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Caregivers' perceptions of displayed resilience among preschool aged children living in a South African children's home.

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CHAPTER 1

INRODUCTION

In his report dated September 2001, the United Nations Secretary-General Kofi Anan addressed the state of the world's children with these words: "We were all children once – and we are now the parents, grandparents, uncles and aunts of children. We should therefore be better equipped to understand children's needs and wishes. They want, expect and have the right to the best possible start in life and we must do all we can to ensure that they, and the generations of children to come, receive this – a safer, fairer, healthier world" (Bellamy, 2001, p.2). His statement suggests the concern that worldwide, children's needs are not being fully met and that as adults, we need to have concern for children, especially those who are perceived to be vulnerable, such as those living in children's homes. Due to this, there is a need to investigate why some children fare better than others, even though they are seen to be vulnerable and have had negative life circumstances.

Research in the past has focused on the problems faced by children when they are placed in children's institutions, and their resulting inability to cope with life or develop at a normal rate. The conclusions from this research tend to portray a negative picture for the future of these children. Studies by Skinner, Tsheko, Mtero-Munyati, Segwabe, Chibatamoto, Mfecane, Chandiwwana, Nkomo, Tlou & Chitiyo (2006); Belsky & Fearon (2002) and Dennis (1973) have all identified negative developmental outcomes and consequences for children growing up in institutions.

Specifically, according to these studies, these children were found to be more vulnerable to developmental problems of both an emotional and behavioural nature, due to their lack of parental input. These children are often portrayed as maladjusted and having difficulties in school and social settings. Some of the traits identified in these children were: apathy or helplessness, which

might result in the child being “unhappy, dull, not performing well in class, being miserable or demotivated, as well as the neglect of schoolwork and not attending school. Physical indicators include the child showing signs of hunger, not sleeping well, poor hygiene or an inability to engage in personal care” (Skinner et al., 2006, p.3).

In South Africa, children face many hardships, such as abandonment due to family members dying from the AIDS epidemic; socio-economic factors such as rising poverty levels and deprivation; family factors such as young mothers who are unable to face the demands of parenthood on their own and resulting lack of care, as well as poor education (UNICEF, 2004; 2009). Children coming from such circumstances are seen to be vulnerable.

Vulnerable children are understood as being children who have a high chance of a negative outcome in life. This vulnerability is shaped by risk and stress factors such as the magnitude, frequency and duration to which individuals, households and communities are exposed (World Bank Group, 2009). Therefore, the extent and nature of vulnerability varies over time and is different in each country. This implies that vulnerability is a relative state, a multifaceted continuum between resilience and absolute helplessness. The children in this study have been exposed to certain stressful life events, such as being separated from their parents and being placed in a home. Due to these experiences they can be seen as vulnerable and at risk of poor developmental outcomes.

Despite this, not all vulnerable children display developmental difficulties. Although many children have been abandoned by their parents and placed in institutions, they continue to thrive and make the best of their situation. There are various influences that can alter the course of development and create different pathways for children attempting to adapt within their circumstances (Fantuzzo, McWayne & Bulotsky, 2003). These influences are beginning to be studied in what has been termed “resilience research”. Evidence obtained from a study by Dana (2002), indicates that one of the strongest protective factors that a child can have is a close relationship with

a caring adult who serves as a guide and role model. These relationships, if sustained, can change a child's developmental path from risk to resilience.

There are certain risk factors that place individuals at risk of school failure, criminal behaviour, and mental health problems. These risk factors, amongst others include biological, psychological, cognitive, or environmental elements that hinder normal development and leave the individual vulnerable to negative life outcomes (Garmezy, 1991).

Despite these risk factors, researchers such as Werner & Smith (2001) are beginning to find that even under the most adverse circumstances, there are protective factors that serve to shield the individual and help them develop into competent, productive adults.

1.1 Research Aims

The primary aim of this research study is to investigate whether caregivers looking after pre-school aged children in institutions perceive these children to display resilience.

A secondary aim of this study will be to explore caregivers' observations of how resilience is displayed in pre-school children; and thirdly to determine caregivers' perceptions of the origins of this resilience. Bernard's model, which is based on Bronfenbrenner's theory will be used to explore these aims and will be explained in the rationale section.

1. 2. Rationale

Prior research and literature, such as studies done by Rowlands (1973); Browne (2005); Gardynick & McDonald (2005) and Risley-Curits & Sites (2007), have focused on investigating the negative effects on children growing up in institutions. These include the inability to make friends easily, lack of interest in their surroundings, attention-seeking behaviour, limited interest in learning, lack of imagination, over-dependence and a general sense of loss (Rowlands, 1973). Other conclusions that have been drawn are that children in institutions are, perhaps, the most vulnerable of the population

group and that negative consequences are more likely to emerge in children in these environments (Risley-Curtiss & Stites, 2007; UNICEF, 2004, 2009). This has resulted in the opinion that children need to grow up within a traditional family environment that will ensure safety, caring and nurturing in order to thrive (Dalton, Elias & Wandersman, 2001).

If we concentrated solely on these studies, the prognosis for the future of children, and in particular institutionalised children, would be very poor. This is especially true in a country such as South Africa where there are many factors which contribute to the high numbers of vulnerable children. Statistics for 2004 reflected that on a monthly basis, 12, 034 children are abandoned (Child Welfare South Africa, 2005). Children who are placed in institutions have already experienced many difficulties in life. They have already been subjected to adverse family circumstances that increase their vulnerability (UNICEF, 2007). These children's vulnerability is further increased when they are placed in children's homes, as institutionalisation may have negative effects on their development. However, this negative impact does not have to determine their future or continue to have an influence throughout their life.

To address this vulnerability, there has been a growth of interest in protective factors. Protective factors refer to the "characteristics of environments that appear to alter, or even reverse, potential negative outcomes and enable individuals to develop resilience despite these risks" (Bernard, 1991, p.1). According to Dole (2000), these protective factors include self-efficacy, positive-self regard and resilience. In this study, the focus will be on resilience, as this concept is synonymous with "flexibility, spirit and hardiness" (Collins, 1998, p.530). These traits would enable children to cope, despite their negative life circumstances. If children are perceived to be resilient by their caregivers, these traits can be explored in terms of their origin and usefulness for change and adaptability for the future. In this light, resilience would be a beneficial characteristic for children in institutions to acquire, as it would enable them to face and overcome difficulties in their lives.

Resilience is described as a set of qualities that “promote the course of positive adjustment and change despite risk and difficulty” (Bernard, 1995, p.2). It has also been described as “successfully coping with or overcoming risk and adversity, or the development of competence in the face of severe stress and hardship" (Doll & Lyon, 1998, p.348).

Bernard’s (1991) definition seems to be the most useful for this study, as it suggests that resilience develops from certain qualities which are utilized to bring about change and growth in the individual, by their adaption to circumstances, despite risk. Bernard’s (1991) theoretical understanding will be used to explore the development of resilience and the implications it has for children growing up in institutions.

Since resilience research has come into being, it indicates that one of the strongest protective factors that a child can have, is a close relationship with a caring adult who serves as a mentor and role model. Evidence indicates that these sustained relationships can change the child’s developmental path from risk to resilience (Dana, 2002). It is argued that a caring relationship between an adult caregiver, such as those working in a children’s institution and a child, can facilitate resilience in these children. As young children are particularly vulnerable, this relationship would play a significant role in developing resilience at an early age. This would ensure optimal outcomes for these children.

1.3 Research Questions

This research aims to answer the following overarching and secondary questions:

1. What are caregiver’s perceptions of emotional and behavioural development of pre-school age children in institutions?
   1.1 Do caregivers have an awareness of the difference between normal and abnormal development?

2. Do caregivers perceive that some of the children they are in contact with in institutions display resilience?

3. What do caregivers perceive to be the origin of resilience as it is displayed in children living in institutions?

1.4 Methodology

Qualitative data for this study was collected through semi-structured interviews conducted with eight caregivers at the identified children's home. The data was then transcribed and by using thematic content analysis, the themes pertaining to caregiver's perceptions of the evidence of resilience displayed in the children, at the home, were discovered. An interpretation and integration of these themes took place and conclusions were drawn.

1.5 Outcomes

The results of this study highlighted a number of themes which emerged from the interviews with the caregivers. The themes seem to suggest that caregivers in the children's home perceive some of the children they care for to display resilience. There were a number of factors which they perceived as contributing to this. Although these children were perceived to be vulnerable and at risk, the caregivers' responses indicate that some of them have been able to rise above their circumstances. They seem to have the ability to cope, becoming self-confident and having a positive outlook on the future. The factors which contribute to the development of resilience are both internal (related to the child) and external (related to the care centre and the caregivers themselves). Although past findings have found that children's care centres generally have a negative impact on development, this study found that some of the children were now in better circumstances and that they now have the resources to overcome their vulnerabilities as well as having a sense of hope for the future.

1.6 Chapter Outline of the Research Report

This section presents an overview of the structure of the research report, giving a brief summary of the contents of each chapter.

Chapter One covers the aim, rationale and research questions applicable to the study. It also provides a brief description of the methodology used in the research and a brief description of the outcomes of the research.

Chapter Two provides a theoretical framework for viewing the research findings of caregivers' perceptions of displayed resilience in children living in a South African children's home. Erikson's Psychosocial Theory of Development is used as a foundation for an understanding of the emotional and behavioural changes which preschool children go though, and how living in a children's home would affect this. Bronfenbrenner's Ecological Systems Theory is used to gain a greater understanding of the factors which affect childhood development. Bernard conducted much research into the field of resilience and used Bronfenbrenner's theory to further examine the factors associated with its development.

Chapter Three includes the literature review. This section provides a rationale for the research in terms of the South African context. Due to the rising numbers of HIV/AIDS infections, many children are being left orphaned and as a consequence are being placed in institutions. Most studies in this field have focused on the negative outcomes for these children, however, there has been an increasing amount of interest in protective factors which may lead to the development of resilience in these children. The factors contributing to the development of resilience will thus be explored.

Chapter Four outlines the research design and methodology including information on the sampling strategy, instruments used and ethical considerations concerning the research. An explanation of the interview schedule used, as well as an explanation of the data analysis conducted, is also provided.

Chapter Five consists of the results and discussion of the research. It focuses on an exploration of the themes which emerged from the interviews with the caregivers. This is followed by an interpretation of these themes.

Chapter Six examines the strengths and limitations of the research and provides a conclusion of the main findings of the study. This is followed by recommendations for future research.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1 Introduction

This chapter explores the ecological systems theory as a framework of thinking that forms the basis for analyzing caregivers' perceptions of displayed resilience, in children living in a care centre. There has been a shift in focus from the perceived negative outcomes for children living in a care centre to the protective factors associated with positive outcomes.

Bronfenbrenner (1979) first proposed the ecological systems theory as a way of conceptualizing childhood development. Bernard (1991) applied this theory to establish a model and used this to explain the factors needed for the development of resilience.

2.2 Ecological Systems Theory

Contextual factors are critically important in determining childhood development and the child's associated experiences. "A child usually lives in a family. A family lives in a neighbourhood, within a community. Communities in turn form sub-cultural groups within particular socio-political systems. Political and cultural systems adopt particular ideologies about how to raise and value children, make decisions about how resources are to be used and disbursed. Each of these systems (family, community, political party or culture) consists of an organised collection of activities and resources that exist within definable social and physical boundaries" (Kilian, 2004, p.35). These factors influence childhood development through rules, roles and relations which regulate social exchanges which ultimately determine the impact the environment has on the child.

“Child development takes place through processes of progressively more complex interaction between an active child and the child’s objects and symbols in its immediate environment. To be effective, this interaction must occur on a fairly regular basis over extended periods of time” (Bronfenbrenner, & Morris, 1998, p.10). This ecological model of human development suggests that children develop according to the relationships that they form with their family, school, community and society, rather than in isolation. Thus, the environment in which the child grows and learns has many layers, each interacting with each other, which further influence the child’s development. These layers or systems continue to have an impact on the child throughout his or her life in a constantly changing, dynamic process.

According to Lerner (2004) the initial system which the child comes into contact with, and which has an impact on their development, is the family system and associated child care. Children who come from difficult family situations (such as poor or single parent families) are at risk, as these factors make it complicated for them to reach their full developmental potential. However, it is the actual experiences that they have within this system which make the difference. Just because a child is seen to be at risk due to their family’s social situation does not automatically result in a poor developmental outcome. Examples of this system include: Is someone showing the child appropriate ways to behave? Does he/she have opportunities to draw and to climb? Does someone read with him/her regularly and interactively? Thus, this model also takes into account the fact that positive experiences can protect the child from negative outcomes, despite being in an at risk situation, such as living in a children’s home.

Another important aspect which Learner (2004) points out is that childhood development is influenced by the number and quality of connections between the systems in their life and the ease at which transition between the systems occur. There are three important points to consider about systems theory which provide a good model when discussing childhood development, firstly, it is child-centred; secondly, the primary focus is the child’s experiences, as

they are the “engines of development” and thirdly, the nature of the relationships between different settings are considered, as these influence the experiences of the child (Lerner, 2004, p.903).

Bronfenbrenner believed that the “environment is conceived as a set of nested structures, each inside the next like a set of Russian dolls” [and that the] “interactions with others and the environment are key to development” (Bronfenbrenner, 1979, p.3). In other words, the developing child is thought to be at the centre of several environmental systems, each of which is interacting with the others. It is further understood that this interaction will influence the development of the child. Bronfenbrenner described development as “the person’s evolving conception of the ecological environment, and his relation to it, as well as the person’s growing capacity to discover, sustain and alter its properties” (Bronfenbrenner, 1979, p.9). The child plays an active role in their own development and has the capacity to grow, as the interactions between the different systems of their environment change.

This Ecological systems theory proposes that there is more than one type of environment which we experience. These environments are classified as systems which include; the microsystem - such as a family, classroom, etc, which is considered the immediate environment in which a person is operating. Then there follows the mesosystem - which consists of two microsystems interacting, such as the connection between a child’s home and school. The next is the exosystem - which is an environment in which an individual is not involved, but which still affects them. An example of an exosystem is the child’s parent’s workplace. Although a child may never have any role in the parent’s workplace, or even go there, what happens at the parent’s workplace will still affect the child. If the parent has a bad day at work, is fired, promoted, or has to work overtime, the events will influence the child on some level. The last system which he described is the macrosystem, which is the larger cultural context. These systems are all influenced by the chronosystem, which are the changes in the person or environment over time which affects the course of development (Cole &

Cole, 2001). Each system influences the others creating a dynamic relationship between them.

These systems interact with and are influenced by the others and are characterized by roles, norms (expected behaviour) and relationships. The roles and norms the individual uses in one system may not necessarily be the same as the roles and norms used or expected to be used in another system. "Roles are usually identified by the labels used to designate various social positions in a culture. These are typically differentiated by age, sex, kinship relation, occupation and social status. There are also other parameters that come into play such as ethnicity and religion" (Bronfenbrenner, 1973, p.85). The role that a child plays in a certain context is influenced by their own expectations of that role, which will influence the way they interact with others and how others regard them. If role expectations are similar across the different systems in the child's life, for example, if there is an emphasis on hard work and achievement in all systems, the child will in all likelihood perform more positively than if role expectations differ significantly from one setting to the next.

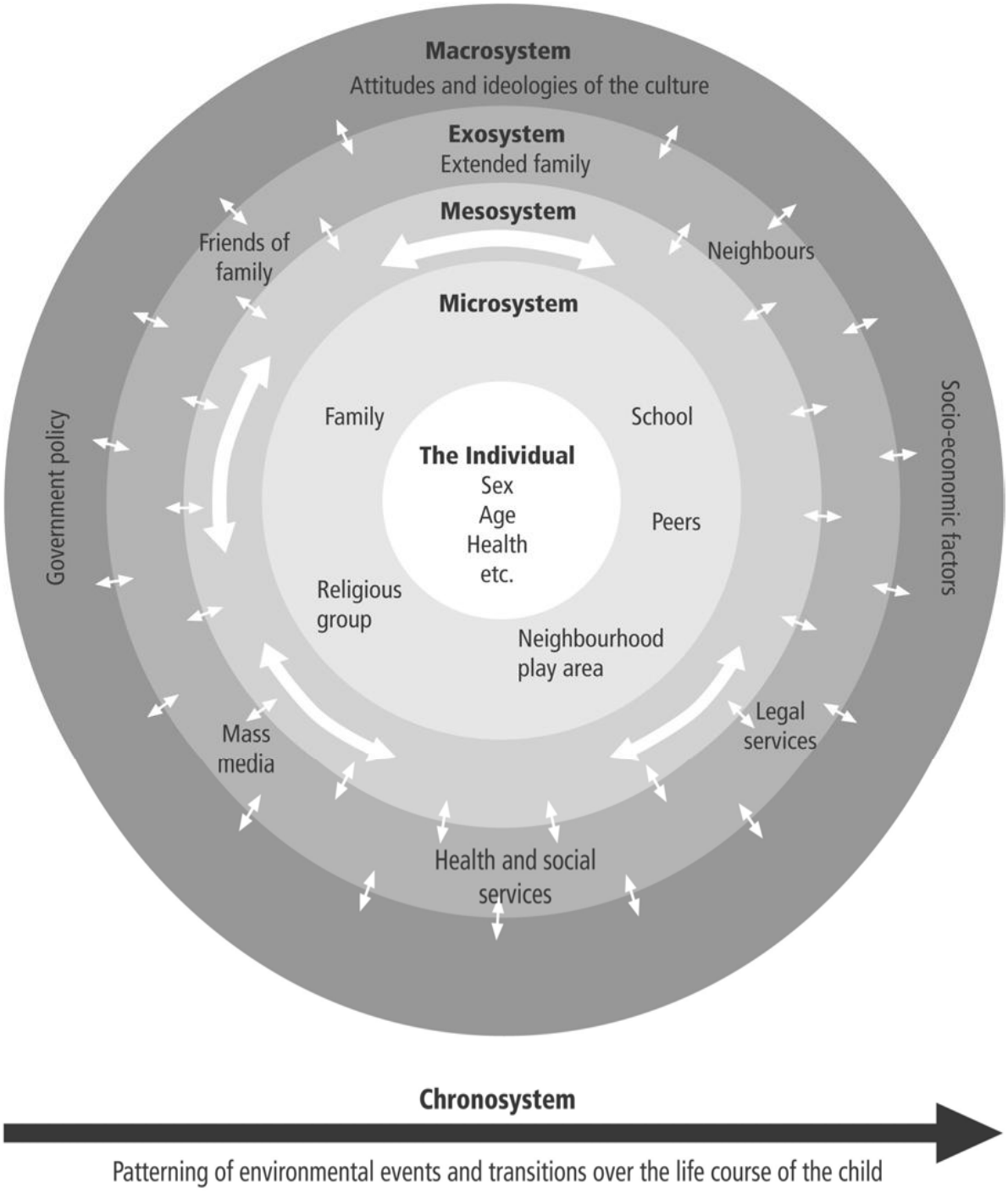
Bronfenbrenner proposed two defining properties of his model. The first states that throughout life, and particularly in early life, "human development takes place through processes of progressively more complex reciprocal interaction between an active, evolving biological human organism and the persons, objects and symbols in its immediate environment" (Bronfenbrenner, 1994, p.38). He argued that these interactions must occur regularly and over a long time in order for them to make an impact. He termed these interactions *proximal processes.* These types of interactions are found in activities between caregiver and child as well as between children themselves.

Proximal processes are involved in certain developmental outcomes such as directing and controlling behaviour, coping with difficult situations, differentiating between perceptions and responding to them, acquiring knowledge and skill, establishing and maintaining relationships which are mutually rewarding, as well as the constructions and modification of one's physical, social and symbolic environment. Proximal processes are seen as a

mechanism for actualising the child's genetic potential for effective psychological development (Bronfenbrenner & Cecie, 1994). Thus, it is presupposed that if children are exposed to settings which provide resources and encourage engagement, they may have a greater potential for positive developmental outcomes.

The second property which Bronfenbrenner proposed as central to his theory "identifies the three-fold source of these dynamic forces" (Bronfenbrenner, 1994, p.38). This is understood as meaning that the form, power, content and direction of the proximal processes are influenced by the interaction between the developing child and their environment. The environment plays a role in the development of the child and the child also acts on their environment. Development and growth are dependent on reciprocal interactions between the child and their surrounding environment. The interaction between the child's biology, their immediate family or community environment, and the societal landscape is what results in the direction and outcome of their development. If there are changes or conflict in any one layer, there will be a ripple effect throughout other layers. In order to study a child's development then, the child and their immediate environment, as well as the interaction of the larger environment, must be taken into consideration. This can be examined by looking in detail at how each of the systems in Bronfenbrenner's theory influences the development of the child.

Figure 1: Bronfenbrenner's Ecological Systems Theory Model



Source: adapted from Cole & Cole (2001)

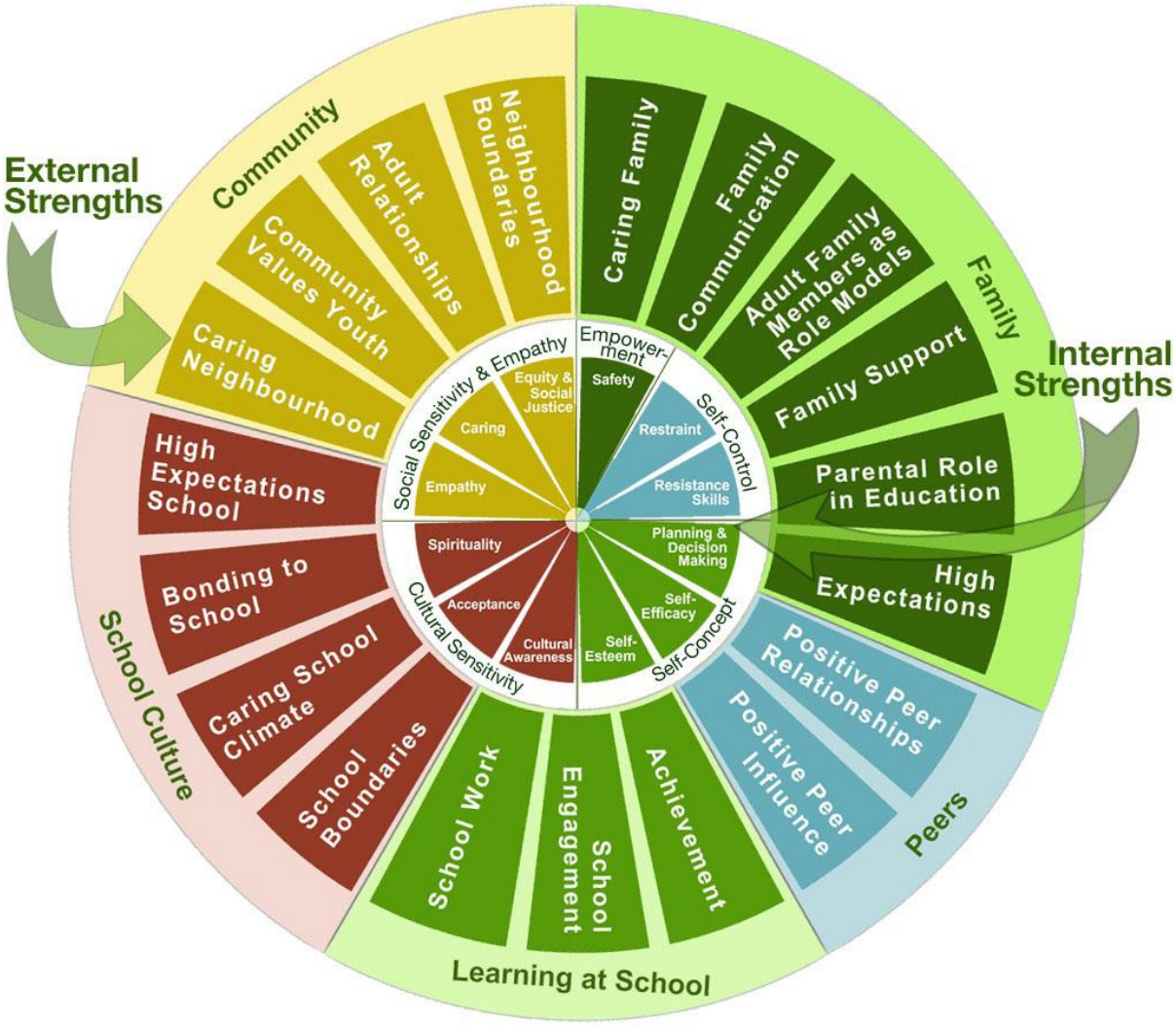
Bernard used Bronfenbrenner's theory of childhood development as stemming from various systems interacting with each other. She expanded his model to

include the factors needed for the development of resilience associated with each layer.

2.3 Application of Ecological Systems theory – Bernard's model

Bernard's understanding of resilience is based on Bronfenbrenner's theory. It proposes that resilience does not come from rare and special qualities, but rather from the everyday magic of the normal capabilities in the minds, brains, and bodies of children, in their families and relationships, and in their communities (Bernard, 2003). It focuses on the quality of the environment around the child as well as innate resources within the child which lead to the development of resilience. She proposed using the Ecological Systems Model in order to determine the various aspects needed for the development of resilience, showing how supporting a child in the various systems would lead to positive developmental outcomes. Bernard used Bronfenbrenner's model as a base from which to look specifically at factors associated with the development of resilience.

Figure 2: Bernard's Ecological Systems Model of Resilience



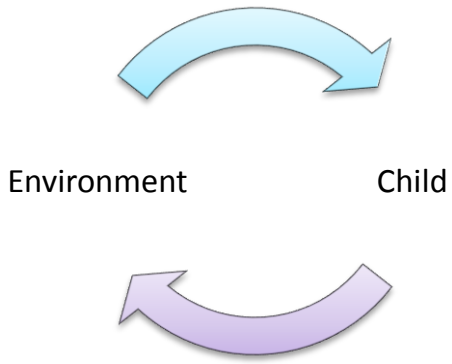
Bernard first examined the Microsystem to determine how factors at this level would lead to positive developmental outcomes and resilience.

2.3a) The Microsystem

This is the innermost level of Bronfenbrenner's system and "refers to the activities and interactions that occur in the person's immediate surroundings" (Shaffer, 1999, p.63). Bronfenbrenner defined it as a "pattern of activities, social roles, interpersonal relations experienced by the developing person in

a given face-to-face setting with particular physical, social and symbolic features that invite, permit, or inhibit engagement in sustained, progressively more complex interaction with, and activity in, the immediate environment" (Bronfenbrenner, 1994, p.39). This system consists not only of the people who immediately influence the child but also the child's own biological and social characteristics, such as their habits, temperaments, physical features and capabilities. The microsystem is a dynamic system which allows the child to be influenced by their immediate environment as well as influencing it themselves.

Figure 3: Microsystem Interactions



At this level, relationships have an impact in two directions - both away from the child and toward the child, Bronfenbrenner called these *bi-directional influences* (Paquette & Ryan, 2001). An example of this is that a child's caregivers may affect his beliefs and behaviour, however, the child also affects the behaviour and beliefs of the caregiver. These bi-directional influences occur among all levels of the environment, however, the microsystem level interactions have the strongest influence on the early development of the child, as this is the immediate world with which they interact.

"Supportive microsystems can facilitate optimal development. Such microsystems are characterised by a network of enduring and reciprocal caring relationships" (Kilian, 2004, p.36). As the children in institutions do not have interactions with their parents, the context of their microsystem

would thus consist of the pre-school children, their caregivers, peers, school environment, other relationships and activities they are involved with on a daily basis.

In Bernard's' (1991) model of resilience, the relationships in the micro-system provide the child with a sense of safety. In a care centre, relationships with the caregivers would be of particular importance in providing this safety. From these caring relationships, the child is also able to develop self-efficacy and self-esteem, as well as an internal drive to do well. When children have these traits in their character, they will develop resilience. It is of particular importance for children living in a care centre to develop resilience in order to overcome their vulnerabilities so that they will have a more positive outlook for the future. "The central component of effective coping with the multiplicity of inevitable life stresses appears to be a sense of coherence, a feeling of confidence that one's internal and external environment is predictable and that things will probably work out as well as can be reasonably expected" (Bernard, 1991, p.7).

2.3b) The Mesosytem

The next level of the system which impacts childhood development is the mesosystem."The mesosystem comprises the linkages and processes taking place between two or more settings containing the developing person" (Bronfenbrenner, 1994, p.40). The mesosystem consists of two or more microsystems. Optimal development is likely to occur if there are strong and supportive links between microsystems, but can lead to problems if these links are weak. Kilian argued that a beneficial mesosystem has a number of "strong, positive connections that can offset the negative influence of other aspects of children's lives" (Kilian, 2004, p.36). Thus, strong connections between children living in an institution and their caregivers, school and peers would lead to more positive developmental outcomes.

Mesosystems which influence the development of a child in a care centre are the relationships between the caregivers and support systems outside the care centre, for example church and school. If these relationships are positive, the

structures around the child will support them and allow them to develop resilience. Resilient children are "acknowledged as valued participants in the life and work of their family. Research has shown that the family background of resilient children is usually characterized by many opportunities for the children to participate and contribute in meaningful ways" (Bernard, 1991, p.10). If children are given the opportunity to participate and have supportive structures surrounding them, it is anticipated that they will develop self-control, social and cultural sensitivity as well as a positive self-concept.

Optimal development is dependent on quality mesosystem interactions and will be further enhanced by a positive exosystem.

2.3c) The Exosystem

This system "comprises the linkages and processes taking place between two or more settings, at least one of which does not contain the developing person, but in which events occur that directly influence processes within the immediate setting in which the developing person lives" (Bronfenbrenner, 1994, p.40). There are three exosystems which have been found to have the greatest impact on the development of the child; the parent's workplace, family social networks and neighbourhood-community contexts. At this level, experiences affect the individual and can either be positive or negative.

In the care centre, important structures of the larger community which affect the child would be community resources, schools, as well as health and welfare organizations. Factors which would foster positive development of the child would be good education, the chance to socialize with peers, external support provided by social and church groups as well as access to health care when needed. According to Bernard's model, caring neighbourhoods, engaging at school, high school expectations and positive peer relationships all foster the development of resilience. The care centre needs to create an environment which mirrors the broader community context, social support and resources. "For families [and care centres] to create environments characterized by the qualities of caring, high expectations, and opportunities for participation, they, in turn, must exist in communities that

also provide support and opportunities (Bernard, 1991, p.11). If children experience this type of positive environment, it is hypothesized by Bernard (1991; 1995) that they will thrive.

In addition to having a positive exosystem, the development of resilience is also dependent on a constructive macrosystem.

2.3d) The Macrosystem

This system consists of the "overarching pattern of micro-, meso-, and exosystems characteristic of a given belief or subculture, with particular reference to the belief systems, bodies of knowledge, material resources, customs, life-styles, opportunity structures, hazards, and life course options that are embedded in each of these broader systems" (Bronfenbrenner, 1994, p.40). This system is thus a broad ideology that determines how the developing child is viewed in a particular society and will determine the value placed on children, how they should be treated and what the expectations of them are.

The macrosystem is the cultural 'blueprint' for any given society and combines ideological and institutional systems that characterise a particular culture or subculture. It dictates the child's place in society as well as traditional cultural practises, rituals and beliefs pertaining to children (Kilian, 2004). In addition to this, policy and legislature regarding children is also considered to be part of this level, for example, the Convention on the Rights of the Child, as well as the African Charter on the Rights and Welfare of the Child (Kamerman, Phipps & Ben-Arieg, 2009). These documents prescribe the way in which children are legally defined, prioritised and treated within the South African context.

If these networks provide good social support, it will serve as a protective factor for the child. "Healthy human development involves the process of bonding to the family and school through the provision of opportunities to be involved in meaningful and valued ways in family and school life. It also involves developing a sense of belonging and attachment to one's community

and opportunities to participate in the life of the community" (Bernard, 1991, p.17).

Protective factors and the development of resilience in children living in a care centre must therefore incorporate community wide collaborative efforts to turn the situation of these children around. Community strategies need to support and nurture the development of these children. A positive macrosystem may provide children with a broader framework of support which would help to foster resilience on all other levels of the system.

The above systems interact with and are influenced by each other. They are also affected by the dimension of time, which is described as the chronosystem.

2.3e) The Chronosystem

The fifth and final system, the chronosystem, considers the cultural and historical changes that have an impact on the individual, process and contextual variables. "A chronosystem encompasses change or consistency over time, not only in the characteristic of the person but also of the environment in which the person lives" (Bronfenbrenner, 1994, p.40).

An important aspect of the chronosystem is the historical framework of time that surrounds all other systems. Development is influenced by the historical features of the period during which it is occurring. "These may contain stable elements as well as disruptions such as periods of economic depression, political violence, and war. These events shape the children who are growing up at that time in a way that is different to other generations" (Dawes & Donald 2004, p.6).

External supports and resources operate within the three primary systems of the child's world—at microsystemic, mesosystemic and exosystemic levels. Certain families, schools, communities and cultures have protective processes that promote resilience. Factors related to family include the need for caring relationships conveying compassion, understanding, respect, and interest,

which ensure safety and trust. It also includes high expectation responses which communicate not only firm guidance, structure, and challenge but, most importantly, express a belief in the child's innate ability. There also need to be opportunities for meaningful involvement and responsibility, decision making, expression of ideas, and to be able to participate in the community. These characteristics look for strengths and assets as opposed to problems and deficits (Bernard, 1991).

Bronfenbrenner's ecological systems theory highlights the fact that environmental factors both influence and are influenced by the individual (Schaffer, 1999). This theory looks at a child's development within the framework of the relationships that form his or her environment, as well as the quality of the child's environment (Bronfenbrenner, 1994).

"Bronfenbrenner's ecological systems theory focuses on the quality and context of the child's environment. He states that as a child develops, the interaction within these environments becomes more complex. This complexity can arise as the child's physical and cognitive structures grow and mature" (Paquette & Ryan, 2001, p.4). For children living in an institution, the environment they are exposed to will change as they mature and the interactions between their systems will become more complex. These changes will influence whether or not they will still be exposed to the protective factors associated with resilience.

Environment can be defined as: "every aspect of an individual and his or her surroundings except the genes themselves" (Gray, 2002, p.55). The quality of the environment a child lives in, can either protect or put children at risk in terms of their development.

For children in a care centre, the ability to develop resilience is essential in helping them overcome the risk factors associated with poor developmental outcomes. "In a world characterized by widespread feelings of purposelessness and powerlessness, the social contributions of childhood represent a primary source of humanity's hope for the future...While tipping the scales toward resiliency through individual, serendipitous relationships or

events is certainly important, the increasing number of children and families that are experiencing growing numbers of risks in their lives due to environmental deprivation necessitate that as preventionists we take a systems perspective and intervene with planned environmental strategies to build protection into the lives of all children and families" (Bernard, 1991, p.19). Although children living in an institution are at risk, caregivers' play a vital role - by making positive changes at various levels of the child's system, they may be able to ensure that there are optimal conditions for resilience to develop.

"It is only at this intersystem level, and only through intersystem collaboration within our communities that we can build a broad enough, intense enough network of protection for all children and families" (Bernard, 1991, p.20). An ecosystemic approach to the development of resilience would take into account all factors which have a bearing on childhood development, focusing on what needs to be done at each level to gain maximum benefit from protective factors. Internal and external factors play a role, and can act from a micro-, meso-, exso-, macro- and chronosystem levels.

2.4 Developmental perspective

In light of the above theories, the earlier a child is exposed to protective factors and given positive support in their environment, the more likely they are to develop resilience. An understanding of Early Childhood Development would provide insight into the changes and challenges that children face in their maturation. Equipped with this knowledge, caregivers' would be able to provide the children in their care with suitable support and care as early as possible. This may lead to the most favourable outcomes.

Children are often perceived to be one large group; however different age groups of children each have their own levels of development. Early childhood intervention strategies offer a unique opportunity to alter the life-course of children at risk (Currie, 2000).

Erik Erikson, a German psychoanalyst heavily influenced by Sigmund Freud, explored three aspects of identity: the *ego identity* (self), *personal identity* (the personal idiosyncrasies that distinguish a person from another) and *social/cultural identity* (the collection of social roles a person might play). Erikson's psychosocial theory of development also considers the impact of external factors, parents and society on personality development from childhood to adulthood. According to Erikson's theory, every person must pass through a series of eight interrelated stages over the entire life cycle (Wong, 1998).

Erikson believed that children are active, curious explorers who seek to adapt to their environments. He also emphasised cultural influences and thus developed the term 'psychosocial' to describe his theory (Shaffer, 1999). The child therefore plays a role in their own development. If they have positive ecosystemic interactions, it is more likely that they will experience their environment as positive and be able to develop resilience, according to Bernard's model. Erikson argued that each of the eight major crises (conflicts) arise at a specific time dictated by both biological maturation and social demands. These life crises must be resolved successfully in order to prepare for the next stage of development. The children that the caregivers' engage with in this study are in the Early Childhood Development phase. This will have an impact on their perceptions as to whether these children are on a normal developmental course or not.

If it is possible to identify characteristics of resilience in children at an early age, these traits can be further developed in order to maximise their effectiveness for the vulnerable child. Well-timed and suitable interventions can reverse the effects of early deprivation and expand children's developmental potential. The challenge is to help break the cycle of vulnerability by increasing access to Early Childhood Development (ECD) programmes and to further improve the quality of these programmes (White paper 5, 2001).

During their early years, various aspects of a child's development are vulnerable to environmental deficits. "During this time period children are

most susceptible to growth retardation, infectious diseases and injuries. They are especially vulnerable to developmental delay and adjustment difficulties if they are separated from familiar caregivers, by impoverished learning environments that fail to stimulate their cognitive and language development, and by experiences which damage their sense of identity and self-esteem" (Richter, Foster & Sherr, 2006, p.13).

2.5 Erikson's Stages of Psychosocial Development

The first of Erikson's developmental stages occurs from birth to one year and is known as 'basic trust versus mistrust.' In this stage he stated that infants must learn to trust others to care for their basic needs. The infant may view the world as a dangerous place filled with untrustworthy and unreliable people, if they feel that caregivers are rejecting or inconsistent towards them. They further stated that "the primary caregiver is the key social agent" (Schaffer, 1999, p.45).

Erikson hypothesised that the personality of a person develops in universal and observable patterns, as outlined in the following table.

Table 1: Erikson's Stages of Early Childhood Development

Period	Developmental Crisis	Positive Resolution	Negative Resolution
Infancy Birth - 18 months	Trust vs Mistrust	Trust in people & the environment	Mistrust of people & the environment
Toddler 18 mths - 3 years	Autonomy vs Shame & Doubt	Pride in self; Assertion of will in the face of failures	Doubt in self & one's abilities
Preschool 3 - 6 years	Initiative vs Guilt	Able to initiate activities; Enjoy learning	Inhibition because of fear of failure, guilt & punishment
School Age 6 - 12 years	Industry vs Inferiority	Acquire skills for & develop competence in work; Enjoy achievement	Repeated frustration & failure lead to feelings of inferiority

The first four stages of development are characterized by the child first learning to trust their environment. If their experiences from an early age are positive they will feel confident enough to explore their environment and develop into self-confident, autonomous children.

Crises are seen as decisive turning points of increased vulnerability or strength to function effectively. The strengths and capabilities developed through successful resolution of a crisis at any given stage can be affected by later events. Thus, there is both hope (that the vulnerability can be overcome)

and danger (that the strength developed can be destroyed) (Wong, 1998). The stages that have a bearing on this study will be extrapolated on to gain a greater understanding of how they can lead to the development of resilience.

Stage 1: Infancy: Birth-18 Months Old.

Basic Trust vs. Mistrust – Hope

During the first and second year of life, the major emphasis is on the mother and father's nurturing ability and care for a child, especially in terms of visual contact and touch. The child will develop optimism, trust, confidence and security if properly cared for and handled. If a child does not experience trust, he or she may develop insecurity, worthlessness, and general mistrust of the world (Shaffer, 1999). Positive experiences in early development will provide the basic foundations to develop resilience that will lead to a greater chance of positive outcomes in later life.

Stage 2: Toddler / Early Childhood Years: 18 Months to 3 Years

Autonomy vs. Shame – Will

The second stage occurs between 18 months and 3 years. At this point, the child has an opportunity to build self-esteem and autonomy as they learn new skills and right from wrong. The well-cared for child is sure of himself, carrying himself or herself with pride rather than shame. During this time of the "terrible twos", defiance, temper tantrums, and stubbornness can also appear. Children tend to be vulnerable during this stage, sometimes feeling shame and low self-esteem during an inability to learn certain skills (Wong, 1998; Shaffer, 1999). If caregivers can provide the child with positive experiences, they will be able to develop internal strengths which will enable them to utilize their own abilities to overcome difficulties.

Stage 3: Preschooler: 3 to 5 Years

Initiative vs. Guilt – Purpose

During this period the child experiences a desire to copy the adults around them and take initiative in creating play situations. They begin to play out roles in a 'trial universe', experimenting with the blueprint for what it means to be an adult. At this age, exploration of the world is extremely important and with this comes the word—WHY? (Shaffer, 1999). At this stage, the caregivers' again play a vital part in providing guidance, particularly for children in institutions who lack parental role models. If the caregivers' are able to demonstrate positive coping mechanisms and provide support, the children will mimic this behaviour. Even through their play they will be able to demonstrate resilience and incorporate this into their daily lives.

Stage 4: School Age Child: 6 to 12 Years

Industry vs. Inferiority – Competence

During this stage, children are capable of learning, creating and accomplishing numerous new skills and knowledge, thus developing a sense of industry. It is also a very social stage of development and experiences of unresolved feelings of inadequacy and inferiority among peers, can have serious problems in terms of competence and self-esteem (Shaffer, 1999).

As the child's world expands, the most significant relationship at this stage is with the school and neighbourhood. Parents are no longer the complete authorities they once were, although they are still important (Harder, 2002). The support that a child will acquire from positive interactions with schools and neighbourhoods will serve as a protective factor in their development.

When deficits occur during a stage of early childhood development, the child is at risk for delays and negative outcomes. The sooner children are removed from their vulnerable circumstances and put in a place of safety and care, the sooner they will be able to continue along a normal path of development. The

development of resilience is dependent on a number of factors, as described previously. The more constructive and positive experiences a child has at any of these stages of development, the more likely it is that they will develop into resilient individuals.

2.6 Conclusion

This chapter explored an ecological systems model that can be applied to the care centre environment to conceptualize the development of resilience (Bernard, 1991). A conceptual model is necessary as it informs the decision making processes about the development of, and factors associated with, the development of resilience. Historically, research has focused on the negative factors associated with living in a care centre or children's institution. These studies predominantly showed negative outcomes for these children.

Bronfenbrenner's ecological systems model was used as a base to explain the various levels and factors which affect childhood development. Bernard took this model a step further and used it to explain how these factors and levels could be used to develop resilience. Erikson's theory of early childhood development was also used to better understand the stages children must progress through in order to grow and mature.

Following this explanation of the theoretical framework, the literature review will specifically examine the factors leading to children being at risk and how this can adversely affect their development. In contrast to this, an explanation of protective factors needed for the development of resilience is also explored, giving a more positive outlook for children living in care centres.

CHAPTER 3

LITERATURE REVIEW

3.1 Introduction

In a country such as South Africa, there are increasing numbers of children who find themselves living in residential care, such as those who have been orphaned or abandoned by their parents. This places them at risk. Orphanages, children's villages and other residential care facilities have been viewed in the past as having failed to meet children's emotional and psychological needs (Rowlands, 1973 & Chapple, 2007). Research shows the constant failure of governments to provide adequate basic healthcare for children, despite efforts to address this situation (Risley-Curtis & Stiltes, 2007).

In a study by Richter and Sarmala (2006, p.32) it was found that "efforts to support children are best directed at the concentric circles of care and influence that surround children, i.e. families, schools, neighbourhoods, and extending outwards to the media, legislative frameworks, and policies that have a bearing on children's lives". Thus, Bronfenbrenner's Ecological Systems theory is useful in order to explore the various aspects of a child's life which affect development. By virtue of this theory, children living in an institution, if given positive support, are more likely to be able to overcome their vulnerabilities.

However, despite the number of difficulties children face, many have developed into capable and resilient individuals. They have found some inner source of strength which has enabled them to overcome their adversity (Sharp, 2004). According to Bernard (1991), this inner strength, termed resilience, describes successful adjustment and transformation despite risk and adversity. Research related to resilience indicates that human

development is based on a biological imperative for growth and development. These factors exist in the individual and unfold naturally in the presence of certain environmental characteristics. Thus, “we are all born with an innate capacity for resilience, with which we are able to develop problem solving skills, critical awareness, autonomy, social competence and a sense of purpose in life” (Bernard, 1991, p.1).

A dominant factor in the development of resilience is having a positive attachment to a caregiver. “The quality of the relationship between parents and young children is one of the most powerful factors in a child's growth and development. Understanding this relationship has changed our understanding of what is important in caring for young children. The term attachment often is used to describe the nature of this relationship” (Brotherson, 2005, p.6). For children living in an institution who do not have this parental support, the caregiver can play a vital role in fulfilling this need and promoting their resilience, growth and development.

The following literature review will be used to further explore childhood development, the factors associated with resilience and how it can be nurtured in children at risk to enable them to overcome their difficult pasts. In this study the negative consequences of children living in institutions will be explored first. The literature related to this is extensive and follows a worldwide trend. However, not all children who grow up in institutions experience difficulty. Thus, the protective factors will also be explored and also how these factors lead to the development of resilience.

3.1 Global trends

According to McWhinnie (1967), until the 1950’s, not much concern was given to vulnerable and orphaned children. Only gradually did a more open-minded attitude begin to develop toward the problems of the vulnerable child. Since then, homes have been established for these children to receive care (Dennis, 1973). The majority of children in institutions have been placed there at a very young age. One study found that in European countries the average age of children being placed in an institution was 11 months of age.

They spent on average just over two years in these surroundings before being placed in another care centre; approximately a quarter returned to their families, half were adopted or placed in foster care, and the remaining quarter were moved to another institution (Chapple, 2007).

Research that focuses on the negative side hypothesizes that when children are placed in institutions, they cannot develop any kind of reasonable understanding of the outside world or normal relationships (Rowlands, 1973). Chapple (2007) argues that children living in institutions may further be damaged if the change happens too quickly or the needs of the children are not considered or treated as a priority. Many children who live in institutions are at risk of developing some form of disability or developmental delay which requires further support in terms of community health intervention.

These delays, according to Browne (2005) may result in the children being in jeopardy in terms of attachment disorders, developmental delays and neural deterioration in the developing brain. The neglect and damage caused by early deprivation of parental care can cause serious deficits in child development.

In response to these negative findings, The World Health Organisation (2004), argued that society needs to ensure that children can grow up and live a healthy life. There are particular groups of children who are at risk, such as those who are poor, living in institutions or on the street. These children need special protection.

Special protection would require government institutions to pay more attention to the consideration of the quality of care children living in institutions receive. According to UNICEF (2007), one of the most essential services society can provide is to ensure that governments protect orphaned and vulnerable children.

Determining how best to protect these children would have to stem from research findings on how best to provide for the needs and care of these children. Previous studies have predominantly focused on international trends

and the conclusions that have been drawn have been mostly negative. South Africa is a country with unique concerns and issues, thus, a thorough investigation of the struggles in South Africa related to vulnerable children needs to be undertaken. Evidence of positive outcomes for these children also needs to be investigated in order to develop a more optimistic view for the future.

3.2 South African contextual factors

The results of the 2003 census showed that South Africa had a population of 42.8 million. Of this, 12.8 million were children under the age of 15, many of whom had been left orphaned and in at risk situations (Bucen, 2003). The excessively high numbers of orphaned and vulnerable children in South Africa are primarily due to HIV/AIDS. UNICEF (2004; 2007) states that the estimated percentage of children orphaned by AIDS, increased from 5.6 percent of all orphans in 1995, to 43.3 percent in 2001. If statistics continue in this manner, it is estimated that by 2010 nearly three-quarters of South Africa's children will have been orphaned by AIDS. Thus, the AIDS epidemic in South Africa is leaving many children without any form of parental support or care. This is a major social concern for the country.

AIDS is not the only cause leading to orphaned and vulnerable children in South Africa. Many people are also living in poverty, making it is extremely difficult for families to meet their dietary, health, educational, safety and social needs, as well as those of their children. Poverty is an ever-present and destructive risk factor for population health. Its effects are severe and persistent, accumulating over the course of life and transmitted across generations (Sanders, Lin & Sohm, 2008). Both HIV/AIDS and poverty are leading factors resulting in children being vulnerable and abandoned.

In addition to the leading factors of AIDS and poverty, the other main reasons for children being placed in institutional settings are: experiencing abuse and/or neglect (over 30%); abandonment (24%); and being orphaned due to other reasons (11%) (UNICEF, 2009). Parental illness and poverty were also factors that were indicated (6% and 3% respectively). However,

gaps in data severely hamper an accurate analysis of the situation of children living in homes for care or protection and more research needs to be conducted in this area to ascertain who are the children most at risk.

3.3. Who are these children that are at risk?

Children most at risk are those who have been abandoned and those who are vulnerable due to lack of their fundamental needs being met. Abandonment is generally regarded as a legal term describing the failure of a custodial parent to provide support to his or her children according to the terms approved by a court of law. In common use, abandonment refers to the desertion of a child by a parent (Wells, 2006). Most importantly, abandonment is about the loss of love and connectedness. To the abandoned child, it can involve feelings of betrayal, guilt and loneliness. If this abandonment occurred during the first stage of development, children would not be able to establish trust. This would hamper their exploration of their environment and lead to negative developmental outcomes in all other stages. In terms of the Ecological Systems Theory, this would have seriously negative consequences on the child's development.

A vulnerable child is furthermore viewed as someone who has little or no access to basic needs or rights. Both parents of the child may be alive, but the child might be compromised in other ways, such as being at greater risk of poor developmental outcomes and success in later life (Skinner et al., 2006).

The following definitions come from Save the Children (2007). A vulnerable child is seen as "any child whose rights to care and protection are being violated or who is at risk of those rights being violated. This includes children who are poor, abused, neglected or lacking access to basic services, ill or living with disabilities, as well as children whose parents are ill, who are affected by fighting forces or who are in conflict with the law" (Save the Children, 2007, p.9).

The above is distinguished from an orphan who is described as "a child whose mother or father, or both, have died. Further, this term is used to describe a child living in an irregular or unsatisfactory situation, for example on the street. It is important to use this phrase taking the local context and understanding into account" (Save the Children, 2007, p.9).

The definition of orphans and vulnerable children (OVC) by (Save the Children, 2007, p.10) is often used and is a "widely accepted acronym that was introduced as numbers of orphans increased because of the impact of HIV". This term can cause some confusion as it implies that all HIV and AIDS affected children are 'vulnerable' and can isolate HIV and AIDS affected children from other vulnerable children in the community. In this study the term will be used to describe children who are at risk due to HIV/AIDS as well as other factors which make them vulnerable.

A more useful, encompassing term would be "children in especially difficult circumstances" which was coined by UNICEF in the mid-1980's to describe the condition of particular groups of children who are vulnerable, such as those with disabilities, children living on the streets, working children, children in institutions and children in conflict zones. Another broad explanation by Meintjes, Moses, Berry & Mampane (2007), states that such children are 'children in need of care'. Another important factor is that many of these children have very limited or no adult support at all (Richter & Rama, 2006). This lack of support can lead to difficulties in the child's life. It is therefore important to explore what types of difficulties they experience and whether or not some children from these situations are able to overcome their difficulties, i.e. if they are resilient. Although these definitions have aspects in common, UNICEF's definition is the most applicable to this study.

Requirements for children to be legally placed in residential care settings in South Africa are stipulated in the Child Care Act of 1983. Only social workers, police or individuals authorised by the courts are permitted to remove children from existing care settings that are putting them at risk. In addition, a court inquiry must find a child to be 'in need of care' in order for a legal placement into a residential facility to be made.

Section 14(4) of the Act which act, (1983) outlines the set of criteria for children to be found “in need of care”, as follows:

(a) the child has no parent or guardian; or

(aa) the child has a parent or guardian who cannot be traced; or

(ab) the child –

i. has been abandoned or is without visible means of support;

ii. displays behaviour which cannot be controlled by his or her parents or the person in whose custody he or she is;

iii. lives in circumstances likely to cause or be conducive to his or her seduction, abduction or sexual exploitation;

iv. lives in or is exposed to circumstances which may seriously harm the physical, mental or social well-being of the child;

v. is in a state of physical or mental neglect;

vi. has been physically, emotionally or sexually abused or ill-treated by his or her parents or guardian or the person in whose custody he or she is (Childcare Act, 1983, p.12).

Children living in institutions have limited external support and their circumstances may have negative consequences on their well being. They thus meet the criteria for being in need of care.

Orphans and vulnerable children have been a recent focus of attention and are a growing social concern. The term vulnerable children “avoids stigmatising children who were previously called ‘AIDS orphans’ and allows for the inclusion of children who have lost their parents through other illnesses or accidents” (Dunn, 2005, p.IX). Reports of the negative outcomes of these children are numerous and paint a negative picture for the future of society. If there are to be positive changes, there needs to be a shift in thinking about

these children by looking at the resilience some of these children display. This will foster a brighter outlook for the future of these children.

In addition to the requirements of the Childcare Act (1983), it is also vital to explore the role of the caregiver of the children in these care centres as this relationship plays a major role in the child's life and development.

3.4. Orphaned and Vulnerable Children and the Role of the Caregiver

Children need to have a stable relationship with at least one caring and affectionate adult caregiver in order for them to develop resilience. Richter and Rama (2006, p.38) argue that all primary caregivers must fulfil two conditions; "firstly, they must care for and go about the child in a way that motivates them to protect the child and provide for the child's needs in the best way possible under the circumstances. Secondly, the caregiver must have a long-term perspective of the child. That is, their care of the child must be guided, not only by the considerations of today or next week, but also by how this child will turn out as an adult." Caregivers must therefore have the child's best interests at heart, and these interests must be considered over the long term in order for them to be successful.

Caregivers need to ensure that children have the opportunity for normal and healthy development in their early years of growth. If these requirements are met, conditions are optimal for building resilience that will last until the adolescent years and later life (Grantham- McGregor, Bun Cheung, Cueto, Glewwe, Richter, & Strupp, 2007).

The interaction between caregiver and child during the early stages of development plays a profound role in the development of self-regulation, cognition, language acquisition, and socio-emotional adjustment. Children's experiences, including how their primary caregivers respond to them, shape their development and adaption to the world (Garbarino & Ganzel, 2000; Richter, 2004). Dunn (2005) argues that the care children receive in early life determines, to a large extent, the development of their emotional intelligence. This includes their confidence, curiosity, intentionality, self-control,

relatedness and a capacity to communicate and be co-operative. These, in turn, determine how well a child is able to learn and how he or she will relate to others later in life, as well as how well they cope with life in general. A children's home or care centre therefore needs to facilitate positive relationships between child and caregiver.

Risley-Curtis & Stiltes (2007) postulate that institutional life often suppresses independence and creative thinking, promoting lifelong dependency. They found that children living in homes often lack essential social skills, personal and cultural identity and a network of community connections. This makes integration from institutional life into society very complicated. Furthermore, Risley-Curtis & Stiltes (2007) found that in children's homes, the ratio of caregivers to the number of children living there is generally too small. They have difficulty providing the children with the adequate adult affection, attention and social connections needed for healthy development.

An important factor to consider when working with children living in institutions would be to look at their relationship with their caregivers and the ratio of caregivers to children. Many vulnerable children face the distressing lack of adult attention, guidance and social example. There are many risks associated with this. These children are often described as being detached, emotionally withdrawn, displaying destructive behaviour, having learning difficulties or poor problem solving abilities and lacking in a moral sense. They are also perceived as not having the capacity to engage in relationships (with peers or adults), not feeling responsibility towards others, with a tendency to be very angry, resentful, hopeless and depressed as well as often being marginalised socially (Social Investment Exchange, 2004).

It is therefore interesting to explore how caregivers' perceive their role as it is crucial in creating a positive environment for childhood development. It is also essential that the caregiver is provided with training in parenting and caregiving skills. Social support is also important to ensure that they are able to meet the demands of the children in their care on a daily basis (Bartlett & Zimanyi, 2002; Rygaard, 2008).

Since 1994, the South African Government has made exceptional progress in recognising the special needs and rights of children. This is evident in new government legislation, policies and programmes aimed at realising the rights of children to survival, protection, development and participation. From these progressions it is evident that any decisions affecting a child should consider the rights and opinions of that child. In particular, children should be provided with the opportunity to contribute meaningfully to discussions regarding where and with whom they will live and what they believe to be in their own best interests (Giese, Meintjes, Croke & Chamberlain, 2003).

The aforementioned clearly indicates that a positive environment and good care result in better outcomes for children placed in care centres. It is therefore commendable that there has been a growth in appreciation for alternative solutions that foster the positive development of children raised in institutions. Awareness of protective factors needs to be cultivated to promote healthy development of these children. Protective factors such as having their basic needs met and having a good relationship with a compassionate caregiver will be described next.

3.5. Early Childhood Development

According to Britto, Kagan & Brooks-Gunn (2003, p.6**),** Child Development is the "dynamic and continuous process of physical, social, emotional and mental change that occurs in sequence with each stage building on the preceding stage. Development occurs as a child is able to handle consistently more complex levels of moving, thinking, speaking, feeling and relating to others". Early Childhood Development is the stage where the most growth and development occurs, and may have the greatest impact on later functioning. Caregivers, at this stage of childhood development, play a vital role. "The 0 – 8yr range is a critical period in any child's life; all aspects of their development (emotional, social, cognitive, physical and spiritual) are at their most rapid" (Dunn, 2005, p.5).

During early childhood development, children need a diverse range of "food given in frequent feedings, attention to immunization and childhood

illnesses, interactions that nurture mental and emotional development" (Dunn, 2005, p.5). This is also a particularly sensitive period for brain development and it is during this period that children learn patterns of behaviour and ways of being that will set the ground work for the rest of their lives. The social environment during this period plays a key role as the child grows up and develops.

In the last few decades much research has been conducted which has considerably improved our understanding of the needs of infants, toddlers and young children. One of the most important findings has been that experiences and relationships in the earliest years of life play a vital role in a child's ability to develop in a healthy manner and enable them to learn. In the early years of life, development takes place at a very rapid rate and can be easily disrupted if certain basic needs of the child are not met, this includes nutritious food, health care, protection from childhood illnesses, as well as human interactions that nurture mental and emotional development. "The literature demonstrates that what a child most needs during this time is a loving and stable caregiver who plays a role in fulfilling critical developmental functions in the cognitive and neurological development, language development and socio-emotional development of the child" (Richter, Mitchell & Rochat, 2009, p.5). Thus, the key factor in the development of a young child to ensure positive development is a caring adult who is able to meet their needs. If this can be provided in an institution by participating caregivers, the outcomes of these children will be more positive and the chances of developing resilience far greater.

This relationship with a caring adult (parent or caregiver in a children's home) forms the basis from which all other relationships are built and is vital to all levels of development and learning. "The importance of a good foundation for future psychosocial functioning is recognized in the stress on the development of cognitive, emotional, social and physical capacities" (UNICEF, 2004, p.5). In a country such as South Africa, where the rates of poverty are high, problems can easily arise as care giving adults are often not

available and children are left vulnerable and disadvantaged in their development.

Childhood development does not always follow a single, unitary path. A child's innate biology plays an important role, but individual developmental outcomes ultimately depend on a reciprocal interaction between this biology and the child's own social experiences. There are certain 'sensitive points' in a child's development which, when coupled with social experiences and resources, produce certain outcomes (Lerner, 1989).

Scott-Little, Kagan & Frelow (2003) describe the various components of early childhood development in six broad areas: Motor; Social; Emotional; Language; Cognition and General Knowledge. These areas correspond to Erikson's stages of development and need to be constructively accomplished. Resilient children should be able to display competency in most or all of these areas despite risk factors in their lives. This would facilitate them to progress along a positive developmental path and overcome their difficulties.

To secure the future health and well-being of the society, there needs to be an investment in health, educational and psychosocial competencies of developing children. Hence, monitoring the situation of children is essential to understand areas of deficiency and success, as well as the conditions that are associated with each (UNICEF, 2004). It is therefore imperative that society looks at the needs of children in the early stages of their development to make certain the future is a positive one. One way to ensure this is to train caregivers about childhood development in order for them to better understand the children they work with. If caregivers of children in institutions have knowledge about the optimal conditions needed for childhood development, these children will be better equipped to overcome their vulnerabilities and develop resilience.

3.6. Normal vs. abnormal development

There are many factors which affect the development of children. According to Rutter (1987; 1989), nature and nurture both play their part. Thus, the

child's own biological factors as well as the child's interaction with the environment will determine their mental, emotional and social development. Vygotsky (1978) argued that an individual's functioning derives from the internalization and mastery of social processes. He coined the term: zone of proximal development (Vygotsky, 1981). This describes a child's potential level of cognitive functioning, which can be enhanced through the guidance and collaboration with a more experienced, perceptive and responsive adult. Children's developmental progress will be improved through mediation. If caregivers are able to create a safe, predictable environment, the child will be able to learn and grow (Vygotsky, 1978; 1981).

For children growing up in an institution, there is often an interruption of the normal path of development and achieving developmental milestones can become quite difficult. Risk factors that can lead to this interruption are biological, psychological, cognitive, and environmental. This can delay normal development and lead to the individual being more vulnerable to negative life outcomes (Gardynik & McDonald, 2005).

Although rates of development may vary after birth, all children proceed through the same general sequence of developmental tasks (Segal, 1998). Understanding what happens in the normal course of development is crucial in order to determine how children in institution's development may differ. These children are often exposed to negative environmental conditions such as their usual needs not being met, resulting in the average tasks of childhood not being accomplished. There are many variables which affect the progression of childhood development, but the quality of a family and social environment has been found to be the most crucial (Hernandez & Blazer, 2006). If it is accepted that the family setting is the ideal environment in which a child should develop, then understanding what happens to children who spend their early years in an institutional setting is crucial to make sense of their development (Groza, Ileana & Irwin, 2009).

When children do not have to worry about meeting their own needs and trust that there is a caregiver to take care of them, they feel comfortable exploring their environment. This enables them to be able to concentrate on learning

new skills and growing to adulthood. Children who experience caregivers as being unable to protect them will feel unsafe. This results in them developing skills more slowly than other children (Greenspan & Greenspan, 2003). Every area of development can be affected, but often thinking, language, and social skills show the most serious delays. It will therefore be hard for these children to develop the attitudes, morals, and ways of behaving that are valued in their community. It is understood that there are optimal conditions that need to exist in order for children to follow a normal developmental path. These conditions need to be further explored.

3.7. Optimal environments for children to develop

The ideal conditions for childhood development have always been assumed to be within a secure family home with both parents present (Newman & Blackburn, undated). However, due to numerous reasons related to modern lifestyle on the one hand and increasing poverty rates on the other, this seldom happens. As far as possible, health care providers and families should be aware of any problem that may prevent parents from giving children the structure and attention they need. It is argued that if a child loses its primary caregiver, a stable environment with consistent attention from another caregiver should be provided as soon as possible (Bower, 2003).

The Children's Bill states that a caregiver is someone who has the parental responsibility and right in caring for the child and who exercises that responsibility and right (Child welfare South Africa, 2005). Infants will form attachments to any consistent caregiver who is sensitive and responsive to their social interactions.

In terms of their developmental stage, preschoolers tend to have a limited and mistaken view of abandonment. They are highly self-centred with a firm sense of right and wrong. When bad things happen to them, they usually blame themselves. Children at this age often see the departure of a parent as a personal rejection (Wells, 2006). Linking this to Erikson's stages of development, a child who is abandoned at an early age will process the event negatively, becoming mistrustful and self-doubting (Wong, 1998). This will

hamper their developmental trajectory to other stages resulting in negative developmental outcomes throughout life.

Craik (1943) believed that the early experiences children have with caregivers gradually give rise to a system of thoughts, memories, beliefs, expectations, emotions, and behaviours about themselves and others. This system, called the internal working model of social relationships, continues to develop with time and experience and enables the child to deal with new types of social interactions. If the child has had a positive experience of a relationship with a caregiver, then they will develop a positive internal working model and sense of self. The caregiver serves as a role model of this (Hall & Pearson, 2005). This also fosters an internal locus of control which will enable the child to cope with challenging life events. It is also understood that attachment styles have an impact on the development of resilience (Belsky & Fearon, 2002).

Early childhood is a critical period of time in terms of development. The external environment has a very important impact on the development of the child. “Balancing needs, rights, survival and development is therefore a key element of working with very young children. ECD refers to all efforts made to support children or their caregivers that encourage the holistic development of the child. Support should include attention to health, nutrition, education, water, environmental sanitation in homes and communities, as well as to promoting the growth and psychosocial development of children” (Dunn, 2005, p.15).

According to a study conducted by Leoning-Voysey and Wilson (2001), there are certain essential elements needed in order to provide quality care for children living in institutional environments. Firstly their basic needs must be taken care of, such as food, clothing, cleanliness, bedding, access to water and sanitation, treatment and healthcare as well as shelter and protection against environmental hazards. This forms part of the microsystem level of development formulated by Bronfenbrenner. This would provide them with the fundamentals needed in order to survive in terms of Maslow’s (1970) hierarchy of needs. Secondly, children need to have protection from abuse,

neglect, exploitation, discrimination and stigmatization, as well as a caring and consistent adult who is able to provide affection. These factors would provide them with security. The third element which needs to be addressed is the need for socialization, through education, as well as the development of a sense of identity.

Many of the children who have been placed in institutional care experience difficulties due to their background and history. These children need to be provided with some form of emotional support from their caregivers, or even counselling. Lastly, these children need to be provided with opportunities for self-actualization and the freedom of expression. If these factors are present, the prognosis for positive childhood development is optimistic (Garmezy, & Rutter, 1983). There will be positive influences on all levels of the Ecological Systems model and they will be able to progress through their developmental stages.

3.8. Factors influencing attachment and temperament

In order for the child's needs to be optimally met, there needs to be a positive relationship between the caregiver and the child. This is of particular importance in an institutional setting where children are already at risk due to losing their biological caregivers.

The development of this relationship can be affected by the child's own nature and behaviour. Attachment generally refers to the relationship which develops between an infant and primary caregiver during the first two to three years of life. The way in which the caregiver responds to the child's needs for care, comfort and security, will determine how the relationship between caregiver and child develops. Brotherson (2005) emphasises that this attachment refers to a child's feelings and behaviour in the relationship and not to the caregiver's feelings about the child. If the child has positive feelings towards the caregivers there is a greater chance that they will form a positive attachment.

Bowlby was one of the first theorists to give attention to the concept of attachment in early childhood development. He concluded that there is an "exploratory system which guides the investigation of novel objects in the nearby environment" (Harris, 1989, p.22).

The quality of the interaction appears to be more influential than the amount of time spent. Although the biological mother is usually the primary attachment figure, the role can be taken by anybody, such as a caregiver in an institution, who behaves in a nurturing, motherly way over a consistent period. Caregiving consists of behaviours such as engaging in lively social interaction with the infant and responding willingly to signals and approaches (Bowlby, 1969). Caregivers in children's institutions may be able to fulfil the role of a primary attachment figure. Their perceptions about the children in their care would provide invaluable insight about whether or not there is evidence of resilience displayed in children in institutions.

Bretherton & Waters (1985) propose that when looking at the attachment pattern between two adults, the relationship is usually equal and mutual; with children this relationship is unbalanced. The reason for this is that the bond between children and caregivers is based on the need for safety and protection, which is crucially important in infancy and childhood. They suggest that children attach to caregivers instinctively, to achieve security and survival. A positive attachment would provide a solid foundation for children to progress through each developmental stage. This would also have a constructive impact on their microsystem, causing a ripple effect of positive consequences at each level of the Ecological Systems Model.

According to Ainsworth's work from the 'Strange situation' (Ainsworth, 1973), it was suggested that two primary types of attachments form between caregivers and children; secure attachments and insecure attachments. Secure attachment is characterized by children who respond happily to interaction or reunion with caregivers, greet caregivers actively, explore the environment around them while knowing where the caregivers are, seek contact with caregivers when distressed and exhibit trust in their caregivers' responses to them.

Three types of insecure attachment were identified; resistant / ambivalent attachment, which is characterized by children who become anxious and seek caregivers, but then struggle to get away, are reluctant to explore the environment, become upset easily and exhibit frustration with their caregivers' responses to them (Shaffer, 1999). Avoidant attachment is characterized by children who avoid or ignore a caregiver's presence, show little response when they are close by, display few strong emotional outbursts, and may avoid or ignore a caregiver's responses toward them. Disorganized attachment is characterized by children who are not predictable in their behaviour, seem unable to cope easily or be comforted when stressed, and show evidence of fear or confusion around a caregiver (Ainsworth, 1973).

Studies have found that approximately 55 to 65 percent of children tend to fall into the "secure" attachment category, while about 10 to 15 percent tend to show an "insecure-resistant / ambivalent" pattern, 20 to 25 percent show an "insecure-avoidant" pattern and 15 to 20 percent show an "insecure-disorganized" pattern (Brotherson, 2005).

A child's attachment style generally develops based on the child's perception or understanding of the caregiver's consistency in providing comfort, support and security. Behaviours that promote attachment and provide the opportunity for meaningful interaction include; smiling, looking at each other, vocalizing to each other, following, clinging, physical touch and hugging, exploring the surroundings, feeding interactions, crying and playing (Brotherson, 2005).

"Much research has highlighted the very high frequency of 'disorganized attachment' in children experiencing abuse or neglect or an institutional upbringing, as well as the strong association with mental disorder [however], it seems that disorganized attachment does not persist if rearing conditions improve" (Rutter, 2008, p.16).

According to Ainsworth and Fulcher (1981), the general atmosphere created by the attachment person for the child is characterized by a sense of security which was termed the "secure base". It is from this point that the child will

feel confident to explore their surroundings. In cases of trauma, such as moving a child to a children's home after the death or abandonment of a parent, the child needs to be able to form a secure attachment with a caring adult as soon as possible. Problems begin to arise when there is unreliable or inconsistent attachment.

When children are faced with moving to a new environment such as a children's home, new attachments need to be formed with the caregivers there. "The child's ability to form these attachments will be affected by their previous attachment style, developmental age and temperament" (Fahlberg, 1994, p.17).

Temperament is understood to be a child's natural style of interacting with or reacting to people, places and things (Oliver, 2002). This influences the way the child will interact with people as well as the environment and will have an impact on their development. It is important to consider the child's attachment style and temperament in order to explore their behaviour in terms of adaption to change and progress made in life. Children who have developed resilience will be more likely to positively interact with people and their changing environment.

According to Kilian (2004; 2009), temperament is the child's usual disposition. It is a style of activity that appears early in life and is considered to be innate and stable. Elements of temperament include; activity level, rhythmicity, approachability / sociability, withdrawal / distractibility, adaptability, mood quality, intensity of reactions and their attention span or persistence.

From these characteristics, three types of temperament have been defined, easy, difficult and slow to warm up (Oliver, 2002). Easy babies are usually happy and cheerful, approach new experiences and people, adapt easily to change, have biological rhythms and routines which are easily established. The difficult baby takes most things hard, cries easily, adapts slowly and reluctantly to new people and experiences. Slow to warm up babies take a

while to adapt, are generally placid, have mild reactions and then when used to a new situation they relax and enjoy themselves (Kilian, 2004; 2009).

Children who display a secure attachment and either have an easy or slow to warm up temperament would be at an advantage in developing resilience. Their innate characters would equip them with the necessary foundations on which to build and develop in a positive direction, despite being at risk.

Caregivers need to perceive that they have the ability to provide positive attachments for the children in their care as this has a strong impact in the development of resilience (Fisher, Gunnar, Dozier, Bruce & Pears, 2002). Children in institutions are already vulnerable due to the loss of their biological caregivers. This can be addressed by having supportive and loving caregivers in the institution. However, there are also other difficulties which they face which can hamper their development.

3.9. Emotional and behavioural difficulties children in institutions experience and its impact on the development of resilience

It is argued that institutionalization early in life interrupts the parent-child cycle of bonding, which leads to attachment difficulties as well as slowing in all areas of development, emotional, social, and physical (Prior & Galser, 2006). Early deprivation can affect a child's ability to make smooth transitions from one developmental stage to another throughout life.

Henry Dwight Chapin (1923) was one of the first researchers to examine child development in institutionalized settings. As the director of paediatrics at Columbia University Medical School, Chapin began his work after realizing that, by the turn of the century, the infant mortality rate in institutions had reached an astonishing 100%. Chapin became convinced that infants were at a great risk for developmental difficulties and a quick death when placed in institutions. He found that the single most important factor leading to negative consequences of children in institutions was a lack of proper individual attention, care and stimulation, which would be provided by maternal love and care under normal circumstances.

Studies of children in institutions have come a long way since then, but some of the results are still not promising. According to a study done by Lis (2000), institution-reared children tend to show indiscriminate attachment, are clinging and seek attention. Their needs for physical and psychological contact with attachment figures are constantly frustrated as caregivers are often too busy to provide adequate care and attention. There is ample evidence that early institutionalization can result in severe emotional and behavioural problems as well as fundamental problems with learning, reading ability and basic intellectual functions.

"Children need more than good physical care. They need the affection, attention, security and social connections which families and communities can provide. Countries with long-term experience with institutional care for children have seen a number of problems emerge as children raised in institutions grow into adulthood and have difficulty reintegrating into society" (Foster, 2007, p.84). Children who have been placed in institutions may also be vulnerable due to caregivers' lack of incentive to act on their behalf and not having their emotional needs met. In addition to this, institutions can easily become commercial institutions rather than welfare institutions (Subbarro, Mattimore & Plangemann, 2001). It seems that these negative outcomes are associated with children's inability to overcome their difficulties.

However, the results are inconclusive and there have been cases of remediation or the reversibility of negative experiences early on in life. For example, in a study conducted by Professor Goldfarb, the conclusion was drawn that some children adjust well socially and emotionally despite their negative experiences of institutional deprivation in early childhood (Mercer, 2006). Other researchers have also found that prolonged institutionalization does not necessarily lead to emotional problems or developmental difficulties in all children (Ainsworth, 1973). This suggests that there will always be some children who fare well and are resilient, regardless of their experiences in early childhood.

If children are provided with the right type of environment and given the support they need to overcome their difficulties, the detrimental effects of living in an institution can be avoided.

3.10. Characteristics of developmentally stimulating environments

According to Caldwell and Bradley (1984), the optimal development of a young child requires an environment ensuring that all basic physical needs are met and careful provisions for health and safety are fostered. This would be achieved by the following: regular adult contact, a positive emotional climate in which the child learns to trust others and himself; gratification of basic needs; people who consistently respond physically, verbally, and emotionally in order to model appropriate and valued behaviours and to reinforce such behaviours when they occur (Fisher, Gunnar, Dozier, Bruce & Pears, 2002). In addition, the following are required: an environment which encourages exploration and learning; the provision of rich and varied cultural experiences and availability of play materials which would stimulate early learning is imperative.

The Childcare Act #33 (1960) states that the care of children in residential care should protect their rights and help to improve their lives in the following manner:

- By providing a structure that promotes sound physical, mental, emotional and social development of children.
- Provide care and protect children and as far as possible, prevent them from further harm such as ill treatment, abuse, neglect, deprivation or exploitation.
- Protect the physical, emotional, cultural and mental development of children, and always have the best interests of the child at heart when making any decisions concerning that child.
- The environment that the child is raised in should resemble a family environment as closely as possible. This environment should also guide and direct the child's scholastic, religious and cultural development, relevant to the abilities and level of maturity.

- Primary and early intervention services should seek to enable and strengthen the child to function optimally.
- Prevent reoccurrence of problems in the child's family and to reduce negative consequences and risk factors (Childcare Act, 1960, p.21).

If the above conditions are met, then the chances of optimal childhood development will be achieved. These are protective factors which foster the development of resilience. With this grounding, children will be able to manage and overcome past difficulties and mature into capable and confident individuals.

3.11. Resilience and the Ecological Systems Model

There is a constant juggling of advantages and disadvantages, strengths and weaknesses throughout children's lives. This plays a role in the direction that a child's development will take. Werner & Smith (1994; 1990; 1992) believed that children play an active role in negotiating situations that involve risk and overcoming their adversities. Thus, the child's appraisal of a situation has a determining factor on the outcome of the event, more so than the nature of the event itself.

According to Dole (2000, p.2), resilience is demonstrated by having a "strong sense of being in control of events in life, internal locus of control, belief in the ability to change and influence events, make decisions, and take responsibility for those decisions". Traits of resiliency include verbal ability, intelligence, risk-taking, high self-concept, good self-efficacy, academic achievement, reflectiveness, maturity and self-understanding.

In terms of the above, three broad categories of classification can be made which encompass the characteristics needed for the development of resilience. The first is concerned with intrapersonal strengths. Children can either be born with these or develop them through interaction between genetic and environmental factors. They are considered internal strengths which enable children to be able to cope better with life (Barbanel, 2002). Often children who have good intrapersonal strengths will be observant, good

at solving problems and have a belief in themselves to overcome difficulties in their lives. These children do better when faced with adversity (Kilian, 2004). Resilient children also tend to have a sense of purpose in life and are future orientated (Werner, 1984; Winfield, 1994).

The second category is concerned with interpersonal resources or skills. Grotberg (1995) saw this as the ability to access social support. The ability to trust and engage in secure attachments as well as seeking emotional support when needed are often qualities found in resilient children. Another aspect of this is the ability to see humour in difficult situations and generally having a positive outlook on life.

Studies by Grotberg (1995) and Gurwitch, Pfefferbaum, Montogomary, Klomp & Reissman (2007), also argued that faith in a higher power or having a religious philosophy of life can be a source of strength in the development of resilience. These belief systems are important in creating a sense of justice and moral order. This would also serve as a foundation for the development of a value system in children and distinction between acceptable and unacceptable behaviour (Kilian, 2004).

The third category related to resilience is the availability of external supports in the form of adequate and competent adults involved in the child's life. These adults should serve as role models for the developing child and provide them with a sense of belonging within the family and community (Durlak, 1998; Kilian, 2004). External support systems should also reduce the child's exposure to risk, minimise negative chain reactions, promote self-esteem and provide opportunities for positive relationships and experiences (Durlak, 1998).

Borland, Pearson, Hill, Tisdale & Bloomfield (1998) found that another important factor in the development of resilience is adequate education. They argue that schools may be vital in enabling children to make the best of adverse circumstances. This could be achieved by offering opportunities for academic success to compensate for the "failure" in family life as well as allowing access to alternative supporting relationships such as teachers and

peers. Schools also offer valuable opportunities for children to learn coping styles and gain a sense of self worth.

There are many factors involved in the development of resilience and each comes into play at the various levels of the Ecological Systems Model. If children living in an institution are provided with the factors mentioned above, they may be more likely to follow an optimal developmental trajectory and overcome their difficulties. The caregivers should be able to perceive these factors and how they contribute to the development of resilience.

3.12. Evidence of resilience of institutionalised children

From the above it is clear that there are many factors which can contribute to the development of resilience, these include the environment around the child and the availability of social supports (adults, positive peer groups, caregivers etc), as well as structural supports that offer care and protection (access to education, health services) (Durlak, 1998). These factors form the various levels of the Ecological Systems Model and if present, will provide the supportive structure for the child to develop in a positive manner. In order to reach their full potential, children need the basics for survival (adequate food, shelter and clothing), as well as nurturing and guidance from caring adults in a predictable and stable manner. Thus, a positive and constant relationship has been shown to be one of the strongest protective factors in children's development (UNICEF, 2009).

Bernard (1991) identified several characteristics of resilience based on Bronfenbrenner's Ecological Systems Theory. These characteristics include social competence such as the ability to elicit positive responses from others; flexibility, including the ability to move between different cultures; empathy; communication skills; and a sense of humour. Secondly, it includes problem-solving skills and ability to plan; resourcefulness in seeking help from others; and the ability to think creatively. Additionally, the development of a critical awareness, reflection of their adversity and creating strategies for overcoming them is a key factor. The latter reflects our inborn capacity for

self-righting (Werner and Smith, 1992) and for transformation and change (Lifton, 1993).

Related to the concept of resilience, is autonomy. This involves having a sense of one's own character, being able to manage one's environment and to function independently. It includes a sense of mastery in certain responsibilities, self-efficacy and an internal locus of control (Bernard, 1995).

Research on resilience supports previous models of human development, including those of Erik Erikson and Urie Bronfenbrenner. All theories of human development have focused on different aspects, such as psychosocial, moral, spiritual, and cognitive. However, the central idea of Erikson and Bronfenbrenner's theories is the individual's striving for growth and development. The latter usually unfolds naturally when certain environmental factors are present. Maston (1994) believed that when adversity is alleviated and basic human needs are restored, resilience has a chance to emerge. Thus, if we hope to create socially capable individuals who have a sense of their own identity and worth, who are able to make decisions, set goals, and believe in their future, resilience needs to be developed.

According to Bernard (1995), all people are born with an innate capacity for resilience, through which they are able to develop social skills, problem-solving skills, a critical awareness, independence, and a sense of purpose. Children tend to be more adaptable and malleable than adults and through a greater understanding of their coping mechanisms, the outlook for children placed in institutions is more positive. Dana (2002) argues that children can still grow and adapt, no matter how difficult the circumstances they've been in. It is possible to change their lives by building values and instilling expectations for the future with a sense of hope. Thus, there is optimism that children in institutions can still have positive outcomes in their future.

Resilience in children has been shown to have positive effects such as promoting healthy development, having self-confidence, a positive view of self, self-control and inner motivation (Staudiger, Marsiske & Baltes, 1993;

Landreth, 2002). It gives a creative sense of hope for the future which has possibility and options (Dana, 2002). Furthermore, it leads to the development of high self-esteem and a feeling of control as well as the ability to learn active coping strategies that are solution focused (Durmont & Provost, 1999). These attributes would all help the child to progress on a healthy course of development and to stand on positive ground for the future.

According to Werner & Smith (1984; 1994), the presence of at least one caring person in the child's life who understands that no matter how awful a child's behaviour, the child is doing the best he or she can, given his or her experience, will provide the support for healthy development and learning. In a 40 year long study they found that, among the most frequently encountered positive role models in the lives of resilient children, outside of the family circle, was a favourite teacher who was not just an instructor for academic skills for the youngsters, but also a confidante and positive model for personal identification (Werner & Smith, 2006). "When children have positive relationships with caregivers, they seem able to endure quite wretched conditions, with apparently few adverse effects" (Richter, 2004, p.41).

According to the World Health Organisation (2004), caring interactions help to promote the health and development of vulnerable children. They increase the resilience of young children to overcome the potential damaging effects of poverty and deprivation. Children are dependent on the nurturing provided by caregivers to protect them from the damaging effects of their environment (Richter, Mitchel & Rochat, 2009). Thus, the strengthening of relationships between children and caregivers should be of primary importance in the development of resilience. "If this goal is achieved, caregivers themselves will be able to use the resources provided to ensure the child's survival and well-being" (Richter, 2004, p.41).

The most appropriate and sustainable sources of psychosocial wellbeing for young children comes from caring relationships in the home, school and community. Supportive families and communities nurture and sustain children's resilience. "All efforts to enhance the psychosocial wellbeing of

young children must ensure the support of these natural systems of care in everyday life. Children under stress are calmed and reassured when their familiar surroundings and everyday activities are restored" (Richter, Foster & Sherr, 2006, p.1). The psychosocial wellbeing of children and their primary caregivers is best supported by integrated services that address economic, material, social, emotional and spiritual needs (Duncan, Bowden, & Smith, 2005).

Literature such as this, points out all aspects which are needed to foster resilience and why it is beneficial for vulnerable children growing up in at risk circumstances. However, it often paints an idealistic picture of what should be. The focus of this study is to explore whether caregivers of children in institutions do perceive some of the children they care for to display resilience. This is an initial step in understanding the positive development of children in institutions.

3.13 Conclusion

In South Africa, the rates of children who have been abandoned due to HIV and AIDS are increasing daily. Many children are also at risk due to poverty and lack of parental care. These negative life experiences often lead to children being placed in institutions where they are vulnerable to developmental difficulties. There has been a great deal of previous literature and research which has focused on the negative experiences and outcomes of children growing up in such situations. This has painted a bleak picture for the future of these children. However, there has been an increasing concern to focus on protective factors which foster positive outcomes for these children. One of these protective factors is resilience. This trait enables individuals to thrive and overcome their negative life experiences and fosters growth and change in the individual which can lead to positive development. If caregivers perceive evidence of resilience in the children they care for in the institutions and are be able to recognise this resilience, the outlook for these children would be much more optimistic. It would give a sense of hope for the future of the children in this country.

Although most studies which have been conducted worldwide have come to the conclusion that being placed in an institutional setting is not optimal for development, the outcome does not always have to be negative. The microsystem of the child can be influenced in many ways and being placed in an institution does not necessarily have to equate with the child having a poor developmental outcome. If the institution provides a stimulating environment in which the child can explore and learn, they will be able to engage in activities which will promote their development. Combined with this, if there are caregivers who are accessible to them who provide care and nurturance, much as a parent would, they will be able to develop positive relationships with these children and thus have positive microsystem interactions. These qualities would help the child to overcome the difficulties they may have experienced when placed in the home and allow for a much more optimistic outlook for their future development.

The fundamental factors needed for the development of personal growth are a promotion of children's nutrition and growth (reducing the risk of childhood illnesses), minimal environmental threats, personal safety, enthusiasm and preparation for formal schooling, and access to education (Richter & Rama, 2006). Once these needs have been met, the child has the improved capacity to develop other strengths such as resilience.

Characteristics of resilience have been classified in terms of personal attributes (intelligence and social competence), families which provide support in times of stress and support outside the family which provide opportunities for self-worth and self-efficacy (Wicks-Nelson & Israel, 1997). If the above criteria are met, the impact of risk factors and the negative chain of events will be reduced. This will lead to the development of self-esteem, self-efficacy and opportunities for positive growth (Rutter, 1989). Resilience is crucial in order for vulnerable children to be able to grow and achieve optimal developmental outcomes.

For a child living in an institution to develop resilience they would need to be in an environment where their needs are met by warm and compassionate caregivers with whom they could form a secure attachment. Children who are

placed in institutions are in a vulnerable position in that their development may be delayed, but, if they have developed a secure attachment with a primary caregiver at the home, the negative impact may be lessened.

CHAPTER 4

RESEARCH DESIGN AND METHODOLOGY

Introduction

This chapter covers the design of the research and the methodology used in collecting the data as well as an illustration of the findings. Caregivers from a South African Children's home were invited to participate in the study. In order to gain in-depth information of a personal nature, semi-structured interviews were conducted. This type of sampling is non-probability, purposive sampling, which will be explained in detail later in the chapter.

4.1 Research design

This research study aims to explore and gain a better understanding of the caregiver's subjective perceptions of the evidence of resilience in pre-school children in institutions. According to Berg (2004, p.3), "qualitative research refers to the meanings, concepts, definitions, characteristics, metaphors, symbols and descriptions of things", therefore, this paradigm will be used. A phenomenological approach is applicable for this study as it focuses on "truth and understanding of life which can emerge from people's life experiences" (Byrne, 2001). Furthermore, phenomenological qualitative research allows for the describing and understanding of perceptions and exploration of how people construct their daily lives. Berg (2004) also proposes that using a qualitative research design allows for examination of how people learn about and make sense of themselves and others. This definition is useful in order to explore the meaning of how caregivers perceive the behaviour and development of children in their care. Qualitative research also aims to answer the question regarding "how social experience is created and given meaning", as it is through this process that insight into participants' perceptions are gained from their own perspective (Denzin & Lincoln, 1998

p.8). Caregivers will be able to describe the behaviours which they observe in the children and whether or not there is evidence of resilience.

Another important facet of qualitative research is highlighted by Durrheim (1995). Durrheim proposed that qualitative methods strive to be naturalistic, holistic and inductive. It looks at exploring real life situations and contexts in order to derive a rich meaning from them. Qualitative research also aims at formulating more precise areas of enquiry, which can be investigated by more extensive research in the future (Neuman, 1997). This research aims to explore caregivers' perceptions of resilience in children in institutions. This could broaden the scope for further research to be conducted, for example, in ways to implement intervention strategies for children who have not fostered a sense of resilience.

Individuals involved in qualitative research enter the research process from "inside an interpretive community that incorporates its own historical research traditions into a distinct point of view" (Denzin & Lincoln, 1998 p.23), which is what the research student intends to achieve through this study. This will allow the caregivers to give descriptive answers and full explanations.

In this study, face to face interviews will be conducted. Patton describes the purpose of interviewing as "allowing us into another person's perspective" (Patton, 2002, p.341). "Typically these are people in positions who have unique perspectives on the issues or information" (Gravetter & Forzanno, 2003, p.173), while also allowing a deeper understanding of verbal and non-verbal responses (Durrheim, 1999).

Information was gathered using a semi-structured interview schedule with open-ended questions. Open-ended questions are used as they simply "introduce a topic and allow each participant to respond in his or her own words and enable one to understand the world as seen by the respondent" (Gravetter & Forzano, 2003, p.21). The interview included biographical information of the participants and their history of childcare experiences. The participants were also asked about their perceptions of early childhood

development and awareness of resilience in the children in the institutions. Questions were also asked to explore whether or not they have any suggestions about the origins and development of perceived resilience.

The questions in the interview have been developed in order to gain a thorough understanding of the background of the participants as well as knowledge of their understanding of children's development. Furthermore, questions have been centered on their understanding of resilience and their perception of its evidence in children in the institution. These questions have been designed to elicit an understanding of the research aims from the perspective of the caregiver.

From the results of this study, it was anticipated that it would be possible to draw conclusions from the information gathered, therefore, it is an inductive qualitative design (Breakwell & Fife-Shaw, 1995).

4.2 Sample group

Purposive sampling was used in order to identify specialized subjects for in depth investigation (Neuman, 1997). "In qualitative research there are no rules regarding sample size as the design is mainly concerned with richness of information by gaining deeper understanding of participant's perceptions" (Patton, 2002, p. 244). Durrheim (1999) adds that qualitative methods typically produce a wealth of detailed data about a much smaller number of people and cases. Purposive sampling ensures that the participants will be homogenous allowing for a smaller sample size. The sample for this study will consist of 8 caregivers who have been purposively sampled from a South African children's institution.

For this research to be valuable, participants had to meet certain criteria in order to be included in the study. Firstly, participants needed to be able to provide information about early childhood development, in order to provide a clear understanding of the children's behaviour. They also needed to have had some form of further education and or training in early childhood development in order for them to be able to distinguish between normal and

abnormal childhood development. It was postulated that this would enable them to provide informative and detailed descriptions about their perceptions of the emotional and behavioural development of the children in their care, relevant to the study.

An essential requirement to participate in the study was that caregivers must have had valuable contact with the children, and have spent a significant amount of time interacting, caring for and observing them. They had to be permanently employed staff members who have worked in the institution for at least two years and who have had continuous interactions with the children in the Early Childhood Development phase, namely 0 to 7 year olds.

4.3 Procedure

The procedure that was followed was to first phone the head of the institution and to make an appointment for a meeting. In this meeting, an outline of the study was explained as well as the aims it hoped to achieve. This provided an opportunity to clarify any questions or concerns that may have arisen. An information sheet about the study was provided as well as a consent form to conduct the study. Permission to meet with the caregivers was also obtained.

Once this permission had been granted, a meeting with the participants was set up where they were invited to participate in the study. The study was explained to them, as well as the fact that they are free to volunteer to participate or not, if they met the criteria for participation. The study was conducted through approximately 45 minute interviews with open ended questions, in order to gain information about caregivers' knowledge, experiences and perceptions.

Participants were given an information sheet about the study as well as two consent forms to sign. The first was for their consent to be interviewed and participate in the study and the second, to give their consent to being recorded on an audio tape. These forms and what their implications entail were explained to them in detail. Participants were also informed that although they would remain anonymous in the research report, their direct

responses would be used in the form of quotations in the study for research and educational purposes. In addition, they were told that they could refuse to answer any questions which made them uncomfortable and that they could withdraw from the study at any time, without negative consequences. There would also be no direct benefit from participating in the study. Participants were given the opportunity to ask for clarification if they had not understood certain questions.

Once all the interviews had been conducted, they were then transcribed and coded for thematic content analysis. In order to assure enhanced quality, the transcribed interviews were also reviewed by an external source. This ensured that the themes discovered by the researcher were valid and trustworthy.

4.4 Instruments

Individual face-to-face semi-structured interviews were used (Rosnow & Rosenthal, 1996) as the primary means of data collection. This enabled the researcher to establish rapport with the caregivers, allowing them to feel comfortable in the interview and sufficiently at ease to provide valuable information. Face-to-face interviews also allowed for some flexibility in the questioning, permitting the researcher to determine how to word questions in such a way that would help the caregivers understand what was being asked of them, as well as where to probe further to gain more information.

The interviews were conducted in English, and although this was not the first language of most of the caregivers, they were (for the most part) able to understand the questions and gave appropriate and valuable responses. The word resilience was not directly used due to anticipated language constraints, it was phrased as ‘coping / performing well’ and ‘overcoming their difficulties’. The caregivers understood what was being asked and were able to give answers in line with this.

The interview schedule was structured in such a way that the caregivers were able to provide information about their experiences and understanding of the

children in the home. It therefore included questions about the caregivers' background, their experience of working in the home, as well as their understanding and perceptions of Early Childhood Development and resilience. Questions were open-ended to allow the caregivers' to share their experiences and information in order to gain understanding from their perspective.

Questions followed a semi-structured approach in order to ensure that the responses were relevant to the research study (Rosnow & Rosenthal, 1996). Each interview lasted approximately 45 minutes and was guided by questions in the interview schedule.

Section 1

In this section, caregivers were asked about their own background and personal experiences related to childhood and upbringing. Questions included information about their cultural background and the differences between this and the cultural background of the children's home. They were also asked about their experiences with their own children and how this compared to their experiences of bringing up children in the home. It was intended that questions in this section would provide important information about the role of culture, and how this influences child-rearing practises and their perceptions of its importance in the children's home.

Section 2

In this section, questions focussed on the caregivers' experiences in childcare and the importance of understanding the behaviour of children. These questions were included with the intention of gaining a greater understanding of how the caregivers perceived the work they do in the home and the value they place on it. Their relationships and involvement with the children were explored in order to determine the role it might play in the development of resilience in the children living in the home.

Section 3

This section examined the caregivers' general understanding of 'normal' early childhood development and how this might differ to the development of the children raised in the home. It was postulated that this information would show whether or not the children living in the home had progressed along the developmental stages proposed by Erikson. The questions also intended to gain information about how living in a children's home could predict the children's future growth as well as the positive impact on development, as opposed to the negative.

Section 4

The questions in this section explored the caregiver's perceptions and awareness of resilience (without direct reference to the term resilience, as previously stated) and how this was displayed in the behaviour of the children living in the home. The questions examined the adaption and coping mechanisms of some of the children in the home as well as their general emotional well being. The information obtained from these questions was included to explore the positive outcomes of children's homes.

Section 5

The questions in this section centred on caregivers' perceptions of the origin and development of resilience and the factors which may have contributed to it. Questions looked at the internal and external aspects related to resilience and how this may have affected the children's growth as well as their maturity in future years.

4.5 Data analysis

Data was analyzed by thematic content analysis in order to identify the patterns of experiences participants brought. The ability to use thematic analysis involves a number of underlying competencies such as pattern recognition and making sense of qualitative material in order to attempt to identify core consistencies and meanings (Patton, 2002). Berg (1995, p.175)

states that “content analysis is any technique for making inferences by systematically and objectively identifying special characteristics of messages”. It is considered to be a scientific research technique that aims to analyze the symbolic meaning of content within a given text and to make inferences about the text which could not necessarily be directly observed (Krippendorf, 1980).

Krippendorf (1980) argues that content analysis is essentially empirical in orientation and that its intent is predictive. It aims to make valid inferences from data into a context which may be replicated.

Krippendorf’s (1980) method of thematic content analysis was used to describe the data collected by this study. According to this method, the process of thematic content analysis is to first ‘make’ the data by recording it. Secondly, the data had to be reduced into what is relevant to the study and what was not. Certain responses have provided information which had no bearing on the study and these were thus eliminated. Data reduction aimed to tailor the form of available data into one required by the analytical technique. Once this was accomplished, the next step was to establish themes and make inferences. By exploring participants’ responses, it was possible to interpret the trends, patterns and differences that represented the core meanings of the data collected. Common themes in responses were used to draw conclusions about participants’ perceptions and results of the study. The data was reviewed by both the researcher as well as an external coder to ensure validity of the themes discovered from the participants’ responses.

4.6 Ethical considerations

In order to conduct an ethical research study the following guidelines from the WITS ethics procedure were considered. The nature of the research study and aims were explained to the head of the institution as well as to the research participants. Participants were invited to partake in the study and assured of guaranteed confidentiality. It was explained to them that their names and personal identifying information would not be included in the study although direct quotes may be used to highlight certain points, but that

these quotes would not contain any identifying information. The confidentiality of the participants in the study was protected by using codes rather than their names in the material derived from the interviews, as well as in the research report.

Participation was voluntary and they were informed that they had the right to withdraw or not answer any questions which made them uncomfortable. Although there were no perceived benefits or risks from participating in the study, it was explained that their decision of whether or not to participate would have no bearing on this. They were also informed that if they so desired, they could contact the researcher for a summary of the research report once it had been completed or for information about any eventual outcomes of the research.

As the study was only conducted with adult participants and not minors, they were able to give informed consent to participate in the study themselves. The head of the institution as well as the participants all needed to sign the consent forms to participate in the study. This served as ethical clearance to conduct the study at the institution.

In addition to consent forms to participate in the study, participants also needed to sign a consent form to be audio recorded. The audio tapes are to be safely kept by the researcher to ensure confidentiality until the study has been completed and will then be destroyed by the researcher. This was explained to the participants as well as the fact that the only other person who would have access to these records is the researcher's supervisor.

As this study utilized a non-invasive, low risk instrument, there were no anticipated risks involved for the participants. However, they were informed that if they felt that they have been adversely affected by the research, they would be referred to a Mental Health Care Practitioner at the Emthomjeni centre at the University of the Witwatersrand for a free consultation. The contact details of the researcher as well as the supervisor were provided to them for such purposes.

4.7 Conclusion

This chapter explained the nature of the data and the methods used in this study. The Ecological-systems model is a useful way of understanding the data which was collected and has an impact on the nature of what and how the topic is researched. As discussed in previous chapters of this report, the ecological systems approach is used to conceptualize perceptions regarding displayed resilience of children living at the care centre.

CHAPTER 5

RESULTS AND DISCUSSION

Introduction

This chapter reports on and discusses the common and recurrent themes which were raised by the participants during their interviews. Firstly, the participants' biographical information is presented in tabular form and discussed briefly in terms of issues relevant to the study. The themes which were found in the data are then presented, as well as how the various themes relate to each other. These themes are then discussed in detail according to the relevant literature.

5.1 Results

Table 2 summarizes the participants' biographical information which was relevant to the study. Table 3 is a frequency table of relevant themes which were found after analysing the participants' responses.

Table 2: Participants' Biographical Information

PARTICIPANT	TYPE OF COMMUNITY THEY GREW UP IN	CHILDREN OF THEIR OWN	YEARS WORKED AT THE CENTRE	EDUCATION IN CHILDCARE / DEVELOPMENT
A	Rural	Yes	4	Child Psychology
B	Rural	Yes	2 ½	Caregivers workshop
C	Rural	Yes	2	Caregivers workshop
D	At the centre	Yes	4	Caregivers workshop
E	Rural	No	3	Caregivers Workshop
F	Urban	Yes	5	Caregivers Workshop
G	Rural	Yes	2	Social work & child studies
H	Rural	Yes	2	Caregivers Workshop

The biographical information of these participants shows that most of the caregivers grew up in rural communities with their own families. Their perceptions of the way children should be raised and the development of resilience is based on this experience. Most of the caregivers also have children of their own, which would enable them to compare the behaviour of the children in the home to the behaviour of children raised by their own parents. The caregivers' length of experience in the home varies between two and five years. However most of their perceptions of what is needed for the development of resilience were similar. Despite the differences in age and length of time worked at the centre, all of the caregivers have had some form of training in childhood development. The caregivers found that this knowledge was invaluable, as it helped them to understand the children, adequately provide for their needs and provide them with the care and support they need.

The researcher found all participants perceived that there are major differences between children raised by their own parents at home and children raised at the care centre. They seem to place value on children being

brought up by their own parents. There was a strong feeling that children's needs are better understood and met by their parents as opposed to having their needs met by a caregiver. However, the research also found that children experienced being at the care centre more positively than at their homes of origin. It is postulated that when this positive experience regarding their stay at the care centre develops, children are more likely to develop resilience.

Table 3 presents the themes that were identified based on the participants' responses. These themes are grouped according to internal and external factors which contribute to the development of resilience in children living in a care centre.

According to Constantine, Bernard and Diaz (1999), there are three clusters of external assets which act as protective factors: caring relationships, high expectations and meaningful participation. All these factors can come from experiences in the home, school and community environment and lead to the development of resilience. The internal traits also found in children who display resilience are: social competence, autonomy, sense of self, as well as a sense of meaning and purpose. As there were difficulties regarding language with some of the caregivers, the researcher adapted the language used in the interviews to describe resilience as being able to cope well and the child's ability to do better in the centre, despite their difficult circumstances. The caregivers seemed to understand the concepts used and described the children's behaviour in terms of this as opposed to using the actual word resilience. In the report, the factors which the caregivers spoke about are described as relating to resilience, as this was the construct the researcher aimed at exploring.

Table 3: Frequency Table of Themes

THEME	PARTICIPANT							
	A	B	C	D	E	F	G	H
CAREGIVERS PERCEIVE CHILDREN IN THE HOME TO DISPLAY RESILIENCE & FACTORS INVOLVED IN DEVELOPMENT OF IT	X	x	x	x	x	x	x	x
INTERNAL & EXTERNAL FACTORS RELATED TO THE CHILD THAT HELP TO FOSTER RESILIENCE								
Basic needs are met - External	x	x	x	x	x	x	x	x
Feel a sense of belonging in the care centre - Internal	x	x		x	x		x	x
Ability to let go of the past – Internal	x	x	x	x		x	x	
Internal drive & self-confidence – Internal	x	x		x	x	x	x	x
Positive outlook for the future – Internal	x	x	x	x	x	x	x	x
EXTERNAL FACTORS THAT FOSTER RESILIENCE – RELATED TO THE CAREGIVER								
Knowledge of childhood development	x	x	x	x	x	x	x	x
The importance of a family atmosphere and having a father figure at the care centre	x						x	
Being a role model & support for the children	x	x		x	x		x	x
Caregivers' enjoyment of their job (feel they are making a difference in the child's life)	x	x	x	x	x	x	x	x
EXTERNAL FACTORS THAT FOSTER RESILIENCE – RELATED TO THE HOME								
Importance of creating a family environment in the centre	x			x	x		x	x
The importance of Christian values in the home	x		x	x		x	x	x
Providing for the children's needs (basic, as well as education, therapy and other)	x	x	x	x	x	x	x	x
CHILDREN'S PREVIOUS EXPERIENCES								
At risk children now living in better circumstances & coping better	x	x	x	x	x	x	x	x
Early intervention leads to more positive outcomes	x		x	x	x			

The following subthemes were identified as revealing the caregivers' perceptions of resilience in the children living at the care centre.

1. Perceptions of internal and external factors which contribute to the development of resilience.

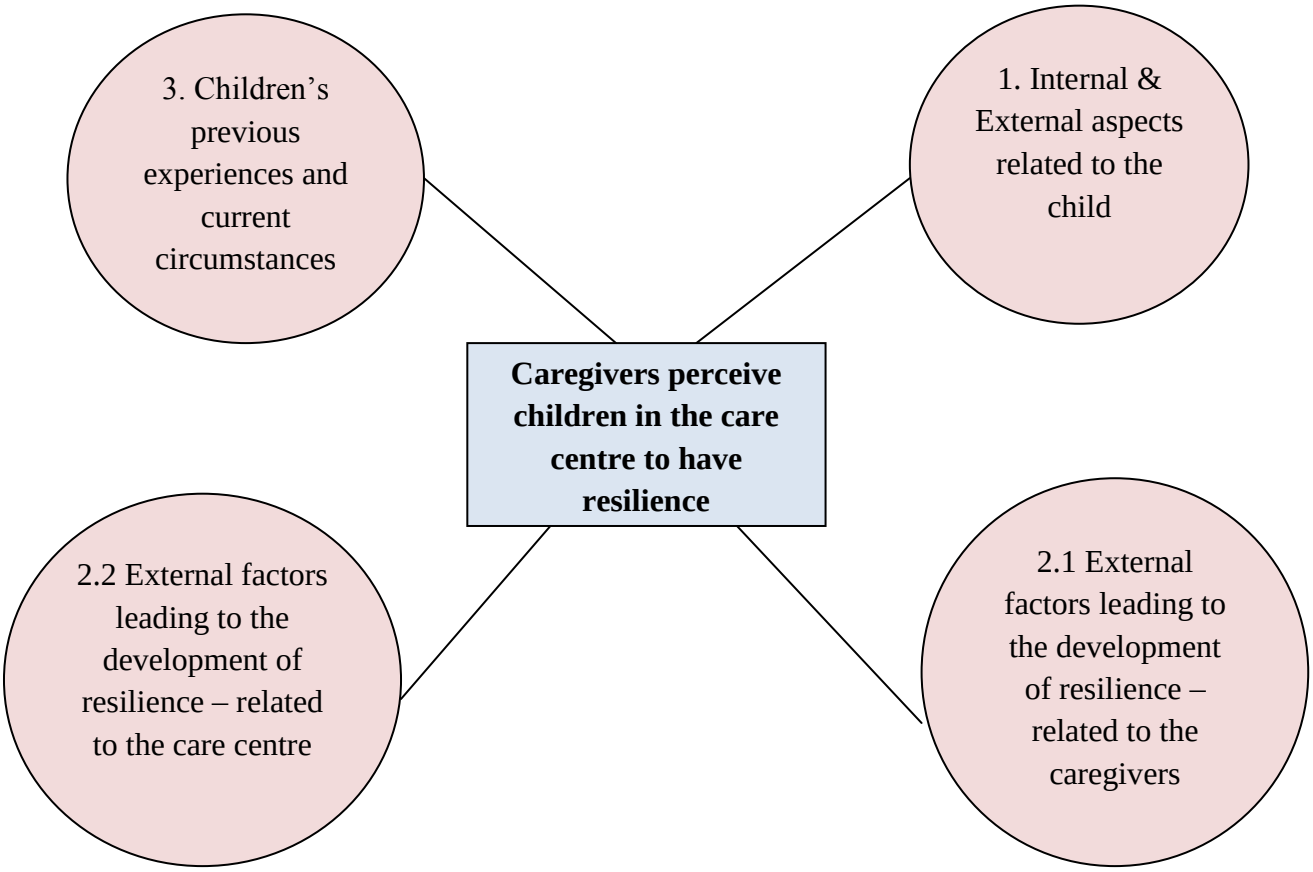
2. Perceptions of external factors leading to the development of resilience:-

    2.1 Related to the Caregivers themselves

    2.2 Related to the care centre

3. Perceptions of how children's previous experiences and current circumstances lead to the development of resilience.

Figure 4: Relationship of themes



The caregivers' perceptions of whether or not the children in the home display resilience are influenced by their subjective experiences. The figure

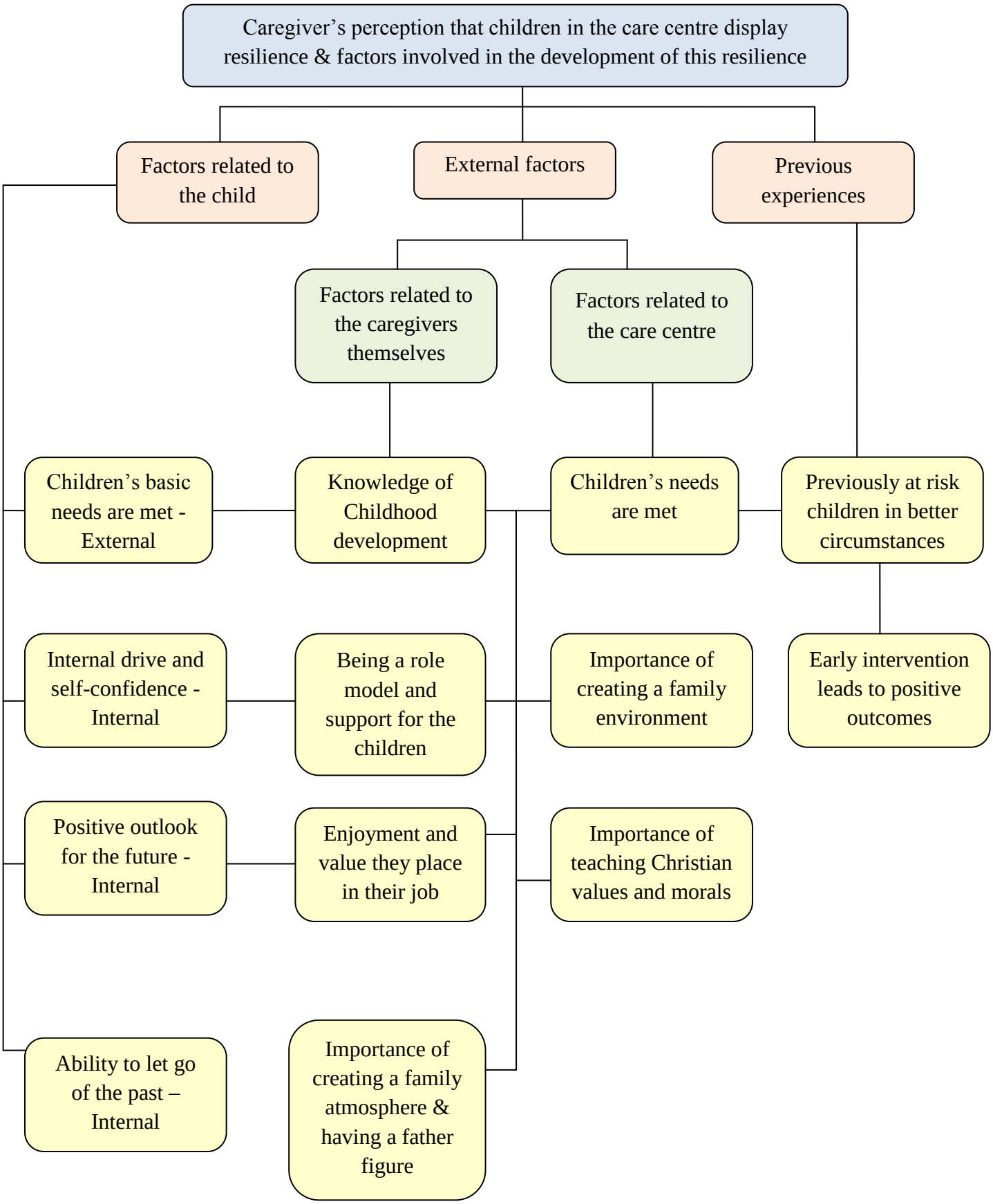
above shows that in section 1, there are factors within the child which affect the development of resilience.

In section 2.1 and 2.2, there are a number of external factors which the caregivers also perceive to contribute to the development of resilience in the children living at the centre. Some of these factors are related to the caregivers themselves and some are related to the actual centre.

Section 3 shows that there are also external aspects related to the environment in which the child grew up, which might affect their development of resilience, as well as having their previous circumstances changed when they moved to the centre.

Figure 5 shows a more detailed outline of the themes identified in Figure 4.

Figure 5: Relationship of identified themes



From the above diagrams it can be seen how the various factors which lead to the development of resilience, as perceived by the caregivers, are inter-related. These factors will now be discussed in more detail in terms of the theory which has already been presented. The caregivers' direct responses will be used to illustrate how they perceive the factors which play a role.

5.2 Discussion

5.2.1 Main Theme: Caregivers' perception that children in the care centre do display resilience

Figure 5 shows how the subthemes relate to the overarching theme identified from the data. From their answers, it seems that the caregivers do perceive some of the children in the home to display resilience and that there are a number of factors involved in the development of this resilience. These factors are both internal and external to the child. This corresponds well with the Ecological Systems Model of the factors needed for the development of resilience. Bronfenbrenner's ecological systems theory argues that the child's environment both has an impact on and is in turn influenced by the child (Shaffer, 1999). In line with this, Bernard (1991) proposes that childhood development is influenced by experiences and interactions on three levels, microsystemic, mesosystemic and exosystemic. When the child's interactions with families, schools, communities and cultures are positive, this can serve as a protective function for the child, and this in turn will promote resilience.

The Ecological Systems approach shows that interaction between factors in the child's maturing biology, their immediate family/community environment, and the societal landscape fuels and steers development. Changes or conflict in any one layer will ripple throughout other layers. According to Learner (2004), childhood development is influenced not only by the quantity and quality of relations between the systems, but also by the way in which transition between the systems occurs. If the transitions are easy, it is more likely to have a positive impact on development. Thus, Ecological systems theory focuses on the quality and context of the child's

environment. As a child develops, the interaction within these environments becomes more complex (Bronfenbrenner, 1974).

According to Grotberg (1995, p.4), dynamic interaction between "factors such as trusting relationships, emotional support outside the family, self-esteem, encouragement of autonomy, hope, responsible risk taking, a sense of being lovable, school achievement, belief in God and morality, unconditional love for someone" lead to the development of resilience. When children are resilient, they are able to triumph over trauma which they face in their lives.

Unfortunately, when thinking about children living in institutions, most people tend to have a negative picture for the future of these children. Studies such as those by Chapple (2007), have found that children living in institutions may have developmental delays or disability. Indeed, it seems that some children are vulnerable to poor outcomes in life after having been placed in an institution. However, these studies have failed to look at the many positive outcomes that can also occur if the children are able to develop resilience. In today's society there are increasing numbers of vulnerable and at risk children and in order to ensure a positive future for them, a shift in focus needs to occur (Bellamy, 2001). It is postulated that a change in focus to resilience would result in more optimistic outcomes.

It is important to note that the development of resilience is dependent on a combination of factors. "While outside help is essential in times of trouble, it is insufficient. Along with food and shelter, children need love and trust, hope and autonomy. Along with safe havens, they need safe relationships that can foster friendships and commitment. They need the loving support and self-confidence, the faith in themselves and their world, all of which builds resilience" (Grotberg, 1995, p.7).

The caregivers' responses indicated that they understood the origin of resilience in the same manner as Bernard (1991). The reasons they gave for the children's ability to cope and overcome their circumstances show that they agree with Bernard (1991) that there are numerous factors associated with the development of resilience and that these factors are both internal

and external. They perceived that the children who display resilience at the care centre possess internal traits which helped them to cope better with living in the home. In addition to these traits, they also perceived their own role as being important as well as certain characteristics of the actual care centre.

Participant G: "It should be a bit of both. There are always tough times and then normal times. Sometimes if things are difficult, and they are challenged then they can become stronger. The challenges that they face makes them feel that they have to do something, and if they always come out of those challenges then it shows you that he is working on that path for growth. He is not thinking backward, he's thinking forward."

In addition to this, Kilian (2004; 2009) found that there are certain factors which need to be taken into account when determining the factors needed for the development of resilience. These are categorized according to three broad aspects which relate to those stipulated by Bernard. These are; interpersonal strengths (internal factors), the ability to access social support and external support (having needs taken care of and access to adequate and competent adults) (Bernard, 1991; 1995).

Following from this, Bernard (1995) argues that all people are born with an innate capacity for resilience, through which they are able to develop social skills, problem-solving skills, a critical awareness, independence, and a sense of purpose. Children tend to be more adaptable and malleable than adults and through a greater understanding of their coping mechanisms, the outlook for children placed in institutions may be perceived in a more positive light. Dana (2002) argues that children can still grow and adapt, no matter how difficult their previous circumstances. It is possible to change their lives by building different value systems to what they were previously exposed to and by instilling expectations for the future with a sense of hope. Thus, there is optimism that children in institutions can still have positive outcomes in their future.

Participant F: "It's external and internal. Around here, also giving them the chance to express themselves. These people outside when they come and involve them in whatever they are doing, they don't just come and present their things. They also have time to chat with them. They can then be a step ahead from what they were. They will get a different thinking that staying in a home doesn't mean that they can't achieve anything, it gives them opportunities also."

From the above, it can be seen that the participants convey a strong sense that even though these children are coming from vulnerable backgrounds and placed in a care centre, it is not imminent that they will follow a negative course in life. It therefore seems that the caregivers feel that if children in care centres are given the opportunity to develop resilience, the future for these children might look brighter.

Participant B: "They will be leaders of tomorrow."

These afore-mentioned factors leading to the development of resilience are all inter-related and connected and of equal importance. Many of them are dependent on each other in order for resilience to occur and will now be discussed in more detail. The first aspect that the participants seem to feel is an important factor in the development of resilience are the internal and external factors related to the child. These factors will be discussed next. This will be followed by a discussion of the participants' perceptions of the external factors related to the development of resilience. These factors are explored in terms of the role of the caregiver as well as the role of the actual care centre. Finally, a discussion of how children's previous experiences relate to the development of their resilience and how early interventions can lead to more positive outcomes for these children, will follow.

5.2.2 Aspects related to the children which help to foster resilience

The first aspects which will be explored in relation to the development of resilience are the external and internal factors related to the child. The caregivers seem to support Bernard's (1991) understanding of the

development of resilience and agreed that there are factors related to the child which need to be present as a base from which resilience is able to develop. These factors are both internal and external. The first factor which will be described is the internal factor related to the child's ability to have a positive outlook for the future. From the caregivers' responses, it seems that they feel this is one of the most important internal factors related to the development of resilience.

5.2.2a) Positive outlook for the future

Children who are resilient seem to have an optimistic outlook on their future despite the negative experiences they have had in their lives which have led to them being seen as at risk and vulnerable. Bernard (1991) describes resilience as being the ability to adjust successfully and have positive change, despite previous negative circumstances in life. Children who display resilience seem to have a drive for growth and development. Grotberg (1995) proposed that an essential aspect of resilience is the ability to see the lighter side of life (even in difficult situations) and a generally positive attitude in life. Additionally, Dana (2002) found that children who have hope for the future and are able to see the possibilities and options available to them will be able to develop resilience and overcome the hardships in their life. This optimism also relates to Bernard's (1991) theory of resilience on a micro-systemic level. It is hypothesized that this will result in the child having a positive self-concept.

Literature by Barbanel (2002) also argues that resilient children are optimistic. It was found that they have a sense of hope for their future and are active and problem-focused when dealing with stressful life events. Grotberg (1995) agreed with the above and added that a resilient person has a sense of pride in themselves and what they have achieved in life. They have a sense of their own importance and do not allow others to belittle or degrade them. Grotberg (1995, p.8) further found that "when the child has problems in life, confidence and self-esteem help sustain him or her". In addition to the above, literature proposed by Garmezy (1991) found that this factor of resilience consisted of an ability to engage with others, problem solve and

communicate effectively. The participants indicated that they agree with this research as they said:

Participant H: "I know most of them will do well. Lots of them have gone on to university or are working, they are helping their family. They care about others, they are good people.... And it comes from the inside, they want to do better for themselves. They see it's better than on the street. They want to be confident in themselves, to be somebody in life."

Participant A: "That pushes the child to work harder so that they can be somebody in life."

Participant G: "In a few years they will be great people. Because when you sit with them and you hear what they say, you will know that this child has a bright future. And through their effort and what they try to do means that they don't only want to be here, they want to be out there. They have greater hopes and with the effort that they put in, it makes me feel that these children will be great people of tomorrow."

According to the caregivers, this positive outlook for the future is linked to the children's belief in themselves. The ability to develop resilience requires the child to have an internal drive and sense of self-confidence. This factor will be discussed next.

5.2.2b) Internal drive and self-confidence

In response to the question regarding whether or not the caregivers perceive some of the children as being able to cope better than others, participants reported that internal drive and self-confidence are important factors which promote the development of resilience.

Participant F: "There are some you can notice now they have really gained the self-confidence and they know who they are. There are three groups, some who have gained, some who are not so sure... then there are some who do not even believe in themselves... Some I think are really able to face reality and open up to everything and face whatever is challenging them."

Participants A: "We have some who seem to be understanding and coping well."

Participant F: "Those who are coping, they feel their worthiness now."

The ability to develop self-confidence starts early in life and is also related to the child's temperament and attachment styles. According to Ainsworth and Fulcher (1982), if a child is able to form a positive relationship with a caregiver, they will have a 'secure base' from which to explore their environment. From the work of Rutter (2008) and Brotherson (2005) it can be argued that a secure attachment style would enable a child to develop resilience more easily than a child with a difficult temperament. Furthermore, babies with an easy temperament would also be positioned to develop resilience more easily as they are generally happy and adapt easily to change. Thus, having a secure attachment and easy temperament, would help children who have been placed in a care centre to adjust to their new environment and form positive attachments more easily.

This correlates with Bernard's (1995) notion that in the micro-system, a sense of safety leads to the development of empowerment within the individual. Other personal strengths such as self-efficacy and self-esteem contribute to a positive self-concept needed for resilience (Kilian, 2004; Bernard, 1991).

In addition to the child's characteristics of an internal drive and self-confidence, another important factor which was perceived by the caregivers' to promote the development of resilience is their ability to let go of the past.

5.2.2c) Ability to let go of the past

Caregivers seem to feel that in order for the child to overcome their past difficulties and follow a more positive path of development, they need to be able to let go of their difficult pasts. To move forward in life, they need to rise above their vulnerabilities and the hurt they have experienced.

Participant G: "They cope…Especially those who come here whose cases are serious. We give them a lot of attention. It depends on the situation but we provide them with help so that they can release the anger or the pain they are feeling. And at the end of the day, most of them that have been here, we see a lot of changes. You are surprised to see the changes yourself, because it's positive."

Dole (2000) argued that children who display resilience have a strong sense that they are in control of events in life, have an internal locus of control, believe that they have the ability to change and influence events, as well as being capable of making decisions and taking responsibility for those decisions. It is suggested that if children living in care centres are able to utilize the resources available to them (knowing that their needs will be met, forming positive attachments with caregivers, making the best of their education) they will be able follow a more positive developmental direction. This corresponds with Erikson's notion that children will be able to successfully overcome each developmental crisis if provided with the resources to do so. They will be able to overcome their past negative experiences in life, which will enable them to look forward to a brighter future. They will have a greater number of resources available to them which will give them more opportunities and possibilities for the future (Learner, 1989; Richter, Mitchell & Rochat, 2009).

The participants seemed to have a strong belief that the child's ability to let go of the past would help them to cope and move forward in their lives. In this regard, participant A stated:

"I think it starts with the internal to say it's within that individual to release the past. It they can't release the past bad experiences it will be difficult for the external to cover that… that child has to be having a strong heart and a strong mind to try to cope and say it happened; now I have to be at another stage of my life and enjoy that stage."

According to Garmezy (1991), many of the children living under conditions of disadvantage do not repeat that pattern in their own adult lives. Similarly,

Bronfenbrenner (1974) believed that individuals have an innate capacity for self-righting and ongoing adaption to their environment. According to the participants, children living in a care centre would therefore be able to develop resilience if they were able to let go of the past negative experiences. They would be able to follow a more positive developmental path, using the resources available to them from the care centre and the caregivers themselves.

Participant D: "Some of them have that strength, you can see some of them they improve very well…I think it's an inside thing. Like sometimes you can see that they are enjoying themselves like playing, going out, you can see that they are coping very well, they are happy."

From the above, it can be seen that the participants feel that in order for the child to move forward in their life, they need to be able to let go of their negative past experiences. This contributes to the development of resilience. In order for children to be able to do this, they need to feel safe in their current surroundings. Thus, a feeling of a sense of belonging at the care centre is essential. From this positive situation it is intimated that they will be able to develop resilience.

5.2.2d) Feeling of a sense of belonging

Children living in institutions are placed in a vulnerable position as they no longer have the support of their parents and family. It is therefore vital that when a child is placed in a care centre, a stable environment should be created and attention from a consistent and caring parental figure should be provided as soon as possible (Bower, 2003). By creating a family environment, the child will feel secure and safe which will empower them to develop resilience (Bernard, 1991). Caregivers can help children in care centres develop their self-esteem by focusing on their strengths and by providing praise and encouragement when they achieve their goals (Garmezy, 1991).

Participant G: "Some of them are like my brothers, some like my kids."

Participant H: "Like the attention we give them and the place is like a home, a family for them...We give them the attention and the care, there is a lot of love here."

Participant E: "So I try by all means to be with the child as they would in a family, to be cared for, to be nurtured and to be loved."

If care centres are able to create a family-like environment for the children living at the centre, it might result in many positive outcomes for the child and their development. It is furthermore hypothesized that if caregivers are able to meet the basic needs of the children and provide social support, they will thrive. Such support may be emotional (counselling), financial services, informational (legal, resources and knowledge) and child care support (Gardner & Myers, 2003). The caregivers perceive that the children who are raised in a supportive care centres such as this one, are able to cope better with their circumstances and overcome their difficulties. In addition, when caregivers are provided with more support, they are better equipped to care for the children at the centre, thus facilitating their development in a positive manner.

The caregivers in the care centre do perceive some of the children to display resilience and that this is partly due to internal strengths found in the child. They perceive that if these children are in a safe place where they know that their needs will be taken care of, they are able to grow and explore their environment from a positive place. This corresponds with Erikson's notion that children progress through each developmental stage more positively, if they can explore their environment from a safe and secure place. The caregivers also feel that the children have a sense of belonging at the centre; they have a home and a family. These children are perceived to have an internal drive and self-confidence. It is furthermore proposed that if these foundations are in place, the children will be able to let go of their past and have a positive outlook for their future. As participant C said:

"They have managed to put the past behind them and move on."

According to Rutter (1985) and Garmezy (1991), resilience is understood to be a positive adaption in circumstances where difficulties (personal, familial or environmental) are so extreme that we would expect a person's cognitive or functional abilities to be impaired. The development of resilience in children living in care centres is therefore crucial for them to make the best of their lives. For the development of these internal attributes to occur, there need to be solid foundations where the child feels that their basic needs are met. These basic needs will be discussed in more detail below.

5.2.2e) Basic needs are met

According to the Childcare Act #33 (1960), children need certain basic needs to be met in order for them to follow a normal path of development. These needs are of particular importance for children living in care centres who have already had disruptions in their development. Children living in a care centre need to be in an environment that promotes their physical, mental, emotional and social development. They also need care and protection from further harm or deprivation and their best interests should always be of primary concern to enable and strengthen them to function optimally. This factor is associated with Maslow's (1970) hierarchy of needs, which postulates that children require their fundamental needs to be taken care of in order for them to be able to follow a normal developmental trajectory.

This understanding is supported by Leoning-Voysey and Wilson (2001) who argue that when working with children living in institutions, it is imperative that their basic needs are met. Having these basic needs met enables children to be able to mature and grow in a positive and healthy direction. When children are secure knowing that their basic needs are being met, they will feel comfortable to explore their environment and develop self-confidence. They will be better equipped to learn new skills and follow a positive and holistic path of development (Dunn, 2005).

According to Maslow's (1970) hierarchy of needs mentioned above, before children are able to develop self-esteem and self-actualization needed for resilience, their basic needs must be met. Once they feel secure that their

physiological needs have been met, they feel safe, have a sense of belonging and feel loved and taken care of. They will then be able to progress to higher levels of functioning and develop the capacity for resilience.

Participant E: "I try by all means to be with the child as they would in a family, to be cared for, to be nurtured and to be loved. We take care of all their needs, feeding and talking to them."

Participant H: "Children must be cared for. Not just money, they need care. Family is also important, and taking them to school."

Participant G: "If the child is in good health, gets a good educational background and good morals, I think that is the best way."

Based on the research and exploring participant's responses, it can be surmised that if children have been provided with the basic resources for development and maturation, they are able to develop the internal factors associated with positive growth. It is further hypothesized that they will then have a better opportunity to develop resilience. The above factors provide the groundwork for the other factors associated with the development of resilience. Although the factors related to the child are vital, they cannot occur in isolation. For resilience to occur, external factors are also needed (Caldwell & Bradley, 1984). In terms of the Ecological Systems Model, optimal development and the development of resilience depends on factors within the microsystem, as well as factors in the other systems. These factors all interact with each other, helping the child to advance to their next developmental phase. What will be described next is how external factors foster the development of this resilience.

5.2.3 External factors that foster resilience – related to the caregiver

5.2.3a) Knowledge of childhood development

It is important for caregivers to have an understanding of childhood development when working with children in a care centre. Knowledge about developmental milestones would enable them to see when children are

following a normal developmental path, and when problems have occurred (Bartlett & Zimanyi, 2002). This would enable caregivers to address the difficulties the children are experiencing, providing the support needed to overcome problems and progress to the next developmental phase. According to Rygaard (2008), even economically poor societies and institutions with little funding would be able to produce happy, socially competent and healthy children if they follow the basic guidelines for good caregiving, which stems from knowledge about what children need in order to flourish in their surroundings.

Education and training about childhood development would give caregivers a clear understanding of the children they are working with (Bartlett & Zimanyi, 2002; Rygaard, 2008). The caregivers at this centre seemed to have had a change in attitude towards the children since they completed a care workers' course which they recently attended. Caregiver training and education also allows for the development of new caretaking practises (Rygaard, 2008). The caregivers at the centre perceived that the education and training they had had on childhood development helped them to understand the children they work with better. They felt that they were now better prepared to help the children and provide them with the support needed to enable them to develop resilience. As participant E said:

Participant E: "The training has really helped us and even my attitude towards the children has changed. You understand their behaviour."

Participant F: "Now we are doing the one for caregivers, child and youth care work. It is very helpful. It helped me on some of the challenges I was failing to handle."

Participant B: "We are having this training of child and care workers, it's really helped a lot...since the course I have adjusted so I have ended up knowing the right thing to do."

Viewed from an eco-systemic perspective, caregiver education would provide support for the children on an exosystemic level (Bronfenbrenner, 1973). The caregivers would benefit from this training as it would help them to be more competent adult figures in the centre, who could become role models for the children. In turn, it could be hypothesized that this would create more of a family atmosphere where the children could see the caregivers as people who will support them (Rutter, 1987; Bower, 2003). This could then lead to them feeling more accepted in the home. These factors would have a positive impact on the development of resilience (Bernard, 1991; Maston, 1994; Dana, 2002).

The ability to create a family environment was also perceived to be a protective factor for the children at the centre. This framework was seen to provide a positive support structure for the children which they could draw from to maintain a healthy developmental trajectory. This factor will be discussed in the next section.

5.2.3b) Importance of creating a family environment and the role of the father figure

The importance of creating a family environment is seen as a positive factor in childhood development and plays a particularly significant role in a care centre, where children do not have access to their biological parents or immediate family. According to literature, on a micro-systems level, the importance of good family relations is an essential element in the development of resilience (Bernard, 2003; Bronfenbrenner, 1974). Children living in care centres are therefore placed in a vulnerable position as they do not have their biological parents or other family members to take care of them. It is postulated that the ability of caregivers to create a family environment in the home could therefore lead to more positive outcomes for these children. Children in stressful situations need adults besides their parents to provide advice and assistance in their lives. This assistance needs to include emotional support, trusting relationships as well as information and advice for the future (Werner, 1990).

In care centres, creating a family environment is often difficult to achieve, especially as most of the caregivers are women. According to Rygaard (2008), children reap many positive benefits if they have active and regular engagement with a father figure. The role of the father figure is often neglected and perceived to be of secondary importance to the role of a mother figure. In order to be protected from the damaging effects of their environments, children rely on the nurturing provided by both male and female caregivers.

These primary relationships are of particular importance, especially in situations such as care centres where the children have already lost the support of their biological parents. Creating a family environment, with both a mother and father figure present, could provide children with the resources needed in order to develop resilience (Richter, 2004). The children at this care centre are fortunate to have a male (father) figure at the home, which helps to create a balance in the 'family' structure and gives the children the opportunity to benefit from the experience of having both parental figures present.

Participant A: "There is a disadvantage of having no father figure…It's a challenge that we at the centre need to sort out and have more of a family approach."

Participant G: "Taking care of children must come from your heart and coming from your heart means you must give of your best. Like a father, I am also a father to these ones, yes…A male child, he has to grow up differently when the father is not there, there is a lack of something, that father figure. It's very important to have both parental figures. So that it's like a family, a good family."

Participant E: "I try by all means to be with the child as they would in a family, to be cared for, to be nurtured and to be loved."

The ability of the caregivers to create a family environment shows what an important role the caregivers at the centre play in the child's ability to

develop resilience. In this position they also have the responsibility to act as role models and provide support for the children. Their own behaviour will have a significant impact on the development of the child.

5.2.3c) Being a role model and support for the children

According to Fisher, Gunnar, Dozier, Bruce & Pears (2002), supportive caregivers, who respond consistently to the children in their care have the potential to decrease stress and improve the psychosocial functioning of these children. "Children of all ages need unconditional love from their parents and primary caregiver, but they need love and emotional support from other adults as well. The love and support from others can sometimes compensate for a lack of unconditional love from parents and caregivers" (Grotberg, 1995, p.7). Findings such as these are encouraging for children living in institutional care centres. Even though these children do not have the love and support of their biological parents, it is proposed that if they get adequate nurturance from the caregivers at the centre, they will still be able to form trusting relationships with other adults who love and accept them. This is a vital component on a micro and exosystemic level in the development of resilience. The caregivers in this study supported such literature and seemed to believe that their position in providing support for the children and being a role model, allowed the children to see more positive ways of being. This seemed to have a constructive impact on their development and ability to cope.

Another important aspect of the caregivers' role in the development of resilience is to be a role model for the children at the centre (Craik, 1943). "Resiliency skills seem to work best through adult modelling of the skills in daily interaction with young children" (Hall & Pearson, 2005, p.3). Grotberg (1995, p.8) also found this to be the case and stated that "role models can be parents, other adults, older siblings and peers who act in ways which show the child desired and acceptable behaviour, both within the family and towards outsiders. They demonstrate how to do things such as dress or ask for information and encourage the child to imitate them. They are also

models of morality and may introduce the child to the customs of the religion."

Most of the caregivers at this centre spoke about how they perceived themselves to be role models and supports for the children in their care. They all agreed that it was important to show the children in their care pro-social ways of being and believed that this would enable them to become the "brothers and sisters of tomorrow" as well as "leaders in the future". From Bernard's (1991) ecosystemic framework of resilience, the role of the caregiver is important and leads to the development of self-control within the child, which is another significant factor in the development of resilience. Bronfenbrenner's model is in line with this as positive interactions with a caregiver will result in a stable microsystem, which is considered to have a positive ripple effect on all other levels of the child's system. This will lead to smooth transition between all phases of development.

Participant A: "I think I can say it's an issue of love and discipline, then trying to instil values to the kids and to be a role model. Loving them in a sense that how you present yourself to them must be a lesson. Being a role model in a sense that everything that I do I must tell myself that I'm in the spotlight, so they can see how I came out of that situation, they have to learn from me…it's an issue of modelling."

Participant B: "I experience mostly the kids, they need attention. Most of the time you have to be there for them…I Just have to be a mom who wants to be there for the children and to help them to make sure that they will be the mothers and fathers of tomorrow."

Another important aspect related to positive development and outcomes for the children at the centre related to the caregiver, is their enjoyment of their job. The participants of this study were all passionate about the work that they do and seemed to feel that this had a bearing on the child's development and resilience.

5.2.3d) Caregivers' enjoyment of their job (and feeling they are making a difference in the child's life

Werner & Smith (1989) argue that children need at least one caring person in their lives who is compassionate, understands them has a belief in their abilities and provides support for healthy development.

Generally, working at a care centre has few benefits for the caregiver in terms of financial reward. In order for the caregiver to be able to provide for the children and care for them in a positive way that encourages positive development, caregivers must have a love for the children in their care and a sense that what they are doing is valuable (Richter, 2004).

All the caregivers interviewed for this research seemed to share a common love of children and belief that they are making a difference in the lives of the children they work with. Many of them spoke of the enjoyment they receive from their job and a sense that they are in the right profession. Although this concept is not part of Bernard's model of resilience, caregivers would unlikely be able to provide factors needed for the development of resilience, if they were not passionate about the work they are doing. The care and support that they provide to the children in the centre stem from a belief that they are making a difference and a desire to see these children experience positive outcomes in their futures.

Participant F: "I enjoy working with them, I can even say that this was my right profession. I never gave up on the child. Its only now I realise it's because of past experiences that the child is the way they are. Now I sit down with them and try to help them. I can't say it will be alright, all I can say is I want the best for them, but it can only come out if we work together the two of us. You give me a chance, I give you a chance, and then maybe we can come up with something."

Participant E: "I enjoy working here! Sometimes it's stressful but I enjoy working with them. I feel like I'm sharing something, I'm making a difference in their lives."

Participant G: "I'm passionate and you feel that you are really needed here, you are supposed to be here. I like to be here, I enjoy what I am doing. You are happy with what you are doing and seeing these kids happy, then you get the results of what you are doing and it makes you happy also."

The factors the caregivers perceived as being necessary in the development of resilience need to be grounded in the fundamental structure of the organization. In addition to the above mentioned external factors, the care centre itself also plays a crucial role in the child's ability to develop resilience. The structure of the care centre itself needs to provide children with access to services and support. This would facilitate positive links between their microsystem, mesosystem and macrosystems, which would assist in their positive development. The caregivers' perceived that there are a few essential factors associated with this and these will be discussed presently.

5.2.4 External factors that foster resilience – related to the care centre

5.*2.4a) Importance of creating a family environment in the centre*

The importance of creating a family atmosphere in the centre comes from the caregivers themselves as well as from the centre. Newman and Blackburn (undated) argue that one of the most powerful factors in promoting the development of resilience is the presence of a supportive family. Similarly Rutter (1985) and Werner (1990), argue that a stable caregiver who provides nurturance and attention enables a bond to be formed with the child. This bond is the base from which a family environment can be established and it is deduced that if the care centre is able to provide this type of environment, then the child will thrive and have the chance to overcome their past difficulties and develop resilience.

A positive family environment also allows for connections to be formed with other settings in which the child is involved, so that they are able to gain support from these sources too. This would include settings in the micro, meso and exosystem levels such as school, religious groups, neighbours,

health and social services (Garmezy, 1993). Ties to the church are of particular importance as religious groups provide values, positive attitudes, stability, cohesiveness, unity, a sense of meaning and a sense of purpose in life (Werner & Smith, 1982).

The centre's ability to create a family environment could therefore foster trust, respect, tolerance as well as communication (Clark, 1983). This is important in a care centre environment where many of the children have come from different backgrounds and circumstances. Positive relations with their peers would help them to develop self-efficacy and self-esteem (Bernard, 1991). The whole centre needs to be focused on putting the needs of the children first and encouraging them to overcome their vulnerabilities so that they can cope with whatever life throws at them. The centre needs to be able to create a family-like environment in order for the children to reap all the benefits associated with family care, support and communication (Garbarino & Ganzel, 2000; Richter & Rama, 2006).

Participant B: I like kids, no matter that they are not mine; I just treat them as my kids…Some of them they are better…they feel like they are home."

Participant G: "It is important because a family is about more than two people. A mother and a father, that's what we are trying to give these children…It's also very important to have both parental figures here. So that it's like a family, a good family, which means everybody gives his best."

Participant H: "Here, it's like a home."

Most of the children at the centre have come from difficult backgrounds which have left them vulnerable to developmental delays and setbacks. The caregivers perceive that the centre's ability to provide a family environment helps to combat the negative outcomes associated with this. In addition to this, the centre has a strong Christian base, and the caregivers perceive that from this framework they are able to instil values and morals in the children which might have previously been lacking. The influence of spirituality, good

morals and values has also been found to be associated with the development of resilience. This will be explored below.

5.2.4b) Importance of Christian values in the home

If children feel that they are part of a family, they will have a sense of connectedness. A sense of belonging stems from positive relationships with families, friends and organizations such as sports, extra-curricular and faith based associations. Faith-based associations provide a unique aspect in the development of resilience (Gurwitch, Pfefferbaum, Montgomery, Klomp & Reissman (2007). "Filled with hope, faith and trust, the child believes that there is hope for him or her and that there are people and institutions that can be trusted. The child feels a sense of right and wrong, believes right will win and wants to contribute to this. The child has confidence and faith in morality and goodness, and may express this as a belief in God or higher spiritual being" (Grotberg, 1995, p.9).

It is postulated that spirituality and religion are important factors in the development of resilience. It can provide coherence, faith, purpose, stability, and a positive attitude in times of crisis and stress. In a care centre this is of particular importance as children have come from vulnerable and risky situations. This is one of the aspects in the exosystem which Bernard (1991) sees as being important in the development of cultural sensitivity and helping in the development of resilience in children. Grotberg (1995) postulated that spirituality is important for the human spirit and that an awareness of something good, which is greater than yourself, can have a constructive impact on the development of a positive self-concept.

In this care centre, although many of the children have come from different backgrounds and cultures, there is a strong emphasis on the importance of Christian values. The caregivers perceive this as being important to teach the children good values and morals. It serves as a support for both the children as well as the caregivers. This can be seen in the following participants' responses.

Participant H: "When you start to teach them to be a person again, you start with the Christian values."

Participant G: "Here we respect culture and Christianity... when you come into it and when you are here we try to give you the moral values, the good values."

Participant A: "My mother moulded me to be somebody in life, to have values. When I benefited I have to pass onto someone else."

In addition to the above, the care centre would not be able to provide the structure necessary for the development of resilience if it was not able to provide for the child's basic needs, as suggested by Maslow (1970). The caregivers seemed to feel that this was an essential element of the child's ability to cope in the future and have positive outcomes.

5.2.4c) The care centre's ability to provide for the children's needs (basic, as well as education, therapy, etc)

According to Caldwell and Bradley (1984), external support is essential when working with children from vulnerable and at risk situations. "Along with food and shelter, children need love, trust, hope and autonomy. Along with safe havens they need safe relationships that can foster friendships and commitment. They need the loving support and self-confidence, the faith in themselves and their world, all of which builds resilience" (Grotberg, 1995, p.5). The care centre also needs to provide access to health, education, welfare and security services. "The child, independently or through the family [care centre] can rely on consistent services to meet the needs the family cannot fulfil – hospitals and doctors, schools and teachers, social services, police and fire protection, or the equivalent of those services" (Grotberg, 1995, p. 9).

Of particular importance for optimal childhood development and something which the centre places great emphasis on, is the value of education. It is hypothesized that schools need to be supportive of the child by linking them

to additional services. With a good education, the number of opportunities a child has will be increased. School work and engagement with educational material will lead to achievement, which in turn leads to the development of self-esteem and self-efficacy (Bernard, 2003). Success at meaningful tasks coupled with positive feedback about their abilities, encourages children to learn and do well, resulting in self-efficacy and self-mastery (Vance & Sanchez, 1998). School is an essential part of the child's exosystem, and if this is a positive experience, providing challenges and opportunities to grow, it is hypothesized that the child may have a more optimistic future. Education provides the tools for learning and success in later life.

According to Vance & Sanchez (1998), the ethos that a teacher creates will also have an impact on whether or not a child will be socially accepted. Teachers need to take steps to ensure that all children have the opportunity to have positive interactions with their peers. Peer relationships founded at school, are therefore important and can impact the development of resilience that a child displays. This contributes to a child's sense of self and self-concept, which includes self-esteem and self-worth (Vance & Sanchez, 1998). Schools are therefore imperative in the development of a child's self-esteem and self-concept. The caregivers perceived this to be of particular importance to the children living in the care centre, as they felt that it would provide them with greater opportunities in the future in terms of employment and providing for themselves.

Another element of the exosystem which caregivers perceive the care centre must provide is access to health, welfare and security services. Children need to have their physiological needs taken care of before they are able to develop resilience. "Once safety has been assured, belonging or love, which is usually found within families, friendships, membership in associations, and within the community, then becomes a priority" (Maslow, 1970, p.46). This care centre is well run and has the funds and resources available to be able to provide for the children living there. As their needs are met and they are taken care of, they have the basic starting point needed to cope in life and overcome their adversities.

Participant A: "The external, yes, because the centre itself is designed in such a way that it helps children to cope and to see a good future out of here."

Participant D: "I say to them this is your future, don't destroy it, Because outside there are many people who are not getting the things you are getting, like education, going to Church, people are suffering outside. You need to say thanks God because I'm attending school, I'm getting everything that I need."

Children in the care centre were perceived by the caregivers to have been negatively affected by their previous experiences, and felt that this had an impact on their current behaviour and functioning. They also perceived that the factors associated with the caregivers and the care centre provided the children with more positive circumstances than they had previously come from. This change to an improved environment was also seen to play a role in the development of resilience.

5.2.5. How children's previous experiences affect the development of resilience

5.2.5a) At risk children now living in better circumstances

According to Rygaard (2008), living in a care centre can result in a marked improvement in child development if the centre is able to provide quality care and experiences. This improvement in circumstances is determined by the ability of the care centre to provide for the children's needs and to have a more positive bearing on their development, compared to their previous situations. "Services and interventions have the potential to be effective for all children, including those with multiple risk factors" (Durlak, 1998, p.4). Care centres therefore need to ensure that the services they provide address the multiple domains of the child's life and development. As the children in the care centre have mainly been orphaned or abandoned by their families, the protective factor of a caring adult would go a long way to enhance their development.

Children living at the care centre may have experienced many negative circumstances prior to coming to the centre, such as abuse, maltreatment and neglect, resulting in disruptions in their development. Interventions to provide them with care and support as quickly as possible are therefore imperative if the child is to overcome their adversities. Richter, Mitchel & Rochat (2009) found that the most important factor in a child's life is a stable caregiver who provide for their needs and who provides love and care. For vulnerable children to be placed in a care centre where all the above factors are met, it could lead to a more positive environment and experiences as well as possibly of the development of resilience. By being placed in the care centre where their basic needs are met and where there is a caring and supportive atmosphere, the chances of their ability to develop resilience greatly improve.

Participant E: Some of them where they were they were neglected and here they have food, they have shelter, they have clothing, they have love. They feel secure, some of them are more comfortable to be here. They do fit in, they try."

Participant H: "They are doing well now. The problems come from poverty, and from the environment they have come from, but after here they can do better…When they are here they have more than before."

Participant B: "So here they are getting more than they were."

In light of all the above factors, it would seem that living in a care centre can lead to the development of resilience, if the child has certain characteristics which would be further developed and sustained by supportive caregivers, a positive environment and better circumstances. It can be surmised that the earlier these factors are put in place, the greater the benefit will be to the child. For this reason it is imperative that caregivers are able to perceive resilience in the children in their care as early intervention will have the maximum positive impact. This would enable the child to overcome their difficulties at an earlier age, allowing them to continue on a positive developmental trajectory. By drawing on the resources available to them, all

levels of their ecosystem will be enhanced to foster optimal development and resilience.

5.2.5b) Early interventions lead to more positive outcomes

In this study, all of the above factors in the development of resilience have a greater chance of being achieved, the earlier the child has access to them. If a child has a competent caregiver early on in life, it is anticipated that they will feel free to explore their environments and develop autonomy and could develop faith in their abilities (Gortberg, 1995). Additionally, if the child feels comfortable and loved they might begin to enjoy learning and experiencing new things. They may also develop an understanding of rules and limits, knowing that they can always turn to the adults in their life for support and guidance. Additionally, with the development of language, it is hypothesized that they will be able to communicate and model their behaviour on their caregivers (Grotberg, 1995). Furthermore, it is postulated that the sooner a child can be exposed to a positive learning environment, the easier it will be for them to develop their own skills, self-confidence and ultimately resilience.

Knowledge of risk, protection and resilience often inform the development of early intervention strategies aimed at preventing child abuse and neglect, and other problems such as child behavioural problems, substance abuse and juvenile crime" (Durlak, 1998, p.16). It is understood that care centres can provide children in vulnerable circumstances with a safe haven where they can learn to adapt and cope with life and develop positive skills which will help them in later life. Early intervention programs that successfully target a number of risk and protective factors have the capacity to prevent multiple problems simultaneously (Richter, Foster & Sherr, 2006). Early intervention in any level of the ecosystemic framework will have a ripple effect throughout the other levels.

This care centre and the caregivers who work in it seem to be working hard at providing children with the necessary factors needed for the development of resilience. If the children living here are able to utilize the resources

available to them and draw on their internal strengths, the outcome for their future seems to be more optimistic.

Participant D: "So that they can forget what was in the past. To give them a new beginning, a new future."

Participant F: "You are trying to make a change but it's really difficult because it's something they have grown up with."

Participant B: "They feel good, they enjoy being here. They can stand for themselves; they will live a better life. They are ready to go forth."

Participant A: "For the smaller child I think it's too early for that child to full comprehend what has happened, so you will find that child will adapt quicker to the changes and assimilate well in the set up."

Participant D: "I wish they can continue their education and that they can grow up with strength and love, to have a strength inside and receive something from the outside."

Participant G: "They have great hopes and with the effort that they put in, it makes me feel that these children will be great people of tomorrow. That will maybe even lead the country."

The caregivers seem to have a positive attitude about the future of the children living at the centre. The factors that they perceive as contributing to the development of resilience can all be seen as having a bi-directional impact on and being influenced by each other, as can be seen in the figure below.

Figure 6: Perceptions of factors needed for the development of resilience in children living in a care centre

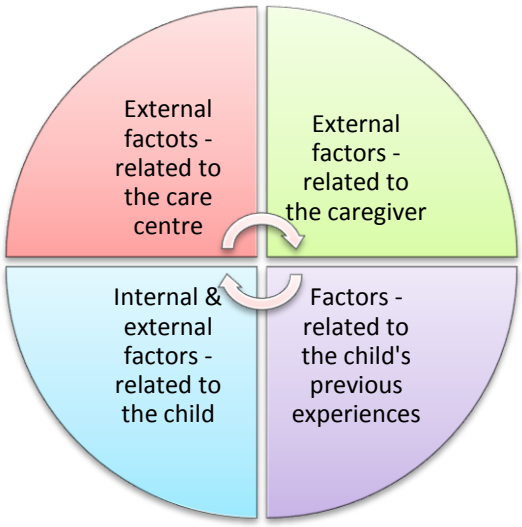


Figure 6 shows how internal and external factors impact on each other as a cycle and how all have an influence on the development of resilience in the child living in a care centre. Although living in an institutional care centre is not the ideal circumstance for developing children, the results do not have to always be negative. As indicated by the results, caregivers perceive that there are many factors which can provide these children with positive experiences and the dynamics needed for the development of resilience.

5.3 Conclusion

In this study, the aim was to explore the caregivers' perceptions of the evidence and development of resilience in children living in the care centre. The data provided insight into the caregivers' perceptions and led to the researcher's understanding of the caregivers' knowledge and perceptions of childhood development and factors contributing to resilience. The caregivers' perceptions of such factors show that there can be positive outcomes for

children living in care centres and provides an optimistic view for the future of vulnerable children in South Africa.

From the results of this study, it seems that the themes relating to the caregivers' perceptions of displayed resilience and the factors associated with its development, appear to be consistent with literature on the protective factors needed when dealing with vulnerable children. The themes indicate that the caregivers perceive the factors associated with the development of resilience to be both internal and external. The care centre meets the basic needs of the children, as well as providing them with the experience of supportive caregivers with whom they can form consistent attachments. The caregivers perceive these relationships as significant, enabling the children to feel secure and loved, which allows them to develop their internal capacities of self-esteem and self-worth. The participants believe that these factors allow for the development of resilience.

Another important finding of this study is related to the care centre's ability to create a family environment and the importance of having a father as well as a mother figure. Together with the focus on spirituality, utilizing external resources of support and the caregivers' passion for the work they do, the caregivers perceive the centre as providing a positive and sustaining environment in which the children can grow.

This study found that children, according to the caregivers' perceptions, despite their vulnerabilities and living in the care centre, are able to rise above their difficult circumstances. Some of the children do display resilience and the caregivers are optimistic about the future of these children. These findings give a sense of hope for a country such as South Africa where numbers of vulnerable children are on the increase. The results indicate that if the factors associated with resilience are displayed in some children and can be instilled in others, there is a sense of optimism for the lives of children living in care centres.

Research is rarely a problem free exercise and a reflection of the difficulties experienced and the limitations of the research will be provided in the next chapter, as well as the strengths and suggestions for future research.

CHAPTER 6

STRENGTHS, LIMITATIONS, CONCLUSIONS AND RECOMMENDADATIONS

6.1 Introduction

This chapter summarizes the findings of the research and integrates them with the theoretical framework discussed in chapter one and two.

This study aimed to investigate whether caregivers who look after pre-school aged children in a care centre perceive some of the children to display resilience. In addition to this, the study explored the caregivers' observations of how resilience is displayed in pre-school children; and what their perceptions of the origins of this resilience are.

The study revealed that the caregivers do perceive some of the children at the care centre to display resilience and that its development is dependent on a number of internal and external factors. These factors are inter-related and give rise to a number of conditions which need to be met for children to be able to develop resilience. The ecological systems models from Bronfenbrenner and Bernard were used to explore these factors and how they impact on early childhood development and how this can lead to the development of resilience.

Caregivers perceived that internal factors related to the child that foster resilience are: a feeling of belonging, ability to let go of the past, internal drive and the development of self-confidence, as well as having a positive outlook on the future. These findings were consistent with literature, such as that proposed by Dole (2000), who argued that resilience is demonstrated by having a strong sense of being in control of the events in one's life, an internal locus of control, belief in the ability to change and influence events, as well as being able to make decisions and take responsibility for those decisions.

Other factors that caregivers outlined to be associated with the development of resilience include external factors, related to the caregiver and to the care centre itself. These perceptions indicate that that they perceive their roles to be vital when dealing with children who have experienced a number of emotional and behavioural difficulties as a result of their past experiences and upbringing. The caregivers related that they all have a real passion for the work that they do which they believe has an impact on their perceptions of the children. They see themselves as role models and support systems for the children. Research supports this as it indicated that caring relationships can foster friendships and commitment. "They need the loving support and self-confidence, the faith in themselves and their world, all of which builds resilience" (Grotberg, 1995, p.7). The caregivers see their ability to create a family environment and the love that they have for the children as being protective factors, which help the children to develop self-confidence, self-esteem and to cope with their difficulties, so that they may see their own value and worth in the future.

The caregivers also perceived external factors related to the care centre to be important in the development of resilience. They believe that the centre provides the grounding framework of resources which are needed for healthy childhood development. Additionally, they felt that this is enhanced by the Christian values which are instilled at the centre. Spirituality and religion are important factors in the development of resilience as it provides coherence, faith, purpose, stability, and a positive attitude in times of crisis and stress (Gurwitch, Pfefferbaum, Montgomery, Klomp & Reissman, 2007).

Children who have been placed in care centres are seen as being at risk of various developmental difficulties and deficits. However, for some, the conditions of the care centre are better than what they were previously exposed to, if they are provided with the resources, care and support needed for healthy development. Furthermore, if these factors are provided early, it is hypothesized that the chances of more positive outcomes are increased. "All efforts to enhance the psychosocial well being of young children must

ensure the support of these natural systems of care in everyday life" (Richter, Foster & Sherr, 2006, p.1).

The caregivers at the centre seem to have an understanding of childhood development and how to provide for the needs of the children in their care. Furthermore, they do perceive some of the children in the centre to display resilience and seem to be aware of the factors associated with this.

6.2 Strengths of the study

The study explored how caregivers perceive and understand the evidence of and nature of the development of resilience of the children who are in their care. The study suggests that the caregivers do perceive some of the children to be resilient and able to cope with their circumstances. This is consistent with literature which has focused on protective factors as opposed to risk factors associated with children in care centres. The results were interpreted in accordance with existing literature on vulnerable children and protective factors connected to the development of resilience.

The results which indicated that the children do in fact display resilience, can be seen as providing valuable insight into the perceptions of caregivers working in a South African children's home. These insights indicated that there are a number of factors which can be seen in the home which lead to the development of resilience. The results are significant and highlight the fact that children living in care centres do not always have negative outcomes in life.

The findings of this research are useful as a motivating factor for further research in the field, especially given the increasing numbers of vulnerable children due to the psychosocial and economic problems facing South Africa today. Specifically, the study gives a sense of hope for the future of children coming from difficult circumstances in this country. It also proposes that children's homes can be enhanced and enriched so as to provide the conditions necessary for the development of resilience and optimistic outcomes for the future of these children.

6.3 Limitations of the study

One of the limitations of this study was a small sample size and the fact that data was only collected from one care centre. As the study explored caregivers' perceptions from this one care centre, findings are limited to this specific group and may not be generalized to other samples or groups. However, the data was never intended to be generalized. An understanding of caregivers' perceptions was the primary aim.

The nature of the data is exploratory and limited in terms of not being able to account for self-report bias. As the research focuses on perceptions, the nature of the findings is subjective and must be considered as such. To guard against this, the researcher did not attempt to prompt responses from the participants, rather listening to their perceptions according to the questions asked.

The interviews were conducted at the care centre at times convenient for the participants. It was difficult to find such times as the caregivers have various responsibilities at the centre and only had limited time to be interviewed. Due to the caregivers' limited time available, interviews were under time constraints, which results in limited depth of probing into the participants' responses.

The participants were all willing to be interviewed and were eager to give as much information as they could. However, as the interviews were conducted in English, which was not many of the participants' primary language, some of them struggled with understanding the questions and giving fuller explanations. The researcher followed a semi-structured interview process and tried to explain the questions when necessary in order to gain more information. However, some of the participants still struggled with the language barrier and were not able to give as much information as they, or the researcher, would have liked.

The primary construct which was being investigated was resilience, but due to the language difficulties, most participants did not understand this

particular phrase. The researcher thus explained the term as being synonymous with the children's ability to cope, overcome difficulties as well as evidence of positive development. The participants' responses showed that they did understand what the researcher was exploring, however, this restricted objectivity.

The researcher's interpretation was guided by her preconceived belief system and norms and may have excluded any other interpretations. In the analytical process, certain material was excluded as it was regarded as irrelevant. It must be stressed that no objectivity claims are made and that results only represent one way of understanding the perceptions that were investigated. The researcher attempted to counter this by not leading the participants to provide certain answers and basing the results on the perceptions they provided as well as using an external coder in addition to the researcher for the thematic content analysis.

If this research was to be reworked, an interpreter would be useful to gain a more thorough explanation of the participant's responses. In addition, it would be useful to conduct more interviews at different care centres.

6.4 Recommendations for further research

This study has highlighted key elements of the caregiver's perceptions regarding whether or not resilience is displayed in the children living in the care centre. However, due to the limited sample size, the results cannot be generalized. It is therefore recommended that future research be conducted using a larger sample size of participants from various children's homes. These interviews should then be analysed by thematic content analysis in order to provide additional qualitative data in terms of the themes explored in this study.

There has been an increase in literature on the nature of resilience. Further research could take a more quantitative stance and utilize check-list type questionnaires to determine the factors associated with resilience are present in children's homes. This could be used to gain larger numbers of

participants and increase the sample size, allowing greater generalization of the data.

Although the participants gave insightful responses about their perceptions of displayed resilience in the children's home, more in-depth discussion would provide further understanding of the nature of this theme. It would be beneficial if an interpreter could be used, as the participants may feel more comfortable speaking in their mother tongue and able to provide more valuable information.

Due to the fact that there are many variables which seem to contribute to the development of resilience, it is further recommended that future studies focus on gaining an understanding of how to implement these factors in the care centre. There has been a shift in focus from the negative outcomes of children's homes to a more positive outlook. This needs to be further explored in order to build intervention strategies which can be utilized in care centres to foster resilience in children. This would ensure a more optimistic outlook for greater numbers of vulnerable children.

6.4 Conclusion

This study aimed to gain an understanding of whether or not caregivers in a South African children's home, perceive the preschool aged children in their care to display resilience. The study examined the relevant literature and provided a theoretical understanding of the factors influencing childhood development and resilience. This gave a framework from which to explore the participants' responses about their perceptions of the children in their care. From the results it is hypothesized that there are a number of factors which contribute to the development of resilience and how this would affect the development of the children living at the centre. The caregivers do perceive some of these factors to be present in these children. They believe that some of them have managed to overcome their difficulties and have a positive outlook for the future. The results which were obtained from the study are consistent with the relevant literature and provide a sense of hope for the future of these vulnerable children. However, the results are limited due to

small sample size and limited time available to explore responses. Future research is recommended to explore intervention strategies which would incorporate the above factors, enabling other vulnerable children to develop resilience.

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Appendix A: Interview schedule

1. Biographical Information:

a. Tell me about where you grew up?
   - How would you describe this community?

b. Are there any important cultural beliefs that you feel affect the way people raise their children in your community?

c. Are there any important cultural beliefs in the children's home which affect the way you interact with the children?

d. Do you have children of your own?

e. How are they different to the children raised in the children's home?

2. Caregivers experience:

a. Can you tell me a bit about your understanding of childrearing practises?

b. Do you think the way the children raised in the home is different to the way that children are raised in their own homes?

c. Can you tell me about the work that you do here?

d. How long have you been working in the children's home?

e. Can you tell me about any education or training in childcare you may have had?

f. What made you decide to look after children?

3. Awareness & Perceptions of Early Childhood Development:

a. Do you enjoy the working with this age group of children - Early Childhood Development (ECD)?

b. How do you think that the behaviour of the ECD children in the children's compares to that of children who live at home?

c. Do you think certain children behave differently to others in the children's home and how do you deal with these differences?

4. Evidence of Resilience:

a. Can you tell me more about the way children behave in the children's home; do some seem to cope better than others?

b. What do you think makes them able to cope and behave differently to others?

c. How is their behaviour different, what kind of things do they do that are different?

d. Do these children seem to have adapted better to their circumstances than others to living in the home?
e. From your experience with the children, how do you think these children generally feel?

4. Perceptions of the origins of resilience:

a. What do you think these children will be like in a few years time?
b. What do you think the causes of their ability to cope might be?
c. Do you think that their adaption is caused by internal abilities or external influences?
d. Can you tell me more about what your thoughts on these abilities and or factors?

Appendix B: Information sheet (To the director of the children's home)

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

School of Human and Community Development

Private Bag 3, Wits 2050, Johannesburg, South Africa

Tel: (011) 717-4500 Fax: (011) 717-4559

Dear _____

My name is Amy Kerr, and I am conducting a research study for the purpose of obtaining my Masters Degree in Educational Psychology at the University of the Witwatersrand. The focus of my research is to explore how caregivers perceive the behaviour of the pre-school aged children in their care and to determine whether or not they perceive some of these children to display resilience. The study will focus only on caregiver's views and no work or interventions will be directly done with the children. The caregivers would need to be able to provide a description of the behaviour of the children as well as of their development. The study aims to explore their perceptions of the children's behaviour and their ideas about the origins of resilience. They will also be asked to comment on whether they think their (caregivers) perceptions are influenced by their cultural beliefs and assumptions.

I would like to invite the caregivers of ---- to participate in this study. I would therefore need your permission to approach them to explain the purpose of my research and answer any questions they may have regarding their participation.

Participation will entail being interviewed individually by me, at a time and place that is convenient for the caregivers. The interview will take approximately 45 minutes. In order to ensure accuracy it will also be recorded and videotaped, with your permission. Participation is voluntary and the caregivers will not be advantaged or disadvantaged in any way if they choose to participate or not to. All responses will be kept confidential and no identifying information will be included in the research report. However, direct quotes may be included in the report with your permission. The only other person who will be seeing the information will be my research supervisor. All interview material (transcripts, audio and video tapes) will be kept by me and processed by myself and will not be seen or heard by any person in this organisation at any time. The material will be destroyed once I have qualified.

Participating caregivers may withdraw from the study at any point if they choose to and do not have to answer any questions they do not feel comfortable with. The centre will not be named in the actual research report. All the details will be explicitly explained to each of the prospective participants by me, and through the use of information and consent forms.

In the unlikely event that the caregivers experience any negative effects of participating in this study, they will be referred to the Emthonjeni Centre at the University of the Witwatersrand. The centre's number is (011) 717-4513.

By agreeing to allow me to approach the caregivers at ---, you will only be permitting me to invite the caregivers to participate in the study. You will not be binding them to the study. Should you allow me to approach the caregivers; a summary of the findings will be made available to your institution upon your request.

If you require any further information, please contact me during office hours on 083 645 0818.

Kind Regards

Amy Kerr

Researcher / Student Psychologist

Tel: 083 645 0818

E-mail: amyjane.j@gmail.com

Dr. Daleen Alexander

Research Supervisor

Tel: (011) 717-4526

Email: dinah.alexander@wits.ac.za

Appendix C: Informed Consent to Interview Caregivers

I .....hereby consent to Amy Kerr approaching and interviewing the caregivers of ----- for approximately 45 minutes each for the purpose of her research study which is to explore caregivers' perceptions of the evidence of resilience in pre-school children in the institution at which they work.

I understand the following conditions:

- Caregiver's participation in the interview is completely voluntary.
- They will not be in any way advantaged or disadvantaged by agreeing or disagreeing to participate in the interview.
- Interview material is to be kept confidential.
- Caregiver's direct quotes may be used in the research report but no directly identifying information will be included.
- Caregivers have the right to withdraw at any stage of the interview process without any negative consequences.
- The caregivers may refuse to answer any question/s during the interview which they would rather not answer.
- There are no perceived risks or benefits perceived for participating in the study.
- Once the data has been collected, only the researcher and the researcher's supervisor will have access to it and it will be kept safe and confidential at all times.
- A summary of the research report will be provided to them if they should request it.
- If the caregivers are in any way negatively emotionally affected, on their request, they will be referred to the Emthonjeni Centre at WITS University for counselling at no cost to themselves.

.....

(Signature)

Appendix D: Participant Information sheet:



UNIVERSITY
OF THE
WITWATERSRAND,
JOHANNESBURG

School of Human and Community Development
Private Bag 3, Wits 2050, Johannesburg, South Africa
Tel: (011) 717-4500 Fax: (011) 717-4559

Dear caregiver

My name is Amy Kerr, and I am conducting a research study for the purpose of obtaining my Masters Degree in Educational Psychology at the University of the Witwatersrand. The focus of my research is on exploring how you as a caregiver perceive the behaviour of the pre-school aged children in your care. The study will focus only on your views and no work or interventions will be directly done with the children. The aim of this research is to determine if you as a caregiver perceive some of the children under your care to display positive behaviour which would lead to the healthy development, and whether or not they have ideas about the origins of this behaviour. It will also be useful to explore if you have any suggestions about how certain cultural beliefs and assumptions may influence your perceptions.

I would like to invite you to participate in this study. Participation will entail being interviewed individually by me, at a time and place that is convenient for you. The interview will take approximately 45 minutes. In order to ensure accuracy it will also be recorded and videotaped, with your permission. Participation is voluntary and you will not be advantaged or disadvantaged in any way if you choose to participate or not. All your responses will be kept confidential and no identifying information will be included in the research report. However, direct quotes of what you say, may be included in the report with your permission. All interview material (transcripts, audio and video tapes) will be kept by me and destroyed once I have qualified. The interview material (tapes and manuscripts) will not be seen or heard by any other members of this institution and will be processed by myself. You may withdraw from the study at any point if you choose to, and you may refuse to answer any questions you would prefer not to. The only other person who will have access to the

interview material will be my research supervisor, in order to give me direction and clarity in the study.

In the unlikely event that you experience any negative effects of participating in this study, upon your request, you will be referred to the Emthonjeni Centre at the University of the Witwatersrand. The centre's number is (011) 717-4513.

If you require any further information, please contact me during office hours on 083 645 0818.

This research will contribute both to a larger body of knowledge on perceptions of childhood development and resilience, as well as providing room for future research on intervention strategies for vulnerable children.

Kind Regards

Amy Kerr

Researcher / Student Psychologist

Tel: 083 645 0818

E-mail: amyjane.j@gmail.com

Dr. Daleen Alexander

Research Supervisor

Tel: (011) 717 4526

E-mail: dinah.alexander@wits.ac.za

Appendix E: Informed Consent to be Interviewed

I .....hereby consent to be individually interviewed by Amy Kerr for approximately 45 minutes each for the purpose of her research study which aims to explore caregivers' perceptions of the evidence of resilience in pre-school children in the institution at which I work.

I understand the following conditions:

- My participation in the interview is completely voluntary.
- I will not be in any way advantaged or disadvantaged by agreeing or disagreeing to participate in the interview.
- Interviews will be kept confidential.
- My direct quotes may be used in the research report but no directly identifying information will be included.
- I have the right to withdraw at any stage of the interviewing process.
- I may refuse to answer any question/s during the interview which I would rather not answer.
- I may request a summary of the research report once it has been completed.

.....

(Signature)

Appendix F: Informed Consent to be Audio-Recorded

I .....hereby consent to my individual interview with Amy Kerr for her study on Caregiver's perceptions of the evidence of resilience in pre-school children in institutions to be tape-recorded.

I understand the following conditions:

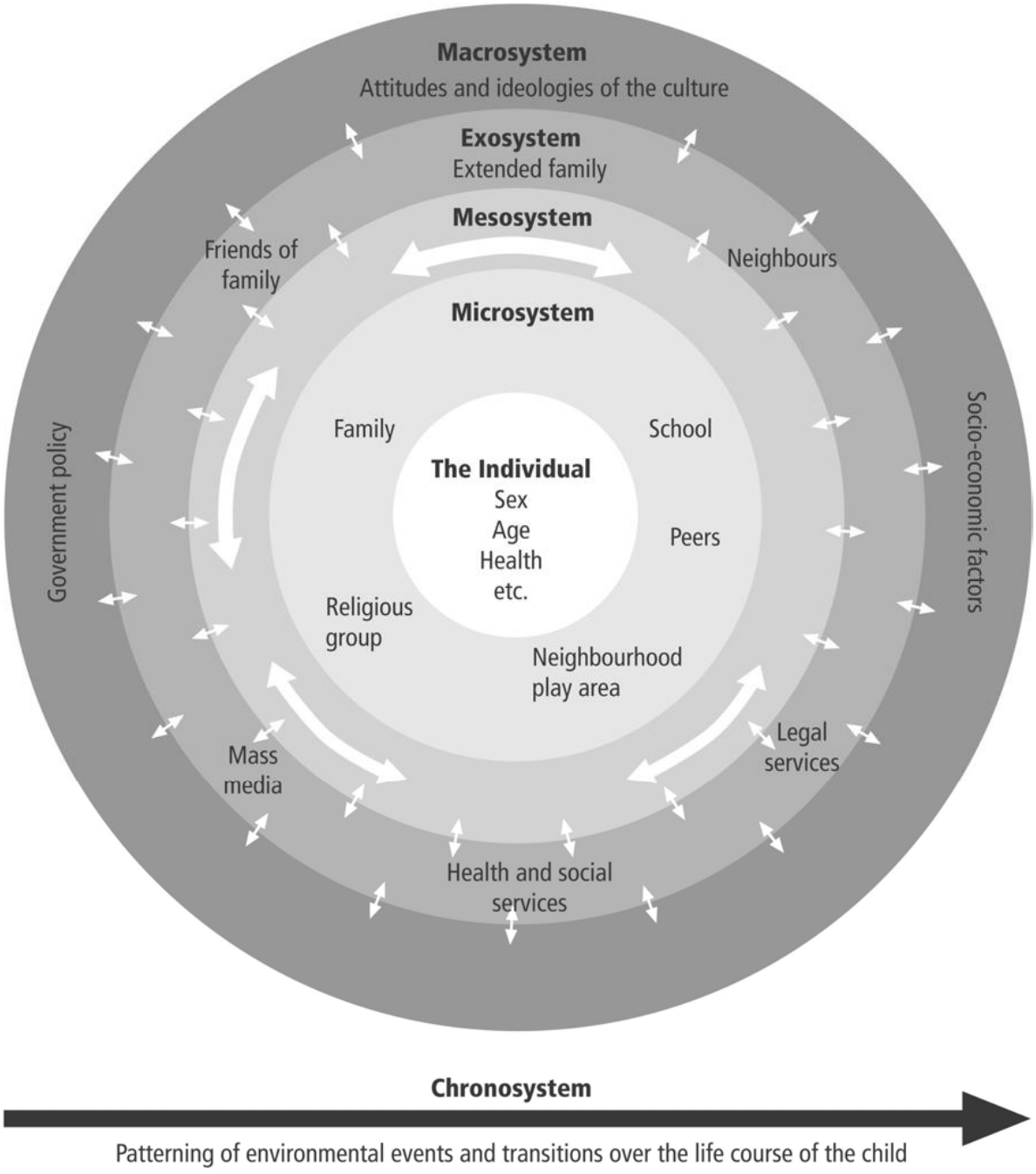
- Tapes and full transcripts will not be seen or heard by any person in this organisation at any time and will only ever be in the researcher's or her supervisor's possession.
- Transcripts will only be processed by the researcher.
- All audio tapes will be destroyed by the researcher after she has obtained her degree.
- No information that can identify me will be included in the transcripts or research reports; however, my direct quotes may be used in order to highlight certain point or for the sake of clarity.

.....

(Signature)

ADDENDUM 1

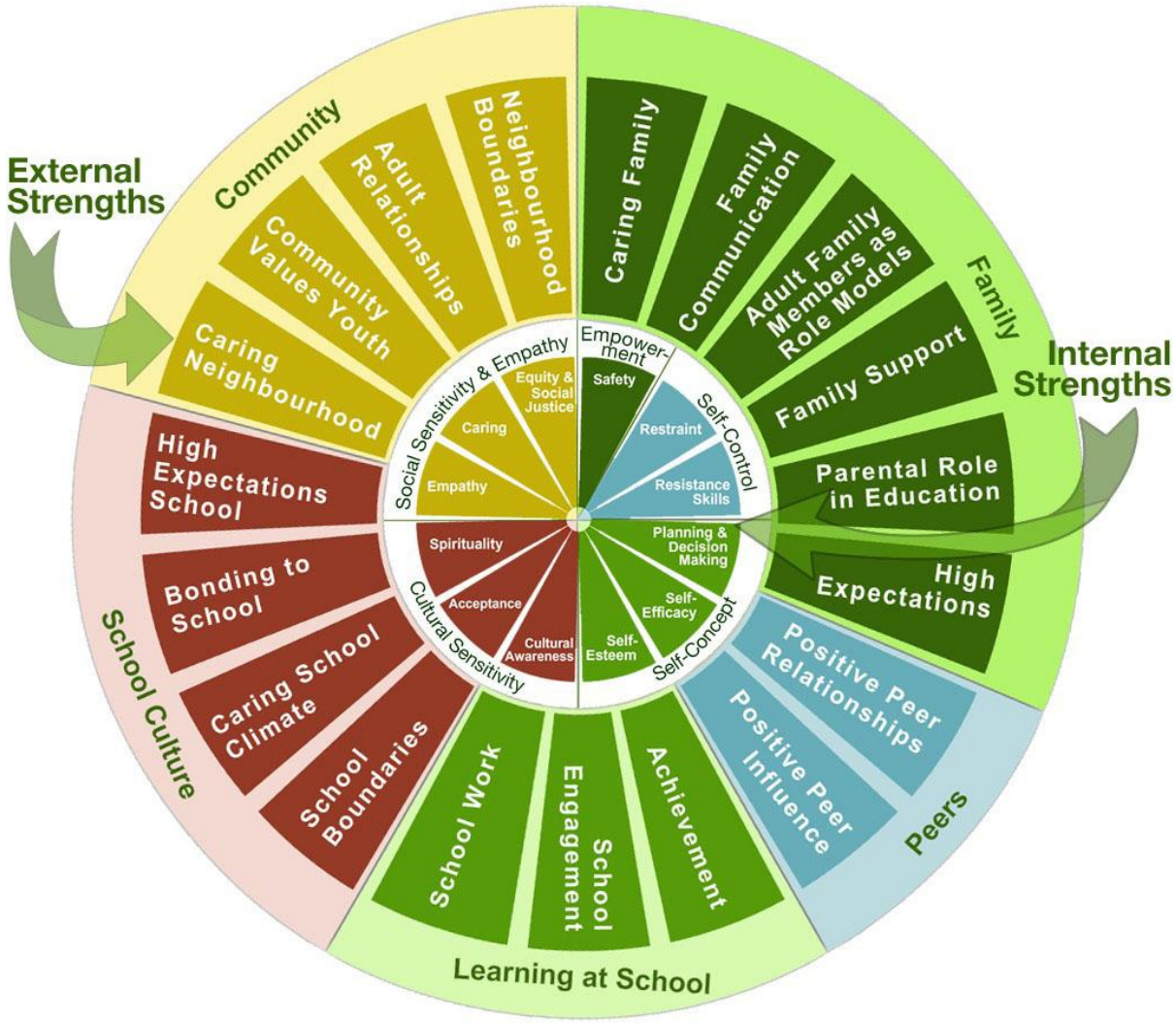
BRONFENBRENNER'S ECOLOGY OF HUMAN DEVELOPMENT



Source: adapted from Cole & Cole (2001)

ADDENDUM 2

BERNARD'S APPLICATION OF BRONFENBRENNER'S MODEL



ADDENDUM 3

ERIKSON'S STAGES OF PSYCHOSOCIAL DEVELOPMENT

Period	Developmental Crisis	Positive Resolution	Negative Resolution
Infancy Birth - 18 months	Trust vs Mistrust	Trust in people & the environment	Mistrust of people & the environment
Toddler 18 mths - 3 years	Autonomy vs Shame & Doubt	Pride in self; Assertion of will in the face of failures	Doubt in self & one's abilities
Preschool 3 - 6 years	Initiative vs Guilt	Able to initiate activities; Enjoy learning	Inhibition because of fear of failure, guilt & punishment
School Age 6 - 11 years	Industry vs Inferiority	Acquire skills for & develop competence in work; Enjoy achievement	Repeated frustration & failure lead to feelings of inferiority