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**Psychosocial experiences of children living in children's homes: The case of East  
London children's homes.**



**By**  
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**A Dissertation Submitted In Fulfilment of the Requirements for the Degree of**

**Master of Social Work**  
*Together in Excellence*

**In the**

**Department of Social Work /Social Development**

**Faculty of Social Sciences and Humanities**

**University of Fort Hare**

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**JUNE 2014**

## DECLARATION

I, the undersigned, Abigail Makuyana hereby declare that the contents of this dissertation are my own original work except where due acknowledgement is in the references. I have submitted this work to the University of for Hare for consideration for a Master's degree in Social Work and it has not been submitted to another academic institution for similar purposes.



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**Signature**

**Date**

## DEDICATION

This dissertation is a special dedication to my husband S.P. Mbulayi for his love and support throughout the whole research process. I also dedicate this work to my parents Mr. and Mrs. Makuyana for seeing me through my masters. Furthermore, I dedicate this thesis to my future children whom I believe will have a proper psychosocial upbringing as a result of the experiences I got from working with vast numbers of children in this research.

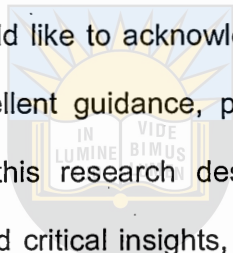


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I have always put GOD first in all things in my life and obviously, this work is the evidence of his guidance and mercy. With all meekness, I acknowledge and appreciate the Lord All Mighty God for his mercy, love, guidance, insights and the provision of both material and spiritual resources which enabled me to complete this thesis.

I would also like to acknowledge the sterling work done by my supervisor Ms. N. Wotshela. Equally important, I would like to acknowledge my co-supervisor Professor S. Kangethe. Their combined excellent guidance, patience, and commitment which contributed to the completion of this research deserve a special thank you. On numerous accounts, they contributed critical insights, new dimensions of thoughts and approaches which culminated into the current version of this dissertation.



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I would never have been able to finish this thesis without the encouragement of my colleagues in the department, help from friends, and support from my family and husband.

Last, but not least, I remain indebted to all the children and their caregivers who participated in the research process. Their contribution remains invaluable.

## ABSTRACT

Institutional care for orphaned and vulnerable children stirs lots of debates in the contemporary child welfare discourse. The vulnerability of children in institutional care to physical, sexual and in some instances psychological abuses has been well documented. Therefore, this study aimed at establishing the impact of the psychosocial experiences of OVCs living in institutionalized care. The data in the study was collected qualitatively through a case study investigation in which the management, primary caregivers and institutionalised children in two East London Children's Homes were interviewed. The total sample size in the study was 24 participants including 20 children, 2 institutional managers and 2 primary caregivers. The study established that children's psychosocial experiences in institutional care has debilitating effects on their growth and development and pose serious challenges to the ability of the children to maintain stable and productive lives in their future adulthood. Generally, the quality of care, especially physiological care is recommendable, however, the emotional, social and psychological aspects of the care received by the children is regrettable. The study revealed that institutionalized children are prone to various social, emotional, psychological abuse and neglect. Under the care of mostly untrained primary care givers, institutionalized children experience poor emotional and psychological care including lack of love, lack of attention, demoralizing and abusive verbal talk and neglect. The largely negative experiences of the institutionalised children culminate into poor attachment with caregivers, lack of interest in life opportunities such as education and other lifer bettering activities. Moreover, poor attachment with their caregivers pushes children into looking for love, attention and other life accessories from unconventional places

including gangs, and inappropriate sexual relationships. However, despite negative experiences found, the research concluded that institutional care is an important facility through which the government and the donor community can provide care to OVCs. The research therefore recommends a serious realignment of institutional care with strict practice policies.



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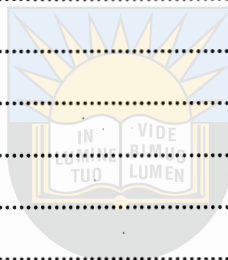
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## **CHAPTER ONE**

### **GENERAL OVERVIEW OF THE STUDY**


#### **1.1. Introduction**

This chapter presents the general overview of the study. It provides the background and highlights the initial motive in conducting the study. The problem statement, main objectives and questions of the study are also stated here. The chapter points out the importance of examining psychosocial experiences of children living in Children's Homes. It also defines the primary terms employed in the study and demonstrates how the research contributes to society at large. It highlights the state of Child Welfare with particular reference to children living in alternative care specifically in Children's Homes. The outline of the subsequent chapters is also highlighted.

#### **1.2. Background of the study**

Children's homes are increasingly becoming the solution for many governments in the world as they attempt to mop out ever increasing numbers of children in need of care and protection (Berridge, Biehal and Henry, 2010). This continues to happen despite the wide recognition that institutional care has psychosocial consequences on the growth and development of children (Brown, 2009). According to a report by the United Nations (2009), there are more than 34 million orphans in the Sub Saharan African region and 11 million of them are orphaned by AIDS. At a national level, a report by United Nations Children's Fund (UNICEF) South Africa (2010)

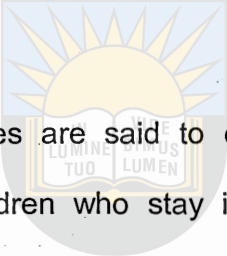
indicates that in South Africa there are 345 registered children's homes looking after 21 000 children. The problem of increasing numbers of children in need of care and protection in South Africa can be attributed to the fact that many families are struggling to care for their children. In support of this, the report by UNICEF, South Africa (2010) highlights that South Africa has inherited a legacy of violence, extreme inequality and social dislocation from the former apartheid regime. This, according to the same report, has translated into higher levels of domestic violence, substance abuse, sexual abuse and neglect which render children to be in need of care and protection.



Furthermore, Sihlongonyane (2008) argues that modernisation in South Africa came with a radical shift from societal norms of communism and extended families to a focus on the nuclear family. According to the Webster online dictionary (2013), a nuclear family is a family group that consists only of the father, the mother, and children. In this regard, once the parents who are sole bread winners and care givers of the children die, or fail to provide for their children, the children often become destitute and end up in children's homes or as children living on the street. Given that Children's homes have become a reality for a considerable number of children, their experiences in these institutions become an important factor to consider.

Moreover, the concept of a child in need of care, as defined in the Children's Act 38 of 2005, has become a common concept. Meiring (2008) notes that throughout history, the problem of what to do with children whose parents have died, succumbed to wars and disasters, or were unable to care for them has been plaguing human societies since time immemorial. Beukes and Gannon (1996) note that, the welfare of children who were in need of care and protection in ancient

societies was more guaranteed and their future more predictable as the unavailability or inability of a parent to play parental roles would always be assumed by a member of the extended family or society. However, this arrangement is fast losing ground and credibility in the modern age where the focus is on the nuclear family. In the current social order, children who find themselves in need of care and protection often have alternative care in institutions like group foster homes, cross racial foster care, general foster care, and in children's homes. It is however the negativities of institutional care especially in Children's homes which form the basis of this research.



Children living in Children's homes are said to experience various challenges. Browne (2009) identifies that children who stay in children's homes often face challenges ranging from institutional inefficiencies, lack of adequate and age appropriate resources, lack of a home environment, and ultimately a protracted battle to identify themselves with the environment in which the society views them as pitiful, mischievous, and cases of charity. If the role of Children's homes is to provide a home for children, it is crucial that the experiences of children who stay in these homes is analysed to eliminate the negative effects which might stall the social, spiritual, physical and psychological well being of these vulnerable children.

In view of the fact that children in Children's homes are located in different social environments, the experiences of children in these facilities differ significantly. Moreover, their interaction with their care givers has been noted by Meintjes, Budlender, Giese and Johnson (2003) to influence their growth and development. Furthermore, the impact of HIV/AIDS and disability amongst children who stay in Children's homes has remained unexplored in South Africa. Notable is the fact that

any deviation from being a normal child has significant implication on the well being and development of the child (Browne, 2009). In this regard, this research has interrogated the views of children with different special needs and has assessed how these needs are being met in East London Children's homes.

The need to assess whether the actual needs of children in living in Children's homes are being met or not, stems from the misconception by caregivers as to what actually are the needs of these children. To this end, Meintjes, Budlender, Giese and Johnson (2003), mention that there is a need for funders and caregivers of children's homes to have a reassessment of the needs of children in children's homes. They give a critical analysis in their research and pose the question of whether the children are in need of care or in need of cash? In their view, the experiences of children in children's homes detail a serious need for care than money. Meintjes, Budlender, Giese and Johnson (2003) further note that, not enough time and resources are being dedicated towards family reunification services and rehabilitation. In this regard, this research analysed the perceptions and practical experiences of children in children's homes to determine the factors which warrants their continued stay in these homes and evaluated how their stay compromises or improves their livelihoods.

Argall and Allemano (2009) indicate that the Eastern Cape Province of South Africa is heavily plagued by acute shortages of care giving institutions including Children's homes and this shortage has resulted in some children staying under unsuitable conditions where they stay in overcrowded rooms without adequate bedding. Consequently, Loffel, Allsopp, Atmore and Monson (2008) argue that children's homes in South Africa are not providing enough social security for the children. They

emphasise that the programmes offered to the children are often slackened and not effective. They further argue that the treatment of children in children's homes is one which lowers the child's self esteem and confidence. The child is made to believe that it is a privilege that he/she has a home as compared to others who do not have. While this is done in the hope of motivating the child to appreciate the services, it also serves to intimidate children from complaining against poor services.

One can chose to attribute the above mentioned treatment of children in children's homes to the ignorance of some caregivers on how to interact with the minors. In support of this, Argall and Allemano (2009) note that in most children's homes in Eastern Cape and South Africa as a whole, children are being cared for by people who are not qualified for the task. This reality leaves much to be desired. In the same light, Browne (2009) reports on cases of physical abuse, sexual molestation and emotional abuse as well as neglect of children in children's homes, either by staff members, or by fellow older children. Schofield and Beek (2005) contend that the major and most important need for all children is a stable, warm, and predictable family environment which can provide the child with some form of certainty.

Furthermore, the constant change of care givers who stand in as parental figures in the children's homes serve to confuse the child and his/her understanding and acceptance of parental authority. Subsequently, Loffell, Allsop, Atmore and Monson, (2008) argue that most social service organisations in South Africa are struggling to retain their social workers including care givers in children's homes. This has been noted to be the result of poor funding opportunities for the organisations hence they cannot competitively remunerate their employees who then leave for greener pastures elsewhere. This problem is very significant in Eastern Cape which

comparatively has lower employee remuneration and benefits for workers in the Social Service discipline. Accordingly, this has a negative effect especially on children's homes and thereby compromises the bonding ability of the children to their primary care givers.

### **1.3. Problem statement**

Incontrovertibly, it is evident that the millions of children who live in children's homes are amongst the most vulnerable in the world. They are at a greater jeopardy of experiencing abuse and neglect as a result of lack of care found in many children's homes. The problem is that, children's negative psychosocial experiences in these homes result in permanent developmental damages. For all children, living in these homes for longer periods can have lasting negative consequences on their social, psychological, physical, and spiritual development. Further, there are perceptions that children who grew up in institutional care have a tendency to misbehave, experience low self esteem, poor social skills, and have an inability to effectively look after themselves in their adulthood. Some of these factors have been linked to their childhood experiences in children's homes.

### **1.4. Aim and objectives of the study**

The main aim of this study was to explore the psychosocial experiences of children living in East London children's homes and evaluate how these experiences affected their growth and development. The study was guided by the following specific objectives:

- To explore the psychological needs of children living in East London children's homes.
- To determine the social needs of children living in East London children's homes.
- To examine institutional capacities of children's homes in meeting the needs of children.
- To provide suggestions and recommendations on how to make children's homes better living environments that can support healthy and sustained growth and development of children.

#### 1.4.1. Research Questions

- What are the psychological needs of children placed in East London Children's homes?
- What are the social needs of children placed in East London children's homes?
- What institutional capacities do East London East London children's homes possess to meet children's psychosocial needs?
- What can be done to ensure that children's homes provide an adequate nurturing and naturing environment for children's sustained growth and development?

#### 1.5. Significance of the study

The value of a research heavily depends upon its ability to provide a new contribution to the discourse which it is investigating. According to Maxwell (2005) the significance of a research is based on the new dimension from which it views a particular phenomenon. This research thus drew its significance from the fact that it identified and explained the needs and experiences of children in children's homes

and assessed how these affected their physical and psychosocial well being in East London children's homes.

In addition, this study also took a look into the child care and protection legislations. According to the Convention on the Rights of the Child of 1989 cited by the United Nations (2009), the bill of rights as enshrined in the South African constitution and the Children's Act 38 of 2005 hold that every child has the right to shelter, food and clothing. The significance of this study thus stems from the desire to provide a critical analysis on understanding if the provisions of these statutes are informing the living conditions of the children in East London children's Homes. In East London, so many studies have been carried out targeting the effectiveness of rehabilitation programmes of children's homes but few have been done on the experiences of these children. Putting in mind the fact that these children are still minors who are not with their biological parents and are still vulnerable to any form of abuse, the research therefore brings to light the kind of lifestyle that children experience on a daily basis in the children's homes which have become their homes. The importance of this research lies in that more light will be shed on the various factors that result in children being sent in such institutions.

Moreover, childhood is often linked to various developmental stages as outlined in Freud's psychodynamic theory. Berk (2007) mentions that childhood is a critical period during which a child is formed and moulded to be a responsible and productive adult. This research is significant in that it generates information regarding the psychosocial experiences of children living in children's homes. It therefore adds to the literature on these experiences which is currently available so as to ensure that the needs of children will be adequately addressed. According to

the researcher, the policies under which children's homes are being run tend to give a blind eye to the psychosocial experiences of these children. It is also the researcher's belief that if these policies are not tightened up, children's homes are likely to continue to produce socially challenged individuals. This research, therefore, provides recommendations for the restructuring and adjustment of children homes' policies towards accommodating the experiences of children with the view that these experiences would be of paramount importance in children development.

The significance of the study also stems from its potential to utilise the experiences of the children to evaluate the impact of institutionalisation on psychological and social development of the child. Children's homes often work on professional norms. These do not recognise the dynamic social background of each and every child under its care. This places children at a disadvantage as they grow to be acquainted with the norms of the organisation rather than that of the wider society which they will engage in their future adulthood. The research therefore will possibly assist in improving social service provision to these children by their caregivers by way of elaborating their experiences and giving those experiences a meaning. It will, with anticipation and significance, improve the care giving responsibility on the part of the care givers

#### **1.6. Delineation and scope of the study**

This study was carried out in East London. East London is situated relatively central in the Eastern Cape Province which is bounded to the South – East by the long coastline along the Indian Ocean. Buffalo City Metropolitan Municipality (2012) in the Draft Integrated Development Plan Review, (2012/13:20) notes that East London is

mainly invested in industrial and service centres. Being one of the economically attractive centres in the Eastern Cape Province, East London continue to experience fast urbanization with people from surrounding rural areas swarming in to look for greener pastures. The rapid urbanization has however not been accompanied by rapid economic development hence there is wide spread poverty in some sections of the East London society. Poverty and rapid urbanization and modernization coupled with high levels of unemployment, has had serious implications on family life in East London. The welfare of children is one of the biggest challenges in East London. Many families are not able to provide care and protection for their children. Berk (2007) writes that the problem of orphaned and vulnerable children is more pronounced in low income residential areas where poverty and other social ills are more rampant. In East London, residential areas are often predictive of the level of affluence in society. There are high income areas such as Vincent, Nahoon, and Beacon Bay. On the other extreme, there are some low income areas such as Mzamomhle, Quigney, Amalinda, and Mdantsane where most of the people reside in informal houses.

Given the population and affluence dynamics in East London, this research choose two institutions one from a high income area and another from a low income area. The research was therefore carried out at institution 'A' which is located in Mdantsane low income residential area and at institution 'B' located in Vincent residential area which is a high income area. The justification for choosing two institutions in two different social and economic locations stems from the desire to allow the research to focus on the experiences of the children independent of the geographical location of the institution. Twenty children were drawn from the two institutions with each institution contributing ten children. Two caregivers and two

institutional managers, one from each institution were chosen to participate in the study. Selection of the caregivers and managers was based on seniority and length of time served in that particular institution. Most senior caregivers were chosen as they were deemed to possess a wealth of knowledge regarding the experiences of the children in their respective institutions. As such the study relied on a total of twenty-four participants.

### **1.6.1. Limitations of the study**

Various challenges were encountered that laid on the way towards the success of the study. Such challenges included financial handicaps such as lack of transport to access children's homes, printing costs and other logistics which needed money. The second challenge was language barrier. The researcher acknowledged that there was a significant difference between her and the subjects of the research in terms of language. The researcher overcame this challenge by using an interpreter and also through the use English as a medium of international communication. An additionally challenge was lack of cooperation from the children's homes. As a measure to overcome this challenge, the researcher used her social work skills of creating rapport, negotiations and persuasions until the doors were opened to her.

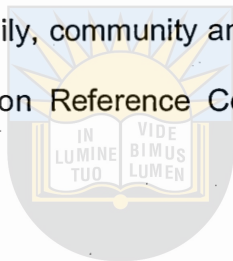
## **1.7. Definition of terms**

The terms used in this study are defined below:

### **1.7.1. Psychosocial**

According to Richter, Foster and Sheer (2006) the word psychosocial underlines the close relationship between psychological and social effects of experiences as well as

the continuous influence of the two on each other. As such, they note that psychosocial programmes should meet needs that fall within three domains namely emotional wellbeing, social wellbeing and skills and knowledge. On a similar note, the International Federation Reference Centre for Psychosocial Support (2009) highlights that the word psycho-social underlines the dynamic relationship between psychological and social effects. In this light, both definitions note that psychological components encompass the mind, thinking, emotions, behaviour and feelings. The social components include the environment, culture, emotions, traditions, spirituality, interpersonal relationships with family, community and friends and life tasks (Richter et al, 2006; International Federation Reference Centre for Psychosocial Support 2006).



### **1.7.2. Experiences**

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In this research, the experiences relate to the various benefits and or challenges encountered by the children in the children's homes that have an effect on their psychosocial development.

### **1.7.3. Child/ children**

According to the United Nations Convention on the Rights of the Child 1989 as cited by the United Nations (2009), a child is defined as a person under the age of eighteen years. The Oxford Dictionary (2013) defines a child as a young human being below the age of puberty or below the legal age of majority. For the purpose of this research, a child was considered to any person under the age of twenty-one and is resident in a children's home.

#### 1.7.4. Children's Homes

The Oxford Dictionary (2013) defines a children's home as a place where children are cared for if their parents are dead or unable to take care of them. On the other hand, the Merriam Webster Online Dictionary (2013), states that a Children's Home is a place where children can be sent to live if they cannot live with their family.

#### 1.8. Chapter outline

This study is made up of six chapters. The following is an outline of these chapters respectively:

##### **Chapter One: General Overview of the study**

This chapter discusses the background of the study, gives statement of the problem, aims, objectives and the research questions. Further, it outlines the focus of the study. It also discusses the study area, the connotation of the study and the key terms which the research uses are also defined in this section.

##### **Chapter Two: Literature Review**

This chapter reviews the literature. The chapter covers a general overview of the child welfare sector in South Africa, the needs of children placed in children's homes, challenges faced by children living in children's home, social and emotional damages incurred by institutionalised children.

##### **Chapter Three: Legal framework guiding institutional care**

Chapter three of this study discusses various legislations and policies guiding institutional care. These among others include the Bill of Rights which is enshrined in the South African Constitution of 1996, the White Paper of 1997, the Children's Act of 2005 and the Child Care Act of 1983. The chapter also pays attention to the Minimum Standards for South African Child and Youth Care System, the United Convention on the Rights of the Child and also the purpose of institutional care.

#### **Chapter Four: Research Methodology**

This chapter outlines the research design, which is a plan or a blue print of the way a researcher intend to contact a research project. This is the departure point, giving effect to the operational values and its effects and it will have the outcome of the research. It also discusses instruments of data collection, method of data analysis and the procedure for data collection.

#### **Chapter Five: Research Findings and Discussion**

This chapter focuses on presenting the research findings and data analysis in the research area of study. The data gathered is put to a rigorous test to force it to review its meaning.

#### **Chapter Six: Summary of findings, Conclusions and Recommendations**

This chapter provides the summary of findings of the study. Conclusions and recommendations of the research are also laid out in this chapter.

## 1.9. Conclusion

In conclusion, this chapter has outlined the intention of the research study. It justified the importance of looking into the challenges and benefits in relationship to children who stay in these homes. As explained, the research aimed at qualitatively assessing the link between children's stay in Children's homes and their psychosocial development by way of assessing the availability and utilisation of resources within the East London children's homes. It further aimed at investigating the reasons why children end up staying in children's homes and to evaluate the needs of these children.



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## CHAPTER TWO

### AN OVERVIEW OF CHILDREN'S PSYCHOSOCIAL EXPERIENCES IN CHILDREN'S HOMES

#### 2.1. Introduction

This chapter focuses on a review of literature on the subject of social and psychological experiences of children in care facilities specifically those in children's homes. Generally, literature review refers to the discursive synthesis of published information in a particular subject area (Finlay, 2008). In this light, different perspectives on the discourse of the experiences of children in care facilities are discussed. Among other things discussed are the needs, dynamics, challenges, and impacts of institutional care as well as legal and policy issues pertaining to children and their welfare in institutional care. The theoretical framework relevant to the study is explained.

#### 2.2. General overview of the child welfare sector in South Africa

South Africa has remained one of the most volatile social and economic environments in terms of the security and protection of children. According to the Statistics from the South African Police Services, there were more than 54 000 reported crimes of child abuse between 1 April 2012 and 31 March 2011 (Pawelczyk, 2013). However, the figure was believed to be much higher than stated since Pawelczyk (2013) highlights that crimes against children were underreported. She further notes that 30 percent of the victims of child abuse are less than 10 years. Additionally, the United Nations South Africa (2010) noted that the path traversed by

South African children to adulthood is fraught with serious challenges. Moreover, with the country having unrelenting rates of HIV/AIDS casualties which result in the death of parents, the greatest brunt of the pandemic is being felt by children who in many instances are left with no option but to seek refuge in organizations dealing with children such as Child Welfare. As such, these orphans and vulnerable children are placed in alternative care such as foster homes, adoption, informal arrangements of extended families and in extreme situations they are placed in institutional care such as children's homes. Pretorius (2011) notes that despite wide acknowledgement and recognition that institutional care has more negatives than positives on children's well being; it is continuing to be a popular form of care and protection for OVCs in South Africa. Tolfree (2003) also highlights that South Africa and the world at large is confronted with the challenge of ensuring that children get the care and protection they deserve. In this light, Tolfree (2003) further notes that there are various challenges which render children to be in need of care and protection as espoused in the South African Children's Act 38 of 2005.

Among some of the factors forcing children to enter the care system according to Tolfree (2003) are poverty, disease, conflict, natural disasters, discrimination, and death of natural parents. Similarly, Abdulla, Brisbane, Nott, Hoddinott, Vanessa and Mbhele (2007) lament that due to the prevalence of poverty in developing countries some parents are surrendering their children to child care institutions in an attempt to obtain a better life for them. More so, Casky (2009) observed that most children who are put in orphanages or children's homes are not necessarily orphans but merely victims of economic hardships. In this regard, Meintjes, Budlender, Giese and Jonson (2003) opines that a sizable number of children end up in care facilities because their parents cannot afford to feed, clothe and educate them. While the

focus of this research is on the psychosocial experiences of children living in East London child care facilities an overview of the various circumstances forming their back ground has been used here as a precursor to factors which may influence their experiences whilst in care. This research therefore attempts to strike a balance between the child's prior life and his/her current institutional experiences. Notably, Vandell and Wolfe (2000) note that children's unique experiences before they enter the care system often determine their needs and influence their experiences inside the care institutions. The following section elucidates on the needs of children who stay in children's homes.



### **2.2.1. Needs of children placed in children's homes**

Browne (2009) observes that the number of former institutionalized children showing signs of being highly disturbed is on the increase. The striking question which remains unanswered is what are the needs of children in institutional care, and how have various institutions addressed these needs? As such, this study delves on literature illustrating the needs of children placed in children's homes.

Woodhead (2006) argue that by virtue of being young, physically and emotionally vulnerable children have multitudes of needs which should be met in order for them to reach their maximum potential. He also argues that childhood is the most important period of human development thus; it must be handled with great care. Further, great developmental theorists including Sigmund Freud and Erik Erikson also believe that there are fundamental needs required for children to achieve an acceptable level of development (Chapman, 2006-2013). Particularly, Patterson and Hastings (2007) pose that traditional societies have always strived to ensure and

guarantee safety and protection for their children through standing protocols within the society. In this light Sihlongonyane (2008) notes that in African societies, the needs of children were met through the extended family and in some instances the immediate community would also assist in ensuring that children needs are met. However, in the modern society, the social bond of extended families has been greatly weakened resulting in some children becoming destitute and lacking in terms of their basic needs. Similarly, Lansdown (2002) observed that, the government and other non-profit organizations have realized the needs and rights of children to have a proper up-bringing and have thus resorted to providing these needs through institutional and other forms of out of home care systems. According to Mazibuko (2012), the Department of Social Development aims at providing efficient and sustainable services to the poor and vulnerable children and families. One of its objectives is to raise awareness on national adoption of children in the provinces. This, according to Mazibuko (2012), is done through appropriate communication methods to inform the public on national adoption services and encourage national adoption. Principally, the institutionalization of children poses new challenges and often leads to new forms of needs for the children. However, according to the Ministry of Local Government, Department of Social Service (2008) in Botswana, the general needs of children whether in institutional care or in normal home environments can be categorized into physiological needs, psychological needs, socio-cultural needs and others including education and health. In this section, different facets of children's needs are discussed, such as their physiological needs, emotional needs, social and cultural needs.

### 2.2.2.1. Physiological needs

Maslow (1968) cited by McLeod (2007a) proposes that all human beings are propelled with a strong desire for self actualization and this process requires an enabling environment. He considers that for all other forms of human development to occur, there is a need to first satisfy their basic/ physiological needs. For Maslow, physiological needs include food, shelter, clothing and water. Therefore, all human beings, young or old require these basic needs for them to function. In the context of children, especially those who are domiciled in children's homes, physiological needs are their most pertinent needs. Powell, Chinake, Mudzingo and Mukutiri (2004) argue that most children who are in children's homes experience some challenges in terms of proper accommodation, food and clothing. Further Casky (2009) notes that due to extenuating factors such as poverty, some parents give up their children to care institutions in order to guarantee a physiological safe and sound upbringing. Emphatically, Tolfree (2003) poses that most children who enter institutional care are often malnourished, ill- clothed and some of them starving. She further highlights that the superior obligation of children's homes is to ensure that children get their necessary resources to achieve their potential.

However, due to aggravating financial and managerial reasons, institutional care facilities such as children's homes are finding it difficult to maintain their mission of providing the physiological needs of children. Thurston (1996) cited in the Atlantic Online (2013) refers to children's homes in China where children are starving, ill-clothed, and are living in overcrowded rooms to substantiate on the financial and managerial deficiencies in children's homes. In this line of thought, the World Report on Human Rights (1999) refers to children in Russia and Indian children's homes

who are living in horrifying circumstances. Thurston (1996) cited in the Atlantic Online (2013) therefore laments that childcare facilities attempt to increase their intake ratios without corresponding increase in their capacities and these often result in children being deprived of their basic needs.

In South Africa, children's homes are continuing to face institutional challenges which in turn have negative impacts of the growth and development of children. Notably, Abdulla, Brisbane, Nott, Hoddinott, Vanessa and Mbhele (2007) argue that most Child Welfare organizations including children's homes have historically been dependent on donor funding. They further allege that due to the recent global financial crunch and donor fatigue, child welfare organizations have found themselves in difficult financial positions. Such changes had debilitating effects on the operations of charity organizations. In this light Meintjes, Moses, Berry, Mampane (2007) observes that many organizations especially children's homes have continued to operate on skeletal provisions. They further note that some children's homes are closing up. For example in East London, one of the reputable children's homes used to be known as Isaiah 58 shut its doors. This therefore brings to light the fact that institutional challenges also have negative effects on the psychosocial wellbeing of children due to several changes in lifestyle that they will have to face.

#### **2.2.2.2. Psychological needs of children**

Children in care facilities also have psychological needs. According to Harms (2010), psychology is concerned with understanding the mental processes which guides human activities and experiences. He highlights that the psychosocial faculties of any human being is the centre of his or her social, economic and physical wellbeing.

He asserts that the interpretation of all situations and experiences are processed within the psychological faculty of the person. Harms (2010) also note that if there are any negative stimuli from the environment they also impact heavily on the psychological aspect of individuals. On the same note, Tugade, Fredrickson and Barret (2004) argue that human beings are resilient. They emphasize that it is the psychological composition of human beings which help them cope with different situations. In this case, they note that people have different psychological defence mechanisms which protect them from negative experiences and assist them to cope. However, Heron and Chakrabarti (2003) argue that if too much pressure is exerted on the person it may result in psychological breakdown.

In the context of institutionalized children, Pretorius (2011) poses that the first and most severe psychological impact which children endure pertains to separation from their natural parents and families. She notes that soon after separation, children go for weeks on ends in great distress and depression due to the separation. She highlights that in most instances children cry, isolate themselves and in severe circumstances they may become suicidal. In addition, Browne (2009) poses that separation from one's natural environment often triggers some psychological and emotional disturbances which if not handled properly may result in fatality. In this light, Pretorius (2011) views that on placement, children should get some psychological assistance to help them assimilate or integrate within the environment or care facility. Similarly, Cameron and Maginn (2009) argue that it is pertinent to provide children with counselling as soon as they enter into care, especially those who have experienced normal family life.

In addition, children who enter care facilities such as children's homes are often victims of painful, degrading and harrowing experiences such as physical, emotional, sexual abuse and neglect. Being young, emotionally and psychologically vulnerable children tend to be overwhelmed by acts of abuse. Undesirably, abused children have to encounter several challenges both in societies and in their care facilities. Cohen (2008) argues that abused children often suffer from post traumatic stress disorder (PTSD). She explains that PTSD is an anxiety disorder that some people get after seeing or living through a dangerous event. According to Ellen, Bassuk, Kristina, Katherine and Volk (2006), children can have extreme reactions to trauma. They further elaborate that the manner in which children experience trauma varies from bedwetting, forgetting how or being unable to talk, acting out the scary event during playtime and being unusually clingy with a parent or other adult. The challenge for abused children thus becomes that of lacking adequate support to recover from the effects of stress. This research looked into the various mechanisms and intervention programmes designed in children's homes and evaluate how these are addressing the challenges faced by abused children to make their lives easier.

Interestingly, Faris and McCarroll (2010) pose that children are emotional beings. They argue that children require a reciprocal emotional environment for them to achieve development into mature social beings. Notably, the Centre for Parenting and Research (2006), observes that children require a warm and loving care giver in whom they can invest emotionally. Similarly, Berk (2007) posits that emotional development for children is a two way process in which children needs someone who can invest in them through affection, love, warmth and in whom they will also be able to develop an attachment.

In the context of children living in children's homes, the discourse of emotional needs and how these are being met has continued to generate heated debates. Thurston (1996) cited in the Atlantic Online (2013) argues that children's homes are generally emotionally cold and unresponsive to children's needs. In the same light, Heron and Chakrabarti (2003) argue that social workers and care givers in children's homes often lack depth in terms of their emotional relationship with the children. On the same note Meintjes et al, (2003) argue that people often attach less emotional care and priority to extra family relationships. It is very important that people who are charged with the responsibility of care giving to children show concern and have passion for such responsibilities. In their analysis, Meintjes et al, (2003) argue that money (salary) is not motivation enough to secure the caregiver's emotional investment in the orphans and vulnerable children. On the other hand Tolfree (2003) notes that it is difficult for social workers and caregivers in children's homes to develop strong emotional bonds with the children for various reasons. She alluded to the fact that caregivers often have multitudes of children to look after. In this instance the child-caregiver ratio weakens the bonding. Interestingly and on the same note, Browne (2009) observes that most caregivers are often overwhelmed by their responsibilities thus they cannot find time to invest emotionally in the children.

Furthermore, Abdulla et al, (2007) note with concern that most child welfare organizations including children's homes do not have an employee retention policy. They argue that often, children are exposed to new caregivers within a very short space of time. The constant change in the personality traits and skills of the caregiver often reduces the chances of the children to develop emotional bonds. In the same light, Casky (2009) observes that in an attempt to keep their wage bills low,

children's homes often employ unskilled or semi- skilled personnel as caregivers. This exposes children to emotional abuse and neglect.

Institutionalized children often face emotional abuse and neglect. Meiring (2008) refers to institutionalized children who are emotionally degraded by caregivers. He indicates that in some aggravating circumstances, children endure physical abuses. Dziro and Rufurwokuda (2013) pose that emotional retardation in children has far reaching impacts especially in the future of such children. Among other impact is low self esteem, being socially detached and in worse scenarios children may become vengeful.

Furthermore, Puras (2011) notes that, not only are children exposed to emotional abuse through their relationships with caregivers, but he is also of the view that growing up in an institution has well documented negativities on the self esteem of the child. Socially, child care facilities are viewed as a symbol of destitution, retardation, poverty and disorganization. This stigma is often borne by the children and it is often used to socially exclude and humiliate them. Heron and Chakrabarti (2003) argue that the stigma and stereotype on institutionalized children are at times expressed by their caregivers. They argue that this often take the form of discrimination, ill-treatment and exploitation of children, and all these have far reaching consequences on the emotional development of children. This research therefore looked into the relationships that exist between children in East London children's homes and their caregivers.

### 2.2.2.3. Socio-cultural needs

Children are born into certain social, religious, and cultural environments where they have to adapt to the norms believed and followed by the society. In conceptualizing the notion of the socio-cultural needs of children in society, Visser (2010) argues that it comprises of beliefs or practices transmitted from one generation to another and accepted as authoritative, or deferred to, without averment. In this light, Sihlongonyane (2008) believes that culture is the most common medium of socialization for children. In fact, social blending and the development of a sense of cultural identity are products of cultural orientation. Casky (2009) observes that culture plays a pivotal role in grooming socially acceptable behaviour amongst children. It is through socio-cultural propagation that an individual gets to be acquainted with the mores of a society. On a similar note, Woodhead (2006) argues that children identify themselves through observing others within their immediate environments. It is therefore imperative that children acquire proper socio-cultural orientation so that they can be able to confront other socio-cultural challenges they may face successfully.

In Africa, unlike in many other societies, culture is very pertinent and has great significance and impact on an individual's life experiences. Visser (2010) refers to African cosmology which depicts an individual and his or her role and significance in society. She elaborates that from an African perspective, identity is a collective phenomenon in which individuals ascribing to same beliefs and norms become socially engaged. In this case, Casky (2009) argues that institutionalized children are often deprived of their fundamental rights to identity due to institutionalization.

Furthermore, Visser (2010) argues that when we refer to socio-cultural factors impinging on human beings and their development, we refer to certain fundamental processes and needs which are either communally or universally acknowledged. In this light, she argues that culture is a medium used in the process of generating meaning, relevance, value, or worthiness and above all, it embodies elements or symbols through which people gain their self identity. Basing on these arguments, the Kingston Children and Young People's Trust (2009-2012) highlights the importance of the family institution in introducing children to socially and culturally accepted standards. It emphasizes that the primary obligation of a family system is to socialize its children into becoming prudent citizens who abide by the laws, values norms and other social principles which might not necessarily be defined. In this light, Browne (2009) notes that the dissolution of the family and the subsequent placement of children in child care facilities have severe impacts on the social, spiritual and moral growth of the children. Emphatically, Meiring (2008) notes that, children who are in children's homes are often bundled together regardless of the social, religious or cultural orientation. This, she believes deprives children of their rights to culture and identity.

As it has been noted earlier, institutional care continues to be one sector doing a great deal for the welfare of orphans and vulnerable children. However, Meintjes et al, (2003) observe that these institutions are lacking tremendously in terms of providing children with adequate social and cultural stimulation. In this regard, Tolfree (2003) notes that, child care facilities such as children's homes are the modern day incubators of moral and cultural decadence. She notes that professionalism is often encouraged in terms of handling children and meeting their physiological, psychological, social and other needs. However, very little is done to

preserve the cultural identity of these children. Equally, Casky (2009) argues that most child care institutions do not have a cultural preservation policy for children under their custody. In her analysis of the impacts of institutional care on the socio-cultural development and identity formation, Casky (2009) found out that children who stay in institutionalized care are largely disenfranchised and as a result they often have lowered confidence in cultural matters.

Tolfree (2003) therefore suggests that, for institutions to provide quality care that meets the children's needs, certain elements must be in place. These elements according to him include mechanisms for building a sense of identity and personal history such as family trees, memory boxes, and diaries, on site medical care, voluntary therapeutic and spiritual counselling opportunities and lastly regulation of child-caregiver relationships in order to prevent abuses.

In contrast, Abdulla et al, (2007) lament that many institutions do not meet requirements as stipulated in the national and international frameworks. More so, there is lack of monitoring and regulation of these institutions to ensure they comply with standing orders and regulations. This research therefore, aimed at evaluating institutional capacities including their policy environment and assesses how these affected the wellbeing of children. Effective policy environments in care facilities were deemed to reduce negative psychosocial experiences that might affect children's growth and development.

Moreover, Meintjes et al, (2007) note that, the milieu of institutional care in South Africa, especially under-resourced institutions, is such that, caregivers cannot cope with the children's need for attention. On a sad note, Williamson (2003) cited by Abdulla et al, (2007) indicate that in their study, one set of caregivers reported an

institutional policy of not responding to children's need for affection because of the fear of being physically overwhelmed by other children so desperate for the same attention. However, it can be argued that the act of denying children their need for attention has both psychological and social effects which can affect their conduct later on in life. As such, there is need to ensure that this need is met in order to promote normal growth and development for children. This researcher therefore found out the extent to which children living in East London children's homes are given attention by their caregivers in relation to their psychosocial development.

### **2.3. Challenges faced by children living in children's homes**

While institutional care has remained a panacea to the many orphaned and other vulnerable children, many researchers have continued to castigate institutionalizing children (Browne, 2009; Casky, 2009). They claim that children often face dehumanizing situations which destabilizes and undermines their growth and development in these facilities. In support of this assertion, Kangethe and Makuyana (2013) pose that the envisaged merits of institutional care has over decades of research been found to be short term while the negative impacts of the children's experiences in these facilities often last forever. Thus, in this section, the challenges faced by institutionalized children are discussed.

Kangethe and Makuyana (2013) observe that although children's homes have been founded on noble and well justified grounds of safeguarding the interests of children by providing their needed resources, these facilities are regrettably degenerating into unsafe and often socially destabilizing ventures where children are incarcerated and maltreated. Child maltreatment, sometimes referred to as child abuse and neglect,

includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual potential harm to the child's health, development or dignity (World Health Organization, 2011). Within this broad definition, five subtypes of maltreatment can be distinguished including physical abuse, sexual abuse, neglect and negligent treatment, emotional abuse and exploitation. As such, Pretorius (2011) notes with concern several challenges which children encounter while in the care of children's homes. Emphatically, Browne (2009) posits that globally children have remained vulnerable to rape, murder, sexual assault, and other emotional and physical abuses including beatings and mutilations. However he laments that the case of institutionalized children is often worse off as their plight is often overshadowed by organizations as they try to protect their cooperate image. In this light, Meiring (2008) mentions that institutionalized children are often subjected to rape, beatings, starvation and social ridicule and these often goes unreported. Children in child care facilities are made to believe that they are second class citizens whose rights are exchanged for the care and protection they receive.

Further, available literature indicates that young people in children's homes are among the most damaged and disadvantaged in society. Berridge, Biehal and Henry (2010) pose that children in residential care experience serious violations of their rights, such as systematic sexual abuse, exploitation, poor nutrition, poor hygiene and health care, educational deprivation or strict, regimented and harsh discipline. On a very similar note, Casky (2009) brings to light concerns associated with the experiences of children living in residential care as she mention that systematic rape and other forms of sexual abuse, exploitation, such as trafficking, physical harm including beatings and torture often happen unreported in child care facilities. She also refers to psychological harm including isolation, the denial of

affection and degrading discipline as some of the dreadful experiences that children in institutional care endure. Thurston (1996) cited in the Atlantic Online (2013) gives examples of neglectful situations endured by institutionalized children as she referred to Chinese children who are starving, lacking proper and decent clothing and lacking space or facilities for play as well as lacking individual attention from caregivers.

Furthermore, Wyngaard (2013) indicates that in South Africa there is a critical shortage of care giving institutions including children's homes and this shortage has resulted in some children staying under unsuitable conditions where they stay closer to each other in rooms and without adequate bedding. Loffel, Allsopp, Atmore and Monson, (2008) also argue that children's homes in South Africa are not providing enough social security for the children. These authors emphasize that the programmes offered to the children are often slackened and not effective. To this end, the World Health Organization (2011) poses that in most developing countries, institutions providing care for children and the aged are plagued by lack of resources and this often imply poor service delivery to service consumers.

Loffel et al., (2008) argues that the treatment of children in children's homes lowers the child's self esteem and confidence. Institutionalized children are made to believe that it is a privilege that they are being cared for by the institution as compared to others who are destitute and living on the streets. While this is done in the hope of motivating the child to appreciate the services, it also serves to intimidate children from complaining against poor services. This often amounts to children being deprived of certain fundamental needs. In the same light, Browne (2009) reports on cases of physical abuse, sexual molestation and abuse and emotional abuse as well

as neglect of children in Children's homes, either by staff members or by fellow older children. Such kind of maltreatment has psychosocial effects on the growth and development of the child. As such, the focus of this research is to find out the psychosocial experiences of children living in East London children's homes and analyze how these affect their developmental process.

Moreover, Schofield and Beek (2005) assert that the major and most important need for all children is a stable, warm, and predictable family environment which can provide the child with some form of certainty. The Kingston Children and Young People's Trust (2009-2012) note that a permanent family adds a critical element of predictability to a child's life, thereby promoting their sense of belonging. Being in a children's home and never knowing when and where one might be moved can cause stress on the child. It is the perception of the Bucharest Early Intervention Project (2009), that autonomous families are more capable of raising children than is the state or institution. Here it stressed that decision making regarding children in institutional care tends to be fragmented and diffuse as it is shared by social workers, professionals, therapists and evaluators, court personnel. As a result, children often suffer due to unnecessary protocols and thus in some unfortunate circumstances, children die or are permanently impaired due to the need for protocol.

The discourse of the negativities associated with institutionalizing children is also prominent at international level. The United Nations, Human Rights (2013) note that, the international community is continuing to castigate institutional care on the basis that it has more detriments than good to the welfare, growth and development of children. The World Report on Human Rights (1999) refers to various scenarios of

children living in children's homes worldwide were to explain the extremity and negativity of children's homes on the growth and development of the children.

The World Report on Human Rights (1999) refers to cruelty and neglect reported in the Russian Orphanages. The report mentions that in Russian orphanages, children are exposed to dreadful levels of neglect. Still more, the report states that the children are beaten, locked in freezing rooms for days at a time or sexually abused and often subjected to degrading treatment by staff. Furthermore, reports of shocking abuses have been documented in Chinese orphanages. The World Report on Human Rights (1999) highlights that infants suffered staggering mortality rates. In these orphanages children were deprived of adequate food and basic medical care, thus those admitted into welfare institutions in 1989 faced less than a 50 percent chance of surviving for more than one year. Dreadful experiences worldwide are also noted in Romania and many other countries according to the same report. As such, this researcher was compelled to also find out on the kind of experiences that children in the East London children's homes were going through.

Although several international legislations exist to protect the rights of children in general, there are no specific and comparable international standards and regulations protecting the rights of OVCs. As such, the Human Rights Watch as stated in the World Report (1999) advocates for the use of alternatives to institutionalization of children wherever possible, including support for families or extended families, and foster care, with placement in small residential care.

### **2.3.1. Psychosocial and emotional damages incurred by institutionalized children**

Kangethe and Makuyana (2013) wrote that children who stay in care facilities such as children's home are often exposed to certain psychosocial and emotional gaps which often results in developmental damages. To Kangethe and Makuyana (2013), the negative experiences encountered by children in institutional care have detrimental effects on their well-being and development. Casky (2009) indicate that lack of human eye contact and physical stimulation means that essential neurological processes within the brain are not triggered and this can cause brain stunning and low intelligence quotient (IQs). Similarly, Thurston (1996) cited in the Atlantic Online (2013) highlights that, the lack of play facilities in some child care institutions such as toys and developmental education also leave many children with redundant motor skills and language disabilities. Further, Casky (2009) highlight that poor nutrition and sickness due to overcrowding, poor hygiene and lack of access to medical care often translate to stunted physical growth. In tandem with Casky (2009), Tolfree (2003) emphasize that soiled clothing is often left on babies and infants for long periods of time. As such, failure to meet the needs of children at such a critical stage in life affects their psychosocial development. This study therefore intended to find out if the psychosocial needs of children living in East London children's homes were being adequately met.

More so, according to Pretorius (2011) not only are children affected by poor institutional care but also the transition from their natural homes to institutional care has quite devastating impacts on them. Bowlby (1907-1990) cited by (Berk, 2007) in his attachment theory argues that children often experience excruciating grief

caused by being separated from parents and siblings. He notes that this can leave children with lasting psychological and behavioural problems. Furthermore, Thurston (1996) in the Atlantic Online (2013), postulate that failure to have positive adult interaction from consistent care givers can limit children's ability to develop personal confidence and important social skills such as those relevant for positive parenting.

On a poignant note, Casky (2009) posits that, children particularly under the age of three are at risk of permanent developmental damage as a result of not being cared for in a family setting. Faris and McCarrol (2010) pose that there is no one, no matter how professional, who can successfully replace a child's natural parent. As such, according to her, long term stays for all children in institutions can have a lasting negative impact. Tolfree (2003) also views, the experience of institutional care as most psychologically damaging for children under five or six years. From another angle, Casky (2009) note that, children with disabilities are at an increased risk of experiencing abuse. However, Tolfree (2003) indicates that though physical conditions maybe good and the standard of education excellent, a number of problems remains inevitably associated with residential forms of care.

The experiences of children living in residential care also have immediate and long term social consequences in the life of a child. More on the immediate social effects, Kahan as cited by Heron and Chakrabarti (2003:82) argues that "children in residential care can present behaviour which is bewildering, unpleasant, frighteningly hostile, self destructive and undermining of all attempts at control..." On a similar note, Thurston (1996) in the Atlantic Online (2013:1), indicate that in one of the Chinese orphanages that she visited, she had "... expected the dying children to be crying, begging to be saved. Instead they were silent, withdrawn, and immobile.

They had no expectation of being comforted or saved...” This leaves Casky (2009) to argue that institutional care is creating lost generations of young people who are not able to participate fully in the society. This research encompassed the immediate social effects that East London children’s homes might be having on children.

Furthermore, it is sad to note the long term effects that residential care has on children, especially those who enter at a very young age. Casky (2009) indicate that children who experience severe physical and psychological violence prior and during institutionalization, can struggle with lasting developmental problems, injuries and trauma. Browne (2009) also notes the barriers that can exist between institutions and the community which can prevent children in residential care from developing social networks vital for their adulthood life. Statistically, Casky (2009) highlight that, in Russia one in three children who leave residential care becomes homeless; one in five, ends up with a criminal record; and in some cases as many as one in ten commits suicide. This researcher postulates that all these problems limit the life opportunities of children who grew up in care. It also affects their right to have an independent life since they would have been used to following a structured routine availed to them by the staff in which they exercise little or no choice of their own. Dziro and Rufurwokuda (2013) lament how children who grow up in care institutions may not know how to perform important chores, such as cooking, handling money, or being initiative where necessary. As such, they indicate that they are vulnerable to exploitation and abuse since they are ignorant of their rights and are just used to following instructions without questioning the authority of the person giving them the instruction.

Additionally, it is alarming to note that, not only does institutional care have effects on the victims themselves, but to the community as a whole. Casky (2009) contends that, due to the limited life opportunities that exist for children who have spent longer periods in care, they become vulnerable to criminal behaviour as a means of survival. Berridge, Biehal and Henry (2010) further elaborate that, children who have been in institutional care for longer periods are more likely to develop anti-social behaviour, attachment disorders, and to struggle with positive parenting. On a far extreme note, Tolfree (2003) contend that children living in care are more likely to end up depending on the state and other service providers for their survival, thus becoming less able to contribute to the society's social and economic development. In the next section, some case examples of the impacts of institutionalized care are discussed.

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### **2.3.2. Case studies on the effects of institutionalized care on children**

In order to effectively assess the impacts of institutional care on children, it is imperative that there is an exploration of various case studies with particular reference to the experiences of children within children's facilities in different countries. The researcher believes that exploring and drawing inference from these case studies will benefit the current research by opening up new issues which might possibly be overlooked.

#### **2.3.3.1. The Case of Romania**

The discourse of institutional care for children in many countries right across the globe has remained a very delicate issue that has been followed by scholars with much precision and enthusiasm. In a study conducted in Romania by the Bucharest

Early Intervention Project (2009), developmental capacities of children raised in large-scale institutions were compared with non-institutional and fostered children. The study revealed quite devastating differences in terms of the children's adaptation and development. The study was conducted as a longitudinal study which comprised of 208 children with a minimum age of 22 months. The researchers followed the children's emotional, behavioural and cognitive development, as well as brain activity and physical growth over a number of years. The outcome of this study revealed that compared with non-institutionalized and fostered children, institutionalized children showed higher symptoms of social and behavioural abnormalities such as disturbance and delays in social and emotional development, aggressive behavioural problems, inattention and hyperactivity, or a syndrome that mimics autism. Furthermore, this study also found that institutionalized children were far more physically stunted (for every 2.6 months spent in a Romanian orphanage, a child fell behind one month of normal growth) and they had drastically lower intelligence quotient (IQs) and levels of brain activity. Similarly, Tolfree (2003) highlights that, children in institutional care usually achieve fewer educational qualifications and lower levels of basic literacy and numeracy. In this study the effects were particularly pronounced in children who had entered institutions at a very young age (Bucharest Early Intervention Project, 2009). In the light of the case study, it is apparent that institutional care has quite devastating effects on the growth and development of children.

#### **2.3.3.2. The Case of Zimbabwe**

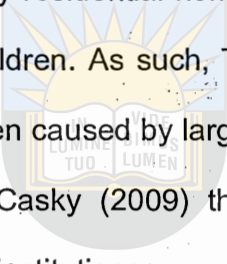
Insight on the subject of institutional care can be drawn by reviewing a psychosocial assessment of institutionalized OVCs in Zimbabwe. Powell et al., (2004) carried out

a research with a sample of 189 youth from 10 institutions in Zimbabwe. In the process, focus groups were formed to determine their response to institutional care and their psychosocial wellbeing as well. In their research, Powel et al, (2004) found out that children in residential care were far more psychologically disturbed, as compared to those in family based units. These researchers further indicated that many children in care institutions felt abandoned by their extended families. More so, severe cases of physical abuse in form of beating as a way of discipline were also noted in this study. In addition, many cases of children with bedwetting were revealed amongst youths who grew up in institutionalized care (Powel et al., 2004). Worse still, they also revealed that children who grew in institutionalized care lacked self-esteem and had more psychological stress than non-institutionalized children.

Powel et al., (2004) further highlighted that the youth in institutionalized care were worried about their future after exiting from the institutions. The finding from Powel et al., (2004) above can be corroborated by a similar study carried out by Dziro and Rufurwokuda (2013) in Zimbabwe that explored the challenges faced by girl children discharged from one care institution. Findings indicated that due to depersonalized environment imposed by care institutions, children did not have the opportunity to experience a normal family life and could not acquire the basic skills of developing the quality of humanity, love and trust. Their level of humanity or *ubuntu/botho/hunhu* was low. As a result, Dziro and Rufurwokuda (2013) noted that children in institutionalized care fail to acquire culturally specific life skills and their capacity to think independently was low. Further findings indicated that children discharged from residential care endured persistent abuse and emotional deprivation which they said gives rise to a lasting inability to form loving and trusting relationships, thus resulting to marriage break ups.

## **2.4. Institutional capacities and the psychosocial needs of children**

Child care facilities are said to experience some challenges in meeting the minimum requirements for psychosocial development of children. Casky (2009) gives an example of a government assessment which was done 2008 in Liberia. According to Casky (2009) the Liberian government assessed a sample of 114 orphanages and out of these, only 28 met minimum standards of care. Furthermore, she also notes that in a 2007 study made by UNICEF and the government of Sri Lanka, they discovered that, out of 488 voluntary residential homes, only 2% met the standards relating to the individual care of children. As such, Tolfree (2003) argues that poor standards in residential care are often caused by large numbers of children cared for by inadequate numbers of staff. Casky (2009) thus laments the complexity of achieving good quality care in large institutions.

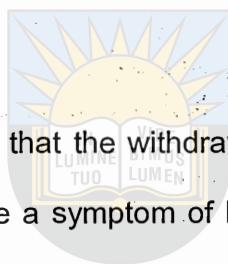
The logo of the University of Fort Hare, featuring a shield with a sunburst at the top, a book in the center, and the motto 'LUMEN TUO LUMEN' below it. The text 'UNIVERSITY OF FORT HARE' is written in a semi-circle above the shield.  
**University of Fort Hare**  
*Together in Excellence*

### **2.4.1. Staffing in children' homes**

Staff or caregivers in children's homes can be said to greatly influence the experiences of children living in children's homes either positively or negatively. However, in most instances staff in residential care are said to face some work-related challenges which in turn affect children negatively. Mahery, Jamieson and Scott (2011) brings to light that staff in children's homes are frequently overworked, under paid, have little say in decision making process and often lack a recognized professional qualification. As such, these tend to affect the way they care for the children.

Furthermore, the high demands on staff to care for the large numbers of children in care is said to reduce their efficiency. Heron and Chakrabarti (2003) bring to light

how the stressful nature of residential environments results to the risk of staff burn-out. They indicate that burn-out may have an impact on the level of care provided in children's homes because of the centrality of the child-worker relationship. According to Heron and Chakrabarti (2003) burn out is a condition of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who works with people. However, Thurston 1996 in the Atlantic Online (2013) believes that the failure of staff to have adequate levels of involvement with the children in an institution will undermine their ability to create a safe and caring environment.



More so, one can choose to argue that the withdrawal of staff from being involved with the children sometimes, maybe a symptom of burn-out. In tandem, Heron and Chakrabarti (2003), suggest that burn-outs are common in residential child care amongst the staff members. He further indicate that, the combination of excessive stress, violence, inadequate support and being unable to meet the children's needs may create a situation in which staff withdraw their involvement, especially from certain children. In reality the failure of a caregiver to meet a child's needs have some psychosocial effects on both parties. As such, the relevance of this study also lies in its aim of finding out how the relationships between the caregivers and the children in children's homes affect the child's growth and development.

Moreover, Pretorius (2011) postulates that, as a result of the extreme violence and disruptive behaviour displayed by certain children in residential care, the withdrawal of staff by way of staying in the office, may reflect a form of coping, especially when a children's home is out of control. However, one can choose to argue that, despite the situation, staff withdrawal is not something desirable. As such, Heron and

Chakrabarti (2003) come to a consensus that, for children's homes to have increasing opportunities for staff to be involved meaningfully in children's lives, a radical shift in the way control is wielded in social work departments may be required.

#### **2.4.2. Care givers retention capacity of child care institutions**

The constantly changing care givers who stand in as parental figures in the children's homes also serve to confuse the child and his/her understanding and acceptance of parental authority. Loffel et al., (2008) argues that most social service organizations in South Africa are struggling to retain its social workers including care givers in children's homes. This has been noted to be as a result of poor funding opportunities for the organizations; hence they cannot competitively remunerate their employees who then leave for greener pastures elsewhere. This problem is very significant in Eastern Cape which comparatively has lower employee remuneration and benefits for workers in the Social Service sector. Consequently, this has a negative effect especially in Children's homes where it compromises the bonding ability of the child to a primary care giver. This has also contributed to the maltreatment of children by their caregivers. Moreover, Heron and Chakrabarti (2003) points out the struggles that exist between staff and children. They state that an untrained staff group may not be able to define the true nature of children's needs. Mahery, Jamieson and Scott (2011) therefore advocates for an empowered staff group which will in turn produce empowered children. Failure of such will leave both parties denied meaningful rights within the care system.

## 2.5. Social work in Child Care Facilities

According to Loffel et al., (2008) social workers work in collaboration with other stakeholders and community members to provide protective, preventative and developmental services to children and families. In other words, the social work profession promotes social change and problem solving in human relationships. Moon (2004) note that, through utilizing theories of human behaviour and social systems, social work intervenes at the points where people interact with their environment. These organizations further elaborate that the vision of social work is to assist people to be able to face their circumstances and emerge victorious by escaping dysfunctions. The researcher strongly believe that social workers are charged with the pro-active responsibility of ensuring social functioning by preventing foreseeable challenges which faces children in their various care sanctuaries. Invariably, Loffel et al., (2008) argue that social work addresses barriers, inequities and injustices which various sections of the vulnerable in society like children experience as a result of their status of being susceptible.

In the context of child care facilities, social work holds a very crucial role in mentoring, protecting and safe guarding the interests of children's developmental, social, psychological, cultural and physical needs. Heron and Chakrabarti (2003) pose that social workers are one of the remaining pillar of support which is available to children and vulnerable families. They further articulate that social workers are taking the place of the extended family which is no longer visible in modern societies. In addition, they argue that social workers are increasingly becoming a venerated group of professionals who use skills, techniques, and professional activities to maintain social functioning.

More specifically, in child care institutions, social work interventions ranges from primary child care services to involvement in social policy, planning and development of care institutions and their related policy frameworks (Loffel et al., 2008). Care facilities for children in South Africa are constitutionally mandated to be managed and staffed by qualified social workers, whose duties and responsibilities include counselling, clinical social work, group work, and family reunification services. Generally, social work has a holistic focus on the wellbeing of people, however in institutions of child care, the focus is more on providing adequate nature and nurture conditions to permit children to achieve their potential best.

Woodhead (2006) postulates that children are the future, what happens to them in their first days, months and years of life affects their development, the development of society, and the development of the world. It is with this frame of mind that the researcher is concerned that if the welfare of children in children's homes is not addressed, this will pose threats to the future social functioning of the children hence, the need for social work intervention through research and policy planning issues.

## **2.6. Theoretical Framework**

The researcher approaches the research with a strong orienting framework of what will be studied and how it will be studied, which should where possible display the concept that underlies the assumptions and values brought to the research study (Healy, 2005). These theoretical assumptions are the statements the researcher makes about the nature of the world and human beings from their conception thereof (Moon, 2004). Therefore, there are several theories which have been postulated to

explain the growth and development of children giving major emphasis on their experiences and the quality of care they receive. These early theorists like Sigmund Freud highlighted that the psychoanalysis and the subsequent psychodynamic theories emphasised among others that failure to provide certain adequate conditions or needs to children might result in them being stuck at particular stages of development (Harms, 2010).

Furthermore, Bowlby as cited by Berk (2007) postulates that children's experiences are often guided and regimented with some frameworks of attachment. He elaborated that children grow to be independent adults if they gain a secure base of attachment from their caregivers. Perceived within the context of Bowlby's analysis and theorisation, children are social beings whose development is largely entrenched in their relationships with significant others. Throughout these theoretical interpretations and conceptualisation of what constitutes a successful childhood, major emphasis is often placed on the experience of children in respect to how their psychosocial needs are met.

Chapman (2006-2013) poses that the works of Erikson in the psychosocial theory better comprehend the various facets of childhood. This theory addresses important facets on the developmental stages of an individual. It clearly indicates the needs that should be met at each stage in order for successful development to take place. Failure to meet such needs according to Erikson results in developmental damages. As such, this theory shed much light on the psychosocial experiences of children living in East London children's homes. The researcher established a link between the psychological and social needs of children in residential care and how failure to meet such needs can result in developmental damages. The following section will

therefore give a detailed analysis of the psychosocial theory in relation to the needs, growth and development of children and in this case those who are living in residential care.

### **2.6.1. Psychosocial theory**

The Psychosocial theory was developed by Erik Erikson (1969). The theory focuses on explaining developments that takes place in social relationships and self-understanding over the life span of an individual. According to Fleming (2004), the psychosocial theory is an extension of the of Freud's psychoanalytic theory. The psychosocial theory asserts that people experience eight psychosocial crisis stages which significantly affect each person's development and personality. The theory refers to the complications which happen at each developmental stage as psychosocial crises. The "crisis" may be understood in the context of Freud's psychoanalytic theory which defines "crisis" as an internal struggle or challenge which a person must negotiate and deal with in order to grow and develop successfully (Chapman, 2006-2013). Unresolved conflicts at any stage of development may resurface at a future stage.

It can be noted that Freud's work inspired many developmental theorists including Erikson. Chapman (2006-2013) notes that Erikson accredited some of the concepts in Freud's theory such as the psychological structures, the psychoanalytic methodology and the early stages of development. However, Hoffnung, Hoffnung, Seifer, Smith, Hine, Ward and Quinn (2010) note that the difference in Erikson's theory is that he redeveloped the psychosocial theory by introducing a lifespan view of development. Emphatically, Harms (2010) also highlight that Erickson's eight staged model of psychosocial development focuses on the influences of the

surrounding social environment. As such, unlike Freud's theory which mainly focused on development during infancy, Erikson's theory identifies eight critical stages which happen from infancy to adulthood.

Moreover, Chapman (2006-2013) indicate that Erikson derived the term psychosocial from two main words, namely psychological which refers to the brain, mind or personality and social which refers to the external factors such as relationships and environment. Emphatically, the psychosocial theory postulate that throughout life people experience various stages at which they constantly meet different challenges (Fleming, 2004). As such, the fulfilment of needs at each stage which Erikson calls crisis allow people to move on to the following stage. According to this theory as cited by Harms (2010) if individuals fail to resolve the crisis during any of the stage, there is bound to be continuous reoccurrence of that crisis which was not handled properly, up until some psychosocial work necessary for that crisis is done.

### **2.6.2. Rationale for choosing the psychosocial theory**

A good theoretical framework should be able to address the various facets of the subject of inquiry. The greatest merit of using the psychosocial theory in the study was its ability to cover a wide range of age groups and its explicit and predictive nature which explains possible damages and predict symptoms on children whose experiences were not favourable to their growth and development. Based on the theory, the study managed to analyse the different human developmental stages as prescribed in the psychosocial theory including the infancy, early childhood, preschool, school going and adolescent stages. The theory provided pointers that helped in guiding the study in making sense of the various psychosocial experiences


of the children. According to Vandell and Wolfe (2000), Erikson's theory describes the impact of social experience across the whole lifespan. Implicitly, the theory allowed an assessment of a range of social, economic, emotional, physical, and psychological experiences of the children.

Furthermore, the psychosocial theory was crucial in this study as it allowed the researcher to go beyond the general or intuitive explanations when making conclusions regarding the experiences of the children and their subsequent behaviour. The theory provided a broad frame of reference within which each particular instance of experience on the part of the children was analysed. It also allowed age appropriate assessment of the children. According to the theory, children's development is regimented into specific development stages in which certain specific areas of social, moral, physical and psychological manifest at certain specific ages. In this light, any negative experience by a child at any stage can disturb the dominant developmental process and thus potentially destabilise the development and growth of the child.

Given the vulnerability and the importance of childhood experiences as noted by Sharp and Cowie (1998) that early years are formative of children's long-term prospects, the psychosocial theory was very insightful in this research project. The theory was handy in explaining a range of disturbed personalities. Maxwell (2005) allays that research should not only be concerned about finding out the problem without suggesting possible ways of arresting the problem. In this light, the psychosocial theory proved its viability in this study through its extensive approaches of how to tackle and ameliorate the various experiences faced by children.

Erikson's theory further consents that the effect of children's experiences is cumulative. It avers that children a problem at one particular phase of development will continue to manifest even after the child would have passed that stage. This aspect of the theory was very central in the assessment of the children's experiences and the subjective implications on their behaviour. The theory allowed the researcher to go beyond the face value of children's current behaviours and experiences but rather to tap deep into the past experiences of the children which could be possible explanations of the current problems and behaviours.

## 2.7. Conclusion



In conclusion, this chapter has given an overview of the psychosocial experiences of children living in care facilities. Emphasis has been placed on elucidating on the various needs, challenges and experiences of children in care facilities. The chapter has also managed to locate the discourse of institutional care within a psychosocial theoretical framework which gives a longitudinal overview of children's (human) growth and development over a life span. Most importantly, the chapter has also managed to identify some gaps within the literature of child care within institutional facilities. The following chapter is fully devoted to reviewing literature on child care policies pertinent to the care of OVCs particularly those in children's homes.

## CHAPTER THREE

### LEGAL FRAMEWORK GUIDING INSTITUTIONAL CARE

#### 3.1. Introduction

Having discussed the psychosocial needs of children placed in children's homes in the previous chapter, it is crucial that there is an underscore of the legal dimensions of child institutionalization with reference to the placement, treatment, care and protection of OVCs in children's homes. South Africa is internationally recommendable for the sterling work it did in terms of both public and private investments in the area of child care and protection. Notably, Meintjes et al (2007), note that South Africa can pride itself of having created an enabling environment for effective child welfare services in terms of policies and legislations relating to OVCs. They further observe that there are specific South African policy and legal frameworks which relate to residential care provisions for OVCs. Further, Casky (2009) poses that key official policy documents relating to OVCs at a national level in South Africa include the Bill of rights, the White paper on social welfare of 1997, Children's Act no. 38 of 2005 and its amendment, Minimum Standards for South African Child and Youth Care Centre, the OVC Policy Framework and the National Action Plan. More so, the country continues to be an active player and implementer of international, continental and regional policies relating to the welfare of OVCs. Thus, this chapter discusses the various legislations and how they promote the welfare and psychosocial needs of children.

### **3.2. The South African Constitution of 1996: Bill of Rights**

Lombard (2008) refers to the Bill of Rights entrenched in the South African Constitution, Act 108 of 1996, as the corner stone of all national legislations relating to the welfare of all South Africans and everyone living in it. The constitution guarantees that all people have a right to equality, dignity, life, freedom and security, right to be free from slavery, servitude and forced labour. Further, the constitution guarantees the right to citizenship, the right to a healthy living environment, proper housing, and access to food, water, health care, and social security. In addition, the constitution has some special provisions for children and these special rights are enshrined in Section 28 of the Bill of Rights. These rights among others include the right to be protected from maltreatment, neglect, abuse and degradation. The Bill of Rights also stipulates that, people have a right to follow and preserve their own culture; practice their own religion; and use their own language. Essentially, the rights guaranteed by the Bill of Rights forms the fundamental basis of all legislations relating to the welfare and integrity of children despite their status, colour, ethnicity or race.

### **3.3. The White paper on social welfare of 1997**

Lombard (2008) cites Patel (2005) and Midgley (2007) in posing that South Africa is acknowledged nationally and internationally as one of only a few countries to have embraced a developmental social welfare approach. According to Lombard (2008) the White Paper on Social Welfare of 1997, forms the basis upon which the South African welfare system is based. In essence, the White Paper on Social Welfare of 1997 maps out the direction which the child welfare sector was to progress under the

new democratic dispensation. In fact, all other policies and legislations relating to the welfare of South African citizens derive their mandate from the White Paper of 1997. This makes the White Paper a strategic document in as far as the welfare of vulnerable people is concerned.

### **3.4. The Children's Act number 38 of 2005**

The Children's Act no. 38 of 2005 is one of the policy directives in South Africa on the care and protection of children. Pretorius (2011) notes that the Children's Act defines residential care as any facility in which children are housed outside their potential home, and include schools of industry, foster care placement, places of safety, as well as children's homes. The Act precisely defines the various circumstances which can render a child to be in need of care and protection. Further, Casky (2009) notes that unlike other previous legislations pertaining OVCs which lacked accountability, the new Children's Act factually designate points of reference as to who should be responsible for children. Therefore, the following section will discuss some of the vulnerabilities that leaves children in need of care and protection thus resulting in them been placed in residential care.

#### **3.4.1. Orphaned children**

One of the undisputable factors about children in residential care is that they are vulnerable to several social, economic and emotional damages. United Nations Children's Fund (UNICEF) South Africa (2010) reports that an estimated 3.7 million children in South Africa are orphaned and about half of them have lost one or both parents to HIV/AIDS. A significant number of these orphans end up in residential care. Furthermore, available literature indicates that in Sub Saharan Africa, the toll of

HIV/AIDS is a great burden to many households than anywhere else in the world. Abdulla et al., (2007) pose that most institutionalized children are from extinct families in which both parents had died. On a similar note, Amey, Forchech and Setlhare (2012) acknowledge that HIV/AIDS is not the only threat to humanity in South Africa, they refer to other diseases including, tuberculosis, heart diseases, respiratory diseases and road accidents as possible reasons for death, but emphasized the implications of HIV/AIDS. Similarly, Meintjes et al., (2007) postulates that HIV/AIDS does not only affect children by rendering them parentless, in some instances the parents are still alive but their capacity to look after them would have been diminished. In such cases children become care givers to their parents and this warrants their placement in homes as a way of insuring their care and protection. More so, some children in homes are themselves patients of HIV/AIDS. These children according to the Children's Act 38 of 2005 are believed to be in need of care and protection. As such, the South African Constitution of 1996 in the Bill of Rights stipulates that they require medical assistance including assistance in managing their diets, taking their medication and also they require psychological interventions to help them cope with the stress and stigmatization which comes with being HIV positive.

Ironically, a research carried out by Meintjes et al., (2007) point out that the reasons for placing children in homes as a result of HIV related issues are ironically less prominent than what might be expected considering the large percentage of HIV negative children living in these children's homes. To this end, a Tolfree (2003) argues that, the most common problems which bring children to homes includes abandonment, abuse, neglect and domestic violence. It is thus the contention of the researcher that, being orphaned and staying in a care facility places children in a

position of being in need of more than shelter and other physical amenities. The manner and extent to which these needs are being met in East London children's homes is the focus of this study.

### **3.4.2. Abused or Neglected children**

The Children's Act 38 of 2005 also regards abused and neglected children to be in need of care and protection. Globally, children are among the most vulnerable population group. Several forms of onslaughts are often reported. Tolfree (2003) poses that due to their physical vulnerability; children are often victims of abuse. In Botswana, the Department of Child and Youth Affairs (2011) defines child abuse as an act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm. There are several forms of child abuse which include physical abuse, neglect, abandonment, sexual abuse or exploitation, emotional abuse and parental substance abuse. In South Africa, an increasing number of abused children are entering the institutional care system. Meintjes et al., (2007) highlight that; over 30% of the children in the audit from their research had experienced abuse and neglect. According to them, these findings which place abuse and neglect as the main reason for children's placement in child care facilities were indorsed repeatedly by those working in both formal and informal homes. These researchers further point out that some children's homes ended up shifting their target from accommodating other categories of children such as street children, to also providing care to other abused and neglected children.

### 3.4.3. Abandoned children

A child is believed to be in need of care and protection according to the Children's Act 38 of 2005, when he or she has been abandoned. According to Child Welfare Information Gateway (2011), abandonment is deliberate relinquishing of control over children by their natal parents or guardian, and the children have been left in circumstances in which they suffer serious harm, or the parent fails to maintain contact with the child or provide support for a specified period of time. UNICEF South Africa (2010) laments the path walked by South African children to adulthood. It alleges that some South African families are very poor to afford the needs of their children hence they voluntarily give them up to care institutions or abandon them in the hope that someone will take responsibility over them. In echoing similar sentiments, the Department of Social Development, South Africa (2012) alleges that since 1994, the number of children who are abandoned by their parents is increasing. Meintjes et al., (2007) indicates that 24% of children in homes in which he carried out his study were recorded as abandoned. They also note that the manager of a children's home in KwaZulu-Natal argued that the main reasons why children were put in their care was abuse and abandonment. Furthermore, Meintjes et al (2007) also quote the founder of a home in the Western Cape in highlighting that the home admitted several babies and young children who were abandoned.

The effects of abandonment of children have far reaching consequences on the life of the child in the present and in the future. Casky (2009), contends that abandonment affects the child throughout his or her life. She further highlights that the most apparent challenge for abandoned children is their lack of identity. Tolfree (2003) argues that it is myopic to suggest that all that abandoned children need is

shelter, clothing and food. Rather she stresses that there is no substitute which can match family love, and social workers can not in any way restore an individual's identity. Casky (2009) refers to abandonment trauma that children experience in care facilities. She argues that, homeless children who do not know their identity or families tend to develop a negative self perception. More so, such children are likely to have a low self esteem and confidence. In addition, children who are victims of abandonment usually experience prolonged depression. Thurston (1996) cited in the Atlantic Online (2013) believes that the trauma that children go through affect their psychosocial and physical development.

### **3.5. Purpose of Institutional Care in line with the Child Care Act of 1983**

The Child Care Act (1983, 29:1) cited by Meintjes et al., (2007) stipulates that, the general goal of children's homes is for the reception, care and bringing up of children. However, Meintjes et al., (2007) indicate that there are slightly different provisions and regulations associated with each. They further point out that the vast majority of children's homes are run by welfare organizations and only a small portion country wide are managed entirely by the government. However, Loffel et al., (2008) posit that despite the fact that the government might be running a smaller portion of children's homes compared to welfare organizations, the government still has an upper hand in controlling the placement of orphans and vulnerable children in such facilities. Emphatically, the Child Amendment Bill (2006, 158:1) stipulates that a court inquiry is required in order for children to be placed in any of the care facilities. According to the Child Care Act (1983, 14:4) the placement of children is done basing on a series of criteria which defines a child legally as being "in need of care".

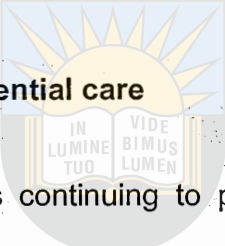
This will therefore determine whether a child should be placed in residential care or other care facilities depending on the needs of that specific child.

In addition, Meintjes et al., (2007) argue that, unlike the Child Care Act of 1983 which focuses primarily on children's protection, the new Children's Act of 2005 and its Amendment Bill attempt to legislate for a continuum of care. A continuum of care according to the Child Amendment Bill (2006, 158:1) entails the provision for prevention and early intervention/home and community based services for children. It further articulates that a child may only be placed by the courts in a residential care facility if other option is not appropriate. However, Meintjes et al., (2007) further argue that, at the time in which they carried out their study, the provisions for home or community-based interventions in both the Children's Act and the Amendment Bill remained superficial and undefined. As such, this researcher has been prompted to find out if this is still the case during the period of this study.

More so, the new legislation requires Child and Youth Care Centres which include children's homes to provide therapeutic programmes as appropriate to the targeted children's developmental and other needs (Children's Amendment Bill, section 191:2-3). However Casky (2009) points out how this contrasts with the current context, in which the requirement for developmental and therapeutic programmes is located at policy rather than legislative level, in the Minimum Norms and Standards for Child and Youth Care Centres. As such, Pretorius (2011) notes that the new legislation clearly frames residential care not only as a last resort for children's care, but also as an intervention that requires more than simply addressing children's physical basic needs.

Furthermore, the Children's Act of 2005 and its Amendment Bill in rethinking and re-conceptualizing residential care, provide considerably more detailed provisions for the sector. These according to the legislation include, more detailed registration and operational requirements, specific provision regarding Department of Social Development responses to unregistered homes, provision for quality assurance and a requirement that the Department ensures that there is a strategy in place to ensure an appropriate spread of Child and Youth Care Centres in every province to cater for the range of children' needs (Child Amendment Bill, 192:1).

### **3.6. The rights of children in residential care**



In South Africa, the government is continuing to promote the principle of social justice especially in the area of child care. Notably, Loffel et al (2008) pose that South Africa has adopted most of the international instruments and legislations on child care and protection. These among others include the United Nations Conventions on the Rights of the Child and the African Charter on the Rights of the child. More encouragingly, Fraser-Moleketi (1998) mentions that there are certain legislations which have been put in place to ensure the adequate protection of children placed in residential care and other related institutions. Fundamental to the care and protection of OVCs are their basic rights both as citizens of South Africa and as children in care facilities (Ministry of Welfare and Population Development as cited by Fraser-Moleketi (1998). According to the same report children who stay in care facilities have a right to know their rights and responsibilities. However, Browne (2009) observes that despite this being enshrined as one of the fundamental rights of children, in most instances institutionalized children are often exploited as they are not oriented to their basic rights. On the same note, Tolfree (2003) brings to light that

institutionalized children together with their families are often viewed with a negative perception. Child care organizations which render institutional care to children often consider the children and their respective families as not fit for self determination and hence they are excluded from participating in the intervention process.

Furthermore, Loffel et al., (2008) argues that institutionalized children have a right to appropriate and competent assessment of their developmental needs. Essentially, Lombard (2008) observes that wherever institutional care is considered it should take the route of the strength perspective with the family and the community being priority points of developing the child and fostering the need for permanency. On the same note, the Ministry of Welfare and Population Development as cited by Fraser-Moleketi (1998) argues that institutionalized children have a right to have a regular review of their placement and care plan. On this note, Thurston (1996) cited in the Atlantic Online (2013) posits that there is a tendency in child care institutions of not keeping updated track records of the needs and assessment of children. As such, Meintjes et al (2007) argue that in most instances the initial developmental needs which a child comes with on entering the institution is often viewed and emphasized through the stay of the child in the facility. This is despite the fact that the child might have progressed and might now be with different priorities and needs.

### **3.7. Minimum Standards for South African Child and Youth Care System**

The South African child welfare system was quick to observe that there is a need to introduce measures and guidelines in as far as residential care for orphans and vulnerable children is concerned. Through the minimum standards for child and youth care system, the Department of Social Development instigated a process of

evaluation and a framework of policy reference. According to the former minister of welfare and population development, Fraser- Moleketi (1998), the minimum standards for South African child and youth care system were divided into prevention, early intervention, statutory process, the continuum of care services and resources. She further highlights that the minimum standards provides some basic principles upon which intervention especially at residential care level are to be implemented. Fraser-Moleketi (1998) observes that fundamental to the care and protection of OVC is accountability.

Essentially, the principle of accountability places an obligation on the person or organization which deals with young people to ensure that they provide appropriate and quality services which do not compromise the psychological, social and future of the child. Further the Ministry of Welfare and Development as noted by Fraser-Moleketi (1998) indicate that intervention which may remove a child from his natural setting should be geared towards empowering the child and his or her family. On this account Cameron and Maginn (2009) emphasize that services rendered to institutionalized children should be focused on building the children's capacities for development. He stresses that institutionalization should offer the child opportunities to build his or her future.

More so, the minimum standards for child and youth care system emphasize the active participation of the child and his or her family in the process of intervention. Essentially, Children's Act 38 of (2005) observes that priority is placed on the best interests of the child. With the same token Casky (2009) argues that the principle of participation as espoused in the developmental model of welfare critically places the family in the fore front in all matters regarding the care and protection of their

children. On the same note the guidelines requires the capacitating of families to ensure that they retain the custody of the child. Further, it is the perception of the guidelines that institutional care and protection should be the last resort. Echoing similar sentiments, the United Nations, Human Rights (2013) argues that residential care is often restrictive for the child hence on the continuum of care should be the last resort. Furthermore, Fraser- Moleketi (1998) highlight that intervention services offered to OVCs who enter the care system should be wary of the need for the continuity and sustainability of such services. Essentially, the ministry's 1998 report states that the changing social, emotional, physical, cognitive and cultural needs of the young person and their family should be recognized and addressed throughout the intervention process. It stresses that intervention services should link the young person with support services so as to ensure sustainability even after the intervention process. This is done with the vision to ensure the normalization of the child.

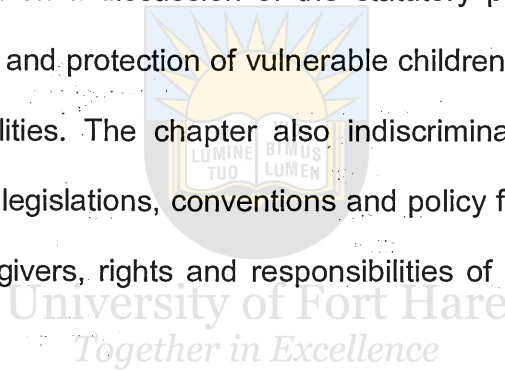
### **3.8. The United Nations Convention on the Rights of the Child**

The United Nations Convention on the Rights of the Child is one of the major guidelines for the care and protection of children which has been ratified by many countries. Casky (2009) indicates that South Africa adopted the policy in 1995 and it has been applied throughout the Minimum Standards of the South African Child and Youth Care System. Fraser-Moleketi (1998) highlights that there are four key principles of the Convention on the Rights of the Child, and these have been fundamental in formulating the rights of children in institutional care. These principles according to her include; best interest of the child (article 3), non discrimination (article 2), survival and development (article 6) and participation (article 12).

However there are also other articles of the Convention which are believed to be important to the child and youth care system such as protection and privacy (article 16), protection from abuse and neglect (article 19), periodic review of placement (article 27) and (article 37) which gives measures on the punishment or deprivation of children's liberty (United Nations, 2009).

### **3.9. Conclusion**

This chapter has focused on a discussion of the statutory provisions available to guide and inform the care and protection of vulnerable children especially those who are resident in care facilities. The chapter also indiscriminately discussed local, national and international legislations, conventions and policy frameworks pertaining to the obligations of caregivers, rights and responsibilities of the child in child and youth care facilities.



## CHAPTER FOUR

### RESEARCH METHODOLOGY

#### 4.1. Introduction

This chapter outlines the research methods which were utilised in gathering data towards describing the psychosocial experiences of children residing in East London Children's homes. Radzilani (2010) highlights that; social construction of meaning is based on multiple realities constructed in the interaction between and among people, and allows for the investigation of participants' perceptions from their own perspective and experiences. This research therefore investigated the psychosocial experiences of children in selected children's homes as was determined by their needs and the ways in which these needs were met in their respective homes. Areas covered in this chapter include, methods of data collection, the population under study, sampling methodologies and techniques, method of data analysis and ethical considerations.

#### 4.2. Research methodology

Research methodology according to Creswell (2009) refers to methods and general approaches used in conducting empirical investigations. Similarly, De Vos, Strydom, Fouche and Delpont (2011) note that research methodology is a systematic way adopted in solving a social concern or a problem. Terre Blanche and Durrheim (2006) also note that the main concern of methodology is how scientists go about their studies. Interestingly Marvasti (2004) also highlight that methodology essentially navigates and illuminates the procedures to be followed in explaining, describing and

predicting phenomena under study. This section describes comprehensively the practical aspects of how the research was carried out. It outlines the logic or ideological principles which were followed in carrying out the research. This refers mainly to the research paradigm, research design, methods of data collection and data analysis.

Generally, the two types of research methods which can be used in carrying out a research and these are qualitative and quantitative research methodologies. Qualitative research methodology emphasises the description and understanding the nature of a problem or phenomena. It involves the study, use and collection of a variety of empirical materials like case studies, personal experiences, introspection, interviews and other related materials that describe the routine and problematic moments and meanings in individuals and societal lives (Creswell, 2009). Guest, Mac Queen and Namey (2012) pose that reality in qualitative research is socially constructed, the researcher is opened up to new meanings of reality through exploration of the collected data. The approach refutes the idea that reality can only be constructed through an objective manner (Creswell, 2009).

This research used a qualitative research method. The choice of using a qualitative methodology in this research stemmed from an assessment of what a qualitative approach was capable of contributing to the body of social science knowledge. Qualitative research method offers a rich reservoir of meaning, interpretation and is also good at answering critical dimensions of a research problem like "how and why" (Terre Blanche and Durrheim, 2006). Such dimensions of a problem are often unanswerable under quantitative methods. Moreover, using a qualitative methodology in this research was deemed crucial in preserving the integrity and

meaning of data which was collected. Quantitative research methods often require conversion and suppression of data and during this process, some data lose its meaning, this is avoidable when using the qualitative approach in which the meaning of data is captured, analysed and reported verbatim without major changes in its content (Berg, 2004).

This research was by far interested in the psychosocial experiences of children living in children's homes specifically in East London. These experiences of children could not be objectively quantified. It required that the orphans and vulnerable children describe the manner in which the phenomena of living in a children's home was affecting them and it is through their narration that an analysis of the relationship between living in children's homes and psychosocial experiences was arrived at. Qualitative research methods were used in collating data which was used in justifying the manner in which the psychosocial experiences of institutionalised children was affecting their lives. Terre Blanche and Durrheim (2006), claim that qualitative methods brings the researcher closer to the people or phenomena under study, it gives the participants an opportunity to define their situation, and narrate the meanings they give to their situation, state of the phenomena or events.

#### **4.3. Research Paradigm**

A paradigm is an integrated cluster of submissive concepts, variables and problems attached with corresponding methodological approaches and tools (Creswell, 2009). Berg (2004) defines a paradigm as a perspective based on a set of assumptions, concepts and values that are held by a community or researcher. In tandem, Terre Blanche and Durrheim (2006) note that the research process has three major

dimensions which are ontology, epistemology and methodology. As such, they further highlight that the research paradigm is an all-encompassing system on interrelated practice and thinking that define the nature of enquiry along the three dimensions. Maxwell (2005) therefore highlights that there are three major paradigms in the social and behavioural sciences namely quantitative research, qualitative research and mixed research. This study used the qualitative research paradigm that relies on the collection and interpretation of qualitative data. According to Creswell (2009) a qualitative paradigm is an interpretative approach in which the assumption is that reality should be interpreted through the meaning that research participants give to their life world.



#### **4.4. Research design**

The study was conducted with a distinctively qualitative approach through gathering in-depth data by means of interviews with children and their caregivers in selected children's homes. Marvasti (2004) defines research design as including the entire steps followed by researchers in order to complete their study. He further notes that research design involves asking questions based on theoretical orientation, selection of participants, data collection and giving feedback on the results. According to Terre Blanche and Durrheim (2006), qualitative research methods allow the researcher to analyse selected issues in-depth and with openness and to give effect to certain themes that are submerged in the discourse of study. Terre Blanche and Durrheim (2006) further argue that qualitative research allows for a story to be told from the participants' point of view and this in turn provides an opportunity and access to rich descriptive data. Qualitative methods are generally used to identify, describe and explain phenomena. It gives a holistic, vivid and explorative view of the

phenomena under study and in this case, the experiences of children living in East London children's homes.

#### **4.4.1. Specific research design**

The research was focused on investigating the psychosocial experiences of children in East London children's homes. These experiences were explored using a case study and an interpretive phenomenological view taking cognisance of the impact of these experiences to physical, social, emotional, psychological and spiritual development of the children.

Generally, phenomenology can be said to be the study of a phenomenon. Hancock (2002) note phenomenology is a way of describing something that exists as part of the world in which we live in. He also highlights that phenomena includes situations, events, experiences or concepts. On the other hand, Creswell (2007) note that a qualitative approach to case study is described as that in which the value of case study relates to the in depth analysis of a single or small number of a unit. Hancock (2002) also argues that case study research design offer a richness and depth of information as compared to other methods. In this research, the case study approach was used as it provided an opportunity for an in depth understanding on the emotions and feelings of orphans and vulnerable children who are institutionalised through analysing a small group of children in similar circumstances.

#### **4.5. Methods of Data Collection**

Generally, methods of data collection are the tools or methods that researchers use to collect data. These, according to Creswell (2009) include interviews, documents and visual materials. Similarly, Hancock (2002) highlights that individual interviews,

focus groups; observation and secondary data review are the main methods of collecting qualitative data. This research used two methods namely individual interviews and secondary data review. One can argue that qualitative methods of collecting data can be time consuming and also that data is collected from very few people as compared to quantitative approaches. It is however important to note that the advantages of using the qualitative approach are that the data obtained from participations is rich and in depth. This enables the researcher to gain a deeper understanding of the phenomenon under study. Further, a major difference between quantitative and qualitative methods is believed to be in terms of their flexibility. Edmonds and Kennedy (2012) point out that the quantitative methods such as surveys and questionnaires are quite inflexible compared to the qualitative methods. On the other hand Maxwell (2005) believes that qualitative methods are more flexible as they allow a greater opportunity of interaction between the researcher and the participant without restrictions. In addition, Berg (2004) also brings to light the fact that relationships in the qualitative study are less formal as compared to those in quantitative study which are formal and has restrictions based on the closed-ended questions.

Given the nature of this study, the researcher perceived it most appropriate to use the qualitative methods of collecting data. Such methods allowed more room for the participants living in East London children's homes to freely express themselves in an informal way. Also given the fact that this study was carried out with predominantly child participants, there was need for the researcher to first of all build a relationship with the participants through giving them the platform to respond to questions regarding their background in a non restrictive manner. From there questions regarding their experiences in children's homes were asked in an open-

ended manner, so as to get an in depth understanding of how they experience life on a daily bases in such institutions. The following is an overview of the in-depth interviews and secondary data review methods which were used in this research.

#### **4.5.1. In-depth Interviews**

This study used in-depth interviews as the main method for collecting data. According Maxwell (2005) qualitative researchers rely quite heavily on in-depth interviewing. Similarly, Bless, Higson- Smith and Kagee (2006) define in-depth interviewing as a qualitative research technique that includes conducting intensive face to face interviews with a small number of participants in order to explore their perspectives on particular situation. Zack (2008) proposes that in-depth interviews are mostly used in qualitative research since they allow for the researcher to gain insight on the experiences, knowledge, opinions, likes and dislikes, attitudes and motivations of the participants. Wilson and Powell (2001) note that there is increasing need for including children's perspectives as relevant and insightful in learning more about aspects of their world. However, they further indicate that interviewing young children is quite different from interviewing adolescents. Young children are believed to be often active as opposed to adolescents who are frequently believed to be self conscious. As such, in-depth interviews unlike structured interviews were most appropriate considering the different age groups that were living in children's homes.

In this research, in-depth interviews allowed room for flexibility with reference to the different age groups that were interviewed. As such, one on one interviews were done to explore the psychosocial experiences of children living in East London children's homes. This method was useful as it provided the researcher with useful

information about the children's thoughts and behaviours. In conducting this research, insight were gained about certain issues through the use of an in depth interview guide. The use of in-depth interviewing technique and probing gave participants the opportunity to respond in their own words, rather than restricting them to choose from fixed responses, as would be in the case of quantitative methods.

The main advantage of using in-depth interviews in this study was that they provided the researcher with much detailed information as compared to other methods of data collection such as surveys and questioners. Also, considering the fact that this study focuses entirely on children and their psychosocial experiences in homes, the in-depth interviews created an informal atmosphere in which the young participants felt more relaxed and free to share their experiences with the researcher.

However, there are few limitations and pitfalls encountered through using interviews for data gathering. Boyce and Neale (2006) note that, this method can be time consuming because much time is consumed in conducting interviews, transcribing them and in analysing the results. As such, this researcher set aside time for transcription and data analysis when planning for the data collection effort.

Furthermore, Wilson and Powell (2001) also indicate that in-depth interviews require the interviewer to be appropriately trained in interviewing techniques. As such, this researcher used her interviewing experience gained during her six months placement period at Child Welfare Grahamstown as a student social worker. During this placement period, much exposure was acquired through having in-depth interviews with foster care children of different age groups on their experiences in foster care placement. In this particular research therefore, the researcher managed

to acquire rich data from the children by making them comfortable in what they were saying. This researcher used effective interviewing techniques such as avoiding yes or no responses and leading questions. The researcher also used appropriate body language, a non-judgemental attitude and controlled emotional response to enhance the outcome of the interviews.

#### **4.5.2. Secondary Data Review**

Furthermore, secondary data review was also used as a second method of data collection. Randolph (2007) purports that secondary data review or content analysis refers to the study of the content and meaning of texts and information resources, such as books, essays, interviews, discussions, historical documents, speeches, conversations, websites and images. Ardently, Berg (2004) highlights that researchers supplement participant observation and interviewing with gathering and analysing documents produced on daily basis. As such, Randolph (2007) defines document review as an un-obstructive method which is rich in portraying the values and beliefs of participant in the intended setting. Barzun and Graff (2004) also brings to light that secondary data such as letters, minutes of meetings, announcements, formal policy statements and other written documents are very useful in developing some understanding of both the setting or group to be studied. Therefore, in this particular study a variety of sources relating to the psychosocial experiences of children living in institutional care were reviewed. This among other documents included records and reports regarding children's psychosocial wellbeing, journals and policy statements in the selected children's homes.

The greatest advantage of content analysis is that it is un-obstructive and non-reactive in nature (Storey, 2004). In this case content analysis is believed to be

conducted without disturbing the setting of the study in any way. However, Berg (2004) highlights that content analysis require much reasoning and explanations of all the content gathered for analysis.

#### **4.6. Population, Sampling and Sample**

This study used the cross sectional process of data collection. This is a once off process of collecting data, as opposed to the longitudinal data collection process used in ethnographic studies (Creswell, 2007). The research domain, population of the study, sampling technique and the sample size used are described below:

##### **4.6.1. Research Domain**

In this study the research domain was East London. In other words this is the area where the study is conducted. The researcher believes that East London is a suitable place for conducting the research because it is one of the areas with several children's homes in the Eastern Cape Province. East London also represented a dynamic society with varying social stratifications all from which the research immensely benefited. The study area is also constituted with people of different income levels. The researcher was aware that in East London there are low and high income residential areas. Similarly, some children's homes were located in the high income zones while others were located in low income zones. As such, an analysis of the dynamics between and amongst children's homes located in high and low income areas was considered crucial in understanding the psychosocial experiences of institutionalised children. In this regard, one institution, (Institution A) was located in Mdantsane which is largely a low income residential area while the other (Institution B) was located in East London central business district.

#### **4.6.2. Population of the Study**

A population consists of all the subjects that a researcher intends to study (De Vos et al., 2011). More explicitly, Bless, Higson-Smith and Kagee, (2006) define population as all individuals about whom the research project is meant to generalise. Berg (2004) indicates that while researches are carried out for the benefit of all the population, it is in most instances difficult to include each member of the population into the sample. As such, researchers rely on sampling techniques in order to get their sample or unit of analysis. In this study, the population referred to all children who were living in East London Children's homes and their respective caregivers. The common trait of the selected population was that it comprised of orphans and vulnerable children who were living in children's homes specifically located in East London. As such, these children had a common ground of experiencing life in institutional care as opposed to a natural home environment. The population in the study included children from at least 8 registered children's homes in East London. In addition, the population will include all the direct caregivers of the children and the respective managers of the institutions.

#### **4.6.3. Sampling**

Generally, sampling is a systematic process in which the researcher selects a few cases from the larger population and subjected them to a test so as to draw conclusions and insinuations about the larger group. Cherry (2010) stresses that a sample can be better understood as a finite part of a statistical population. On a similar note, Welman and Kruger (2001) highlight that the term sample involves decision about which people, settings and events, behaviour and social processes to observe. Correspondingly, Creswell (2009) believes that sampling is a process of

taking a portion of a population as a representative of the larger population. Sampling is crucial in research as it helps in downsizing the number of possible participants to fit the capacity of researcher (Denzin and Lincoln 2000). Similarly, Cherry (2010) poses that, in most instances, the population consists of too many elements which due to financial and time constrains the researcher may not be able to approach. In this research, a purposive sampling technique was mainly used to select the sample.

#### **4.7. Sampling methodologies and techniques**

As noted above, sampling is the process of selecting units for analysis. There are two types of sampling methods, that is, probability and non-probability. This research used non-probability sampling method. According to Boslaugh (2007), probability methods are appropriate for large scale studies concerned with representativeness. On the other hand, he notes that non-probability approaches are more suitable for in-depth qualitative research, which often focuses on understanding complex social phenomena. Non-probability approach was therefore suitable in this research which sought to explore the psychosocial experiences of children living in homes.

##### **4.7.1. Specific sampling technique**

Purposive or judgemental sampling was used in selecting the sample in the study. Bless et al., (2006) defines purposive sampling as the intentional selection of certain cases from the universe which display specific variables which the researcher intends to investigate.

#### **4.7.1.1. Sampling criteria for the children's homes**

The researcher used stratified random sampling criteria in choosing children's homes to include in the sample. A list of all children's homes in East London was first drawn and from the list, differentiation was done between institutions which were located in high income areas and those from low income areas. Notably, out of the 8 institutions, 3 were located in high income category while the other 5 were from low income category. Small pieces of paper were written the names of the institutions in each category, (high and low income categories) and were placed in a hat from which 1 paper was randomly drawn from each category. An institution whose name was selected was thus duly chosen to participate.

#### **4.7.1.2. Sampling criteria for the caregivers and managers**

Two caregivers and two institutional managers were also needed to complement the sample. The selection for the caregivers and managers was done using purposive selection criteria. Apparently, in institution 'A', there were 3 caregivers and 1 institutional manager while in institution 'B' there were 2 caregivers and manager. Sampling for caregivers was done purposefully; the researcher purposefully selected the most senior and long standing caregivers in each institution. Selecting long serving caregivers to participate in the study was deemed crucial as it allowed the researcher to tap information from reliable sources who had been with the children for quite a long time. More so, choosing senior caregivers was considered important as it would allow the research to benefit from the longitudinal history of the experiences of the children under the care and protection of such caregivers.

On a more similar note, sampling for institutional managers was also conducted purposefully. In each of the sampled institutions, there were only one manager and this one was automatically included into the sample.

#### **4.7.1.3. Sampling criteria for children**

Purposive sampling was also used in selecting the children who participated in the study. A list of names of children in the selected children's homes was obtained from the respective authorities. Purposeful exclusion of children who were below the age of seven years was done as these were deemed too young to express their experiences. On the other hand, preference was also given to children with special needs and experiences who displayed peculiar dynamics from which the research could benefit. The sample included children with a history of abuse, neglect and also equal consideration was awarded to gender balance. The age of the participants was deemed to correspond with the amount of information the child could be able to remember. In this regard, the researcher utilised children who were aged 7 years and above, it was deemed their psychological and intellectual development allow for productive interaction.

#### **4.8. Unit of analysis/sample size**

In this research, the size of the sample was determined by the need for accuracy and the degree of variation in terms of the characteristics of the population group. Creswell (2009) defines a unit of analysis as the actual number of samples to be investigated. In this study, a total of 24 samples were used. These included 20 children, 10 from each institution, 2 caregivers and 2 managers.

#### 4.9. Justification for Using Purposive Sampling

Purposive sampling was justified in this research on the grounds of representation and its ability to be generalised. Purposive sampling allowed the researcher to include a variety of cases which helped in ensuring that the study was representative of the entire population. Creswell et al, (2007) justifies the conscious involvement of the researcher in the selection of cases, through purposive sampling, and argued that it allows the researcher to include cases which display characteristics fundamental to the study. In addition, another advantage of using purposive sampling in this study was its ability to limit the research to only those instances which possessed characteristics which were being sought (Neuman 2011). This improved research objectivity and also reduced the financial burden of the process. More so, because of the strict selection of cases which bore the characteristics being sought in the study, it is possible to generalize the results of the study to the wider population.

On the other hand, disadvantage of purposive sampling is that it may confine the research to the preconceived ideas of the researcher and block chances of discovering new and unexpected results since cases are chosen based on what the researcher aims to study. The conscious involvement of the researcher in choosing the sample thus interferes with the independence of the research. As such, purposive sampling is predictive by nature as it always tends to prove what the researcher wants the study to prove. In this regard, combining purposeful selection criteria and random methods created a balance between the liberal nature of the study while at the same time allowing the research to rope in rare cases from which the research immensely benefited and allowed for generalisation of the findings.

#### **4.10. Data analysis**

Thematic analysis was used by the researcher to analyse data. Edmonds and Kennedy (2012) describes thematic analysis as a process of encoding qualitative information. As such, Edmonds and Kennedy (2012) note that the researcher in this case develops “codes”, words or phrases that serve as labels for sections of data. Guest, Ma Queen and Namey (2012) pose that the process of inductive thematic analysis consists of reading through textual data, identifying themes in the data, coding the those themes and eventually interpreting the structure and content of those themes. In this study, the researcher started by reviewing data collected on the psychosocial experiences of children in East London children’s homes, developed notes and divided emergent themes into similar categories. The method, according to Edmonds and Kennedy (2012), helps researchers to move their analysis from a broad reading of data towards discovering patterns and developing themes. Similarly, Saldana (2009) note that the process of thematic analysis moves beyond counting explicit words or phrases and focus on identifying and describing both implicit and explicit ideas within the data, that is, themes. He further highlights that after data is put into themes, codes will then be developed to represent the identified themes and then applied or linked to raw data as summary makers for later analysis. This method was appropriate in this study because it allowed flexibility.

#### **4.11. Ethical considerations**

The research observed the maximum possible precautions of facts and undertakings which ensured the safety, humane treatment, and which guaranteed freedom on the part of the participants. Below are the ethics which were upheld in this study.

**Voluntary participation:** The principle of voluntary participation which entails that no participant under whatever circumstance can be forced to participate was well observed in the research. Participants were first told about the intent and possible implications of the research on their person and institution and were also informed that at any point in the study, should they choose to discontinue, they would do so without any hindrance.

**Informed consent:** This principle which entails that people must be made aware of the possible ramifications before they can make a decision to either participate or not was also observed. In this study, participation was confirmed by a written consent which was only put into effect after a full disclosure about the nature of the research and possible implications.

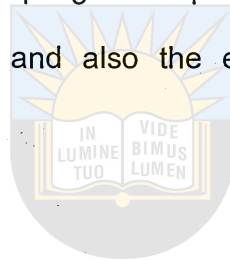
**Protection from harm:** The researcher ensured that there was no kind of harm incurred by the participants. The researcher made effort to ensure remove any possible cause of psychological, social and physical harm and this included seeking appropriate advice and authorisation from the authorities responsible for the children and other participants.

**Privacy:** According De Vos et al (2011) privacy entails the right to freedom of an individual to choose when and how their information, views, beliefs, behaviours and attitude are to be shared or withheld from others. As such, the researcher strictly protected participants' personal names and their respective institutions. As a precautionary measure, the research made use of pseudo names "A" and "B" for the institutions.

**Presentation of findings:** As a matter of priority, the research findings will be published through the legal channels to allow future researchers who may want to undertake the same research as a base to start on.

#### **4.12. Conclusion**

This chapter outlined the research methodology that was used in the study. The qualitative research design employed was explained and justified. Additionally, the chapter explored the population, sampling techniques and sample size. Further, the data analysis used was laid out and also the ethical issues that guided the researcher.



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## CHAPTER FIVE

### FINDINGS AND DISCUSSIONS

#### 5.1. Introduction

This chapter mainly focuses on the presentation of the findings and a discussion thereof. The chapter is divided into two sections with the first section containing the qualitative results of the interviews. These findings are presented according to the themes that emerged. As such, these findings which are in thematic form are described and interpreted based on the feelings and experiences of participants and not through quantification. The second section thus, provides a discussion of the findings of the study.



#### 5.2. Presentation of findings

Broadly stated, this study aimed at examining the psychosocial experiences of children living in East London children's homes and how these experiences affected their growth and development. More specifically, the study was more interested in exploring psychological and social needs of institutionalised children in East London children's homes. The research also aimed to examine institutional capacities in terms of affording children sustained livelihoods. Lastly, the study was concerned about coming up with possible suggestions and policy recommendations on how best to improve the psychosocial experiences of children. In order to acquire well grounded and credible information to answer the various facets of the study, interviews were carried out in 2 children's homes. The first children's home was located in high income suburbs while the other one was located in the low income

suburbs of East London. A total sample of 24 participants was used in the study. Notably, of the 24 samples, 20 were children from the two institutions, from each institution, 10 children were sampled. More so, the sample included 2 caregivers and 2 managers from the respective institutions. The sample from the two institutions was equal, although there were differences in participants' ages. Below is a presentation of the profile information of the sampled children's homes. (Institution 'A' in this study represents the children's home located in the low income area while institution 'B' refers the children's home from a high income area).

### **5.3. Participant Organizations' Profiles**

There are several statutory and other operational rules and regulations which are used to monitor access and evaluate operations of child care giving institutions. An assessment of the legal and operational profiles of the organizations in this research was perceived to bring into perspective a direct reflection on the feasibility and accountability of the organizations in their care giving obligations. The managers of both institutions were asked to give information regarding the registration of their respective institutions. Notably, both institutions indicated that they were registered with the Department of Social Development. Institution 'A' (located in a township) was certified to care for up to 85 children while institution 'B' (located in an affluent suburb) was allowed to care for up to 15 children. However, despite these certified operational capacities, institution 'B' indicated that they were oversubscribed by one child. The same challenge of over subscription was also reported by the manager of institution 'A'. She said,

*“We are always overwhelmed, in most instances we get more children than those whom we are certified to care for. We find it hard to turn away a child who is in need of care and protection.....”*

The above noted quote illustrates two poignant points in as far as institutionalised children’s psychosocial experiences are concerned. Firstly, the point made shows that children are often overcrowded. Still on the same note, a second level analysis of the quotation also reveal that the capacity of the children’s homes are being overstretched which thus affirms a possible conclusion that the children are not getting adequate attention, care and other physical resources.

### **5.3.1. Activity Domains of the Sampled Institutions**

Understanding the activity domains of a particular institution helps in assessing the effectiveness of that organization in discharging its duties in line with its vision and mission. The broad objective of institution ‘A’ was stated as “economic, social and community development”. On the other hand, the mission of institution ‘B’ was stated as “to promote, protect, and enhance the safety, wellbeing and healthy development of children”, while their vision is to lead in the achievements of a safe and caring environment for children. Generally, the core business of the studied institutions was centred on the provision of care and protection of orphaned and vulnerable children.

The management of the investigated organizations were asked to state the major activities and services offered by their institutions. It emerged that both institutions had child welfare as their primary service sector. Notably, both institutions mentioned that 60% of their funds were consumed by child welfare services which include, food for the children, maintenance of children’s residences, salaries for caregivers and

other staff, security, as well as other child welfare services. While both institutions were mainly involved in the care and protection of children, institution 'B' had younger children compared to institution 'A' which had more of teenagers. However due to a critical shortage of child care institutions in the Eastern Cape Province, it emerged that institution 'B' had some children who were above the stipulated age limits.

In addition, both institutions revealed that some of the services they offered to the children included counselling services to traumatized children, provision of nutrition, rehabilitation services for minor behavioural problems, family reunification services and educational programmes including life skills programmes. Both of the investigated institutions out sourced some expert skills and services which they did not have the capacity to run. The out sourced services included special educational services as well as psychological services.

#### **5.4. Biographical Information of the Children**

This section provides findings on the biographical information of the children in the investigated children's homes in East London.

##### **5.4.1. Age**

One of the most contentious issues on the discourse of institutional care relates to dynamics in children's ages and the impacts this has on children growth and development. In this research, questions were tendered to ascertain the children's ages and how age affected their psychosocial experiences. It emerged in the study that the sampled institutions were guided by certain operational policies which restrict them to care for specific age groups. In both institutions which were

investigated, the minimum age was two years and the maximum age limit was eighteen years with possibilities of extension up to twenty one in cases where a child will still be in school. The ages for the sampled participants in this study ranged from 7 to 19 years for girls while for boys it ranged from 7 to 18 years.

More specifically, the sample in respect of girls included one 19 year old, three 17 year old, one 16 year old, one 10 year old, three 8 year old and lastly one 7 year old girl. On the other hand, boys who constituted the sample included one 18 year old, two 17 year old, three 15 year old, two 9 year old, one 8 year old, and lastly one 7 year old boy. The distribution of ages in the two institutions showed some distinct differences. In institution 'A', which is located in a low income area, the institution was caring for older children most of whom were above the age of ten. Contrastingly, institution 'B' which was located in a high income area had largely younger children most of whom were below the age of ten. There were however exceptions, for instance, institution 'B' had a boy aged eighteen years while institution 'A' also had some few children who were below the age of eleven. Apparently, out of the twenty respondents, institution 'A' had ten children who were above the age of ten while institution 'B' had nine children below ten and one who was eighteen years old.

The age structures of the investigated institutions were not in any way surprising as they were sharing similar dynamics with international statistics which reveals that institutions located in uptown suburbs often care for young children while those located in poorer parts of the society are often caring for older children. Dziro and Rufurwokuda (2013) explain that, institutions located in wealthy suburbs have higher chances of having their children adopted by the often wealthy residents as compared to those from poor or low income areas. More so, Thurston (1996) in Atlantic online

(2013) alleges that institutions located in high income areas are often well funded such that they can run effective rehabilitation and family reunification services which allow their children to be rehabilitated and returned back to their natural families earlier thus they maintain a young child population.

More so, according to one care giver from institution 'A', when children reach an age where they realize that their stay in the facility is coming to an end, they start to purposefully delay their progress in school so that they may prolong their stay in the institution as allowed by Section 179 of the Children's Act. Apparently, the purposeful prolonging of stay in care by institutionalised children vindicates the fact that institutionalised children feel ill prepared to face the external world on their own. According to Dziro and Rufurwokuda (2013), children in care institutions often face a bleak future outside the caring institution and in most instances they are afraid to leave the care system hence they intentionally delay their discharge.

#### **5.4.2. Educational Levels of the Sampled Children**

Education is the key to children's successful futures and wellbeing. Without education, children can miss out on important life opportunities such as sustainable employment. According to Csaky (2009), the major thrust of institutional care is to afford OVCs an opportunity to access vital life enhancing services which they are likely not to get if they remain in their natural families. Education is one such vital service which has been appraised as one of the strengths of institutional care for children. Questions relating to the children's educational levels and qualifications were asked in this research. The findings of the study revealed that all children who participated were attending school and were attending different academic levels. The participants' academic levels ranged from grade one up to grade twelve. Table 5.2

below shows the academic levels of the children who constituted the sample of this study in their respective institutions.

**Table 5.1. Educational Levels of the sampled Children**

Grade	Institution A:	Institution B:
	Number of children	Number of children
One	0	6
Two	0	3
Six	1	0
Seven	5	0
Eight	2	0
Nine	1	1
Twelve	1	0

#### 5.4.3. Discrepancies in Children's Actual Ages and Corresponding Academic Levels

As indicated in table 5.2 above, there are some discrepancies existing between children's ages and their educational levels. Most of the children were in grades which were lower for their corresponding ages. A worrying and typical example is that of four 17 years' old children who were still doing grade seven. In another instance, a 10 year old child was in grade two, and another 18 year old was doing grade 9 instead of grade 12 or should have completed his high school. According to the management from both Children's homes, the gaps between the age and

educational levels of the children can largely be attributed to the children's learning disorders. The manager of institution 'B' said,

*Some of these children have severe learning disorders, most of them are slow learners thus they take long to grasp certain things hence they need to repeat most of their classes*

Berk (2007) mentions that when a child experiences a very traumatic event in his or her life, that child may experience a barrage of challenges including impairments to his/her cognitive abilities. Perhaps the often traumatic events which institutionalised children often experience prior to their institutionalisation are responsible for the children's learning disorders. To elaborate on this more, an 18 years old boy who was still doing grade nine said,

*I have been repeating most of my classes because I could not pass each grade at once*

Further, according to another girl who was 19 years old but still doing grade 12, "repeating a grade causes a lot of emotional stress". She had to lose most of her friends who proceeded to the next grade while she repeated the same grade. She even elaborated that she hates school because she was often teased by others more especially her classmates who were often younger than her but performed better than her.

#### **5.4.4. Higher School Starting Ages**

There is a long standing debate on the most appropriate school starting age for children amongst social scientists. Casky (2009) mention that children who go to

school at a later age have higher chances of settling in well than those who start school at a younger age. This research revealed that due to various reasons, most children in the investigated East London Children's homes started school later than most non institutionalized children. One manager indicated that at times they receive a child who is sick such that he/she is not able to start school immediately. She further disclosed that in some instances, a child might be too small to attend normal school and therefore will be enrolled in nursery school. Csaky (2009) highlights that there are several factors which help in determining a child's readiness to start formal school. She highlighted that among some of the attributes which signal a child's readiness to start schooling include the ability to follow structured daily routines, ability to dress independently, ability to work independently with supervision, ability to listen and follow a conversation with others, and the ability to cooperate and play with other children. According to the care givers of the children in East London children's homes, most of the children under their care portrayed poor adjustment and readiness for school.

##### **5.5. Institutionalisation as a Black Child Problem in South Africa**

South Africa as a rainbow nation constitutes people of various nationalities and ethnic backgrounds. However, the historical explanation and connotation of poverty as it relates to different racial and ethnic groups seem to have a huge stake and influence in terms of the distribution of social service consumers. The findings of this research established that mostly black South African children and a few Colored children are the consumers of institutional care services in the investigated children's homes. Out of the twenty participants who were interviewed, 19 children forming 95% of the participants were black Xhosa children and only 1 child was of a Colored

origin. There were no white or Indian children. Table 5.3 below summarises the racial composition of the investigated child care facilities.

**Table 5.2: Racial Composition in East London Children’s Homes**

Blacks	Colored	Indian	Whites	Others
19	1	0	0	0

The ethnic structure of East London children’s homes as shown in table 5.3 above reflects the national and provincial outlook of poverty distribution among different ethnic and racial groups of South Africa. According to Abdulla et al, (2007), in South Africa, poverty as measured in terms of the number of people consuming social services is high amongst blacks followed by Colored, followed by Indians and lastly Whites. More precisely, Van Der Berg (2010) points out that in South Africa, blacks consume at least 61.9% of the total social services meant for the poor, followed by Colored people who account for 32.9%, and the remainder is shared between Indians and Whites. Notably, past racially biased socio-economic policies of Apartheid which largely disenfranchised the blacks and thus rendering them the poorest, tend to be influencing the composition of children’s homes in East London. It is mostly children from poor black families who stay in these facilities

Furthermore, another feasible explanation for the discrepancies in the ethnic structure of East London children’s homes revolves around different social and cultural configurations between and amongst different ethnic groups. Sihlongonyane (2008) observed that in most native African families, it is the responsibility of the family including the extended family to take care of their orphaned and vulnerable children during their time of need. On the same note, Browne (2009) mentions that there has been a gradual dissolution of extended families and this has resulted in

most African children lacking means of support once their natural parents pass away, thus leaving them no other option but to end up in institutional care. According to the management of both institutions, usually it is Black children who stay for longer periods in their care institutions. They further stated that children from other races such as Whites and Indians often found families who were willing to adopt them unlike the Black children.

## **5.6. Biographical information of caregivers**

The responsibility and ability to provide effective and sustainable care giving services especially to OVCs require some level of personal, psychological, emotional and academic maturity, professionalism and discipline. In this study, it emerged that the caregivers of children in East London children's homes were largely of mature age. In particular, all of the sampled direct caregivers to the children were aged above 25 years of age. Precisely, one was 55 years old and the other was 28 years old. Still on the same issue, the managers of the investigated children's homes were aged 50 and 27 years respectively. The Kingston Children and Young People's Trust (2009-2012) mention that people of mature age are capable of giving children the utmost care and protection they deserve. Similarly, Dziro and Rufurwokuda argue that young people especially those who are not married and do not have experience in raising their own children often take their care giving responsibility lightly and this compromises the quality of their care and protection received by children.

### **5.6.1. Qualified Institutional Managers**

In the modern day world, competence in any work or activity is being measured in terms of personal academic credentials and hands on experience. In this research,

questions pertaining to the academic qualifications and experience of the management staff of the investigated institutions were asked. This study revealed that both of the investigated children's homes were under qualified supervision. Notably, the research found out that the management personnel of both institutions were all in possession of a suitable qualification in the area of child care and protection. Precisely, both managers of the two institutions had an undergraduate Social Work degree. More so, both managers had some professional certificates relating to the care and protection of OVCs in institutional care.

#### **5.6.2. Semi Skilled and Non Skilled Primary Caregivers**

The study found out that while the top management of the children's homes were qualified for their jobs, it was not the same with the direct care givers. Precisely, out of the two caregivers who participated in the study, one had a certificate in child care and the other did not have any qualification including grade 12. The lack of qualified primary caregivers in East London children's homes had far reaching implications on the quality of care rendered to children. One manager from institution 'B' indicated that due to lack of appropriate academic qualifications, primary caregivers working in her institution were often under performing their duties and hence were often viewed with contempt by the children, the community and donors. Ellen, Bassuk, Kristina, Kathrine and Volk (2006), argue that the task of care giving to traumatized children requires well equipped, trained and competent individuals. Competence in care giving for orphaned and vulnerable children is critical in that it helps the caregiver to identify non adoptive behaviours amongst the children. The Kingston Children and Young People's Trust (2009-2012) highlight that caregivers or natural parents who are educated can easily bond with their children as they can easily adapt and

understand the needs of their children and often have time and ability to help their children with their homework and other activities.

### 5.7. Poor Child-Caregiver Relationships

Childhood is an important period in human development. Cameroon and Maginn (2009), emphasise that one aspect of childhood which need to be tackled with great care is the ability of the child and his/her primary caregiver to form secure and long lasting relationships. In this study, 3 children mentioned that they found difficulty in finding someone who they could ask for advice given that their caregivers lacked confidentiality. More so, another girl aged 12 years mentioned that she could not trust the caregivers to assist her with her school home work or any other important activity or assignment in her life. The girl said,

*It's difficult to trust these Taunties because if you tell them anything, they will use it against you or the next thing the whole centre knows about your problem.....you cannot even trust their help with your homework...*

According to the psychosocial theory of Erickson as cited by Harms (2010), if children lack someone in whom they can invest their trust, they develop basic mistrust, which translates into withdrawal, depression and paranoia. Perhaps the apparent negative relationship and mistrust between the investigated children and their caregivers was responsible for the poor adjustment of the children. Some of the children from institution 'A' showed signs of uneasiness, irritability and could not trust the researcher with their information. Moreover, in institution 'B', one girl completely refused to speak to the researcher and exhibited extreme sign of being withdrawn. Additionally, one caregiver said, "sometimes the children will be emotionally low,

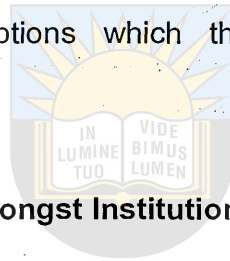
they lock themselves in their rooms and we have to lift them up.” The caregiver’s statement reveals that the children experienced depression and mood swings; these could be attributed to the poor attachment between the children and their care givers.

According to Mcleod (2007b), and Meintjes, Budlender, Giese and Jonson (2003), it is not always the physical things including cash and gifts which are crucial in as far as the care and protection of children is concerned. Rather, these scholars propound that the quality of relationship between a child and his or her primary care giver surpasses any material support or care. To this end, Bowlby (1969) in his attachment theory establishes that pertinent in a child-caregiver relationship is the mutual bond which he believes to be the basis of a trusting and secure relationship. Precisely, Bowlby underscores that a child requires what he calls a secure base from where he or she can explore the world. He emphasized that the secure base should comprise of a relationship in which a caregiver invests emotionally and materially in a child. According to the attachment theory, children naturally become attached to a significant adult in whom they can trust and invest emotionally.

#### **5.7.1. Low self Concept amongst the Institutionalised Children**

More so, from a psychosocial perspective, children who are between the ages of 6 to 11 years are in the developmental stage, which Erickson cited by Harms (2010) in his psychosocial theory called the inferiority versus industry phase. Particularly, this phase coincide with the school going age. Children will need to develop relationships with their age mates at school and identify themselves as individuals who are unique in their own special ways. However, starting school later puts pressure on the child as he/she will start to realize the age difference between him/her and her class

mates. Erickson as cited by Chapman (2006- 2013) suggested that if a child lives through poor conditions which compromise this stage of development, the child develops an inferiority complex characterized by low self esteem, feelings of worthlessness, and lack of interest in life and activities. Precisely, it emerged in this research that children in East London Children's Homes displayed signs of low self esteem and a significant number of them had very low interest in school work neither were they interested in activities which could earn them significant recognition. This can be attributed to poor care and support which the children were getting from homes and the negative perceptions which the society often have about institutionalized children.



### **5.7.2. Loneliness and Self pity amongst Institutionalised Children**

The children were asked to describe the person whom they could trust and confide in if they had a problem. Notably, out of the twenty participants who were interviewed, only 3 indicated that they would confide in their caregivers, while 7 did not have a response, 2 said they would tell a friend and the remaining 8 said they would prefer to deal with their problems alone.

Apparently, the perceptions of the children regarding their support systems suggest an unfavourable child-caregiver relationship. A surprisingly high percentage of children who indicated that they would rather not trust anyone in their lives points to a possible self pity and isolation. Furthermore, the disparity between the number of children who trusted their caregivers and those who would choose to suffer in isolation could possibly be a precursor suggesting poor attachment between the children and their caregivers.

### **5.7.3. The need for good quality care**

In a further attempt to find out the psychological needs of children living in children's homes, children who participated in this study were requested to discuss their opinion regarding the quality of care offered by their respective institutions. Out of 10 participants from institution 'A', 4 children translating to 40% of the total sample from institution 'A' registered their belief that they were receiving high quality care. More so, another two children equating to 20% of all the sampled children from institution 'A' explained that they felt that the quality of care they were receiving was of medium quality whilst one child mentioned that she felt that she was receiving poor quality services. She emphasized that the care she used to receive from her natural family was better than that she was now receiving. More so, three children also from institution 'A' were not sure or didn't have answers to the question.

On a positive note, children from institution 'B' generally had positive perceptions about the quality of care they were receiving. More specifically, seven children translating to 70% of the total sample from institution 'B' mentioned that they believed that the quality of care they were receiving was of high quality, two (20%) described it as being of medium quality. There was no child from institution 'B' who described the quality of care as being of poor quality and lastly only one child was not sure of how she could describe the quality of care she was receiving.

### **5.7.4. Unsustainable Child-Caregiver Ratio**

Thurston (1996) as cited in Atlantic online (2013) reiterates that, the number of dependants under a single caregiver determines the level of attention afforded to the children. In this study, the number of children which each caregiver was responsible

for at any given time was investigated. It emerged that in both of the investigated institutions; caregivers were overwhelmed by their caseloads. One caregiver indicated that the number of children under her care was too large for her to personally attend and emotionally invest herself in each child. Apparently, each caregiver was responsible for an average of 15 children. According to the Centre for Parenting and Research (2006), the child-caregiver ratio determines the level of emotional attachment which any child and his/her caregiver may have. Too many children under one caregiver reduce the amount of time and attention which a child can get and this heavily compromises their relationship. Further, the ability of a caregiver to have quality time with his/her children also works to the advantage of forming and strengthening the bond between such caregiver and the child. In their research, the Centre for Parenting and Research (2006) found that parents or caregivers who spend more time with their children enjoy better attachment than those who spend relatively less time with them. In this light, it can thus be argued that due to the high child-caregiver ratio in East London children's homes, there was poor attachment between the caregivers and the children.

#### **5.8. General Dislike for Institutional Care**

In an endeavour to establish the perceptions of the children in East London children's homes regarding their stay and welfare in their respective caring facilities, the researcher requested the children to share how they felt about being in institutional care. Out of the twenty participants, eight indicated that they were happy to be in institutional care, three mentioned that they were bored, while another five expressed that they were sad and not happy. Lastly, four participants indicated that they weren't sure of how to explain their feelings.

Given the children's young and often non abstract nature, it was imperious to closely explore both the verbal and non verbal cues so as to determine their emotional states and feelings regarding their stay in the care facilities. Some statements reiterated by the children revealed some undertones of resentment by the children over their stay in the caring facilities. One 8 year old girl said,

*"I feel great being here. This place opens your mind and vision. It's a nice place for me since I don't have a home.... Every day when I wake up I see things differently*

This child communicated resignation of knowing that she has no other alternative so she has to be content with what was available for her. The child's statement that she sees things differently can be a precursor to the fact that the child is living with anxiety especially regarding the future. This finding concurs with Dziro and Rufurwokuda's (2013) view that children in institutional care face the challenge of uncertain futures. They observed that due to lack of a vision of what the future holds, institutionalized children often live with acute anxiety and choose to live by the day. Another 15 year old boy indicated that:

*I feel okay, sometimes we are safe, and sometimes we are sad*

The above noted statement expresses mixed feelings which also capture the constant mood swings which were reported by seven of the twenty sampled children. Moreover, the researcher noted that this participant looked somehow sad, and seemed to be struggling to hold his tears. However, when further asked to explain her response, he clearly stated that he felt comfortable ending her statement there. As such, the researcher could not prompt on that question any further.

## 5.9. Good and Secure Living Environments

On a more positive note, this research revealed that children in East London children's homes were living in neat and secure conditions. Generally, the children were staying in clean rooms where each child had his or her own linen and mattress to sleep on. However, the manager of institution 'A' indicated that they were facing critical shortages of linen and beds. She further highlighted that the most difficult period for the children was during the winter which have to endure without adequate blankets. With regards to the physical safety of the children, the research established that physical security in both institutions was recommendable and of high quality. Precisely, both institutions were using hired security personnel who watch over the institutions at night. More so, both facilities had installed high rising security walls around the facilities. Moreover, in each residence where the children slept, there was always a caregiver who slept there and provided care to the children as and when it was needed by the children.

According to Cameroon and Maginn (2009), a warm and safe environment for children connotes the availability of an array of services which enhance the physiological and mental well being of the children. Additionally, according to the psychodynamic and the psychosocial theories as cited by Chapman (2006-2013), children need to establish a sense of safety for them to explore other avenues of their lives. Precisely, the attachment theory emphasizes the need for a secure base for children to explore other things in their lives. The theory further emphasize that a secure base can be conceptualized at two distinct levels that is, a secure base in terms of their (children's) physiological safety and a secure base in terms of emotional care and safety. On the other hand, the psychodynamic theory postulates

that children require physiological safety so as to ensure their growth and this goes hand in hand with the development of attachment. Taking these theoretical references into consideration, it can be concluded that the children in investigated children's homes had secure physiological bases from where they could explore other dimensions of their lives.

#### **5.10. Life in Uptown Institutions is better than in downtown Institutions**

Generally the children in East London children's homes viewed that the quality of care they were receiving in their care giving institutions was of a recommendable quality. However, a remarkable difference has been noted in terms of the perceptions of children living in the high income suburbs and those living in the low income suburbs. Precisely, only 4 children (40%) from the low income suburb institution viewed that the quality of care they were receiving is of high quality as compared to the 7 children (70%) from the high income institution. Notably, this could be because of the differences in the capacities of the two institutions and the dominant age groups which the respective institutions were caring for as well as the funding opportunities of the institutions. Notably, institution 'A' was caring for more than 65 children while institution 'B' was caring for only 16 children. According to Cameron and Maginn (2009), the number of children which an organization takes care of is equal to the pressure for the demand of care and resources required by the children and thus, it affects the quality of care offered to the children. Basing on the above finding, it can be argued that in East London, child care institutions with high number of children face critical challenges in maintaining the standard of care for their children.

### **5.11. The levels of Appreciation of Institutional care by the Children**

It was the perception of 11 children (55% of the total number of children who were sampled) that if they were to be taken back to their natural families/homes, their lives would significantly regress hence they highly regarded and appreciated the care they were receiving. Amongst some of the most valued care components which the children felt to be of high quality was safety from abuse such as physical harm, neglect and sexual abuse cited by 2 children. Also 4 children expressed gratitude towards the provision of adequate and healthy food as well as proper accommodation. More so, it was the perception of 5 children that being in their respective care facilities allowed them to explore their lives in a moderated environment. However, at least 5 children (25% of the participants) showed some resentment for the caring system, they mentioned that the treatment they were receiving was poorer than that they received while they were at their natural homes hence they did not appreciate it. More so, 4 children (20%) indicated that they half heartedly appreciated the care they were receiving mainly because of the poor relationships they had with their primary caregivers

### **5.12. Monotonous and Boring Daily Routines in Care Institutions**

Amongst the 5 children who were negative about institutional care, 3 based their resentment for institutionalisation on their dislike for the daily routines which they felt were boring and limited their opportunities. They indicated that the programmes of the institution were rigid and failed to accommodate their varied talents and abilities. In addition, 2 indicated that they felt that they were exposed to various forms of ill treatment by their caregivers. The most common form of ill treatment referred to by the children was verbal abuse which was referred to by 5 children. Lastly, some

children mentioned that some of their caregivers converted institutional donations to their personal use thus depriving them of their gifts. To this end, one 15 years old girl said:

*They take our things which we are given by well wishers for their personal use and we are afraid to ask them.*

The girl's statement was also echoed by three other girls who expressed their dislike for the caregivers. The level of resentment for the caregivers by the children was also reviewed through another girl's utterance that she wished that the caregivers would be given uniforms to differentiate them from other people. More generally, although statistically it seemed that the children were happy and comfortable in staying in these institutions, the researcher observed with concern the fear expressed by the children. Observably, it appeared that the children were afraid to freely ventilate their concerns mainly due to the fear of victimization. A typical example was presented by one boy's expression that:

*Will you tell anyone what I will tell you?*

This question by the young boy which sought reassurance that he was not going to be exposed, bear testimony to the fact that there was fear of victimization. On their part, the management and the caregivers strongly declined any activity that undermined the freedom and safety of the children. More so, a quick dismissal of any possibility of the children expressing negative views about their care by one manager left much to be desired in terms of understanding the freedom of expression especially on the part of the children. The manager of institution 'B' said:

*"These children will give you positive information because it's a huge step up from where they have been...."*

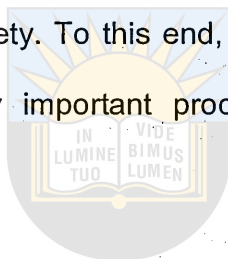
The statement tend to suggest indoctrination and it also tend to perpetrate the notion of comparative care in which children are required to measure the sensitivity, effectiveness and appropriateness of the care they were receiving from a comparative perspective of what they used to get at their natural homes. Meintjes et al (2007) believe that children in institutional care are often given substandard care services and they are made to believe that it is better than what they used to get.

### **5.13. Socio-Cultural Experiences of Children in Care**

In this study, tentative questions were posed to the children and their respective caregivers to determine and evaluate the effectiveness and availability of socialization resources and services to children in East London children's homes.

According to the caregivers in both institutions investigated in this research, nurturing children to grow spiritually was helping the children to refrain from doing immoral things. Notably, religion was used in the studied children's homes as a source of socialization in which children were propagated towards becoming socially and morally astute individuals. The managers of both institutions pointed out that religious teachings assisted children in making rationale decisions especially those decisions related to sexuality and sexual indulgence. More so, through religion, children were educated and groomed to embrace humanitarian traits such as giving, valuing lives of others, abstinence, and moral purity which were considered as very crucial in their entire lives.

The psychodynamic and psychosocial theories of human development underscore that children's development corresponds with the socio-cultural environment within which such children exist. More precisely, the notion of children's social development and needs is captured in Erick Erikson's conviction that children require significant others to develop a sense of identity, belonging and to gain self esteem. The idea of significant others syncs well with the notion of socialization. According to Berk (2007), socialization is a process through which a child gets to be acquainted with certain social and cultural values and norms including traditions and myths held as true or respected by the wider society. To this end, Patterson and Hastings (2007) argue that socialization is a very important process which contributes to the formation of a social being.



### **5.13.1 Strict Religious Routines as a way of Socializing Institutionalised Children**

Since time immemorial, religion has been the starting point in all people's lives. This research revealed that East London children's homes used religion and culture as bases of socializing their children. Children from the investigated institutions indicated that religion is part of their daily routine and undeniably an integral component of their lives. The most prominent aspects of religion which was visible in the two organisations included praying, reading of the bible and recitation of extracts from the bible as well as ceremoniously attending church services. One boy aged 12 mentioned that,

*I love going to church, at church we get a lot of information and encouragement which help us to go through the week on a positive note...*

Another girl aged 17 said,

*At church, we are taught important things like giving, kindness and loving each other*

Given the above statements, it can be concluded that religion is used to socialise children. Given the often difficult and painful backgrounds of institutionalised children, religion was effective in restoring peace and hope in the children.

### **5.13.2. Limited Cultural Support for Institutionalised Children**

The research noted that children's homes in East London offered limited support for cultural activities. Notably, both institutions which were investigated in this research had no institutional policy supporting cultural growth of children. Dziro and Rufurwokuda (2013) write that in most African societies, certain cultural activities and rites take precedence over religious and modern ways of life. In South Africa, the most significant cultural practice relates to the initiation rites for young boys and girls as they become young adults. This cultural rite is generally held in high regard amongst many native people of South Africa. Remarkably, even Christian societies accept these rituals as a necessary cultural practice. It is considered a sign of maturation and a symbol of identity to the broader society. However, in both institutions in which this research was conducted, there were no provisions to assist the children to undergo such a highly appreciated cultural rite. One manager from institution 'A' indicated that,

*"...we often have problems with children who attend cultural initiation, after initiation they become "amadoda" (men) or "abafazi" (women) and start to*

*engage in sexual activities.....because of this, we have decided that once one undergoes the initiation, he or she must exit from our institution”*

Apparently, it is the fear of some organizations that culturally initiated children might spoil other young children in the facility. However, because of the knowledge that if they follow such cultural activities they might be booted out of care facility, the children resented engaging in such cultural activities.

### **5.13.3. Perception of Caregivers as an Embodiment of Culture**

It also emerged in this research that the management of the investigated child care facilities largely believed that if children were cared for by a person of their natural culture, they get more of culturally sound upbringing. This misconception of cultural socialization as being dependant on the cultural background of the caregiver was mainly drawn from the national standards for child care as directed by the South African Department on Social development which stipulates that children must be cared for by persons whom they share cultural backgrounds with. Essentially, this research found out that the children’s homes in East London mainly focused on providing children with caregivers with whom they share cultures rather than on improving the children’s access to cultural activities and services. In both institutions which were investigated, there was a strong feeling that if children were cared for by a primary caregiver whom they share same culture and values, it would translate to the children growing up in a cultural environment. While there is probability that the child gets to be socialized in a culturally acceptable way by such a caregiver, Csaky (2009) opines that culture like religion ought to be practiced routinely especially by institutionalized children who are often constantly not in touch with other significant cultural icons of the society.

#### 5.14. Contact making with family by Institutionalized Children

According to the children's Act of 2005, it is a fundamental right of a child to maintain ties and to interact with his or her family and relatives as a way of preserving the child's identity and culture. Moreover, Patterson and Hastings (2007) mention that the primary family of each person has great significance and influence on the socialization of a child despite its socio-economic standing in the society. This study established that children in the investigated children's homes had constant contact with their families. The majority of the children (11) translating to 55% of the sampled children indicated that they constantly had contact with their families twice in a calendar month. The children who made constant contact indicated that they often learnt new things whenever they went home. More so, 3 children translating to 15% of the sample mentioned that they rarely made contact with their families. The management of the studied children's homes mentioned that children who rarely made contact with their families were those whose parents had been diagnosed with acute behavioural and mental problems and there was reason to believe that they pose a threat to the child's wellbeing should they have contact with him/her. More so, 4 children indicated that they never visited their families ever since they came to the facility while 2 mentioned that they don't even know any member of their biological families hence they don't have anywhere to go. To this end, one 8 year old boy tearfully mentioned that:

*"I don't know any of my relatives so I don't go anywhere.... I'm just stuck here".*

The above statement by the boy reveals the inner battles and feelings of loss and desperation. It points to possible feelings of hopelessness and despair which not

only the young boy felt but also the generality of institutionalised children could experience. In support of this finding, one caregiver from at institution 'B' reiterated that, children in her facility are always very excited to go to their natural homes. She said "it is such a relief for the children to go home and live in a normal family set up". These sentiments were further supported by one 13 year old girl who mentioned that they could not wait to go home and spend time with their families.

This study further revealed that institutionalized children and their respective caregivers had differing perceptions on the effects of 'contact making' between the child and his/her family. According to the manager of institution 'A', contact making between the child and his or her family often degenerates into bad influence and delinquency on the part of the child. She highlighted that usually children came back from their natural homes in a worse state than that which they would have left. She opined that contact making especially during the early days of institutionalization always reverses the progress which the child would have made. Similarly, the manager of institution 'B' argued that most of the children in her organization were young, usually below eight years of age. This exposed the children to easy manipulation and bad influence when they are outside of the care facility. The manager of institution 'B' said,

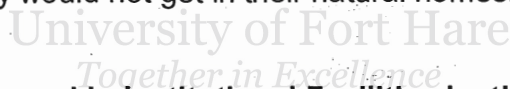
*The parents of the children are often critical and negative about institutional care and they always peddle wrong and bad information to the children against the institution and all the staff who work here*

The manager's insinuations in the above noted statement suggest an uneasy relationship between the natural families of the children and the children's homes. In

this situation, children often find themselves wedged in between competing hostile camps.

### **5.15. Life Skills for Children in the Care Facilities**

The participants in this study were asked if they were receiving any life skills in their care facilities. Children from both institutions indicated that they were taught various life enhancing skills including, technical skills, moral lessons and other skills such as HIV/AIDS prevention and awareness. According to Heron and Chakrabarti (2003), child care facilities offers one great opportunity for the children to grow in a moderated environment in which professional parentage is guaranteed. They further argue that institutionalized care for children ensures that children are always taught crucial life skills which they would not get in their natural homes.



### **5.16. Challenges Experienced in Institutional Facilities by the Children**

#### **5.16.1. Lack of Recreational Facilities**

In this research, it emerged that both institutions which participated in the study lacked adequate recreational facilities for the children. Out of all the interviewed children, 13 perceived that due to lack of recreational facilities and resources within their care giving institutions, their lives were boring. In addition, 3 children indicated that rigid programming and planning of their daily activities has become a bore. They complained that they repeat the same things over and over on a daily basis. One girl aged 19 mentioned that,

*Our lives here are miserable, we do not have any leisure facility, we are stuck in the same boring environment*

The children felt that routines such as playing dramas, singing and poetry have become redundant and boring to them. In this light, 11 children suggested that changing the programmes of the care facilities as well as improving recreational infrastructure would help them to relax.

The provision and accessibility of adequate and appropriate recreational services and facilities to people is increasingly being viewed as an act of good governance and a feasible measure of the quality of life in any society. Not only does recreation in its diversity help children to relax but it also help to stimulate the growth and development of their motor, intellectual as well as cognitive abilities. Ellen et al (2006), view that recreation especially amongst children is a necessity. Ellen et al (2006) further highlight that playing games help to relax children's minds and reduces the level of stress especially to traumatized children. Further, Berk (2007) stresses that during their early development, children need to be exposed to both physical and mind activities which stimulate all their mental faculties to act and develop. He further notes that children who lack enough recreation and activity may become dull and fragile with possibilities of developing obesity, and having learning disabilities.

#### **5.16.2. Lack of a Permanency Plan**

One of the major challenges brought to light in this research was lack of a sustainable permanency plan for children living in children's homes. Although the various programmes and services of the investigated institutions were designed to prepare the child for after care life, none of the institution had a well defined exit plan for the children. Perhaps this vindicates for Thurston's (1996) in Atlantic Online (2013) assertion that most institutionalised child upon discharge from their care

institutions they become destitute who live in the streets, use drugs and sustain their livelihoods through crime. The future of children living in care facilities is not guaranteed, after exiting the care system, the children are released to go and become destitute. Apparently, there are no follow up or assessments to see if they would have adjusted well into the society or not. The managers of institution 'A' allayed that,

*At eighteen, children are released but some don't want to go home*

This statement suggests that children are afraid of the uncertainties associated with leaving the care institution. Having spent the major part of their childhood in a care institution children do not know how they will be accepted by their relatives or societies. The statement also exposes ill preparedness by the children to face the challenges of the external world from which they have been cautioned from for a long time.

### **5.16.3. Exposure to Verbal and Emotional Abuse by Caregivers**

Childhood is a highly emotional phase of human development. During this stage of development, children need caregivers who are not only capable of showing emotional depth but those are also capable of offering unconditional love, acceptance and affection to the children. In this light, Kang'ethe and Makuyana (2013) argue that the development of a strong sense of self and self efficacy amongst children is dependent on mutual affection between a child and his or her primary caregiver. In this research, it emerged that emotional abuse is a concern amongst the sampled children. Reportedly, the caregivers of the children exposed them to verbal abuse and emotional neglect. Apparently, all the sampled institutions

had strict rules which forbid corporal punishment to any child, and in these circumstances, caregivers resort to verbal and emotional neglect against delinquent children.

Complaints about verbal and emotional abuse were higher in institution 'A' where 4 out of the 10 sampled children indicated that they had at one or more instances been victims of verbal abuse. Also, in institution 'A', 6 children could not give solid answers to the question of whether they have been victims of verbal or emotional. Perhaps this was because of the fear of victimisation. On the other hand, in institution 'B', none of the children mentioned verbal abuse as a problem. Probably, the disparity between these institutions could be because, the management of institution 'B' was more involved in the day to day care giving for the children while in institution 'A', the size of the organization made it difficult for the management to provide adequate supervision to care givers. More so, another feasible explanation for the disparity could be that institution 'A' had older children who could better understand the discourse of emotional abuse while those in institution 'B' were mainly young children who could not effectively comprehend the discourse of emotional abuse.

According to Elliot et al (2005), verbally abused and emotionally neglected children often have low self esteem and they often do not like to participate in activities even if the activities have potential of benefiting them. Elliot et al (2005) further emphasize that children who are verbally abused lack trust in their environment and have no confidence in themselves and others and as such they often choose to withdraw to themselves. Interestingly, caregivers from both of the investigated institutions mentioned that at times children locked themselves and cried alone in their rooms. Perhaps, this explains some of the more apparent signs of trauma and depression

which could possibly vindicates the finding of this research that institutionalised children are exposed to harsh verbal and emotional situations.

### **5.17. Financial Constraints in Care Facilities**

Financial situation of non-profit institutions in South Africa has for a long time been in dire straights. Many charity organizations closed down as their operational costs exceeded their funding capacities. Kang'ethe and Nyamutinga (2013) pose that the funding position of care giving organizations determines the quality of care which child welfare organizations offer to their clients. The management of participant institutions in this study were asked to describe challenges which their organizations were facing in discharging their care giving responsibilities. It emerged that financial constraints were the major challenges which was undermining the care giving efforts of the investigated organizations. The manager of institution 'A' indicated that the wage bill of the organization was heavy on available funds and this had forced them to work with skeletal staff. More so, the manager of institution 'B' mentioned that her organization had resorted to reducing, rationing or in some instances stopping programmes which they deemed not to be urgent. Among some of the things which the institutions reduced were salaries of their workers and expenditure on some selected food stuffs. Some of the observed effects of poor funding which was affecting the lives of the children included poor retention of qualified and competent care givers, shortage of some basic necessities such as clothing and blankets for the children.

## 5.18. Conclusion

This chapter presented the findings of the study and discussed the emergent themes. The major observations made in this study was that while institutional care for children is problematic especially in the area of children's psychosocial experiences, it remains an important option for providing care and protection for OVCs. It is apparent that most of the psychosocial challenges established in this study had to do with poor management, deficiencies in appropriate policy frameworks as well as resource deficiencies. The following chapter summarizes the findings, draw conclusions and offer recommendations.



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## CHAPTER SIX

### SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

#### 6.1. Introduction

This chapter ties together the entire research project by means of summarising the major findings of the study, drawing conclusions from the study results, offering recommendations and relating the research output to social work theory and practice. The chapter ends by suggesting possible avenues for future studies.



#### 6.2. Summary of findings

The data in this study was collected qualitatively through a case study investigation in which the management, primary caregivers and institutionalised children in two East London Children's Homes were interviewed. The total sample size in the study was 24 people including 20 children, 2 institutional managers and 2 primary caregivers. To remove geographical location induced biases, the research used two different institutions; one in a high income residential area and another in a low income area. Representation from both institutions was equal. The qualitative analysis of this study affirms that the psychosocial experiences of institutionalised care for children have damaging impacts on their growth and development. Actually, the research noted that the psychosocial experiences of children living in East London children's homes impacts negatively on their socialisation and this has debilitating effects on their emotional, social and in some instances their physical growth and development. On the other hand, the research also found out that

despite their negative social and psychological damages to children, institutional care in East London is a very important socioeconomic safety net for OVCs.

### **6.2.1. Institutional Care: A Necessary Social and Economic Safety Net for OVCs**

Despite a plethora of negative experiences of institutionalized children, this research established that institutional care presents a guaranteed safety net for orphaned and vulnerable children. Among some of the observed merits of institutional care in this study was the provision of a moderated and well kept living environment for children who would otherwise have had no home or faced abuse in their natural homes. Although the accommodation offered by the institutions to the children fell short of ensuring that the children can have privacy, it was generally clean and well kept. The children were also taught essential life skills such as maintaining a health and hygienic living environment, taking care of their personal belongings and interacting well with others. It is apparent that although children face an array of negative psychosocial experiences, children in East London children's homes are also benefiting from their stay in the facilities. In fact they are better off in institutional care where there have access to essential services than in the streets were they would face endless possibilities of abuse.

More so, the care institutions formed a platform of ensuring the children access education. It should be noted that South Africa is striving towards ensuring that children regardless of their social and economic background have access to education. The Bill of rights enshrined in the South African constitution upholds that every child has a right to education. Due to poverty, death of parents and other factors which render children to be without a visible means of support, many children

have continued to miss an opportunity to have access to education. However, through institutional care, orphaned and vulnerable children are able to get education, proper nutrition and decent housing which contribute positively to their social and economic well being. In the studied institutions, children were guaranteed access to proper and appropriate education including special education for the cognitively damaged.

Furthermore, street children, children from broken homes and those from homes which lack appropriate moral control are amongst those who are often in conflict with the law, abusing drugs and alcohol and lacking morals. In the wake of the South African's government call for moral regeneration especially amongst the youth, institutional care presents itself as a feasible solution to groom youngsters in a morally astute environment. This study found out that East London Children's homes invests heavily on moral generation amongst their children. The institutions use religion (the church) as an agent of socialization. Children from both investigated institutions are mandated to attend church services where they are groomed to become responsible citizens. Not only does religion assist the children to become morale people, it also assists them in making some crucial social decisions of their lives through their biblical teachings.

Another crucial finding of this study was that, despite their short comings, institutional care programmes are set to foster and promote social functioning amongst children, their families and their respective communities. Through statutory reunification services, social workers rehabilitate family relations and ties and restore social balance which thus allow the institutionalised children to return. This can be viewed as a crucial indemnity and a desirable social activity which promotes social cohesion

in the family and society. Moreover, social workers assist children in tracing and reuniting them with their natural families.

### **6.2.2. Psychosocial and Emotional Gaps in Institutional Care for Children**

Although the South African government in collaboration with various child care facilities is making frantic efforts to make sure that basic needs of institutionalized children such as food, shelter, clothing, and medical attention are made available, there remains substantive work to be done to improve the psychosocial welfare of children in these care facilities. Child care institutions are often overwhelmed and preoccupied and consumed by their obligation to provide children with basic needs and in this process they tend to overlook other crucial needs of the children especially their psychosocial needs.

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In this research, it has been observed that institutional care in the investigated East London children's homes was riddled with several psychosocial and emotional gaps. Faced with constantly changing caregivers, children in the investigated child care facilities showed apparent signs of poor attachment with their caregivers. Some of the noted signs of poor attachment between the children and their caregivers included extreme dislike for the caregivers and the general lack of trust by the children. According to the attachment theory, for children to develop a sense of attachment, they require constant interaction with a significant adult in whom they can reciprocally invest their emotional trust. However with constantly changing caregivers, it is likely that the children could not form secure and lasting bonds with their caregivers. Heron and Chakrabarti (2003) contend that the constantly breaking down child-caregiver relationships in children's homes exposes children to negative experiences including separation anxiety, mistrust, paranoia and lack of confidence,

both in the self and others. Perhaps the disjointed childhood relationships of institutionalized children in the hands of several caregivers explain the children's fear of becoming independent.

Empirical findings of this study confirmed that institutionalised care for children in the sampled East London children's homes was provided by people who are not well trained to offer care to vulnerable children. In both institutions which were sampled for the study, caregivers for the children were semi skilled child care. The literature reviewed in chapter 2 of this study demonstrated that poor care giving skills amongst primary caregivers of institutionalised children significantly and negatively affect their social, emotional, cognitive, psychological and physical development (Mahery, Jamieson and Scott, (2011), Heron and Chakrabarti, (2003), Pretorius, (2011)). With childhood being the most important and delicate phase of human development, exposure of the institutionalised children to poor care by largely untrained caregivers can lead to unfavourable psychosocial experiences. These unfavourable psychosocial experiences have serious ramifications that impede children's physical, social, emotional and psychological well being.

Without self awareness and the knowledge of the impact of their actions, untrained caregivers can expose children to dreadful emotional torture (Thurston (1996) cited in the Atlantic Online (2013)). In this study, it was established that children were exposed to verbal and emotional torture. It was established that caregivers were taking away children's gifts and convert them to their personal use. It also emerged that the children felt that their caregivers lacked interests in their personal problems. With untrustworthy primary caregiver's, it was concluded that children could not form

strong bonds and the child care institutions lost considerable confidence of potential sponsors

With only 15% of the children having trust in their caregivers and being able to allay their fears and seek solace when in trouble, it was concluded that the existing child-caregiver relationships in East London children's homes was severely compromised. Perhaps this explains the lack of enthusiasm in life enhancing programmes such as education reported by the caregivers of the investigated children's homes. If institutional caregivers in East London children's homes could develop good relationships with the children they were caring for, it is possible that they can become role models for the children and thus they can be a very central resource in aiding these children in decision making including motivating them to take their education seriously.



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The literature reviewed in this study exposed some of the psychosocial impacts of institutional care on the welfare, growth and development of institutionalised children. Among some of the discussed negative effects of institutional care is emotional, verbal abuse and neglect of institutionalised children (Casky (2009), Dziro and Rufurwokuda (2013), and Puras (2011)). This study managed to affirm some challenges associated with institutional care for children. Notably, most children who were sampled expressed that they were often victims of verbal abuse and emotional neglect and abuse. Perhaps, lack of emotional care and support from caregivers is the reason why some of the children looked withdrawn, unhappy, and sounded hostile when the researcher talked to them. According to Dziro and Rufurwokuda (2013), children who feel unloved may become hostile, withdrawn and delinquent.

Moreover, Puras (2011) argues that children who stay in loveless environments often learn to seek love and attention wherever they may get it. Living with unloving caregivers, children may become indiscriminate and seek attention from inappropriate sources including joining gangs, and engaging in inappropriate sexual relationships. More so, Casky (2009) perceives that attention seeking behaviour such as bullying others, becoming hysterical are some of the coping mechanisms adopted by children who feel unloved. In this study, sexual behaviour was reported amongst the adolescent girls. However, a direct correlation-ship is difficult to draw in this instance because this behaviour could be resulting from maturational changes induced by the adolescence stage of development.

Furthermore, the study came to the conclusion that most children were naive to take charge and responsibility of their lives. The research found out that the institutionalised children in East London Children's homes lacked interest in life enhancing initiatives and were largely afraid of leaving the care system to start independent lives. Notably, there were reports both from the caregivers and the management of the institutions that some children deliberately failed themselves at school so as to prolong their stay in care. While the deliberate failing in school was generally perceived as a means to prolong one's stay in care, it could also be a precursor to other psychosocial challenges faced by the children. According to Casky (2009), if an individual lacks trust in his or her environment, he/she may also find difficult to invest his/her time and energy in life enhancing activities including school, personal health, and other activities. More so, Tolfree (2003) argues that if children lack a sense of permanency in their lives, they may develop dislike of things which they should otherwise prioritise. It is possible that the lack of interest in attaining education by some children in East London children's homes is possibly a

result of the poor psychosocial environment embedded in their respective care institutions. Without certainty of what will happen to them upon leaving the care facility, children may become delinquent.

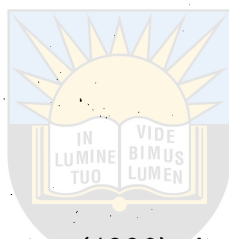
### **6.2.3. Culture and Institutional Care**

Human societies hold some venerated social, cultural and religious beliefs which hold them together and are believed to be preconditions for happy and fulfilling lives. The socio-cultural and religious principles often constitute an individual's identity and sense of belonging which in turn translates to self awareness and confidence. It is through socialisation that a child gets to be acquainted to the various norms and values of the society that he/she belongs to, and these include undergoing certain specific social, cultural, or religious rites. It emerged in the study that children in the investigated care facilities were disallowed the right to undergo cultural activities such as the traditional initiation ceremonies. These were viewed by the care institutions as arousing the children's sexual desires and rather disruptive to the children's coping in the facilities. The children's homes generally had a negative perception about cultural rites of the children and thus they disallowed it. However, this rather punitive measure against children's cultural rights was tantamount to cultural deprivation which is a direct contravention of the Children's Act of 2005 and the South African constitution which upholds children's rights including the right to a cultural identity.

In addition, the research established that the institutionalised children were exposed to harsh and rather punitive measures in instances where they choose to adhere to their cultural practices. It was established that in instances where a child undergoes cultural rites, the care institution would automatically discharge the child out of care.

Moreover, the institutions which were investigated had no observable policy relating to the children's cultural needs. In addition, there was a misconception that if children were looked after by a person of their natural race or ethnic background, they would experience a cultural astute upbringing. While it is a statutory recommendation that a person of a similar race or ethnic background with a child is preferable, being looked after by a person of a similar race or ethnic origin does not equate to the children getting an adequate cultural and religious upbringing. There is need to design institutional policies which can take into consideration the direct participation of children in cultural activities.

#### **6.2.4. Daunting Living Conditions**



In the literature review section, Thurston (1996) cited in the Atlantic Online (2013); the World Report on Human Rights (1999) and Meintjes et al (2007) posed that institutionalised children are often kept in cramped rooms where they lack privacy and experience an unhealthy living environment. In this study, it was observed that due to critical shortage of housing, children sleep in dormitories where they share one dormitory between 6 to 10 children. This is a critical condemnation of the children's rights to privacy and dignity. In their research, Meintjes et al (2007) found out that poor living environments, in particular housing conditions affect the development of children's self confidence. Living in cramped environments deprives children of privacy and time to study and have confidence in their own bodies. Moreover, just by living in a children's home, which is often negatively perceived by people, institutionalised children are often victims of public ridicule and stigma.

### **6.2.5. Mixture of Young and Older Children in Care Facilities**

Another significant outcome of this study was that children of different age groups were being kept together in the same facility. According to the registration regulations for child care facilities, there are specific age restrictions which the organisations had to adhere to. In the instance of the investigated facilities, age restrictions ranged from 11 to 21 years and 0 to 10 years for institution 'A' and 'B' respectively. However, despite these well spelt out age guidelines, both institutions investigated reportedly had over aged and under aged children in their care contrary to the stipulated registration restrictions. A typical scenario is in institution 'B' which is mandated to care for children of up to 10 years of age. The facility had at least one boy who was aged 19 years old. In institution A, there were reports of children ranging in age from 10 to 18 years who were staying and sleeping together. Mixing children of different age groups and maturity within the same facility presented two notable challenges in the care facilities. Firstly, older children were having undue influence on young children such as delinquency and inappropriate sexual indulgence.

### **6.3. Conclusions**

Notwithstanding its short comings, institutional care for children in East London children's homes play a critical and pivotal role in ensuring the safety and care for orphaned and vulnerable children. With the Eastern Cape Province being one of the poorest in South Africa, the welfare of children especially amongst the historically and economically disenfranchised black population is pathetic. Through institutional care, children are enabled to have access to essential life enhancing and supporting

services such as access to sustainable education, medical attention, proper nutrition, clothing and shelter which they otherwise cannot access in their natural homes.

In addition, the investigated facilities for children, not only provided care and protection for the children, but went a step further in fostering social cohesion, promoting human capital development, mitigating anti social factors within the social and economic systems of the children including their families and their respective communities. Through family reunification services, social workers who work with institutionalized children restore social functioning in the families of the children and promote community work which buttresses the families against further and future abuse, neglect and vulnerability of the children. In this light it can be concluded that while there are some perceivable psychosocial harms inherent within the institutional care system, there are also benefits not only for the children, but also for their respective families and communities who are rehabilitated to avoid relapse of abuse or neglect of the children.

However, the study also unravelled some negative experiences which warrant a serious rethink of institutional care as a form of providing care and support to OVCs. Through a comprehensive synthesis of the gathered evidence, it is apparent that the psychosocial experiences of institutionalised children impact negatively on their growth and development. Among some of the most pronounced psychosocial damages incurred by institutionalised children were impaired self concept, self esteem and trust of others.

The study also found that care for children in the investigated East London children's Homes was offered by untrained people and this has been noted to compromise the quality of care received by the children. From the major findings of this study, it can

be concluded that institutional care and the subsequent psychosocial experiences of children in East London child care facilities has debilitating effects on the growth and development of the children.

Furthermore, the research established that institutionalised care for children in the investigated facilities is associated with poor academic performance, dislike for school, and other personal enhancing programmes amongst the children. It was found out that children deliberately failed themselves in school so as to prolong their stay in the facilities. Notably, this deliberate self development sabotage can be perceived as a manifestation of the anxiety associated with the uncertainty of how to survive outside the perimeters of the institution. The institutional exit plan was nonexistent. It is thus the conclusion of this study that rehabilitation services of the investigated care facilities are not effective in motivating the minors on how to take crucial life decisions including preparing the children for leaving the facility. With uncertainty of what the outside world is like and without proper and adequate life skills, it is likely that institutionalised children would continue to prolong their stay in care.

#### **6.4. Recommendations**

The central finding of this study concluded that despite the perfidious psychosocial experiences of institutionalised children, institutional care remains a relevant and important social and economic safety net for net for OVCs. The recommendations in this section are divided into two sections. Firstly, general recommendations are discussed and secondly, institutional and specific recommendations are discussed. Therefore, the following recommendations are put forward:

#### **6.4.1. Shifting from Critical Rhetoric to Constructive Dialogue**

National debates on child welfare in South Africa must be diverted from a total condemnation of institutional care. Rather, robust and constructive discussions on how to address the perfidious psychosocial experiences of children in these facilities should be the focus of the current OVC discourse. It is evident that despite their short falls in terms of achieving desirable psychosocial outcomes for institutionalised children, institutional care remains an important alternative for the care of OVCs in South Africa where rates of adoption and foster care are still very low as compared to the number of children in need of care and protection.

#### **6.4.2. Shifting from Remedial to Preventative Child welfare Services**

In the poverty stricken Eastern Cape Province where families and individuals are confronted with limited opportunities for employment, poor living environments, crime, drug and substance usage, and the toll of HIV/AIDs, the welfare of OVCs remains in a precarious position. It is thus critical that the drive to improve the conditions of children should start off by addressing poverty as a social menace. Poverty alleviation strategies and programmes need to be harnessed towards ensuring and promoting preventative child welfare services rather than remedial services which only comes into play after damage has been done on the child. Instead of always claiming that childcare institutions are perfidious to the psychosocial experiences of children, social workers need to address the causative factors which in the first place cause children to be in these facilities.

### **6.4.3. Improve Monitoring and Evaluation Mechanisms**

In order to hold child care institutions accountable and competent in the manner in which they carry out their care giving responsibilities, it is crucial that the government must come up with strategies of monitoring the operations of the institutions. Through the Department of Social Development (DSD), the government must ensure that all child care institutions are registered and operate within the confines of the law. Age restriction policies of each institution must be enforced.

### **6.4.4. Improving Funding For Child and Youth Care Facilities**

The child welfare sector in South Africa is constantly being affected by poor funding. Due to lack of enough funding, the sector has been reportedly relying on extreme operational compromises. However, compromises in the child care sector always translates to poor quality care which has been found to be one of the most dreadful experiences of institutionalised children. Without adequate funding, child care organisations cannot effectively remunerate their workers and this often degenerates to poor morale and motivation hence they don't perform as they are supposed to. Moreover, with poor salaries, child care organisations cannot retain their workers for long periods as they will seek greener pastures elsewhere. This contributes to poor attachment and development of secure relationships between children and their caregivers. In this light, it is recommended that the government should make sure that all the programmes and operations of child care giving institutions are well funded so as to guarantee children's positive psychosocial experiences.

#### **6.4.5. Employing Skilled Caregivers and providing them with Constant Training**

This study revealed that the primary care givers of the children are often overwhelmed by their care giving duties. The Caregiver-Child ratio was too large to allow the caregivers to afford each child adequate time and attention. Moreover, most primary caregivers in the investigated institutions were not qualified to render care and protection services to vulnerable children. In their employ policies, child care organisations must ensure that they hire people who are trained and skilled for the care of children. Care givers also need to constantly receive training and refresher courses on the most recent and up-to-date care giving methods and practices. This will promote evidence based and ethical practices which are consistent with the social work profession in which child care is invested.

#### **6.4.6. Developing Institutional Policies on Children's Cultural Needs**

It is important that children living in child care institutions must be given opportunities not only to be taught but also to practice their cultures. Without an opportunity to practice their culture through partaking in cultural rites, children living in institutional care may fail to appreciate their cultures and this might imply inflicting a cultural genocide on them. It is therefore pertinent that child care organisations must come up with policies that permit children to enjoy their right to culture.

#### **6.4.7. Designing Sustainable Exit Packages for the Children exiting the Care System**

Finally, the government should design exit strategies for institutionalised children especially those whose natural families are not known. It is common that some children who live in institutional care facilities would have experienced severe trauma

which damages their cognitive abilities rendering them practically uneducable. It is therefore pertinent that other than hoping that through attaining education, institutionalised children will acquire jobs and be able to look after themselves, the government and the care giving facilities must devise other means of cautioning these children against future adversities. Financial investments need to be made for each child whilst he/she is still in care.

### **6.5. Suggestions for further studies**

This study focused on two East London Children's Homes. The limitedness of the scope of the research presents itself as a limitation since the two selected institutions are not necessarily representative of the entire Eastern Cape, or South Africa at large. The psychosocial experiences of children in institutional care may vary across different provinces. Thus, similar research can be done to validate the findings of this in other provinces of South Africa.

Taking cognisance of the covertly expressed anxiety and unpreparedness by institutionalised children to exit from the care system, a study to understand the children's perceptions on the prospect of being discharged from care can be conducted. More so, a similar research focusing on the impacts of the psychosocial experiences of children in foster care can be done.

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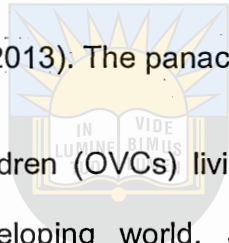
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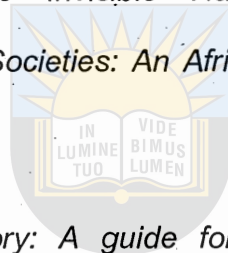
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## APPENDICES

### 8.1. APPENDIX 1: INTERVIEW GUIDE FOR CHILDREN



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#### Interview Guide for children in East London children's homes

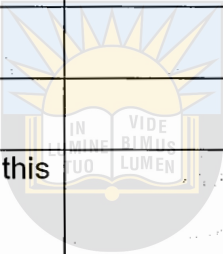


#### Introduction

I am a Social Work Masters Student from the University of Fort Hare and I am currently conducting an academic research project to assess the psycho-social experiences of children living in East London Children's homes. I would like to request you to answer some few questions regarding your psycho-social experiences in this care facility. This research is and shall remain an academic work thus findings in as much as they may be published, no individualized information will be released neither will your participation in this research have any direct or indirect negative impacts on your. Your participation in this exercise is voluntary, should you choose not to continue participating you may do so without any questioning. Your participation and honest responses in this research is highly appreciated.

## Section A: Biographical information

Age	
Level of education	
Gender	
Ethnicity	
How long have you been staying in this facility?	
Reason/s for being in care	



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## Section B:

**Question 1: What are the psychological needs of children placed in East London Children's homes?**

1. How do you feel being here?
2. Can you explain how you feel about the quality of care which the institution offers here?
3. When you have something that is troubling you, who helps you?
4. Are there any problems/ challenges that you are facing? If yes how do you cope with these challenges?

## Section C:

**Question 2: What are the social needs of children placed in East London children's homes?**

5. How do you relate with your peers/caregivers/mangers?
6. Does the institution allow you to express your cultural/religious dispensation?
7. Are you in contact with any of your parents or relatives? If yes, do you often go home for vacation to them?
8. Have you been taught any life skills at this institution? If yes briefly explain them
9. Can you list your recreational needs? how does the institution meet them?



**THANK YOU FOR YOUR COOPERATION**

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## 8.2. APPENDIX 2: INTERVIEW GUIDE FOR CAREGIVERS



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### Interview Guide for caregivers in East London children's homes



#### Introduction

I am a Social Work Masters Student from the University of Fort Hare and I am currently conducting an academic research project to assess the psycho-social experiences of children living in East London Children's homes. I would like to request you to answer some few questions which will shade light on the psycho-social experiences of the children to whom you are a caregiver. This research is and shall remain an academic work thus findings in as much as they may be published, no individualized information will be released neither will your participation in this research have any direct or indirect negative impacts on your. Your participation in this exercise is voluntary, should you choose not to continue participating you may do so without any questioning. Your participation and honest responses in this research is highly appreciated.

## Section A: Biographical information

Age	
Highest academic qualification	
Ethnicity	
Gender	
Number of own biological children	
Number of children under your care	

**Section B: What are the psychosocial experiences of children living in East London children's homes? How do these experiences affect their growth and development?**

What states of emotional, temperaments, moods and feelings do you detect from children?

How do you handle the challenges mentioned above?

What emotional and psychological challenges does care giving pose to you?

What institutional problems/challenges impedes on care giving?

In your own opinion, what is the institutional capacity of meeting children's needs?

What sources of help from either communities or other NGOs/CBOs do you get to care for children?

How would you describe your relationship with the children under your supervision?

Do you think you are adequately stimulating these children and equipping them to be independent and responsible adults in the further?

**THANK YOU FOR YOUR COOPERATION**



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## 8.3. APPENDIX 3: INTERVIEW GUIDE FOR INSTITUTIONAL MANAGEMENT PERSONNEL



University of Fort Hare  
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### Interview Guide for the management in East London children's homes

#### Introduction

I am a Social Work Masters Student from the University of Fort Hare and I am currently conducting an academic research project to assess the psycho-social experiences of children living in East London Children's homes. I would like to request you to answer some few questions which will shade light on the psycho-social experiences of the children to whom you are responsible for. This research is and shall remain an academic work thus findings in as much as they may be published, no individualized information will be released neither will your participation in this research have any direct or indirect negative impacts on your. Your participation in this exercise is voluntary, should you choose not to continue participating you may do so without any questioning. Your participation and honest responses in this research is highly appreciated.

## Section A: Biographical information

Age	
Highest academic qualification	
Ethnicity	
Gender	
Number of children under your care	

## Section B:



**Question 3: Is East London children's homes well equipped to meet children's psychosocial needs?**

1. Is your organization registered?/ when was it registered and how many years have you operated?
2. How many children are placed in this care facility?
3. How many caregivers are responsible for the children?
4. What are your activity domains?
5. What kind of psychosocial services are available to children?
6. To what extent do you feel you handle the psychosocial gaps if any?
7. What are the problems/ challenges that your institution faces?
8. To what extent does your organization network with other organizations?

**THANK YOU FOR YOUR COOPERATION**

#### 8.4. APPENDIX 4: ETHICAL CLEARANCE



**University of Fort Hare**  
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### ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: **WOT011SMAK01**

Project title: **Psychosocial experiences of children living in children's homes: A case of East London children's homes.**

Nature of Project: **Masters**

Principal Researcher: **Abigail Makuyana**

Supervisor: **Mrs. N Wotshela**

Co-supervisor:

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

**Special conditions:** Research that includes children as per the official regulations of the act must take the following into account:

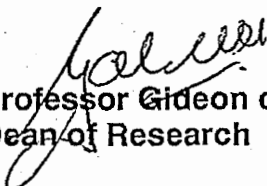
Note: The UREC is aware of the provisions of s71 of the National Health Act 61 of 2003 and that matters pertaining to obtaining the Minister's consent are under discussion and remain unresolved. Nonetheless, as was decided at a meeting between the National Health Research Ethics Committee and stakeholders on 6 June 2013, university ethics committees may continue to grant ethical clearance for research involving children without the Minister's consent, provided that the prescripts of the previous rules have been met. This certificate is granted in terms of this agreement.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principal or practices are revealed or suspected
  - Relevant information has been withheld or misrepresented
  - Regulatory changes of whatsoever nature so require
  - The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principle investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to the Dean of Research's office

The Ethics Committee wished you well in your research.

Yours sincerely

  
Professor Gideon de Wet  
Dean of Research

11 March 2014