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WESTERN CAPE

**INVESTIGATING THE FAMILY-LIKE ROLES DISPLAYED BY CAREGIVERS
AND EXPERIENCED BY CHILDREN WITHIN THREE SELECTED
CHILDREN'S HOMES IN CAPE TOWN, SOUTH AFRICA**

By

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DECLARATION

I declare that “**Investigating the family-like roles displayed by caregivers and experienced by children within three selected Children’s homes in Cape Town, South Africa**” is my own work and that all the sources I have used or quoted have been indicated and acknowledged by means of a complete reference list.

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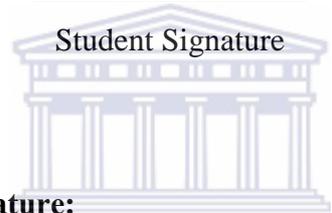
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ABSTRACT

Dawes (2011) claims that there are more than 5.2 million children who were in both institutional and foster care in South Africa by 2011, which was increasing by 6.2% every year due to the HIV epidemic and high levels of poverty affecting the community. In the light of the large number of children in foster care, this study investigates the family-like roles displayed by caregivers and experienced by children within three selected Children's homes in Cape Town, South Africa. In this study, the term "family-like roles" was used interchangeably with "family values" displayed or instilled by caregivers within the children's home. Relatively a number of studies in child care have advocated for the benefit of family-like roles in children's homes.

The study established the importance of family-like roles, and it is evident that children's homes with a large group of children often prevent the creation of a nurturing environment with the characteristics of a family. The study employed interviews and observations to collect data, which were analysed according to the research questions by making codes and themes. The study involved the caregivers, children and managers of the three selected children's homes from Khayelitsha Township, Sothern and Northern suburbs of Cape Town.

Furthermore, data were examined from both structural functionalism and eco cultural perspective, which helped to understand that caregivers display or instill the family values in a formal rather than in an informal way. This is because of the structure and functioning of the institutions of care, which makes the caregivers not to act naturally when taking care or displaying the family-like roles for vulnerable children to experience.

Despite the negative declarations made in various scholars' studies about children's homes, this study confirms the opinion of the caregivers that if the children living in the children's homes are shown respect, love, care, trust and kind treatment, they are able to extend these values to other people around them. Yet, this is not realised should the houses-units/cluster or cottages be overcrowded. In addition, the family-like roles displayed by caregivers in these particular children's homes may lead the children to develop a certain kind of phobia. This is a situation where the vulnerable children may develop a total fear and anxiety of certain social conditions in the communities.

KEY WORDS

Family-like roles

Family values

Family

Caregivers

Children

Children's home

Cape Town

Vulnerable children

Structural Functionalism

Eco cultural



DEFINITION OF KEY CONCEPTS

Family-like Role: In this study, the term family-like role will refer to the family values within children's home.

Family values: Family values are rules or ideals that a family agrees to live by and stay true to these rules developed by its family members. Therefore, in the current study the essential family values such as respect, flexibility, belonging etc. are investigated in selected children's homes.

Family: The term family means different things to different people. In this study, the term family will refer to children living in parental homes or substitute of parental homes, which, in this case, are children's homes.

Children: Biologically children are generally young people between the stages of birth to puberty. However, according to the South African children's Act (37) 2005, states that children are young people between the age of 0-18 years.

Children's home: Children's home is defined by the South African Children's Act as a public or privately owned institution that cares and protects the orphans and other vulnerable children. However, for the purpose of this study institution will be called children's home.

Vulnerable children: Means the children who are unlikely to achieve or have the opportunity of access to reasonable standards of health and development without the provision of social care from their community.

Caregiver: Someone who is responsible for the support of any member of a certain household by providing services, which include among others: offering advice, spiritual, psychosocial and material support.

Cape Town: Cape Town is the second most popular city in the republic of South Africa. This city is located on the shore of Table Bay and it is the provincial capital city of the Western Cape.

Structural Functionalism: Structural Functionalism (functionalism) is the assumption in sociology according to which society consists of different but related parts, each of which serves a particular purpose. In this study, the family structures (father, mother, and other relatives) and family-like roles, which caregivers demonstrate in the orphanages or institutional setting, will be imitated.

Eco Cultural: Eco cultural is a theory which is interested in the relationship between human and society. In this study, the theory sees the institutional care as a proactive institution that is constantly determined to display the family-like roles/ values set by the family members living within the children's homes.

Township: There are various definitions of the term township. The township is a location or geographical area where people live. However, in South Africa, the term township refers to an underdeveloped urban settlement established for black people living in the country.



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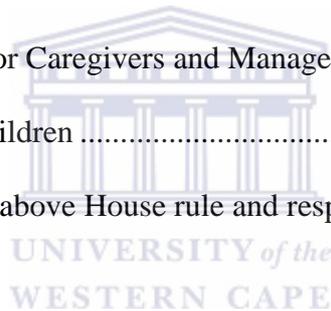


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CHAPTER ONE: BACKGROUND OF THE STUDY

1.1 Introduction

The children make up the division of a society that is most defenseless and vulnerable, who completely depend on adults. Instead of these adults giving protection to the children, some adults have neglected and exposed these children to physical, sexual and emotional abuse (Kelly, 2000). In addition, the outbreak of social illnesses such as HIV/AIDS in communities have severely affected the children leaving some children without parents, those who remain with their parents may not have proper parenting (Bradley, Caldwell & Corwyn, 2003). These factors have resulted in children either being sent for foster care or institutional care such as in children's homes.

The current study focused on family-like roles displayed by caregivers and experienced by children within three selected children's homes. In these children's homes, the significant duty of the caregivers is to instill the family values, which is reflected through displaying the family-like roles for the children to experience. The concept family-like roles was used interchangeably with family values in the entire thesis.

This introduction provides the background followed by the significance of the study. The chapter also discusses the problem that was under investigation in the current study. In addition, the research questions and the aims of this study are outlined followed by specific objectives that the study intends to achieve at the end. Lastly, the chapter outline is presented and the summary of the chapter is provided at the end of the chapter.

1.2 Background of the study

There is a great difference between foster care and institutional care. Rushton & Minnis (2002) believe that foster care is a natural extension of family life, while institutional care is organized and regulated in an industrial setting, where the children find adults only in the staff room working in shifts. However, in the later study Rushton & Minnis (2008) redefined institutional and foster by stating that it can be organized and regulated as a family setting by creating cottages, clusters or house units. In addition, he states that in this type of setting a

specific number of children and the caregivers are allocated as parents to the children, which is close or slightly similar to foster care (Rushton & Minnis, 2008).

In view of the above, the current study viewed institutional care as foster care for children with or without parents during their developmental process. Some of the children have lost parents due to death and others have been neglected or abused by their living parents. Studies in child social development especially Bradley, Caldwell & Corwyn (2003) advocate for the benefit of family-like values within institutional care or children's homes. However, according to Neimetz (2010) it is evident that a children's home or a place of care with a large group of children often hampers the creation of a nurturing environment with the characteristics of a good home by the caregivers. Institutional care represents the family for those children who do not have proper parenting (Neimetz, 2010).

Neimetz (2010) states that globally, especially in sub-Saharan Africa, the economic problems, health conditions and well-being of both parents and children in communities are in a dilemma, as a result of a poor and disadvantaged home or community environment. Kelly (2000), states that, due to poverty in households, HIV/AIDS related illnesses have greatly affected children. Bradley, Caldwell & Corwyn (2003) states that the impact of the factors listed above on the home environment has exposed these children to a high risk of growing up without proper parental care. The children are affected as a result of the HIV/AIDS pandemic during which their parents and relatives die and leave them helpless. These children will be emotionally and physically vulnerable or crippled by poverty or HIV related illness (Kelly, 2000).

Dawes (2011) claims that there are more than 5.2 million children who were in both institutional and foster care in South Africa by 2011, which was increasing by 6.2% every year due to HIV and high level of poverty affecting the community. In 2003, Meintjes, Budlender, Giese & Johnson (2003) indicated that the children in support care system are increasing due to parents who are unable to take care of their children. In the same way, Frohlich & Potvin (2008) & Bradley *et al* (2003) are concerned that, the traditional absorption of orphans by the extended families may no longer be possible, as already strained communities struggle to cope with the increasing burdens of poverty and HIV/AIDS related problems.

Generally, there are three major reasons why it is important for a child to be raised in a family environment. Firstly, the condition for a child's well-being is to be raised and nurtured within a family and is constitutively regarded as essential to child development (Neimetz, 2010). Secondly, the South African Children's Act 38 of (2005) and its Children's Amendment Bill of Rights (2006); give full rights to parents and families to have an interest in raising their children and protecting them. These give parents parental rights to teach their children family values and not to be disconnected from their parental care unwillingly. Lastly, according to the constitution of the Republic of South Africa, children have the full right to a cultural and national identity (Section 31 Act 1). Webb (1995) states that in Uganda among others, cultural values especially speaking their own language and practicing their own religion are considered significant, which may be forfeited unwillingly if not considered as a significant issue by caregivers.

Alternatively, if the child does not or did not benefit from the three points above, then the recent Children's Amendment Bill of Rights (2007) gives the government the right as sole guardian to appoint a proper person or children's home for the child in the event of illness, death or the poor conditions of their parents. The children's home is organized with the help of social workers whose duty is to give support to this child. He/she will be given a decent home and care during his/her social, physical and psychological development (Section 27 Act 1). Therefore, children's homes have remained the method of looking after orphans and other children at risk, in many parts of the world, South Africa is not exempt (Browne, Hamilton-Giachritsis, Johnson & Ostergren, 2006). South Africa alone has an estimated population of over one million orphans i.e. children aged zero to sixteen years old (UNICEF, 2009). Many other children or orphans receive care from the social welfare organizations within specific countries and communities. The percentage of children cared for in other placements including foster care and privately organized children's homes, is increasing every year (Shang, 2001).

However, the placement of children into children's homes with motives for business and financial gains especially benefiting from child grants; may prevent the children from benefiting from their family values instilled by caregivers (Meintjes, Giese, Croke & Chamberlain, 2003). The concern has been noted by Guthrie (2002) that household caregivers (foster parents) show more interest in the social grants that are received to support the children, consequently forgetting their duties as foster parents (UNICEF, 2007). Therefore,

Meintjes *et al* (2003) state further that the caregivers ignore the most important aspects of life for children living in children's homes, especially safety, health, food and security.

The American authorities went through a transition away from children's home care in the mid 1900's, and encouraged foster care or adoption of children (Hacsi, 1998). This transition has influenced many sub-Saharan African countries, among others South Africa, Zimbabwe, Zambia and Botswana, also intend moving towards foster care when implementing the millennium development goals during this scourge of HIV/AIDS. According to Adato *et al* (2005), South Africa stopped licensing private children's homes during the promulgation of the Republic of South African Children's Act 38 of (2005) to encourage foster parental care in the country.

In addition, due to the increasing number of children orphaned by HIV/AIDS, the caregivers, especially in overcrowded places of care in many African countries, could not provide proper care for vulnerable children (Neimetz, 2010). There is need to investigate this in the South African children's homes due to the fact that in recent years there has been an increasing number of children being abused, neglected and orphaned.

Furthermore, other researchers, especially Ahamad & Mohamad (1996), described the institutional care environment as detached and socially isolated from the biological families of the children. Yet millions of children continue to be cared for in children's homes. Adato, Kadiyala, Roopnnaraine, Biermayr-Jenzano & Normann (2005) in their study showed that in Gauteng, South Africa, appropriate care with family-like roles is not available in the children's homes they investigated.

Ainsworth, Blehar, Waters & Wall (1978) suggest that the family-like roles displayed by caregivers within children's home play a significant role in the child's well-being. There are many reasons as to why children live in children's homes, but they all share the common attribute of not having proper parenting role models in their lives (Ainsworth *et al*, 1978). In addition, lack of proper parenting affects the social and cultural development of the children living in children's homes (Freeman & Nkomo, 2006). According to Gibbons (2007), the family-like roles in children's homes offer children an opportunity to receive the care from caregivers as a replacement of what they might have missed from their biological family members. In addition, the children who lack a normal family during their development often view other people in the children's home as substitute members of their family (Neimetz,

2010). For example, the children may view their caregivers and other people living in the children's home as their real family members, and then come to regard them as more important than their natural family members (Gibbons, 2007).

Therefore, the family-like roles displayed by caregivers within the children's home are extremely important and strongly interrelated, which is certainly worthwhile investigating in the South African context. The salient question is, "are there any family-like roles displayed by caregivers in South African children's homes and how are these experienced by children?"

1.3 Significance of the study

There have been limited empirical studies done on family-like roles displayed by caregivers and, how children experience these roles within children's homes especially in countries such as Uganda and Egypt. In South Africa, there were studies done on children's homes especially in Gauteng province, however the topic of family-like roles that should be exhibited in the homes has received little attention. It is anticipated that the current study may contribute towards providing further knowledge about the family-like roles for use if found relevant to the public in Cape Town. Secondly, the relevant literature reviewed for this study has shown that children have not been given the chance to express how they feel when placed in children's homes. The current study gives the opportunity to these children to tell their stories of how they experience the family-like roles displayed by caregivers in these children's homes.

1.4 Problem statement

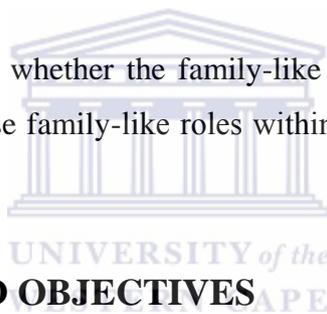
In Sub-Saharan Africa, South Africa is not exempted from the misery of suffering, there are increasing social problems resulting from poverty and the HIV/AIDS pandemic, which is distressing the community (UNICEF, 2004). The social problems especially health problems, hunger, poor nutrition, developmental delays, anxiety, depression and behavioral problems have greatly affected children (UNICEF, 2007).

The extended members of the children's families are strained by these social problems making them unable to adopt or take care of these children (Wolff & Fesseha, 1998; Zoccolillo, M. Pickles, D. Quinton, & M. Rutter, 1992). This has left an estimated population

of over one million vulnerable children i.e. children aged zero to seventeen years old stranded without proper families and parenting (UNICEF, 2007). Some children end up receiving care from social welfare organizations and others are placed in the children's homes. Shang (2002) states that, the great number of children cared for in these placements like foster care including public and privately organized children's homes is increasing every year.

The problem here was not the placement of children in foster care or children's homes. The serious concern was how the caregivers, coming from different cultural backgrounds with different family values, display the family-like roles for the vulnerable children to experience. These children are coming from their natural homes with different family backgrounds. Neimetz's (2010) study also shows that caregivers especially in overcrowded children's homes have not done enough to display family-like roles for children to experience and feel at home.

Thus, the current study explored whether the family-like roles are displayed by caregivers and how children experience these family-like roles within children's homes in Cape Town, South Africa.



1.5 RESEARCH AIM AND OBJECTIVES

The primary aim of this study was to explore whether the family-like roles displayed by caregivers and experienced by children living within the three selected children's homes in South Africa. The study seeks to identify the family values instilled by caregivers in these three children's homes. Specific objectives for this study were to:

1. Explore the family-like roles, which may be prevalent within the children's homes.
2. Understand how the children experience the family-like roles, which may be prevalent within selected children's homes.
3. Determine the role of the caregivers within the children's homes in Cape Town.
4. Explore how children relate to the entire personnel of the home in terms of hierarchy.

1.6 CHAPTER OUTLINE

1.6.1 Chapter one

This chapter provided the background, including the problem statement, the aim and specific objectives as well as the research questions for the current study. The significance for the study was also provided in this chapter. The chapter ended by providing the chapter outline and its summary.

1.6.2 Chapter Two

The second chapter focuses on a review of related literature and theoretical framework of the current study. To holistically understand family-like roles within institutional care, the eco-cultural and structural functionalism theories provided in this chapter helped to underpin this study. The eco-cultural theory draws its notions from the socio-cultural theory which stresses its arguments based on the social construction of society (Weisner, 2002). The structural-functionalism is commonly used in sociology and it provides its arguments based on how and why society functions, with the main focus on the relationships between many social institutions at a macro-level of society (Gallimore, Boggs & Jordan, 1974).

1.6.3 Chapter Three

This chapter focuses on the research design and methodology used in the study. The chapter tries to elaborate on the qualitative case study design and rationale for the choice of data collection tools and how data were collected. The chapter goes further to demonstrate how qualitative data were collected through in-depth interviews and observations. Lastly, the chapter provided the research tools used and the ethical procedures followed the ended with its summary.

1.6.4 Chapter Four

This chapter presented data, provided analysis and discussion of the data, with preliminary findings. The results of the data collected from the sampled caregivers, children and managers from the three selected children's homes were interpreted to find meaning in order to discuss the findings and make recommendations and conclusions. The chapter displayed how data analysis was thematically done in relation to the research questions and ended by

giving the summary. Lastly, the chapter provided a discussion of findings in order to arrive at the conclusion of the study with its summary.

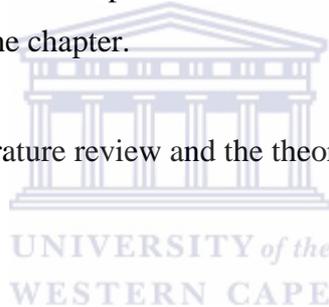
1.6.5 Chapter Five

Chapter five was the last chapter of the thesis, which provided the conclusion and recommendations of the study basing on the findings ending with its summary.

1.6 SUMMARY OF THE CHAPTER

The chapter presented the background together with the significance of the study. In addition, the chapter discussed the problem that is under investigation, which led to the presentation of the research questions. The aim and specific objectives, which the study intends to achieve at the end, was presented. Lastly, the chapter outline of the thesis was clearly stated and concluded with the summary of the chapter.

The next chapter presents the literature review and the theoretical framework of the study.



CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

In this chapter, the literature related to family-like roles and how these roles are displayed by caregivers, is reviewed in line with the study research questions. The chapter discusses both international and local literature related to the topic, which helps us to contextualize the current study. In addition, the importance of the literature review is to cover a wide range of aspects of the argument of the present study. Henning, Van Rensburg & Smit (2004), state that the literature review is required because it serves as the source for planning in how to conduct and discuss the findings of the study.

As such, the chapter discusses the literature related to family-like roles in the form of themes. These themes are presented by first, reviewing the literature about the general family-like roles and then moving on to discuss the related literature showing how children living in children's homes experience the family-like roles displayed by caregivers. The chapter goes further to present the review about the role of caregivers within children's homes. Lastly, it looks at the literature suggesting how children relate to the entire personnel of the home in terms of hierarchy. Thereafter, the chapter concludes by discussing the theories underpinning the study such as structural functionalism (Johnson, 1993; Talcott, 1975) together with the eco-cultural theory (Gallimore, Weisner, Kaufman & Bernheimer, 1989).

2.2 LITERATURE REVIEW

Before reviewing the literature on the family-like roles displayed by caregivers, this chapter will begin by giving thoughts about children's homes by providing brief overview of the children's homes.

2.2.1 Children's homes

Children's homes are residential or homes organized to receive, protect, care and bring up more than six children who will grow up without their biological parents (Child Welfare Information Gateway, 2010). These organized homes do not include schools of industry or reform schools.

However, Guishard-Pine & McCall (2007), state that children's homes are organized in the fields that include justice, child welfare, health, education, biological and caregiving family systems. Guishard-Pine & McCall (2007), maintain that all the state organs mentioned above are involved in the child's well-being in South Africa. These systems are organized in collaboration with each other to provide and enhance good care for vulnerable children.

Before 2005, children's homes were called orphanages. This name was amended in 2005 by the South African legislature and embraced the new name as Child and Youth Care Centers which are sometimes referred to as places of safety, industrial schools, reform schools and children's homes. This was so because children's homes are the sources for care, protection and treatment for the homeless, orphans, abused and socially maladjusted children. They play the ultimate goal of providing maximum security and protection for children (Children's Act No. 38, 2005).

2.2.2 Procedures for placement of children in children's homes

When placing children in foster care, it is sometimes arranged privately by family members without the state organs becoming involved (Child Welfare Information Gateway, 2010). For example, a number of grandparents and other relatives (caregivers) find themselves serving as parents for children whose own parents are unable to take care of them. This kind of arrangement is called kinship care (Child Welfare Information Gateway, 2010).

However, according to the South African Children's Act no. 38, 2005, placing the child in a children's home must involve the child welfare organizations such as social development, family advocate and the children's court. Regulation 73 requires that the assessment of the child's condition be done by social workers who make recommendations to the children's court before the placement of the child in a children's home. Assessment of a child simply means "a process of investigating the developmental needs of a child, including his or her family environment or any other circumstances that may have a bearing on the child's need for protection and therapeutic service" (Mahery, Jamieson & Scott, 2011: 30). This assessment is done by social workers as mentioned before to make recommendations to the children's court for the senior magistrate to place the child in a children's home for his safety.

Mahery *et al* (2011: 27) state that “the children’s court can make orders that require the child to be separated from the family in less extreme cases, for example a partial care order to prevent further neglect of a child or an order that keeps the child at home but orders the abuser to leave the family home”. They go further to state that the South African Children’s Act No. 38, 2005, introduces a wide range of options for the court to use when making the decision to place the child in a children’s home. For example:

- “In the more extreme case the court can make orders which require the removal of the child from the family and the placement of the child in a child and youth care centre (children’s home). For example, if a child is found to be in need of care and protection, and the child has no parent or care-giver or if the parent or care-giver is unsuited to care for the child, the child can be placed in temporary safe care (in a child and youth care center, shelter or private home) pending the child’s placement in foster care or adoption, or the child can be placed in a child and youth care center (children’s home) that provides a residential care programme suited to the needs of the child.
- The child can also be placed at a child and youth care centre (children’s home) which provides a secure care programme suited to the needs of the child if the parent or caregiver of the child cannot control the child’s behavior or the child displays criminal behavior.
- A children’s court can only order a child to be placed in a child and youth care centre (children’s home) if no other option is appropriate” (Mahery *et al*, 2011: 27-28).

Therefore, the Child Welfare Information Gateway (2010), states that the judge in the high court will critically study the report obtained from the social workers. The report in most cases suggests and recommends a possible children’s home with proper family-like roles to determine which home is suitable for the placement of a particular child.

The South African Children’s Act No.38 of 2005 considers children’s homes as a care option for children without proper parental care. Consequently the children’s homes, with the help of the caregivers, must display family-like roles that will make children feel no difference between their biological home and the children’s homes.

2.2.3 General family-like roles within children's homes

According to Thames & Thomason (2000), family-like roles incorporates family values which are shared by all the members of the community for the common good of its members including children's homes. Bennett (1993) defines family values as the political and social beliefs that hold the nuclear family to be the essential unit of society. However, Leung & Moore (2003), also state that the political and social beliefs of a certain family are reflected through the practice of cultural values. The cultural values are practiced by commonly having standards of what is acceptable or not acceptable, right or wrong, important or unimportant etc. (Bennett, 1993).

Therefore, Leung & Moore (2003), identify three types of cultural values, these include family values, marital values and gender role values. The focus of the current study is on family values (family-like roles). Thames & Thomason (2000) state that family-like roles are a reflection of what people are, especially by their own behavior, beliefs and communication, including their unique heritage which they express in their social life. Leung & Moore (2003) argue that family-like roles in general are categorized according to the aspects of one's family values especially behavior, beliefs and communication.

In agreement with Thames & Thomason, (2000), the current study does not make a distinction between family-like roles and family values. For the purpose of this study, these two concepts were used interchangeably in the entire thesis, as indicated earlier.

2.2.3.1 Behavior as family-like role

Lin & Fu (1990) believe that family-like roles under the category of behavior include, respect, sacrifice, self-control, flexibility, patience, personal growth, integrity and responsibility. William (1988) gives as an example of children growing up in weak attachments (families or institutions with no proper family-like roles), have little empathy and a weakened respect for law and order in society today. He goes further to argue that successful child rearing requires active and continuing physical, emotional, intellectual and spiritual presence of "parents"(caregivers) in the lives of children living in children's homes (William, 1988).

In African society, most researchers have observed that many people believe that children belong to extended families (Watson, 2005; Ntosi 1997; Masabane, 2002). The extended family, according to Ntosi (1997), can also be the foster parents. It is the responsibility of all family members to teach good morals and discipline the children in their community.

The caregivers in children's homes play the role of absent biological family members of these children. However, Marín & Gamba (2003) indicated that many children's homes in sub-Saharan Africa especially in Uganda, Tanzania etc do not reflect family-like roles. Ogwang (2011), on the other hand, states that family-like roles are present in children's homes in Uganda. He argues that the children are taught by caregivers how to behave and respect others plus they are taught about other duties especially cleaning the house, washing the clothes and home duties such as cooking. These assist them to grow up as responsible children with proper family values (Ogwang, 2011). The current study seeks to find out if this is happening in the children's homes selected for the current study.

2.2.3.2 Beliefs as family values

Watson (2005) reported that most people in society today mistake beliefs, as an indication of family values, with religion. For example, Gibbons (2007), states that the morality of the contemporary children's homes in Egypt is backed by religious principles. He says the principles of religious organizations (Christianity and Islamic), are used to instill family values in children growing up in families, including children's homes as their foster families.

Beato (2010) argues that if the children are allowed to practice their beliefs, especially praying and reading the bible, they learn how to love and feel empathetic towards others. Hence, Ko (2008) has suggested that the category of beliefs comprises family values especially faithfulness, hope, love, wisdom, care for others, wealth, health, success, work, trust, friendship, honesty, understanding, commitment and forgiveness. However, in some sense the above family values are also emphasized by many religious families, teachers and believers in the communities where children live (Pryor & Rodgers, 2001).

2.2.3.3 Communication as family-like roles

Lin & Fu (1990), state that communication is a significant tool that promotes family-like roles particularly relationships, happiness, friendship, family vacations, recreation, freedom,

making others happy, being loved and willingness to learn. For example, Mannie & Tomasello (1987) claim that what children learn from their families, foster care families or children's homes, builds character that serves them throughout their lives as members of society. Scholars especially Lin & Fu (1990) have affirmed that good communication is a key to having healthier relationships with others and living a respectable life.

Generally, Georgas *et al* (2006) state that family-like roles are not just under acculturative control, they are also influenced by the factors of an individual's background. In many African countries where HIV and poverty have greatly affected households, some children are subjected to poor conditions while others experience inadequate parenting (UNICEF, 2004).

The children's homes have played a significant role in offering foster care for these children. Bennell (2005), states that family-like roles, especially behavior and beliefs, need to be displayed in children's homes by caregivers. These will bring caregivers and children together while creating the conditions that pursue the freedom and happiness of the family members (Han-Pi & Ko, 2006). Family-like roles are usually infused within the nature of vulnerable children by caregivers (Hofstede, 2001). According to Ko (2008), caregivers have the responsibility of teaching the children family-like roles which shape them as they grow up as meaningful and responsible men and women.

To successfully achieve the above, Han-Pi, & Ko (2006), suggested that the caregiver to child relationship be built upon an emotionally and a friendly environment which facilitates the children's well-being in children's homes. In addition, caregivers and children need to give and receive love by caring and trusting each other, which enriches and guards the intimacy of all members living in the children's home (Marín, & Gamba, 2003). However, this needs the active board of social workers to monitor the children's homes.

2.2.3.4 The social workers

Han-Pi & Ko (2006), confirms that in Namibia, due to the lack of adequate social workers to monitor the homes, caregivers have not adequately displayed family-like roles in children's homes. Furthermore, Hlabyago & Ogunbanjo (2009) claim that the social workers are too slow to help the children find a proper home with good parental care. However, their study found that most foster care parents also have financial constraints. Consequently the social

workers encounter numerous difficulties during the process of placing vulnerable children in foster care. Mnubi-Mchombu & Ocholla (2011) state that the social workers do not go back to monitor the condition of the children after placement due to the high workload assigned to them in their offices. Thus, due to insufficient supervision by the social workers, the vulnerable children placed in children's homes do not experience family-like roles as expected (Hlabyago & Ogunbanjo, 2009).

Yet vulnerable children, especially those with psychological needs, need a home-like environment to receive family values, which help them to grow up holistically (Mnubi-Mchombu & Ocholla, 2011). In addition, the paper presented by Mnubi-Mchombu & Ocholla (2011) in Pretoria also suggested that social workers have a lot of work to do in children's homes but not in their offices. Their study found that in Namibia social workers have a lot to do in the office than in the field for supervision.

2.2.4 Children's perspective of family-like roles within children's homes

Mmari (2011), in her study about vulnerable children in Tanzania claims that children experience many challenges when placed in some children's homes. She noted that most of the children, especially boys, who participated in her study, complained about changes in the amount of food which they are served by caregivers. In addition, the children living in Tanzanian children's homes did not feel equally loved and cared for by caregivers due to the large number of children under their care. It will be interesting to compare these experiences to the current study.

2.2.4.1 Constraints faced by children

Shuey, Bagarukayo, Senkusu & Ryan (1996), state that children face several constraints, especially when their parents have died or neglected by their living parents. In the USA, AIDS children face an uncertain future regarding their custody and financial benefits (Levine, 1995). Globally, vulnerable children find it difficult to adjust in children's homes if the environment is not home-like for continuity of family extension away from their natural home (Bradley *et al*, 2003).

In Uganda, according to Webb (1995), the main problem of vulnerable children placed in children's homes was to access basic resources. In support of the above, Shuey *et al* (1996) did a study of vulnerable children in the west and central part of Uganda, who lived with their grandparents before placement in children's homes. Webb (1995), states that children expressed that they had no access to shelter, school fees and equipment, food, bedding, clothing and medical care while living with their grandparents. Consequently after placement in children's homes, they were able to access all these basic resources through donors and friends (Webb, 1995). It seems that vulnerable children in Uganda prefer living in children's homes to living in their natural family homes.

However, Levine (1995) states that in the USA the government prefers adoption and foster caring rather than the placement of children in children's homes. The President's Emergency Plan for AIDS Relief in the U.S found that:

....family is generally the optimal environment for a child to develop. Assistance programs should enable vulnerable children to remain in a loving family situation where they can maintain stability, care, predictability, and protection. Supporting family capacity, whether the head of household is an ill or widowed parent, an elderly grandparent, or a young person, helps build a protective environment for vulnerable children. Institutional care is not optimal for child development, sustainability, or cost-effectiveness. There are, however, instances when residential care might be the only practical alternative; for example, abandoned children, particularly HIV positive children, for whom there is no alternative. Every institution that cares for children should give priority to keeping siblings together. Also, it is important to encourage and maintain strong links with extended families, reintegration of children back into the community, and securing a stable, family-based placement... (PEPFAR/Emergency Plan, 2006: 4).

In contrast to the above, in Botswana, Morantz & Haymann (2010) state that the children placed in children's homes experience both verbal and physical punishment by the caregivers. They also found that the children experienced other issues like missing their family, aggression amongst children, craving contact with the community while others expressed lack of emotional support and bad experiences while in children's homes (Morantz & Haymann, 2010).

Ogwang (2011), in the study done about children's well-being in institutions, claimed that children were overworked in terms of the house chores, e.g. preparing breakfast, cooking food, slashing and cleaning the compound, mopping the floor, washing the bath room and

their clothes. However, other studies show that besides all the activities these children perform in the children's home, they felt happy being there and leading that kind of life (Shuey *et al*, 1996). In support of the above, Deborah, Perri, Klass, Felton, Frank & Leon (1996) state that the children feel happier and function better while living in well-organized children's homes than in poorly supervised foster homes.

Furthermore, researchers, especially Engle (2008) found that children are often frustrated and depressed when their house mothers (caregivers) whom they are closely attached to go away for the weekend or are on leave. In addition, Gibbons (2007), in his study about the sociological and symbolic family process in the structure of orphanages in Egypt, found that children in children's homes are subjected to a change of caregivers. He adds that this has caused children to display disciplinary problems, as well as manifest signs of unrest and insecurity.

However, Meese (2005) issued a further shocking claim by stating that inadequacy of care giving is reflected by the characteristics such as poor health care, inadequate nutrition, limited opportunities for language and cognitive stimulation, lastly rotating shifts of caregivers who have little or no training. He affirms this may be direct or indirect cause of delay or preclude normal development in vulnerable children living within children's homes.

2.2.5 The duty of caregivers within children's homes

Neimetz (2010) views a caregiver as a person who looks after children under the age of 18 years, where one or both parents are dead and who do not have proper parental care from the family where she/he lives. According to the available literature e.g. Engle & Lhotska (1999), there are many controversies about the most effective and accurate term to use when referring to people involved in taking care of children in children's homes. Some people prefer the term "parent" or "parenting" to mean long-term family care, while others, especially Richter (1998), claims that the term "parenting" involves historical and forthcoming views with deep emotional participation in the caring and socialization of the children.

The term caregiver is used in the place of a mother (Call, 1984). However, Weisner (2000) argues that there is no evidence that natural or biological mothers are more capable of caring

for their children. He maintains that apart from the role of breastfeeding, male parents or other caregivers can also play a part in the emotional commitment to the well-being of children (Weisner, 2000).

Bowlby (1982) defines the term caregiving as a broad array of behavior that complement a relationship of attachment behavior of caregivers and children. The significance of this attachment behavior is to provide foster care that influences growth and development of the children living under the care of caregivers in a children's home (Batson, 2002).

Bowlby (1973), states that caregiving is one way in which children without proper parenting receive protection and support. Ainsworth, Blehar, Waters & Wall (1978) believe that children in need are already stressed and need careful support from any person showing altruistic behavior (social empathy). Furthermore, it is stated that the inherent altruistic behavior of the caregivers can alleviate children's distress in children's homes, especially the newly recruited children (Ainsworth *et al*, 1978).

Although the caregivers in most homes work as employees (work for a salary) in the children's homes, they need to display social altruistic behavior in order to look after these children. Archer (1996), states that evolutionary biologists define social altruism as a state or behavior that helps another individual despite a cost to the giver. In addition, "altruism" is seen as purely in terms of the act performed, not the intention behind it. In this way social scientists have no problem in discussing examples of apparent altruism in caregivers. The explanation for this may lie in the idea of foster care. For example, a close relative who is blood-related or family members may share many genes with the vulnerable children of other relatives under his/her care. In addition, a grandparent helping a relative could work to ensure some of genes are passed down (Archer, 1988). In this case, as much as caregivers are employed to give care to vulnerable children living within the children's homes, there is need for them to act without intentions behind.

Researchers, especially Fraley & Shaver (2000); Hazan & Shaver (1987), have noted that caregivers need to display altruistic behavior in order to meet the children's interests in the children's homes. In addition, Hamilton (1964) states that the system of caregiving apparently progresses from time to time (the more the caregiver stays with the children, the more they are attached to each other). This is because it increases the inclusive fitness of

caregivers by making it more likely that the children can trust them when carrying out their duties of instilling family values which are indicative of the family-like roles in an institutional setting.

The literature written about the duties of caregivers stresses that caregivers have a significant part to play in displaying family-like roles within children's homes while instilling family values in these children (Bennell, 2005; Engle, 2008). For example, this would refer to the caregivers who imitate the role of a father, sister, or aunt and then instill family values, which constitute respect, love, care etc. Scholars especially Engle (2008); Engle, Maureen, Black *et al* & the Lancet Child Development Series Steering Committee (2007); Richter (1998); Engle, Castle & Menon (1996), add that the passionate way caregivers communicate with the children is of cardinal importance in their social development. Mmari (2011), also reports that the caregiver's perception of their provision of basic needs and checking on children's behavior, is of vital importance.

Davison (1995), suggests that caring is the most significant practice of caregivers in a children's home. In addition, Maier (1991) believes that caregivers form a central point for caring and nurturing vulnerable children living in children's homes.

Furthermore, Chapman, Wall, Barth & National Survey of Child and Adolescent Well-Being Research Group (2004) state that the role of caregivers in children's homes must display characteristics such as:

...building relationships, setting norms, maintaining a link with society, managing, nurturing, understanding each child's needs, being emotionally available, teaching cultural and moral systems, being authoritarian, having a basic parenting capacity, ensuring safety, emotional warmth, stimulation, guidance, stability, practicing sound professional practice, empowering children and sensitivity....(Chapman *et al*, 2004:295).

Unlike the above scholars, Ainsworth *et al* (1978) state that it is not clear as to how to detect the presence or absence of a child-caregiver relationship in children's homes. Thus, Vorria, Papaligoura, Dunn, van Zendoorn, Steele, Kontopoulou, (2003), claim that about 66% of children living in children's homes in Greece have poor relationships with their caregivers. In addition, only 24% of the children living in an institutionalized setting have good

relationships with their caregivers (Vorra *et al*, 2003). However, scholars, especially Zeanah, Nelson, Fox, Smyke, Marshall & Parker, (2003) & Smyke *et al* (2002) affirm that the low ratio of caregivers to children causes disorganized and poor relationships between children and their caregivers.

These scholars add that in some children's homes in Rome, the ratio of caregiver to children is as low as 1: 12, which sometimes results in discrimination and lack of enough time for caregivers to spend with other children living in these children's homes (Zeanah *et al*, 2003; & Smyke *et al*, 2002). The caregivers need to receive training in order to display the family-like roles which can benefit all the children in overcrowded institution.

In countries such as Uganda and Kenya, caregivers, to a large extent, are focusing mainly on playing the role of a permanent parent (Webb, 1995). They are in charge of disciplining and caring for the children to maintain a certain family stability in children's homes (Gibbons, 2005). In an interview with caregivers and administrators in Egypt, Gibbons (2007) found that the role of caregivers in an institutionalized setting keeps on evolving, depending on the rules and regulations under which the homes are managed. Nevertheless, this scholar states that most caregivers identified their role as supervising the children's homework, while the administrators maintained emotional stability and support for the children under their care (Gibbons, 2005).

In contrast to the above, in China caregivers are expected to encourage children to become individualistic and self-expressive, which sometimes bring conflict into appropriate childcare practices in their children's homes (Leslie, 2010). This is especially during the developmental stages of the children growing up the children's homes.

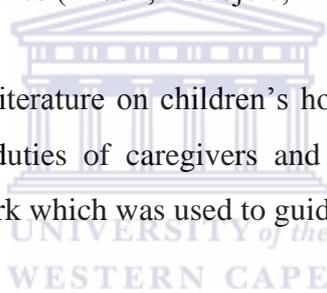
Daly (2004) states that there are 5 five stages of moral growth in the children. These five stages include infancy, toddlerhood, pre-schoolers (3-7 yrs.), 7-10 yrs.' and preteens & teens, which need solid foundation build by parents in order for the children to develop morally (Daly, 2004). In the same way caregivers in the children's home need to understand the importance of their being in the lives of these children in order to instil family-like roles for them to experience. During this period of development, the children are vulnerable to peer pressure and peer values from outside the children's home. As they continue to sort out which family values will become part of themselves and which they will discard, they may hesitate

and try on different value systems to see which ones fit them as they continue to grow up in the children's home (Daly, 2004).

Mmari (2011) argues that early social development can be distorted if the nurturing of children by caregivers is not considered relevant, which might result in maltreatment. In addition, Richter (1998) argues that the emotional and social experiences of children during their early childhood are significant and have a permanent effect on the child's social development. Therefore, proper parenting and nurturing of children by caregivers influence the quality of early social childhood development (Shang, 2001).

The duty of a caregiver plays a significant role in enhancing the family values in children's homes in sub-Saharan Africa. Of the few studies that do consider the role of caregivers in these homes, most focus on parent-child care, health development and the positive behavior of children living in children's homes (Brook, Morojele, Zhang & Brook, 2006).

Therefore, having reviewed the literature on children's homes, family-like roles and values including the literature on the duties of caregivers and social workers, the next section reviewed the theoretical framework which was used to guide the current study.



2.3 THEORETICAL FRAMEWORK

Silverman (1993) states that theories offer ways in which researchers understand the world. Flick (2009) argues that theories are versions through which the world undergoes a continuous revision, evaluation, construction and reconstruction. Flick (2009) adds that the theory is considered to be a mirror through which the world is viewed or perceived, but does not present the facts about it.

In this study, the researcher considers working towards a responsible and realistic way of seeking to understand the family-like roles displayed by caregivers and experienced by children in children's homes in South Africa. In addition, it reveals which kind of family-like roles children are exposed to within children's homes. Lastly, the theories also assist the researcher to understand the role of caregivers, and how they display family-like roles within three selected children's homes in Cape Town, Republic of South Africa. Hence this study draws from the perspective of structural-functionalism and eco-cultural theories.

2.3.1 The structural-functionalism theory

Super & Harkness (1997) & Gallimore, Boggs, & Jordan (1974) claim that structural-functionalism is commonly used in sociology. Its arguments are based on how and why society functions by focusing on the relationships between many social institutions at a macro-level of society. However, Donaldson (1987) argues that when addressing issues at a macro-level, the social processes, structures and norms are considered significant.

In addition, cultural values, including individual behavior, are also important in influencing people's social change and integration into the larger society (Ogbu, 1994). This theory helps to bring a good understanding of how children's homes are structured and how they function. Structural functionalism can be explained by analyzing South African society (Gallimore, & Goldenberg, 1993). A society is like the sum of our body parts, where each part of the body has a particular role to play in order to yield a functioning body. In the same way, each part of society has a function to play in order to produce a good, stable society that is responsible for solving the basic needs of all its members (Donaldson, 1987).

South African society is based on traditional values and family units. However, due to external influence, society finds itself in a very difficult situation (Ogbu, 1994). Therefore, if we consider using concepts, especially family, values, tradition, change, identity, heritage, conflicts, and institution, then structural functionalism is found to be appropriate to understand the family-like roles displayed by caregivers in the Cape Town children's homes under study.

Mafeje, (2000), states that South African culture is based on fundamental values in their communities, especially the example of the family, which has a significant impact on all members of that particular family. Hence, the misbehavior of one member of the family reflects negatively on the whole family. In the same way, any member of the children's home who misbehaves will negatively affect the whole home.

However the success of one individual in the children's home will bring honour and pride to all members of that home (Nsamenang & Lamb, 1994). Therefore, according to the structural functionalism theory, every social organization in society is accompanied by a number of values. These values define how an individual acts or does certain things in that particular society.

The group of values of that particular organization is known as roles. The roles are expected patterns of behavior associated with a particular social status of people in that society (Donaldson, 1987). The study of family-like roles within an institutional setting has been influenced at a macro-level, and has also been addressed by the theory of structural-functionalism (Johnson, 1993). Children's homes are structured and function through the concept of a family (Donaldson, 1987). These children's homes have similar aims or ambitions of keeping family characteristics; for example, providing a normal family-like role during childhood. According to Neimetz (2010), these characteristics are practically shown when the children consider caregivers and other children as their immediate relatives, especially when the children call caregivers father, mother, uncles or aunts while other children living in the orphanage are called brothers and sisters.

Specifically, family structure i.e. father, mother, uncle etc. is adopted by children's homes (Nsamenang & Lamb, 1994) to make the children feel at home. For example, the promotion of social and family duties including responsibilities such as washing dishes, cooking, bathing, cleaning and other family duties taught by caregivers to children is one way of instilling family-like roles (Nsamenang & Lamb, 1994). The promotion of responsible values in the form of moral character, conformity to social rules and norms, cooperation and positive styles of social interaction, has been a tradition and a valued institutional objective for caring and maintaining the enhancement of family-like habits or culture within children's homes (Wetzel, 1991).

2.3.2 The eco-cultural theory

In addition, this study also uses the eco-cultural theory (Gallimore *et al*, 1989, 1993) to better understand the family-like roles within institutional care. The eco-cultural theory draws its notions from the socio-cultural theory which stresses its arguments based on the social construction of society (Weisner, 2002). However, the eco-cultural theory was first used with families, which had children with disabilities, looking at the changes which families had to go through in their daily routine (Janhonen-Abruquah, 2006). This framework is interested in the relationship between human and society but more precisely, family and its environment.

Gallimore, Weisner, Kaufman, & Bernheimer, (1989) wanted to stress a strong point by emphasizing the importance of understanding the way in which families of vulnerable

children contract what they called family routines. The family daily routine in the case of children's homes refers to daily family activities done by the members of the family. In this study, the eco-cultural theory has a very strong clinical implication. The families formed in children's homes contract the daily activities for themselves in the form of activity settings which are more sustainable and sometimes can provide an effective framework for family-like roles in these homes (Gallimore *et al*, 1989).

Numerous studies have been done to find a way in which interventions can be done to enhance the family daily routine without disrupting the natural ecology of the children as shown in continuing practices in some children's homes in South Africa (Bernheimer, Gallimore & Weisner, 1990). Thus, many of these studies have discovered that the newly-formed routines (daily activities) in the children's homes must be incorporated with the programs that bring positive behavior to the children. This will help to solve the prevailing behavioral problems of the children growing up in these homes (Lucyshyn, Albin & Nixon, 1997).

The current study sought to investigate the family-like roles displayed by caregivers and how the children experience them in the children's homes. The caregivers must help to draw up daily activity programs which suit vulnerable children seeking accommodation and proper parenting in these children's homes. Gallimore & Goldenberg, (1993) point out five characteristics when forming the routine or daily activities that can promote family-like roles in children's homes. These daily activities must consider certain characteristics especially:

“...Who is present during the activity?
The values and goals of the family members taking part
The tasks which are being undertaken
The reasons for the family members choosing to perform those tasks and lastly,
The scripts that governs interactions including those that shape and constrain the children's participation in the activities” (Gallimore *et al*, 1993:217)

The activities drawn will bring the description of the children's daily activity settings in the children's homes becomes the “architecture of everyday life” (Gallimore *et al*, 1993:539). In an effort to inform the caregivers and administrators of the children's homes, these scholars sought to determine what specific daily or routine activities the home can design for the children under their care to promote family values.

Therefore, to holistically understand the family-like roles within children's homes, structural functionalism and eco-cultural theories assisted with the analysis of data collected for this study. The majority of studies on parenting and caregiving have been done in the United States and in other developed countries in Europe. However, in sub-Saharan Africa, especially in South Africa, there might be other caregiving dimensions that have equal influence on the social development of children living in children's homes. These two theoretical perspectives were significant during the analysis of data collected for this study.

2.3 SUMMARY OF THE CHAPTER

This chapter reviewed the literature related to family-like roles displayed by caregivers, which Thames & Thomason, (2000) consider as incorporated within family values. In addition, the chapter discussed both international and local literature related to the topic, which helped to contextualize the current study.

The chapter presented literature about the general family-like roles/values and then moved on to discuss the related literature showing how the children living within children's homes experience these family-like roles or family values. The chapter went further to present the reviewed literature about the duties of caregivers within children's homes. Lastly, the theories underpinning the study such as structural functionalism together with the eco-cultural theory were also discussed.

The next chapter will be discussing the methods and instruments, which were used to collect data for the study.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

The aim of the current study was to explore whether the family-like roles displayed by caregivers and experienced by the children living within the three selected children's homes in South Africa. In the literature review, through analysis of how the field of the study is configured, the basis for the empirical study was developed. The qualitative study was done using applied research with a descriptive and investigative nature to elicit information about the problem (family-like roles) under investigation.

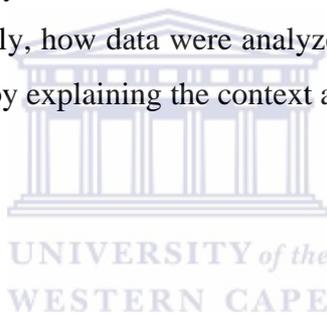
The chapter presents the methodological perspectives of the study. The chapter will basically focus on the research design, the population of the study, the sample size, data collection instruments, validity and reliability of the research instruments, procedure for data collection and ethical consideration and lastly, how data were analyzed. In addition, the data collection procedures are described clearly by explaining the context and purpose.

3.2 Research Methods

Initially, the current study's target was to focus on three selected children's homes located in the townships of Gugulethu, Nyanga and Belhar in Cape Town. The pseudo names representing the children's homes were home "A" home "B" and home "C". Home "A" was located in the township of Gugulethu, home "B" in Nyanga and home "C" in Belhar.

However, home "A" withdrew their participation due to the change of management and the home structure. In addition, home "B" in Nyanga was closing down due to the lack of a management system after the death of the managing director who was the sole sponsor, leaving the home with nobody willing to continue with the project. Lastly, the remaining home "C" located in Belhar was willing to participate; unfortunately, it was not suitable for this study because of its structure.

The current study on family-like roles puts its focus on homes with a cluster (unit) setting where family values are fundamental to upbringing of the children living in these children's homes. Thus, home "C" in Belhar tried to organize and introduce the researcher to other homes with a cluster setting; however, these homes did not want to participate in this study.



Fortunately, a colleague in the department of social work at UWC was able to suggest alternative sites for data collection.

Therefore, the two new sites are located in the southern suburbs and northern suburb of Cape Town and the last one was located in Khayelitsha, the largest township in Cape Town. The pseudo names now became home “A” southern suburbs, home “B” northern suburbs and lastly, home “C” Khayelitsha.

3.2.1 Research approach/ design

Before the researcher decided on which research techniques or approaches to use in this study, he clearly wanted to obtain a full understanding of the concept “research” as this is suitable to determine which techniques or research approaches to use. Thus, Ogunniyi (1992) defines the term research as “a systematic way of finding out about the worth or otherwise of a given subject matter” (Ogunniyi, 1992:2-3). According to this definition, for one to make systematic findings, he or she must use a technique or specific approach in the study.

The current study considered investigating the family-like roles displayed by caregivers and experienced by children within three children’s homes in Cape Town. Furthermore, this created an opportunity for the researcher to examine the social aspects, especially the family values instilled by caregivers, within three selected children’s homes in Cape Town. In this case, the social life in terms of family-like roles experienced by children living in the children’s homes was examined. In addition, the study examined the general family-like roles displayed by caregivers and the role of caregivers within children’s homes.

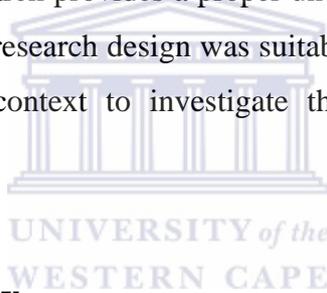
For those aspects to be examined, the qualitative research design as an approach was found to be most suitable for the current study. The qualitative research design helped to unveil the multiple underlying family-like roles displayed by caregivers in the children’s homes. Furthermore, qualitative research offers a rich and potential understanding from the perspective of the research participants or respondents concerning the meanings they give to the events in their lives (Swartz-Filies, 2007).

Henning (2004:10), states that “qualitative research deals with the human mind”. She continues to state that, “during the enquiry the principles and knowledge in qualitative

research becomes real and makes a researcher's problem in the real world" (Henning, 2004:10-11).

Therefore, by applying the principles and knowledge in a qualitative study, the researcher gets the real meaning about the children's homes. Bless & Higson-Smith (2004), state that in qualitative research the use of language is a tool to collect the information from the participants and to learn how to think about things happening in the real world. This means that qualitative research helps to uncover the real understanding of a community where people live (Bless & Higson-Smith, 2004:38).

The study design was basically a qualitative research approach adopting an in-depth interpretation of the findings. The researcher collected qualitative data through in-depth interviews and observations. Henning, Van Rensburg & Smit (2004); Lincoln & Guba (1985) state that, qualitative research provides a proper understanding of the social setting in which a study lies. A qualitative research design was suitable for this study because it helped to collect data in the natural context to investigate the research problem much more vigorously.



3.2.2 Population of the study

Mugenda & Mugenda (2003) define population as a large group of people from which a number of individuals are selected for a study. Children's home "A," located in the northern Suburbs of Cape Town, has approximately sixty (60) children aged 2-18 years with ten (10) caregivers. Home "C" in the southern Suburbs of Cape Town has a population of one hundred and forty-four (144) children from the age of 3-18 years, with approximately eighteen (18) caregivers. Lastly, home "B" in Khayelitsha is registered to look after one hundred and six 106 children but currently has approximately ninety eight (98) children between the ages of 4-18 years with twenty (20) caregivers. This implies that the entire children population was 302 with forty eight- (48) caregivers. However, the current study was limited to a small sample due to its qualitative nature.

3.2.2.1 Sample

From the entire population of 302 children, 48 caregivers and three (3) managers from the three (3) selected children's homes, the total sample of the study comprised 48 participants. Therefore, five caregivers were selected from each children's home making a total of fifteen caregivers. In addition, ten children were also selected from each home totaling to thirty children. Lastly, the researcher also selected one supervising social worker from each home who is permanently employed by the home to make decisions, represent and coordinate the activities at managerial level. The children's homes employ the supervising social workers in the position of managers.

Consequently, the researcher selected the one supervising social worker from each home as a manager, which made three managers from three selected homes. However, in home "A" (Northern Suburbs), one participant withdrew and the researcher was left with nine children representing that home, which led the total number of children to drop to twenty-nine instead of thirty. The total sample size selected came down to forty seven participants instead of forty eight, with whom in-depth interviews were conducted. This information described above is also illustrated in the table below:

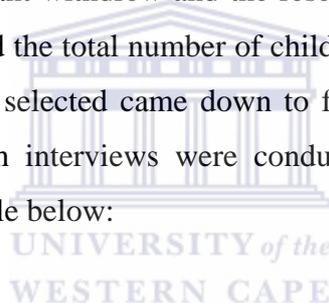


Table 1: The Sample

	Home "A"	Home "B"	Home "C"	Total
Children	09	10	10	29
Caregivers	05	05	05	15
Managers	1	1	1	03

Grand Total	15	16	17	
				47 Participants

3.2.2.1.1 Types of sampling

a) Personnel

Purposive sampling was used to select the personnel as participants for this study. Given (2008) states, that purposive sampling is almost identical with qualitative research. However, because there are many objectives qualitative researchers might have, the list of “purposive” strategies that one might follow is virtually endless (Given, 2008). He gives the examples of purposive sampling as expert, stakeholder, and criterion purposive sampling.

Stakeholder purposive sampling was found appropriate for selecting caregivers and managers because they constituted a small number and worked within children’s homes as experts. There were two caregivers working on the shift in each cottage or house unit who automatically became the participants for the study. The stakeholder purposive sampling was not applicable to select the children as participants because they constituted a big population within the children’s homes who had equal chance to participate in this study.

b) Children

The simple random sampling was used to select the children as participants for the study. Both Bless & Higson-Smith (2004:87) & De Vos, Strydom, Fouché & Delpont (2011:200) define simple random sampling as an accidental selection of participants to represent the entire population in a study. Furthermore, Bless & Higson-Smith (2004:87) state that the selection of a component from the population is called random if the chance or probability of being chosen to represent the population can be calculated for each component of the population. In brief, simple random sampling gives everybody the opportunity to participate in the study.

Furthermore, caregivers assisted the researcher by preparing the list of children between the ages of 11-17 years, out of which the sample was selected randomly. The researcher

randomly selected the children as participants by using a general list of children grouped according to their houses (cluster homes) presented by the administrators of the children's homes. The list of boys and girls was compiled separately indicating the age and the period of time children have lived in the home. On those lists, the children who fell in the age bracket of 11-18 as well as in the position of the even number on the list were recruited to participate in the study. Five children from the list of girls and five from the list of boys were selected making a total of ten children from each home. The researcher preferred children who had previously lived in their natural homes and are now living in the children's home for a period of four to five years. The reason for this was that these children are able to make the distinctions between their experience at their natural homes and the children's homes. The explanation above seems more like a purposive sampling. However, the criteria used to select the children were giving all the children the chance to participate in the study, which was random sampling.

3.3 DATA COLLECTION

In preparation for data collection, the literature related to family-like roles was reviewed. In addition, the theory of structural functionalism (Super & Harkness, 1997; Gallimore, Boggs & Jordan, 1974 & Donaldson, 1987) together with the eco-cultural theory (Gallimore *et al*, 1989 & 1993) was considered in order to gain a holistic, intelligible understanding of the nature and the scope of the problem. Furthermore, approval was given by the board of social workers in the three selected children's homes to obtain data through interviews and observations in their homes.

3.3.1 The Interviews

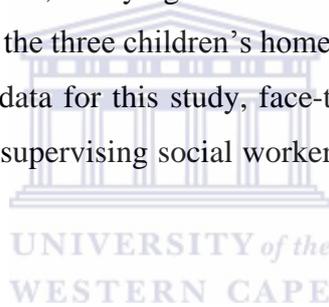
Greeff (2005), states that a qualitative research interview forms the perfect mode of data collection in any research. Therefore, in this study, interviews with the participants (caregivers, children and directors) of the three children's homes were organized. Holstein & Gubrium (1995c), indicate that to measure family-like values, statements containing words, such as, "should" and "ought to," were used to emphasize the normative aspects. During the interviews, the role of the respondents was very vital, therefore the social worker was requested to play the role of interpreter in the case of language problems, especially for the

children and caregivers and to make sure that the children were safe at all times during the interview sessions.

Henning (2004) states that the prominent advantage of interviews as a research tool of eliciting information is that it helps the researcher to excavate deeper into the problem under investigation. The study found it appropriate to use interview because of its qualitative nature though it is time consuming to both the participant and the researcher (Babie & Mouton, 2001).

Hence, Holstein & Gubrium (1995:27) describe the roles of respondents in any active interview as “narrators of experiences” which requires a good environment for comfort and trust. While conducting interviews, an interview schedule was used to keep the conversation with the participants focused (Katherine, 2005). The questions set in the interview schedule were in-depth open-ended questions; in trying to assist the researcher obtain in-depth data about the family-like roles within the three children’s homes.

In an attempt to obtain in-depth data for this study, face-to-face interviews were conducted with caregivers, children and the supervising social workers (managers), at the three selected children’s homes.



3.3.2 Observation

In the same as interviews, observation may be a desirable strategy to explore certain research questions. Mbabazi (2008), states that the advantage of observations is that it allows the physical involvement of the researcher in order to get first impression of events. Jorgensen (1989) argues that more accurate data can be collected as the researcher gets involved in the daily life of the participants. For that reason, the researcher visited each home twice a week to proof through observation some of the information given during interview sessions within the three selected children’s homes. One extra day for each home was organized to observe what actually takes place on the ground. The daily observation was useful in this study because unexpected data was obtained from participants through interactions with them and other observable issues in the homes.

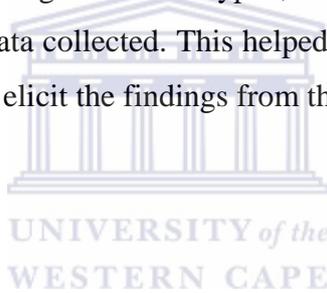
Furthermore, using simple observation, field notes were recorded about the general living conditions of the children and caregivers. In addition, the caregiver-children relationships, daily routine and the entire facilities used in those children’s homes were observed. Other

observable home environmental components in relation to family-like roles were recorded in the field notes.

However, observation as a strategy may simply not be possible for the researcher with limited time and resources to use as a strategy to collect data. This may require you to be trained as an observer which may seem to be impractical and then require you to prefer alternative strategies during the process of data collection.

3.4 PROCEDURE FOR DATA COLLECTION AND MANAGEMENT

Data collected from interviews was managed by organizing the collected data into electronic audio files which were easily transferred to the researcher's computer. These files of data were later transcribed into text files in Microsoft Word format by the researcher after the end of every interview with the participants. Other information obtained through making field notes and observations were also organized and typed, and were intensely reviewed by the researcher to make sense of the data collected. This helped the researcher to become familiar with the data collected in order to elicit the findings from this data.



3.5 DATA ANALYSIS

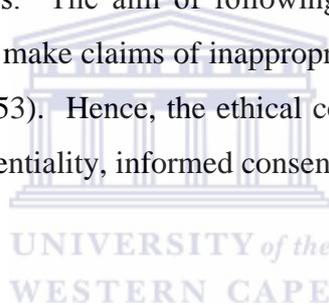
Teddlie & Tashakkori (2009) & De Vos (2005) state that qualitative research analysis involves coding and contextualizing research methods which result in themes. In addition, it also involves the breaking down of narrative data into smaller elements which make the connection to bring the proper understanding of the data collected (Teddlie & Tashakkori, 2009; & De Vos, 2005). Furthermore, Punch (2005); Milles & Huberman (1994) state that analysis consists of three current flow of activities. These activities include data reduction, data display and conclusion plus drawing and verification.

This study used the methodology of heuristic inquiry (Brownell, 2008 & Gray, 2009). In this inquiry, data was collected and organized, labeled and coded, following the key concept of the study. Thus, the researcher critically reviewed transcriptions and fieldwork notes by the use of inductive and iterative techniques, which resulted in the emergence of important themes.

In a nutshell, the study used qualitative research analysis or thematic analysis to analyze data collected in relation to the research questions. The results of the data collected from the sampled caregivers, directors and children from all three children's homes was critically interpreted to find meaning in order to discuss the findings and make recommendations and conclusions. Data was first categorized, coded and then put into themes to answer the research questions. Following Henning *et al* (2004), for the study to achieve its purpose all its objectives and questions should be fully discussed.

3.6 ETHICAL CONSIDERATIONS

According to Polonski (2004:53) ethical considerations play an important role when conducting research, especially if research involves interaction with members of a general community like children's homes. The aim of following ethics in research is to avoid a situation where individuals could make claims of inappropriate behavior, which may result in public criticism (Polonski, 2004:53). Hence, the ethical consideration section will highlight the following: permission, confidentiality, informed consent and commitment of participants.



3.6.1 Permission

Morrow & Richards (1996) state that there are a few international protocols on interviewing children in the research, for example the National Institute of Child Health and Human Development (NICHD) in Britain and the investigative protocol in the USA. Other international scholars, especially Schenk & Williamson (2005:22), have suggested some principles of ethical guidelines like voluntary participation, formal consent forms, and safety in participation, privacy and trust, which must be followed when involving children as participants.

In South Africa, all the above principles are used when doing research involving human beings in social sciences. There are no specific protocols to follow in social science except in the South African education sector. In schools, the researcher must apply to the education department, school principal, school management committees and finally obtain the parents' consent to interview their children.

However, the South African Law Commission (2002:3) gave all the public structures the responsibility for formal intervention in children abuse, sexual offences and non-governmental bodies such as children's homes, the mandate to perform their tasks. This also mandates these public structures to deliver service, which is prompt, sensitive, effective, dependable, fully coordinated and integrated including carefully designed programmes to avoid secondary trauma to the children and other people at risk. According to this law, the children's homes forms part of the non-governmental public structures and have been mandated to perform their task, thus the researcher got permission from the administration of each children's home selected for this study to both interview and observe the physical environment of the three selected children's homes.

Before proceeding to the field for data collection, the researcher emailed a letter addressed to the managers of the three selected children's homes (Appendix "A"). The intention of writing the letter by the researcher was to seek permission to conduct the study in their institutions. The content of the letter was to explain in detail the aims and objectives of the study, including the role of the researcher in the study. The researcher went further to indicate the necessary presence of a social worker during the interview sessions with the children. The letter lastly informed the administrators that the names of the institutions and participants were not to be included in the final report.

3.6.2 Confidentiality

After the permission was granted, the participants were assured of their confidentiality. The researcher told the participants that when compiling the report for the study, their names would not be mentioned anywhere in the report, instead the pseudo names might be used. The participants were prepared by informing them that the information given was safe with the researcher and were to be used for the purpose of the study only. Then lastly they were told that participation in this study was voluntary and that they had a right to withdraw even if they had signed the consent forms.

3.6.3 Informed consent

According to Williams, Tutty & Grinnell (1995:30), the informed consent forms must contain all possible or adequate information on the goal of the investigation, the procedure that would

be allowed during the investigation, the possible advantages and disadvantages, including the dangers to which respondents may be exposed, as well as credibility of the researcher. Babbie (2007), states that participation of participants in any study must be voluntary. Thus, the requirement for participants to partake in this study was voluntary. The participants were notified of the aims, methods, anticipated benefits and their rights to either participate in the study or not.

The consent forms (Appendix “F”) organized by the researcher were signed by all the participants to confirm their participation in the study. In children’s homes, the caregivers represent the biological parents of the children. Managers signed the consent granting permission to interview the children (Appendix “E”). The children as participants also had to sign the consent forms for themselves consenting to participation in the study (Appendix “G”). However, the social workers helped the children to read and explained to them what the form means before signing.



3.6.4 Commitment to participants

According to social scientists, especially Creswell (2005); Creswell & Maietta (2002), the commitment to participants entitles their protection from harm. In this study, the researcher protected the participants from matters arising as a consequence of their participation in the study. For example, this could be unnecessary risks or mental and physical discomfort that could have been raised during the interview sessions.

The researcher ensured that the participants were interviewed in a safe and convenient environment for them to express their views freely. Coming from the background of teaching and having trained as a social worker, the researcher ensured that the participants, especially the children, are comfortable with participating in the study. To do this, the social worker briefly informed the children about the nature of the study and what is required of them. Therefore, the researcher ensured that the social worker was present at the interview at all times to offer any kind of assistance and make them comfortable to ensure the children’s safety during the interview. Lastly, the researcher requested each participant willing to participate for verbal permission to audio record his or her voices during the interview sessions.

3.7 SUMMARY OF CHAPTER THREE

In summary, this chapter identified and discussed the research design used in this study as such, the discussion of the qualitative research approach was given and then the chapter presented the population of the study. Furthermore, the chapter discussed the sample size and data collection instruments. In addition, the chapter discussed the most important aspects especially the procedure for data collection and ethical consideration. Lastly, the chapter shows the techniques used by the researcher to analyze the data.

The next chapter will be presenting the data and analysis, which will help to obtain the themes or findings for discussion in chapter five.



CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

In this chapter, before the researcher presents the collected data, a general overview of qualitative analysis is undertaken, followed by a description of the three selected children's homes. The chapter also presents data in two categories, which include data collected from interviews with participants as well as observation of the general environment of the children's homes. This will help to establish a prospect of how the three selected children's homes are structured and how they function.

As a result, the first category of data presented in this chapter is according to the research questions, which comprise of five parts. Part one of this category is responses according to questions on personal information. The second part presents the participants' responses to questions about family-like roles displayed by caregivers in three selected children's homes in Cape Town.

Likewise, the third part will be responses to questions on how the children experience the family-like roles displayed by caregivers, followed by the fourth part which is responses about the role of caregivers in children's homes. Lastly, part five presents the responses to questions on "how children relate to the entire staff in terms of hierarchy and family formation" in the children's homes.

Subsequently, the chapter presents the second category of data, which is data collected through observation of the research sites. Finally, the chapter analyses presented data which results in the emerging significant issues (emerging themes) characterized by data presented. The chapter outlines the findings originating from the presentation and analysis of data collected and concludes by giving the summary of the chapter.

4.2 Qualitative Analysis

Henning *et al* (2004) state that data analysis determines the authenticity of the research findings and interpretation of results, which is most likely to be meaningful and reliable.

Furthermore, qualitative data analysis is significant in questioning and unloading data collected by the researcher using the qualitative research methods (Babbie & Mouton, 2003). The qualitative research design informs the current study as discussed in chapter three. Therefore, qualitative data analysis is appropriate for this study during the process of describing, analyzing, and interpreting the data collected from the three selected children's homes in Cape Town. This kind of analysis agrees with the interpretive technique, which stresses in-depth understanding of sociological occurrences through the interaction of social beings (Henning *et al*, 2004).

As discussed before, it is significant in qualitative data analysis to develop a detailed descriptive discussion in order to bring or deliver a meaningful message from the data collected. The researcher can interpret information elicited from the participants together with the observation of the research sites to understand and explain what he/she observed or heard to make meaning of the information collected (Dey, 1993).

In the current study, the researcher describes data collected by means of interviewing children, caregivers, managers and observing the children's homes in order to make sense of information collected. Hence, through qualitative data analysis, the research questions form the groundwork to establish themes, which emerge from data presented in this chapter, for the discussion chapter. Scholars claim that the processed data have no findings until the themes are clearly discussed to establish an argument from the research questions outlined in chapter one (Henning *et al*, 2004). In support of the above, Gibson & Brown (2009) continue to argue that themes provide a link of various experiences, which help to inter-relate them with data collected from the field.

In brief, this chapter seeks to find common patterns in the data collected and presented. This connects with the related responses from various sources of data collection, especially interviews with the children, caregivers, managers of the selected children's homes and observation as well. This happens by forming themes and categories, which present key elements of the collected data before obtaining the research findings, which will be discussed in section 4.4.

4.3 Description of the Three Children's Homes

This study selected three children's homes for observation and data collection. Some of the information provided in this section, which needs referencing was extracted from the websites of these three children's homes. However, due to ethical reasons, the information was not referenced to maintain anonymity of the homes.

Home A

Home A is located in the Southern Suburbs of Cape Town, which started in 1901 as an orphanage looking after white children orphaned because of the war. Currently, this children's home helps children without considering race, colour or class. The Southern Suburbs of Cape Town was a predominantly white area. However, even though the Southern Suburbs was a white dominated area with people coming from a middle class, they faced the same social problems, which resulted in the abuse of children in the community. The children's home A was a project of the Methodist church and designated as a Child and Youth Care Centre for all children without proper parenting plan. They strive to offer care in the form of various youth development programs that meet all aspects of the children's needs. This program currently intends to ensure the emotional, physical, spiritual, and educational well-being of children from the age of three to 18 years old of all races.

Home B

A benevolent mother offered to take care of neglected children, and then later established children's Home B in 2001, which accommodates the majority of vulnerable children from Khayelitsha. Khayelitsha is a township characterized by extreme poverty levels resulting from unemployment, social problems such as crime, violence, and illness like HIV/AIDS and Tuberculosis (Ndingaye, 2005). These social problems have negatively affected people living in this area, making them vulnerable and unable to provide proper parental care for their children (Widom, Ireland & Glynn, 1995). The children's home B was established to provide care to neglected, abused, abandoned, or orphaned children from the age of infancy to 18 years old.

Home C

Lastly, Home C is located in the Northern Suburbs of Cape Town, which was established in 1883 as a youth center then later became a children's home to care for white children who had become orphans after the World War II. Today the children's home C is forms part of BADISA's major programs. The acronym BADISA in Afrikaans stands for Barmhartigheids Dienste South Africa. Interestingly, BADISA is a Tswana word, which means, "shepherd." BADISA is a non-profit organization forming one of the joint ministries of the Dutch Reformed church. Therefore, BADISA is a social development organization that provides social services especially shelter, food, clothes and education to poor and vulnerable children, regardless of their race or religion.

The three selected children's homes for this study were structured to mimic a typical family system. The researcher observed that the participants in these three homes used different concepts to portray the image of a "family". In Home A, the staff and children referred to the mimic "family" setting as a *house-units*, Home B used *clusters*, while in Home C participants referred to the mimic family setting as *cottages*. All children selected for interview in this study referred to caregivers and managers either as *mama (Mother)*, *auntie* or *uncles*. The structure of leadership hierarchy in these children's homes begins with the managing director, followed by supervising social worker (manager), other social workers not in managerial positions, caregivers, and children.

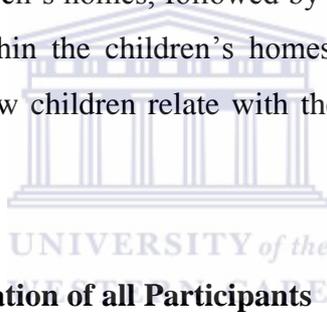
The researcher observed that each cluster/unit/cottage did not have more than 10 children under the care of one caregiver on duty. Furthermore, the house plan for each cluster, house-unit, or cottage was the same. Each cluster had bedrooms for children with beds neatly made-up, a kitchen, a dining room, and a lounge, which they referred to as a TV room, an extra room for the caregiver on duty, then the toilet and bathroom. The house-units were very clean and conducive for the children and caregivers to live in. In Home "A" & "B", the caregivers work in shifts (day and night) every day, while in home "C" caregivers only work night shift during week days. The shift in Home "C" begins at 14h00 when the children return from school. The weekend is a long shift, which starts at 14h00 on Friday until Monday morning and public holidays arranged accordingly.

4.4 PRESENTATION OF DATA

This section presents data collected from the sites. Section A presents data collected through one-on-one interviews with participants while section B presents data collected through observations.

4.4.1 Section A: Data Collected from Interviews

As mentioned previously, the interview questions were categorized into five groups. The first category of questions was about the personal information of the participants. Secondly, the next category of questions was about the general family-like roles within the children's homes. Then the third category contained questions about the children's experience of family-like roles within the children's homes, followed by the fourth category with questions about the role of caregivers within the children's homes. Lastly, category five contained questions which investigated; how children relate with the entire personnel of the home in terms of hierarchy.



4.4.1.1 Part 1: Personal Information of all Participants

As stated in Chapter Three, 47 participants were recruited from the three children's homes for a face-to-face in-depth interview. These participants were 29 children who were 11 to 18 years old, 15 caregivers between 25 to 50 years old, and three managers aged between 35 to 65 years old. This information is well illustrated in the table below

Table 1: The Biographical Data

Home	No. participants	age	Language	Level of Education	Reg. Category
A	5Caregivers	25-50 yrs.	English/Afrikaans	Teachers & University drop outs	Auxiliary social worker
	10 children	11-18 yrs.	English	primary/High sch.	

	1 Manager	35-65 yrs.	English/Afrikaans	Bachelor's Degree in SW	Reg. Social Worker
B	5 Caregivers	25-50 yrs.	IsiXhosa	In service training	Not Registered
	10 children	11-18 yrs.	IsiXhosa/English	primary/High sch.	
	1 Manager	35-65	English/IsiXhosa	Bachelor's Degree in SW	Reg. Social Worker
C	5 Caregivers	25-50 yrs.	Afrikaans/English	Teachers & University drop outs	Auxiliary social worker
	9 children	12-18 yrs.	Afrikaans	primary/High sch.	
	1 Manager	35-65 yrs.	Afrikaans/English	Bachelor's Degree in S W	Reg. Social Worker

All the participants that were interviewed in Home A from the Northern Suburbs and C from the Southern Suburbs stated that their first language was Afrikaans. Home B was located in the township where participants speak Xhosa as their first language. However, all the participants selected used English as their second language.

4.4.1.2 Educational Background for all Participants

a) Caregivers

The researcher noted that the caregivers received adequate training to look after the children in the children's homes selected. Some of the caregivers whom the researcher recruited as participants for this study are professional teachers, while others had enrolled at universities to study for a bachelor's degree in social work, unfortunately these caregivers did not complete their studies. However, they were registered as auxiliary social workers with the South African Council for Social Service Professions (SACSSP) to practice as auxiliary social workers. The South African Council for Social Service Professions (SACSSP) is the

board that is responsible for the monitoring and registering of all social worker practitioners in South Africa.

Another category of caregivers whom the researcher interviewed did not go to any university or college but had an interest in caring for children. They started to work as volunteers in the children’s homes and received in-service training from NGOs and the Department of Social Development to care for children.

b) Children

The researcher did not consider the educational background of the children relevant for this study. Thus, he did not ask questions about the educational background of the children selected as participants. Nevertheless, from the information obtained from both the caregivers and the children themselves, the children attend the neighboring primary and high schools. The table below gives detailed information about the children who were selected as participants for the study.



Table 2: Biographical data for Children

Home	No. participants	age	Language	Level of Education	Gender
A	10 children	11-18 yrs.	English	primary/High sch.	5boys
					5girls
B	10 children	11-18 yrs.	IsiXhosa/English	primary/High sch.	5boys
					5girls
C	9 children	12-18 yrs.	Afrikaans	primary/High sch.	4boys
					5girls

c) Managers

The managers stated that they enrolled at universities to study for a Bachelor’s Degree in Social Work, which they completed before commencing employment. These managers are professional social workers who are recognized and registered by the South African Council for Social Service Profession (SACSSP). The children’s homes had employed them as supervising social workers and they make all the administrative decisions at the homes.

4.4.1.3 Part 2: The Family-like Roles Displayed by Caregivers in Three Selected Children's Homes

On asking how the children are placed in the children's home, the managers responded that they do not place the children in the homes but they follow the legal process. The judge in the high court decides that the child be placed in a place of safety should the case be serious. They said that they could not fetch the child and place him/her in the home without going through those processes.

In addition, the managers stated that they work together with the Ministry of Justice and Social Development in the area. The managers said that the Department of Social Development employ the social workers who work in conjunction with the children's court assisted to place the children in need. Furthermore, the community, together with the social workers, identifies a child without proper parenting, then assess the situation, and makes recommendations to the children's court.

"...In this case, the community may identify the child at risk and contact the Department of Social Development who will come in quickly with the social workers to assess the problem."
(Manager from Home B)

In an interview with the caregivers and managers, the researcher wanted to know if they understood what a family is. The caregivers answered that a family is an institution where there is an adult or adults with children.

In addition, the managers affirmed that the adult (caregivers and other workers) must play the role of the "parent" in the child's life. The managers went further to state that the caregivers must have the responsibility of nurturing the children or creating an environment, which is comfortable for the children.

The caregivers from the three selected children's homes claimed that the family-like roles (values) are the principles of a family. Every family must follow the regulations to maintain the good norms and values of the family. When the researcher asked them to give examples of family-like roles, they mentioned respect, love, self-reliance, peace, empathy, care,

forgiveness etc. They said the teaching of the Bible to the children has helped them to instill family values.

“...teaching the Bible helps the children to analyse their future. However, the most used biblical verses that teach our children family values are the Ten Commandments. This teaches these children how to respect each other, how to behave, teaching manners, but most importantly not to envy other people because that makes them to start stealing other peoples’ things. (Caregiver from Home B)

The children also confirmed that caregivers teach them family values. A child from Home B said, *“They tell us to look after ourselves and others, love people, respect others, don’t lie to others.”*

The researcher asked the caregivers and managers how they assess the good behavior of the children under their care. In their response the caregivers said, they assessed the children’s behavior by observing what the children do in the home. For example, the caregivers, with the permission from the managers, will punish those who abscond, fight, and guide the children how to speak and interact with friends and elders in the home. In return, the caregivers praise those who behave well in the home. In addition, the caregivers stated they get permission from the managers to discipline those children who are disobedient. However, the caregivers and managers are firm and consistent in the way they discipline these children. For example, the caregiver from Home B said,

“If something happens between the children, especially fighting, we quickly help them to solve that problem in order for the children to maintain their friendship.”

The manager in home B added that they discipline the children by denying them some interesting television programs such as Generations, in a loving and caring way. The caregivers from Home A said that they do not want to have a situation where children do not feel comfortable in the home. However, these caregivers said they do not want to spoil the children by giving them too much freedom.

In another interview with the manager from Home C, the manager stated that children who trespass or abscond know the consequences. She said, *“We do not shout at children or call them names.”*

In these homes, there were disciplinary rules and regulations, which were followed by all the children. For example, the manager stated that the child’s pocket money as a privilege is suspended as a punishment if the child breaks the rules. Moreover, she alluded to the fact that this pocket money would only be reinstated when the child starts to behave well.

In Home B, the manager emphasized that if the children were involved in a fight; they take the child into a room and tell him/her to think about what he/she has done. The children then explain what they did and how bad it is to fight. The manager said, according to them, the most severe punishment for fighting is not being able to watch television for an extended period.

When asked how they use beliefs to instill family-like roles in the home, all caregivers proudly stated that they promote Christianity in these homes. The caregivers said that they have places of worship in and around the children’s homes, which the children attend every Sunday. They also have Bible study every afternoon where they invite the pastor to teach the word of God to the children.

The researcher asked a follow up question: How does the teaching of religion or the Bible promote family values in these children? In their answers, the caregivers said that every time the children go to bed they must pray. They also added that before they eat they have to pray. One of the managers raised a very important aspect about the teachings of the bible -- she said it helps the children to analyze their future.

As an example, the manager from Home B said that the Ten Commandments is the most used biblical verses that teach the children under their care the important family-like roles. These verses teach the children how to love others, respect each other, how to behave, have good manners, but most importantly, not to envy other people’s things because that causes them develop a habit of stealing. She said:

“...respect for elders and sometimes they come and say, ‘Hey Sisi Moni I thought of doing this but the bible teaches me not to do it.’ In addition, these children fight but because of the Bible teachings, they have learnt that we must forgive...” (Manager from Home B)

In addition, caregiver number five from Home C stated that caregivers mostly emphasize the element of respecting the elders. She said they do follow-ups on what the children learn when they go to Bible study. In addition, the caregivers said if they do not have a follow-up and emphasizes the element of respect, responsibility and self-reliance then the children would not do the house chores assigned to them.

The above led the researcher to ask if they have a program that monitors house chores in the children’s home. The caregivers said, besides the baby houses, they teach the children from the age of 13 years old how to clean, wash their socks, polish their shoes and make the beds. The caregivers do the washing for the young ones but sometimes the caregivers teach them how to wash their socks, but they do not wash them properly. The caregivers will then wash the socks again when the children are sleeping. They teach them how to iron their uniforms, as well as how to cook a simple meal for themselves. They have a roster for cleaning the dishes and for cooking in the cases of older children.

In Home A, the caregivers said, every house has a rule of making the bed and properly picking up their clothes and putting them in the wardrobes. They said,

“...a rule is that when you wake up in the mornings open the window, make your bed neatly, brush your teeth, and clean your face before speaking to others...”

(A caregiver from Home A)

All children answered that they help their “mothers” (caregivers) to do house chores. A child from Home C said, *“We help to sweep, wash the dishes, help Sisi with the laundry, sometimes if we want to cook, like me, I love cooking so I just try to help there, and she is also a good cook.”*

However, all managers stated that monitoring children to do house chores is the work of the caregivers in their respective houses.

4.4.1.4 Part 3: How the Children Experience the Family-like Roles Displayed by Caregivers

The researcher asked the caregivers and managers how many children are living under their care. In their response, the managers said according to the Department of Social Development in South Africa, every caregiver is supposed to care for 12 children. However, in Home A the caregivers said that they have eight children per caregiver in each cottage. Caregivers from Home B said that they have less than 10 children per cluster. The caregivers from Home C stated that, some in the baby section they have 3 children per caregiver per unit. While in the section of children from 5-12 years old, they have 6 children per caregiver. In the section of older children (13-18yrs) each house-unit had 8 children per caregiver. The caregivers feel that the government's policy of 12 children per caregiver was impractical.

Consequently, all 15 caregivers interviewed by the researcher said, it was not possible for one caregiver to look after 12 children per house as stipulated by the government policy. For example, the third caregiver from Home C stated:

“...home management cuts down the number of children to eight or less children because they want us, the childcare workers, to have one-on-one care of the children. This helps the caregiver to understand the children under our care...” (Caregiver 3 from Home C)

Subsequently, the managers said, they think that if they place eight or less children in each house-unit, cluster or cottage per caregiver, it is somehow a reasonable number of children for caregivers to be able to meet individual attention. The manager in Home B adds, *“This is not a dormitory setting where you keep 40 children in one room.”* The managers said that their homes are set according to clusters (family-units) where family values are important to the children.

The researcher asked all the participants to explain how they live and interact with each other in the home. The caregivers replied that there are programs set for them in the home by the managers. The caregivers said that they serve the children with food when they return from school, and then the children do their homework. They mentioned that some children would go to the field to play soccer and netball while others, especially the small ones, remain indoors where they busy themselves with playing materials. Caregivers on duty would monitor the children as they play.

The children said they play games like hide and seek, netball, indoor games like draft etc. Some children have computer games including PlayStations which were obtained from their sponsors. The children stated that they play these computer games with friends, sometimes with their caregivers, this promotes interaction and good relationships among each other.

The researcher wanted to know if the caregivers join the children when they are playing in or outside the house. In response to that question, the fifth caregiver from Home C exclaimed loudly:

“Of course we do! The children playing outside without a supervisor is dangerous. When the children are playing outside, they sometimes hurt each other and even themselves. Therefore, I will monitor them. Thus, to monitor them well, I must join and play with them, which bring enjoyment to the children...”

The caregivers said it would not be possible for the children to explain when another child is hurt, because of this they join in to monitor and give explanations in case of any problem that may occur. In addition, they said this helps the children to build trust in them as caregivers.

The researcher asked the caregivers how the children feel when the caregivers join them when they are playing. The caregivers said, the children enjoy it when the caregivers join in the activities. For example, one child confirmed by stating that:

“Aah! We enjoy it! When the childcare workers join in to play with us, we become very happy. You find the children saying, ‘Ayi sisi you see umama is dancing,’ something we enjoy much...” (Child No. 4 in Home B)

On asking all the caregivers and managers if there are programs that allow the children to be children, they all responded that “their” children enjoy being children in the children’s home. The caregivers said they allow the children to play with dolls, balls, crayons and many other playing materials. However, most of the children said that they do not have playing materials. In one of the homes the children said the playing materials are broken. Other children, especially the older boys, said they want computer games like PlayStation Programs (PSPs) but they cannot afford them. The researcher did not get any response from girls on this question.

On the other hand, the manager from Home B, in response to the question, said that one has to understand that children are kids and they are exploring, so they need appropriate time and space to explore as much as they can. She said as an example that if you go to their houses you will find that the houses are disorganised with toys lying around which shows that they are busy exploring. In this way children will experience being children in the home.

4.4.1.5 Part 4: The Role of Caregivers in Children's Homes in Cape Town.

When the researcher asked the caregivers and managers how long they have stayed and worked in those areas where the homes are located. The managers said that they do not stay in those areas; nevertheless, they have worked in the area for more than 4 years. Therefore, they said that they quite understand the dynamics (underlying social factors) of the areas. Some caregivers also said they come from the neighboring area while others said they were born in the area. On the other hand, most of the caregivers had worked in the children's homes for more than 5 years. The children's homes employ the caregivers and managers on a fulltime basis to take care of the children.

Most of the children said they have stayed in the children's homes for more than three years and come from the nearby community where the home is located, while a few children were from the neighboring countries such as Zimbabwe. The manager from home B said these children migrated with their biological parents for a better life in South Africa. However, the parents faced some social problems such as unemployment, which caused the children to either be neglected or abused.

The researcher asked the caregivers and managers about the role of caregivers in the children's homes. The caregivers stated that their role in the children's homes is purely a parental role. In addition, the caregivers said that they normally do house chores in their respective house-units/cluster or cottages when the children are at school, and then take care of the children when they return from school. The caregivers also made requests to the managers when the children need things like soap, food, books etc. Furthermore, the caregiver had to report to the manager all that is happening in their respective houses-units or clusters in form of a weekly report. The caregivers reported for duty early in the morning and were relieved very late by the caregiver of the night shift, excluding home C where they reported for the night shift.

Nevertheless, the caregivers indicated that the major role as the immediate “parents” to these children in the children’s home was to help the home’s administration by talking with the children to find out the problems they face every day in their houses. In addition, they said that their work with the children is to cook and dish food for the children in their respective houses. The caregivers said their work as parents is to create a nurturing environment that helps the children to cope and feel at home. The caregivers added that they wash and iron for the children, especially the small ones who cannot look after themselves. In Home B one of the female caregivers said her work:

“...is to prepare the children for school in the morning then helps them to cross the road. When they come back from school, I give them food and send them to sleep for one hour. The big boys do not want to sleep after school then I will guide them to do their homework. When the small ones come back from sleep then I will tell the big boys to help them with their homework...” (Caregiver 4 from Home B)

Caregivers said that the children fight in their houses, so it is the work of a caregiver to separate them, sit with them to find out the cause of the fight then settle it without bias. In addition, the caregivers make the children understand that they are a family.

A male caregiver from Home C said, *“We tell them that we are a “family”, you must see anybody around you as a parent, brother, sister, or friend. Thus it is not good to fight one another, we need to love, respect, care for one another and protect each other either at school or while here in the home.”*

On the other hand, the managers replied by saying that they are not caregivers. They supervise both the social workers and the caregivers in the home. Furthermore, they make sure that the programs are in place for the staff and the children. In addition, they also look for funders to help the children and administrative activities of the home. The managers establish what is needed in the home and then write a mini proposal and send it to funding agencies.

The manager in Home C stated that their role is to organize fundraising programs to ensure that they get the finances to help the children. They do this when they see that they do not

have any resources for the children. They write to stores such as Pick 'n Pay, Shoprite and various factories such as Coca-Cola, for assistance. Another managerial role is to co-ordinate the home with the Department of Social Development including the stakeholders, by portraying a good image of the home.

The researcher wanted to know how the caregivers instill family-like roles in the children's homes. The caregivers said in their response that each family had ground rules, which help them when instilling the family-like roles. The caregivers, together with the children in their respective houses units, formulate these rules. The caregiver from Home A said that the children get the opportunity to make the rules, which govern them in their cottages. He said:

“This gives the opportunity for children to define the rules, which govern themselves. In case the child breaks one of the rules, then he/she will understand that we decided these for ourselves without shifting the blame.” (Caregiver 3 from Home A)

The fifth caregiver from Home C added that they teach children the code of conduct in their respective house-units by telling them that if you swear at somebody there will be consequences. Furthermore, the third caregiver in the same home said that they practice what they preach. The children learn from elders, the caregivers start by respecting themselves and then expect respect from the children. This helps the caregivers to teach the children how to respect others especially the elders. One male caregiver from Home C said that before they go to sleep at night they call all the children in their house-unit and talk to them about things like respect, love for one another etc. He said, *“Every child who misbehaves in our house-unit does not get pocket money as a consequence.”*

The researcher wanted to know how caregivers ensure that the children feel safe and protected around them. The main response was that children's homes are places of safety for children. The caregivers always make sure that they treat the children with dignity in order for them to win the trust of the children. They show the children love and teach them that they must be wary of strangers.

However, in Home A and C the children, especially the teenagers, stated clearly that they do not want to be overprotected by the caregivers. In Home C the children said that the caregivers deprive them of their space. The managers confirmed that they restricted the

children from using some social networks such as Facebook, twitter that might distract them from doing their schoolwork. However, the children did not like it, and stated that the caregivers checked their cellphones to monitor the kind of messages they receive.

Child four from Home A said, *“The only problem here is that they overprotect us,”* she added, *“This is a prison.”* *“We need privacy.”* (Child 4 from Home C)

In Home B the children understand why the caregivers protect them. These children acknowledge that the community they stay in is dangerous. Child 10 said, *“Some children, if the childcare worker is not strict, they will go and smoke, drink alcohol and even do drugs.”*

In addition, the third child from Home B said, *“I feel happy here because outside there are a lot of things happening, such as gangsters. If you sometimes watch people from the outside that are fighting, they carry knives which means that one is in danger to get stabbed, and that could lead to one losing their jobs.”*

Nevertheless, the children said that they enjoy and feel comfortable staying in the children’s home compared to their natural homes because the caregivers treated them well.

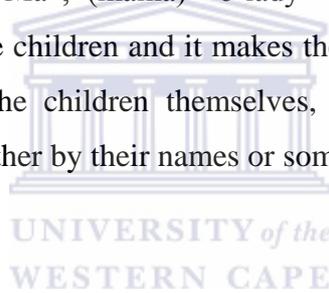
The managers, in response to the question about safety, said that in the case of crossing the road, they invite the traffic officers to teach the children traffic rules. The traffic officers tell the children to cross the road at the pedestrian crossing, to obey and be patient at the traffic light intersection. In this way, the children learn to obey the rules, which the parents normally teach children in the home.

4.4.1.6 Part 5: How the Children Relate to the Entire Staff in Terms of Hierarchy

The researcher asked the participants if they have a family-like environment in the children’s homes. In their response, all the participants said that they are a family-like set up. The participants especially caregivers said that they have told the teenagers who like to explore their social adventures such as substance use, especially alcohol to help and guide one another in a positive way.

In addition, the researcher wanted to know how the children relate to each other and the entire staff in terms of family formation. The caregivers and managers said that they are not strict with regard to how the children should address them. One of the caregivers from Home A said that these children know that they are not their biological parents. In Home B, the caregivers said they do not know how children address them. However, one caregiver from Home C said, *“Maybe when I am not there they call me that woman,”* but she added that the children always call her “mama”, while others call the caregivers “aunt” and “uncle”. The manager from Home A said that some children call the caregivers by their first names and others even call them “social workers”.

In Home B, the manager in response to this question said the children are taught to say “mama” or uncle to refer to the caregivers. She said the managers and caregivers have been told by the Department of Social Development that the caregivers must teach the children some “magic words” such as “Ma”, (mama) “o’lady” (mother), “timer” (father), “bra” brother etc. This is like fun to the children and it makes them enjoy the relationship with the caregivers. However, between the children themselves, the researcher observed that the children commonly called each other by their names or sometimes in rare occasions “brother” or “sister.”



The children were asked how they feel when they refer to the caregivers as “uncle” or “aunt”. All children said they do not have any problem. The eighth child from Home B said, *“It is the way to show respect to the elders who are not your close relatives.”*

The children were asked a follow up question as to who told them that they must call the caregivers uncle, aunt, or mama. In their response, some children said that when they arrived at the home, they noticed that the children were calling the caregivers by those terms. Others said their biological parents taught them that they must address the elders by “mama,” “uncle” or “aunt” before joining the children’s homes.

Thus, out of the 29 children, only four children said they do not know. For example, the third child from Home A said, *“I don’t know, it just happened.”* The children said they did not know how they started addressing the caregivers like that yet; the rest of the children interviewed clearly acknowledged that they refer to their caregivers by these terms to show love, care, respect, and honour to other people.

4.4.2 Section B: Observation and Field Notes

This section presents data collected through observation and field notes during data collection for the current study. The section will present data collected through observation of the three selected children's homes, separately.

4.4.2.1 Data Collected Through Observation at Home A

The first visit was to children's Home A in the Northern Suburbs of Cape Town, where the researcher found that some children had gone home for the school holidays to their biological or host parents. During the holiday, the administration draws up a strict holiday program, which the caregivers and the remaining children follow. The caregivers work night and day shifts with the help of volunteers from Germany. The home takes care of the children between three and 18 years old; nevertheless, despite the large age gap, the older children carry and play with the younger children. Some children played outside their houses while others watch TV indoors. During breakfast, the caregivers, with the help of some older children served children with bread, eggs and tea or coffee. The researcher also observed that the older boys and girls prepare and serve their own breakfast in their respective cottages.

In addition, the researcher observed that some children in these homes attend schools in the area. However, the home bus transported the children who attend schools which are located at a distance from the children's home. The children, especially older boys and girls from this home receive pocket money. Therefore, the caregivers allow the older children to go to the shop and do shopping without supervision. The caregivers teach the children how to manage and spend the money given to them without interference. In addition, the researcher observed that this children's home was multiracial (whites, blacks, and coloureds). He, however, observed that the language of communication in this home was strictly Afrikaans and English. This forced the volunteers from Germany to learn Afrikaans as quickly as possible in order to communicate with the children. The children call their caregivers and volunteers aunt or uncle. In each house-unit, there was a bed for the volunteer who lived with the children for a period of six months. Other volunteers lived with the children longer than six months helping them by preparing for school in the morning, helping the children with their homework etc.

On a subsequent visit to the children's home, the researcher observed older children in the kitchen cooking. The caregivers were also in the kitchen guiding the children how to cook. The children work together in the kitchen i.e. while some children are cooking another would read the recipe for them. The remaining older girls and boys were visiting the cottages of the small children to cook for them.

Unfortunately, in this children's home the researcher observed that they have only one male caregiver who does not even work in the girls' wing, yet the children in the children's home need appropriate number of male caregivers to act as a father figure to them.

Worryingly, when the researcher visited the children's home on the third day, he observed that in this home as much as the caregivers try to teach the children how to behave, the children in some cottages especially the older ones, did not follow what they are taught by their caregivers. For example, the researcher observed that some of the children wanted to go out without permission from their caregivers. The staff at the gate refused to let these children go out; and these children insulted the staff. Another incident happened when a child was given the phone to communicate with her biological parent, she became very rude when her biological parent did not allow her to come home for the weekend. Lastly, the researcher noted that the children were complaining about the loss of their pocket money and play materials such as rugby balls which were missing from one of the cottages.

Furthermore, on day five, the researcher observed that the older children refused to eat certain foods while the younger ones had no choice. The caregivers were yelling at the children who did not want certain food. The children only replied that it is their right to eat what they want. Surprisingly, the small children prayed before eating while the older ones did not pray. The caregivers requested that the older children help them dish out the food at 12h30 during the holiday.

4.4.2.2 Data Collected through Observation at Children's Home B

On the first day of the researcher's visit to Home B, observed that the family set-up was the same as Home A. However, this family set-up was referred to as "clusters" instead of cottages. The house plan also had a room for sleeping with the beds neatly made-up, a kitchen, a dining room, a lounge with a TV, there was also a room for caregivers, a toilet and

a bathroom. However, the clusters are constructed in the form of the Reconstruction and Development Program (RDP) houses, which are built very close to each other without space for the children to play. The girls and boys stay separately according to their ages.

The children's home B is located in Khayelitsha, which is the largest children's home in this township, dominantly accommodating black children from around the community speaking Xhosa as their first language. This home cares for boys and girls between the ages of three to 18 years old. The children attend nearby schools and they walk to and from school. Caregivers from children's home B told the researcher that some of "their" children attend boarding schools and stay in the children's home only during the school holidays.

The researcher only saw female caregivers in all the clusters, which seemed to be a common practice in all children's homes selected for this study. In addition, he observed that some clusters did not have caregivers. The children in that cluster looked frustrated and lonely without a mother-figure. The children did not want to eat in the neighboring cluster during the absence of their "parents" (caregivers). This seemed like the children have become closely attached to their caregivers rather than caregivers of the neighboring cluster. The volunteers come to help the home in the administrative department and organize activities for the children but they do not act as caregivers.

The small children sung religious songs, which demonstrate the family-like roles such as love, peace and the example of the song was "Jesus loves you." The researcher also noted that there are very interesting religious posters pinned on the wall in one of the houses; for example, a poster that illustrates the fruits of the Holy Spirit, which the caregiver use to teach family-like roles such as goodness, faithfulness, self-control etc., to children in her cluster. The poster on the next page shows values depicted as the fruits of the Holy Spirit:

Figure 1: The Values Depicted as the Fruits of the Holy Spirit



However, the information on the above picture may not be clear in the final print, thus the diagram is drawn to illustrate this picture clearly.

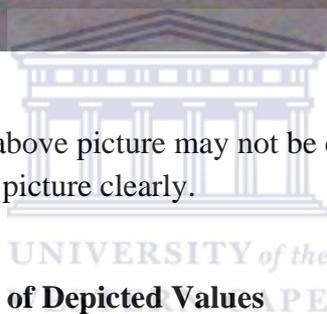


Figure 2: The Clear Illustration of Depicted Values



In addition, the researcher observed the practice where children sit indoors most of the time watching TV while others played computer games. On asking the children why they sit in the houses without going out to play, the children replied that they do not have enough space for

playing and the community seemed dangerous for the children to play freely. The children only get a chance to play when they are at school. Sometimes the caregivers take them to the community children's park outside the children's home but with adequate protection and supervision.

In this Children's home (Home B), the caregivers cook food for the children, unless the children are requested to help. The children address each other as "sisi" or "bhuti" (sister or brother) and called their caregivers "mama" (mother) or "aunt". The researcher observed the children asking for permission from their caregivers to get something to eat from the refrigerator. The caregivers requested the older children to allow the younger children to be served first, which teach the older children to have patience.

In this home like in Home A they have rules and regulations in each cluster, which was set by children and their caregivers. However, each home had different house rules and regulations, some of which are illustrated in the pictures below:

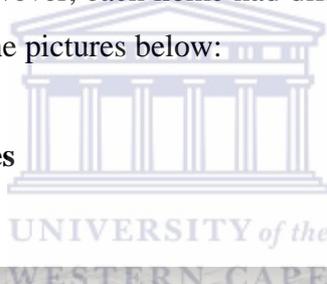


Figure 3: The Set of House Rules



4.4.2.3 Data Collected Through Observation in Home C

The researcher observed that the family set-up in Home C was the same as Home A and B, where the family system was referred to as “house-units”. The house plan also had a children’s room for sleeping with the beds neatly made-up, a kitchen, a dining room, and a lounge with a TV, an extra room for caregivers and then lastly the toilet and bathroom. The girls and boys stay separately according to their ages.

This home was located in a predominantly white community in the Southern Suburbs of Cape Town. However, the home accommodates children of different races; the common language spoken was English and a bit of Afrikaans. This home cares for boys and girls between the ages of four to 18 years old. Some children attend the nearby schools so they walked every day, while other older children attend schools farther away from the home; therefore they use the train and taxis to travel. The children’s home has a bus, which is used to transport the younger children to and from school.

The children have a routine program; the guidelines and the timetable, which are pinned on the wall for them to follow. In the case of teaching family-like roles, the researcher observed that the caregivers, together with the children in each house-unit, make rules and regulations then pinned them on the walls. The example of the rules drawn by caregivers and children are: No swearing, No fighting, No name calling, No arguing with elders, respect each other and all adults etc. Some of the house rules and regulations are illustrated on the table on the below:

Figure 4: The Set of Rule and Responsibilities

Rule	Consequence
No swearing	Girls to go to their room and think about other ways to speak to each other
No fighting	Girls to do a task together
No name calling	No making up silly words to hurt each others feelings
No peeing in the shower	DOUBLE EWWW!!!
Flush toilets	EWWW!!!
No arguing	Girls to sort out issues without arguing
Wash hands after using the toilets and before a meal	Its really gross if you don't!!
Try to keep rooms tidy at all times	Girls to tidy their space
Don't take your bad moods out on others	Talk to someone you trust about how you're feeling
Be kind to each other at the table	JUST SMILE & IGNORE!!
BE KIND!!!	Just be kind...
Respect each other and all adults	Girls to think about respecting others and say sorry
Leave the toilet the way you would like to find it	Take pride in our house
No playing the fool or laughing while others are praying	Girls to ask God to forgive them
No showing zap signs	That's just rude, dude!!
No bringing up others families	Do unto others as you'll have done unto you!!!
No hurting each others feelings	Girls to say sorry be kind to each other

The information in the picture above is clearly illustrated in the table on the next page. This is done for clarity in case it is not shown clearly in the final print.

Figure 5: The clear Illustration of House Rules and Responsibilities

Rules	Responsibilities
No fighting	Be a child
No swearing	Do the task together
No arguing	No making up silly words to hurt each other
Be kind to each other	Sort out issues without arguing
Respect each other and all adults	Tidy your space
No peeing in the shower and Flush toilets	Talk to someone you trust about how you feel
Keep rooms tidy at all times	Just smile and ignore
No bring up others families	Think about respecting others and say sorry
No hurting each other’s feelings	Do to others as you’ll have done into you
No showing Zap signs	Go to your room & think of other ways to speak to others

However, all the above rules and responsibilities were summarized in a single sentence, used generally in the house, which states “*Be kind, Respect and share with others!*”

The researcher, on the fourth visit noticed that, when the children returned from school, they go to their rooms with their books, remove their uniforms, and then quickly rush to the kitchen to make sandwiches and coffee for themselves. The younger ones went to play in the field after eating while the older ones divided the duties among themselves. The older children on roster collectively wash the dishes, dry and pack them in the draws then clean the floors. The children’s home C has the central kitchen where the food for the children and the staff is prepared. However, the cooks in the central kitchen partially prepared and distributed the food, which the older children completed to cook with the help of the caregivers.

The researcher also observed that children who come from the same family and placed in the children’s home stayed together if they are of the same gender. Unlike Home A and B, the children in Home C have been taught by “their” caregivers to welcome each other with a hug. In addition, the children have learnt from the caregivers that when a visitor comes, they must introduce themselves with respect and then ask “*Hello how I can help you? Do you take tea, or coffee?*” The children from Home C felt joy to share or serve visitors with a cup of coffee. There was total respect for each other in their house-units. This is because rule number one in every house-unit in this home was respect and sharing with one another.

The caregivers in this home report for duty at 13h00 and work only one shift i.e. night shift during week days and day shift during weekends. The caregivers confirmed that the long

weekend shift started at 7h00 every Saturday and end at 18h00 the next day. The caregivers on duty in home C work in couples, a male, and female who take up the roles of a father and mother to the children under their care in each house-unit.

The researcher also observed some other information pinned on the wall, teaching the children about family-like roles, especially respect, sharing, cleanliness, responsibility, caring for others, listening etc. The picture below is an example of the information pinned on the walls in one of the house-units.

Figure 6: The Family-like Roles



The children recite sentences from the poster every time they are asked to do so. By doing this the children keep on reminding themselves about what they are supposed to do as children in their house-unit with their caregivers by repeating sentences from the poster.

4.5 DATA ANALYSIS AND DISCUSSION

This section presents the analysis of data according to the four emerging issues or themes. These issues include family-like roles/values, children's experiences in the homes, the duties of caregivers and the relationship between caregivers and children. As stated in the introduction on page one and also on page 12 respectively, the family-like roles and values are used interchangeably.

4.5.1 Family-like Roles/Values

In structural-functionalism, society functions by focusing on the relationships between many social institutions at a macro-level (Super & Harkness, 1997; Gallimore *et al.*, 1974). However, Donaldson (1987) affirms that when addressing issues at a macro-level, the social processes, structures, and norms, which consider the cultural values of a society, are significant. Scholars, especially Ogbu (1994), states that family values, including individual behaviors, beliefs, communication etc. seem to be very important in influencing people's social change and integration into the larger society.

Since this study considers the children's homes as a "mimic home" for vulnerable children or children without proper parental care, family values need to be instilled by caregivers (Neimetz, 2010) for these children to experience. This will influence the children's socialization and integration into the larger society (Donaldson, 1987). For example, the managers from the three selected children's homes said that the family values are the "principles" of the family, which are displayed through family-like roles in any home (Manager from Home C). Beato (2010), states that every family must follow the regulations to maintain the good norms and values of a family.

The data presented highlights classifications of family-like roles as one of the themes for discussion in the next chapter. Data from in-depth face-to-face interviews with participants and observations classified family-like roles as beliefs, and behavior in line with Gibbons (2007).

a) Beliefs

Gibbons (2007), states that the morality of children in contemporary children's homes is backed by religious principles. In the current study, the caregivers said that the teaching of religious principles to the children has helped them to display family-like roles. Religious visitors who were occasionally invited by the managers of the children's home helped the caregivers to teach this religious principles. These family-like roles are displayed through instilling family values such as respect, love, self-reliance, peace, empathy, care, forgiveness etc. The manager from Home B said that the family-like roles displayed by caregivers are mostly emphasized by biblical verses that contain the Ten Commandments.

This is similar to the view of Pryor & Rodgers (2001), who believe that the principles of religion (Christianity, Islamic, ATR etc.) are significant when instilling moral values and good behavior in children growing up in families including children's homes which act as their foster families. The quote below from a caregiver affirms Gibbons (2007) argument that African children must not grow up with a mind that obedience to religious principles are the historical truth of only the western society.

"We try to do things in a more Christian way and it has helped us to build well organized children though they are coming from disorganized families." (Caregiver 4 from Home A)

There is also the element of culture, which the caregivers teach the children, the caregivers from Home B and C felt that the children need to understand that culturally they must give respect to others particularly elders. In the light of this, the caregivers believe that giving respect to others and being obedient is part of the African culture.

"The children do not feel offended by calling us mama, uncle, or aunt because that is how they show respect to the elders and other people who are not their close relative and it is part of their culture." (Caregiver 5 from Home B)

This was reflected in data collected especially from Home B located in the black community where cultural aspects are emphasized.

b) Behavior

Lin & Fu (1990) believe that family-like roles, especially behavior, include, respect, sacrifice, self-control, flexibility, patience, personal growth, integrity, and responsibility.

Similarly, the caregivers in the current study said besides teaching the children how to behave by instilling family values such as respect, sacrifice, self-control, flexibility, patience etc, they also teach the children other duties. Contrary to Ogwang's (2011) claim that institutionalized children experienced too much housework, these children expressed that they willingly did other duties such as preparing breakfast, cooking, cleaning the courtyard, mopping the floor, cleaning the bathroom and washing their clothes. The children also confirmed that they do house chores only when they have time. The first child from Home B said:

“We sweep, wash the dishes, help Sisi with the laundry, sometimes if we want to cook, like me, I love cooking so I just try to help there, she is also a good cook. Ironing for the children when it is school time, the childcare workers do that, I do not do that, I just see that it happens.”

The caregivers feel, however, that the children need to understand housework in order to be responsible; they must learn and enjoy to do house chores. One caregiver in Home C said:

“...we teach the children that they must learn how to clean the floors and the places where they eat from. They wash for themselves apart from the small ones. They also make their own beds in the morning before they go to school. We do this because we want to prepare them for the future when they are out of this place...” (Caregiver from Home C)

However, one of the children said the caregivers control naughty children by instilling consequences. She said:

“In this home we have the same rules. We have the list, whereby if you are naughty most of the time, then you will always see your name on the list and that means that you are on duty to do the dishes and if it is not there then you do not do the dishes. My name is never on the list and sometimes when no one has misbehaved, then there are no names on the list, then we

each get chances to sweep the hall, the boys fix the table, if it is a boy and a girl, then they are on duty to wash the dishes.” (A child from Home C)

In support the second child from Home C said, *“The rules tell us to look after ourselves and others, love people, respect others, don’t lie to your mothers (caregivers)”*.

In Home C the caregivers state that they control bad behavior by withholding pocket money from the misbehaving children.

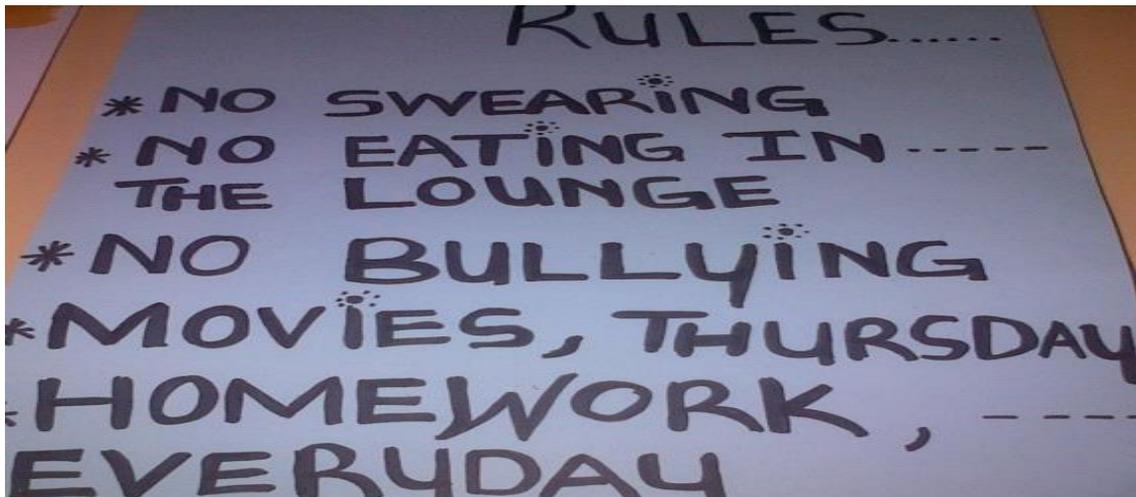
“The child’s pocket money is withdrawn or apprehended as a punishment if the child breaks the house rules. This would only be reinstated when the child starts to behave well.”
(Caregiver 5 from Home C)

The managers raised a significant point stating that overcrowding may be one of the factors that contribute to bad behavior of children in the children’s home. They said the South African government policy stipulates that the ratio of a caregiver to children must be 1:12; which may lead to overcrowding in clusters/cottages or house-units. Yet scholars especially Zeanah *et al* (2003); Smyke *et al* (2002), argue that the low ratio of caregivers to children causes, disorganized and poor relationship between children and their caregivers. Smyke *et al* (2002), further claim that the Romanian children’s homes ratio of caregiver to children is 1:12. This sometimes results in discrimination and lack of enough time for caregivers to spend with all children equally.

In addition, Zeanah, Nelson, Fox, Smyke, Marshall & Parker, *et al.* (2003), state that children who are not given attention seem to become rebellious and start to misbehave. In the current study, the caregivers claimed that the ratio of 1:12 as stipulated in the South African Government policy is impractical in South African children’s homes. The third caregiver from Home B said, *“It is impossible for one caregiver to control and give sufficient care to 12 children in one cluster.”* The caregivers prefer to have eight or less children in their house-units for proper management.

However, for caregivers to manage the children in each house-unit, the researcher observed that the caregivers from the three children’s homes made house rules with the children and pinned it on the wall in their houses. This is done to remind the children of the house rules to control bad behavior that may occur. House rules are shown in the illustration below:

Figure 7: The House Rules



4.5.2 The Children's Experiences in the Homes

Gallimore *et al* (1993), argue that caregivers must draw up a daily program for children living in homes, which portrays activities that bring enjoyment to the children. The children affirmed that they enjoy playing games like hide and seek, netball as well as indoor games like draft etc. However, the boys enjoy playing computer games like PlayStation. The caregivers try to allow the children to be children while in the children's home.

"My point of view of being a child is to play. We play games and then when there are activities, we come up with group activities, and sometimes there are outings, and sometimes we play soccer at the field, and we go to the stadium either to sing songs or play soccer, go to the park to meet with other children and play." (Child 9 from Home C)

Another child from Home A said:

"Sometimes I feel like I am being taught something that I know, but I always listen and play with aunt though, I prefer doing things like activities which have a lesson. Like, I am a puzzle person, I like to be confused, and I get excited when I solve the problem." (Child 2 from Home A)

These data gathered from the children confirms what Deborah *et al* (1996) stated: that the children feel happier, and function better while living in well-organized children's homes rather than in poorly supervised foster homes. In the current study, the children interviewed

state that they were very comfortable staying in the children's homes because they were treated well.

Similar to what Webb (1995) stated, the children in the current study expressed that their school fees are paid, and they are being provided with food, bedding, clothing and medical care. Nevertheless, the caregivers said this makes the children to find difficulties to re-integrate into the community after 18 years of staying in the children's home. Therefore, one of the children interviewed said:

"I don't want to go and stay at home because I am protected here in the sense that had we not been here, we would have been pregnant by now, contracted diseases. We are well taken care of here." (Child 3 from Home B)

Back to the previous point, the children state that they play with friends who also live in the same children's home, sometimes with their caregivers to promote interaction and good relationships among themselves. Thus, the children are happy; therefore, one of the female children added that:

"We are welcomed here. We assist each other with our childcare workers, our mothers. I work hand-in-hand with the cooking and the washing of the dishes and cleaning but I am happy and I don't want to go visit home on the weekend." (Child 7 from Home C)

This contradicts the claim of Morantz & Haymann (2010) that the children were not happy because they experienced other factors such as missing their family, aggression amongst children, craving contact with the community while others expressed lack of emotional support and bad experiences at the children's homes. The current study did not get evidence confirming that claim since the children were allowed to visit, spent holiday and weekend with their biological parents.

Other children living in the children's home become excited when they play with their caregivers. This boy in Home "B" said:

"I feel quite excited because I love seeing my Sisi play. Sometimes you find them to be quiet, then you know that something is wrong, so you cannot just go and say, 'Sisi what's wrong?'"

because you know that you can't help her, so when you see her playing on the field with you, you see that at least now she feels better.” (Child 6 from Home B)

On one hand, managers said that the children's homes are places of safety yet children especially the teenagers do not want to be overprotected. The manager in Home A states:

“These children feel safe and protected here in the children's home but this I think is the most painful thing for teenagers. They feel their space has been invaded and they start to claim privacy.”

The caregivers illustrated that it is their duty to see that the children living in the children's homes are protected from any sort of danger, which might result in the children being exposed to harm, abuse, and exploitation. However, Brigid, Wassell & Gilligan (1999) believes that this can only be possible if the caregivers devote themselves to spend appropriate time with the children in their respective house-unit/cluster or cottages. Fraser, Kirby & Smokowski (2004) recommends that the adults must be present in the “home” for the children to contact if there is any concern or when the children expect to be helped.

On the same point, the researcher for the current study observed that the children living in one cluster from Home B look frustrated and lonely without a caregiver who was on leave. The children did not want to eat food in the neighboring cluster during the absence of their “parent” (caregivers) because they had become attached to their own caregivers rather than caregivers from a different cluster. This is the same findings from the study done by Engle (2008), who found that children are often frustrated and depressed when their “house mothers” (caregivers) whom they are closely attached to go away for the weekend or go on leave.

Certainly, the managers and caregivers raised serious concerns about the reintegration of the children after their period of stay in the home. The children are allowed to stay in the children's home from infancy to 18 years old. The caregivers believe that the children leave the home with being used to receiving donations, which style them in the way that they are over dependent on donations. The manager from Home C said:

“I have picked up another element which is serious in these children; this might be part of the values you are looking for, where the children who have grown up in the children’s home are accustomed to receiving from donors rather than giving. This becomes a very big problem to integrate them back to the community.”(Manger from Home C)

4.5.3 The Duties of Caregivers in the Homes

Richter (1998) claims that the term “care giving” involves historical and forthcoming views with deep emotional participation in the caring and socialization of the children. According to Call (1984), the term “caregiver” is used in the place of a mother.

In the current study, the role of caregivers in the children’s homes is purely a parental role as stated in the literature of Engle & Lhotska (1999). All participants (caregivers, children, and managers) said that the caregivers normally stay with the children in their respective houses. Their work is mainly to report when the children need something like soap and food, and to meet all the children’s needs in the house as their parents. All caregivers say that they discipline the children living in their clusters or house-units.

Bennell (2005) & Engle (2008) stress that the caregivers have a significant role to play in displaying family-like roles in children’s homes by instilling values that discipline the children under their care. For example, the caregivers who imitate the role of a father, mother, sister, or aunt must instill family-like roles such as behavior, which constitute respect, love, care etc.

“We are firm and consistent to discipline these children, though we do it in the way that is loving and caring. The most punishment to disobedient children in this home is sometimes to deny them some interesting TV programs. When the friends are watching the TV, any child who breaks the house rules will not be part of them. It pains them especially if they are denied to watch some programs like Generations.” (Caregiver 1 from Home B)

This is contrary to Morantz & Haymann (2010) who claimed that the children placed in children’s homes experience both verbal and physical punishment by the caregivers.

Other caregivers agree with Gibbons (2005) by stating that they help the children with homework, help the children prepare for school, take the younger ones to school, cook and wash for them, clean the houses, etc. The caregivers stress that their role is to teach the children to be independent and do some things for themselves. The children admit to what the caregivers said, thus fifth child from Home A said:

“The childcare worker teaches us to help each other to wash, clean etc. We, the older ones, do our own washing. The others they can do the washing themselves if they do not want to take it to the laundry room.”

Other caregivers said, *“We teach the children to iron their uniforms as well as cooking. Cleaning the dishes they have the roster and cooking for elder children also has the roster to do that.”*

Most importantly, all caregivers said their role is to show parental love by guiding, protecting or providing the basic needs to the children under their care, which is in line with Weisner (2000), who maintains that caregivers can also play a part in the emotional commitment to the well-being of children. The fourth caregiver from Home A said:

“We are firm and consistent when disciplining these children though we do it in the way that is loving and caring. We do not want to have a situation where children do not feel comfortable...” (Caregiver 4 from Home A)

The manager from Home C confirmed by stating that, *“These caregivers must play the role of the parent in the child’s life. This parent must have the responsibility of nurturing for the children or creating the environment, which is comfortable for the children.”*

4.5.4 The Relationship between Caregivers and Children

Han-Pi & Ko (2006), suggested that the caregiver-child relationship needs to build an emotionally and friendly environment, which facilitates the children’s well-being in children’s homes. In addition, caregivers and children need to give and receive love by caring

and trusting each other, which enriches and guards the intimacy of all members living in the children's home (Marín & Gamba, 2003).

Therefore, on this very element of the relationship, all the participants said they had to create good relationships among themselves to win trust, respect, love, and care from each other. In doing this, the seventh child from Home C said:

“I felt happy because it showed that I was showing respect towards her, I love her and that this make me happy and to stay with her well.” (Child 7 from Home C)

Hamilton (1964) believes that good relationships increase the suitability of caregivers by making it more likely that the children can trust them when playing the role of a parent. In addition, the seventh child from Home C said:

“If you want to have good relationship with someone, I must love that person to be loved, respected, because respect begins with you, before other person respects you, you have to respect them first.” (Child 7 from Home C)

The fourth caregiver from Home B stated that she reminds the children about the Bible verses taught to them by the visiting pastors. She stated:

“I mostly talk about verses which talk about taking care of people, knock, and ask when you want something, and God loves you, love others and take care of your friends, and no matter what you are going through, you must know that there is a light at the end of the road.” (Caregiver 4 from Home B)

However, the managers said it is difficult to have a good relationship with all the children in the children's homes. They said these children have come to the home with different experiences, which sometimes make it difficult to win their trust and to have good relationships. The manager in Home C said:

“I am dealing with the girls and I have picked up, especially in the big girls, who say they do not trust anybody around them.” (Manager from Home C)

The manager at Home C said that they must teach the children to understand that they will be going back to integrate into the community. Therefore, they must teach children to have a good relationship with the people with whom they are staying. Then they will have no problem when they go back to their respective communities.

4.6 DISCUSSION OF FINDINGS

The major aim of the study was to investigate whether the family-like roles displayed by caregivers and experiences by children within three selected children's homes. Data presented and analyzed in the previous section represents the study findings, which were obtained through interviews with participants and observations of the sites.

The four research questions driving this study, examines the role of caregivers in children's homes in Cape Town. In addition, the research questions also examines how the children experience the family-like roles displayed by caregivers in their respective substitute families called house-units, clusters or cottages.

The study considers some aspects of family values when attempting to understand the nature of caregiving in these particular children's homes. This includes the impact of various family-like roles displayed by caregivers as part of foster caring in the children's homes. The family-like roles displayed by caregivers have been taken into account as a serious factor considered during the social development of vulnerable children (Gibbons, 2007).

To holistically understand the aspects of family-like roles (which are incorporated in family values as stated earlier) and how the caregivers instil the values in children's homes, the study adopted the theory of structural functionalism and an eco-cultural perspective. The eco-cultural theory draws its notions from the socio-cultural theory that stresses its arguments based on the social construction of institutions such as the children's homes (Weisner, 2002). In addition, framework is interested in the relationship between human and society but more precisely, family and its environment.

It is believed that the children's homes are social institutions that have been constructed as part of the foster homes for vulnerable children (Gallimore *et al*, 1989). In the current study

according to eco-cultural perspective, the children's homes were designated as foster homes and replaced the biological parents of children with the caregivers. These were reflected when interpreting the findings of the current study under the section of the caregivers' duty. The findings revealed that caregivers were instilling family values in the children within this specific context of the children's homes as substitute parents. Data obtained from the current study may contribute to the existing knowledge and may also assist professionals from various fields dealing with child protection units, especially the Department of Social Development in South Africa to effectively assist the children living in children's homes. In addition, additional knowledge may be obtained through combining the separate themes into a broadly informed statement about the family-like roles displayed by caregivers in South African children's homes.

The researcher discusses the overall findings of the study, which emerges from data presented and analyzed, using both structural functionalism and eco cultural theories. This section of chapter four discusses findings based on the themes, which reflect key issues relating to the research problem, and the questions stated in chapter one. These sub research questions are: What family-like roles, if any, are prevalent within the children's homes, followed by how do children experience the family-like roles within children's homes? Thirdly, what is the role of the caregivers within the children's homes in Cape Town? Then lastly, how do children relate to the entire personnel of the home in terms of hierarchy?

Thus, these four sub questions derived from the main research question, which was: What family-like roles, if any, are displayed by caregivers and experienced by children within South African children's homes? In addition, the highlighted findings from each theme will be discussed followed by how those specific findings relate to the broader context of child care in institutions generally.

4.6.1 Family-like Roles/Values

According to structural functionalism, South African society is based on traditional values and family units (Gallimore, & Goldenberg, 1993). In this theory of the structural functionalism, concepts such as family, values, tradition, change, identity, heritage, conflicts, and institution are commonly used.

In addition, Donaldson (1987) believes that when structural functionalists are addressing issues at a macro-level, the social processes, structures and norms of the institution is considered significant. Therefore, the investigation of the family-like roles within children's homes provides a perspective of the social development and norms of a family in children's homes.

Debates around family-like roles show that these family-like roles are based on the political and social beliefs that hold the nuclear family together (Bennett, 1993 & Engle *et al*, 1996). In support of Bennett (1993), Leung & Moore (2003) affirm that the political and social beliefs of a certain family are reflected through the practice of family values. For that reason, data presented and analyzed in the previous chapter shows that the caregivers, children and managers have an understanding of the importance of the family-like roles in their substitute family.

Therefore, the results of this study leads one to conclude that there are indeed family-like roles displayed by caregivers in these particular children's homes. These family-like roles need to be effectively displayed by caregivers in order to play a significant role in the social development of children under their care. In structural functionalism theory, scholars such as Lucyshyn *et al* (1997) believe that social development is all about a child's ability to interact with their peers and adults in a socially acceptable way. In the same way, the eco-cultural theory brings an understanding of social development as being able to effectively communicate, listen, and empathize with others, which forms the basis for healthy relationships and the ability to successfully fit into social situations such as family including children's homes (Bernheimer *et al*, 1990). The theories used in the current study helped to highlight some of the family values such as respect, obedience, patience, love, self-reliance, peace, empathy, care, forgiveness etc. However, the caregivers and managers selected for the study indicated that out of these family values, there are those, such as respect, patience, responsibility etc., which are incorporated in the family system in the children's homes.

Leung & Moore (2003) argue that children require reputable family-like roles displayed by parents, including caregivers to those children living in the children's home. The caregivers need to understand that the children must have respect for other people around them (Gallimore *et al*, 1974). Respect, especially for elders, is a tool for ensuring the proper social and cultural development of the children, living either at their natural home or in other foster arrangements, such as children's homes. Mahery *et al* (2001) argue that any African society requires respect for others, especially for one's elders, who are the living fountains of such family-like roles

(values). The results of the current study demonstrate that the caregivers help the children by teaching them not to talk back or argue with not only the caregivers and their biological parents, but also with anyone who may be older.

Kelly (2000) states that children during their developmental stages experience many factors that result in them doing things such as lying, cheating or even stealing, which makes them to be children. The current study revealed that obeying caregivers, parents, teachers and other elders' teachings, which guide the children that they must not lie, cheat, steal or hurt other children around them. The teaching of the above values generally become easier as the children grow older, because they develop freewheeling relationship with reality that keeps developing and make them to understand the good and bad (Burchinal, Peisner-Feinberg, Bryant & Clifford, 2000). However, the results reveal that children honour the caregivers in the children's homes by obeying the rules and orders from the caregivers but allow no room for children's personal expression. Pianta (1999) believes that sometimes it becomes harder as these children are aware that the caregivers are not their biological parents. Most children, especially those entering adolescence, whether living in children's homes or not, do not like to "back down," they are headstrong and opinionated (William, 1988).

The literature by Better Care Network (BCN) (2009); Gibbons (2007); Pryor & Rodgers (2001), states that teenagers who watch too many television programs in children's homes are always rebellious, disrespectful, and rude to their caregivers. In relation to the above, the children in the selected children's homes were watching the television. However, the study reveals that children were restricted to specific TV programs, which might have helped these children not to misbehave as claimed by the above scholars.

The current study further shows that because of these restrictions, the children particularly the teenagers start to demand for freedom and privacy, which in rare occasions made them rebellious, disrespectful, and rude to their caregivers just for these children to express their feelings. Like as pointed out previously, these children claim they do not have room for personal expression and interests while with their caregivers. However, the results of the study reveals that caregivers attempt to teach the children to justify their actions (understanding wrong and right) then start to obey their caregivers, parents, teachers and other people, which eventually become more natural to the children as they grow older.

Forgiveness was another outstanding family value gleaned from the data. This value was considered a key value because caregivers and managers selected for the current believe that this value creates a decent relationship among children and staff. With eight or more children in each cluster, cottage or house-unit, it is obvious that these children occasionally get into fights. This brings the caregivers into the Centre of the children's conflicts. The results show that during such conflicts, the caregivers would come in quickly to reprimand those who are fighting and then tell them to apologize to each other. In this case, the children would say to each other, "I was wrong, I am sorry," and "Please forgive me".

However, in the case where the children refuse to apologize, the caregivers force these children to sleep and calm down. The caregivers believe that going to bed gives the children a chance to think about what they have done and come out only when they are ready to apologize. This reveals that the children are not given a chance to express their anger, which calls for the caregivers to exercise an endless amount of patience with children under their care. Another significant family value displayed by caregivers in these particular children's homes is being truthful. The findings of the current study show that participants especially the caregivers and managers believe that by teaching the children to speak the truth, the children learn to take responsibility of their actions. However, Freeman & Nkomo (2006) state that children being children may not speak the truth because these children may not know what is true or false. Therefore, like in any other family environments, the children living in the children's homes may have trouble with a family value such as telling the truth because children lie.

The current study reveals that it is the duty of the caregivers to teach the children under their care that they must never lie, and the reality of this family value seems to be self-evident as depicted from the house rules. From eco-cultural perspective, Beato (2010) argues from the religious point of view that the best way the caregiver can teach the children truthfulness, is to be truthful themselves. Peter (1995) also suggest that other important family values, which must be displayed by caregivers within children's homes, include love, humanity, selflessness, self-control, empathy, and kindness, which must be written on human hearts like house rules.

The results of this study show that the caregivers and managers are adamant that religious beliefs play a significant role when displaying family-like roles in the children's homes. The study then reveals that the caregivers are expected to teach the children that such fundamental

family values as laid in the Ten Commandments are a source of good life and are an integral part of the children's character.

In addition, structural functionalists especially Gallimore & Goldenberg (1993) believe that family-like roles play two significant roles in the lives of children living in children's homes. Firstly, they point out that the development of a family establishment at an institutional level with the help of caregivers, acts as an alternative parental model for vulnerable children. Secondly, the children gain the ability for social interaction with caregivers and build a strong relationship with people around them. This helps them to view other people in the children's home as a replacement of the family group (Gallimore & Goldenberg, 1993). By so doing, Gibbons (2005) adds that the children will view other children and caregivers as part of their family, which is significant to the children's experience of the family-like roles displayed by caregivers.

4.6.2 The Children's Impression

UNICEF (2006) states that children's homes are not a convenient primary response for vulnerable children's care because of the many challenges these homes face. The children need to remain in an environment that is in a loving family environment where the children can maintain stability, care, predictability and protection (PEPFAR/Emergency Plan, 2006). However, in Sub-Saharan Africa, where communities are facing various social problems such as poverty, illness, violence and unemployment, they have no option but to place their children in children's homes. Morantz & Heymann (2010), found that in addition to the problems experienced by children in the children's homes, some children face other social factors like missing their family, aggression amongst children, craving contact with the community while others also expressed lack of emotional support and bad experiences.

Contrary to the above, the current study reveals that there is a culture of love between the children and their caregivers. Furthermore, the research reveals that the children feel that they are happy and are treated well by their caregiver. The children are given the opportunity for creative play, where they play with other children and their caregivers. The children from the three selected children's homes indicated that they are grateful with the way caregivers love, care and treat them, which they believe must be extended to other people around them.

John (1997) suggests that the flexibility of the caregivers in displaying family-like roles to the children could be reinforced by considering family values such as trust, relationships, family self-esteem, hope, responsibility, and expressing unconditional love for others. The study explains that because the children experience these family-like roles, they do not want to go back to their natural homes and reintegrate into the community where they are exposed to abuse. Some children, especially those turning 18 years are anxious because they are approaching the end of their stay at the children's homes where they are provided with all basic needs. However, some children who spend their entire life growing up in the children's home develop a trusting relationship and are hopeful for a better future. They further state that because of the religious teaching they receive from the preachers invited by the managers of the children's homes, they learn to be responsible for each other and treat one another with respect and dignity. The caregivers demonstrate respect and teach the children how to trust in God and to love and care for their housemates when they are sick. The results also show that the older children willingly help the young children to wash and prepare their lunch boxes for school every morning, especially when their caregivers failed to report for duty or when they are on leave, which was setting an example for the younger children.

Furthermore, Larose, Bernier & Tarabulsky (2005) & Marsh, McFarland, Allen, McElhaney & Land (2003) state that institutional care is highly undesirable and children feel bad about being in the children's homes due to its restrictive nature. This kind of situation results in the children growing up without being in touch with their biological parents and siblings. In addition, they argue that even though the children's home is designed similar to that of a natural home, it would never meet the children's desire for parental love and care (Larose *et al*, 2005 & Marsh *et al*, 2003).

The findings of this study partially agree with the above scholars. However, to overcome such a situation where children grow up without being in touch with their biological parents and siblings, the caregivers worked with the routine program to provide an opportunity for the children to visit their biological parents. For children who do not have parents to visit, the management organises host parents for them so that they can be out of the institutional setting during the holidays or over the weekend. This was informed by the eco cultural theory, which indicates that the caregivers must help to draw up daily activity programs suiting vulnerable children seeking accommodation and proper parenting in these children's homes (Gallimore *et al* 1993).

James & Prout (1997) believe that children are human beings who deserve to be viewed as active participants in the responsibility of constructing their own lives and the lives of other people around them. They continue to state that this is done irrespective of the environment in which they live and grow up. On this point, the current study reveals that the children, especially the older ones, are given the opportunity to travel by public transport such as trains, taxis and buses to school. This leads these children towards independence. In addition, the older children are given pocket money, which they spend as they wish, but are encouraged to save by their caregivers. These children are given the opportunity to learn to be responsible, despite growing up in a children's home.

4.6.3 The Duties of Managers and Caregivers within the Children's Homes

In caring for the needs of the children living in the children's home, it emerged that institutional care is considered a last distressing option for all the children without proper care. Thus, caregivers and managers try to establish a family-like environment for the vulnerable children under their care. This is to make the children feel at home, which helps the children to cope with the situation of being away from their own home. The participants, especially the caregivers, are adamant about creating a home for the children's well-being, so that the children do not feel neglected, which is a constitutional right for children. The South African Children's Act No. 38 of 2005 considers the children's homes as alternative care, which must help the children not to make a distinction between their original home and the institutionalized home.

In the children's homes selected for the current study, two groups are designated to display or instill family-like roles/values. These two portfolios are the manager and the caregiver. However, the literature by Russian scholars especially Grusec, Goodnow & Kuczynski (2000), claim that caregivers and managers in the children's homes are professionals, not parents. In support of the above, Eisikovits & Beker (1983) also believe that caregivers and managers are not parental figures for the children living in children's homes. The statements made by these scholars contradict the results found by the current study done within the three selected children's homes. In these homes, the adults especially caregivers eagerly assume the role of parents to the children living under their care. Every designated person working in these children's homes appear to have an individual role to play. For example, the results show that

the managers, whether female or male, have the authoritative representation of father figures, while the caregivers took the role of mothers.

a) Managers

In structural functionalism, the family, in terms of authority, is structured from the father as the head of the family, mother and children (Nsamenang & Lamb, 1994). In a traditional African family system, most people believe in extended family system where they teach the children to grow up understanding that they belong to every family members (Ntosi, 1997). According to Masabane (2002), these extended family members can also provide foster care for the children. Therefore, the specific family structure of authority, which begins with a father as the head of the family then followed by the mother, uncle, aunt, sister, and brothers, is adopted by children's homes (Nsamenang & Lamb, 1994). This is simply done to make the children feel the presence of a natural home.

The findings of the current study show that the managers of these particular children's homes assumed the authority of a father within the hierarchical structure of the family in the children's homes. The managers acting as fathers were intended to be leaders and decision-makers for this substitute family within the children's home.

Nonetheless, the results reveal that the practicality of this role as a father seem to be difficult for the managers who participated in this study. The managers in the selected children's homes seem to be very busy and are not directly involved in the daily care of the children. Yet the caregivers and children have great expectations of the managers because they have final authority over the matters concerning the homes. These managers decide which children were permitted to go away for a weekend or a holiday with their host parents; they employ, and fire the personnel including the caregivers.

On matters concerning discipline, the caregivers discipline the children but with permission from the managers. In addition, as father figures, the managers feel proud to have the responsibility of being the providers for the family formed in the children's homes. They, therefore emphasize their role as parents in the capacity of father, despite the low level of direct involvement when instilling family-like roles.

b) Caregivers

Similar to other families generally, the mother in an African society also plays a primary role in daily child-care in any family environment (Chao, 1995). The results from the current study indicate that the caregivers both male and female do play the role of mothers in the lives of the children. Except in some children's homes with the baby section, only female caregivers took care of the children below the age of four years. The caregivers either male or female play a maternal role that involves cooking, cleaning, washing, including overseeing of daily care and education of the children.

However, in the case of discipline, the caregivers are granted permission by the managers to discipline the children. Hence, each time discipline was required the manager is notified. This study revealed that no independent decision was made by the caregivers within these children's homes. Possibly the significant role as "mother figures" was to instill family-like roles (family values) in the children. They teach the children how to love, care, respect, be responsible, forgive, obey etc. In addition, the caregivers encourage the children to be independent in order to integrate easily into the community at the end of their stay. This is done by teaching the older children how to draw and follow their daily educational program.

Furthermore, Scott & Magnuson (2006) proposed the integration of spiritual principles when instilling family-like roles in the home, including children's homes. Likewise, the caregivers selected for this study indicate that they integrate Christian principles, despite having little knowledge about Bible verses. The caregivers express the desire to have a strong faith so that they can display family-like roles, particularly forgiveness, love, self-discipline, self-control etc., so that the children could emulate these family-like roles.

Furthermore, the results demonstrate that the caregivers teach the children responsibilities, which they add to their daily routine. The children help their caregivers (mothers) with house chores, mainly cleaning the house, doing laundry, doing some cooking, polishing their shoes. It seems that the children had a short amount of time allocated for meeting their family socialization due to constricted routine program children are exposed to. The caregivers also teach the children the value of sharing but they discourage the sharing of certain items such as clothing and toothbrushes for health reasons. In brief, the institutional care implements most of the normal family aspects to enhance a safe family environment for the children (Yau & Smetana, 1996). However, it is only possible to create a successful family environment if the

relationship between the people concerned is a good one, which will be discussed in the next section.

4.6.4 The Relationship between Caregivers and Children

In structural functionalism, a society is like the sum of our body parts, where each part of the body has a particular role to play in order to yield a functioning body. In the same way, each administrative structure of the children's home has a function to play in order to produce a good, stable substitute family that is responsible for solving the basic needs of all vulnerable children admitted there (Donaldson, 1987). These specify that managers must ensure that in the children's home, a child's social development depends on highly qualified caregivers. In the three children's homes selected for the current study, the institutions worked with an extensive staff of qualified caregivers. These institutions also employ professionals such as social workers, teachers, and psychologists who are available all the time to insure the proper care and safety of the children.

The findings of this study show that caregivers try to create good relationships with the children. The children, therefore, considers their caregivers as substitute parents and refer for them as mothers (mama), uncles and aunts. The children do this to display maximum respect to the elders. This study reveals that the effectiveness of the staff in the institutions makes the children feel that they have a family around them. The children living and growing up in the children's homes are made to understand that they have the common trait of not having active biological parents in their lives (Bowlby, 2007). Therefore, the caregivers replace the role of the children's biological parents. Due to this, the children somehow become anxious, which requires great effort on the part of the caregivers to create a relationship that works for these children.

Pianta (1999) argues that the relationship between the children and the caregivers from the children's homes must be positive in order for caregivers to display family-like roles characterized by openness, warmth, care, and closeness. In the same way, the findings of this study show that caregivers made the children feel nurtured, loved and to understand that the children's home is a guaranteed place of care in order for them to develop trust and build good relationships. Weisner (2000), states that the positive relationship of the children and caregivers help the caregivers to secure a base of confidence for the children under his or her care.

Consequently, the current study reveals that caregivers worked vigorously to win the trust of the children they are looking after in order to maintain the relationship.

Bowlby (2007) believes that a good relationship is a basic need for the children during the attachment phase of the children living and growing up in the children's homes. In addition, sometimes the children who are cared for in an environment away from their biological parents establish either secure or insecure relationships with their caregivers, depending on how the two parties interact with each other (Weisner, 2000).

The findings for this study show that the caregivers maintain a good relationship with the children by being open to the children and creating the environment that is caring. More to that, the caregivers go further to join the children in playing games such as hide and seek, computer games and outside activities such as soccer and netball. This study reveals that because of this, the children feel joy, excited and then they become very close to their caregivers.

Burchinal, Peisner-Feinberg, Bryant & Clifford (2000) argue that a core indicator of a secure and close caregiver-child relationship is the sensitivity of the caregivers. The caregivers, who are sensitive to creating a good relationship, try to understand the children's needs, know their social problems and then provide adequate care that encourages the well-being of the children without bias (Bowlby, 2007). Therefore, if the caregivers respond to the children's needs in the most appropriate and affectionate manner, then the children will develop trust and confidence in their caregivers, replacing and considering them as immediate parents (Burchinal *et al*, 2000).

Ahnert, Pinquart & Lamb (2006), state that the quality of the caregiver-child relationship appears to decrease when the ratio of caregiver to children is low. The South African policy stipulates that every caregiver must take care of 12 children in each cottage/cluster or house-unit. Yet, the results for the current study show that the caregivers from the three selected children's homes are concerned and always limit the number of children from 12 to eight or less per caregiver for proper management and care. The caregivers indicate that having a small number of children helps them to spend time with the children, trying to understand their needs in order to care for and create a good relationship.

4.6.5 Limitations

The time allocated to the study was not sufficient to determine and confirm some issues especially the ratio of children to caregiver. The researcher was limited by time and certain issues could not be investigated. For example, it was not possible to interview the children's homes which have larger numbers of children per caregiver in order to carry out an effective comparison. Also the researcher could not effectively compare whether the ratio of children to caregivers negatively or positively affects child to caregiver relationship and care. There was no chance to investigate how the older children are prepared for re-integration with their families or communities.

Furthermore, the scope of the study was limited to only three children's homes in Cape Town. Thus, the comparisons and generalizations to children's homes located nationally were not possible. The uniqueness of the location and histories of the caregivers and children make direct comparisons to other South African children's homes impracticable. Therefore, the findings of the study cannot lead the researcher to make a general claim about all children's homes in South Africa.

The study is sensitive in nature and the researcher being a male figure and stranger, which was considered a possible threat to both caregivers and children. The administrators could not trust the researcher with the children, bearing in mind that some of these children, especially the girls, who might have gone through various dramatic experiences. This resulted in some homes refusing to open their doors or participate in the study. The administrators of these children's homes might have thought that the findings of the study were going to expose the children's experience and increase the trauma of their past.

4.6.6 Implications of the Study Findings

Bilson & Markova (2005) discovered that institutional care and family care are two different settings, which cannot co-exist. Some organisations, especially Better Care Network (BCN) (2009), have criticised children's homes for not being a better option for providing care to children without proper parental care. This makes it essential for family principles or values such as love, respect, responsibility and other significant values to be instilled in children's homes (Better Care Network, 2009).

South Africa, among many other developing countries, is in the process of transforming the care of children without proper parenting (UNICEF, 2007). By so doing, South Africa is thinking like most American and European countries by encouraging foster care as a means of providing alternative care for these vulnerable children (Children's Act No. 38, 2005). However, due to social problems mentioned earlier on, children's homes continue to exist as an alternative care in South Africa (UNICEF, 2006).

This study attempts to contribute to the literature, which understands family-like roles and how caregivers display these family-like roles for vulnerable South African children living and growing up in children's homes to experience. The limited number of children per caregiver provides the most suitable combination for incorporation of family-like roles in children's homes. Therefore, the findings of the current study may add more ideas to the South African policy on children's homes and other organs of care, which could be significant to policy implementation to consider the review of the ratio of children per caregiver if found relevant.

For instance, these study findings may equip the Department of Social Development and other child welfare organisations in seeing how best to help the caregivers improve the quality of family-like roles they display in children's homes. In addition, the findings show that the children feel lonely, anxious and frustrated when their caregivers go on leave or fail to report for duty. The home recruitment management may use this finding to understand the impact of absenteeism and shortage of caregivers to children's well-being then recruit standby caregivers. These standby caregivers will fill the gap during the absence of the permanent caregivers who may go on leave or are sick, in order for the children not to be left alone or feel lonely.

Furthermore, South African policy stipulates that the ratio of caregiver to children must be 1:12 in any residential care for children (Children's Act No. 38, 2005). However, in children's homes with a family-like system such as cottages, house-unit or clusters, the results show that the ratio of 1:12 is not applicable in children's homes with this type of setting. The ratio of 1:12 can best work in children's homes with a dormitory setting (Zeanah *et al*, 2003 & Smyke *et al*, 2002). Therefore, policy-makers in South Africa may be guided by this finding and possibly re-visit the policy on the ratio of children to caregiver.

4.7 SUMMARY OF THE CHAPTER

The chapter presented, analyzed and discussed the overall findings of the study. These findings emerged from data presented and analyzed. The chapter went further to highlight the findings from each theme, which was followed by how those findings relate to institutional care. In addition, the chapter discussed findings based on the themes, which reflects key issues relating to the research problem, and questions. The main theme is set to guide the discussion was the family-like roles displayed by caregivers and the children's experience in the homes. The discussion went further to discuss the duties of managers and caregivers and then examined the relationship between caregivers and children living within the three children's homes in Cape Town. Lastly, the chapter discussed the limitations and the implications of the findings on the caregivers, children, and children's homes.

The final chapter deals with the conclusion and the recommendation of the study.



CHAPTER FIVE: CONCLUSION AND RECOMMENDATION

5.1 Conclusion

UNICEF (2009), states that the ultimate aim of the children's home is to provide child care and protection to achieve a situation where most children are participating and cared for by caregivers to create well-functioning substitute families and be able to realize their rights. Many developed and developing countries are considering close-knit families, inspirational parents, loving grandparents, and welcoming extended families as critical conditions for children's happy family experiences (UNICEF, 2007).

Furthermore, UNICEF (2009), states that the initial South African Children's Act 38 of 2005 provides a significant achievement in law reform, which takes South Africa into a new era of child-care and protection. The Act adopts a developmental approach that emphasizes the State's duty in the provision of social services to strengthen the capacity of families and communities to care for and protect children (UNICEF, 2009).

Nonetheless, as indicated earlier that because of various social problems affecting people in many communities, the children's homes have remained the only source to provide childcare and protection in South Africa. This builds on more predictable child protection legislation whereby the State would only intervene after the child has already suffered from abuse, neglect, or exploitation (Children's Act No.38 of 2005). The children are only admitted in the children's homes if they are affected by the above-mentioned social problems and do not have proper care. The provision of childcare, protection and a family-like environment is a constitutional right for all children.

The current study focused on whether family-like roles (family values) if any, were displayed or instilled by caregivers and experienced by children within three selected children's homes in Cape Town, South Africa. The children shared their impression of the family-like roles displayed by their caregivers in children's homes. The theories such as structural functionalism and the eco-cultural theory were used to underpin the phenomena.

Despite the negative declarations made in the findings of studies done by various scholars about children's homes, the findings of the current study were placed in the context of parenting and

child care. The combinations of direct and indirect parenting are present in these particular children's homes as shown by the results. For example, caregivers showed love, care and took responsibility to provide for the vulnerable children. Furthermore, the study provides a portrayal of the caregivers who play the parental role within children's homes by creating a family-like environment through instilling family values such as respect, love, care, and trust and kind treatment to the children in form of strict house rules.

However, it appears that these findings of the current study, which are, placed in the context of parenting and child care leads to the following issues. The family-like roles displayed by caregivers in these particular children's homes may lead the children to develop a certain kind of phobia. This is a situation where the vulnerable children may develop a total fear and anxiety of certain social conditions in the communities. In this study, children view their well-being at the children's homes as normal, where they are provided with all the basic needs such as food, education, health-care, clothing, accommodation, and security. Due to provision of these basic needs, it appears that the children express reluctance on going back to their natural homes with the fear that they would be exposed to abuse and other social conditions that resulted in their admission to the children's homes initially. In addition to the above, the children also develop some kind of fear of the disciplinary issues, when these children break the house rules. The common example of the consequence for misbehaviour, which children did not like, was their pocket money being apprehended.

Secondly, the study reveals that the children appreciate the work of their caregivers whom they respect for teaching them how to care, respect others, be responsible and love others. Nevertheless, it appears that, practically, these family-like roles displayed by caregivers cannot be realised in a dormitory or children's homes with house-units/cluster or cottage setting that happen to be overcrowded.

Furthermore, the children's homes are structured and function under very strict regulations and rules. These rules sometimes restrict the children from freely expressing their personal feelings and interests. For example, the study reveals that children were restricted to specific TV programs, menu and daily routine programs. The study revealed that the children would sometimes misbehave to express their feelings to the caregivers. The current study further shows that because of these restrictions, the children particularly the teenagers start to demand freedom

and privacy, which in rare occasions would make them rebellious, disrespectful, and rude to their caregivers.

On the other hand, the caregivers' choice of daily routine to display the family-like roles within the institutional setting help to provide certain parameter to guide the vulnerable children in terms of experiencing family values especially respect, behavior etc. The family-like roles displayed by caregivers can support a substitute family, which was evident within these particular children's homes and appeared to create a health family-like environment for the children. In addition, the study provided an opportunity for children to express their impressions about their lives in the children's homes, which was not reflected in the literature reviewed for this study. The study reveals that these children feel comfortable because they are considered as human beings who deserve respect, love, care, trust and good treatment.

Finally, the thesis also discussed the findings in relation to some of the international and local literature provided by other scholars about family-like roles. Hence, the findings of the study revealed that vulnerable children living in children's homes adapt to the conditions because they lived in a family-like condition created by their caregivers. Therefore, the children accept a new life discourse, whereby they view their caregivers as a replacement of their biological parents by referring to them as "mama" (mother), "uncle", and "aunt", while the children refer to themselves as "brothers" and "sisters". The issues heightened in this concluding chapter leads to the next section of the recommendations of the study.

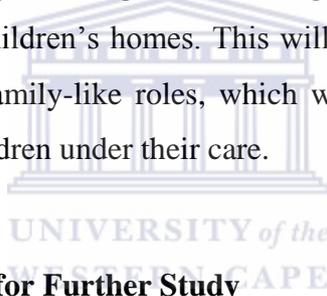
5.2 Recommendations

In the light of the above, various international research done on vulnerable children and children's homes sometimes brings forth various areas, which need to be investigated. Like any other international or national studies investigated, the current study on family-like roles also generated some areas, which need further investigation. The researcher believes that these areas identified in the form of recommendations, need intense attention from the bodies concerned. Therefore, the researcher gives the following recommendations according to findings of this study.

- The current study shows that there are family-like roles displayed by caregivers within the children's homes. However, these family-like roles are more formal rather than

informal (house rules and regulations). For that reason, the researcher recommends that the caregivers need to act naturally when displaying family-like roles by establishing boundaries and sticking to them in order to avoid the children getting irritated when exposed to these family-like roles.

- The administrators in the children's home need to employ standby caregivers or get volunteers to prevent the children from feeling lonely, anxious and frustrated when their caregivers go on leave or fail to report for duty.
- The caregivers from each clusters, cottages or house-units must try to create a good relationship with children from other house-units. This will help the children to understand how to relate closely, become attached and trust these caregivers as their immediate parents and who are able to help them as children.
- The caregivers need to attend the religious sessions together with the children in order for them to acquire appropriate religious knowledge to use when instilling or displaying family-like roles in the children's homes. This will help the caregivers to memorise the Bible verses that teach family-like roles, which will guide them to achieve discipline among the vulnerable children under their care.



5.2.1 Recommendations for Further Study

- The study reveals that the ratio of children to caregivers 12:1 as provided by South African government policy is not manageable, according to the caregivers in the children's homes. However, the study did not establish to what extent this might negatively or positively influence the display and experience of these family-like roles in the children's homes. Hence, further study is required to establish the impact of this policy on the children with regard to instilling and the experiencing of family-like roles within the children's homes.
- The results for this study are obtained from three children's homes in Cape Town. These results indicate that caregivers display family-like roles and that vulnerable children especially teenagers, do not like to be overprotected. In addition, the findings represent only the children's homes and participants from Western Cape Province. The researcher recommends further investigation to establish whether the same findings can be obtained

in other children's homes located in the other provinces in order to obtain a generalised view of institutional care in South Africa.

- Lastly, the study also finds that the family-like roles displayed by caregivers in children's homes results in children being brought up with a culture of receiving rather than working for themselves. This becomes a serious problem for children when trying to settle down during the process of reintegration into the community. Therefore, further study will help to investigate how vulnerable children cope with reintegration into their families or communities.



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UNIVERSITY *of the*
WESTERN CAPE

APPENDICES

APPENDIX “A” LETTER FOR PERMISSION

University of the Western Cape
Dept. of Anthropology and Sociology
University of the Western Cape
Private Bag X17
7535
RSA

Re: Letter for Permission

Dear Sir/Madam,

I am a master’s student at the University of the Western Cape (UWC). I will be investigating the family-like roles displayed by caregivers and experienced by children within three Children’s homes. The three children’s homes are located in the Western Cape, Cape Town, South Africa.

Aim of the study

The aim of this study is to investigate what family-like roles are displayed by caregivers and experienced by children living within the three selected children’s homes in South Africa.

Research method

I will interview the caregivers, children and administrators of the three selected children’s homes. I will also observe the daily routine of the homes to determine the family-like roles which are displayed by the caregivers and how they are experienced by the children.

I would appreciate if the list of children under your care is made available for random selection.

Participation is voluntary

The purpose of the research will firstly be explained to participants. It is acceptable if any person does not want to partake in the interviews. The anonymity and protection of the participants is guaranteed; no names will be recorded or attached to the research report. I will also give the copy of the final report to the children’s homes.

Thank you for your cooperation.

Yours faithfully,



Bernard Omukunyi

APPENDIX “B” INTRODUCTION LETTER



UNIVERSITY OF THE WESTERN CAPE

DEPARTMENT OF ANTHROPOLOGY AND SOCIOLOGY

Private Bag X17
BELLVILLE
7535
CAPE TOWN
SOUTH AFRICA
Tel: (021) 959 2336
3 June 2013

Dear Sir/Madam

RESEARCH : FAMILY-LIKE ROLES AS DISPLAYED IN CHILDREN'S HOMES

This is to confirm that Mr Bernard Omukunyi (3011024) is a registered student at the University of the Western Cape. He is currently enrolled for the Masters programme in Sociology. One of the components of this programme is that he conducts research on a suitable topic. Mr Omukunyi is interested in looking at the experiences of children in various Children's homes as far as family values are concerned.

We would be grateful if you could kindly assist him in this endeavour. We would like to stress that this research is just for academic training and the information obtained would in no ways be made public nor infringe on the rights of the children or the Homes.

Should you require any further information regarding Mr Omukunyi's research please contact me on 021 9592336/2831.

Yours sincerely

A handwritten signature in black ink, appearing to read 'K K Nadasen', written in a cursive style.

Prof K K Nadasen
Acting HOD / SUPERVISOR

APPENDIX “C” INFORMATION SHEET

University of the Western Cape
Dept. of Anthropology and Sociology
University of the Western Cape
Private Bag X17
7535
RSA

Re: Information sheet

I am a master’s student at the University of the Western Cape (UWC). I will be investigating the family-like roles displayed by caregivers and experienced by children within three Children’s homes. The three children’s homes are located in the Western Cape, Cape Town, South Africa.

Aim of the study

The aim of this study is to investigate what family-like roles are displayed by caregivers and experienced by children living within the three selected children’s homes in South Africa.

Research method

I will interview the caregivers, children and administrators of the three selected children’s homes. I will also observe the daily routine of the homes to determine the family-like roles which are displayed by the caregivers and how they are experienced by the children.

I would appreciate if the list of children under your care is made available for random selection.

Participation is voluntary

The purpose of the research will firstly be explained to participants. It is acceptable if any person does not want to partake in the interviews. The anonymity and protection of the participants is guaranteed; no names will be recorded or attached to the research report. I will also give the copy of the final report to the children’s homes.

Thank you for your cooperation.

Thank you.



Bernard Omukunyi

APPENDIX “D” CONSENT TO OBSERVE ACTIVITIES

University of the Western Cape
Dept. of Anthropology and Sociology
University of the Western Cape
Private Bag X17
7535
RSA

Director/ Coordinators’ permission to observe the children’s Home

I declare that I have negotiated with Bernard Omukunyi a master’s student at the University of the Western Cape (UWC) and agreed to observe the activities of.....children’s home. He will be investigating the family-like roles displayed by caregivers and experienced by children within three selected Children’s homes in Cape Town. I have been informed and understood the information got by Bernard Omukunyi will not in any way cause harm to either the administration or the structures of this children’s home. Therefore, I also understand that the information obtained from the home will be confidentially handled by Bernard Omukunyi and his supervisor, and for the purpose of writing up his thesis to complete his master’s degree in Arts. I fully understand that the children will be observed and that the field notes will be taken. I and Bernard have agreed that the book containing recoded information will be destroyed after writing up and submitting the report for examining and published. I have been informed that this is a voluntary initiative; therefore the home has a right to either participate or not participate in this research.

Director/ coordinator’s name:

Signature:

Date:

APPENDIX “E” CONSENT TO INTERVIEW CHILDREN

University of the Western Cape
Dept. of Anthropology and Sociology
University of the Western Cape
Private Bag X17
7535
RSA

Director/ Coordinators’ permission to interview the children

I declare that I have negotiated with Bernard Omukunyi a master’s student at the University of the Western Cape (UWC) and agreed to interview the children in.....children’s home. He will be investigating the family-like roles displayed by caregivers and experienced by children within three selected Children’s homes in Cape Town. I have been informed and understood the information given to Bernard Omukunyi by children will not in any way cause harm to them.

Therefore, I also understand that the information obtained from the children will be confidentially handled by Bernard Omukunyi and his supervisor, and for writing up his thesis to complete his master’s degree in Arts. I fully understand that the children will be interviewed and that their voices will be tape recorded. I and Bernard have agreed that the tape containing recoded information will be destroyed after writing up and submitting the report for examining and published. I have been informed that this is a voluntary initiative; therefore, the child has a right to either participate or not participate in this research.

Director/ coordinator’s name:

Signature:

Date:

APPENDIX “F” CONSENT FOR CAREGIVERS & MANAGERS

University of the Western Cape
Dept. of Anthropology and Sociology
University of the Western Cape
Private Bag X17
7535
RSA

Consent for Caregivers & Managers

I declare that I have negotiated with Bernard Omukunyi a master’s student at the University of the Western Cape (UWC) and agreed to participate in the study as a participant. He will be investigating the family-like roles displayed by caregivers and experienced by children within three selected Children’s homes in Cape Town. I have been informed and understood that the information given to Bernard Omukunyi by me will not in any way cause harm to me or anybody living and working in this home.

Therefore, I also understand that the information obtained from me will be confidentially handled by Bernard Omukunyi and his supervisor, and for writing up his thesis to complete his master’s degree in Arts. I and Bernard have agreed that the tape containing recorded information will be destroyed after writing up and submitting the report for examining and published. I have been informed that this is a voluntary initiative; therefore, I have a right to either participate or not participate in this research.

Manager or Caregiver’s name:

Signature:

Date:

APPENDIX “G” CONSENT FOR CHILDREN

University of the Western Cape
Dept. of Anthropology and Sociology
University of the Western Cape
Private Bag X17
7535
RSA

Consent for Children

I declare that I have negotiated with Bernard Omukunyi a master’s student at the University of the Western Cape (UWC) and agreed to participate in the study as a participant. He will be investigating the family-like roles displayed by caregivers and experienced by children within three selected Children’s homes in Cape Town. I have been informed and understood that the information given to Bernard Omukunyi by me will not in any way cause harm to me or anybody. Therefore, I also understand that the information obtained from me will be confidentially handled by Bernard Omukunyi and his supervisor, and for writing up his thesis to complete his master’s degree in Arts. I and Bernard have agreed that the tape containing recoded information will be destroyed after writing up and submitting the report for examining and published. I have been informed that this is a voluntary initiative; therefore, I have a right not participate in this interview.

Child’s name:

Signature:

Date:

APPENDIX “H” INTERVIEW SCHEDULE FOR ALL THE PARTICIPANTS

Interview schedule for caregivers and managers

Topic: Investigating the family-like roles displayed by caregivers and experienced by children within three selected Children’s homes in Cape Town, South Africa

Part One: General information of participants

- a) Nationality
- b) Occupation
- c) Gender
- d) **Educational background**

i. Have you had training in looking after children? How did this happen?

Part Two: The family-like roles within the children’s homes

- ✓ How are children recruited in this home?
- ✓ According to your own opinion, what are family values?
- ✓ How do you get income to maintain good family values in this home?
- ✓ Do you assess good behaviours among the children under your care? If yes, how? And if no, why?
- ✓ How do you ensure that the maturing boys and girls under your care can face the real life outside the children’s home?
- ✓ Which program do you use to monitor the house chores for the children under your care?
- ✓ What are the duties expected of children in this program?
- ✓ How do you strengthen the beliefs of the children under your care?

Part Three: The children's experience of family-like roles within children's homes

- ✓ How many children live in this home?
- ✓ Can you briefly explain the difference between the duty and role of the children in a home?
- ✓ How do children who live in this home interact with the staff and among themselves?
- ✓ Do you have programs that allow children to be children? Explain your response.
- ✓ How do you promote the roles (laughter, play, enjoyment etc.) of children in this home?

Part Four: The role of caregivers within the children's homes in Cape Town

- ✓ How long have you lived in this area?
- ✓ Are you currently employed by someone to manage/care for children in this home?
- ✓ What is the nature of your employment? Is this full/ part-time or voluntary?
- ✓ What is your role as a caregiver/manager in the lives of the children living within this home?
- ✓ In your own opinion, what would you consider as "children to be children"?
- ✓ Can you speak to all the children under your care? How do you do this?
- ✓ How do you instil values especially respect, love, care, trust, self-control etc. in the children under your care?
- ✓ How do you ensure that children under your care feel safe and protected?

Part Five: How children relate to the entire personnel of the home in terms of hierarchy

- ✓ What do mean by the term family?
- ✓ Do you have a family in this home? Explain how you form a family in this setting.
- ✓ How do children relate to you or other people around them in terms of family formation?
- ✓ The children may be referring you as mother, father, aunt or uncle. How do they adopt this?
- ✓ Do you force them to address you like that? How do they feel about this?

Part Six: Any other contribution or question you would like to add or ask?

Thank you

APPENDIX “I” INTERVIEW SCHEDULE FOR CHILDREN

The children’s experience of family-like roles within children’s homes

- ✓ How many children live in your house?
- ✓ How do you interact with the staff and among other children as a child in this home?
- ✓ Do you have activities that allow you as a child to be a child? Explain your answer.
- ✓ Do you feel safe and protected in this home?
- ✓ Are you forced to do house chores in your house?
- ✓ Outline and explain the house chores you do.
- ✓ Explain, what happens to you when you fight with your friend at the home?
- ✓ Which punishment are you given when you break the house rules?
- ✓ Do you learn things about religion? If yes, who teaches you and what things do you learn?

The role of caregivers within the children’s homes in Cape Town

- ✓ How long have you lived in this home?
- ✓ Are you currently going to school? If yes, explains how you go and return from school every day?
- ✓ Who helps you to prepare for school in the morning?
- ✓ What is the work of your caregiver/child care worker in this home?
- ✓ Do you speak and play with all the children in this home? How do you do this?
- ✓ What kind of games do you play in this home? And how do you feel if your caregivers join you to play?
- ✓ How do you learn things like respect, love, care and trust in your house?

How children relate to the entire personnel of the home in terms of hierarchy

- ✓ What is a family?
- ✓ Do you have a family in this home? Explain how you feel about this family.
- ✓ How do you as a child call elders and other people around you in this home?
- ✓ How did you learn to call caregivers as mother, father, aunt or uncle?
- ✓ Is there anybody who forced to call them like that? How do you feel about this?

APPENDIX “J” FIELDWORK PROGRAM

Fieldwork program for Masters Data Collection
Home “A” from Northern Suburbs of Cape Town

Date	Activities	Responsible	Time	Remarks
24 th July 2013	Signing of the informed consent forms &	Management	11am-11.30	
		Management	11.30am-12.30pm	
	Interview/observation			
25 th July 2013	Interview and observation	3 caregivers	8.30-11am	
Observing				
26 th July 2013	Interview & Observation	2caregivers	10am-10.45am	
Observing		11am-14pm		
27 th July 2013	Interviews	5 children	9.30am-14.15am	
Observing		11.30-12.30pm		
28 th July 2013	Interviews	5 children	9.30am-13.15 am	
Observation		13.15-14.15am		

Home “B” from Khayeletha Township, Cape Town

Date	Activities	Responsible	Time	Remarks
5 st Aug 2013	Signing of the informed consent forms &	Management	11am-11.30	
		Management	11.30am-12.30pm	
	Interview/observation			
6 nd Aug 2013	Interview and observation	3 caregivers	8.30-11am	
		Observing		
7 rd Aug 2013	Interview & Observation	2caregivers	10am-10.45am	
		Observing	11am-14pm	
10 th Aug 2013	Interviews	5 children	9.30am-14.15am	
		Observing	11.30-12.30pm	
17 th Aug 2013	Interviews	5 children	9.30am-13.15 am	
		Observation	13.15-14.15am	

Home “C” From Southern Suburbs of Cape Town

Date	Activities	Responsible	Time	Remarks
19 th Aug 2013	Signing of the informed consent forms & Interview/observation	Management	8.30-9.30am	
		Management	10.30am-12.30pm	
20 th Aug 2013	Interview and observation	3 caregivers	14.30-18pm	
Observing				
21 st Aug 2013	Interview & Observation	2caregivers	13.00-15.45pm	
Observing		15.00-17pm		
23 rd Aug 2013	observation		12.00-13.30pm	
	Interviews	5 children	14.30pm-19.15pm	
24 th Aug 2013	Observation		12.00-13.30pm	
	Interviews	5 children	14.30pm-19.15pm	