

# Children's perceptions of interactions with their caregivers in child and youth care centres

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Campus of the North-West University

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## DECLARATION BY THE RESEARCHER

This dissertation is presented in article format in accordance with the guidelines set out in the Manual for Postgraduate Studies, 2008, of North-West University. The technical editing was done according to the guidelines and requirements set out in Chapter 2 of the Manual.

The article will be submitted to the journal of *The Social Work Practitioner-Researcher*. The guidelines for the submission to the journal are attached in Appendix 6, *Technical guidelines for journal*.

I, Claire Heathcote, declare herewith that the dissertation entitled *Child and Youth Care Centres: Children's perceptions of caregiver interaction*, which I herewith submit to North-West University: Potchefstroom Campus, is my own work and that all references used or quoted were indicated and acknowledged.

Signature:

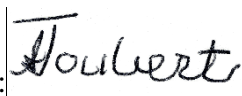
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## EDITOR'S CONFIRMATION, SIGNATURE AND CONTACT DETAILS

I, Aartia Joubert, accredited member of the South African Translators' Institute, hereby confirm that I have edited the thesis *Child and Youth Care Centres: Children's perceptions of caregiver interaction* by Claire Heathcote for language and technical correctness.

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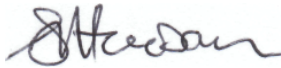
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## LETTER OF PERMISSION

The candidate opted to write an article with the support of her supervisor and co-supervisor. I, the supervisor, declare that the input and effort of Claire Heathcote in writing this article reflects research done by her. I hereby grant permission that she may submit this article for examination purposes in fulfilment of the requirements for the degree *Master of Psychology*.



Dr S. Hoosain



Dr I. Van Schalkwyk

## PREFACE

The candidate, Claire Heathcote opted to write an article with the support of her study leaders.

- The dissertation is presented in article format as indicated in Rule A.5.4.2.7 of the North-West University, Potchefstroom Campus Yearbook.

The dissertation consists of:

### Section A:

- Part 1: Orientation to the Study (Harvard referencing method).
- Part 2: Literature Study (Harvard referencing method).

### Section B:

- The article (modified Harvard style referencing method).

### Section C:

- Summary, Recommendations and Reflection (Harvard referencing method) as well as the guidelines of the article format as prescribed by the journal of *The Social Work Practitioner-Researcher*.

### Section D:

- Appendices

*The Social Work Practitioner-Researcher* has been identified as possible journal for submission.



## SUMMARY

In South Africa, alternative care solutions such as foster homes, child-headed households, placements with relatives and Child and Youth Care Centres (CYCCs), are under pressure to provide for the large numbers of children who need care. Child and Youth Care Centres include facilities such as children's homes, places of safety, secure care facilities and schools of industry or reform schools. South African legislation offers guidelines towards the fulfilment of children's needs in CYCCs by providing them with Children's rights. Unfortunately, not only is literature on children living in CYCCs limited both internationally and locally, existing literature regarding children's care in CYCCs in South Africa points towards a gap between legislative guidelines and practice of care provision. For example, apparently, children in CYCCs are not afforded opportunities to voice their opinions, and many CYCCs in South Africa are not legally registered. As a result, an obvious indication of the care and interaction taking place between caregivers and children in CYCCs is not available.

This inductive, qualitative study aimed to explore and describe the views of children living in Child and Youth Care Centres in the Vaal Triangle area, Gauteng, South Africa, in an effort to gain a better understanding of children's perceptions of their interactions with their caregivers. One-on-one interviews with children from three CYCCs were conducted. Interviews were voice-recorded and later transcribed. While being interviewed, participants were asked to take part in a role-play exercise and to make a collage of their interaction and relationship with their caregivers. Data was analysed using Creswell's spiral of analysis and Thematic Analysis by Braun and Clarke. The findings revealed four themes, which encompassed the perceptions of interactions with caregiver: 1. Daily activity with caregiver; 2. Special time with caregiver; 3. Behaviour management strategies; and, 4. Relationship with caregiver.

The key findings indicate the valuable insight that was gained by affording children in CYCCs the opportunity to voice their perceptions on their interactions with their caregivers. This not only empowers children and fulfils their right to be heard, but also provides a better understanding of whether needs are being met or not.

*Keywords:* caregiver, child, interaction, children's perceptions, Child and Youth Care Centre (CYCC).

## OPSOMMING

In Suid-Afrika is alternatiewe versorging soos pleegsorgtuistes, kinderhoof-huishoudings, plasing by familie en Kinder- en Jeugsorgsentrums (KJSS - English: CYCCs), onder druk om te voorsien in die behoeftes van die groot aantal kinders wat versorging benodig. Kinder- en Jeugsorgsentrums sluit fasiliteite in soos tehuise vir kinders, plekke van veiligheid, fasiliteite vir veilige versorging en nywerheid- of verbeteringskole. Suid-Afrikaanse wetgewing bied riglyne oor die voorsiening in kinders se behoeftes in 'n KJSS deur Kinderregte aan hulle te verleen. Ongelukkig is literatuur oor kinders in KJSS'e internasionaal en plaaslik beperk. Beskikbare literatuur oor kinders in KJSS'e in Suid-Afrika dui op 'n gaping tussen riglyne soos verskaf deur wetgewing en die praktiese voorsiening van sorg. 'n Voorbeeld is dat kinders in KJSS'e blykbaar nie geleentheid kry om hul menings te lug nie, en talle KJSS'e in Suid-Afrika is nie wettig geregistreer nie. Gevolglik is 'n betroubare aanduiding van die beskikbare sorg en interaksie tussen versorgers en kinders in KJSS'e nie beskikbaar nie.

Die doel van hierdie induktiewe, kwalitatiewe studie is om die sienings van kinders in KJSS'e in die Vaaldriehoek, Gauteng, Suid-Afrika te verken en te beskryf, in 'n poging om 'n beter begrip te verkry van kinders se persepsies van hul interaksies met hul versorgers. Een-tot-een onderhoude is met kinders van drie KJSS'e gevoer. Die onderhoude is opgeneem op band en later getranskribeer. Terwyl onderhoude gevoer is, is deelnemers gevra om deel te neem aan 'n rolspel oefening en om 'n collage te maak van hul interaksie en verhouding met hul versorgers. Data is ontleed deur Creswell se spiraalanalise te gebruik, en Braun en Clarke se tematiese analise. Die bevindings behels vier hooftemas wat die persepsies van interaksies met versorger kon verduidelik: 1. Daaglikse aktiwiteite met versorger; 2. Spesiale tye saam met die versorger; 3. Gedragshanteringstrategieë en 4. Verhouding met versorger.

Die sleutelbevindings dui op die waardevolle insig wat verkry is deur aan kinders in KJSS'e geleentheid te gee om hul persepsies oor hul interaksies met hul versorgers te verwoord. Hierdie geleentheid dien nie net om die kinders te bemagtig en te voldoen aan hul reg om gehoor te word nie; dit verskaf ook 'n beter begrip of daar aan hul behoeftes voldoen word of nie.

*Sleuteltermes:* versorger, kind, interaksie, kinders se persepsies, Kinder- en Jeugsorgsentrum (KJSS).

## **SECTION A**

### **Children's perceptions of their interaction with caregivers in**

#### **Child and Youth Care Centres**

## **PART 1**

### **1. Orientation and problem statement**

#### *CYCCs and South Africa*

In South Africa, there are millions of children living in alternative care solutions (UNICEF, 2010:1). According to Meintjes, (2007:23), this is linked to abuse, neglect and abandonment, which is often related to poverty and/or HIV/AIDS. Alternative care solutions range from a variety of settings such as child-headed households, placement with relatives or in establishments such as Child and Youth Care Centres (CYCCs) (Mahery, Jamieson & Scott, 2011:9). A CYCC is an umbrella term that includes facilities such as children's homes, places of safety, secure care facilities and schools of industry or reform schools (Mahery, *et al.*, 2011:29). As stated by the regulations of the Children's Act, Section 1, children can expect to be protected from abuse, their rights should be respected, they should be provided with a sound relationship and live in a growth-promoting environment (Mahery, *et al.*, 2011:13). This is applicable to all children in alternative care solutions. Larger CYCCs, however, are disadvantaged in terms of finances, resources and high turnover of caregiver staff. These conditions make it difficult for caregivers to meet all of the children's needs, for example, the provision of caregiving interactions such as quality time and relationship building (Van IJzendoorn, Palacios, Sonuga-Barke, Gunnar, Vorria, McCall, LeMare, Bakermans-Kranenburg, Dobrova-Krol & Juffer, 2011:12).

#### *Caring interactions*

Guidelines to family care, according to UNICEF (2006:67-70), stipulate that all children are entitled to care that supports child development. For example, a home must be a safe place for

young children, providing them with the health care they need, including good nutrition. In addition, children should be kept safe at all times and their rights protected while active learning such as learning through play should be fully supported. All children should be helped to become strong and independent (UNICEF, 2006:67-70). The World Health Organisation (2004:33) similarly stipulates that care provided to children in CYCCs should be in terms of sustenance (food and shelter), age-appropriate stimulation (activities, lessons and education), emotional and social support, structure (behaviour management) and surveillance (supervision, safety and security). These positive daily actions are known as caring interactions, which promote the health and development of vulnerable children (such as those in CYCCs) and increase their resilience (WHO, 2004:3). Caring interactions meet the needs of children of all ages through sensitive and responsive assistance, guidance and support (WHO, 2004:1). Schofield and Beek (2005:10) also found that caring interactions with children in CYCCs benefitted their development, as did Rajendran's (2008:ii) study of teenagers in CYCCs. The following caring interactions were found to meet the needs of children living in CYCCs: promoting children's trust by being available to them; promoting their reflective function; sense of autonomy; self-esteem; and feeling of belonging. Caring interactions allowed them to make good progress in terms of positive behaviour and relationships in the CYCC. These experiences also empowered the children regarding their functioning outside of the CYCC and their sense of stability (Housten, 2011:116; Schofield & Beek, 2005:3). It seems that caregivers who were perceived to have good relationships with the children (Berridge, 2012:82) were viewed as reliable and dependable; they were willing to listen to the children; and they made themselves readily available

### *Caring interactions and research*

Some researchers indicate that children in CYCCs have experienced positive caregiver-child relationships as central to their well-being (Gallagher & Green, 2012:440; Kendrick, 2013:82). On the other hand, some children living in CYCCs have reported feeling uncared for, ignored, and unnecessarily punished (Gibbs & Sinclair, 2000:248). In such cases, children's perceptions of interactions with caregivers have been negatively labelled as "abusive, depriving, neglectful or seductive" (Wilson, 2003:225). Consequently, as the interaction between child and caregiver was labelled negatively, the children then too perceived the child-caregiver relationship negatively.

### *Caring interaction and South African research*

In South Africa, there is currently limited literature that specifically looks at the perceptions of children in CYCCs regarding their caregivers. Existing South African research (Mahery, *et al.*, 2011; Meintjes, 2007; UNICEF, 2010) has focused on a multitude of other data related to CYCCs such as the criteria stipulations for child placement in CYCCs and information regarding caregivers and caregiving practices in CYCCs (Mahery, *et al.*, 2011:9). Other South African studies have reviewed the numbers of children placed in CYCCs, the precursors that have influenced these numbers and the existing type of structures of CYCCs (Meintjes, 2007:23; UNICEF, 2010:1). However, information about children's perspectives of their caregivers while living in CYCCs in South Africa seems non-existent. Internationally, research on CYCCs is vast (Emond, 2003; Gallagher & Green, 2012; Gibbs & Sinclair, 2000; Houston, 2011; Van IJzendoorn, Palacios, Sonuga-Barke, Gunnar, Vorria, McCall, LeMare, Bakermans-Kranenburg, Dobrova-Krol & Juffer, 2011; Kendrick, Steckley & Lerpiniere, 2008; Punch & McIntosh, 2014; Rajendran, 2008; Schofield & Beek, 2005; Young & Hauser-Cram, 2006; WHO, 2004; Wilson, 2003).

### *International research*

Internationally, research on CYCCs and/or caregiver-child interactions has predominantly taken place in the US and UK (Houston, 2011; Punch & McIntosh, 2014; Rajendran, 2008; Schofield & Beek, 2005; Young & Hauser-Cram, 2006), with a few studies on caregiver-child interaction conducted globally (Van IJzendoorn, *et al.*, 2011; WHO, 2004). Studies specifically on children's perceptions of caregivers in CYCCs have only been identified in the UK (Gallagher & Green, 2012; Gibbs & Sinclair, 2000; Wilson, 2003). Literature on children's perceptions of their interactions with their caregivers in CYCCs is conflicting. One study states that children in CYCCs perceive their interactions with caregivers to be positive (Gallagher & Green, 2012:440), while other studies have recorded negative perceptions of child-caregiver interactions in CYCCs (Gibbs & Sinclair, 2000:248; Wilson, 2003:225). Kendrick *et al.* (2008:79) admit that more research on children's perceptions on alternative care is necessary. Emond (2003:322) suggests that children in CYCCs have been silenced and "more is known about the place of residential care within the wider child care system and the characteristics and backgrounds of those that live and work within it than the experiences of young people themselves". In addition, Martin (2012:4) states that the disjuncture between the development

and advancement of legislation on children's rights to participate in decisions that affect them, and the failure to implement this participation; demonstrates that children's voices are not being taken seriously.

In view of the gap in existing research on children that expresses their views about CYCCs in South Africa, the researcher considers the exploration of children's perspectives on interactions with their caregivers in these centres in South Africa as a topic that needs to be addressed. It is necessary, not only to give children a voice, but also to increase CYCC caregivers' knowledge of children's perceptions of interactions. Enriched understanding of children's perceptions may equip caregivers towards more empowering and caring interactions.

### *Research problem*

Caregivers in CYCCs are not always aware of the impact of their behaviour towards children in their care. Thus, research is needed towards a better understanding of children's perceptions of their interaction with caregivers in order to improve the quality of care they receive by meeting their needs and allowing child participation.

From the above problem formulation, the following research question was formulated and researched:

How do children perceive their interactions with their caregivers in child and youth care centres?

## **2. RESEARCH AIM**

The aim of the study was to explore and describe how children (aged 7 – 11 years) in child and youth care centres in the Vaal Triangle, Gauteng, perceive their interactions with their caregivers.

### **3. CENTRAL THEORETICAL STATEMENT**

If it is known how children in child and youth care centres perceive their interactions with their caregivers, professionals such as caregivers, social workers and teachers in contact with these children may have a better understanding of their own interaction with these children, resulting in an opportunity to alter and improve their interactions towards children in CYCCs. This gives the children living in CYCCs a voice, and meets their human right to be heard, and it may contribute to improved practices in child and youth care centres.

### **4. CONCEPT DEFINITIONS**

#### **4.1. Perception**

‘Perception is our sensory experience of the world around us and involves both the recognition of environmental stimuli and actions in response to these stimuli. Through the perceptual process, we gain information about properties and elements of the environment that are critical to our survival. Perception not only creates our experience of the world around us; it allows us to act within our environment’ (Cherry, 2014:1). Seeing that perceptions are created via our senses as we interact with other persons and/or our external environment, it is of key importance to mention that perception shapes our personal outlook. In addition, perceptions represent our private and subjective interpretation of lived experiences. In this sense, perceptions are seemingly positively associated with subjective experiences, for example, children in CYCCs may have positive perceptions due to encouraging experiences in the home.

#### **4.2. Child and Youth Care Centres**

The South African Children’s Act 38 of 2005, Section 191, defines a Child and Youth Care Centre (CYCC) as ‘a facility that provides residential care to more than six children outside of the child’s family environment according to a residential programme suitable for the children in the facility’ (Mahery, *et al.*, 2011:29).

#### **4.3. Children in CYCCs**

The Children's Act 38 of 2005 (and amendments made by the Children's Act 41 of 2007) define children in need of care and protection (Section 150) and state that these children need to meet certain criteria to qualify for placement in alternative care such as CYCCs in South Africa (Mahery, *et al.*, 2011:24). Specifically, the Act stipulates that the child needs to be without visible means of support and this does not necessarily include orphans (Mahery, *et al.*, 2011:24).

#### **4.4. Caregivers**

According to the Children's Act (Mahery, *et al.*, 2011:9) a caregiver is anyone who cares for a child. This includes grandparents, aunts and relatives who care for the child with the consent of the parents or guardian of the child; foster parents; a person who will care for the child while the child is in temporary safe care; the head of a shelter or CYCC where the child receives services or is placed in the community; a child (16 years and older) heading a child-headed household. For the purpose of this study, caregivers are managers who run individual CYCCs within the Vaal Triangle area, South of Johannesburg, South Africa.

#### **4.5. Caregiving interactions**

The care which children in CYCCs should receive is defined by the Children's Act, Section 1, as the "...respect and promotion of children's rights; the protection from abuse; the maintenance of a sound relationship and the provision of an environment and home where the child is given the opportunity to flourish" (Mahery, *et al.*, 2011:13). The World Health Organisation (2004:33) defines caregiving interactions as five primary caregiving functions that cannot be separated from one another, namely sustenance, stimulation, emotional and social support, structure and surveillance. Schofield and Beek (2005:3) found that caregiving interactions or practices helped to improve children's behaviour and relationships inside and outside of CYCCs (Housten, 2011:116; Schofield & Beek, 2005:3). It is clear that children in CYCCs should be exposed to healthy interactions with their caregivers where trust is learnt,



enabling them to become persons with insight and positive self-esteem, self-efficacy, and who feel a sense of belonging.

## **5. THEORETICAL CONCEPTS**

The following two theories informed this study, namely Erikson's developmental theory and Bronfenbrenner's ecological theory. Eriksonian theory is a developmental theory, which suggests that each individual passes through eight developmental stages throughout life that develop their personality. Erikson (Davis & Clifton, 1995) believed that the ego develops as it successfully resolves crises at each stage. Children in CYCCs aged 7 to 11 years fall into what Erikson called the 'industry vs. inferiority' stage. This stage concentrates upon becoming industrious and accomplishing goals. Perceived failure to do so can result in feelings of inadequacy and inability to reach full potential (Heffner, 2011:1). Bronfenbrenner's ecological model of human development also looks at human development. However, this model is based on his argument that in order to understand human development, one must consider the entire system in which growth occurs, where the individual is constantly being influenced and is influencing their environment (Rosa & Tudge, 2013:243). Bronfenbrenner conceived of the environment topologically as an arrangement of four interconnected structures which help support and guide human growth (Bronfenbrenner, 2013:246). By looking at the entire system, which socially surrounds children in CYCCs, we may gain better insight into their support or possible lack thereof.

### **5.1. Eriksonian theory**

According to Erikson (Davis & Clifton, 1995:1) these psychosocial 'stages' present different psychological crises that need to be resolved to successfully proceed to the next stage. The crises are psychosocial as they involve psychological ('psycho') needs, which conflict with societal ('social') needs of the individual (McLeod, 2008:1). Each stage develops a mixture of traits '...but personality development is considered successful if the individual has more of the "good" traits than the "bad" traits' (Davis & Clifton, 1995:1). Erikson held that each developmental stage needs to be mastered in order to continue to the next stage, otherwise

challenges “...not successfully completed may be expected to reappear as problems in the future” (Hockfield, 2012:168). Fortunately, the outcomes of stages are not fixed and may be altered due to later life experiences (Davis & Clifton, 1995:1), thus problematic traits can be resolved later in life (McLeod, 2008:3).

This study focuses on seven to eleven year olds, who fall into the ‘Industry vs. Inferiority’ stage (Hockfield, 2012:170), a time when children learn the virtue of competency. During this phase, children learn many skills, such as reading, writing and doing things for themselves. They learn that peers are important and that they themselves are individuals. Children also learn about cause and effect and begin practising asserting their individuality, responsibility and ‘being good’. It is in this stage where children’s peer group becomes a large source of their self-esteem, as they learn that they can win peer approval by becoming competent in societal values. If children do not feel “good enough” or are not encouraged appropriately at this stage, there is a greater probability that they will experience self-doubt and feelings of inferiority. These experiences could instigate negative spirals that entail lesser chances for the actualisation of their full life-potential (Van Schalkwyk & Wissing, 2010:58). Failure on the child’s part, if handled correctly, may not necessarily cause feelings of inferiority, but can lead to feelings of modesty. Modesty is a good balance to competence (McLeod, 2008:3). Children at this stage in CYCCs are possibly faced with the challenge of voicing their needs, as opposed to the expectation of obedient silence. Additionally, children in CYCCs may not experience sufficient encouragement and support to master the necessary skills to reach their full potential. Positive interactions between caregivers and children in CYCCs may allow for an opportunity for constructive communication, better care and the opportunity for a supporting environment. In order to identify whether a supporting environment exists for children residing in CYCCs, the ecological theory of Bronfenbrenner needs to be consulted.

## **5.2. Ecological theory of Bronfenbrenner**

Bronfenbrenner’s model can be depicted in a circular format, with the individual as the centre. This first system surrounding the individual is what Bronfenbrenner calls the microsystem. This system includes the groups that occur in the individuals’ immediate environment or proximal setting and that have a direct impact upon the individual through face-to-face

interaction with others (Rosa & Tudge, 2013:246). For example, in this study, the children are directly affected by their caregivers, their biological families, school and peer group. The second level, called the mesosystem, comprises the links between microsystems in which an individual actively participates (Rosa & Tudge, 2013:246), for example, children in CYCCs are affected by the interaction between their caregiver and their schools regarding their education. The third system is called the exosystem. This system includes groups that affect the individual through the other systems but in which the individual does not actively participate (Rosa & Tudge, 2013:246). For example, the exosystem affecting children in CYCCs are the social services, or the behaviour of the children's birth parents. The children have no control over what decisions are made about them or how their birth parents may behave, which may influence their relationship or visitation rights. In the fourth system, called the macrosystem, Bronfenbrenner (1994:40) proposed that it '...may be thought of as a societal blueprint for a particular culture or subculture'. In the case of the children in this study, they are all from a low-income upbringing; they are all white, Afrikaans and Christian, which is part of their culture and large macrosystem, that affect their beliefs, customs, opportunities and lifestyles. The chronosystem is a system of which Bronfenbrenner suggests development is 'a process of continuity and change' (1988). The chronosystem is also seen as an individual's history and passage of time caused by events or experiences which 'alter the existing relation between person and environment (Rosa & Tudge, 2013:250), thus creating a dynamic that may instigate developmental change' (Bronfenbrenner, 1989:201). The children in the study have a life history which includes a life lived in a care centre and not with their biological parents; this history differentiates them from their school peers and alters their development in a unique way. This study thus looks at the subjective perceptions of children living in CYCCs to give them voice and to enlighten those involved in their care.

## **6. RESEARCH METHODOLOGY**

### **6.1. Literature Review**

"A literature review is an assessment of a body of research that addresses a research question." (Harvard Library, 2015:1). This body of research or literature review identifies, locates and analyses existing information surrounding the area of study, and also looks into possible

knowledge gaps. Literature for this study was sourced from books, journal articles, theses, dissertations and websites. Databases such as Ebsco Host, Science Direct, SA ePublications, and various links to South African University thesis and dissertation databases were used through the North-West University Ferdinand Postma Library links.

Children's homes; child, youth and care centres; interaction; relationships; caregivers; Erikson's child development theory and Bronfenbrenner's ecological theory were themes investigated in the literature review.

## **6.2. Empirical Investigation**

### **6.2.1. The research approach and design**

A qualitative research method was used, in order to acquire subjective descriptions of the children's perceptions (Henning, 2010:3; Silverman, 2005:26). In order to expand the knowledge in the gap surrounding children's perceptions of interactions with their caregivers in CYCCs, this research is considered to be interpretive descriptive research (Thorn, 2008:35). Interpretive description was chosen to interpret 'what' and 'how' the participants construct their reality (Holstein & Gubrium, 2005:484) and to make sense of this description (St. George, 2010:1327). Interpretive description is a qualitative research approach that requires integrity of purpose deriving from two sources: (a) an actual practice goal, and (b) an understanding of what we do and do not know based on the available empirical evidence.

Interpretive description arose from a need for an applied qualitative research approach that would generate better understanding of complex phenomena that have to be applied in practice. In this study, the complexity of children's perceptions of their caregivers in CYCCs is the phenomenon. Thorne (2008:26) says, "interpretive description is an approach to knowledge generation that bridges the gap between objective neutrality and objective theorizing extending a form of understanding that is of partial importance to the applied discipline within the context of their distinctive social mandates". The approach links interpretation and the description of

data with practice, which in this study is residential care practice. An inductive reasoning research approach was used during the study, whereby data and literature were collected and patterns and regularities were explored first, after which theory was used to confirm data conclusions. Inductive research approaches use data as the most important tool in reasoning. Deductive research approaches, on the other hand, start their research design with a specific theory in mind (Trochim, 2006:1).

### **6.2.2. Participants**

The population studied refers to the individuals who have certain characteristics and are of interest to a researcher (Sage Publications, 2015:1). In order to obtain accurate and specific data in the relevant field of enquiry for this research, the population was composed of children between the ages of seven and eleven years of age in three CYCCs in the Vaal Triangle, Gauteng, South Africa. These three CYCCs care for around thirty children, which means that each centre houses approximately ten children of various ages. The sample included children from these 1 CYCCs, specifically in the Vaal triangle area to which the researcher had access.

A non-probable, purposive sampling method was used in this study, in order to select respondents that fall within pre-chosen inclusion criteria (De Vos, Strydom, Fouché & Delport, 2011:393). Participants were selected by the caregivers according to the pre-chosen inclusion criteria. All participants in the CYCCs were Afrikaans-speaking, allowing for clear communication between researcher and participant. Participants needed to fall within the schoolgoing age of seven to eleven years. Lastly, participants needed to have resided in their respective CYCCs long enough to have built some familiarity and relationship with their caregiver. All participants had resided in the CYCCs for longer than five months, thus allowing for interactions and familiarity with their caregivers.. Participants were interviewed from the various CYCCs until data saturation was achieved. This point was reached after twelve participants were interviewed. Data saturation refers to the point where new information or data no longer comes up (De Vos, *et al.*, 2011:393). According to Guest *et al.* (2006:76), twelve participants appear to be sufficient to achieve relevant data when seeking to describe shared behaviour, beliefs or perceptions. (

The sampling was based on the following inclusion criteria:

- Children in CYCCs aged between seven and eleven years.
- Children living in a CYCC in the Vaal Triangle area.
- Children living in the CYCC for a minimum of five months (in order to have built a relationship with caregivers).
- Children with the ability to speak English or Afrikaans, in order to allow for communication with the researcher.
- Children who voluntarily participated in the study.

### **6.2.3. Procedures**

The following procedures were followed during the research process:

- Permission was obtained from the North-West University Ethics Committee to conduct the study.
- Written consent was obtained from the CYCC's head organisation.
- A literature review (Henning, 2010:27) on children's interactions with their caregivers and children in residential care was done to provide a foundation and background knowledge for the study (De Vos, *et al.*, 2011:135).
- Once informed consent was acquired from the CYCC's management, the researcher contacted the caregivers to arrange for a voluntary meeting or a telephone discussion.
- Consent forms were assembled (De Vos, *et al.*, 2011:117) for guardians (informed consent) and participants (informed assent).
- During the conversations, the caregivers were asked for their collaboration and assistance in informing possible participants of the upcoming visit from the researcher. The researcher also informed the caregivers about the study and what to expect in terms of conducting the study. For example, the caregivers needed to help the researcher to identify available times during which the researcher could spend individual time with the children in order to inform them of the study, to ask for their consent to take part in it and to conduct interviews. What was expected in terms of privacy of information the interview sessions as well as confidentiality needed to be discussed with caregivers too. During this visit, caregivers were also asked a few questions regarding their interactions with the children.

- The CYCC was visited to give the children an opportunity to give their informed assent to participate in the study. All consent and assent forms were signed by the relevant parties involved, after which interviews were conducted. Transcription of interviews and role-plays was conducted after each set of interviews. Transcription was done through the use of voice recordings, after which these transcriptions and data from the researcher's notes and collages were analysed.
- Data was analysed for themes, sub-themes and categories.
- Findings were then compiled, summarised and possible limitations and recommendations reflected upon.
- Findings were presented in article format in Section B of the thesis.

#### **6.2.4. Methods of data collection**

Data collection in this study mainly relied on semi-structured interviews that were conducted. Given the age of the children, the making of collages, role-play and discussion of these activities were important additional sources of data. The researcher also made use of observational field notes and reflective notes.

The preferred data collection method was semi-structured interviews as they provided a detailed picture of the participants' perceptions of the particular topic (De Vos, *et al.*, 2011:352). In addition, the participants were considered the experts who were given the opportunity to explain their view fully.

The semi-structured interviews with the participants took the format of informal conversations and focused upon how they (children) perceived their interactions with their caregivers. One-on-one interviews are useful in obtaining large amounts of in-depth data quickly (De Vos, *et al.*, 2011:360). The interview schedule (see Appendix 2) compiled for the semi-structured interviews was aligned with the information on daily activities received by a prior discussion with the caregivers. These interviews, based on children's perceptions of interactions with their caregivers (De Vos, *et al.*, 2011:352), included a few, open-ended, neutral, non-leading questions which fully covered the topic and provided a flow from simple to more complex

questioning (De Vos, *et al.*, 2011:352). Interviews were informed by ‘interviewing techniques and tips for the researcher’ and ‘communication techniques required by the interviewer’ by De Vos, *et al.* (2011:343-344) and Henning (2010:50-80). Before the interviews started, the participants were provided with materials to use in making their subjective collages. While the interviews were being conducted, the children were encouraged to make these collages as they talked informally with the researcher. The collages (see Appendix 8 for an example) were used as additional data that would reflect information from the interviews and as a child-friendly way of encouraging conversation throughout the interview process. Likewise, a role-play exercise was used to encourage discussion during the interviews. At the end of the interviews the children were asked to explain their collages as part of their interview. Role-plays and collage descriptions were transcribed as part of the interviews and were used to assist in data collection.

### *Collages*

A collage is created from the spontaneous random selection of fragments that develops meaning during the process of the activity. It is an approach through which perceptions, knowledge and relationships may be displayed and expressed visually (Butler-Kisber & Poldma, 2010:2). The researcher used this technique of accumulating information as especially suited to working with children, since the mere verbal articulation of ideas may be hindered due to many developmental factors. To start off the interview sessions, the participants were asked to make a collage of the interactions they have with their caregivers, using pictures that the researcher had printed out for them. The pictures represented a variety of people depicting a variety of emotions.

### *Role-playing*

Role-playing is a technique where research participants are asked to act out a role to facilitate discussion. As participants are often reluctant to perform this kind of task, role-play needs to be handled sensitively (Association for qualitative research, 2013:1). The researcher asked the participants to role-play interaction scenes in which they had been naughty. Younger participants - ages seven to nine years old – were more open to demonstrate the role-play



physically, whereas with older participants – ages ten to eleven years old – the researcher preferred to collect data through role-play discussion.

#### **6.2.5. Trustworthiness**

The criteria for trustworthiness of the study were informed by Lincoln and Guba's (1985) proposed constructs of credibility, transferability, dependability and confirmability (De Vos, *et al.*, 2011:419-421).

The credibility of data collection was verified by prolonged engagement, crystallisation and member checking. Prolonged engagement of the researcher was evident in view of the history the researcher had built up by previously spending time at one of the CYCCs, which provided her with an understanding of the behaviour and social relationships there; the discussions the researcher had with caregivers before interviews took place; and informing the participants about the researcher's visits beforehand in order to expect to see the researcher at the centre.

In order to crystallise data collection, the researcher used multiple methods such as reflective notes, a literature study, interviews, collages and information from role-play exercises in order to compare data and identify themes (Maree, 2010:38, 81, 422). To confirm data and to make the study more dependable, the researcher verified and checked all information the participants gave to make sure all meaning was clearly communicated during the interviews. For example, the researcher repeated the participants' words to the participants to verify in order to make sure she understood what was said in an attempt to avoid any possible incorrect interpretations.

The researcher generated an audit trail by making notes throughout the process of data collection, before, during and after all visits with participants as well as throughout the research process of data analysis, in order to allow for a well-documented and transparent approach to the study which provided a rich description of data. This was necessary so that data collection

methods were not only easily replicated in the variety of homes the researcher visited, but may also be used in future studies.

The data was confirmed once interviews were voice recorded and later transcribed (on paper) verbatim to ensure an accurate reflection of participants' views. Field notes written during and after the interviews assisted in confirming data neutrality by assisting the researcher to '...remember and explore the process of the interview' whilst acknowledging her participation and possible bias (De Vos, *et al.*, 2011:359).

#### **6.2.6. Data analysis**

Data analysis followed Creswell's analytical spiral (De Vos, *et al.*, 2011:403) and thematic analysis by Braun and Clarke (2006:77-101). The process of each method overlapped (see Appendix 9) as both methods included planning the data capturing process, such as choosing to use semi-structured interviews, collages and role-plays; data collection (see Appendix 2 for interview schedule and collage pictures) and preliminary analysis (looking at collages and listening to recordings); transcribing (Henning, 2010:80) and organising the data; reading and writing memos; generating categories, themes and patterns (see Appendix 4) ; coding the data; testing the emergent understandings; searching for alternative explanations; and writing the report. Data analysis of the discussion during the collage and role-play exercise was performed in the same manner as the interviews in terms of Creswell's analytical spiral method (De Vos, *et al.*, 2011:403). The short interpretive discussions held during the interviews regarding the collage and during the role-play exercise allowed for this data to be fully analysed.

### **7. Ethical aspects**

Permission for the research was granted by NWU and falls under the research ethical number NWU-00060-12-A1. The researcher received a letter of permission from the university in order to undertake the study. During the research process, the researcher emphasised an ethical, moral and professional stance in decision-making and practice (Neuman, 2003:118). As a registered counsellor, the researcher is also bound by the ethical standards stipulated by the

Health Professions Council of South Africa (HPCSA). The main concepts of ethics were applied, namely review of literature, the avoidance of harm, gaining informed consent and informed assent, avoidance of deception, maintaining confidentiality, protecting privacy, debriefing and feedback of respondents.

- **Review of literature:** Careful use of citing and referencing relevant authors was adhered to throughout the process of this study. Sections A and C use the Harvard style of referencing, while section B abides by the regulations to which the article will be submitted (Appendix 7) and uses a modified Harvard method of referencing and citation.
- **Avoidance of harm:** This is a fundamental rule of social research (De Vos, *et al.*, 2011:115). Avoidance of harm is especially important when working with delicate and personal information from participants. As children are seen as a vulnerable population in research, the researcher needed to take care when dealing with the children and needed to be sensitive and mindful of not delving into potentially harmful questioning as well as being aware of research population differences, such as cultural, religious and gender differences.

During the interviews, the researcher identified that in some instances children would divulge information that was not related to the research, but that was of a personal nature. By using role-play and collages, the researcher was able to acknowledge what was said but to change the course of the conversation back to the research topic. This was done in a sensitive manner, and as such none of the children who were interviewed (whether they divulged personal information or not) became distressed at any time.

- **Consent:** Consent to conduct the study was obtained from NWU, the relevant organisation holding guardianship of the child, the caregivers and the child. Although the organisation provided consent for the child to participate (see Appendix 5); ultimate assent was required and received from the participant, namely the child (see Appendix 6). All of the children in the study agreed to give assent to participate in the study. One child (the youngest interviewed, who was seven years of age) agreed to see the researcher, but initially did not agree to participate in the study. Once he understood that participation was voluntary, he changed his mind and gave assent to participate in the study.
- **Voluntary participation and informed consent:** All participants were informed that they were voluntarily participating in the study and they understood that they could withdraw

from the study at any time (De Vos, *et al.*, 2011:115-116). The participants were informed who the researcher was, why she was conducting the study and how the study was going to be conducted. This assent was written, signed by both the participants and researcher before the data collection such as the interviews took place (see Appendix 6).

- **Confidentiality, privacy and storage:** All participant identities (De Vos, *et al.*, 2011:119) were protected by using pseudo names in all written work and reports. Confidentiality was strengthened by conducting interviews in a private but visible area; such as the garden, or outdoor patio, where the child had an opportunity to feel safe and visible by the caregiver, but had enough privacy in order to talk openly without being worried that they may have been overheard. The relationship between participants and researcher was one of honesty and openness. Hard copies of consent and assent forms and reports were stored appropriately in a safe; while all electronic documentation was stored on a password protected computer to which only the researcher has access. The data of the completed study will be locked and stored at the Centre for Child, Youth and Family Studies for the period prescribed by the University.
- **Debriefing of participants:** During interviews, the researcher was very careful to avoid potential harmful questioning and to delve into sensitive areas of discussion. By doing so, none of the children became distressed during questioning. All of the children who participated, seemed unaffected by the process, as judged by the researchers' professional opinion as a registered trauma counsellor. Thus, although an opportunity of debriefing for the children was available to be referred to a registered counsellor, the researcher did not deem it necessary at that time.
- **Possible subjectivity of the researcher:** Although the researcher had previously worked in a CYCC, the researcher maintained the importance of remaining subjective throughout the study. In order to maintain subjective the researcher used the method of bracketing, whereby she set aside her own beliefs and knowledge previously acquired about the topic (Streubert & Carpenter, 2007:77) to focus purely on the phenomena being studied in order to avoid bias. Some strategies of bracketing used included mental preparations (whereby reflexivity and being consciously ignorant throughout the study took precedence), carefully planning open-ended questioning and conscious consideration during data analysis, for example (Chan, Fung & Chien, 2013:3-5).
- **Benefits and compensation:** All parties involved, namely the organisation, caregivers and participants may all have benefitted in knowing that they may be contributing to the

academia by providing their consent and taking part. Participants may feel confident that their concerns will be taken seriously while being heard during their participation (Save the children, 2004:10). Indirect benefits included contributing to reflexive thoughts of caregivers and children. Participants may have enjoyed spending time with the researcher and creating the collage. These parties participated in the study knowing that they would not be remunerated in any way.

- **Expertise of the researcher to do research:** During the research process, the researcher was not only informed and guided through her existing scholarly background and expertise, but was also informed by her research supervisor and existing registration with the Health Professions Council of South Africa (HPCSA) as a registered counsellor.

According to Walliman (cited De Vos, *et al.*, 2011:123), all ethical considerations are the responsibility of the researcher and they are obliged ‘to ensure that they are competent, honest and adequately skilled’.

## **8. CHOICE AND STRUCTURE OF RESEARCH ARTICLE**

Section A: (Harvard Referencing Style)

Part I: Orientation to the research

Part II: Literature review

Section B: (modified Harvard)

Article

Section C: (Harvard Referencing Style)

Summary, evaluation, and recommendations

Section D:

Appendix

Social Work Practitioner/Researcher has been identified as a possible journal for submission.

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## **PART II:**

### **LITERATURE REVIEW**

#### **1. INTRODUCTION**

The review of the literature presented focuses on the exploration of the subject matter, namely children's perspectives of their interactions with their caregivers in Child and Youth Care Centres, hereafter referred to as CYCCs. The literature, firstly, reviews CYCCs in South Africa, including how they are defined and the contextual influences. This review includes discussion of the home structure that some South African CYCCs find beneficial, and scrutinises the reasons why children are placed in these alternative care situations. It goes on to consider the criteria that define a child in a CYCC and the caregivers in these establishments, according to the Children's Act 38 of 2005 (Mahery, Jamieson & Scott, 2011:9). Secondly, the literature devoted to the topic of caring interactions between caregivers and children in CYCCs is reviewed. Additionally, sensitive caregiving behaviours that have been found to benefit children's development in CYCCs have been considered (Schofield & Beek, 2005:10). Thirdly, the literature focuses on the perceptions of children's interactions with their caregivers. Lastly, the theoretical frameworks of Bronfenbrenner's model of bio-ecological development and Erikson's theory of development are presented in an attempt to ground existing literature (Hockfield, 2012:170; Rosa & Tudge, 2013:243-258).

Current research on children's perspectives of their interactions with others and/or living in CYCCs is mostly limited to international studies, predominantly carried out in the United Kingdom and the United States of America (Gallagher & Green, 2012; Gibbs & Sinclair, 2000; Houston, 2011; Punch & McIntosh, 2014; Rajendran, 2008; Schofield & Beek, 2005; Wilson, 2003; Young & Hauser-Cram, 2006). International studies have identified the gap in knowledge, particularly about children's perspectives on living in alternative care arrangements (Kendrick, Steckley & Lerpiniere, 2008:79). Existing South African research on the research topic is limited. However, some related studies, for example, the roles of caregivers or the existing conditions of CYCCs in South Africa, have been included in this

review. CYCCs in South Africa do have volumes of knowledge to share, as discussed in the following section.

## **2. CHILD AND YOUTH CARE CENTRES IN SOUTH AFRICA**

Many families in South Africa are struggling to take sufficient care of their children (UNICEF, 2010:1) due to widespread abuse, neglect and abandonment, which are often driven by conditions/issues related to poverty and disease, such as HIV/AIDS in Southern Africa. As a result, many children from struggling families are placed in alternative care solutions, such as children's homes or foster care (Meintjes, Moses, Berry & Mampane, 2007:23). In South Africa, alternative childcare programmes, with proper standards of governance structures, are set up according to the regulations of the Children's Act, and are known as 'Child and Youth Care Centres' (UNICEF, 2014a:1).

The South African Children's Act 38 of 2005, Section 191, defines a Child and Youth Care Centre (CYCC) as 'a facility that provides residential care to more than six children outside of the child's family environment according to a residential programme suitable for the children in the facility' (Mahery, *et al.*, 2011:29).

Facilities included in this definition are children's homes, places of safety, secure care facilities, and schools of industry or reform schools. In South Africa, but also internationally, an extremely high number of children are in care facilities. A US study by Kendrick *et al.* (2008:79) acknowledges that there is much to learn from the experiences and perspectives of children in care.

On the one hand, South Africa has inherited 'a legacy of violence, extreme inequality (number one in the world and Africa nowadays) and social dislocation from the former apartheid regime' (UNICEF, 2010:1), which can be associated with high levels of violence, substance and sexual abuse, as well as neglect. Conversely, South Africa also faces the HIV/AIDS

epidemic, which, from 1994 to 2012, has seen a rise in prevalence from approximately 5% to 12, 2% (HIVSA, 2014:1; HSRC, 2012:35). In 2010, approximately 3, 7 million children were orphaned as a result of HIV/AIDS, of which an estimated 150 000 are believed to be living in child-headed households (UNICEF, 2010:1). The history of inequality and the HIV/AIDS pandemic, therefore, has placed great pressure on resources available to children in South Africa.

Additionally, foster care has greatly increased in South Africa, largely due to a policy that legalised the placement of children with their relatives or extended family members since 2000 (UNICEF, 2010:1). In 2010, the number of children living in registered CYCCs was recorded as 13 250 (UNICEF, 2014b:53). Furthermore, statistics for 2011 show that almost half a million children were [then] living in registered foster care (UNICEF, 2014b:52). This situation may be worse than data suggests. Meintjes *et al.* (2007:16), who found that a third of children's homes were unregistered, mentioned the possible misrepresentation of registered foster care. Meintjes *et al.* (2007:16) stated that, due to community involvement and the lack of registration of homes, the number of CYCCs in South Africa is unclear, which leads to the reasonable conclusion that the number of children living in CYCCs is uncertain as well. However, despite the uncertainty of the numbers of registered CYCCs, all [centres] are expected to adhere to the regulations of the South African Children's Amendment Bill, which will be discussed in the subsequent section.

The Amendment Bill clearly expresses the specific need for regulations in residential facilities regarding training, qualifications, experience of staff and the ratios of staff to children (Meintjes, *et al.*, 2007:36). This means that CYCC caregivers are expected to have the expertise to look after the vulnerable children in their care. The problems larger CYCCs face, however, are not only limited to lack of training or child-to-staff ratios, but include limited financial resources, minimal physical resources, high caregiver staff turnover, and often insensitive responsive care with regard to the emotional and exploratory needs of the children in care (Van Ijzendoorn, Palacios, Sonuga-Barke, Gunnar, Vorria, McCall, LeMare, Bakermans-Kranenburg, Dobrova-Krol & Juffer, 2011:12). These shortfalls limit opportunities for children and caregivers to spend quality time together and to share caring interactions, which limit experiences to bond and to develop quality relationships (Van Ijzendoorn, *et al.*, 2011:15). It

must be emphasised that studies show the crucial importance of caring interactions, the impact they have on the development of the child, and the need of external resources in this regard (Van Ijzendoorn, *et al.*, 2011:15; WHO, 2004:2; Young & Hauser-Cram, 2006:253). This is one of the reasons why, internationally, some CYCCs prefer to operate as a family home structure, to offer a family atmosphere (Gibbons, 2007:215), as is the case in the CYCCs presented in this study.

## **2.1 Family home structure**

Gibbons (2007:215) described the family home structure in a study on orphanages in Egypt, where the home is run with only a few children and consistent caregivers. Similarly, a study Meintjes *et al.* (2007:31) conducted in South Africa acknowledges that the structure of a CYCC may influence meeting the needs of vulnerable children living in CYCCs. A family home type of structure was found to increase opportunities for children to bond with their caregiver (Meintjes, *et al.*, 2007:31). It is noteworthy that increased opportunities towards healthy attachment enabled these children to experience stability and consistency in their lives. It seems that the family home structure may allow for improved opportunities for positive interactions between caregivers and children. Examples of positive interactions between children in CYCCs include protecting and relying on one another. Children in CYCCs in Meintjes *et al.*'s study (2007:31) admit to relating to others in their CYCC as siblings and family too. Family home structures were also apparent in the positive experiences of some children in CYCCs in the UK and Malaysia, where they reported that staff was considered as family (Kendrick, 2013:77; Raj & Raval, 2013:200). Houston's (2011:125) study in the UK agreed that it is through the building of a bond between caregiver and child that children learn that they belong. A sense of belonging is of the utmost importance for healthy development, and allows children to feel important and valued (Houston, 2011:81). Therefore, positive caregiver-child interaction is required for children to bond with other persons. This is instrumental in providing a family-like feeling, and gives children a healthy sense of belonging (Punch & McIntosh, 2014:81). It is clear that the provision of a sense of belonging could make an important contribution to the implementation of care and protection that all children in CYCCs need. The Children's Act clearly acknowledges a child's need for care and protection in CYCCs, as discussed in the following section.

## 2.2 Children in CYCCs and the Children's Act

According to legislation, children residing in CYCCs have been declared in need of care and protection. The Children's Act 38 of 2005 and amendments made by the Children's Amendment Act 41 of 2007 (Section 150) are clear on defining who children in need of care and protection are (Mahery, *et al.*, 2011:24). The following criteria define these children's needs as set out in legislation:

Care and protection provision as set out in Section 150 includes a child who:

- “(a) has been abandoned or orphaned and is without any visible means of support;*
- (b) displays behaviour which cannot be controlled by the parent or care-giver;*
- (c) lives or works on the streets or begs for a living;*
- (d) is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency;*
- (e) has been exploited or lives in circumstances that expose the child to exploitation;*
- (f) lives in or is exposed to circumstances which may seriously harm that child's physical, mental or social well-being;*
- (g) may be at risk if returned to the custody of the parent, guardian or caregiver of the child as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child;*
- (h) is in a state of physical or mental neglect; or*
- (i) is being maltreated, abused, deliberately neglected or degraded by a parent, a care-giver, a person who has parental responsibilities and rights or a*



*family member of the child by a person under whose control the child is*  
(Mahery, *et al.*, 2011:24).

The 2007 Act stipulates that the child specifically needs to be without visible means of support, which does not necessarily include orphans (Mahery, *et al.*, 2011:24), in order to qualify for alternative childcare. Children in alternative care, such as in CYCCs, are there because they need support and care. The children in the researcher's study fit one or more of the above-mentioned criteria, making them dependent on the Children's Act 38 of 2005 to protect them, resulting in their CYCCs placement. Caregivers in CYCCs are an important part of a child's life and they fulfil a variety of roles, while providing this support and care in CYCCs. Since the provision of care in CYCCs is the caregiver's responsibility, the role of caregivers in CYCCs will subsequently be discussed.

### **2.3 Caregivers in CYCCs**

The Child, Youth and Family Organization of New Zealand (2014:1), defines a caregiver as a:

*'person who gives a safe, caring home to a child or young person, and provides for their food, shelter and clothing needs'.*

Nevertheless, they admit that a caregiver can also include the roles of a trusted adult, friend, role model, advocate and teacher. In South Africa, the Children's Act 38 of 2005 (Mahery, *et al.*, 2011:9) defines a caregiver as anyone who cares for a child. This definition includes grandparents, aunts, relatives who care for the child with the consent of the parents or guardian of the child; a child (16 years and older) heading a child-headed household, foster parents, a person who will care for the child while the child is in temporary safe care, or the head of a shelter or CCYC where the child receives services, or is placed in the community. Caregivers in CYCCs in South Africa are the head of the home where the child has been placed for care (Mahery, *et al.*, 2011:9). Although they are in charge of the daily care of children, caregivers in CYCCs work with other professionals, as a team, to adequately meet the children's entire

individual needs. The team may include social workers, therapists and educators (Child, Youth and Family Organization NZ, 2014:1). Children's developmental needs must be assessed before, and after, placement in CYCCs, in order to meet their protection and therapeutic services (Mahery, *et al.*, 2011:30). This holistic approach of care provision to children in CYCCs occurs in conjunction with South African national regulations of norms and standards pertaining to CYCCs, which stipulate that children should have access to healthcare, schooling, education and suitable therapeutic as well as developmental programmes (Mahery, *et al.*, 2011:32). Caregivers in CYCCs need to attend to their children's needs as discussed in the following section.

## **2.4 Meeting the needs of children in CYCCs**

According to legislation on children's rights, children should be protected from abuse; they should be provided with an environment where they are given the opportunity to flourish; and they should maintain healthy relationships with their caregivers (Mahery, *et al.*, 2011:13). Vander Ven (2008) states that when caregivers provide this type of environment, the developmental needs of children are met in a holistic manner. The application of these guidelines should assist caregivers to provide daily caring interactions, that should encourage maintaining the caregiver-child relationship (Schofield & Beek, 2005:3). However, there is a gap between those expectations expressed in South African legislation and practice (Perumal, 2007:11). For example, children's rights are not respected in an environment where a caregiver is constantly being replaced and children do not experience effective communication. In such a scenario, children are denied the opportunity to maintain a positive relationship with their caregiver and an environment that enables their healthy development. This situation was documented by Perumal (2007:15) who identified problems such as ignoring children's views, and the high rates of change of staff in alternative care. It is important to take this matter into account, seeing that mere expectations of legislation without efficiently putting it in practice as intended could involve impaired caring and relating. Caring interactions between caregiver and children in CYCCs will be discussed in the next section.

### **3. CARING INTERACTIONS BETWEEN CAREGIVERS AND CHILDREN IN CYCCS**

Caring interactions are the positive daily interactions between caregiver and child, which help to develop a child's sense of safety (Smith, Fulcher & Doran, 2013:20). Research shows that daily interactions between child and caregiver (either parent or substitute) sets the tone for the quality of a caregiver-child relationship, and hence the impact of the interaction (Vander Ven, 2008:14). Consequently, children's perceptions of their interaction with their caregivers is important, since caring interactions, as relational connectedness or interconnectedness, is essential for children's healthy development, overall well-being, and positive functioning (Van Schalkwyk & Wissing, 2010). In addition, the crucial importance of caring interactions has been stated in various ways. As far back as 2004, The World Health Organisation identified that "sensitive and responsive caring is a requirement for the healthy neurophysiological, physical and psychological development of a child" (WHO, 2004:1). In the US, Rajendran (2008:ii) identified that good relationships with caregivers were associated with resilience, effective regulation of emotions and positive behaviour in teenagers. In South Africa, Van Schalkwyk and Wissing (2013) indicated that caring caregiver-child interactions were associated with child capacity-building and the development of personal or psychological strengths such as being compassionate helpers and positive role-models. Caregivers themselves are role-models, since children tend to imitate the examples set by their caregivers or significant others (Haynes, 2006:2). In this sense, caregivers need to be careful to use their influence positively by modelling appropriate behaviour. Schofield and Beek's (2005:3-25) study recognised that when the needs of children in CYCCs are met through sensitive and responsive caregiving, these children have a secure basis for forming trusting relationships.

It is necessary to emphasise that caring interactions were found as far back as 2004 to be the key to promote the health and development of vulnerable children, while increasing their resilience to the potential damaging effects of poverty and deprivation (WHO, 2004:3). According to Canadian literature, caring interactions are a caregivers' responsibility, which should prepare children for future relationships by providing them with love, stimulation and security (Shields, 2013:1). This is confirmed by Schofield and Beek (2005:3-25) who found that caring interactions between caregiver and child in foster care are of key importance to meet the children's emotional and social needs. When these needs were met, the children made good

progress in improving behaviour and relationships. Their functioning inside and outside of the home improved and they felt more stable in the home (Schofield & Beek, 2005:3; Houston, 2011:116). Additionally, Schofield and Beek (2005:3-25) indicated that caring interactions involve promoting aspects such as trust, reflectiveness, self-esteem, autonomy and family membership. These aspects of caring relationships will be discussed individually in the subsequent sections.

#### *Promoting trust in availability*

Schofield and Beek (2005:10) found that children were taught to trust their caregivers when the caregivers were available to them, both physically and emotionally. For example, caregivers demonstrated thinking of the children and being available to them in practical ways, such as preparing special treats or meals with the children in mind. Experiences such as these made the children recognise the worth of positive relating or positive interactions. Additionally, these experiences made the children feel special, empowered them to recognise their personal worth and to build self-esteem, and encouraged improved levels of self-efficacy. The promotion of trust in availability is consistent with Erikson's theory of child development, in which he suggests that children develop a sense of trust when caregivers provide reliability, care and affection (Cherry, 2014:1). By demonstrating reliability or availability, children may learn that their environment is predictable and thus become trusting. In addition to promoting trust and availability, the promotion of reflective functioning adds to caring interaction and positive relationships.

#### *Promoting the reflective function*

Promoting the reflective function is the encouragement of being reflective or thoughtful concerning oneself. By promoting reflectivity when interacting with children, Schofield and Beek (2005:13) found that children learnt to think about their personal behaviour, own thoughts, and perspectives of others. Children were helped to reflect on past experiences, to make sense of what happened and to move forward. They were taught to talk and think about their ideas and emotional experiences. In other words, reflectivity promotes resilient coping, when children are encouraged to "take a step back" and to reflect on their thoughts, emotions and behaviours, in order to be better equipped in future. Encouraging reflectivity inspires open

communication and thoughtfulness as caring interactions that promote positive caregiver-child relating. Promoting self-esteem, as shown below, is another such caring interaction.

### *Promoting self-esteem*

When interacting with children, caregivers promote self-esteem when they demonstrate that they accept the child, even during times when the child behaves badly. Self-esteem can also be promoted through teaching a child to master a new skill of which to be proud, for example tying one's own shoe laces. The recognition that they are fully accepted (acceptance of personal strengths as well as weaknesses), and that their efforts or accomplishments are appreciated, enables children to become more confident and could boost their self-esteem. Schofield and Beek (2005:15), furthermore, indicate that the positive correlation between feeling accepted and improved levels of self-esteem helps children to learn once again about positive relations and caring interactions. Another caring interaction, the promotion of autonomy in children, will now be touched on.

### *Promoting autonomy*

Caring interactions promote autonomy because children are given the opportunity to learn to do things for themselves. Children in CYCCs often come from environments where they were restricted by their resources and lack of support structures (Foster Care Counts, 2014:1). As a result, children in CYCCs often have a sense of helplessness due to their inability to change their situation (Higgs, 2011:1). Children's behaviours may provide cues to their unmet needs and possible capabilities. Caregivers can only understand the behaviour of the children in their care once they understand children's perspectives on their needs and capabilities (Garfat, 2004:9; Punch & McIntosh, 2014:76). Autonomy may be promoted through caring interactions such as recognising each child's needs and capabilities and affording them the opportunity to have certain appropriate responsibilities to work towards. Promoting autonomy in a supportive environment thus may be empowering for children in CYCCs. Allowing children to accomplish responsible tasks, builds their confidence and teaches them to assert themselves also to use these skills outside of the home. Autonomy in the sense of independence and self-assertion is especially important for teenagers leaving alternative care. In South Africa, legislation dictates that youths may no longer reside in their CYCCs by the end of the year that they turn 18,

although this may be adjusted to the age of 21 if an application to the Head of Social Development is approved (Mahery, *et al.*, 2011:42). This process of gaining autonomy and independence is assisted through caring interactions. Another caring interaction which assists caregivers in providing care in CYCCs is the promotion of family membership (Schofield & Beek, 2005:19).

### *Promoting family membership*

Caregiver-child relationships can provide children with a sense of belonging (Punch & McIntosh, 2014:81). Promoting family membership, or promoting the feeling of “fitting in” or being a member of a group, may allow a child in a CYCC to learn that they belong, are valued, and that they can feel at home (Schofield & Beek, 2005:19). Group membership is often encouraged through using group routines and structures to create order and predictability. Likewise, CYCCs often use rituals and routines as a caring interaction to provide a sense of stability in children’s lives (Punch & McIntosh, 2014:81). This sense of stability provides the children with a sense of structure which they did not experience previously (Punch & McIntosh, 2014:77). A sense of stability is expected to provide a sense of safety and reassurance. However, children in CYCCs do not always appreciate these routines, which may often result in power struggles (Punch & McIntosh, 2014:78). Schofield and Beek (2005:19) suggest that the feelings of stability and reassurance can be encouraged through promoting the feeling of family membership. Caring interactions, such as treating a child as part of the family make them feel special. For example, by buying a birthday card that says “daughter” for a child in a CYCC, the caregiver implies that their relationship is indicative of a mother-daughter relationship. Promoting family membership allows a child to feel stable and reassured within their relationships in the home, and subsequently, these supportive interactions can be extended outside of the home (Schofield & Beek, 2005:19). The Children’s Act recognises that the provision of a caring and stable family environment is “acting in the child’s best interests” (Mahery, *et al.*, 2011:19). These feelings of family membership may be even more important in South Africa, as the factors contributing to the placement of children in CYCCs, as mentioned earlier, may present difficulties for re-unification services. For example, Meintjes *et al.* (2007:65) identified that children in South African CYCCs often remain there for long periods, due to inadequate statutory social services and/or difficulty identifying suitable relatives of the children in need of care.

Five aspects were discussed for building caring interactions between caregivers and children in CYCCs, namely, enhancing children's self-acceptance; encouraging autonomy and self-esteem; reflectivity; and promoting trust in availability.

In conclusion, it should always be kept in mind that positive interactions with caregivers in CYCCs promote healthy development and functioning of the child. Positive caregiver-child interactions allow for an environment where the child learns to feel safe, loved, accepted and trusting others to meet their needs. Healthy functioning in a CYCC can promote healthy functioning and independence in and outside of the home.

From existing research in the UK, it would appear that children's perceptions of their interactions with caregivers in CYCCs are contradictory. That poses a problem, but another concern is that in South Africa, research on CYCCs is restricted. More about this follows under section 4 below.

## **4. CHILDREN'S PERCEPTIONS**

### **4.1 Perceptions of children in CYCCs in the UK**

Some children living in CYCCs in the UK have perceived their interactions with their caregivers in a negative manner, and these interactions were described as being "abusive, depriving, neglectful or seductive" (Wilson, 2003:225). Gibbs and Sinclair (2000:248) found that a small number of respondents said they had felt neglected ("uncared for") and ignored, while some children felt as though staff and caregivers were too busy with other responsibilities to spend quality time with them. Others mentioned matters related to abuse in connection with discipline, such as some children who received more punishment than others. In some cases, the interaction between caregiver and child was affected by the fear that confiding in staff may result in social worker involvement (Berridge, 2012:85). Gibbs and Sinclair (2000:248) found

that bullying affected the caregiver-child relationship as well, since children often perceived caregivers as not sufficiently protecting them from older residents' unwanted attention. These negative perceptions of caregiver-child relationships contradict literature by Berridge (2012:82), who claimed that children who considered their caregivers to be reliable, dependable and readily available felt that they had good relationships with them.

#### **4.2 Perceptions of children in South African CYCCs**

Although, internationally, both positive and negative reports of caregiver-child relationships have been published, there is currently no known literature that investigates children's perspectives regarding their caregivers in South Africa. As has been mentioned, research in South Africa is restricted, but some related research on children in CYCCs in South Africa will be discussed.

Children's perceptions, thoughts and behaviour in CYCCs are seemingly significantly influenced by their past, for example the kind of interactions between them and their biological or foster parents. Perceptions, or the perceptual process, is said to involve the five human bodily senses, namely sight, touch, taste, smell and hearing, in addition to cognitive recognition and proprioception. Proprioception is the detection of movement through the use of senses (Cherry, 2014b:1). In research, psychologists are largely divided theoretically about whether perceptions are formed purely on the basis of stimuli present or are altered by stimuli and the individuals' expectations and previous experiences. Gregory (1970) strongly proposed and supported a theory on the latter (McLeod, 2007:1), which seems to correlate with research on children's interactions in CYCCs. Children in CYCCs in South Africa have been exposed to unfavourable living arrangements, or to trauma or adverse circumstances, such as neglect and/or abuse, from which they need to be removed in order to obtain care and protection (Mahery, *et al.*, 2011:27). The exposure to difficult pasts and their subsequent relocation to CYCCs may well play a role in children's perceptions of interactions and relationships, which may be displayed in their behaviour, as discussed next. In South African literature, Pietersen (2012:4) reported that Spies (2006) identified some of the negative behaviour of children in CYCCs resulting from previous experiences of sexual abuse. Pietersen (2012:92)



acknowledged that caregivers struggled with sexually abused children's behaviours, because they included displays of inappropriate sexual behaviour, anger, hostility, stealing and self-destructive behaviour. Similarly, children in the US, who have had difficult interactions with their birth parents in their past, have been found to demonstrate distressing behaviours, such as biting themselves, displaying extreme anger, and rejecting the care provided to them (Clemons, 2009:1). Not only can past experiences and expectations impact upon existing perceptions, they can also affect behaviours and existing relationships. For example, US literature reports that when children experience instability with caregivers, they are more likely to struggle to form positive relationships with "new" caregivers (Ritchie & Howes, 2003:498). Despite the possible negative effects of a difficult past on forming perceptions, other international literature indicates that positive perceptions of children in CYCCs *can* occur.

Literature in the UK has found positive descriptions of relationships between children, adults and peers in CYCCs (Gallagher & Green, 2012:440). Gallagher and Green (2012:440) studied the experiences of adults who had resided in CYCCs as children. Their study was supported by Kendrick (2013:82), who found that positive relationships with staff were mostly experienced as central to their well-being. The way in which positive interactions and relationships may be encouraged in CYCCs includes the sensitiveness with which a child's needs are responded to. By responding sensitively to the child's needs in a consistent manner, the child learns about emotional and behavioural regulation (Centre for Parenting Research, 2006:2). Sensitive responsiveness is associated with effective communication when children experience that they are being "listened to" (Emond, 2003:322). Effective communication meets the requirements of children's right to be heard, which is emphasised in the South African Children's Act. In South Africa, children have the right to express their own opinions and the right to be heard in all matters that affect their rights, protection, and welfare, and, as such, these rights are afforded to children in CYCCs (Children's Rights Centre, 2014:1). South African literature on residential care has, however, neglected to recognise children's views (Emond, 2003:322). Allowing children an opportunity to voice their views and relational experiences is a valuable opportunity to respect children's rights. It may also afford caregivers an opportunity to learn more about their interactions with children and enable them to act in their best interests (Kruger & Coetzee, 2010:36).

## **5. THEORETICAL FRAMEWORKS**

The theoretical frameworks that guided this study are Bronfenbrenner's bio-ecological model of human development and Erikson's theory of development. Bronfenbrenner's theory looks at the development of the individual on a holistic level, whereas Erikson is used in this study to emphasise the development of children of a specific age group, namely aged 7 to 11 years. These theories will be discussed next.

### **5.1 Bronfenbrenner's bio-ecological model**

In order to understand children's perceptions and interactions with caregivers in CYCCs, it is beneficial to consider Bronfenbrenner's bio-ecological model of human development (first and second phase). This model explains human development in terms of a system, according to which an individual's environment influences them and they influence their environment (Rosa & Tudge, 2013:243). In other words, children's interactions with their caregivers are influenced by their caregivers' behaviour towards them, as well as by their thoughts and behaviours towards their caregivers. When applying it to this study, each child's environment or immediate setting, for example living in a CYCC, can be identified by using this model. Bronfenbrenner's bio-ecological model (first phase) is visualised as an onion, whereby the individual exists in the core of the onion or system starting at this point. The impacting environment represents each layer of the onion as visualising the system growing outwards from the core. Each layer of the system, or onion, impacts upon the layer before it, which is the layer closer to the middle. The first system surrounding the core, or the individual, is the individual's direct environment, which is called the microsystem. The microsystem consists of groups that directly affect the child's development, such as the individual's immediate family, peers and community (Rosa & Tudge, 2013:246). For children in CYCCs, their microsystem comprises of their caregivers in the CYCC, the children they reside with at the CYCC, any relatives they regularly interact with, the school, and the faith community or church they attend. The second level, called the mesosystem, comprises the links between groups from the microsystem that affect an individual (Rosa & Tudge, 2013:246). An example could be the interactions between the caregivers at the CYCC and the child's educators, or the interactions between the caregivers at the CYCC and the child's biological parents with whom they have contact. The exosystem is the third system; this system includes broader social settings that may influence the individual,

and it is believed that the individual has no control over these external social settings (Rosa & Tudge, 2013:243). These external settings or groups include elements such as an individual's extended family and social support networks. In the case of children in a CYCC, the exosystem includes their social workers, who, for example, make decisions with regard to their life, without any input from the child. For example, the social worker may decide to remove a child from one CYCC and place him/her in another. Decisions may be made without the consent of the child. The fourth system, called the macrosystem, describes the dominant patterns of micro-, meso-, and exosystems, which are characteristic of that broader culture, and comprises the individual's beliefs, knowledge, culture, customs, lifestyles, financial resources and status, as well as a country's policies about CYCCs (Rosa & Tudge, 2013:246). The macro subsystem also represents the government's laws pertaining to CYCCs. Possible changes in this area will have a direct impact on the children's lives. The chronosystem is another system in Bronfenbrenner's model (second phase). The chronosystem encompasses the history of individuals and their environment, and how it changes or stays the same over the course of time (Rosa & Tudge, 2013:249). As such, individuals will have past and current experiences with which they need to cope and that will affect them. For example, children in CYCCs will need to cope with past experiences (such as their removal from their biological parents) and current experiences (such as learning to accept new caregivers in a CYCC) that will have an impact on them and to which they will respond.

Thus, according to Bronfenbrenner, individuals live in an environment where different groups and situations have an impact on them (first phase of Bronfenbrenner's theory). In some situations, the individual may have an opportunity to react and in other situations, they may not. The second phase of Bronfenbrenner's theory, on the other hand, not only looks at an individual's current impactful situations but also includes their past, which will also play a role in the individual's current behaviour. This is similar to Erikson's developmental theory, according to which how an individual behaves during problematic situations, experiences or life stages will have an impact upon them and affect their behaviour, as discussed in the following section.

## **5.2 Erikson's developmental theory**

Erikson described development according to stages where, in each stage, the individual experiences a psychosocial crisis, ‘...successful completion of each stage results in a healthy personality and successful interactions with others’ (Heffner, 2015:1). As Bronfenbrenner suggested (in Rosa & Tudge, 2013:243), the crisis is not only psychological and physiological, but also includes the demands placed on the individual by the direct and extended environments. When children are between the ages of 7 to 11 years (in primary school) they are considered to be in middle childhood. It is during this stage that children recognise themselves as individuals. They identify differences in the world as they develop moral values, various skills and competencies. They also understand cause and effect and begin practising to assert their individuality, responsibility and “being good”. Erikson believed that each stage of development holds a crisis, which needs to be mastered in order to continue to the next stage, otherwise these challenges of their crises, for example feelings of inferiority, may be expected to reappear as problems in the future (Hockfield, 2012:168). According to Erikson's developmental theory, children in primary school fall into what he called the stage of “Industry (or competence) vs. Inferiority” (Hockfield, 2012:170). If children do not learn to become productive, enjoy intellectual stimulation, and seek success during this developmental stage, they would not achieve competence or overcome their developmental crisis (Industry vs. Inferiority). Then these children could possibly develop a sense of inferiority (Keough, 2014:1). For children residing in a CYCC, this life stage implies that they need to strive to learn and to master competencies (Eriksonian theory), besides learning to adapt to living in the CYCC with its environmental influences (Bronfenbrenner).

## **6. CONCLUSION**

The literature reviewed indicated that although South Africa is struggling with high numbers of children in care due to its history and existing environment, legislative guidelines attempting to assist these children are available. CYCCs in South Africa should, therefore, provide children with a structured and stable home life, to assist with their healthy development. Additionally, the importance of the caregiver-child relationship in CYCCs was emphasised, since these daily caring interactions could enable children to progress developmentally in order to lead healthy lives – emotionally and as far as behaviour is concerned. As such, caring interactions attempt to meet the needs of children; especially through affording children the

opportunity to voice their needs too (Children's Rights Centre, 2014:1). By allowing children in CYCCs a voice, insight into their behaviour can be gained (Punch & McIntosh, 2014:76), which may ultimately assist caregivers in meeting children's needs more effectively.

The findings of this study are shared in Section B in article format, in compliance with the author's guidelines, as specified by the selected journal, *Social Work Practitioner-Researcher*. Section C serves to unite sections A and B with a critical discussion of the research findings.

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## **SECTION B**

### **ARTICLE**

# **CHILDREN'S PERCEPTIONS OF INTERACTIONS WITH THEIR CAREGIVERS IN CHILD AND YOUTH CARE CENTRES**

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To be submitted to *Social Work Practitioner-Researcher*

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All *figures* (diagrams and line drawings) should be copied and pasted or saved and imported from the origination software into a blank Microsoft Word document and



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#### ***For books:***

Surname, Initials. (year). *Title of Book* Place of Publication: Publisher.

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Boult, B.E. (1998). "Adoption" in Bezuidenhout, F.J. (Ed.). *A Reader in Selected Social Issues* Pretoria: Van Schaik Publishers, Second Edition, 41-52.

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Manuscripts should contribute to knowledge development in social work, social welfare or related professions and the practice implications of the research should be spelled out.

Sufficient and appropriate recent literature should be cited. Where the study is based on empirical research, the research design and methodology, results, discussion and conclusion should be addressed. All manuscripts should locate the issue within its social context and the conceptual and theoretical framework informing the study should be clearly outlined.

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## **ABSTRACT**

South African legislation offers guidelines towards the fulfilment of children's needs in Child and Youth Care Centres by providing them with children's rights. Apart from the apparent limited South African research on the experiences of children and caregivers in alternative care, there is also a gap between expectations of legislation and practice. This qualitative study aimed to explore and describe the perceptions of children living in Child and Youth Care Centres of their interactions with caregivers. Twelve participants in the Vaal Triangle area took part in the study. The findings indicate that, for the most part, these children perceive interacting and relating with their caregivers positively. Healthy interacting entails enjoyable activities and maximising quality time with caregivers, as well as providing a supportive environment, which include the use of behaviour management strategies. As the study was limited in terms of population size and cultural diversity, further research is recommended.

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### **Key words:**

Caregiver, child, interaction, children's perceptions, (CYCC) Child and Youth Care Centre.

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## **INTRODUCTION**

In South Africa, there are millions of children living in alternative care solutions (UNICEF, 2010) such as foster care, Child and Youth Care Centres (CYCC's) and temporary 'safe' shelters (UNICEF, 2010). Although legislation attempts to provide children in need of care with adequate alternative care solutions, many CYCCs in South Africa are operating without legal registration (Meintjes, Moses, Berry and Mampane, 2007). This means that without accurate data, figures and monitoring of CYCCs in South Africa, many children in CYCCs are left without possible legislative assistance, potentially leaving them open to little or no consideration of/attention to their needs.

## **PROBLEM STATEMENT**

Without accurate current data and sufficient regulation of CYCCs, children in CYCCs are left exposed to possible inadequate care. Regulations from The Children's Act 38 of 2005 (Mahery, Jamieson and Scott, 2011) provide guidelines for the provision of care in CYCCs. Yet, children living in CYCCs are often faced with challenging living conditions that are the result of limited financial resources and that restrict the right kind of sympathetic caregiving (Van IJzendoorn, Palacios, Sonuga-Barke, Gunnar, Vorria, McCall, LeMare, Bakermans-Kranenburg, Dobrova-Krol and Juffer, 2011). In other words, even though South African legislation offers proper alternative living arrangements in CYCCs, care provision in CYCCs is possibly inadequate and could imply added problems for these vulnerable children. As external factors have an impact on caring interactions, accurate data on caregiver-child interactions in CYCCs is needed. This data should provide an understanding and possible improvement of caregiver-child interaction that would result in improved care provision in CYCCs.

The outline of this article offers some background information and reasons for the research, followed by the aim of the study. Then, the research methodology will be discussed, followed by the presentation of the findings. Lastly, the concluding remarks will offer recommendations for future research, and possible limitations of the study.

## **BACKGROUND AND RATIONALE**

Children in alternative care need support and care, as stipulated by the Children's Act 38 of 2005 (Mahery et al., 2011). Alternative care is often the result of caregiver abuse, neglect and/or abandonment, frequently related to poverty and/or HIV/AIDS (Meintjes et al., 2007). Children in this study reside in legally registered Child and Youth Care Centres (CYCCs). A CYCC is an umbrella term that includes facilities such as children's homes, places of safety, secure care facilities and schools of industry or reform schools (Mahery et al., 2011).

With high volumes of children in CYCCs in South Africa, the children face limited resources due to lack of finances, and high turnover of caregiver staff. One CYCC in this study admitted to being concerned about finances, and in two centres some children reported having more than one caregiver leave during their stay at the centre. Such challenges have implications, since many caregivers are not adequately supported financially to provide for the children in their care (Van IJzendoorn et al., 2011). These external factors and lack of sufficient general support has a negative impact on the quality of caregiving interactions. However, there are factors that may contribute positively towards caring interactions. For example, internationally and locally, a family home type of CYCC structure has been found to foster positive relationships between caregivers and children (Bejenaru and Tucker, 2014; Gibbons, 2007; Kendrick, 2013; Meintjes et al., 2007; Raj and Raval, 2013).

A family-type structure is how the CYCCs in this study is set up. For example, smaller homes attempt to mimic a traditional family home where one or two caregivers constantly care for a few children. Constant care from the same caregivers result in increased opportunities for one-on-one interactions between caregiver and child, unlike the interactions that occur in residential larger CYCCs. In addition, a family-type structure in CYCCs is said to increase opportunities for children to bond with their caregiver, and give the children a sense of belonging (Punch and McIntosh, 2014). Children in CYCCs can experience a sense of belonging when there are opportunities for caring interactions, stability and consistency in their lives (Houston, 2011; Kendrick, 2013; Meintjes et al., 2007; Raj and Raval, 2013). A traditional family home structure is important as it increases the opportunity for positive relationships between caregiver and child(ren) through the provision of caring interactions (Vander Ven, 2008).

Caring interactions entail the provision of sustenance (food), stimulation (age appropriate mental and physical activities to engage in), emotional and social support (the provision of care, support and lessons about appropriate emotional and behavioural responses), discipline (rules, regulations and appropriate boundaries) and supervision (the provision of care in a safe environment) (WHO, 2004). Furthermore, caring interactions are daily interactions that meet the needs of children of all ages through sensitive and responsive assistance, guidance and support (WHO, 2004). For example, providing food to a hungry child is a caring interaction, or soothing a tearful young child with a hug and supportive communication meets that child's immediate need in an appropriate and sensitive manner. Caring interactions have been found beneficial for the development of vulnerable children, because they provide a secure base from which the children can learn appropriate behaviour (Schofield and Beek, 2005). Caring interactions between caregivers and children have also been found to boost children's self-esteem, their feelings of independence and family acceptance, and this again enabled children towards improved personal and social competencies (Schofield and Beek, 2005). Children in alternative care have also shown decreased behavioural problems once caregivers implemented caring interactions in behavioural management strategies (BMS), such as positive reinforcement and the use of non-harsh discipline methods (Chamberlain, Price, Leve, Laurent, Landsverk and Reid, 2008). In addition, when children are exposed to caring and healthy interactions, they can learn to improve their relational functioning in and outside the home (Schofield and Beek, 2005). These positive relational experiences are aligned to the importance of learning new skills during the childhood years, namely ages 7- 11, according to Erikson (a developmental theorist)..

Children in this study are aged between 7 to 11 years and fall into the 'Industrious' versus 'Inferior' stage, Erikson (Hockfield, 2012) proposed that during this stage, children are expected to learn new skills, which are stepping stones for them to become productive and enjoy intellectual stimulation. However, if children struggle and do not become successful they may well have a developmental crisis and develop a sense of inferiority (Keough, 2014). This signifies that children in CCYCs should be learning new skills, and attempt to overcome inferiority. During this stage, children need to overcome not only the physiological and psychological demands, but also environmental demands (Davis and Clifton, 1995). Erikson's emphasis on environmental demands during this developmental stage is reiterated in Bronfenbrenner's ecological model of human development theory. Bronfenbrenner's model

explains human development in terms of a system, whereby an individual's environment influences him/her and he/she influences the environment (Rosa and Tudge, 2013). Interactions between child and caregiver are thus circular or reciprocal, and these interacting experiences between child and caregiver sets the tone for the quality, and hence the impact of the interaction (Vander Ven, 2008). Children's perceptions of these quality ties with their caregivers are important, since caring interactions as relational well-being are essential for their healthy development and sustainable personal well-being (Van Schalkwyk and Wissing, 2010).

Since human beings are relational beings (Gergen, 2009), it is no surprise that positive relating and interpersonal competencies are of key importance for enduring personal well-being. When considering the significance of persons' perceptions of relating and interacting, perception theory (Gregory, 1970) proposed that perceptions are formed not only by the presence of current stimuli (environmental demands), but also by previous experiences and expectations of the individual (McLeod, 2007). In this sense, it must be mentioned that children's perceptions of their interactions are valuable, and, it must be taken into account that their present understanding or interpretation of relating are influenced by their past expectations and experiences (Cherry, 2014). Literature seems to indicate that the previous experiences do play a role in current behaviour and, consequently, perceptions may have an impact on interactions and relationships too (Pietersen, 2012). Children who have been sexually abused in the past – (while residing with living parents), later displayed difficult behaviours such as anger, hostility, stealing, self-destructive behaviour and inappropriate sexual behaviour when they were living in CYCCs (Pietersen, 2012). These behaviours were reported to have a negative influence on the caregiver-child interactions and relationships (Pietersen, 2012). In addition, critical and post-structural theorists emphasise the importance of agency of children, this agency may impact upon the development childrens' perceptions (Yorganop, 2015). For example, by meeting childrens' needs though provision of respect, allowance of agency and listening to them, children should form more favourable perceptions of their interacting with their caregivers.

Although perceptions of children residing in CYCCs may be influenced negatively by current and previously experienced challenging circumstances, a supportive environment, meeting their needs with caring interactions between caregiver and child, has nevertheless been shown to facilitate positive relating, improvement in behaviour such as better self-regulation, and



healthy emotional development of children in CYCCs. If perception theory proposes that perceptions are formed from present and past experiences, the exposure to a positive, encouraging and supportive environment inclusive of caring interactions, may well result in positive perceptions of children residing in CYCCs, despite challenges they may face.

Currently, limited literature on South African CYCCs is available (Mahery et al., 2011:13). Specifically, there is limited data on the perceptions of children in South African CYCCs of their interactions with their caregivers. The need to fill this gap in scientific knowledge about children's perceptions of their interactions with their caregivers in South African CYCCs, has led to the research question: How do children in CYCCs perceive their interactions with their caregivers?

## **RESEARCH AIM**

The aim of this research was to explore and describe how children (aged 7 – 11 years) in Child and Youth Care Centres in the Vaal Triangle, South of Johannesburg, perceive their interactions with their caregivers.

## **RESEARCH METHODOLOGY**

A qualitative research method was used, to acquire subjective descriptions of the children's perceptions (Henning, Van Rensburg and Smit, 2010; Silverman, 2005). This research uses an interpretive descriptive approach (Thorn, 2008), which attempts to link interpretation and the description of data with practice. The practice being referred to in this study is Child and Youth Care Centre's care practice. The description of data and interpretation is generated from the population drawn.

The population in this study comprises children between the ages of seven and eleven years who reside in CYCCs. The sample from which the population was drawn, was selected from three CYCCs in the Vaal Triangle, South of Johannesburg, Gauteng, South Africa. Each of these three CYCCs care for ten children of various ages. The sampling was based on the following inclusion criteria:

Children in these CYCCs who

- were aged between seven and eleven years;
- resided in the CYCC for a minimum of five months (in order to have formed a relationship with caregivers);
- were able to speak English or Afrikaans (to allow for communication with the researcher).
- willing to participate voluntarily.

The sampling method used was a non-probable and purposive method whereby caregivers recommended candidates to interview whom had resided in the home at least a few months and who were aged between seven and eleven years (De Vos, Strydom, Fouché and Delport, 2011).. An interview schedule was drawn up after short, voluntary discussions had been conducted with the caregivers about their interactions and relationships with the children in the CYCCs. Information was collected by conducting interviews until data saturation was achieved at twelve participants (De Vos et al., 2011).

Interviews with the twelve participants were conducted in the gardens of the CYCCs and took, on average, about forty minutes to complete. Interviews with participants were semi-structured. To assist the interview process and to gain additional data or insight into the participants' perceptions, participants made collages and some discussion was role-played during the interviews. An audio tape recorder, observational field and reflective notes were used to record data during the interviews. Once data had been collected and transcribed, an analysis of the data was conducted.

The data analysis followed Creswell's analytical spiral (De Vos et al., 2011) and thematic analysis by Braun and Clarke (2006). Once data was collected, the researcher became familiar with the data (Braun and Clarke, 2006) by reading the data repeatedly. Data was then prepared and organised into initial concepts or codes, for example, 'positive descriptions', 'caregiver helps' and 'time together' (De Vos et al., 2011). By reflecting on the data's content, the data was easier to code through classifying into categories of meaning (De Vos et al., 2011). Data interpretation was done by using the codes and searching for themes that captured 'something important about the data...' for example, 'perception of interaction with caregiver' or 'behaviour management strategies' (Braun and Clarke, 2006). Themes are headings and umbrella terms under which codes fall. Themes were then reviewed, defined, named, and the

data was displayed in a final report in the study (Braun and Clarke, 2006). Throughout the study, trustworthiness was of the highest priority.

Trustworthiness of the study was informed by Lincoln and Guba's (1985) proposed constructs of credibility, transferability, dependability and confirmability (De Vos et al., 2011). Credibility of the data collection was reinforced through prolonged engagement of the researcher, previously spending time at the CYCC; crystallisation of data collection through the use of multiple data collection methods such as interviews, collages and role-play, as well as by verifying communication through member checking (De Vos et al., 2011). Transferability of the data was displayed through the use of multiple participants of varying genders, ages and from three different CYCCs, where the variety of data may be useful to apply or compare to other settings (De Vos et al., 2011). Dependability of the data was strengthened through the use of a transparent and well-documented audit trail throughout the study. The use of a dictaphone to record interviews, transcribing data verbatim and the use of reflective notes assisted in confirming the objectivity of the data. In addition to trustworthiness, ethics was crucial to the research.

### **Procedure and ethical concerns**

The main concepts of ethics were applied to the study, after the study had been approved by NWU: (research ethical number: NWU-00060-12-A1). As children are widely viewed as more vulnerable to exploitation and abuse than adults, ethics is an important consideration when working with children (Tisdall, Davis and Gallagher, 2009). As such, ethical concepts such as the avoidance of harm, gaining informed consent and informed assent, avoidance of deception, maintaining confidentiality, protecting privacy and debriefing respondents need to be dealt with in a sensitive way by the researcher. Once consent to conduct interviews had been achieved and the researcher had visited the caregivers at the CYCCs, the researcher drew up an interview schedule and later interviewed the participants after gaining their assent. All participants were informed that their participation was voluntary and that their identities would remain anonymous. During interviews, the researcher was highly sensitive to the feelings of the participants and careful to avoid possibly harming/hurting the participants, for example the researcher proceeded cautiously and avoided using sensitive and extremely personal questioning. Participants' privacy was protected through the use of a safe for hardcopy

documents; a password for electronic documentation; and the use of pseudo-names during document recording. The researcher spared no efforts to protect the child(ren) as participants and to respect them as informed participants with rights. The researcher carefully monitored each interview to check whether the participants showed signs of distress. The option of debriefing sessions by a professional was on offer, if needed, but the researcher later deemed debriefing unnecessary.

## **FINDINGS AND DISCUSSION**

The findings comprise four themes, which emerged from the data analysis. In this section, identified themes will be provided with data from literature and verbatim responses of the participants interviewed. As verbatim responses were in Afrikaans, an English translation is also given.

Table 1: Themes

Perceptions of interactions with caregiver
1. Daily activities with caregiver
2. Special time with the caregiver
3. Behaviour management strategies
4. Relationship with caregiver

The themes which emerged from the collected data will be presented in the next section.

### **Themes of perceptions of interactions with caregiver**

In South Africa, it may be difficult for caregivers to find time to spend with the children in their care, due to the high numbers of children in CYCCs (UNICEF, 2010). In order to investigate how children in CYCCs perceive their interactions (if any) with their caregivers, the researcher explored various types of interactions in CYCCs between caregiver and child. Information about these shared interactions was gained from short discussions with caregivers from the associated CYCCs. Activities with caregivers included any segment of time that the caregiver and child may have spent together, either alone or in a group setting. Themes of daily

activities that arose were daily activities with the caregiver, special time with the caregiver and behaviour management strategies (BMS) that the caregiver used.

*Theme 1: Daily activities with the caregiver.* The participants expressed their positive perceptions of time spent with the caregiver while the caregiver assisted them with daily tasks or just spending time together over the weekend:

*Participant 5: "...Ouma help my met my huiswerk, sy help my, sy help my mamma en ons, want ons terug na mamma toe sal gaan, en verder, sy is 'n oulike Ouma."*  
*[...Granny helps me with my homework, she helps me and my mother because we will go back to my mother, and further, she is a sweet Granny.]*

*Participant 9: "...ons sit by die tafel en eet saam, ons hou vergaderings saam...Ouma en Oupa swem partykeer saam met ons."**[...we sit together at the table and eat together, we have meetings together...Granny and Grandpa sometimes swim with us.]*

These CYCCs operate as a family-like structure (with permanent live-in caregivers playing a parenting role) (Gibbons, 2007). The responses from children confirm that they perceive their interactions with caregivers as family-like and see caregivers as parents because they refer to their caregivers as "granny and grandpa or aunty". The parental role correlates with international studies, which have noted that family-like relationships were experienced in CYCCs (Kendrick, 2013; Raj and Raval, 2013). In this study, the caregivers reflected their parenting role through interactions with the children during daily activities such as homework and meal preparation, but they were also present during recreational activities. Sometimes, the caregivers in the CYCCs interacted as parents in a supervising role; at other times, they interacted on an interpersonal level by actively taking part in play activities such as swimming with the children. In this way, the caregivers attempted to meet the needs of the children through a variety of relevant roles and support in a holistic way (Vander Ven, 2008). The provision of positive caring interactions is extremely important as those interactions create a sense of safety (Smith and Doran, 2013) and assist in the healthy development of children (Van Schalkwyk and Wissing, 2010). It was clear from the data that the participants valued these parenting interactions and the activities shared between caregiver and child as they promoted

family-like relationships. South African literature has found that ‘a family type structure’ of CYCCs is beneficial to children (Meintjes et al., 2007). Caregiver-child interactions that promote family-like relationships have been found to be important in encouraging caregiver-child bonding and the feeling of belonging amongst children in CYCCs (Houston’s, 2011; Punch and McIntosh, 2014). Children in CYCCs may have developed a positive perception of caregiver-child relations by perceiving caregiver-child interactions as family-like relationships.

Thus, literature on the importance of the interaction of the caregiver with the child, as well as the influence of their environment, correlates with Bronfenbrenner’s’ theory of the influence of the environment upon an individual. Interactions between caregiver and child may have an impact on the caregiver-child relationship and the subsequent perceptions of the relationship. For example, it was found that family-like relationships and caregiver-child bonding did exist in CYCCs, especially in small family-like structured CYCCs (Meintjes et al., 2007). Bronfenbrenner asserted that an individual does not live in a vacuum – the environment has an impact on them. However, an individual can sometimes play a role in how the environment influences them. This could be evident in how the individual responds to the environment (for example the reciprocal nature of the relationship between a child and its caregiver in a CYCC). As such, a caregiver’s interaction with the child(ren) can influence the caregiver-child relationship. Special time spent with a caregiver is something that children may frequently find important, as shown below.

*Theme 2: Special time with the caregiver.* Participants expressed their perceptions of interactions with their caregiver as time they most enjoyed spending with their caregiver. The following statements shed light on this aspect:

*Participant 7: “...ons kyk T.V., ons eet saam, praat aan tafel saam...Ek hou daarvan as die Tannie grappies maak, want sy noem my ‘musikant’.”[...we watch T.V., we eat together, we talk at the table together...I enjoy it when the Aunty makes jokes, because she calls me musician.]*

One participant explained that their ‘special time’ spent with the caregiver was when they spent time alone (‘alone time’) talking to each other in the kitchen, in the office and on an excursion to the seaside.

*Participant 4: "... wanneer ons saam met Ouma see toe kon gegaan het...en ook partykeer hierso in die kantoor of in die kombuis." [...when we were able to go with Granny to the sea... and also sometimes here in the office or in the kitchen.]*

Another participant also admitted enjoying helping the caregiver.

*Participant 1: "Om die Tannie te help is lekker." [ To help the Auntie is nice.]*

These interaction activities between caregiver and child indicate that both individual and group activities between caregiver and child may produce favourable perceptions of shared time together by perceiving the interactions as positive. Caring and positive interactions such as spending "time" between caregiver and child, are especially important to encourage positive relationships. Additionally, caring interactions with children in care have proved to promote children's trust, reflectiveness, self-esteem, autonomy and family membership (Schofield and Beek, 2005). Children may find time alone with their caregiver especially favourable, because of the opportunity to bond with their caregiver and thus developing trust (Schofield and Beek, 2005). Thus, 'alone time' can be considered a significant caring interaction, which seems to stand out as significant to the children, resulting in a positive perception of caregiver-child interaction. For example, one child excitedly reported that she had received a surprise gift from her caregiver which had made her feel special. Other children perceived their interaction with their caregiver as positive as they reported feeling loved by their caregiver, which makes it evident that these children had developed significant relationships with their caregiver through caring and supportive interaction.

International reports of positive caregiver-child interactions or relationships in CYCCs (also known as sensitive and responsive caregiving) (Gallagher and Green, 2012; Kendrick, 2013) have found such relationships to be of great benefit to children's development and overall healthy functioning (Van Schalkwyk and Wissing, 2010; WHO, 2004), with significant improvement in behaviour as a result (Housten, 2011; Rajendran, 2008; Schofield and Beek, 2005). The proposed benefit of improved healthy functioning in children due to positive caregiver-child interactions is important for children in CYCCs, as they often battle with behavioural problems. Thus, if children in CYCCs perceive their caregivers in a favourable

light, they may enjoy a significant family-like relationship with their caregiver, as shown in the study on CYCCs by Meintjes et al. (2007), but they could also learn to behave appropriately and develop optimally, as suggested by Schofield and Beek (2005). Although learning to behave appropriately can be ascribed to supportive caregiving, it may also be the result of the developmental age of the child in care. For example, children may be demonstrating improved behaviour as they become competent or 'Industrious' in this area of their lives, as Erikson's developmental theory proposes. However, an improvement in behaviour may also be due to positive perceptions of the child in care owing to the child's feelings of affection for the caregiver, as shown next.

*Theme 3: Behavioural management strategies.* As part of the theme on perceptions, the researcher questioned the participants on how the caregiver managed or guided their behaviour. This management, the researcher calls behaviour management strategies (BMS).

Behaviour management is about teaching and supporting children to regulate their behaviour and its consequences (Department of Education and Children's Services, 2004). Behaviour management includes strategies of behaviour modification through discipline or instruction, in other words, to enforce appropriate behaviour through correction and guidance. Most of the participants expressed their perceptions of BMS that the caregiver in this study used as favourable and positive control (Bastiaanssen, Delsing, Kroes, Engels and Veerman, 2014), even though participants often described the BMS the caregivers used as punishment ("...straf", getting into trouble or getting shouted at ("...raas kry"). The following statements express that participants knew what behaviour was expected of them:

*Participant 1: "...sy gee kolle as ons stout is en as ons goed is gee sy vir ons sterre." [...she gives us dots if we are naughty and stars if we are good.]*

*Participant 7: "...as ek stout is, sit sy my in 'n hoekie of iets." [...if I'm naughty, she will put me in the corner or something.]*

The encouragement of appropriate behaviour is also known as encouraging self-regulation. Self-regulation is the process whereby a person learns to display appropriate behavioural and emotional response to the environment (Florez, 2011). Caregivers can help children towards



self-regulation by modelling appropriate self-regulative emotional and behaviour responses, as well as by meeting the child's needs adequately (Brown, McCauley, Navalta and Saxe, 2013). For example, caregivers should lead by example by displaying positive interaction with others; expressing their feelings appropriately; and taking responsibility for their actions (Headlee, 2015). Also, research has shown that when caregivers intentionally use appropriate interactions aimed at healthy self-regulation, children change their behaviour positively (Bastiaanssen et al., 2014).

Positive or negative control methods have been found to attempt to manage behaviour and teach children self-regulation (Bastiaanssen et al., 2014).

*'Positive control refers to parental behaviour that is directive and characterized by specific attempts at teaching, encouraging and guiding the child's behaviour. It is expected to be positively associated with self-regulation. Negative control... [or] assertive control, consists of ... anger, harshness and criticism and excessive control characterized in particular by physical intervention, and is expected to be negatively associated with self-regulation.'* (Karreman, Van Tuijl, Van Aken and Dekovic, 2006:563).

BMS should be used according to the needs of the child. Positive control behaviour management strategies such as the provision of 'stimulating interventions' should be used when warmth, support and security are needed, while 'structuring interventions' of boundary setting and instructions should be used for behavioural control (Bastiaanssen et al., 2014). The intervention of 'autonomy granting' is an additional interaction promoted more recently, which seeks to encourage the stimulation of independence and decision-making (Bastiaanssen, Kroes, Nijhof, Delsing, Engels and Veerman, 2012). Schofield and Beek (2005) suggested autonomy granting as beneficial in child development. However, each of these interactions are more effective once paired with warm and supportive caregiving interactions by caregivers. The importance of a warm and supportive caregiving environment was shown in better outcomes for children living in residential care in the US (Bastiaanssen et al., 2014).

Positive control is associated with encouraging outcomes for children, whereas negative control is associated with an increase in behavioural problems that children in CYCCs

displayed (Bastiaanssen, 2014; Chamberlain et al., 2008). Likewise, when children perceive a disciplinary technique or intervention as unfair or inappropriate, it is more likely to encourage inappropriate behaviour or dysregulation with increases in problematic child behaviour (Gershoff, Grogan-Kaylor, Lansford, Chang, Zilli, Deater-Deackard and Dodge, 2010). For example, one participant in the study in particular found the BMS in the CYCC to be unfair at times. By believing that he was unfairly treated, this participant then perceived his interaction between himself and his caregiver as negative. Other unfavourable perceptions of BMS by participants included shouting or pulling on the participants' ear (negative control). As such, in this study, positive BMS were perceived more favourably than negative control BMS and negative BMS were reported more by younger participants than older ones. This might lead to the conclusion that age may play a role in BMS. According to Erikson, children aged 7-11 years fit into a developmental stage where intellectual abilities are developing and children need to learn to behave in their environment (Hockfield, 2012). The researcher suspects that younger children are still learning to self-regulate and as a result, caregivers attempt to compensate by using more aggressive methods of control. However, international literature on BMS has found a correlation between negative control or aggressive methods and an increase in problematic child behaviours (Bastiaanssen et al., 2014; Gershoff et al., 2010). An example of behaviour regulation and the reciprocal nature of caregiver and child interaction (Bronfenbrenner's developmental theory; Rosa and Tudge, 2013) is displayed in the following quote:

*Participant 9: "Partykeer, soos as ek nou besig is met (n ander kind) en Ouma sê 'gaan kry dit', en ek weet en ek het gekyk en ek het gaan soek en dis nie daar nie, dan word ons heeltyd terug gestuur en op geskreeu en heeltyd gesê ons praat terug, maar ons weet dis nie daar nie. Dan maak dit ons kwaad en dan sê ons slegte goed. Dan is ons weer die slegte mense."*[Sometimes, like when I'm busy with (another child) and Granny says 'go get that', and I know and I looked and searched but it's not there, then we are sent back continuously and shouted at and told that we talk back but we know it's not there. That makes us angry and then we say bad things. Then we are the bad people again.]

As confirmed in research (Berridge, 2012), BMS as a caregiver-child interaction is not always perceived positively by the child. Thus, in this study, BMS is another caregiver-child

interaction which may cause the child to view it negatively. This is a possibility which the caregiver needs to take into consideration.

*Theme 4: Children's perceptions of their relationship with their caregiver.* The perceptions of the participants' relationships with caregivers are explained by reports of participant feelings as a result of spending time with their caregivers, as opposed to actual time spent together as shown in the above themes. Feelings such as love, thankfulness and enjoyment were expressed to describe caregiver-child relationships by participants and are expressed in the following responses:

*Participant 7: "...Ek is baie lief vir die Tannie want sy doen baie moeite vir ons." [...I love the Auntie very much because she makes such an effort with us.]*

*Participant 3: "...ek is baie bly... ek is baie bly dat ek hier is en ... dankie dat ek haar gekry het... dis 'n baie lekker huisma." [...I am very happy...I am happy that I am here and ...thankful that I got her... she is a very nice housemother.]*

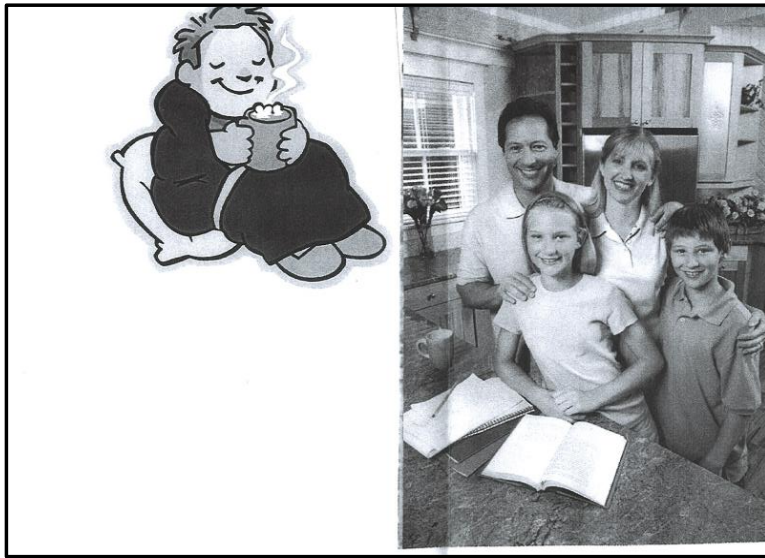
Since interaction was described to the participants as 'how you are with your caregiver, in terms of your relationship', the words relationship and interaction can be interchangeable. Thus, reports of love, thankfulness and a good relationship with their caregiver demonstrate how some children in the study perceived their relationship with their caregiver. Caregivers who provided encouraging interactions such as visibly making an effort to do something for a child, had a constructive impact on the child.

Likewise, in international research, caregivers who were considered to be reliable, dependable and who made themselves readily (emotionally and physically) available have been perceived to have good relationships with the children in their care (Schofield and Beek, 2005; Berridge, 2012). This is an example of Perception Theory as proposed by Gregory, (1970), (McLeod, 2007). These participants have learnt through past experiences of interactions with their caregiver that they may trust and depend on their caregiver, thus shaping a favourable perception of their caregiver-child relationship. On the other hand, Erikson's developmental theory of 'Industry vs. Inferiority' can be used to explain that a constructively perceived

caregiver-child relationship is the result of the child learning to become competent in relating with the caregiver. The child may have learnt to cope and have developed skills to facilitate better relating. The result could be optimistic perceptions of the caregiver-child relationship.

Positive perceptions of caregiver-child interaction or relationships were further displayed by some of the participants choosing the 'happy family picture' as shown in the collage below:

Figure i:



These children reported having a 'good' relationship with their caregiver and often said they were happy in the CYCC.

## CONCLUSIONS AND RECOMMENDATIONS

The findings provided a picture of the perceptions of a group of children living in CYCCs of their interactions with their caregivers. In this study, it was predominantly found that the children (ages 7-11 years) perceived their relating and interacting with their caregivers as positive. These positive perceptions are possibly associated with exposure to good experiences (cf. perception theory), the developmental age of the children (cf. Eriksons' theory of development) and the reciprocal nature of affirmative and caring interactions between caregiver and child that have been fostered over time (Bronfenbrenner's theory - third phase).

In the reciprocal nature of caregiver-child relationships, children in care enjoy spending the majority of their time with their caregivers, especially when alone together or made to feel special. These children's perceptions have been moulded through interaction with their caregivers. For example, caregivers providing a parental figure, resulted in children feeling supported, cared for and like being part of a family. Understanding that interactions mould perceptions, may encourage caregivers to reflect and work towards better relating and interactions with children in their care.

In summary, recommended focus areas for caregivers and professionals in contact with children in CYCCs include emphasising positive relationships with children through enjoyable activities; maximising exposure to quality time and intentional positive relational functioning; providing a warm and supportive environment; and the use of positive control as BMS to work deliberately towards higher levels of interconnectedness. Such interconnectedness may lead to children in CYCCs being heard and their needs being met.

Recommendations for future research would be to investigate the caregivers' perceptions of the child-caregiver relationship, with specific reference to a variety of cultures and geographic areas in South Africa.

Possible research limitations during data collection in this study include the hesitation of older participants to participate in role-play exercises and the lack of vocabulary by younger participants to express themselves adequately. Additionally, all of the participants were

Afrikaans-speaking, which inevitably resulted in data not satisfactorily representing perceptions of the various South African cultures and languages.

Ultimately, millions of South African children are exposed to CYCCs as alternative homes or living arrangements, but the essence of the ideal relationship with the caregiver was voiced so tellingly by one participant: he asserted that he *feels loved*. For this one child the caregiver's loving-kindness – experienced during ordinary daily activities – makes all the difference in the world.

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## **APPENDIX 1**

### **AUTHOR'S DECLARATION OF ORIGINALITY**

I hereby certify that I am the sole author of this article and that no part of it has been published or submitted for publication elsewhere. I certify that, to the best of my knowledge, my dissertation does not infringe upon anyone's copyright nor violate any proprietary rights and that any ideas, techniques, quotations, or any other material from the work of other people included in my dissertation, published or otherwise, are fully acknowledged in accordance with the standard referencing practices.

### **LANGUAGE EDITOR'S CONFIRMATION, SIGNATURE AND CONTACT DETAILS**

I, Aartia Joubert, accredited member of the South African Translators' Institute, hereby confirm that I have edited the thesis *Child and Youth Care Centres: Children's perceptions of caregiver interaction* by Claire Heathcote for language and technical correctness.

Signature: 

Date: 22 April 2015

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## **SECTION C**

### **SECTION C**

#### **SUMMARY, REFLECTIONS AND RECOMMENDATIONS**

##### **1. SUMMARY**

###### **1.1 INTRODUCTION**

The previous sections described the orientation, findings and discussions of this research study. This section provides a summary of the research conducted, together with a discussion of the findings. Recommendations are also made for possible future research, and possible limitations of the current study are reflected on.

###### **1.2 SUMMARY OF THE RESEARCH PROBLEM**

The focus of the study was to explore how children perceive their interaction with caregivers in Child and Youth Care Centres, in order to offer an in-depth understanding of the phenomenon. The key role of children's relationship with their caregivers in CYCCs (how they interact with and relate to them) was looked at. The many challenges concerning this relationship necessitated the research. These challenges comprise a gap between South African legislative guidelines on the fulfilment of children's needs and the everyday realisation of these rights in practice, with specific reference to children's relationships with their caregivers in a CYCC context. In other words, the research problem was formulated in light of the inconsistencies between legislation and practice.

Moreover, it was shown that children's needs are more likely to be met through responsive and sensitive caregiving practices (WHO, 2004:1) than through harsher methods. If caregivers were intentionally aware of the impact of their behaviour on the children in their care, informed and better decisions about caregiving practices may be made. The researcher was driven by the hope that the exploration of this problem may reveal valuable data about this issue.

The research question was presented as *“How do children perceive their interactions with their caregivers in Child and Youth Care Centres?”* The study aimed at generating information about how children perceive their interactions with caregivers in three CYCCs in the Vaal Triangle, South of Johannesburg, South Africa.

### **1.3 SUMMARY OF THE RESEARCH PROCEDURE**

The researcher used a qualitative research method. Semi-structured interviews were conducted and included a collage-making exercise and some role-play discussion. Semi-structured interviews were used to afford the opportunity to gain a detailed picture of the participants' perceptions (Greeff, 2011:352). The semi-structured interviews consisted of open-ended questions, which were often repeated or rephrased for clarification purposes. As children may find it difficult to express themselves verbally due to developmental factors, the researcher chose to use a role-play discussion and a collage-making exercise as additional sources of data collection of the participants' perceptions. A collage is known to represent a visual expression of perceptions, knowledge and relationships (Butler-Kisber & Poldma, 2010:2). Discussion of the end product of the collage concluded the interview in order to clarify what the participant was attempting to portray visually.

Creswell's analytical spiral (De Vos, Strydom, Fouché & Delport, 2011:403) and thematic analysis by Braun and Clarke (2006:77-101) were used to analyse the data into meaningful information. Once the researcher had become familiar with the data, the data was prepared, managed, organised into codes and themes, which were then reviewed, named and presented in a report. By approaching the data without a theoretically informed coding frame, the thematic analysis was inductive in nature (Willig, 2013:61). Processing the data in this way, the researcher attempted to adhere to Lincoln and Guba's (1999) proposed constructs of credibility, transferability, dependability and confirmability to inform trustworthiness of the research (Schurink, Fouché & De Vos, 2011:419-421).

### **1.4 SUMMARY OF THE FINDINGS**

The research provided a picture of the perceptions of children living in CYCCs about their interactions with their caregivers. Despite the mixed results obtained from international studies,

in this study, findings indicate that children in alternative care, namely CYCCs, do perceive the interaction with caregivers mostly in a positive way. A common concept between the international research and this study points towards encouraging interactions between the caregiver and child. The main themes identified in this study include “perceptions of interactions with caregiver” and “relationship with caregiver”.

The theme, “perceptions of interactions with caregiver” held three sub-themes, namely “daily activities with caregiver”, “special time with the caregiver” and “behaviour management strategies”. Daily activities with the caregiver specifically focused on daily interactions between child and caregiver. A few examples the children gave were watching television or being helped with homework. Under this sub-theme, the children reported perceiving their caregivers in a parental role, and often perceiving this relating and interacting favourably. Favourable perceptions of interacting between caregiver and child were also highlighted under the sub-theme “special time with the caregiver”. “Special time with the caregiver” included a variety of interactions, from group activities such as parties to one-on-one interactions between caregiver and child. On each occasion, the child perceived the interaction to be positive, indicative of a supportive and caring relationship between the child and caregiver. The sub-theme “behaviour management strategies” (BMS) indicated that children in this study are exposed to emotional and/or behavioural regulation through interaction with their caregiver; but in most cases these interactions were, once again, perceived favourably. These perceptions of BMS were directly linked to interacting that supported and guided the children towards healthy self-regulation through structured, stimulating and autonomy granting opportunities. In this way, the children were supported while learning to behave, which may have encouraged their positive perceptions of caregiver-child interaction. “Relationship with caregiver” was the second theme to emerge from the data.

The “relationship with caregiver” theme is directly linked to caregiver-child interacting, as in this study, the term interacting was also used to describe relationship or relating. Like literature found internationally, the positive interactions and relationships reported during this study were associated with caring interactions and affection provided by caregivers, indicating once again the importance of caring interactions and the possible impact of interaction on developing perceptions. Negative relationships and unfavourable caregiver-child interactions were found in some international studies. However, the investigation of possible controlling or negative



behaviour in this study, such as discipline or Behaviour Management Strategies (BMS) from caregivers, did not seem to give a negative perspective to the impressive perceptions of the children regarding their interaction with their caregivers. This could possibly be ascribed to their developmental age.

According to developmental theory, the children in this study – aged 7 to 11 years – fall into what Erikson believed is a phase during which children learn to become competent in their environment (Hockfield, 2012:170). This indicated a developmental need children of this age experienced in order to become competent and industrious in all areas of their lives, including that of their relationships. Additionally, Bronfenbrenner's theory of the reciprocal nature of relationships attempts to explain the reciprocal nature of caring interactions between relating individuals (Rosa & Tudge, 2013:243). In the research under review, the findings indicate that the children perceived their relating with caregivers as reciprocal, where they felt supported and cared for, be it from a parental perspective, through learning and discipline, or through special relating.

In identifying the “activities with caregiver” theme, participants perceived interactions with caregivers as family-like interactions and often reported caregivers behaving in a parent-like fashion. The CYCCs in this study create a family-like environment by using a family-like structure in the centres which, according to local and international research, does help foster kinship and close relationships. Family-like relationships and interactions have been found to increase bonding and feelings of belonging in children in CYCCs (Houston, 2011:125; Punch & McIntosh, 2014:81), indicating the importance of creating a family-like environment with personal interactions between caregiver and child taking place in CYCCs. Notably, children reported especially enjoying time spent alone with their caregiver. In literature, it is reported that time spent with a caregiver allows for sensitive and responsive interactions to occur, where the fostering of trust may take place (Schofield & Beek, 2005:10). The fostering of favourable interactions and relationship between caregiver and child has also been documented to benefit the child's overall healthy development, functioning and behaviour (Schofield & Beek, 2005:3; Van Schalkwyk & Wissing, 2010:58; WHO, 2004:1). It is thus clear that time spent between child and caregiver as in the study was perceived as favourable and should be strongly encouraged in CYCCs. Positive perceptions of the caregiver-child relationship were also found.

Positive perceptions of love, gratitude and enjoying their relationship with their caregiver were some of the perceptions that children in this study reported. Often, the display of affection towards their caregiver was easily conveyed through the collage-making process, where children chose pictures of a happy family, or happy individuals, when visually describing their relationship with their caregiver. Similarly, Schofield and Beek (2005:10) found that caregivers who made themselves emotionally and physically available to the children in their care, succeeded in creating improved relationships between them and the children in their care in CYCCs. Similarly, it has been found that such supportive environments can encourage improved relating and behaviour.

A supportive environment (known as positive control) during BMS as an interaction can positively encourage self-regulation in children. In an environment lacking these characteristics, the control is negative. Examples of positive control, according to the researcher, include interventions that encourage learning, growth through learning, the setting of boundaries and the provision of opportunities for displaying responsibility. Negative control, on the other hand, includes interactions that are characterised by excessive control, physical intervention, anger and harshness (Karraman, van Tuijl, van Aken & Dekovic, 2006:563). BMS attempt to teach and support children in their behaviour and emotional regulation as well as the resultant consequences of the attempts. In this study, children mostly perceived BMS as positive control, where mostly structured interventions were used to encourage self-regulation. BMS can be best used to meet the needs of the child. However, BMS is sometimes perceived unfavourably. As a result, a specific participant perceived BMS to be unfair, resulting in a negatively perceived interaction of this encounter by the child. Younger participants reported two other cases of unfavourable BMS.

## **2 IMPLICATIONS OF THE FINDINGS**

By acknowledging the findings, the intentional efforts to provide positive relational functioning as described in this study promote healthy interaction with long-term results for children residing in CYCCs. For example, children exposed to family-like caring interactions may develop a sense of belonging, which not only allows the child to bond with the caregiver but also to learn to trust. With a new sense of trust, a child can feel empowered to take risks outside the relative safety of the CYCC – risks such as forming new relationships and even attempting

achievement in other areas such as being successful at school. Ultimately, caring interactions provide a space where children can be supported emotionally and physically and, as such, their needs can be met efficiently in a safe environment. Once these needs are met, greater possibilities open up and the child may strive towards healthy functioning and look forward to a bright future.

Children aged 7 to 11 years, for example, are in the phase of learning to become competent in their environments (Hockfield, 2012:170). This developmental milestone implies that younger children are exposed to more learning experiences or may need more opportunities to learn about self-regulation. As such, in this study, younger children did perceive that they were exposed to more BMS than their older housemates. Perhaps, because younger participants needed more help with homework or were in trouble more than older children in the CYCCs, competence in self-regulation is an important factor of which caregivers should take note when considering the implementation of BMS.

Children in this study perceived methods of BMS more favourable when interactions of control were based on positive control methods such as the use of reward charts or the encouragement of good behaviour. In other words, when children were sufficiently guided and taught in a warm and supportive manner to self-regulate, they perceived this as better than through aggressive means of control. This implies that positive control is a better method to use to teach emotional and behavioural regulation. Literature on the use of negative control admits to the inefficiency of negative or aggressive control strategies towards child self-regulation (Bastiaanssen, Delsing, Kroes, Engels & Veerman, 2014:48). Caregivers thus have to consider the needs of the children in their care closely and use BMS wisely. From the literature studied it is clear that negative control methods are ineffective. The improved healthy functioning and efficient self-regulation resulting from positive BMS are much more important.

Throughout the study, perceptions have been emphasised. Also perceptions are influenced by past experiences/interactions. For example, how a child in a CYCC perceives their interaction with their caregiver cannot be fully separated from the influence of that child's lived experiences in the past. However, perceptions are also influenced by the present, and these experiences offer alternatives and solutions to negative past experiences and interactions. By experiencing a present that affords a warm and supporting environment such as one with caring

interactions, a child may learn that it is possible to have a parent which allows needs to be met and teaches healthy regulation. This study points towards caring interactions as aiding the caregiver to build better relationships with the children in their care. These same caring interactions then allow children to form favourable perceptions of interacting with their caregivers. Finally, understanding not only how a caregiver is perceived, but also how caregivers provide interactions with children in their care are both crucial, not only in improving these relationships, but also in providing long-term benefits to children being cared for.

### **3. REFLECTIONS**

As a counsellor working with children in CYCCs, the researcher was confronted consistently with the relationship and interaction between caregiver and child. The researcher recognised the importance of the reciprocal nature of the caregiver-child relationship and the interacting that is part and parcel of it. This issue brought the researcher to question how children in CYCCs perceive their caregivers

An initial literature review identified, both locally and internationally, limited reports on the research question. According to literature, children in alternative care have rarely been given the opportunity to voice their opinions. There is also limited literature about children in alternative care in South Africa. In addition, the researcher identified that although South African legislation supports and guides caregivers as well as children in need of alternative care, the reality is that the alternative care system is under immense pressure. That may play a role in the care that children in alternative care possibly may or may not receive. Thus, the researcher identified the importance of allowing children in alternative care a voice, which may contribute to future research.

Because the study focused on children, the researcher was very aware of staying within ethical guidelines, especially as children in CYCCs are considered to be a vulnerable population. The highest priority was given to avoiding harming participants. Questioning was kept short and unemotional, for example. The use of the collage was also a helpful tool in keeping the child focused on the task as well as providing a concrete activity the child could enjoy. The researcher found that data collection and analysis were made easier by recording the interviews

on a dictaphone. In the opinion of the researcher, no participant was in need of additional debriefing or counselling after interviews had taken place.

#### **4. RECOMMENDATIONS**

This study identified a large gap in terms of literature on children in CYCCs, especially in South Africa. More so, literature was found to be limited about relationships between children and caregivers and about children's perceptions in general. Although the researcher attempted to bridge these knowledge gaps by exploring child perceptions of interaction with caregivers in CYCCs, additional research and literature are needed not only on the children in CYCCs South Africa but also on the CYCCs themselves. For example, more research on diverse CYCCs in South Africa, and the exploration of perceptions of children from a variety of backgrounds, cultures and languages, may provide rich research results. Furthermore, as this study did not take into account the perceptions of caregivers in CYCCs or the relational strengths and skills of caregivers, additional research to expand on these concepts may also be beneficial.

Role plays were a useful exercise but some participants may not be comfortable with this type of research tool, thus it is recommended to use role plays at the beginning of interviews as a fun activity to serve as an "ice-breaker".

Additionally, as a way forward, the researcher recommends that caregivers and professionals in contact with children in CYCCs should use this study to strive towards the use of caring interactions in order to encourage the development of positive caregiver-child relationships and healthy overall functioning and development of the children in CYCCs. Moreover, research on any related areas that give children in alternative care a voice will be meaningful in this regard.

## **5. LIMITATIONS**

The study was limited owing to a small sample size. Therefore, generalisation is not possible. However, valuable information was gathered about children's perceptions of their interaction with caregivers in a CYCC context. While the qualitative research techniques are appreciated, role-plays may not be successful with all participants during data collection; this may have limited the data collection process. In addition, this study did not take the perceptions of children of different nationalities or geographical proximities of South Africa into account, which may yield similar or different results.

## **6. FINAL COMMENTS**

Mere legislation to provide South African children in CYCCs with human rights does not equal sufficient care and positive functioning. The key role of healthy relational functioning was clearly illustrated in the study. By affording children in CYCCs the opportunity to voice their perceptions about their interactions with their caregivers, we obtain a better understanding of whether their needs are being met, and, if not, how to fulfil their needs more effectively. It is a comforting revelation to the researcher that the current findings indicate that the participants of this study were sufficiently supported, as demonstrated by the positive perceptions they held of their interactions and relationships with their caregivers.

Although children in CYCCs come from a difficult past, positive present perceptions of relational experiences can enable them to conquer their past and to master present and future obstacles and challenges.

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## SECTION D

### APPENDIX 2

#### INTERVIEW GUIDE 1

- What are the types of activities and things you do with your caregiver?  
*(Wat se tipe aktiwiteite doen jy saam met die huisouers?)*
- What are the things that your caregiver helps you with and how do they help you.  
What do they usually say when they are helping you?  
*(Waarmee help die Tannie hierso jou, en wat doen sy, en wat sê sy?)*
- What do you enjoy doing together with your caregiver?  
*(Wat geniet jy om saam te doen met die Tannie hierso?)*
- If you have done something naughty, what does your caregiver do or say?  
*(As jy stout is, of raas kry, wat doen of sê die Tannie vir jou?)*
- What are your favourite times that you spend with your caregiver?  
*(Wat is jou gunstelingetye wat jy al saam met die Tannie-hulle spandeer het?)*
- Let us act out a scene of how you interact with your house parents/caregivers, when you are naughty.  
*(Kan jy vir my wys hoe die Tannie is, wat doen sy of sê sy as jy stout is?)*
- Please use the pictures to make a collage of what happens between you and your house parents/caregivers when you interact with them. What is your interaction like?  
What is your relationship like?  
*(Maak asseblief 'n prentjie van jou interaksie met die Tannie hierso. Dit is hoe jy is saam met haar, jou verhouding saam. Jy kan die prentjies hierso gebruik.)*

## APPENDIX 3

### INTERVIEW TRANSCRIPTION 1

Participant 1

Age 9

Researcher: 'R'

Participant: 'P'

Pseudonyms have been replaced with \*\*\*\*.

Task explained: make a collage picture and answer a few questions.

- R: "Daars net een reël nè, die prentjie - die titel waarom dit gaan; is oor jou en die huismoeder hierso. Ok, so dit gaan oor julle. So jy moet 'n prentjie maak van... ons noem dit interaksie so dit is basies soos julle, hoe julle met mekaar praat hoe is julle met mekaar, en julle verhouding saam, dit is basies wat dit beteken. En as daar nie 'n prentjie is wat jy dink pas nie, dan kan jy dit self teken."
- P1: "Ek wil hierdie twee." (Participant chooses two pictures from the cut-outs provided by the researcher).
- R: "Ok, ja jy kan dit uitknip. Ek is jammer my skêr is bietjie groot. Ek moet ook vir jou verduidelik dat waarom ons praat nou en jou prentjie is heeltemal tussen my en jou en dit het niks te doen met 'uMephi' (the Child and Youth Care Centre) nie, niks te doen met die skool nie, niks... ek gaan hierdie werk vir my self hou, so jy hoef nie geworried te wees oor wie gaan dit sien nie."
- P1: "Kan ek hierdie uitmekaar uithaal?"
- R: "Ja jy kan. Dit is reg, dit is jou prentjies. Jy kan dit saam vat as jy wil, maar ek gaan hierdie prentjie hou wat jy nou gaan maak."
- P1: "Mmm."
- R: "Hoe oud is jy?"
- P1: "Nege."
- R: "Nege, watse graad is jy?"
- P1: "Graad 3."
- R: "Garad 3."
- P1: "Ek moes in graad 4 wees."
- R: "Maak nie saak nie, maak dit saak?"

P1: “Ek was in graad R toe weer in graad R, en toe kom ek in graad 1 en dan graad 2 en toe kom ek graad 3 toe.”

R: “Goed.”

P1: “Nee toe gaan ek graad 2 toe, ... toe gaan ek na graad 3 toe.”

R: “Ok, is jy in ’n nuwe skool? Hoe lank is jy in die skool?”

P1: “Toe die skool oopgemaak is.”

R: “Hierdie jaar?”

P1: “Die jaar omtrent begin het.”

R: “Hoe lank is jy in hierdie huis?”

P1: “Omtrent so vier jaar.”

R: “Ok, so ’n hele rukkie. So jy kan die prentjies ook uitknip, dit is jou besluit.  
En sê vir my, het jy boeties of sussies wat hier saam met jou bly?”

P1: “Ja, \*\*\*\*, die een wat daar gesit het.”

R: “Jou boetie?”

P1: “Ja.”

R: “Is hy in dieselfde skool as jy?”

P1: “Mm mm (No), hy is in \*\*\*\*.”

R: “En hy is net so lank saam met jou hierso?”

P1: “My sussie was ook saam in ’n ander kinderskool en my boetie.”

R: “Mm Ok, ... so watse tipe aktiwiteite of dinge doen julle saam met die huisouers? Soos in jou dag, in jou normale dag wat aangaan?”

P1: “Ons praat maar net saam”.

R: “Praat saam, en eet julle saam?”

P1: “Ja.”

R: “En wat ... (new children get to the home and the girl explains who they are)

P1: “Ons kry ’n nuwe meisiekind ook, ons weet nie wanneer nie.”

R: “Hoe oud is sy?”

P1: “Weet nie.”

R: “Weet nie.”

P1: “Want Estelle is uit.”

R: “Ok, as jy nou tyd saam met \*\*\*\*\* (the caregivers name), as jy tyd saam met haar spandeer, kan jy ’n tyd onthou wanneer jy baie lekker dinge gedoen het soos iets gedoen, iewers gegaan, soos ’n gunstelingtyd wat jy saam spandeer het?”

P1: “Ons het op my verjaarsdag en op haar verjaarsdag uit gaan eet.”

R: “Ok. Laas jaar?”

P1: “Ja op \*\*\* (date).”

R: “\*\*\*\*\* (date).”

P1: “Ek verjaar \*\*\*\* (date) en Estelle verjaar die \*\*\*\* (date) eintlik maar ons het saam gegaan.”

R: “Waar het jy gegaan?”

P1: “By \*\*\*\* (place).”

R: “\*\*\*\*\* (place), en dit was vir jou lekker?”

P1: “En, toe ons Mall toe gegaan het, het ek en \*\*\*\* (another child) gaan uiteet by \*\*\*\* (another place).”

R: “O Ok. En as \*\*\*\* (caregiver) jou help in die dag, waarmee help sy jou?”

P1: “Met my huiswerk.”

R: “Jou huiswerk, en as julle tyd saam spandeer, wat is jou gunstelingdinge om saam te doen?”

P1: “Um.. ek weet nie.”

R: “Maak nie saak nie. Dit is ok.”

P1: “Wat is dié?” (looks at a picture but the question is rhetorical).

R: “So eet julle gereeld uit?”

P1: “Mm mm(no) ek het maar net twee keer saam met hierdie tannie, nee net eenkeer uitgegaan.”

R: “Alleen uitgegaan?”

P1: “Nee.”

R: “Gaan jy gereeld saam met die ander kinders uit eet?”

P1: “Mm mm(nee).”

R: “Nie.”

P1: “Ons het toe die ander huisma hier was.”

R: “Mmm, en wanneer was sy hierso?”

P1: “Lank terug hierso.”

R: “So \*\*\*\* (caregiver) werk hierso vir omtrent hoe lank? Jy’s nou hier vir vier jaar..?”

P1: “Tot sy moeg is.”

R: “Ja ek bedoel wanneer het sy gekom? Want jy is hier vir so vier jaar, so was dit dieselfde tyd?”

P1: “Mm mm(no), dit was n rukkie na my, \*\*\*\* (names another child) was so ’n rukkie na my en dit was ’n rukkie na hom.”

R: “So jy ken die Tannie redelik goed?”

P1: “Ja.”

R: “En um, hoe is julle verhouding?”

P1: “Dit is baie goed.”

R: “Ek bedoel soos almal het hulle ups en downs, so dit is eintlik normaal.”

P1: “Mm (Ja). Dit was lekker vandag by die skool.”

R: “Wat was lekker?”

P1: “My maatjies, ons het gespeel heeltyd dis al, en ons het baie lekker werk gedoen.”

R: “Is dit nuwe maatjies?”

P1: “Ja sy het so rukkie na my in hierdie skool gekom, ja so een dag of twee dae.”

R: “So geniet jy skool?”

P1: “Ja.”

R: “Wat is jou gunstelingding by die skool?”

P1: “Dat ons kan gaan pouse hou.”

R: “Dan kan julle gaan speel nè?”

P1: “Ja.”

R: “So is jy nou die jongste in hierdie huis?”

P1: “Ja.”

R: “Ok, en jy sê daar kom nog ’n dogtertjie, is jy die enigste dogtertjie op die oomblik?”

P1: “Mm mm(no), daar is al klaar ’n dogtertjie op die oomblik, haar naam is \*\*\*\*. Sy is groot al, so ja. Die tannie ry nou om \*\*\*\* en \*\*\*\* te gaan haal by hulle busstop.

R: “Sjoe.”

P1: “Hulle busstop is omtrent daar by \*\*\*\*(place) in die middag wanneer hulle terugkom.”

R: “Ok.”

P1: “My skool is ver,”

R: “Ver? Waar’s jou skool?”

P1: “Hierdie skool hier naby, ek was in daai skool, nou is ek in ’n ander skool.”

R: “Hoekom?”

P1: “Nee want ek werk te stadig.”

R: “Ok, dink jy so of het hulle net so gesê?”

P1: “Hulle sê so.”

R: “Hulle sê so. So waar gaan jy nou?”

P1: “Ek’s nou by \*\*\*\* (names school)..

R: “Is jy bly jy het geskuif?”

P1: “Nee, ek het baie maatjies hierso.”

R: “Aah.”

P1: “Maar daai een wat ek nou het nè, sy kom van dieselfde skool af, so ons ken eintlik mekaar en ons sit langs mekaar.”

R: “Ok.”

P1: “In die klas, sy was ook in ’n ander graad 2 klas.”

R: “As jy nou stout is nè, wat sê \*\*\*\*(caregiver)? Wat sê sy vir jou?”

P1: “Sy gee vir ons kolle en partykeer stuur sy jou kamer toe.”

R: “Sy gee jou wat? Kolle wat is dit?”

P1: “Sy vat ’n papier nè, so ’n klomp papiere nè, sy het ses kinders so sy het ses maar sy het ’n klomp van dit, en sy gee elkeen ’n naam en so en wat ons moet daarop hê en so en sy gee kolle as ons stout is en as ons goed is gee sy vir ons sterre.”

R: “O, ek verstaan, ek verstaan. En as sy ietsie vir jou sê, wat sê sy vir jou? Spring sy op en af of sê sy net vir jou? Want verskillende mense is verskillend. Want party mense sal op en af spring en raas en skreeu en ander mense sal kalm bly en praat of hulle sal sê gaan kamer toe, ons sal later praat. Almal is verskillend, wat sê sy, wat doen sy?”

P1: “Sy praat eenkeer dan die tweede keer jaag sy jou kamer toe.”

R: “Ok, en wat sê jy?”

P1: “Ek gaan maar kamer toe.”

R: “So jy praat nie terug nie?”

P1: “Nee, \*\*\*\*(names another child), hy jok ook so baie, hy’s die enigste een wat so baie jok.”

R: "Ok.

P1: "Daar is net so twee kinders wat so stout is."

R: "Is jy een van hulle?"

P1: "Nee, die \*\*\*\* en \*\*\*\*."

R: "Ok, so hulle kry die meeste van die raas?"

P1: "Ja."

R: "Hierdie lyne is maar ietsie anders nè en hierdie groot skêr help nie veel nie nè (talking about the participant battling to cut out the pictures). As \*\*\*\*(caregiver) jou help met jou huiswerk, wat sê sy?"

P1: "Sy sê maar wat ek moet doen en ja."

R: "En sit sy saam met jou, of doen sy iets anders terwyl sy jou help?"

P1: "Sy wys my net en dan staan sy en maak sy iets om te drink, soos koffie. Tannie is baie lief vir koffie."

R: "Was jy nou hierso in Desember gewees of was jy weg?"

P1: "Ons was weg."

R: "Was julle weg?"

P1: "Na ander huise toe."

R: "Ok."

P1: "Maar my ma kom kuier amper elke Saterdag of Sondag en dalk kan ek weer na hulle toe gaan op vakansies en naweke, elke naweek gaan ek en vakansies ook."

R: "Maar op die oomblik kuier sy hierso?"

P1: "Ja."

R: "Ok. So wat is jou gunstelingding om hierso te doen by die huis?"

P1: "Mmm, om die tannie te help, is lekker."

R: "En wat doen julle saam?"

P1: "Um ons help om die huis skoon te maak en ek help die bediende, sy is net nie vandag hierso nie."

R: "En het jy maatjies hierso in die huis?"

P1: "Nee nie op die oomblik nie maar ek het een gehad."

R: "Ok."

P1: "Partykeer het ek met haar gespeel, partykeer was ek mislik met haar."

R: "Hoekom was jy mislik met haar?"

P1: “Ek weet nie.”

R: “Net sommer?”

P1: “Ja. Moet ons hierdie plak?”

R: “Ja, anders val die prentjies orals..is jy bang die gom sal orals gaan? Jy kan dit op ’n ander papier doen. Geniet jy dit om kuns te doen by die skool?”

P1: “Ja.”

R: “En wat is jou gunstelingkleur?”

P1: “Kleur? Wit en rooi, en pienk en pers.”

R: “Ok.”

P1: “Was jy al by baie kinderhuise?”

R: “Ja ek het by baie kinderhuise al gewerk.”

P1: “So, is hierdie op die oomblik die laaste ene?”

R: “Ek gaan nog ander kinderhuise ook sien.”

P1: “Was tannie al by \*\*\*\*\*(names another care centre)?

R: “Nog nie.”

P1: “Gaan tannie nog soontoe?”

R: “Ja.”

P1: “Dis tannie \*\*\*\*\*(names caregiver) se plek.”

R: “Ken jy daai huis?”

P1: “Ons was daar al op naweke. Ken tannie \*\*\*\*\*(care centre)?

R: “Ek was al daarso. Hoekom?”

P1: “Ek was ook al daar.”

R: “Was jy ook al daar?”

P1: “Die stoute kind.” (participant refers to another child walking past).

R: “Jy het nou al hierdie prentjies gekies. Nou, wat lyk jy so bekommerd en hulle huil. Hoekom het jy hulle gekies?”

P1: “Weet nie.”

R: “Voel jy partykeer so?”

P1: “Baie.”

R: “Mag ek vra hoekom?”

P1: “Ja, want ek mis my ma-hulle.”



R: "Want jy mis jou ma-hulle. So, hierdie prentjie gaan nie eintlik oor hierdie tannie hierso nie. Dit gaan oor jou?"

P1: "Oor die tannie ook, hierdie huil net, hierdie is by die skool nè."

R: "Ja."

P1: "Dit is die tannie, sy lyk baie kwaad."

- (Interruption of children coming in from school)

P1: "Hierdie een huil ek."

R: "So waar is die tannie in die prentjie?"

P1: "Sy is bekommered, daai is die tannie...die tannie is ook in die kwaai prentjie. Môre het ons atletiek."

R: "Môre, en wat doen jy by die atletiek?"

P1: "Ons hardloop maar rond ons kleintjies, ek hou daarvan om te hardloop."

R: "En geniet jy dit?"

P1: "Ja, ek hou daarvan om te hardloop."

R: "Voel dit goed om vinnig te gaan?"

P1: "Ek is baie vinnig."

R: "Sjoe."

P1: "Ek is hierdie ene – daai's die tannie, daai is ek."

R: "So daar is eintlik baie gevoelens."

P1: "Daai is die tannie, daai is ek, hierso is ek die meeste." (looking through all of the pictures)

R: "Gaan jy al die prentjies gebruik?"

P1: "Mm mm." (no)

R: "Wat wil jy nog plak?"

P1: "Daardie een en daardie een. Daardie een, dis al. Nee net hierdie ene."

R: "Ok, dis jou prentjie?"

P1: "My maatjie in \*\*\*\*(place), sy is ook Engels."

R: "Is sy, so jy verstaan Engels redelik goed?"

P1: "Mm (yes) sy het ook vir my geskenke gebring want ek is nie meer in daai skool nie."

R: "Ok, so julle het weer saam gekuier?"

P1: "Ek praat partykeer Afrikaans en Engels."

(Children come in and interrupt interview to introduce themselves.)

P1: “Hulle twee is die stoutste, daai kleintjie is \*\*\*\* en die ander is \*\*\*\* (names). Die ander een is eintlik \*\*\*\*(name) maar ons noem hom \*\*\*\* (nickname).

R: “\*\*\*\*, oh. Is jy klaar? Kan jy nog iets oor jou prentjie vir my sê? Wat ek nog nie weet nie?”

P1: “Ek wil nog hartjies maak vir ek en die tannie.” (She then draws them in on her picture).

R: “So is jy lief vir die tannie?”

P1: “Mm (Yes)”

R: “So hoe gaan jy voel as jy een dag weer by jou ma-hulle gaan bly? Gaan jy die tannie mis hierso?”

P1: “Ja. Dis lelike hare.”(Attempting to draw hair on her picture).

R: “Nee dit is nie, net anders.”

P1: “Dit is my hare.”

R: “Voor ons gaan - ek wil net iets doen op die gras.” ( Get up and move to the grass next to the table where the interview took place outside.)

#### ROLEPLAY

R: “So ek is nou Lizzy en ek het iets stouts gedoen, wat sê die tannie vir my?”

P1: “Gaan kamer toe, en ... skryf uit, ek skryf baie uit en jy gaan kolle kry.”

(Go back to the table.)

R: “Ok, so nou moet jy net jou naam op jou prentjie skryf. So, wat gaan jy nou doen as ons klaar is?”

P1: “My huiswerk.”

R: “Jou huiswerk, het jy baie huiswerk vandag?”

P1: “Ek het baie spelwoorde.”

R: “Spelwoorde, Engels of Afrikaans?”

P1: “Engels en Afrikaans. My mooiste hartjie.” (talking about the one she drew on her picture.)

R: “Voor jy gaan.. You know noughtsen crosses?”

P1: “Kruisies en sirkeltjies.”

R: “Jy gaan maar eerste... (play game). Jy het gewen. Baie dankie dat jy saam met my 'n taak gedoen het, jy kan die ander prentjies saam vat.”

End interview.

## INTERVIEW TRANSCRIPTION 2

Participant 3

Age 9

Researcher: 'R'

Participant: 'P'

Pseudonyms have been replaced with \*\*\*\*.

Task explained: make a collage picture and answer a few questions.

R: "Die prentjie - wat ek wil hê, wat jy moet maak is... ek wil bietjie meer weet oor jou verhouding saam met die tannie hierso, en ons gaan n bietjie chat daaroor, hoe is jou interaksie met haar, so dit bedoel jou verhouding, hoe praat jy met haar, wat doen julle saam, julle bly saam, julle praat elke dag saam so, dis eintlik waarom my taak gaan. So jy kan maar aangaan."

R: "Wat se graad is jy?"

P3: "Graad 3."

R: "Geniet jy dit?"

P3: "Ja."

R: "Is dit moeilik?"

P3: "Dis nie so moeilik nie."

R: "So sê vir my, wat se goedges doen jy saam met die huis ouers hierso?"

P3: "Speel, en huiswerk saam, en eks gelukkig."

R: "So waarmee hulp sy jou?"

P3: "Met my skool huiswerk."

R: "Met jou skool huiswerk."

P3: "Toe ek klein was."

R: "Toe jy klein was. Hoe lank is jy nou hierso?"

P3: "Um ek dink ek was, drie jaar of twee"

R: "So a hulle rukkies, so jy ken die tannie redelik goed?"

P3: "Ja, ek is darem nie a nuwe kind, dis bietjie lank vir my."

R: "Is dit bietjie lank vir jou?"

P3: "Ja...dis lekker."

R: "Is dit lekker?"

P3: "Ja."

R: "So jys ingesettle en jy ken die tannie?"

P3: "Ja."

R: "En anders, wat nog, kan jy a ginstelling tyd wat jou beste tyd saam was met die tannie hulle hier gewees? Het julle iets saam gedoen?"

P3: "Saam gedoen?"

R: "Mm ja?"

P3: "Mm shoe dit was lank terug, dit was in dié jaar maar, ek kan nie onthou nie."

R: "En wat is lekker om te doen?"

P3: "Ek speel en funny te lag en T.V. te kyk."

R: "En T.V. te kyk, en um, kry jy kans om alleen met die tannie te gesels en so?"

P3: "Ja maar ek doen nooit nie, ek het nie iets om oor te praat nie en so."

R: "Ok, of tyd spandeer. As jy nou soet is of so, wat sê die tannie vir jou?"

P3: "Ons mag swem as ons partykeer soet is en ons kry lekker goedes."

R: "En as jy stout is?"

P3: "Kry ons pak, ons kry nie so baie pak nie."

R: "As jy nou raas kry wat sê die tannie as jy nou die tannie was, en ek (name of child) was, wat sê ek?"

P3: "Ek sal sê; 'Gaan sit in die kammer' en ek so niks vir haar gese het nie."

R: "Wat doen julle hierso nog?"

P3: "Ons swem, en speel... die kinders?"

R: "Ja."

P3: "Daars ook my sissie, sy is in die hoerskool en partykeer speel ek met haar na skool en dis redelik lekker."

R: "Kan jy sê jy is gelukkig hierso?"

P3: "Ja."

R: "Gelukkig met die huis ouers hierso?"

P3: "Ja ek is baie bly."

R: "Baie bly?"

P3: "Ja."

R: "En is jou prentjie die selfde?"

P3: "Ja."

R: "En daars die ma wat lag en die kind wat lag ne?"

P3: "Ja."

R: "Wat is lekker wat julle saam doen?"

P3: "Doen saam?"

R: "Ja."

P3: "Ons speel games saam, ons praat saam ons speel sports saam al dai lekker goed."

R: "Maar nie saam met die tannie?"

P3: "Partykeer speel ons saam partykeer nie."

R: "En waarmee help sy jou hierso?"

P3: "Help sy my?"

R: "Ja."

P3: "Toe ek in graad R was of graad 1 of 2."

R: "Onlangs?"

P3: "Graad 3 hulp sy my nie want ek ken die werk."

R: "Oh wow rerig?"

P3: "Ja, so en toe vra ek haar kan sy my help met dié; dan sê sy ja ek sal jou help. Sê ek dankie toe is sy baie bly. Maar hier en daar is sy kwaad en dan raas sy met ons as ons iets doen; en partykeer raas sy met ons as ons stout is. So dit is lekker. Partykeer bekly ons saam as ons misluk met mekaar is, dis darem nie so baie nie, so dit is nie so erg nie. Daarsy.."

R: "Kan jy bietjie oor jou prentjie vertel?"

P3: "Ok, ek is baie bly date ek hier is en dit bedoel ook dankie date ek haar gekry het want ons het nie plek gehad in die ander huis nie; toe vat ek hierdie huis en dis n baie lekker huisma."

R: "So jys gelukkigag dat dit so uitgewerk né?"

P3: "Ja en hierdie een (pointing to her picture) is dat ek baie bly dat ek n sissie het en n boetie het en n ander boetie het en ek is so bly dat ek n huisouer het en hierdie een (points to another picture) is ek bly dat ek skool kan gaan."

R: "Skool kan gaan... Het jy ook die atletik gister gedoen?"

P3: “Ja.”

R: “Wat het jy alles gedoen?”

P3: “Ek het gehardloop toe kom ek vierde en toe kom ek vyfde and die ander een het ek vyfde weer gekom.”

R: “Het jy net gehardloop?”

P3: “Ek het gehardloop saam met graad vyfs en graad viers.”

R: “Shoo, het jy darem geniet want ek het gehoor dit het gereën die dag voor.”

P3: “Ja , dit het bietjie gedrip toe hou dit op.”

End interview

## APPENDIX 4

**Table 2:**  
**THEMATIC ANALYSIS**

PERCEPTIONS OF INTERACTION WITH CAREGIVER			
DAILY ACTIVITIES	SPECIAL TIME WITH THE CAREGIVER	BEHAVIOUR MANAGEMENT STRATEGIES	RELATIONSHIP WITH CAREGIVER
CAREGIVER HELPS	ONE-ON-ONE	NON AGGRESSIVE STRATEGIES	POSITIVE DESCRIPTIONS
Homework 1,2,3,4,5,6,10,11,12	Talking 6, 10	Reward chart 1	Good 1,3,4,6,10,11 (As seen in pic 3,10)
Packs lunch with child 4	In office 4,7	Takes away rewards 9	Nice 2
Caregiving 5	In kitchen 1,4	Removal from situation 4	Happy 3,7,12
	Helping caregiver 1,8,12	Encourage good behaviour with communication 6	Child is grateful 3
	Love shown 7	Tells them to behave 6	Child is obedient 1
COMMUNICATION	RECREATIONAL		
Talk 7,3	Walking 8	Tells them to sit in the corner 7	
In office 4,9	Family time 6, 11	Tells them to sit in the room 1,3,4,8,11,12	
Alone time 6,10		PSYCHOLOGICALLY AGGRESSIVE DISCIPLINE STRATEGIES	
FOOD		Shouts 5,10	Caregiver seen as strict 9
Eating meals 4,7,9		Hiding 9	
Eat out 5,1			
Cooking 10			
Pack lunches 4			
In kitchen 4			
RECREATIONAL			
Play 3,10			
Swim 5,6,9			
Watch tv 7,3			
Holiday 10			
Go to parties 6			
GENERAL			
Supervises them 6			

**Table 3: Extra information and collage data**

COLLAGE EXPLANATION & NOTES
Usage of 'happy family' picture 7,8,9,10
Usage of 'happy parent & child' picture 1,3,4
Usage of 'sad' pictures 1,2,5
1 Child is unhappy about missing biological parents but loves caregiver too.
2 Child does not want to explain about picture.
3 Child is happy and grateful to have the caregiver.
4 Child is happy in the CYCC and with the caregiver. Child enjoys being alone with caregiver the most.
5 Child feels sad sometimes.
6 Child liked the picture of the 'child drinking a warm drink' and chose the 'homework' picture as he feels he is diligent in his work.
7 Child believes he stays positive in all situations, namely when he's eating, in trouble, fighting or with love.
8 Child depicted his biological family
9 Child chose 'happy family' picture as in general he feels everyone is happy in the CYCC and his relationship with the caregiver is better than previously.
10 Child likes to relax, be happy and do homework activities as a family.
11 Child depicted a happy family and a positive relationship with caregiver.
12 Child explains that the caregivers and children in the house are like family.



## **APPENDIX 5**

### **CONSENT FORM FOR RESEARCH**

#### **NORTH-WEST UNIVERSITY – POTCHEFSTROOM**

#### **CONSENT FORM TO CONDUCT RESEARCH**

Primary school children aged 8 – 11 years living in child and youth care centres within the Vaal Triangle area in 2013, are asked to participate in a research study conducted by Claire Heathcote, MA (Psychology) North West University, towards the fulfilment of MA degree in Psychology.

#### **Title of Research:**

**Children's perceptions of interactions with their caregivers in child and youth care centres.**

#### **Purpose of the study:**

The aim of the research is to explore how children (between the ages of seven and eleven years, living in child and youth care centres in the Vaal Triangle, Gauteng) perceive their interactions with their caregivers.

#### **Procedures:**

Once voluntary participation is accepted by the organisations approached by the researcher, the researcher will then approach the caregivers/ house parents of the residential care centre to ask for their voluntary assistance and to assist in the research process. Caregivers will be asked to inform the children that the researcher will be visiting them. The researcher will visit the home firstly in an informal manner in order to familiarise the children with the researcher. A first individual meeting with the appropriate children involved at participating residential care

centres will then be arranged by the researcher. It is at this meeting that the researcher will be made available to explain the procedure of the research to the children and to answer any questions. It is at this meeting in which children may give their informed consent to participate in the research. Secondly, an arranged voluntary interview with the caregivers will be conducted.

The children who agree to volunteer to participate in this research will be asked to take part in individual interview sessions where one-on-one discussions can take place. Some of the techniques used during the interviews will include collage making and role play. Interviews will take between 30 and 90 minutes to complete. The participants may be asked some questions regarding their experience and views of their interactions with their caregivers. However, this will be done in a highly sensitive and non-intrusive manner. All sessions will be sound-recorded for analytical purposes and as such it will be transcribed and stored in a secure location (at NWU for three years). Only the researcher will have access to the recordings. Any written material that will be used will contain pseudo names in order to keep the identity of the participants safe. Some written material may be shared with the researchers' supervisor from time to time and a final report of the research findings will be submitted to the North West University, however, all identities of residential care centres and participants shall remain anonymous. All sound-recordings shall be destroyed once it is no longer needed for research purposes. Participants may withdraw from the study at any time.

**Potential advantages:**

The main advantage to this study is to contribute to the field of Psychology and Social work and the academia. Secondly, this study may encourage positive insight and awareness of children living in residential care centres perceptions in regards to their interactions.

**Possible disadvantages or dangers:**

Participants will not be exposed to any perceived harmful questioning; however, some questions may elicit difficult or uncomfortable feelings regarding this topic. The researcher will take it upon herself not to unnecessarily probe or intrude into participants personal

experiences. It is up to the participant what and how much information is shared during interviews. No questions are compulsory and the interview may be paused or ended at any time.

**If you would like your organisation to participate in the above mentioned research you may return this page as a consent form to:**

**email:** [claire.revill1@gmail.com](mailto:claire.revill1@gmail.com) **or fax:** 016 454 9480.

(Please print)

**Name** \_\_\_\_\_

**Organisation** \_\_\_\_\_

**I allow the participation of the children in the research study:**

(Please tick appropriate box)

**Yes:** ☐

**No:** ☐

**I allow the participation of the children in the research study to be audio recorded:**

**Yes:** ☐

**No:** ☐

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please contact me by the following means:**

**email**

**Yes:** ☐ **email address:** \_\_\_\_\_

**No:** ☐

**Telephone**

**Yes:** ☐ **contact number:** \_\_\_\_\_

**No:** ☐

## **APPENDIX 6**

### **VERBAL ASSENT FORMS FOR CHILDREN**

After discussing the research study in appropriate and understandable language for the participant I am confident that the participant is fully informed of the nature of the study, what their contribution to the study is comprised of and what the possible benefits and risks of the study may be. I believe that the participant fully understood their assent to participate in this study.

Name of participant: \_\_\_\_\_

Researcher: Claire Heathcote

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **APPENDIX 7**

### **TECHNICAL GUIDELINES FOR JOURNAL**

#### **Author Guidelines**

Guidelines for contributors: Editorial policy

The *Social Work Practitioner-Researcher* is a refereed interdisciplinary journal for social workers and social service professionals concerned with the advancement of the theory and practice of social work and social development in Africa and in a changing global world. The purpose of the journal is to promote research and innovation in the practice of helping individuals, families, groups, organisations and communities to promote development and human well-being in society. The journal is committed to the creation of empowered, humane, just and democratic societies.

Manuscripts that would be appropriate are: 1) conceptual analyses and theoretical presentations; 2) literature reviews that provide new insights or new research questions; 3) manuscripts that report empirical work. Topics that will be considered include, but are not limited to, the following: lifespan, populations at risk, poverty, livelihoods, anti-discriminatory practice, welfare systems, development management, social security, social policy, human rights, community-based development, social development, comparative health, mental health, education, urban and rural development, voluntarism, civic service, civil society, social movements and social change.

As it is the intention of this journal to maintain a balance between theory and practice, contributors are encouraged to spell out the practical implications of their work for those involved in social work practice and the social services in the African context.

#### **Submissions**

A decision to submit an article to this journal means that you will not be able to simultaneously submit the same article, or verbatim sections of the same/original article within another/second

article, and then submit that to another journal in South Africa or elsewhere. We require a letter from you/all the authors stating this.

If there is more than one author, we require a letter stating that all the authors agree to submit the article. If a person has contributed to the research of the article and is not going to be included as a co-author, then that person needs to be acknowledged after the reference list.

### **The reviewing process**

Manuscripts should be submitted as *electronic attachments* to the journal administrator, swjournal@uj.ac.za, in Word format. Authors should not be identified anywhere in the article.

The manuscript is sent to the Editor or Assistant Editor for approval. If it is judged suitable for this journal, it is sent to two reviewers for blind peer-review. Based on their recommendations, the editorial committee decides whether the manuscript should be accepted as is, revised or rejected. If the manuscript is published, the author or their institution will be invoiced for page fees at the rate of R130.00 per page.

### **Presentation**

- 1) A *minimum length* of 3 500 words and a *maximum length* of 6 000 words (excluding references). No footnotes, endnotes and annexures are allowed.
- 2) On a separate page, a *title* of not more than ten words should be provided. The author's full name and title, position, institutional affiliation and e-mail address should be supplied.
- 3) An *abstract* of 150 words plus up to six *keywords*, which encapsulate the principal topics of the paper, must be included. The abstract should summarise the key argument/s of the article and locate the article in its theoretical practice and context. Please note that abstracts are not summaries of research studies. No sub-headings should be used in the abstract. For Afrikaans articles, the abstract and keywords must be in English.
- 4) *Headings* must be short, clear and not numbered: **main headings to be in bold capitals**; first stage subheadings to be in bold lower case, with only the first letter of the

first word to be a capital (not underlined, nor in italics); and second stage subheadings in normal type to follow the first stage style.

5) *Figures and tables:*

All *figures* (diagrams and line drawings) should be copied and pasted or saved and imported from the origination software into a blank Microsoft Word document and submitted electronically. Figures should be of clear quality, black and white, and numbered consecutively with arabic numerals. Supply succinct and clear captions for all figures. The maximum portrait width should not exceed 110mm and 160mm depth. For landscape, the maximum width is 160mm with a maximum depth of 110mm.

In the text of the paper, the preferred position of all figures should be indicated by typing on a separate line the words, “Place figure (No.) here”.

*Tables* must be numbered consecutively with arabic numerals and a brief title should be provided. In the text, type on a separate line the words, “Place Table (No.) here” should show the position of the table.

6) *References:*

In text, publications are to be cited using one of the following examples: (Adams, 1997), or (Mbatha et al., 2005), or Mercy et al. (2002). Use ‘and’, not the ‘&’ symbol, for two or more authors, eg. (Weyers and Herbst, 2014)

If a direct quote is used in text, references should include author’s name/s, date and page number, eg; .... “usually to improve the working relationship between members of the group” (Barker, 2003:153). Where there are no direct quotes, page numbers should not be included.

At the end of the paper, the reference list should be in alphabetical order. Do not use indentations when formatting your references.

References to publications must be in modified Harvard style and checked for completeness, accuracy and consistency. Include all authors’ names and initials and give the book’s, or book chapter’s, or journal’s title in full.

Please cross check that only references cited in the text are included in the final reference list at the end of the article (and vice versa). Use ‘and’, not the ‘&’ symbol, for two or more authors as mentioned above. References should follow the style as set out below:

***For books:***

Surname, Initials. (year). *Title of Book* Place of Publication: Publisher.

Example:

Swanepoel, H. and De Beer, F. (1996). *Community Capacity Building* Johannesburg: Thomson Publishing.

***For book chapters:***

Surname, Initials. (year). “Chapter Title” in Editor’s Surname, Initials. (Ed.). *Title of Book* Place of Publication: Publisher, Edition, pages.

Example:

Boult, B.E. (1998). “Adoption” in Bezuidenhout, F.J. (Ed.). *A Reader in Selected Social Issues* Pretoria: Van Schaik Publishers, Second Edition, 41-52.

***For journals:***

Surname, Initials. (year). “Title of Article” *Journal Name* Volume (number):pages

Example:

Mda, C.J. (2004). “Population Ageing and Survival Challenges in Rural Ghana” *Journal of Social Development in Africa* 19(2):90-112.

***For electronic sources:***

If available online the full URL should be supplied at the end of the reference.

Example:



Louisiana State Board of Social Work Examiners. (1998). "Guidelines for Child Custody Evaluations", <http://www.labswe.org/child.htm> (Accessed on 23/08/2006).

## **Content**

Manuscripts should contribute to knowledge development in social work, social welfare or related professions and the practice implications of the research should be spelled out. Sufficient and appropriate recent literature should be cited. Where the study is based on empirical research, the research design and methodology, results, discussion and conclusion should be addressed. All manuscripts should locate the issue within its social context and the conceptual and theoretical framework informing the study should be clearly outlined.

The journal will consider articles based on research studies but we will not publish articles which are merely a summary of a research report. The article should have a clear focus that contributes to knowledge building or informs policy and/or practice.

**(University of Johannesburg, 2014)**

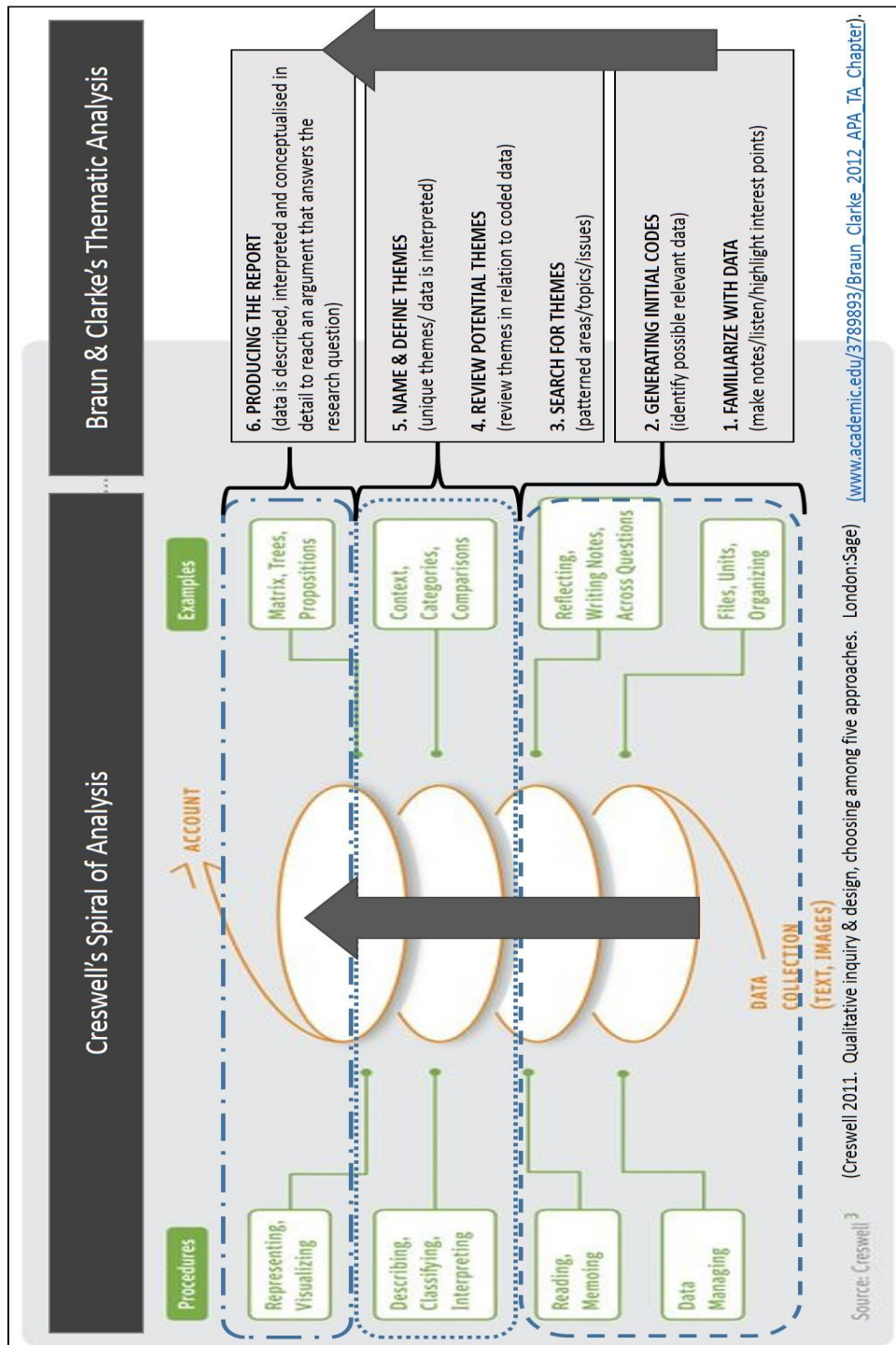
## APPENDIX 8

Picture: COLLAGE FROM PARTICIPANT




## APPENDIX 9

**DIAGRAM: CRESWELL'S SPIRAL OF ANALYSIS COMBINED WITH BRAUN & CLARKE'S THEMATIC ANALYSIS.**



## APPENDIX 10:

## DECLARATIONS



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT  
POTCHEFSTROOM CAMPUS

Post Graduate Studies and Organisation

### SOLEMN DECLARATION AND PERMISSION TO SUBMIT

#### 1. Solemn declaration by student

I, Claire Heathcote  
declare herewith that the thesis/dissertation/mini-dissertation/article entitled (exactly as registered/approved title) Children's perceptions of their interaction with caregivers in Child and Youth Care Centres

which I herewith submit to the North-West University, Potchefstroom Campus, in compliance / partial compliance with the requirements set for the Master of Psychology degree, is my own work, has been language-edited in accordance with the requirements and has not already been submitted to any other university.

I understand and accept that the copies that are submitted for examination become the property of the University.

Signature of student [Signature] University number 23279729  
Signed at Ballito this 23<sup>rd</sup> day of April 2015  
Declared before me on this 23 day of April 2015  
Commissioner of Oaths: [Signature]

COMMISSIONER OF OATHS  
Stamp of Commissioner of Oaths  
BRANCH MANAGER: ZIMBABWE  
SHOP 29, LIFESTYLE CTR  
BALLITO 4420  
DATE: 23/04/15

PLEASE NOTE: If a thesis/dissertation/mini-dissertation/article of a student is submitted after the deadline for submission, the period available for examination is limited. No guarantee can therefore be given that (should the examiners' reports be positive) the degree will be conferred at the next applicable graduation ceremony. It may also imply that the student would have to re-register for the following academic year.

#### 2. Solemn declaration and permission to submit by supervisor

The undersigned declares

- ☒ The student is hereby granted permission to submit his/her mini-dissertation/dissertation or thesis:  
YES/NO
- ☒ That the student's work has been tested by me for plagiarism (for example by TurnItIn) and a satisfactory report has been obtained: YES/NO

Signature/Supervisor/Promoter: [Signature] Date: 23/04/15

Original details: Marieke Ackermann(10512187) C:\Users\10512187\Desktop\SOLEMN DECLARATION AND PERMISSION TO SUBMIT.docm  
8 October 2013  
File reference: 7.1.11.3.2/3

SOLEMN DECLARATION AND PERMISSION TO SUBMIT 1



## AMMENDMENTS FORM

In accordance with the Statute of North-West University the undersigned declares that the candidate mentioned below has made the changes to the satisfaction of the supervisor/promoter as indicated by him/her.

Candidate:	Claire Heathcote	Student number:	23279729
Qualification:	Master of Psychology		
Title of thesis/dissertation/mini-dissertation (exactly as approved and registered):			
Children's perceptions of their interaction with caregivers in			
Child and Youth Care Centres			

### For completion by supervisor/promoter

Have changes indicated by the supervisor/promoter been made?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Are the final copies/CD(s) in order and according to the specifications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Signature of Student: Claire Heathcote Date: 19/09/2015

Signature of Supervisor/Promoter: [Signature] Date: 14/09/2015

Date stamp:

14/09/2015  
[Signature]

