Saltikov, 2010). Writing the proposal in advance and specifying the inclusion criteria *a priori* minimises the possibility of selection and reviewer bias (Torgerson, 2003). The criteria for selection of studies were specified as follows:

- Content – only studies that explored risk and/or protective factors in children raised by their grandparents were included in the formal review.
- Population– studies referring to grandparent-headed households where the parent was either absent or deceased and the grandparent was the primary caregiver of the child were included. These studies were included if it described grandparent's perspective on these factors and/or was conducted on a population of children raised by grandparents. Studies describing third party perspectives like teachers and social workers who described risk and protective factors in children raised by grandparents were also included.
- Language –the reviewer of the study was only proficient in English and hence only papers written in the English language were included in the review.
- Date –in order to capture the most recent and relevant information and ensure that the outcome of the study was valid and applicable to emerging trends and challenges, only studies conducted after 1990 were considered.
- Types of studies – based on the objectives of the study, both quantitative and qualitative studies were included in the study. Qualitative studies provided detailed and in-depth

information (Petticrew & Roberts, 2006) and allowed the researcher to identify and understand categories of information that emerged (Durrheim, 2007). As risk is generally expressed in terms of numerical odds (Little et al., 2004), risk studies in existing literature was anticipated to be of a quantitative nature and the reviewer remained open to including quantitative studies in the systematic review.

4.10.3. Literature search. According to Torgeson (2003), the three methods that are least liable for selection bias in a systematic review are searching of electronic databases, hand searching of key journals and searching bibliographies of previous systematic reviews. This is because all of these methods employ a systematic approach. All three methods were employed for the purpose of this systematic review. The search included peer reviewed publications from electronic databases and print journals.

The Nelson Mandela Metropolitan University Library Catalogue (NMMUCAT), which hosts an array of online database, was utilized. This catalogue shares the system with other libraries of the South East Academic Library System (SEALS), which is a consortium of technikon and university libraries in the Eastern Cape. This was the database used to locate the primary studies consulted for this systematic review.

EBSCOHOST was the primary search engine employed. It consists of a wide variety of databases in the health sciences field. All databases in the health, behavioural and social science fields, hosted by EBSCOHOST, were systematically searched. These included ScienceDirect, Biomed Central, Emerald, Gale Infotrec, JSTOR, Sage and Taylor & Francis. The South African based search engines Nexus and Sabinet were also searched. The search also included a standard web search, using both Google and Google Scholar. The "related research" option was consulted on sites and databases that supported this feature.

The reference lists of these sources were scrutinised for additional sources. The review incorporated systematic reviews and observational type studies, including case studies that used qualitative methods.

Furthermore, Petticrew and Roberts (2006) note that much relevant research may not appear in journals but may in fact appear in *gray literature* that is not indexed in electronic databases, particularly in the social sciences. The term *gray literature* is used to refer to literature that is not obtainable through regular publishing channels and includes reports published independently by both academic and non-academic organisations, for example, working papers, reports on websites and informal publications. Such literature was sought out through searches of conference proceedings, dissertation abstracts, book chapters, and bibliographies of other reviews.

The process of conducting a systematic review must be transparent and replicable (Kitchenham, 2004). In order to add to the transparency of the process and help subsequent researchers find similar studies, a detailed record was kept of the databases where the primary studies were found (Appendix A). The search strategy employed, including the use of wildcard characters (* and $) and variations in keywords, together with the resulting research output were also carefully recorded. During this first stage of screening, potentially relevant studies were identified from their titles and abstracts and then imported into a reference management software package (Mendeley Desktop, Version 1.6) so as to establish a database of references.

4.10.4. Screening the results of the search. The relevant articles were then read and identified as either being relevant or not. The inclusion or exclusion of studies from the systematic review was based on a standard set of reasons which, were clearly defined before embarking on the study. This decision-making process was carefully recorded so as to limit bias,

facilitate replicability of the study and inform the reader (Appendix B). The set of criteria was piloted on a few studies first, before it was incorporated into the study and applied to the rest of the review.

4.10.5. Data analysis and critical appraisal. Critical appraisal is the process of assessing the methodological soundness of a study and in the context of a systematic review. This step aims to determine whether the study is able to answer the research question. It also guides the reviewer's attention to all the key aspects of the study such as design, methods, key measures and variables (Petticrew & Roberts, 2006).

A data appraisal sheet was used (Appendix C). This ensured that each primary study was subjected to the same criteria in an unbiased and transparent manner. The components of this appraisal tool were based on guidelines set out by Letts, Wilkins, Law, Stewart, Bosch, & Westmorland (2007), which is described below:

(a) Full citation according to APA standards: this ensured that other reviewers could easily retrieve the article.

(b) Purpose of the study: this proved to be useful in providing a summary of the study and helped determine if the topic was important and relevant to the review.

(c) Literature: helped to identify gaps in current knowledge and research about the topic.

(d) Study design: this assisted in judging the appropriateness of the design, sampling, data collection methods and analyses.

(e) Design types: the choice of the qualitative research design needed to correlate with the nature of the end result, the depth of understanding required and the reason for the study.

(f) Sampling: this assisted in determining if the sample size was adequate and transparent.

(g) Data collection: data collection methods needed to be congruent with the research design and the procedure involved had to be clear and rigorous.

(h) Data analyses: the methods and reasoning employed were assessed for appropriateness and overall rigour.

(i) The four components of trustworthiness were assessed (Guba & Lincoln, 1989), i.e. credibility, transferability, dependability and confirmability.

(j) The conclusions and implications of the study were assessed for soundness and contribution.

Finally, a data classification sheet was used to assist in data collection. Data regarding the studies, participants, methods, quality and outcomes were extracted from each paper using a standard format. This form too, was piloted on a few studies first and amendments made before it was used on the rest of the primary studies (Appendix D).

4.10.6. Data synthesis and integration. According to the Centre for Research and Dissemination (2009):

> Synthesis involves the collation, combination and summary of the findings of individual studies included in the systematic review. . . As well as drawing results together, synthesis should consider the strength of evidence, explore whether any observed effects are consistent across studies, and investigate possible reasons for any inconsistencies. This enables reliable conclusions to be drawn from the assembled body of evidence (p. 45).

Systematic reviews in the social sciences often collate a range of evidence comprising of various designs in a process similar to triangulation. Petticrew and Roberts (2006) suggest that in the

social sciences where studies are more heterogenous, that a more narrative synthesis of data is appropriate.

The first step in a narrative synthesis involves the logical organisation of the findings. Accordingly, the reviewer tabulated the findings of each primary study, such that a full description of the study, the population, methodology and results were made transparent. The systematic organisation of the data helped the reviewer identify themes across studies, explore similarities and differences between primary research and clarify for the reader which data was extracted from which primary study. Further assessment of the quality of the included studies was also conducted at this stage. The second and third step of narrative data synthesis involves rigorously scrutinising emerging patterns for individual studies and exploring the relationships between studies, respectively (Centre for Research and Dissemination, 2009; Petticrew & Roberts, 2006). The focus of this systematic review was to identify risk and protective factors in children raised by their grandparents. Hence, the primary studies selected for review highlighted these factors and data from each study was systematically organised into themes around these concepts.

Emerging themes regarding risk and protective factors were identified in individual studies and evidence for each identified factor was sought across studies. At the same time, by assessing the methodological quality of each primary study, the reviewer was able to give greater credence to the findings of more methodologically sound studies. Finally, an overall assessment of the strength of evidence surrounding identified themes was conducted and potential sources of bias within the synthesis process itself were explored.

4.10.7. Dissemination of findings. Reporting on the findings of a systematic review is an in integral part of the process (Centre for Research and Dissemination, 2009). The themes, findings

and potential biases are reported, discussed and collated in a summarising map (Appendix E) and are presented in Chapter 5 (Results and Discussion) of this treatise.

In addition to synthesising the data captured through the review, the findings are used to establish conclusions and recommendations with regard to social policy regarding the placement of children in the foster care of their grandparents. These are presented in Chapter 6 (Conclusions and Recommendations) of this treatise.

4.11. Ethical Considerations

Due to the fact that the study only considered published research within the public domain, no ethical permission for the conduct of the review was deemed necessary.

Every effort was made to maintain the integrity of the study through careful consideration of issues surrounding reliability and validity within the study and strict adherence to the methodology prescribed for conducting a systematic review.

4.11.1. Reliability. The reliability of this study was established through the writing of a research proposal in which the aims, inclusion/exclusion criteria and methodology was explicitly stated and subsequently adhered to, during the conduct of the systematic review. The use of data classification and extraction sheets and grids outlining inclusion criteria ensured that every step of the process was well documented. This careful recording of process extended to the search strategy and research output of the databases consulted. This will facilitate replicability of the study, hence enhancing its reliability.

4.11.2. Validity. The internal validity of the study was maintained through the careful selection of studies based on the soundness and suitability of its methodology. The use of a comprehensive data appraisal sheet assisted in this regard. While the review drew on themes and conclusions based on both South African and international research, research conducted in

contexts similar to South Africa was given a higher weighting in order to promote the external validity or generalisability of the review. A grid based on the inclusion criteria as set out in the proposal was designed. This grid was applied to each individual primary study, allowing each article to be subjected to the same set of criteria, thereby enhancing objectivity and consistency within the review.

Furthermore, at all times during the conduct of the study, the reviewer remained cognizant of the potential for bias and carefully recorded each step of the process so as to maintain consistency and enhance the overall validity of the study.

4.12. Concluding Remarks

This chapter provided a comprehensive overview of the research methodology employed for this study. The background and rationale for conducting this systematic was established in the context of the research aims. The methodology employed by the reviewer was clearly set out and reliability and validity issues given due consideration. The findings of this systematic review will be discussed in the following chapter.

Chapter 5

Results and Discussion

5.1. Chapter Overview

This chapter presents the results of systematic review around the primary aim of the study which was to explore resilience in children raised by their grandparents. Data from primary studies were systematically reviewed, with findings organised into themes around risk and protective factors in the context of resilience. A narrative synthesis of findings is presented in the discussion that follows.

5.2. Research Output

The initial data search was conducted based on a standard set of search strings, together with a cursory scan of the title and abstract of each article. This search yielded a total of 248 articles. This process of data collection was carefully documented and recorded, with articles being categorised according to the databases in which that they were found. This information, together with the output of searches from each database, is presented as Appendix A.

Each of the identified articles was then screened through a more in-depth reading of its abstract and where necessary, an examination of the methodology and population of the study, was conducted so as to determine the eligibility of the study. During the first round of screening, 224 articles were identified. Another 126 articles were discarded due to the fact that they were deemed either not relevant to the primary aim of this systematic review, or that the article had been retrieved more than once. This reduced the number of articles to 98, against which to apply the inclusion/exclusion criteria.

A standard set of inclusion criteria was used to select primary studies for the systematic review. This process was tabulated and is presented as Appendix B. A total of 43 of the 104

remaining articles, were selected for review based on these criteria. Hence, articles that did not meet these criteria were excluded. For example articles were excluded if they were commentaries on the phenomenon and not primary research; or if they focused on the health and wellbeing of caregiver and not the children.

The data appraisal sheet presented in Chapter 4 was used to assess the methodological soundness of each primary study. This ensured that each study was subjected to the same criteria in an unbiased and transparent manner and the reviewer was guided through the process of determining the design, purpose and methodology of the research. The appraisal sheets cannot all be included in this write-up, due to the large number of articles reviewed; hence only a sample of appraisal sheets are presented as Appendix C.

A further 4 articles were discarded at this stage because they were deemed lacking in methodological soundness. This was because the article did not clarify ethical concerns; the design and method of the study was not apparent; the study did not possess the elements of trustworthiness or the data collection method was unclear. Hence a total of 39 studies were included for final review. The data classification sheet, referred to in Chapter 4 was used to extract salient aspects of each study and highlight emerging themes. A sample of classification sheets is presented as Appendix D. The data classification sheet was used to map themes out into broad categories as they emerged during an examination of each individual primary study. Appendix E is a summarised map of emergent themes. A final list of the articles used for the systematic review is also contained within this sheet.

5.3. Emergent Themes

The primary studies used in the systematic review yielded relatively consistent results with regards to emerging themes around risk and protective factors in the context of resilience

literature. The reviewer was able to identify 8 risk factors and 4 protective factors which emerged from the literature review. These factors were consistent with factors identified in resilience literature. These themes are discussed below.

5.3.1. Risk factors. Risk factors, as outlined in Chapter 3, are understood to refer to one or more factors that influence or increase the probability of a negative outcome for a child (Yates & Masten, 2004). Resilience literature is replete with studies identifying risk factors or potential stressors; such factors were identified and extracted from the primary studies reviewed and a significant amount of research exploring this concept was found. Findings were generally consistent with what constituted a risk factor within resilience research and a meaningful picture emerged around each factor. These factors or themes are presented here.

5.3.1.1. Financial insecurity. The custodial care of orphan and vulnerable children inadvertently places strain on the resources of a family and several studies highlighted the fact that caregivers are often economically disadvantaged to begin with (Dolbin-Macnab & Keiley, 2009; Kiggundu & Oldewage-Theron, 2009). Financial difficulties featured most prominently as a stressor for families (Bailey & Letiecq, 2009; Downie, Hay, Horner, Wichmann, & Hislop, 2010; Jones, 1993; Kelley, Whitley & Campos, 2011), particularly in South Africa (Cluver & Gardner, 2007a; Cluver, et al., 2010; Kiggundu & Oldewage-Theron, 2009; Nyasani, et al., 2009). Poverty-related risk factors associated with poor outcomes for children cared for by their grandparents were listed as homelessness, unemployment, inadequate housing, difficulty accessing social welfare grants and inaccessibility to social services and a lack of resources (Cluver & Gardner, 2007a).

Grandparents themselves reported that they were struggling to care for the children financially (Bailey & Letiecq, 2009; Howard, Phillips, Matinhure, Goodman, Mccurdy &

Johnson, 2006; Kiggundu & Oldewage-Theron, 2009) and that financial constraints played a central role in their lives, often becoming a source of tension in the family (Bailey & Letiecq, 2009; Dolbin-Macnab & Keiley, 2009). These sentiments were echoed by the children themselves who mentioned financial and environmental difficulties like crowded living conditions as prominent stressors in their lives (Downie, Hay, Barbara, Wichmann, & Hislop, 2010).

Within the South African context, Cluver and Gardner (2006) found that AIDS orphans were consistently disadvantaged on all poverty indicators and that food insecurity had the strongest, most consistent effect on psychological problems. This finding however, was not limited to grandparent-headed households only and extended to other forms of care as well. Examining risk and protective factors amongst orphaned children, Cluver and Gardner (2007a) report that children in their research sample commented that "enough food" would improve their well-being (p. 321). Furthermore, several studies indicate that difficulty accessing the foster care grant was a major concern amongst grandparents (Cluver et al., 2010; Kiggundu & Oldewage-Theron, 2009; Tamasane & Head, 2010). It was reported that the process took a long time to complete. One of the factors that hampered the process was the lack of a birth certificate which prevented caregivers from accessing any form of social support grants on behalf of their children (Tamasane & Head, 2010).

While urban grandparents reported that the foster care grant was regarded as a supplement to their income, for many rural grandparents it was the only reliable source of income (Nyasani et al., 2009). Not surprising then, was social workers' perceptions that the only reason rural grandparents assumed responsibility for their grandchildren was because of the grant associated with their care (Nyasani et al., 2009). While caregivers reported that the foster care grant was

insufficient, it was noted that it went a long way towards alleviating distress in poverty stricken households (Nyasani et al., 2009).

5.3.1.2. Relationship difficulties. Studies focusing on attachment patterns in children cared for by grandparents indicate that the child's early relationships with their biological parent as well as subsequent relationship with their grandparent contribute to the overall wellbeing of the child (Poehlmann, 2003). Although the grandparent-grandchild relationship has a strong biological link that is only surpassed by the parent-child one, distinct disadvantages are present when grandparents assume the role of custodial parent. These may range from poor health to a lack of motivation or desire to parent often manifesting in a poor relationship with the child (Edwards & Daire, 2003). In a study of the perceived emotional closeness of grandparents with their grandchildren, Dolbin-Macnab and Keiley (2009) report that only 13% of the grandparents in their study (n=41) described their relationship with their grandchildren as emotionally close. For some grandparents, it was a matter of cultural and moral obligation that compelled them to take in their grandchildren (Nyasani et al., 2009).

Children mention the negative aspects of the relationship to be based on disagreements around money, work and gender roles (Dolbin-Macnab & Keiley, 2009), complaining that grandparents were often too strict (Downie et al., 2010). This conflict became far more salient in the relationship when the children became adolescents and grandparents got older (Dolbin-MacNab, Rodgers, & Traylor, 2009).

5.3.1.3. Intergenerational differences. Generational differences between grandparents and grandchildren have been well-researched, though more often from the perspective of the carer. For the purposes of this review, only studies that focused directly on the impact these differences had on the children were included. In a study of this nature, Dolbin-MacNab et al., (2009)

interviewed adult children who were raised by grandparents and report that 85% of participants (n=20) in their study highlighted the generation gap as a key issue of contention in this relationship. They attributed this mainly to the strictness and traditional values of their grandparents. In addition, older grandparents' unfamiliarity with issues pertinent to young people such as sexually transmitted diseases, drug use, school violence, or peer influences, exacerbates the effect of the generational gap (Hayslip & Kaminski, 2005). In sum, the generation gap created an emotional distance between caregiver and child, which in turn translated into conflict and rebellion from the children (Dolbin-Macnab & Keiley, 2009; Dolbin-MacNab et al., 2009).

5.3.1.4. Caregiver health and wellbeing. Findings indicated that grandparents, having to assume the role of being a primary caregiver to their grandchildren, experience significant physical, mental, social and economic difficulties (Burnette, 2009; Dunne & Kettler, 2008; Jones & Hansen, 1996; Kiggundu & Oldewage-Theron, 2009). Kelley et al., (2011) point out that "a substantial body of literature indicates a propensity for significant psychological distress among caregiving grandmothers" (p. 2139). Grandparents themselves report an increase in anxiety, depression, smoking and drinking as a result of assuming parental roles (Leder, Grinstead, Jansen, & Bond, 2003). Additional challenges include inadequate support, social stigma, isolation, disruption, resentment and financial strain (Smith & Palmieri, 2007). Smith and Palmieri (2007) also note that:

> Such heightened psychological strain among parental figures is troubling because abundant research shows that psychological distress is associated with increased dysfunctional parenting, which, in turn, negatively affects children's psychological well-being (p. 1304).

This raises questions regarding grandparent's ability to parent effectively. Studies have indicated that higher stress levels in grandparents were associated with higher levels of social, emotional and behavioural difficulties in grandchildren (Daly & Glenwick, 2010; Dunne & Kettler, 2008; Smith & Palmieri, 2007).

5.3.1.5. Discipline and parenting styles. A lack of discipline amongst children raised by grandparents was highlighted in several studies by the caregivers themselves (Dolan, Casanueva, Smith, Bradley, 2009; Kiggundu & Oldewage-Theron, 2009; Poe, 1992). It is suggested that this lack of discipline in children may be partially attributed to the mental strain of witnessing the death of a loved one together with a profound sense of insecurity and living in impoverished conditions (Kiggundu & Oldewage-Theron, 2009). The authors go on to point out that these factors place children at risk for low self-esteem, poor social skills, a lack of education and hence, lowered chances of rising above their conditions and "becoming productive and self-sufficient citizens and parents" (Kiggundu & Oldewage-Theron, 2009, p. 394).

Furthermore, discipline or the lack thereof was found to be directly linked to parenting style and Hayslip and Kaminski (2005), point out that:

> Given the sudden and often stressful circumstances that characterise custodial grandparenting, it is rare to find grandparents whose parental skills are well developed and anchored in current information about (1) parenting practices (e.g., communication, discipline, modeling respect, conflict resolution, problem solving), (2) normal developmental changes in their grandchildren's physical, cognitive, psychosocial, and emotional development, and (3) abnormal childhood disorders such as depression, ADHD, drug use, aggression/acting out behaviour, grief at the loss of a parent, self-destructive behaviors, or alcoholism (p. 158).

Grandparents with a rigid parenting style were found to describe their relationship with their grandchildren in less positive terms (Fuentes, Beinedo, & Fernandez-Molina, 2007). Interestingly it was found that younger grandmothers were more indulgent than older ones (Fuentes et al., 2007). Other studies however, found no significant differences between grandmother and other foster caregivers in terms of shouting, scolding or derogating the child (Dolan et al., 2009).

From the perspective of the children however, it was reported that they felt pressured by their grandparent's unrealistic expectations regarding their behaviour. They attributed this to their caregivers not wanting them "to turn out like their parents" (Downie et al., 2010, p.18). The disciplinary methods employed by grandparents included physical punishment – this was not always suitable or productive (Downie et al., 2010).

5.3.1.6. Education. The findings of this review suggest that children in grandparent care have been found to experience significant school related problems. With regard to this, Edwards and Sweeney (2007) state,

> The school context is a formative living and learning environment that substantially affects the academic, behavioural and social-emotional development of pupils. Educational attainment and appropriate functioning in school correlate with positive personal outcomes and may serve as protective factors for overall physical and psychological wellbeing (p.183).

In particular, it was reported that compared to their peers, these children had weaker cognitive, reading and math skills (Edwards, 1998) as well as poorer study habits, attention and concentration skills (Edwards & Mumford, 2011). Teachers rated over 30% of children in kinship care as being unmotivated and noncompliant (Edwards, 1998). They report that children

raised by grandparents display significant emotional and behavioural problems such as over-activity, aggression and attention-seeking behaviour (Edwards 2006). By contrast, children from traditional nuclear families were perceived as being better students and less likely to repeat a grade compared with children raised by grandparents (Smith & Palmieri, 2007).

While some studies attribute these variations in academic performance as being largely due to the fact that grandparents lack energy, expertise, patience and motivation to assist children with their homework (Edwards, 1998; Edwards & Sweeney, 2007); they also point out that their findings may not be the result of being raised by grandparents but rather a reflection of the circumstances under which children come into the care of their grandparents in the first place. However, findings do suggest that caregiver involvement in school and their attitude towards schooling may in fact be pertinent to children's school performance. Edwards (1998) reported that teachers rated caregiver involvement to be only 64%.

In a study of caregivers across rural Zimbabwe, Howard et al., (2006) found that 19% of households had at least one child of school-going age who was not in school. The inability to pay school fees was the most cited reason for this finding. With regards to non-attendance, AIDS orphans in particular had a higher school-dropout rate than other children (Cluver & Gardner, 2006). Caregivers also noted that they were not able to provide their grandchildren with tertiary education, mostly due to insufficient funds (Kiggundu & Oldewage-Theron, 2009).

5.3.1.7. Past experiences. The majority of children who come to live with their grandparents do so under unfavourable conditions having to deal with issues like unresolved loss, bereavement, rejectionand abandonment (Downie et al., 2010), as well as issues like substance abuse, child abuse, divorce or incarceration (Smith & Palmieri, 2007). Rarely do grandparents assume this role under circumstances which are not adverse or challenging for both themselves

and their grandchildren. In particular, risk associated with bereavement in children is linked to them witnessing the death of their parents (Cluver & Gardner, 2007b). This is especially so in the case of HIVand AIDS orphans, who often go through a prolonged period of witnessing their parents deteriorate as a result of the disease.As discussed in Chapter 2, bereavement in early childhood has been closely linked to maladjustment in children and these experiences bear numerous risk for pathology among children (Smith & Palmieri, 2007).

***5.3.1.8. Emotional difficulties*.** Early studies exploring custodial grandparent families found that these children presented with better physical health and fewer behavioural problems than did children living with only one biological parent (Edwards & Daire, 2003). In contrast, subsequent studies have indicated that children living with grandparents demonstrated elevated levels of behavioural and emotional problems (Edwards, 2008). Grandparents themselves reportedly perceive their grandchildren as having problems with anger and aggression (Dolbin-Macnab & Keiley, 2009; Dunne & Kettler, 2008). For example, it was found that youths living with their grandparents were more frequently given the diagnosis of oppositional defiant disorder, depressive disorder and anxiety disorder than other children (Ghuman et al., 1999). Similarly, Worrall (2009) found that 274 out of 323 (85%) grandparents reported some form of concern regarding their grandchildren's wellbeing - ranging from fetal alcohol syndrome to severe aggressive and destructive behaviour.

Grandmothers also reported more difficulties for boys than they did for girls, indicating that among children in kinship care, boys experienced greater behavioural problems than did girls (Smith & Palmieri, 2007). The lack of suitable male role models for their grandsons was also highlighted in one study and grandparents commented that they often looked for male family members and neighbours to fill this role (Poe, 1992).

5.3.2. Protective factors. Definitions of resilience (as set out in Chapter 2) connect protective and risk factors. Researchers have conceptualised risk and protective factors as negative and positive ends of the same pole rather than different concepts. Despite the adverse circumstances that preceded their move into the care of their grandparents, findings suggest that grandchildren are able to rebound and develop resilience (Sands, Goldberg-Glen, & Shin, 2009). However, literature with regards to positive adaptation in children raised by grandparents is scant. Only four broad themes emerged and these are discussed below.

5.3.2.1. Positive relationship. Despite a significant number of studies highlighting the adverse effects of the parental arrangement for both grandparent and grandchild, a number of studies highlight the advantages of this relationship. A good, positive relationship between grandparent and grandchild has been strongly implicated as a mediating variable for the healthy adjustment of children (Jones, 1993). Living with a caregiver who loves and is willing to care for a them, while maintaining family contact and history provides distinct advantages to the wellbeing and development of children being cared for by their grandparents (Edwards & Daire, 2003). Interestingly, the positive aspects of this form of care was highlighted by children themselves who expressed positive feelings about their experiences of living with their grandparents - voicing sentiments of feeling safe and loved and expressing appreciation towards their grandparents (Sands et al., 2009). Based on their findings, the authors of the study concluded that these children were able to form secure attachments with their grandparents despite previous adverse circumstances.

Such sentiments were further highlighted in a retrospective study examining the experiences of adult children who while growing up had grandparents as their primary caregivers. Dolbin-MacNab et al. (2009), report that all participants in their study describe feelings of love and

emotional closeness for their grandparents. They equated this relationship with the love and connection of a parent-child relationship attributing these feelings to the unconditional love, respect and gratitude they felt towards their caregivers.

According to Fuentes et al., (2012) grandparents are perceived as being more affectionate and communicative than critical and rejecting, and despite the fact that adolescents usually have difficult relationships with their caregivers, grandparents were often seen as role models in grandchildren's lives during adolescence (Fuentes et al., 2012). Interestingly, in some instances, the children indicated that, compared with living with their parents, they felt more valued and understood by their grandparents because of considerable time, energy and attention that was devoted to their care (Downie et al., 2010). Caregivers rated care in the form support, honesty, praise and help with homework and reading as key protective factors in caring for their grandchildren, while professionals listed caregivers' mental health and social supports as crucial factors (Cluver & Gardner, 2007b).

5.3.2.2. Parenting style. Within the parenting relationship, parenting style has proven to be a key element with regards to positive outcomes for children and findings suggest that grandparents can provide a supportive and well-structured home environment with a moderate level of control (Jones & Hansen, 1996). This type of parenting style is associated with positive adjustment in children. According to Fuentes et al., (2012), grandparents used more inductive styles of parenting than rigid or indulgent ones, noting that while grandparents generally rationalised the implementation of rules in the home, the older the grandparent became, the more permissive and flexible they became. Studies commenting on attachment patterns note that early insecure attachments could be rectified through subsequent healthy and nurturing caregiving,

suggesting that grandparents can affect the child's functioning for better or worse depending on the level of care and parenting style they are able to provide (Edwards & Sweeney, 2007).

5.3.2.3. Stability of placement. Findings confirm that grandparents provide a safe and consistent home environment for children who cannot be cared for by their biological parents. Children living with grandparents identify one of the most significant aspects of living with their grandparents as being the emotional stability and security it offers (Cluver & Gardner, 2007b; Downie et al., 2010). They describe this caregiving arrangement in positive terms, such as feeling accepted and being a part of a family (Cluver & Gardner, 2007b).

In the care of their grandparents, orphaned children were less likely to be moved into other forms of care than children placed with their aunts and uncles (Testa & Slack, 2002). In comparison to younger foster carers, older caregivers are able to provide a more stable placement to foster children. In particular, they seem to play an important role with regards to double and maternal orphans and are able to endure challenges in their new roles over time (Littrell, Murphy, Kumwenda, & Macintyre, 2012). However, financial security and lack of access to supportive structures was found to threaten the stability of this placement, though interestingly, caregiver health did not. This suggests that grandparents provided care even as their health declined (Burnette, 2009).

5.3.2.4. Family contact. Both children and caregivers listed a lack of family contact as being a stressor with regards to the wellbeing of these children (Cluver & Gardner, 2007a). This was especially the case with regards to siblings - the separation of siblings after the death of a parent has been associated with considerable distress in children (Downie et al., 2010). Hence, by contrast, living with grandparents has the added advantage of allowing orphaned children the opportunity of maintaining contact with extended family (Downie et al., 2010).

5.4. Discussion

Research literature is replete with studies investigating this phenomenon, namely, resilience in children living with their grandparents, albeit from the perspective of the grandparent. However, not much attention is directed at understanding this occurrence from the perspective of the child. Within the South African context especially, the psychological wellbeing of children in the care of grandparents is under-researched, particularly in the context of factors which influence their outcomes.

A retrospective look at South African history attests to the fact that kinship care is not a new phenomenon. While current socio-economic trends, together with a rampant HIV and AIDS epidemic have indeed exacerbated its prevalence, the role of grandparents in looking after their grandchildren long predates the present situation. Studies confirm that at various points in history, whether due to migratory labour practices, poverty, war or disease, extended families have often needed to care for their children.

A review of literature delineates conflicting findings regarding the advantages and stressors of this care arrangement. Of concern are studies indicating that children in the care of their grandparents score higher in the clinical scales for maladjusted behaviour (Ghuman et al., 1999; Worral, 2009). Given the past histories of these children with regards to previously experienced negative life events, it is not surprising that findings indicate that these children become difficult to care for and educate.

However, several studies agree that although grandchildren come into the care of their grandparents under adverse conditions, placement with their grandparents increases the probability of their achieving greater life success than if they had remained with parents who provide pathogenic care (Downie et al., 2010; Edward & Mumford, 2011). There is significant

evidence in literature to show that compared to children who are placed with strangers or in institutions, children who are placed in the care of their grandparents experience this arrangement as a positive, stabilising factor in their lives (Cluver & Gardner, 2007b; Testa & Slack, 2002). Grandparents who assume a custodial parental role can positively influence the wellbeing and outcomes of these children thereby increasing their resilience.

Many grandparents report that they derive personal satisfaction from caring for their grandchildren and that it gives them a sense of purpose and belonging in their old age (Fuentes et al., 2012; Jones 1993). For the child, a caring and trusting relationship, secure attachments and a sense of belonging are strongly associated with protective processes towards achieving a healthy, resilient outcome.

Despite these sentiments, many grandparents report negative effects from the stresses they encounter such as increased depression, anxiety, poor health and low life satisfaction (Burnette, 2009; Dunne & Kettler, 2008; Jones & Hansen, 1996; Kiggundu & Oldewage-Theron, 2009). Moreover, studies suggest that poor caregiver health and wellbeing is strongly associated with the increased risk of emotional and behavioural problems in children (Daly & Glenwick, 2010; Dunne & Kettler, 2008; Smith & Palmieri, 2007).

Most prominent in literature pertaining to this review were discussions surrounding the financial difficulties experienced by families having to care for orphan and vulnerable children. From a resilience perspective, there is consistent evidence in literature, suggesting that growing up in socio-economically disadvantaged circumstances places children at an increased risk for adverse outcomes and adjustment difficulties (Garmezy, 1993; Rutter, 1979; Werner & Smith, 1982). The financial strain on already disadvantaged families presents a risk to the wellbeing of these children. Likewise, the educational difficulties experienced by these children suggest that

they are more likely to drop out of school and less likely to achieve their full potential. This raises much concern, as good intellectual skills and academic achievement have been found to be a consistent protective factors for children who are deemed *at risk* (Burchinal et al., 2006; Kolar, 2011).

While risk factors associated with the parenting relationship such as poor caregiver health, intergenerational conflict and rigid parenting styles are scattered throughout literature, findings suggest that grandparents are suitable caregivers to children whose biological parents are unable to continue caring for them. This is because they are able to provide warm and supportive parenting to their grandchildren, despite financial strain, ill health and a lack of resources. Dunne and Kettler (2008), point out that

> [d]ifferences between children who did not exhibit social and emotional difficulties and those with ongoing issues appeared to be related to a range of protective factors. The quality of early family environments, grandchildren's regular access to safe and stable home environments, and little or no extent and duration of abuse and neglect all appeared to be associated with better outcomes for grandchildren (p. 341).

Most significant however, was the promotion of kinship, belonging and family contact that this form of care afforded to children who had already suffered loss, making custodial grandparenting a viable option for children in need of care.

5.5. Concluding Remarks

Exploring risk and protective factors in the context of child wellbeing allows for a more informed and in-depth understanding of resilience in this context. This chapter presented the findings of a systematic review of literature on the phenomenon of grandparents raising grandchildren. Findings from this study will be used to determine effective strategies and

interventions aimed at improving the outcome of orphan and vulnerable children. These recommendations are presented in the following chapter.

Chapter 6

Conclusions and Recommendations

6.1. Chapter Overview

A thematic analysis of risk and protective factors in the context of resilience theory was presented in Chapter 5. This chapter provides conclusions of the findings and draws together concepts from resilience theory, contextual concerns regarding childcare in South Africa and emergent themes from the systematic review. The secondary objective of this study, namely, to inform practices and policy regarding the placement of children in need of care within the South African context is addressed. Limitations and contributions of this study are outlined.

6.2. Conclusion of Findings

In general, grandparents assume their role as primary caregivers to their grandchildren under circumstances which are adverse and challenging for both themselves and their grandchildren. They are often physically fragile and sick; and at their advanced age, the mental, physical and emotional strain of having to parent again presents a daunting challenge (Dunne & Kettler, 2008; Freeman & Nkomo, 2006). This may manifest in the form of psychological problems like depression and anxiety in grandparents (Burnette, 2009; Kelley et al., 2011); and as caregivers, this negatively impacts their ability to parent effectively (Smith et al., 2008). Higher stress levels in grandparents are associated with higher levels of social, emotional and behavioural difficulties in grandchildren (Daly & Glenwick, 2010; Dunne & Kettler, 2008; Smith & Palmieri, 2007).

Often, the majority of children who come to live with their grandparents do so under already-unfavourable conditions having had to deal with issues like unresolved loss, bereavement, rejection and abandonment, parental substance abuse, child abuse, parental divorce or

incarceration (Downie et al., 2010; Smith & Palmieri, 2007). In addition, children orphaned by HIV and AIDS are at an increased risk for emotional and psychological problems (Cluver & Gardner, 2007b; Dawes et al., 2007) placing them at risk for difficulties such as depression, anxiety, fear, guilt, and conduct disorder (Cluver & Gardner, 2007a; Foster, 2004). A lack of discipline in these children (Dolan et al., 2009; Kiggundu & Oldewage-Theron, 2009; Poe, 1992) and the rigid parenting styles adopted by grandparents (Fuentes et al., 2007) were found to further place these children at risk of negative outcomes.

Low levels of academic achievement (Fraser et al., 1999) and poor executive functioning (Kumpfer & Summerhays, 2006) have been linked to lower levels of resilience in children. Children living with their grandparents experience significant school-related problems and while these difficulties may be a reflection of the circumstances under which they came to live with their grandparents in the first place, evidence suggests that poor caregiver involvement (Edwards, 1998), high school dropout rates (Cluver & Gardner, 2006), non-attendance (Howard et al., 2006) and insufficient funds (Kiggundu & Oldewage-Theron, 2009) are mitigating factors for these problems.

Resilience studies highlight poverty as one of the key factors that undermine a family's ability to care for their children, placing children at an increased risk for adverse outcomes and adjustment. Financial constraints were consistently listed as one of the major concerns for such families. The care of orphan and vulnerable children was found to place enormous strain on grandparents (Bailey & Letiecq, 2009; Howard et al., 2006; Kiggundu & Oldewage-Theron, 2009), which often became a source of tension in the relationship (Dolbin-Macnab & Keiley, 2009).

Despite South Africa's strong social grant system that offers relatively substantial grants for orphans and vulnerable children (Schatz et al., 2011), accessing the foster care grant was a major concern amongst grandparents, mostly due to the fact that the process took a long time to complete (Cluver et al., 2010; Kiggundu & Oldewage-Theron, 2009; Tamasane & Head, 2010). Though regarded by many grandparents as being insufficient, the foster care grant goes a long way towards alleviating distress in poverty-stricken households (Nyasani et al., 2009).

Identifying sources of positive adaptation and determining how and why individuals cope and remain well is central to the concept of resilience (Antonovsky, 1979). Family protective factors like affection, cohesion and emotional support shape the family's ability to endure in the face of risk (Seccombe, 2002). Grandchildren report that they feel a sense of belonging and security to both family and community when cared for by their grandparents (Sands et al., 2009) as this form of care also allows them to maintain family contact, especially with their siblings (Downie et al., 2010). With regard to material care, there is no evidence that the care provided by grandmothers is inferior to that of other carers (Tamasane & Head, 2010).

While it may be concluded that the challenges faced by these grandparents, such as financial insecurity, poor health, the physical demands of parenting and psychological distress, all hinder their ability to provide caring home environments, findings strongly suggest that this form of care arrangement may be the best setting to raise children when the nuclear family structure breaks down. Risk and protective factors, as understood in the context of resilience theory presents the two concepts as opposite ends of the same continuum. Therefore, despite the numerous risk factors present in their lives, given the right circumstances, orphaned children in the care of their grandparents are still able to rebound and develop resilience. The advantages of this form of care arrangement have been implicated as a mediating variable in the healthy

adjustment of orphan children. It may be concluded that foster grandparents have the potential to be effective primary caregivers to their grandchildren.

6.3. The Value of the Systematic Review

While much effort has been placed on improving the welfare of orphan and vulnerable children, the government acknowledges that a gap still exists between the extent of the problem and national efforts to support them (Dunn & Parry-Williams, 2008). This review provides a response to the critical challenge facing both the state and social work agencies rendering services to children in need of care. It provides insights into the resilience of children being raised by their grandparents and isolates stressors and protective processes present by summarising the growing body of research on the topic.

Findings from this study generated themes that can be used to inform policy makers and social workers regarding the challenges faced by these families, so that intervention strategies may be appropriately formulated. Furthermore, the resilience framework has the added advantage of conceptualising the impact of these challenges from a strengths-based perspective that allows researchers to actively promote positive outcomes for children in need. These recommendations are now presented.

6.4. Recommendations

Grandparent headed families present with unique needs and challenges. Holistic programmes addressing these needs should focus on the needs of custodial grandparents, their grandchildren and the professionals with whom they work. Knowledge of risk and protection in the context of resilience is able to inform the development of preventative intervention strategies aimed at improving the outcomes for children in need of care.

With its focus on factors that modify the effects of high-risk conditions, the resilience framework allows researchers within the social sciences to understand which factors place children's adaptive development at risk and which processes increase the chances of them becoming well-adjusted adults. Such areas of enquiry are crucial in designing and implementing successful intervention strategies that are both complex and comprehensive in their approach. The basic tenet of this framework is that an effective intervention not only minimises risk but maximises protective processess as well.

Much can be said about the way forward in the context of both the resilience framework as well as the findings of this review. However, before making recommendations, it is imperative that one considers the structures already in place, as well as the plans put forth in terms of meeting the needs of orphan and vulnerable children:

UNICEF, together with the Department of Social Development aim to strengthen alternative care through the implementation of the following programmes:

- National guidelines: The development of national guidelines which will inform service providers with practical guidance, operational norms and standards, and a monitoring tool;
- Information management system: A system to collect and manage data on children in formal care.
- Training service providers: Social workers, child and youth care workers and other service providers will be trained to implement the national guidelines on alternative care;
- Best practice models: Successful programmes that promote family and community care will be identified and

- National adoption: The promotion of adoption as an alternative to foster care will be encouraged. A sample of 600 foster care placements will be researched, legal, cultural and ethical concerns on adoption will be analysed, and an evidence-based strategy will be developed (UNICEF, South Africa, 2011).

As is evident by these proposed programmes, there is a recognised need to address concerns regarding the care of orphans from a strengths-based perspective. However, the focus of prevention research and the development of interventions have historically been aimed at alleviating problem behaviours and it is unclear how these programmes will be translated into practical interventions that will empower and protect the wellbeing of orphan children. Based on the findings of this review, the following interventions are therefore recommended:

6.4.1. Psychological interventions. Interventions that focus on reducing behavioral problems as well as enhancing the parenting skills of grandmothers raising grandchildren are needed (Kelley et al., 2011) and it is suggested that grandparent-headed families will greatly benefit from programmes that enhance emotional bonds and address the generational gap between grandparent and child. Leder et al. (2003) point out that many of these children come into care due to their unstable, chaotic backgrounds and recommend that grandparents be counselled to adopt consistency in their parenting style so as to maintain a stable environment for their grandchildren.

While it has been argued that programmes such as "school feeding schemes, sustainable food and gardening projects, employment initiatives and targeted assistance for grant applications could have positive mental health impacts on AIDS-orphaned children" (Cluver & Gardner, 2006, p.14) programmes and interventions aimed at alleviating the plight of these families should address the psychological outcomes of grandchildren more directly.

The findings of this review highlight the importance of early psychological assessment and ongoing counseling and support for grandchildren. Interventions to improve behavioural outcomes for grandchildren should also include parent training, stress reduction and counseling to address grandparents' psychological wellbeing (Dunne & Kettler, 2008; Smith, Palmieri, Hancock, & Richardson, 2008).

The following approaches are recommended for psychologists workings with grandparents who are raising their grandchildren:

- Assess grandparents' appraisals of the situation, such as whether they focus on the stressors, challenges, or potential emotional rewards of caregiving;
- Assist caregivers in finding meaning in parenting again;
- Identify risks for intergenerational patterns of relationship dysfunction and foster experiences leading to alteration of maladaptive cycles (Poehlmann, 2003, p. 154).

Programmes and interventions that enhance attachment between caregiver and child are imperative in improving the wellbeing of these children as "grandparents may need to be much more sensitive to the child's needs than in typical parent-child relationships where extensive negative life events have not occurred" (Edwards & Sweeney, 2007, p. 184).

Furthermore, given the demographics of custodial grandparents as being primarily black, older and female, the lack of suitable male role models for grandsons was noted by grandparents in at least one study. Poe (1992) therefore mentions the importance of mentorship programmes like "Big Brother" in addressing this need.

6.4.2. Social interventions. Policy aimed at caring for orphans should be evaluated within the social and cultural contexts in which such children live (Hong et al., 2011). This involves the re-assessment of existing policy and structures as well as the enactment of new policies that will

improve the physical, social and psychological wellbeing of this family structure (Edwards & Mumford, 2011). Based on their findings, Hong et al. (2011) argue that while assistance is urgently needed in households where AIDS orphans are being cared for, state interventions should be designed for capacity-building at a community level. Social support has been shown to prevent or reduce the amount of stress a person experiences (Edwards & Sweeney, 2007) and it stands to reason therefore, that improving the accessibility and capacity of these resources will have a knock-on effect on the wellbeing of these grandparent-headed families. Social workers may also need to assist grandparents with information regarding community structures and resources as well as locating appropriate extra-curricular activities to meet the interests and skills of their grandchildren.

6.4.3. Economic policy recommendations. Poverty has been identified as a primary stressor for grandparent-headed households and based on the findings of this review, caring for grandchildren was consistently found to negatively impact the financial status of grandparents who were already struggling to meet the basic needs of food, shelter, clothing and medical care (Cluver & Gardner, 2007a; Nyasani et al., 2009). While South Africa's social welfare policy, and in particular the foster care grant, strongly supports the idea of alleviating the financial burden of caring for orphans, in practice the process is not without flaws. Accessing the grant is a concern for these families and it is recommended that the foster care application be processed speedily. It is also suggested that the government put in place strategies to assist carers with procuring the relevant documentation needed to process the application.

The use of the foster care grant as a source of income for families taking care of orphan and vulnerable children is a well-established practice. Much like other programs intended to alleviate the financial difficulties these children face, the fear is that the grant may not actually

reach the children they are intended for. Cluver and Gardner (2006) recommend that strategies be put in place to maximise the receipt of poverty alleviation programmes to children in need. For the families, access to resources like housing, health facilities, old age pension, disability grants and other social grants, must be ensured. Furthermore, given the findings of this study, caring for orphan children often requires additional support and it is recommended that the cost of services that promote their physical and mental health and wellbeing be carried by the state.

6.4.4. Educational policy recommendations. Schools are an excellent resource to assist grandparents in meeting the needs of children raised by their grandparents by virtue of the fact that schools are comprised of professionals who have the knowledge to identify and meet the developmental needs of children. Edwards and Mumford (2011) point out that, given the fact that children spend a significant amount of time in educational setting, schools have the capacity to significantly contribute to their positive outcome. Interventions developed for children cared for by grandparents should therefore include schools as a context for these interventions.

Ideally, school policy should be examined to ascertain whether it is conducive to meeting the needs of children in the care of grandparents. However, South Africa's unfavourable education system presents with a multitude of problems such as a shortage of teachers, underqualified educators, lack of classrooms and insufficient resources and the possibility of implementing any additional recommendation would exceed the capacity of this system. Nevertheless, based on the findings of this systematic review, the following challenges and recommendations are noted.

It is recommended that due consideration be given to the fact that grandparents themselves may not be adequately equipped to deal with the schooling needs of children in terms of homework assistance, access to technology needed to complete tasks and the financial costs involved. It is recommended that children in the care of grandparents who are experiencing

academic concerns should be accommodated and where possible, access be given to tutoring and/or mentorship programmes that will ensure that they are not disadvantaged academically. Furthermore, Edwards and Sweeney (2007) point out that taking into consideration the importance of primary intervention approaches, a proactive stance should be adopted for all children cared for by their grandparents who are deemed *at risk* of poor academic performance. Orphaned children in particular may need more stability than other children in terms of forming attachments and relationships and it is recommended that the teachers take cognisance of this when dealing with them. Edwards (2006) goes on to suggest that they may indeed function better if schools placed them with the same teachers and classmates in consecutive years.

According to Howard et al., (2006) "the most urgently requested form of financial assistance is educational subsidies. Free schooling would encourage orphan care by balancing the costs and benefits of fostering as perceived by caregivers" (p. 9). Teachers should be made aware of both the financial and emotional strain this form of care places on caregivers and Edwards and Daire (2003) suggest that they be empathetic, avoid blaming and guard against being judgmental when dealing with grandparents.

6.4.5. Research considerations. Several studies have pointed out that longitudinal research is needed to address the gaps in the body of available knowledge (Dunne & Kettler, 2008; Kelley et al., 2011) and to provide understandings regarding parenting styles and coping mechanisms employed by these families (Hayslip & Kaminski, 2005). In particular, Hayslip and Kaminski (2005) point out that:

> It is noteworthy to observe that [from] a developmental sense, we know little about the consequences in adulthood of having been raised by one's grandparents. Such persons may hold more positive attitudes toward aging or may be more effective parents.

> Moreover, the long-term impact of having raised a grandchild later in life on such grandparents is unknown at present (p. 164).

It has been suggested that an interesting area of focus for future research on the topic is exploring the differences between grandfathers and grandmothers as parents to their grandchildren, especially due to the lack of male models in the lives of these children (Poe, 1992). Though the suggestion was made more than two decades ago, the reviewer found only two studies directed at grandfathers and it is recommended that future research actively pursue this gap in literature.

6.4.6. Care arrangements. To date, extended family placement is the preferred method of care for orphans (Dunn & Parry-Williams, 2008). This form of placement is perceived by children as stable and secure and it is recommend that every effort be utilised to minimise multiple or temporary placements of children (Dolbin-MacNab et al., 2009). It is also suggested that the process of guardianship must be simplified to facilitate the placement of children in foster care.

6.5. Limitations of this Study

The rigourous implementation of the methodology for systematic reviews reduces the probability of bias. Every attempt was made by the reviewer to ensure that all relevant studies were located and included in this review. However, due to human error in judgment, the exclusion of studies may indeed have occurred.

A limitation of this review is that only a limited number of studies in the body of research literature on the topic, were based on data from South Africa. Given South Africa's unique cultural context, the findings of studies from Western countries in particular, has limited generalisability and should be applied with caution. The systematic manner in which the review was carried out did not allow for preferance to be given to some studies over others. However,

in the compilation of the narrative review, the reviewer did make note of the findings of studies conducted in sub-Saharan Africa.

6.6. Concluding Remarks

South Africa's orphan crises is a critical threat to the state's commitment to meeting the needs and rights of children. In many regards, this crises exacerbates an already vulnerable situation, placing families at risk who are already dealing with poverty, lack of access to resources, violence and inequality. In August 2012, The Johannesburg High Court ruled that grandparents should no longer qualify as receipients of a foster grant with the underlying rationale being that grandparents have a legal obligation to support their grandchildren. Under this ruling, more than 300 000 grandparents stand to lose access to the grant and it is predicted that this will have devastating implications on the financial security of these families. In response, the state proposes the introduction of a *kinship benefit grant* to assist this form of care arrangement. With the future of foster care on the brink of change, weighing the merits against the disadvantages of this form of care has become even more pertinent.

Although this relationship is not without difficulties, evidence suggests that grandchildren being raised by grandparents demonstrate key elements of positive adaptation which is fundamental to the development of resilience. Children raised by grandparents experience ongoing benefits such as being cared for by a familiar person, contact with family of origin especially siblings and most importantly a secure and stable environment. Despite having to negotiate several stressors, they are nevertheless able to form strong emotional bonds with their grandparents.

Given adequate support from state and social work agencies rendering services to these families, grandparents are able to accommodate the shift in role, identity and perception that this

form of care demands of them. In summary, grandparents may be regarded as effective caregivers to children when the nuclear family breaks down.

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Appendix A

Search Strategy and Results

Standardised Search Strategy

Database	Search String	Search Output	Relevant Articles Selected	New Articles Saved
Academic Search Complete*	resilien* & grand*	348	15	
	resilien* & orphan	15	7	
	resilien* & hiv aids & child*	44	16	
	resilien* & hiv aids & caregiv*	13	5	
	risk factor* & grand* & raise	13	1	
	risk factor* & grand* & orphan	2	1	
	risk factor* & grand* & caregiv*	15	3	
	protect* factor* & grand* & raise	1	0	
	Protect* factor* & grand* & orphan	1	0	
	protect* factor * & grand* & caregiv*	65	11	58

Notes: Sample record of search strategy. A detailed record of search strings for each specific search engine employed was kept

*Academic Search Complete is a database hosted by EBSCOHOST

Standardised Search Strategy

Database	Search String	Search Output	Relevant Articles Selected	New Articles Saved
PubMed	resilien* & grand*	892	13	
	resilien* & orphan	334	10	
	resilien* & hiv aids & child*	365	4	
	resilien* & hiv aids & caregiv*	201	6	
	risk factor* & grand* & raise	697	4	
	risk factor* & grand* & orphan	68	4	
	risk factor* & grand* & caregiv*	534	8	
	protect* factor* & grand* & raise	1387	5	
	Protect* factor* & grand* & orphan	321	2	
	protect* factor * & grand* & caregiv*	267	9	26

Search Results

First Round Screening

Database	**Initial Search Output ***	**First Round Screening ****	**Articles to be Reviewed *****
Ebscohost	1579	322	104
Science Direct	1026	11	0
JSTOR	1032	9	5
Emerald	863	3	3
Gale Infotrec	68	18	1
PubMed	5066	65	26
JStor	1032	9	5
Taylor & Francis	500	28	27
Wiley	34	10	0
Sabinet	19	7	0
Springer		48	18
Google Scholar		58	43
Hand-search articles		13	11
Gray Literature		21	13

Note: This table reflects a breakdown of the search results

*This output is based on standardised search strings as well as revised strings that were based on the needs of the database being searched.

**This figure reflects the number of articles that were retrieved based on a cursory glance of the topic and abstract.

***This figure reflects the number of articles that were deemed relevant after a reading of the abstract.

Ref. No.	Articles retrieved from initial data search
1	Kiggundu, E., & Oldewage-Theron, W. (2009). Coping: A challenge for guardians of children orphaned by HIV/AIDS in a South African township. *Development South Africa*, *26*(3) 383-397.
2	Pottinger, A. M., Stair, A. G., & Brown, S. W. (2008). A counseling framework for Carribean children and families who have experienced migratory separation and reunion. *International Journal of Adv. Counselling, 30,* 15-24.
3	Theron, L., et al. (2011). A "Day in the Lives" of four resilient youths: Cultural Roots of Resilience. *Youth and Society, 43*(3), 799-818.
4	Dolbin-MacNab, M., & Keiley, M. (2009). A systematic examination of grandparents' emotional closeness with their custodial grandchildren. *Research in Human Development, 3*(1), 59-71.
5	Jones, M. R. (1993). Adjustment of children reared by their grandparents. Paper presented at APA, Toronto, Canada.
6	Danielsbacka, M., Tanskanen, A. O. (2012). Adolescent grandchildren's perceptions of grandparents' involvement in UK: An interpretation from life course and evolutionary theory perspective. *European Journal of Aging, 9,* 329-341.
7	Fuentes, M. J., Benedo, I. M., & Fernandez-Molina, M. (2007). Adolescents in foster care with their grandparents: Parenting styles and family relationships. *Journal of Intergenerational Relationships, 5*(4), 41-58
8	Cluver, L., Gardner, F., & Operario, D. (2009). Poverty and psychological health among AIDS-orphaned children in Cape Town, South Africa. *AIDS Care, 21*(6), 732-741.
10	Holman, W. D. (2001). Reaching for integrity: An Eriksonian life-cycle perspective on the experience of adolescents being raised by grandparents. *Child and Adolescent Social Work Journal, 18*(1), 21-35.
11	Appleton, J. (2000). 'At my age I should be sitting under a tree': The impact of AIDS on Tanzanian lakeshore communities. *Gender and Development, 8*(2) 19-27.
12	Nancy A. O., Dupuy, P., Wright, J. (2004). Auxiliary caregivers: The perceptions of grandchildren within multigenerational caregiving environments. *Journal of Intergenerational Relationships, 2,* 67-92.
13	Howard, B. H., Phillips, C. V., Matinhure, N., Goodman, K. J., Mccurdy, S. A., & Johnson, C. A. (2006). Barriers and incentives to orphan care in a time of AIDS and economic crisis: A cross-sectional survey of caregivers in rural, *Public Health, 6*(27), doi:10.1186/1471-2458-6-27
14	Kelley, S. J., Whitley, D. M., & Campos, P. E. (2011). Children and youth services review behavior problems

	in children raised by grandmothers: The role of caregiver distress, family resources and the home environment. *Children and Youth Services Review, 33*(11), 2138–2145. doi:10.1016/j.childyouth.2011.06.021
15	Hwang, H. J., & Roberts, I. (1998). Emotional and behavioural problems in primary school children from nuclear and extended families in Korea. *Journal of Child Psychiatry, 39*(7), 973-979.
16	Poe, L. M. (1992). *Black grandparents as parents*. Berkeley, CA: Lenora Madison Poe. Self-published.
18	Dolbin-MacNab, M. L., Rodgers, B. E., & Traylor, R. M. (2009). Bridging the Generations: A retrospective examination of adults' relationship with their kinship caregivers. *Journal of Intergenerational Relationships, 7,* 159-176.
19	Zhao, G., Li, X., Fang, X., Zhao, J., Yang, H., Stanton, B. (2007). Care arrangement, grief and psychological problems among children orphaned by AIDS in China. *AIDS Care, 19*(9), 1075-1082.
20	Hong, Y., Li, X., Fang, X., Zhao, G., Zhao, J., Zhao, Q., Lin, X., et al. (2011). Care arrangements of AIDS orphans and their relationship with children's psychosocial well-being in rural China. *Health Policy and Planning, 26,* 115–123. doi:10.1093/heapol/czq025
21	Jones, M. R., & Hansen, C. (1996). *Caregiving behaviours which predict adjustment of children raised by grandparents.* Toronto: American Psychological Association.
22	Nyamukapa et al., (2010). Causes and consequences of psychological distress among orphans in eastern Zimbabwe. *AIDS Care, 22*(8), 988-996.
23	Cook et al., (2003). Child care arrangements of children orphaned by HIV/AIDS: The importance of grandparents as kinship caregivers. *Journal of HIV/AIDS & Social Services, 2*(2), 5-20.
24	Downie, J., Hay, D., Horner, B., Wichmann, H., & Hislop, A. (2010). Children living with their grandparents: Resilience and wellbeing. *International Journal of Social Welfare,* 8-22.
25	Edwards, O. W., & Mumford, V. E. (2005). Children raised by grandparents: Implications for social policy. *International Journal of Sociology and Social Policy, 25*(8), 18-30.
26	Shin, H., Choi, H., & Kim, Y. H. (2009). Comparing adolescent's adjustment and family resilience in divorced families dependin on the types of primary caregiver. *Journal of Clinical Nursing, 19,* 1695-1706.
27	Harms, S., Kizza, R., Sebunya, J., & Jack, S. (2009). Conceptions of mental health among Ugandan youth orphaned by AIDS. *African Journal of AIDS Research, 8*(1), 7-16.
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Appendix B

Inclusion / Exclusion Criteria

Article Ref. No		Population			Type			Content		Action		
	1990+	Custodial G/Parent	Child Raised G/Parent	3rd Party Persn	Systematic Review	Quantitative	Qualitative	Risk	Protective	Include	Exclude	Reason
1	x	x					x	x	x	x		
2	x	x					x				X	Not custodial grandparents; content not relevant to research question
3	x						x				x	None of the youth interviewed were being raised by grandparents
4	x	x				x		x	x	x		
5	x	x	x	x	x		x			x		
6	x					x		x	x		x	Population - not custodial grandparents
7	x	x				x			x	x		
8	x		x			x		x	x	x		
9		x					x				x	Content - Life satisfaction among grandparents
10	x		x				x	x	x	x		
11	x	x					x				x	Content not specific custodial grandparenting
12	x						x				x	Content related to multigen. caregiving not custodial grandparenting
13	x	x					x	x	x	x		
14	x	x	x	x			x	x		x		
15	x					x		x			x	Population – not specific to custodial grandparenting
16	x	x					x	x	x	x		
18	x		x				x		x	x		
19	x				x			x	x		x	Content not specific to custodial grandparent, results not generalisable
20	x		x			x		x	x	x		
21	x	x				x		x		x		
22	x					x		x			x	Content not specific to custodial grandparent, results not generalisable
23						x					x	Commentary of prevalence and demographics
24	x	x	x			x	x	x	x	x		
25	x	x	x		x			x	x	x		

Article Ref. No		Population			Type			Content		Action		
	1990+	Custodial G/Parent	Child Raised G/Parent	3rd Party Persn	Systematic Review	Quantitative	Qualitative	Risk	Protective	Include	Exclude	Reason
26	x					x		x	x		x	Content not related to custodial grandparenting
27	x		x			x		x	x		x	Study does not specify who primary carers for the youth were
28	x	x					x	x	x	x		
29		x					x	x	x	x		
30											x	Article retrieved more than once
31	x			x		x		x		x		
32											x	Article retrieved more than once
33	x	x				x					x	Study does not contribute towards understanding resilience in children
34	x					x					x	Content – commentary on prevalance not resilience
35	x					x					x	Content not relevant
36											x	Article retrieved more than once
37	x					x		x			x	Results not specific to grandparent headed households
38	x				x						x	Content - related to empowerment training for grandparents
39	x					x					x	Not custodial grandparents
40	x	x	x		x				x	x		
41	x				x						x	Design – commentary not primary study
42	x	x				x		x		x		
43											x	Content – not relevant
44	x				x						x	Commentary on frameworks of care
45	x				x						x	Focus on structures put in place for children
46	x					x		x	x	x		Not specific to custodial grandparenting
47											x	Content – not relevant
48											x	Content – not relevant
49	x				x						x	Population - Not specific to custodial grandparenting

Article Ref. No		Population			Type			Content		Action		
	1990+	Custodial G/Parent	Child Raised G/Parent	3rd Party Parsn	Systematic Review	Quantitative	Qualitative	Risk	Protective	Include	Exclude	Reason
50	x	x					x		x	x		
51	x								x		x	Content - Commentary on attachment patterns
52	x						x		x		x	Population - Study does not specify who the primary caregiver is
53	x	x				x		x	x	x		
54	x	x				x					x	Content - Focus is on caregiver stress
55	x	x	x			x		x	x	x		
56	x						x				x	Population - Not specific to custodial grandparenting
57	x	x				x					x	Content - Focus is on caregiver stress and wellbeing
58	x	x				x					x	Content - Focus on caregiver wellbeing not child
59	x	x	x			x	x	x	x	x		
60											x	Content - Not Applicable
61	x	x	x			x		x	x	x		
62	x	x					x				x	Content - Focus on grandparent wellbeing
63	x	x									x	Design - Commentary on grandparents raising grandchildren
64	x	x			x			x	x	x		
65	x	x					x				x	Content - Does not inform on child wellbeing under grandparent care
66	x	x			x						x	Content - Does not inform on child wellbeing under grandparent care
67	x										x	Commentary and recommendations for schools
68	x	x				x					x	Focus on grandparent wellbeing
69	x				x						x	Design - Commentary on caring for OVC
70	x		x				x	x	x	x		
71	x		x				x				x	Study not methodologically sound - sounds, words and pictures are analysed subjectively
72	x										x	Content and population Addressing multigenerational families

Article Ref. No		Population			Type			Content		Action		
	1990+	Custodial G/Parent	Child Raised G/Parent	3rd Party Parsn	Systematic Review	Quantitative	Qualitative	Risk	Protective	Include	Exclude	Reason
73	x		x		x						x	Content - Focus on income not child wellbeing
74	x						x				x	Not custodial parenting
75	x	x			x						x	Commentary on social policy
76	x				x						x	Study does not implications of custodial grandparents
77	x				x						x	Study does not inform on child wellbeing
78	x					x		x	x		x	Does not isolate finding from grandparent headed households
79	x	x				x	x	x	x	x		
80	x	x				x		x		x		
81											x	Article retrieved more than once
82	x	x				x					x	Content - Focus on emotional wellbeing of grandparent
83	x						x				x	Design: based on a scenario, perception not actual findings
84	x	x					x				x	Content - Caregiver wellbeing, not child
85											x	Content not relevant
86											x	Content not relevant
87	x					x		x	x		x	Study does not specify who the primary caregiver of the children is
88											x	Article duplicated
89	x						x				x	Content and population: Focus on HIV/Aids families
90	x		x		x	x		x	x	x		
91	x	x	x			x	x	x	x	x		
92											x	Content not relevant
93											x	Article retrieved more than once
94	x		x				x	x	x	x		
95	x	x				x					x	Focus on grandparent wellbeing and health
96	x	x		x			x	x	x	x		

Article Ref. No		Population			Type			Content		Action		
	1990+	Custodial G/Parent	Child Raised G/Parent	3rd Party Persn	Systematic Review	Quantitative	Qualitative	Risk	Protective	Include	Exclude	Reason
97	x				x						x	Population - Does not refer specifically to custodial grandparents
98	x	x	x	x			x	x	x	x		
99	x	x				x		x	x	x		
101	x					x					x	Population - Not based on custodial grandparenting
102	x					x	x	x	x		x	Population - Not based on custodial grandparenting
103	x	x	x		x			x	x	x		
104							x	x	x		x	Population Not custodial grandparents
105											x	Content not relevant
106	x	x					x	x	x			Caregivers experiences, not wellbeing of children
107	x			x			x	x	x	x		
108											x	Article retrieved more than once
109	x				x			x	x		x	Design - Commentary not study
110	x	x			x			x	x	x		
111	x										x	Content - Commentary on grandparents raising children
112	x						x	x	x		x	Population - Does not specify who primary caregivers of youth are
113	x		x				x	x	x	x		
114	x	x	x	x	x			x	x	x		
115	x	x	x	x	x			x	x	x		
116	x	x			x						x	Content - Focus on caregiver health not child wellbeing
117	x	x	x			x	x	x		x		
118	x										x	Population - Not specific to custodial grandparenting
119	x										x	Population - Not specific to custodial grandparenting
120	x		x								x	Content - Focus on children caring for grandparents
121										x		Article retrieved more than once

Appendix C

Critical Appraisal Sheets

(Random Sample)

Critical Appraisal

Title	Grandmother Co residence, Maternal Orphans, and School Enrolment in Sub-Saharan Africa
Author	Erin M. Parker; Susan E. Short
Details	Journal of Family Issues; Volume 30 Number 6; June 2009 813-836; © 2009 Sage Publications

Criteria	YES	NO	Comment
1. Was the purpose / research questions clearly stated?	x		Hypothesis clearly stated
2. Was relevant background literature reviewed	x		
3. Was the study design appropriate for the research question	x		
4. Was a theoretical perspective identified		x	
5. Are the methods employed to collect data congruent to theory and research question	x		
6. Was the process of selection described?	x		Selection criteria established prior to study
7. Was the sampling method appropriate?	x		
8. Does the study meet ethical requirements?	x		Ethical requirements needed to have been met to access source
9. Was the data collection method described clearly and completely?	x		
10. Was procedural rigour used in data collection strategies?	x		Extensive statistical analysis employed
11. Was the data analysis methods appropriate?	x		Basic descriptive stats – valid and reliable
12. Was the process of data analysis described adequately?	x		
13. Did a meaningful picture of the phenomenon under study emerge?	x		
14. Was there evidence of the four components of trustworthiness?	x		Limitation: cross-sectional data so could not examine change in children's lives – limited causal inference
(a) Credibility	x		
(b) transferability	x		
(c) dependability	x		
(b) Confirmability			
15. Were the conclusions appropriate?	x		

Critical Appraisal

Title	Coping: a challenge for guardians of children orphaned by HIV/AID in a South African township
Author	Edith Kiggundu & Wilna Oldewage-Theron
Details	Development Southern Africa Vol. 26, No. 3, September 2009

Criteria	YES	NO	Comment
1. Was the purpose / research questions clearly stated?	x		
2. Was relevant background literature reviewed	x		
3. Was the study design appropriate for the research question	x		
4. Was a theoretical perspective identified	x		Coping theories discussed
5. Are the methods employed to collect data congruent to theory and research question	x		
6. Was the process of selection described?	x		Observations and objective clearly explained to community;
7. Was the sampling method appropriate?	x		Random sampling, 50% of volunteers selected
8. Does the study meet ethical requirements?	x		Met MRC guidelines, written consent obtained, confidentiality explained
9. Was the data collection method described clearly and completely?	x		Semi-structured interviewing, use of interpreters
10. Was procedural rigour used in data collection strategies?	x		Clearly documented
11. Was the data analysis methods appropriate?	x		Appropriate statistical methods used
12. Was the process of data analysis described adequately?	x		
13. Did a meaningful picture of the phenomenon under study emerge?	x		
14. Was there evidence of the four components of trustworthiness?			
(c) Credibility	x		
(b) transferability	x		
(c) dependability	x		
(d) Confirmability	x		
15. Were the conclusions appropriate given the findings of the study?	x		Valid conclusions; recommendations offered

Critical Appraisal

Title	Michael R. Jones
Author	Adjustment of children reared by their grandparents
Details	Paper presented at Annual APA convention, Toronto, 1993

Criteria	YES	NO	Comment
1. Was the purpose / research questions clearly stated?	x		
2. Was relevant background literature reviewed	x		Reference made to existing literature
3. Was the study design appropriate for the research question	x		Sample extrapolated from a larger study
4. Was a theoretical perspective identified		x	No explicit theoretical perspective identified
5. Are the methods employed to collect data congruent to theory and research question	x		
6. Was the process of selection described?	x		
7. Was the sampling method appropriate?	x		Non random sampling, specific population
8. Does the study meet ethical requirements?	x		
9. Was the data collection method described clearly and completely?		x	Data collection in original study explained, not explained for follow up
10. Was procedural rigour used in data collection strategies?	x		
11. Was the data analysis methods appropriate?	x		Multiple regression, allowed for evaluation of variables
12. Was the process of data analysis described adequately?		x	Identified, not explained
13. Did a meaningful picture of the phenomenon under study emerge?	x		Themes specific to population emerged
14. Was there evidence of the four components of trustworthiness?			
(e) Credibility	x		
(b) transferability		x	Small, non-random sample
(c) dependability	x		
(f) Confirmability	x		
15. Were the conclusions appropriate given the findings of the study?	x		

Critical Appraisal

Title	Family Coping And Adaptation Among Grandparents Rearing Grandchildren
Author	Sandra J. Bailey, Bethany L. Letiecq, And Fonda Porterfield
Details	Journal Of Intergenerational Relationships, 7:144–158, 2009

Criteria	YES	NO	Comment
1. Was the purpose / research questions clearly stated?	x		
2. Was relevant background literature reviewed	x		Well defined
3. Was the study design appropriate for the research question	x		
4. Was a theoretical perspective identified	x		Double ABCX – model of family adjustment and adaptation
5. Are the methods employed to collect data congruent to theory and research question	x		Family life history – rich in qualitative information
6. Was the process of selection described?	x		criteria for inclusion outline
7. Was the sampling method appropriate?	x		Purposive and snowball sampling strategies
8. Does the study meet ethical requirements?	x		Limited mention of ethical requirements
9. Was the data collection method described clearly and completely?	x		
10. Was procedural rigour used in data collection strategies?	x		Independent reviewers of data used
11. Was the data analysis methods appropriate?	x		Identifying emerging themes explained
12. Was the process of data analysis described adequately?	x		
13. Did a meaningful picture of the phenomenon under study emerge?	x		
14. Was there evidence of the four components of trustworthiness? (g) Credibility (b) transferability (c) dependability (h) Confirmability	x x x x		*Although this study is limited by its small sample size and scope, it nonetheless offers insights into the coping and adaptation processes employed by grandparents rearing grandchildren*
15. Were the conclusions appropriate?	x		

Critical Appraisal

Title	Reaching for Integrity: An Eriksonian Life-Cycle Perspective on the Experience of Adolescents Being Raised by Grandparents
Author	Warren Dana Holman
Details	Child and Adolescent Social Work Journal Volume 18, Number 1, February 2001

Criteria	YES	NO	Comment
1. Was the purpose / research questions clearly stated?	x		
2. Was relevant background literature reviewed	x		
3. Was the study design appropriate for the research question			
4. Was a theoretical perspective identified	x		Erikson's life cycle
5. Are the methods employed to collect data congruent to theory and research question		x	
6. Was the process of selection described?		x	Single case study
7. Was the sampling method appropriate?		x	Not explained
8. Does the study meet ethical requirements?		x	Not clarified
9. Was the data collection method described clearly and completely?		x	
10. Was procedural rigour used in data collection strategies?		x	No indication of methods used
11. Was the data analysis methods appropriate?		x	Case study applied to Erikson's theory. (Subjective)
12. Was the process of data analysis described adequately?		x	
13. Did a meaningful picture of the phenomenon under study emerge?			
14. Was there evidence of the four components of trustworthiness? (i) Credibility (b) transferability (c) dependability (j) Confirmability	 	 x x x x	**Based on this appraisal, the article is excluded from review**
15. Were the conclusions appropriate given the findings of the study?		x	

Critical Appraisal

Title	Behavior problems in children raised by grandmothers: The role of caregiver distress,family resources, and the home environment
Author	Susan J. Kelley, Deborah M. Whitley , Peter E. Campos
Details	Children and Youth Services Review 33 (2011) 2138–2145

Criteria	YES	NO	Comment
1. Was the purpose / research questions clearly stated?	x		
2. Was relevant background literature reviewed	x		
3. Was the study design appropriate for the research question	x		
4. Was a theoretical perspective identified	x		McCubbin's Resiliency model
5. Are the methods employed to collect data congruent to theory and research question	x		
6. Was the process of selection described?	x		Inclusion criteria explicitly stated, uniformly applied
7. Was the sampling method appropriate?	x		
8. Does the study meet ethical requirements?	x		
9. Was the data collection method described clearly and completely?	x		Various methods described
10. Was procedural rigour used in data collection strategies?	x		
11. Was the data analysis methods appropriate?	x		Hierarchical regression analysis
12. Was the process of data analysis described adequately?	x		
13. Did a meaningful picture of the phenomenon under study emerge?	x		Emergent themes consistent with existing knowledge
14. Was there evidence of the four components of trustworthiness?			Well-designed study
(k) Credibility	x		
(b) transferability	x		
(c) dependability	x		
(l) Confirmability	x		
15. Were the conclusions appropriate given the findings of the study?	x		

Appendix D

Data Extraction/Classification Sheets

(Random Sample)

Data Classification Sheet: REVIEW OF RESEARCH ARTICLES

<table>
<tr><th colspan="2">1. Author (s)</th><th>Title of Article & Journal</th><th>Year, volume, issue, page numbers</th></tr>
<tr><td colspan="2">Edith Kiggundu & Wilna Oldewage-Theron</td><td>Coping: a challenge for guardians of children orphaned by HIV/AIDS in a South African township</td><td>Development Southern Africa Vol. 26, No. 3, September 2009</td></tr>
<tr><th colspan="2">Purpose / Main focus</th><th>Related focus points</th><th>Conclusions</th></tr>
<tr><td colspan="2">To explore the guardians' coping mechanisms; the use of social support networks and guardians ability to cope</td><td>Guardian coping impacts child wellbeing</td><td>Guardians of orphans in Alexandra face enormous challenges caring for and supporting HIV/AIDS orphans. This has implications for child wellbeing.</td></tr>
<tr><th colspan="2">Research Methodology</th><th>Population</th><th>Themes</th></tr>
<tr><td colspan="2">Random sampling
Qualitative – semi structured interviewing
Quantitative analysis of sociodemographics of participants</td><td>South African
Alexandra Township</td><td rowspan="3">Risk factors:
ill-discipline,
high school dropout rate,
financial instability,
poor housing;
poor caregiver health
past history - bereavement</td></tr>
<tr><th colspan="3">Findings / Results</th></tr>
<tr><td colspan="3">Socio-demographics - mean age of caregivers was 60.9 years;
low literacy level; living in overcrowded conditions; chronic shortage of money resulting in food insecurity; Poor caregiver health; Lack of financial support, poor housing; Poor discipline of orphans, not dealing with bereavement</td></tr>
<tr><th colspan="4">Recommendations</th></tr>
<tr><td colspan="4">• programmes to educate the orphans about their roles and responsibilities, using motivational speakers and role-models to address and encourage them.
• workshops and training for guardians on how to deal with orphans and reduce stress</td></tr>
<tr><th colspan="4">Added notes in form of direct quotes</th></tr>
<tr><td colspan="4">• All of the guardians said they were in no position to care for the orphans. Most of them are old. They cannot wash, clean and cook for the children
• Financially, the guardians were not in a position to support the orphans. All respondents said they were struggling to take care of the children. Some said they had given up employment in order to care for them</td></tr>
</table>

<table>
<tr><th colspan="2">4.</th><th>Author (s)</th><th>Title of Article & Journal</th><th>Year, volume, issue, page numbers</th></tr>
<tr><td colspan="2"></td><td>Megan L. Dolbin-Macnab
Margaret K. Keiley</td><td>A Systemic Examination
Of Grandparents' Emotional Closeness
With Their Custodial Grandchildren</td><td>Research In Human Development, 3(1), 59–71</td></tr>
<tr><th colspan="3">Purpose / Main focus</th><th>Related focus points</th><th>Conclusions</th></tr>
<tr><td colspan="3">examine individual, relational, and contextual factors related to grandparents' perceptions of the emotional closeness of the grandparent–grandchild relationship</td><td>Clarifying child-related factors that impact relationship with caregiver</td><td>Grandchildren's emotional and behavioral problems negatively impacted the emotional closeness with grandparent contextual factors</td></tr>
<tr><th colspan="3">Research Methodology</th><th>Population</th><th>Themes</th></tr>
<tr><td colspan="3">Qualitative research
Semi-structured interviews</td><td>41 custodial grandparents</td><td rowspan="3">1. Perceived grandchild emotional and behavioural problems
2. Grandchild as helper and confidant (protective factor)
3. Contextual factors: financial constraints; generation gap</td></tr>
<tr><th colspan="4">Findings / Results</th></tr>
<tr><td colspan="4">Aspects of the family system, such as grandchild problems and environmental stressors, can either enhance or detract from the quality of the ongoing emotional interaction between grandparents and grandchildren</td></tr>
<tr><th colspan="5">Recommendations</th></tr>
<tr><td colspan="5">Researchers could test predictors of grandparents' emotional closeness to their grandchildren and examine emotional closeness over time.
Researchers could also examine how emotional closeness relates to grandparents' and grandchildren's attachment styles</td></tr>
<tr><th colspan="5">Added notes in form of direct quotes</th></tr>
<tr><td colspan="5">• Grandparents perceived their grandchildren as having significant emotional or behavioral problems, they tended to describe the emotional quality of the grandparent–grandchild relationship in negative terms—tense, stressful, conflictual, or difficult.
• These included the grandchildren's anger at the caregiving situation or their parents, externalizing behaviors (e.g., impulsive behavior, acting out), and internalizing behaviors (e.g., depression, detachment).
• Financial limitations became a source of tension between grandparents and grandchildren because grandparents were not able to afford things their grandchildren wanted
• Some grandparents felt that the age difference between them and their grandchildren created emotional distance
• Grandparents believed that generational differences made it difficult for them and their grandchildren to see each other's perspectives, which in turn created conflict and distance. This conflict and distance then negatively impacted grandparents' perceptions of their emotional closeness with their grandchildren.</td></tr>
</table>

<table>
<tr><th colspan="2">7. Author (s)</th><th>Title of Article & Journal</th><th>Year, volume, issue, page numbers</th></tr>
<tr><td colspan="2">M. J. Fuentes
I. M. Bernedo
M. Fernández-Molina</td><td>Adolescents in Foster Care with Their Grandparents: Parenting Styles and Family Relationships</td><td>Journal of Intergenerational Relationships, 5:4, 41-58
http://dx.doi.org/10.1300/J194v05n04_04</td></tr>
<tr><th colspan="2">Purpose / Main focus</th><th>Related focus points</th><th>Conclusions</th></tr>
<tr><td colspan="2">To analyse the relationship between foster grandparents and adolescent grandchildren</td><td>Discipline and rule enforcement</td><td>The relationship between the grandparents and grandchildren was mainly perceived as good or very good grandparents were more affectionate and communicative with their grandchildren than critical or rejecting. They also used more inductive styles than rigid or indulgent forms when applying rule</td></tr>
<tr><th colspan="2">Research Methodology</th><th>Population</th><th rowspan="3">Themes</th></tr>
<tr><td colspan="2">Quantative study
Descriptive analysis of some part of interview
Pearson correlation to identify variation</td><td>54 grandparents, custody of 70 adolescents
Duration of foster care was 12.4 (ave)
Spanish population</td></tr>
<tr><th colspan="3">Findings / Results</th></tr>
<tr><td colspan="3">Grandparents perceptions:
Less affectionate with older adolescents than younger adolescents
Older grandparents less affectionate and communicative than younger grandparents
Grandmothers more affectionate than grandfathers
Better relationships with granddaughters than grandsons</td><td>Grandparents provide a positive relationship
Parenting style – inductive
Able to provide a more stable placement</td></tr>
<tr><th colspan="4">Recommendations</th></tr>
<tr><td colspan="4">• Grandparents should be given first option for placement of foster children</td></tr>
<tr><th colspan="4">Added notes in form of direct quotes</th></tr>
<tr><td colspan="4">• When foster grandparents were asked to evaluate the kind of relationship they had with their grandchildren 50% reported that the relationship with them was very good, 41.4% responded good, 5.7% adequate, 1.4% bad, and 1.4% very bad.</td></tr>
</table>

<table>
<tr><th>24. Author (s)</th><th>Title of Article & Journal</th><th>Year, volume, issue, page numbers</th></tr>
<tr><td>Jill M. Downie, David A. Hay, Barbara J. Horner, Helen Wichmann, Angela L. Hislop</td><td>Children living with their grandparents: resilience and wellbeing</td><td>Int J Soc Welfare 2010: 19: 8–22</td></tr>
<tr><th>Purpose / Main focus</th><th>Related focus points</th><th>Conclusions</th></tr>
<tr><td>To examine resilience and wellbeing in children living with grandparents</td><td>Social wellbeing; personal experiences of children, self-worth, emotional health</td><td>most of the children in this small sample appear to have developed well in the full-time care of their grandparents
some of the children do not appear to be progressing so positively</td></tr>
<tr><th>Research Methodology</th><th>Population</th><th>Themes</th></tr>
<tr><td>Qualitative study - Non-comparative design, mixed method – semi structured interviewing</td><td>20 children living full time with their grandparents</td><td rowspan="3">Three overarching themes were identified in the interview data:
(i) Protective factors,
(ii) Risk factors and
(iii) Coping strategies
** to look specifically at identified themes</td></tr>
<tr><th colspan="2">Findings / Results</th></tr>
<tr><td colspan="2">• the children offered both positive and negative comments on living with their grandparents.
• Generally, the grandchildren in this sample felt positive about living with their grandparents and reported feeling safer and more loved with them than with their parents.
• the data also revealed that a proportion of the children rated themselves as having a potentially problematic self-concept and wellbeing on a number of the cluster scales.</td></tr>
<tr><th colspan="3">Recommendations</th></tr>
<tr><td colspan="3">The results of the study have the potential to increase our understanding of the impact of this form of out-of-home placement on children and help inform service delivery and availability of resources to support these families.</td></tr>
<tr><th colspan="3">Added notes in form of direct quotes</th></tr>
<tr><td colspan="3">• Several factors are likely to be responsible for this discrepancy, including the children’s early life experiences, their current relationships with family members and other individuals, participation in community life, temperament and personality style, resources available to them, and the type of coping strategies they employ to deal with life’s hurdles
• These findings tend to suggest that the outcomes for children in all forms of out-of-home care are multifaceted and may be related to issues, such as the type of care arrangement (i.e. informal care versus foster care), as well as other characteristics of the placement</td></tr>
</table>

<table>
<tr><th colspan="2">13. Author (s)</th><th>Title of Article & Journal</th><th>Year, volume, issue, page numbers</th></tr>
<tr><td colspan="2">Brian H Howard, Carl V Phillips, Nelia Matinhure, Karen J Goodman, Sheryl A McCurdy and Cary A Johnson</td><td>Barriers and incentives to orphan care in a time of AIDS and economic crisis: a cross-sectional survey of caregivers in rural Zimbabwe</td><td>BMC Public Health 2006, 6:27 doi:10.1186/1471-2458-6-27</td></tr>
<tr><th colspan="2">Purpose / Main focus</th><th>Related focus points</th><th>Conclusions</th></tr>
<tr><td colspan="2">To explore barriers and possible incentives to orphan care</td><td></td><td>Incentives for sustainable orphan care should focus on financial assistance, starting with free schooling, and development of community mechanisms to identify and support children in need</td></tr>
<tr><th colspan="2">Research Methodology</th><th>Population</th><th>Themes</th></tr>
<tr><td colspan="2">Quantitative cross sectional survey</td><td>371 primary caregivers
53% of sample = grandmothers</td><td rowspan="3">Economic security plays a deciding factor in whether to foster or not</td></tr>
<tr><th colspan="3">Findings / Results</th></tr>
<tr><td colspan="3">1) foster caregivers are disproportionately female, older, poor, and without a spouse;
2) 98% of non-foster caregivers are willing to foster orphans, many from outside their kinship network; 3) poverty is the primary barrier to fostering;
4) financial, physical, and emotional stress levels are high among current and potential fosterers;
5) financial need may be greatest in single-orphan AIDS-impoverished households; and
6) struggling families lack external support.</td></tr>
<tr><th colspan="4">Recommendations</th></tr>
<tr><td colspan="4">Fostering stipend, financial assistance in the form of educational subsidies
Community based support and assistance</td></tr>
<tr><th colspan="4">Added notes in form of direct quotes</th></tr>
<tr><td colspan="4">Those fostering orphans were somewhat worse off economically than control households
Willingness to foster was highest for grandchildren and declined with increased distance in relatedness.
The most urgently requested form of financial assistance is educational subsidies.</td></tr>
</table>

<table>
<tr><th colspan="2">8. Author (s)</th><th>Title of Article & Journal</th><th>Year, volume, issue, page numbers</th></tr>
<tr><td colspan="2">Lucie Cluver
Frances Gardner</td><td>Poverty and psychological health among AIDS-orphaned children in Cape Town, Sou Africa</td><td>Health Sciences
Author manuscript, published in "AIDS Care 21, 06 (2009) 732-741"
DOI : 10.1080/09540120802511885</td></tr>
<tr><th colspan="2">Purpose / Main focus</th><th>Related focus points</th><th>Conclusions</th></tr>
<tr><td colspan="2">This study examined associations between AIDS-orphanhood status, poverty indicators, and psychological problems among children and adolescents in townships surrounding Cape Town, South Africa.</td><td>Psychological wellbeing of orphaned children</td><td>Children orphaned by AIDS had more psychological problems</td></tr>
<tr><th colspan="2">Research Methodology</th><th>Population</th><th>Themes</th></tr>
<tr><td colspan="2">Qualitative methods – interviews
Quantitative measures</td><td>AIDS orphans - 1025 adolescents from townships in Cape Town, South Africa
21% in grandparent care</td><td rowspan="3">AIDS orphans a higher risk for psychological problems
** to isolate themes specific to grandparent headed households</td></tr>
<tr><th colspan="3">Findings / Results</th></tr>
<tr><td colspan="3">AIDS orphans tend to be more disadvantaged economically
Children orphaned by AIDS had higher school dropout, food insecurity, and lower adult employment in households than other groups. AIDS-orphans were less likely to live in a household receiving any state grant, which is likely to reflect limited access to welfare support rather than non-eligibility.</td></tr>
<tr><th colspan="4">Recommendations</th></tr>
<tr><td colspan="4">• Programs to target mental health of children orphaned by AIDS</td></tr>
<tr><th colspan="4">Added notes in form of direct quotes</th></tr>
<tr><td colspan="4">• When combined, this poverty index reduced the association of AIDS-orphanhood with peer problems and PTSD, and eliminated the association of AIDS-orphanhood with depression and conduct problems. Of the poverty indicators, food security appeared to have the strongest and most consistent effect on the association between AIDS-orphanhood and psychological problems.
• Our findings suggest that, as well as being valuable in their own right, these poverty programmes might potentially improve psychological outcomes for AIDS-orphaned children.</td></tr>
</table>

<table>
<tr><th>14. Author (s)</th><th>Title of Article & Journal</th><th>Year, volume, issue, page numbers</th></tr>
<tr><td>Susan J. Kelley, Deborah M. Whitley , Peter E. Campos</td><td>Behavior problems in children raised by grandmothers: The role of caregiver distress, family resources, and the home environment</td><td>Children and Youth Services Review 33 (2011) 2138–2145</td></tr>
<tr><th>Purpose / Main focus</th><th>Related focus points</th><th>Conclusions</th></tr>
<tr><td>to examine the extent of behavior problems in children being raised by grandmothers and to determine factors in their current environment that are related to child behavior problems</td><td>Identify extent of behaviour problems raised by grandmothers</td><td>Almost 1/3 of children in study had clinically elevated problem behaviours</td></tr>
<tr><th>Research Methodology</th><th>Population</th><th rowspan="3">Themes</th></tr>
<tr><td>Quantitative analysis – standardised measures</td><td>230 children - ages 2 to 16 years
low income and African American.
grandmothers ranged in age from 37 to 80 yrs</td></tr>
<tr><th colspan="2">Findings / Results</th></tr>
<tr><td colspan="2">Results indicated that 31.3% of child participants scored in the clinically elevated range for total behavior problems, with 21.3% and 32.6% scoring in the elevated range for internalizing and externalizing behaviors, respectively</td><td>Caregiver characteristics
Risk factors:
Increased psychological distress in caregivers
Less supportive home environment
Fewer family resources</td></tr>
<tr><th colspan="3">Recommendations</th></tr>
<tr><td colspan="3">Interventions that focus on reducing child behavior problems, as well as enhancing the parenting skills of grandmothers raising grandchildren are warranted</td></tr>
<tr><th colspan="3">Added notes in form of direct quotes</th></tr>
<tr><td colspan="3">If grandmother caregivers reach a point in which they are unable to effectively cope with problematic behaviors, their grandchildren may be at risk for placement in the state foster care system, a residential setting, or even in the juvenile justice system. Research has shown that disruptions in foster care placements lead to further emotional trauma, thereby worsening behavior problems
Children of grandmother caregivers who had increased psychological distress, fewer family resources, less social support, and less supportive home environments had increased behavior problems, both internalizing and externalizing. These findings are consistent with previous research on the effects of foster family characteristics and the home environment on children's behavioral functioning</td></tr>
</table>

<table>
<tr><th>79.</th><th>Author (s)</th><th>Title of Article & Journal</th><th>Year, volume, issue, page numbers</th></tr>
<tr><td colspan="2">Melissa M. Dolan, Cecilia Casanueva , Keith R. Smith , Robert H. Bradley</td><td>Parenting and the home environment provided by grandmothers of children in the child welfare system</td><td>Children and Youth Services Review 31 (2009) 784–796</td></tr>
<tr><th colspan="2">Purpose / Main focus</th><th>Related focus points</th><th>Conclusions</th></tr>
<tr><td colspan="2">The authors compared the parenting and home environments provided by grandmothers with those provided by non-kin foster caregivers</td><td>Improve outcomes for children raised by grandparents</td><td>Grandmothers are striving to give affection, be responsive, and - within their economic means - provide learning opportunities for the child. Findings also yield a profile of grandmothers' social and economic disadvantages, suggesting the need for increased support for grandmothers caring for children</td></tr>
<tr><th colspan="2">Research Methodology</th><th>Population</th><th>Themes</th></tr>
<tr><td colspan="2">Probability sample of children investigated</td><td>A total of 904 caregivers – grandmothers and aunts (who were the same age as aunts)</td><td rowspan="3">Protective factors – parenting behaviours, physical environment, discipline</td></tr>
<tr><th colspan="3">Findings / Results</th></tr>
<tr><td colspan="3">Grandmothers were older, less educated, less likely to be married, and more likely to be subsisting beneath the federal poverty level than foster caregivers.
Grandmothers had significantly better parenting scores than foster caregivers, even when the child's age and the caregiver's race/ethnicity, education, and poverty level were taken into account.
The home environment provided by grandmothers in the CWS was generally as good as the one provided by other foster caregivers</td></tr>
<tr><th colspan="4">Recommendations</th></tr>
<tr><td colspan="4">The significant differences between grandmothers' poverty level and available living space and those of foster caregivers stress the need to assist grandmothers taking care of children in the CWS</td></tr>
<tr><th colspan="4">Added notes in form of direct quotes</th></tr>
<tr><td colspan="4">Results suggest that CWS-involved grandmothers engage in significantly better parenting behaviors, overall, than foster caregivers, regardless
of the child's age and the caregiver's race/ethnicity, education, and poverty level, and that CWS-involved grandmothers provide a home environment generally as good as the environment foster</td></tr>
</table>

Appendix E

Themes Summarising Map

Article ref. no	Author &Title of articles included in review	Risk factors								Protective factors			
		Financially-related diffi.	Educational Difficulties	Poor Caregiver health	Generation Gap	Poor Parenting Relat.	No Male role model	Previous History	Child Temperament	Positive parenting relat.	Parenting style	Family contact	Stable family placement
1	Kiggundu, E., & Oldewage-Theron, W. (2009). Coping: A challenge for guardians of children orphaned by HIV/AIDS in a South African township. *Development South Africa, 26*(3) 383-397.	x	x	x		x							
4	Dolbin-MacNab, M., & Keiley, M. (2009). A systematic examination of grandparents' emotional closeness with their custodial grandchildren. *Research in Human Development, 3*(1), 59-71.	x			x	x			x	x			
5	Jones, M. R. (1993). Adjustment of children reared by their grandparents. Paper presented at APA, Toronto, Canada.	x				x				x			
7	Fuentes, M. J., Benedo, I. M., & Fernandez-Molina, M. (2007). Adolescents in foster care with their grandparents: Parenting styles and family relationships. *Journal of Intergenerational Relationships, 5*(4), 41-58									x	x		
8	Cluver, L., Gardner, F., & Operario, D. (2009). Poverty and psychological health among AIDS-orphaned children in Cape Town, South Africa. *AIDS Care, 21*(6), 732-741.	x	x					x					
13	Howard, B. H., Phillips, C. V., Matinhure, N., Goodman, K. J., Mccurdy, S. A., & Johnson, C. A. (2006). Barriers and incentives to orphan care in a time of	x	x	x						x			

Article ref. no	Author &Title of articles included in review	Risk factors								Protective factors			
		Financially-related diffi.	Educational Difficulties	Poor Caregiver health	Generation Gap	Poor Parenting Relat.	No Male role model	Previous History	Child Temperament	Positive parenting relat.	Parenting style	Family contact	Stable family placement
	AIDS and economic crisis: A cross-sectional survey of caregivers in rural, *Public Health, 6*(27), doi:10.1186/1471-2458-6-27												
14	Kelley, S. J., Whitley, D. M., & Campos, P. E. (2011). Children and youth services review behavior problems in children raised by grandmothers: The role of caregiver distress, family resources and the home environment. *Children and Youth Services Review, 33*(11), 2138–2145. doi:10.1016/j.childyouth.2011.06.021	x		x		x		x	x	x	x		
16	Poe, L. M. (1992). *Black grandparents as parents*. Berkeley, CA: Lenora Madison Poe. Self-published.			x	x	x	x		x				
18	Dolbin-MacNab, M. L., Rodgers, B. E., & Traylor, R. M. (2009). Bridging the Generations: A retrospective examination of adults' relationship with their kinship caregivers. *Journal of Intergenerational Relationships, 7,* 159-176.	x			x	x				x			x
20	Hong, Y., Li, X., Fang, X., Zhao, G., Zhao, J., Zhao, Q., Lin, X., et al. (2011). Care arrangements of AIDS orphans and their relationship with children's psychosocial well-being in rural China. *Health Policy and Planning, 26,* 115–123. doi:10.1093/heapol/czq025	x											

Article ref. no	Author &Title of articles included in review	Risk factors								Protective factors			
		Financially-related diffi.	Educational Difficulties	Poor Caregiver health	Generation Gap	Poor Parenting Relat.	No Male role model	Previous History	Child Temperament	Positive parenting relat.	Parenting style	Family contact	Stable family placement
21	Jones, M. R., & Hansen, C. (1996). *Caregiving behaviours which predict adjustment of children raised by grandparents.* Toronto: American Psychological Association.	x		x						x	x		
24	Downie, J., Hay, D., Horner, B., Wichmann, H., & Hislop, A. (2010). Children living with their grandparents: Resilience and wellbeing. *International Journal of Social Welfare*, 8-22.	x		x		x		x		x	x	x	x
25	Edwards, O. W., & Mumford, V. E. (2005). Children raised by grandparents: Implications for social policy. *International Journal of Sociology and Social Policy, 25*(8), 18-30.	x	x					x					
28	Smith, G. C., & Palmieri, P. A. (2007). Risk of psychological difficulties among children raised by custodial grandparents. *Psychiatry Services, 58*(10), 1303-1310.	x		x		x			x				
29	Smith, G. C., Palmieri, P. A., Hancock, G. R., & Richardson, R. A. (2008). Custodial grandmother's psychological distress, dysfunctional parenting and grandchildren's psychological adjustment. *International Journal of Aging and Human Development, 67*(4), 327-357.	x				x		x	x				
31	Ghuman, H. S., Weist, M. D., & Shafer, M. E. (1999). Demographic and clinical								x				

Article ref. no	Author &Title of articles included in review	Risk factors								Protective factors			
		Financially-related diffi.	Educational Difficulties	Poor Caregiver health	Generation Gap	Poor Parenting Relat.	No Male role model	Previous History	Child Temperament	Positive parenting relat.	Parenting style	Family contact	Stable family placement
	characteristics of emotionally disturbed children being raised by grandparents. *Psychiatric Services, 50* (11), 1496-1498.												
40	Edwards, O. W., (1998). Helping grandkin - grandchildren raised by grandparents: Expanding psychology in the schools, *Psychology in Schools, 35*(2), 173-181.		X						x				x
42	Dunne, E. G., & Kettler, L. J. (2008). Grandparents raising grandchildren in Australia: exploring psychological health and grandparents' experience of providing kinship care. *International Journal of Social Welfare , 17*, 333-345.	x	X	x		x			x				x
50	Bailey, S. J., Letiecq, B. L., & Porterfield, F. (2009). Family coping and adaptation among grandparent's rearing grandchildren. *Journal of Intergenerational Relationships, 7*, 144-158.	x								x	x		x
53	Littrell, M., Murphy, L., Kumwenda, M., & Macintyre, K. (2012). Gogo care and protection of vulnerable children in rural Malawi: Changing responsibilities, capacity to provide and implications for well-being in the era of HIV and AIDS. doi:10.1007/s10823-012-9174-1	x	X	x									
55	Parker, E. M., & Short, S. E. (2009). Grandmother coresidence, maternal									x			

Article ref. no	Author &Title of articles included in review	Risk factors								Protective factors			
		Financially-related diffi.	Educational Difficulties	Poor Caregiver health	Generation Gap	Poor Parenting Relat.	No Male role model	Previous History	Child Temperament	Positive parenting relat.	Parenting style	Family contact	Stable family placement
	orphans and school enrollment in Sub-Saharan Africa. *Journal of Family Issues, 30*(6), 813-836.												
59	Burnette, D. (2009). Grandparent caregiving in Caribbean Latino families: Correlates of children's departure from care, *Journal of Intergenerational Relationships, 7*, 274-290.	x		x									x
61	Smith, A. B., & Dannison, L. L. (2003). Grandparent headed families in the United States: Programming to meet unique needs. *Journal of Intergenerational Relationships, 1*(3), 35-47.	x	x			x			x	x	x		x
64	Hayslip, B., & Kaminski, P. L. (2005). Grandparents raising their granchildren. *Marriage & Family Review, 37*(1), 147-169.			x	x	x					x		
70	Dolbin-McNab, M. L., & Keiley, M. K., Navigating interdependence: How adolescents raised solely by grandparents experience their family relationships. *Family Relations, 58*, 162-175.							x		x	x	x	x
79	Dolan, M. M., Casanueva, C., Smith, K. R., & Bradley, R. H. (2009). Children and youth services review parenting and the home environment provided by grandmothers of children in the child welfare system. *Children and Youth*	x				x					x		

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		Financially-related diffi.	Educational Difficulties	Poor Caregiver health	Generation Gap	Poor Parenting Relat.	No Male role model	Previous History	Child Temperament	Positive parenting relat.	Parenting style	Family contact	Stable family placement
	Services Review, 31, 784-796.												
80	Kaminski, P. L., Hayslip, B., Wilson, J. L., & Casto, N. (2008). Parenting Attitudes and Adjustment Among Custodial Grandparents. *journal of Intergenerational Relationships, 6*(3), 263-284.				x	x			x	x	x		
90	Leder, S., Grinstead, L. N., Jansen, S., & Bond, L. (2003). Psychotherapeutic treatment outcomes for gandparent-raised children. *Journal of Child and Adolescent Psychiatric Nursing, 16*(1), 5-14			x		x							
91	Testa, M. F., & Slack, K. S. (2002). The gift of kinship foster care. *Children and Youth Services Review, 24*(1), 79-108.	x											x
94	Poehlmann, J. (2003). An attachment perspective on grandparents raising their very young grandchildren: Implications for intervention and research. *Attachment and Human Development, 10*(2), 165-188.	x		x		x			x				
96	Nyasani, E., Sterberg, E., & Smith, H. (2009). Fostering children affected by AIDS in Richards Bay, South Africa: A qualitative study of grandparents' experiences. *African Journal of AIDS Research, 8*(2), 181-192.	x			x	x							
98	Cluver, L., & Gardner, F. (2007a). Risk and protective factors for psychological	x	x	x				x				x	x

Article ref. no	Author &Title of articles included in review	Risk factors								Protective factors			
		Financially-related diffi.	Educational Difficulties	Poor Caregiver health	Generation Gap	Poor Parenting Relat.	No Male role model	Previous History	Child Temperament	Positive parenting relat.	Parenting style	Family contact	Stable family placement
	well-being of children orphaned by AIDS in Cape Town: A qualitative study of children and caregivers' perspectives. *AIDS Care*, *19*(3), 315-325. doi:10.1080/09540120600986578												
99	Smith, G. C., & Palmieri, P. A. (2007). Risk of psychological difficulties among children raised by custodial grandparents. *Psychiatry Services, 58*(10), 1303-1310.		x	x	x			x					
103	Edwards, O. W., & Daire, A. P. (2003). School-age children raised by their grandparents: problems and solutions. *Journal of Instructional Psychology, 33*(2), 113–120.		x		x	x		x		x	x	x	x
107	Edwards, O. W., (2006). Teachers' perceptions of the emotional and behavioural functioning of children raised by grandparents. *Psychology of Schools*, *43*(5), 565-572.		x										
113	Sands, R. G., Goldberg-Glen, R. S., & Shin, H. (2009). The voices of grandchildren of grandparent caregivers: A strengths-resilience perspective. *Child Welfare, 88*(2), 25-45.									x	x		x
114	Edwards, O. W., & Sweeney, A. E. (2007). Children Cared For by their Grandparents, *23*(2), 177–190. doi:10.1080/02667360701320879		x						x	x	x		x

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		Financially-related diffi.	Educational Difficulties	Poor Caregiver health	Generation Gap	Poor Parenting Relat.	No Male role model	Previous History	Child Temperament	Positive parenting relat.	Parenting style	Family contact	Stable family placement
115	Edwards, O. W., & Ray, S. L. (2010). Value of family and group counseling models where grandparents function as parents to their grandchildren. *International Journal of Advanced Counselling, 32,* 178-190.				x			x					
117	Worrall, J. (2009). When grandparents take custody-changing intergenerational relationships: The New Zealand experience. *Journal of Intergenerational Relationships, 7*, 259-273.	x			x	x		x	x	x	x	x	x