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The social-emotional development of orphaned children in residential homes: Care workers' perspectives.

By

Fatima Abdulla

Presented in partial fulfilment of the requirements for the degree of **Masters in Research Psychology by Coursework and Research Report**

At

The University of Witwatersrand, 2018

Supervised by Dr. M. Kasese-Hara

Declaration

I declare that this dissertation is my own unaided work. It is submitted in partial fulfilment of the requirements for the degree of Masters in Research Psychology by Coursework and Research Report at the University of Witwatersrand. It has not been submitted before for any other degree or examination at this or any other university.

_____

Fatima Abdulla

15th March 2018

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Chapter One: Introduction to the study

1.1. Introduction

The study focused on the social-emotional development of orphaned children in residential homes from the perspective of the care workers who take care of them. The opening chapter will discuss the aims, rationale, research questions, central concepts, and overview of the study.

1.2. Aim of the study

The aim of the study was to investigate care workers' perspectives of orphaned children's social-emotional development in residential homes and how they describe their relationships with these children. Using thematic analysis, central themes were identified from a semi-structured interview. The themes were then related back to existing literature as far as possible so as to provide a meaningful contribution to the ongoing exploration of the topic. Recommendations for additional studies were made in relation to the results of the study under investigation.

1.3. Rationale of the study

Many children around the world are orphaned as a result of natural disasters, war, epidemics such as AIDS and poverty (Ahmad & Mohamad, 1996). One of the main causes of deaths is HIV/AIDS which is claiming lives at alarming rates and leaving many children orphaned (Van Wyk & Lemmer, 2007). In South Africa, there is an estimate of over two million orphaned children who have lost their mother, father or both parents (UNICEF, 2016). As a consequence of being orphaned, children may reside with their extended family or in residential homes. This means that orphaned children may have to adjust to a new residence (Ansah-Koi, 2006). The ability of orphaned children adjusting or the failure to adjust to a residence impacts their social-emotional development (Ansah-Koi, 2006). Social-emotional development has been described as "the emerging ability of children to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn — all in the context of family, community, and culture" (Darling-Churchill & Lippman, 2016, p. 1; Yates et al., 2008, p. 2).

Moreover, parental bereavement is seen as an experience that is traumatic to orphaned children and affects their social-emotional development. Chakraborty, Dasgupta, and Sanyal (2015) elaborate that children experience grief, loss, anger, and depression after losing either one parent or both parents. Furthermore, the quality of children's attachment relationships with

primary caregivers is important and has developmental significance beyond infancy, going well into adulthood, therefore making it fundamental to discussions regarding institutional care (Katsurada, 2007; Smith & Hart, 2006).

Policymakers and researchers alike have thus recognised that orphaned children's social-emotional development is fundamental to their well-being (Graves & Howes, 2011). In particular, there is much evidence on the social-emotional development of orphaned children (Darling-Churchill & Lippman, 2016; Graves & Howes, 2011; Halle & Darling-Churchill, 2016). However, much of the previous studies done on the social-emotional development of orphaned children has been quantitative in nature and therefore, by using qualitative methods, it is hoped that the researcher has gained richer knowledge on the area (Ashdown & Bernard, 2012; Graves & Howes, 2011; Klein & Durfee, 1979).

Moreover, there is little evidence in South Africa that explores the social-emotional development of orphaned children in residential homes from care workers' perspectives (Smith & Hart, 2006). In this context, care workers include caregivers, social workers, and managers who are able to articulate orphaned children's social-emotional development. Smith and Hart (2006) describe a need for additional literature that can contribute to the social-emotional well-being of children who are at-risk. Hence, having explored orphaned children's social-emotional developmental needs from a care worker's perspective and in making recommendations on how to help support these children and further their social-emotional development, it will hopefully add to the literature informing policies and implementation (Senior, 2002; UNICEF, 2017).

1.4. Research questions

Against the above introductory background, the main research questions were as follows:

- What kind of relationship do care workers have with orphaned children in residential homes?
- From the perspective of care workers, what is the social-emotional development of orphaned children in residential homes?
- From the perspective of care workers, what needs to be done to improve the social-emotional development of orphaned children in residential homes?

1.5. Defining concepts

The central terms used in the study will be discussed:

1.5.1. Social-emotional development.

Darling-Churchill and Lippman (2016, p. 1) and Yates et al. (2008, p. 2) describe social-emotional development as "the emerging ability of children to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn — all in the context of family, community, and culture".

1.5.2. Orphaned children.

Orphaned children are described as children who are younger than 18 years old and who have lost either one or both parents (Smart, 2003; UNICEF, 2015). Orphaned children may also be categorised according to the loss of their parent/s. Therefore, when children lose their mother only, they are described as a maternal orphan. When children lose their father only, they are described as a paternal orphan. Children who lose both their parents are described as a double orphan (Subbaro & Coury, 2004). For the purpose of this study, the researcher interviewed care workers on the social-emotional development of all orphans in general in the Gauteng Province of South Africa (Johannesburg area).

1.5.3. Care workers.

Care workers are the individuals who spend most of their time with children and play a fundamental role in their daily lives (Quiroga & Hamilton-Giachritsis, 2016a). Orphaned children are able to develop their social-emotional competencies when care workers provide them with love, care, and support (Quiroga & Hamilton-Giachritsis, 2016a). For the purpose of this study, care workers are described as individuals who work in an institutional context and may include caregivers, social workers, directors and managers. Care workers are responsible for protecting the rights of children, giving food, shelter and health care and providing an environment that enhances children's social-emotional development (Skinner et al., 2006).

1.5.4. Residential homes.

A residential home is seen as "an institution for the care of orphans" (O'Sullivan & McMahon, 2006, p. 143). Residential homes need to ensure that children's physical and emotional needs are met. Residential homes may be run by Non-Governmental Organisations (NGO), governments or religious organisations (with grants from governments or donations) (Subbaro & Coury, 2004). Furthermore, residential homes are also synonymous with being called orphanages or institutions.

1.6. Overview of the present study

The present chapter provides the purpose and objectives of the study. The second chapter will focus on literature and prior research on the social-emotional development of orphaned children in residential homes. It will also cover all the main concepts and theoretical orientation of the study. The third chapter will explain the methodological choices and procedures adopted in the collection of information for the study. These include semi-structured interviews with care workers who work with orphaned children in residential homes. Chapter four will discuss the findings of the study. In this chapter, the themes generated from the transcripts will be drawn together to answer the research questions. Chapter five is the concluding chapter that will evaluate the strengths and limitations and conclude the present study by providing recommendations for future research.

1.7. Conclusion

This chapter discussed the background information pertinent to the current study under investigation. The aims, rationale, research questions, and definition of central terms have been presented. Lastly, an overview of the study was given.

The following chapter will focus on the literature that underpins the study.

Chapter Two: Literature review

2.1. Introduction

The focus of this chapter is to introduce the main concepts of the study. Firstly, the social-emotional development of children will be discussed. This will be followed by a discussion on orphaned children and residential homes. Thereafter, care workers in residential homes will be discussed. Lastly, the theoretical framework used for the study will be described in the context of the study and a conclusion will be given thereafter.

2.2. Social-emotional development

The literature reveals uncertainty and debate in defining social-emotional development (Darling-Churchill & Lippman, 2016; Halle & Darling-Churchill, 2016). Social development is seen as "progressive changes in behaviour patterns used in social interaction" (Smart, 1972, p. 151). Social development depends on how an individual may respond to other people and on what he/she perceives in his/her environment, how he/she feels about it and what he/she is able to do about it. An individual's social behaviour is associated with how they interact with other individuals. Emotional development refers to the progressive changes in emotional behaviour. Emotional behaviour therefore involves behaviour that shows an affective state of pleasure or displeasure (Smart, 1972). Emotional development has been the foundation of studies on attachment. Attachment refers to the bond/relationship between two people, primarily infant-mother relationship (Ainsworth, 1989). However, this can extend to siblings, grandparents, and other kin such as care workers (Smart, 1972).

Moreover, social-emotional development has been recognised as important for children's success at home, in schools, with their friends and in later phases of life into adulthood (Darling-Churchill & Lippman, 2016). Therefore, difficulties in social-emotional development may disrupt children's ability to function at home, in schools and other contexts (Darling-Churchill & Lippman, 2016). Furthermore, studies show that children who develop social-emotional skills are aware of themselves and their environment, are able to resolve conflict, are autonomous and have the ability to responsibly make decisions (Ashdown & Bernard, 2012; Darling-Churchill & Lippman, 2016; Subbaro & Coury, 2004). Social-emotional competencies are therefore fundamental to children's well-being.

However, studies also show that if children fail to develop secure and healthy attachment relationships with primary caregivers, it may result in difficulties with social interactions and

identification and management of emotions (Darling-Churchill & Lippman, 2016; Sroufe, 2005; Bakermans-Kranenburg, Dobrova-Krol, & van IJzendoorn, 2011). The likelihood of maladjustment increases when children's stresses are cumulative and when they are given few opportunities for any support (Richter, 2004). Studies show that being socially and emotionally competent often predicts children's academic achievement, even when earlier academic success is considered (Darling-Churchill & Lippman, 2016; Denham, 2006).

2.2.1. Social-emotional competencies.

Social-emotional competencies are divided into three primary domains namely the social, emotional and cognitive (Campbell et al., 2016). Firstly, the cognitive domain is characterised by planning, organising, memory, setting goals and attention. Secondly, the emotional domain is characterised by perspective taking, expressing and managing emotions, and regulating behaviour (Campbell et al., 2016). Lastly, the social domain is characterised by co-operating, understanding actions of oneself and others, and resolving conflict (Bar-On & Parker, 2000; Campbell et al., 2016; Halle & Darling-Churchill, 2016).

Studies show that orphaned children have difficulty co-operating and have significantly more emotional problems than non-orphaned children (Sengendo & Nambi, 1997; Simsek, Erol, Oztop, & Munir, 2007). Orphaned children are more likely to experience emotional trauma due to their basic source of security (such as their parents dying) being removed (Chakraborty et al., 2015). Orphaned children may therefore grow up with unresolved negative feelings which are usually expressed as depression and/or anger (Sengendo & Nambi, 1997; Simsek et al., 2007). Chakraborty et al. (2015) argue that orphaned children tend to be more frustrated because of the emotional deprivation that occurs due to losing a parent/s. Similarly, Sengendo and Nambi (1997) agree that this is due to the loss of loved ones which, particularly during childhood, tends to bring more uncertainty on how to express emotions. This can also be explained as a loss of psycho-social support that primary caregivers would usually provide. Studies show that children may take a while to deal with the loss of their parents and because of this, have difficulty expressing their emotions (Lumbi, 2007; Sengendo & Nambi, 1997). A study conducted by Bettmann, Mortensen, and Akuoko (2015) exploring children's relational and emotional needs in a Ghanaian residential home found that children's needs are described in terms of attention, security, time and love. Additionally, the researchers report that more attention needs to be directed towards meeting the social-emotional needs of these children.

The ability to be emotionally and socially competent often depends on the relationship in which it is embedded in. These relationships may include relationships with friends and primary caregivers (Smith & Hart, 2006). Therefore, children who have difficulties with their relationships may have increased chances of developing social and behavioural problems (Morrison, 2008).

2.3. Orphaned children

Studies show that the psychological distress of orphaned children is higher than that of non-orphaned children (Nyamukapa et al., 2010). Orphaned children are therefore known to experience greater psychological stress as a result of the trauma from losing a parent, being cared for by an extended family member or in a residential home, child labour, inadequate care, and/or emotional neglect (Senior, 2002; Nyamukapa et al., 2010; Subbaro & Coury, 2004). Orphaned children are also at greater risk for dropping out of school, illness, malnutrition, sexual exploitation and abuse, and stigma and discrimination (Jooste, Managa, & Simbayi, 2006). Furthermore, orphaned children may be impacted by falling deeper into poverty, losing the access to inherited land, and reduced access to health services. Other impacts include the lack of nurturing care from the primary caregiver, anxiety, separation from siblings, depression, and grief (Jooste et al., 2006; Senior, 2002). Studies on orphaned children indicate that these children often get frustrated when things do not go their way, they feel afraid to face new situations, and have some difficulty making friends (Simbayi et al., 2006).

Children are able to feel trauma long after losing their parents, even when they have settled in a new environment (UNICEF, 2015). Subbaro and Coury (2004) argue that children are unable to handle the trauma associated with losing their parents because they are not yet physically or emotionally mature. Hence, as a result of children's inability to handle trauma, they are more at-risk for maladjustment in later phases of life into adulthood (Subbaro & Coury, 2004). Research done by Lumbi (2007) who interviewed orphaned children to assess their emotional competencies, adjustment, and coping strategies found that orphaned children continue to deal with the trauma of losing their parents long after parental loss and throughout their childhood. Participants reported feeling stigmatised and isolated after losing their parents. Unlike adults, children rely on their homes and their families which they see as permanent and reliable. They form attachments which allow them to feel secure and explore their environment from a stable base. Most children learn the inevitability of change and how to cope as they mature. However,

orphaned children do not get the chance to learn about life's changes and the unexpected loss could account for their inability to deal with their emotions (Lumbi, 2007).

2.3.1. Orphaned children in the South African context.

There are a huge number of orphaned children that are the result of poverty, underdevelopment, disasters, family disparities, substance abuse and subsequent diseases like AIDS (Ahmad & Mohamad, 1996). Sub-Saharan Africa is known to have the highest prevalence rate of HIV infections and deaths (Simbayi et al., 2006). The prevalence of HIV infections has increased exponentially in South Africa (Macleod, 2009; Van Wyk & Lemmer, 2007). There are over 5.7 million people who are infected with HIV. Parents die and leave behind their children as orphans. In South Africa, there is an estimated 3.7 million orphaned children, with about half of them who have lost either one or both of their parents to HIV/AIDS (UNICEF, 2015). The effects of HIV/AIDS related deaths are not only felt by families but also by health care, communities and institutions (Van Wyk & Lemmer, 2007).

Furthermore, children do not need to have HIV/AIDS to be affected by it. When one parent or both parents are infected with HIV/AIDS, this affects the child's whole life. AIDS carries a stigma in many parts of Africa and is associated with shame, fear, and rejection. Children who lose their parents due to AIDS are often called 'AIDS orphans' (UNICEF, 2004). The death of a primary caregiver, compounded by the stigma attached to HIV/AIDS may put children at-risk of stigma and discrimination, which could further isolate them from others at a time when they need support the most (UNICEF, 2004).

However, studies show that it is inappropriate to distinguish children by the death of their parents (UNICEF, 2004). By distinguishing children orphaned by AIDS from other orphaned children, it only increases the stigma and discrimination that these children are already facing (Senior, 2002; Smart, 2003; Subbaro & Coury, 2004). Losing a parent or parents to HIV/AIDS during childhood jeopardises the fulfilment of children's social-emotional needs by depriving them of access to both physical and emotional care. This also increases the likelihood that children will be subjected to child labour, live on the streets or be institutionalised (UNICEF, 2004).

Furthermore, there are more orphaned children found among black Africans than any other race groups. Moreover, there are more paternal orphaned children than maternal orphaned children (Shisana et al., 2014). From a provincial perspective, KwaZulu-Natal has the highest percentage of orphaned children which is 23.1%, followed by the Free State with 22.8%, then

Gauteng with 13.5%, Limpopo with 13.00%, and Western Cape with 7.5% (Shisana et al., 2014).

2.4. Residential homes

It is important for children to grow up in environments that protect them and allow for social-emotional growth. Therefore, being protected allows children to grow up emotionally and physically healthy, confident and less likely to manipulate other people. The family environment is a fundamental factor to consider in the development of children's self-esteem and positive identities (UNICEF, 2004). After the death of a primary caregiver, children may then receive care-giving from their extended family members (aunts/uncles or grandparents), or non-kin members who provide care such as residential homes (Cluver, Operario, & Gardner, 2009; UNICEF, 2004).

Residential homes may be run by religious organisations (with grants from governments or donations), Non-Governmental Organisations (NGO) or governments (Subbaro & Coury, 2004). In a residential setting, children are cared for by social workers or house mothers. A residential home provides care to children by providing them with shelter, food, education and health care (Yendork & Somhlaba, 2015). Children in residential homes have been empirically researched (Crockenberg, Rutter, Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2008). Studies show that problems with living in residential homes include a shortage of trained staff, lack of psychosocial services, inadequate funding, orphaned children feeling helpless and lonely and a lack of adult guidance (Subbaro & Coury, 2004). Some researchers have therefore argued that supporting families and improving their ability to cope with the loss of a loved one should be encouraged instead of setting up institutions for orphaned children (Jooste et al., 2006; Yendork & Somhlaba, 2015).

2.4.1. Residential homes in South Africa.

When children are deprived of growing up with a supportive family, they receive less attention and stimulation, and lack care and healthy social interaction with people which leave them unprepared for life's challenges (UNICEF, 2004). There is evidence that residential homes could negatively affect the well-being of orphaned children leading to poor physical, psychosocial and cognitive development. In addition, consistent absence of caregivers, a poor environment and care, and stigma and discrimination have been seen to negatively affect the well-being of orphaned children (Yendork & Somhlaba, 2015). Moreover, orphaned children have to deal with losing a parent which is more than just the disappearance of a primary

caregiver. It affects every aspect of an orphaned child's life such as their physical security, emotional well-being, mental development, social development and overall health (UNICEF, 2004). The orphaned child may be deprived of living in a family environment and may lack family support or end up living on the street (UNICEF, 2004). Furthermore, early institutionalisation and being placed in the residential home for long-term has been proven to affect all aspects of children's mental health and development (Maclean, 1995; Yendork & Somhlaba, 2015).

In a developing country such as South Africa, when a child's biological parents die or are unable to look after them, they are raised by their extended family or close family friends (Wagstaff & Therivel, 2017; Yendork & Somhlaba, 2015). However, many of these extended family members cannot afford to take care of an additional child or children. Herewith, children for whom kinship care is not available may be raised in residential homes. Studies show that some residential homes may only be able to meet the basic physical needs of children whereas others may provide support and consistent care-giving which may contribute to children's social-emotional development (Quiroga & Hamilton-Giachritsis, 2016a). Additional studies note that residential homes should not be a primary response for orphaned children due to high staff turnovers which make it difficult to sustain caring environments; high child to staff ratios which exacerbate a care deficit for orphaned children; reintegration difficulties due to stigma, frequent failure to respond to the needs of orphaned children as well as worse social-emotional outcomes for orphaned children residing in residential homes (UNAIDS, 2006). Despite the efforts of researchers that confirm institutional care may be harmful to children, these institutions remain the only option in some countries (Quiroga & Hamilton-Giachritsis, 2016a). In South Africa in particular, staying with the extended family or in residential homes are considered the most preferable option, but some researchers encourage adoption as another option (Wagstaff & Therivel, 2017).

There are many orphaned children who currently live in residential homes with the main figure being the care worker. The relationship that is formed with a temporary care worker can be very important in orphaned children's lives. However, there has not been much research done on care workers working in residential homes regarding their experience and perspectives of orphaned children's social-emotional development (Quiroga & Hamilton-Giachritsis, 2016a).

2.4.2. Orphaned children in residential homes.

In African societies, the primary support mechanism has been the extended family. However, the growing rate of orphaned children has made it difficult for families, communities and institutions to cope. As a result of this crisis, children often lack a protective and nurturing social environment to grow up in. Furthermore, the social-emotional and mental needs of children remain unmet (Senior, 2002). Social-emotional development and child care quality is positively associated with each other (Graves & Howes, 2011). The literature on orphaned children living in residential homes has primarily been concerned with children's ability to form and sustain attachment relationships (Zeanah, Fox, & Nelson, 2013). Studies show that orphaned children in residential homes have difficulty forming and sustaining attachment relationships (Voort, Juffer, & Bakermans-Kranenburg, 2014; Zeanah et al., 2013).

Time in a residential home may relate to the frequency and severity of a child's delays in cognitive, academic achievement, physical growth, behaviour problems, social relationships, and inattention/hyperactivity. The relationship between time spent in a residential home and outcomes thereof is not clear or linear. If children are exposed to poorly run residential homes for longer than the first 6-12 months of their life, it has been reported that the children will display attachment problems, indiscriminate friendliness, aggressive behaviour and lower mental abilities (Crockenberg et al., 2008).

2.5. Care workers in residential homes

Historically, care workers have played a significant role in providing care to vulnerable populations such as orphaned children in residential homes (O'Sullivan & McMahon, 2006). Care workers are the individuals who spend the most time with children and provide them love, care, and support. Care workers help children develop socially and emotionally when they meet the social-emotional needs of these children (Quiroga & Hamilton-Giachritsis, 2016a). Furthermore, care workers provide children with food, shelter, health care and an environment which enhances their social-emotional development (Skinner et al., 2006).

Organisational structures of residential homes have implications on the "quality of care" that is provided to orphaned children (Bettmann et al., 2015, p. 77). Care workers may have other duties and may sometimes feel overwhelmed by the job or unable to provide care and responsiveness to orphaned children (Bettmann et al., 2015). According to Bettmann et al. (2015), care workers may not have enough time, training, or care worker support to sufficiently attend to children's social-emotional needs (Bettmann et al., 2015). Care workers who have

limited time with children provide little attention to the social-emotional needs of children (Caserta, Punmaki, & Pirttila-Backman, 2017). When care workers are unavailable and unresponsive to children, this threatens their exploration, learning, psychological thriving and prevents them from forming secure attachment relationships (Dyette & Nayar-Akhtar, 2015; Maclean, 1995). When children who do not receive sufficient attention, it may lead to maladaptation in their social-emotional domains (Bakermans-Kranenburg et al., 2011).

Care workers are the primary source of support when children living in residential homes are distressed (Graves & Howes, 2011). However, care workers often feel overworked and may not provide care or attention to children. This is believed to have negative consequences for children's social-emotional development (Castillo, Sarverr, Bettmann, Mortensen, & Akuoko, 2012). Thus, we see that care workers play a fundamental role in children's social-emotional development (Graves & Howes, 2011). A study carried out by Crockenberg et al. (2008) investigating the role of social-emotional experience and adult-child relationships in children from birth to four years of age. Two interventions were carried out in order to foster a relationship between the care workers and the children. Results showed that during the study, care workers improved in their behaviour towards orphaned children. Results also reveal that there is a lack of sensitive, responsive, and warm care worker-child interactions and relationships (Crockenberg et al., 2008). Additional research shows that in residential homes, there are deficiencies in care worker stability, consistency, responsiveness and emotional stability (UNICEF, 2016).

2.5.1. Care workers and social support.

Consistent with attachment theory, studies show that social support and close emotional relationships with care workers serve as a protective factor and aids children's social-emotional development (Caserta et al., 2017). Social support is described as a "protective factor which promotes the health and well-being of all individuals across their life-span" (Serrano-Villar, Huang, & Calzada, 2016, p. 1). Research has additionally shown that care workers report their experiences of working in residential homes and their relationships with orphaned children positively. The positivity that care workers describe is characterised by being emotionally involved with the children (Quiroga & Hamilton-Giachritsis, 2016a). A study conducted on the well-being of orphaned children in Rwanda found that social support is an important factor when looking at lowering mental distress and improving emotional well-being in orphaned children (Caserta et al., 2017). A protective function for orphaned children living in residential

homes is a good relationship with at least one parental figure (Simsek et al., 2007). Studies on attachment show that even if children suffer in the early years of life, if they have at least one individual providing love, warmth and responsivity, this can increase their social-emotional development (Crockenberg et al., 2008; Quiroga & Hamilton-Giachritsis, 2016b).

2.6. Theoretical framework: Erikson's theory

Childhood is more than just birth and growing into adulthood. According to UNICEF (2004), it is also about the "condition of a child's life" (p. 1) or in other words, the quality of their life as children. In sub-Saharan Africa, the epidemic of HIV/AIDS has resulted in an increase in child mortality rates, reductions in life expectancy and a significant rise in the number of orphaned children. This has a damaging effect on a child's development and the harm caused may last for many years beyond childhood (UNICEF, 2004). When looking at children's development, we use Erikson's eight stages of psychosocial development to consider personal and social development in children. Erikson's (1950) main focus is on emotions and how they contribute to behaviour and personality. For Erikson (1950), development occurs as a need to achieve autonomy, relatedness, and competence. Children search for opportunities to demonstrate new skills, make decisions, control their behaviour, and form good relationships with family and friends (Senior, 2002). For the purpose of this study, only five of the eight stages of development will be discussed as orphaned children are described to be under the age of 18 years old (see Erikson, 1950).

2.6.1. Trust versus basic mistrust.

The first stage is from birth to infancy and is known as 'trust versus basic mistrust' (Erikson, 1950). During this stage, there is an emphasis on the caregiver's ability to nurture and care for the child (Erikson, 1950; Senior, 2002). Children that are cared for will develop confidence, trust, and optimism. Children may develop insecurity, worthlessness, and a mistrust of the world if they do not experience trust (Senior, 2002). Trust here does not depend on the food that children receive, but is rather based on the "quality of the maternal relationship" (Erikson, 1950, p. 221). Therefore, mothers create trust with the sensitive care that they provide to their infants (Erikson, 1950). The care-giving relationship is often disrupted in the orphaned child due to the loss of a primary caregiver. This could then lead to poor functioning in the orphaned child (Cluver et al., 2009). Furthermore, if children receive inconsistent care-giving, it may negatively affect their well-being (Cluver et al., 2009). Research thus shows that a secure

relationship/bond with a caregiver may act as a protective function for children and be beneficial to their well-being (Cluver et al., 2009).

2.6.2. Autonomy versus shame and doubt.

The second stage is referred to as 'autonomy versus shame and doubt' and occurs from 18 months to 3 years old (Erikson, 1950). This stage is based on children's ability to build their self-esteem as they begin learning new skills. The child who is cared for will carry themselves with pride instead of shame. If the child is unable to learn certain skills, the child may feel shame and low self-esteem (Senior, 2002). This stage may also be characterised by temper tantrums, defiance and stubbornness (Erikson, 1950).

2.6.3. Initiative versus guilt.

The third stage is known as 'initiative versus guilt' and occurs during the ages of 3 to 5 years old (Erikson, 1950). During this stage, children have developed their motor skills and become more engaged in social interaction with the individuals around them. Furthermore, this stage is characterised by children wanting to copy adults and create play situations (Senior, 2002). Initiative is fostered when the child is supported in the activities that they carry out. The child who receives consistent discipline and is encouraged will not feel guilt when certain things are not allowed. If the child becomes frustrated over desires and goals, then the child may experience guilt (Erikson, 1950).

2.6.4. Industry versus inferiority.

The fourth stage is known as the 'industry versus inferiority' stage and occurs during middle and late childhood (from around 6 to 12 years old) (Erikson, 1950). During this stage, the main focus for children is to gain proficiency, competence and mastery in the tasks given to them by teachers and primary caregivers (Senior, 2002). If a child develops pleasure in being productive, a sense confidence will be developed. If a child has negative experiences with their family, school, and their friends, it may lead to feelings of inferiority (Erikson, 1950). Furthermore, the ability to make friends and gain recognition and positive acknowledgement from friends becomes highly valued (Senior, 2002). Erikson (1950) argues that because comparison with friends at this stage is so important, a negative evaluation of the self (relative to one's friends) may affect the child's well-being (Nyamukapa et al., 2010). Studies show that children suffer from stigma and discrimination as a result of being orphaned which then negatively affects their social-emotional development (Senior, 2002).

2.6.5. Identity versus role confusion.

The fifth stage is known as the 'identity versus role confusion' stage and occurs from 12 to 18 years old (Erikson, 1950). This stage is characterised by children struggling to find their own identity whilst also struggling to interact with people and fitting in and developing a sense of what is wrong and what is right (Erikson, 1950; Senior, 2002). If a child is able to create a positive identity and see themselves as an integrated person, they will develop a strong identity. If a child does not gain a strong sense of identity, this will result in feelings of unworthiness, inferiority complexes, inability, and low self-esteem (Senior, 2002). The critical psychological need at this stage is for children to develop a strong sense of identity. This can be difficult for orphaned children as research shows that they have more identity problems and suffer more psychological distress than non-orphaned children (Nyamukapa et al., 2010; Senior, 2002).

There are three more stages known as 'intimacy and solidarity versus isolation', 'generativity versus stagnation', and 'integrity versus despair' (Erikson, 1950) but as mentioned earlier, they are not applicable to the present study. Moreover, the cross-cultural applicability may be limited as Erikson's theory exhibits American values. Erikson's theory has been criticised as displaying self-contained individualism and economic profitability which contribute to the political and economic order of a capitalistic America (Senior, 2002).

2.7. Theoretical framework: Bowlby's Attachment theory

Development is seen as a process that occurs between a child's environmental experiences (such as their relationships with their caregivers) and a child's genetic makeup (UNICEF, 2016). Theories of development therefore emphasise the importance of the relationship between a child and caregiver and argue that disruption in this area may lead to disturbances in both social and emotional spheres (Klein & Durfee, 1979). Therefore, the quality of relationships children have fundamentally shape their physical and emotional development (UNICEF, 2016). Whilst studies on attachment initially looked at the relationship infants have with their mothers (Bowlby, 2012), the definition was further developed to include many other attachments such as those with children's extended family, fathers, and care workers (Quiroga & Hamilton-Giachritsis, 2016a; Quiroga & Hamilton-Giachritsis, 2016b).

John Bowlby (2012) initially researched the long term impact that separation from parents may have on orphaned children. His work in residential homes with children separated from their parents led him to discern that early disruptions in the relationship between mother and infant resulted in emotional, behavioural, and health problems (Smith & Hart, 2006).

John Bowlby (2012) thus argues that good attachment relationships with caregivers play an important role in children developing their social-emotional well-being. However, studies involving attachment in residential care reveal that there are deficiencies in care worker consistency and stability, emotional availability, and responsiveness (UNICEF, 2016). Initially, Bowlby showed much evidence that children in long term residential care display lower levels of social, language and cognitive development due to the effects of not having a mother. However, more recent studies show that improved institutional care has less dramatic harmful effects (Smith, Cowie, & Blades, 2005). Additional studies show that the close emotional relationships/bonds between care workers and orphaned children living in residential homes may act as a ‘’psychological buffer’’ against their trauma (Bettmann et al., 2015, p. 72; McGoron et al., 2012).

Furthermore, studies have found that young children exposed to residential homes are at a higher risk of developing psychopathology (McGoron et al., 2012; Smith & Hart, 2006). However, chances for psychopathology can be reduced if children have a secure attachment relationship with at least one parental figure (McGoron et al., 2012).

2.7.1. Attachment relationships.

Attachment is a connection that occurs between an infant and their primary caregiver (Bowlby, 1969). Attachment is when a child seeks proximity and contact with another person (Smart, 1972). It influences every part of a child’s life such as their mind, body, emotions, values, and relationships. Attachment can be seen as “mutually reinforcing patterns of behaviour between a child and caregiver:” (Ainsworth, 1989, p. 2). Children also play a role in the formation of an attachment relationship, however, how a care worker responds to attachment behaviours is also important to the attachment relationship. Care workers’ response to children’s attachment behaviours is affected by factors such as the care worker dealing with illnesses and their own attachments which they may have grown up with (NSW Department of Community Services, 2006).

When care workers are responsive and consistent towards children, this care helps children recognise their emotions, regulate their behaviour and emotional states. If children are able to experience care-giving that is responsive and sensitive, then children may also develop social and emotional competencies (Walker, 2008). When children’s emotional needs are responded to positively, this helps them develop a sense that they can be loved. Children also learn that they can rely on other people in their lives and are better able to deal with distressing

experiences (Taylor, 2010). Although attachment theory is universal, it is important to take note that most of the knowledge on attachment theory is based on western studies (NSW Department of Community Services, 2006).

2.7.2. Secure and insecure attachment relationships.

Children create templates from the relationship/bond they have with their primary caregiver. This template is then used for other relationships that children may form (Taylor, 2010). This template is developed in early infancy and childhood and used to understand future relationships. There are two different types of attachment relationships, namely secure and insecure (Thakkar, Mepukori, Henschel, & Tran, 2015). A secure attachment depends on the caregiver's emotional availability. With a secure attachment, the caregiver must be consistently available and provide the child with responsive care-giving. A child who is securely attached is able to regulate their distress and understand that the caregiver will help them when they are in need (Maclean, 1995; Taylor, 2010). Children who are securely attached have built mental models of a world that is caring and a secure self. Positive attachment relationships are developed when caregivers respond to children's distress with sensitivity and warmth (Holmes, 1999).

Insecure attachment results in anxious, avoidant or disorganised behaviour (Senior, 2002). An insecure attachment reflects the expectancies of caregivers' behaviour in the time of need (Maclean, 1995). Children with disorganised attachment patterns view their caregivers as a source of fear (Taylor, 2010; Walker, 2008). Children with insecure or disorganised attachments see themselves as unworthy of love and care and see the world as a dangerous and unpredictable place (Taylor, 2010). Children with disorganised attachments try to control people through manipulation, intimidation, over compliance or role reversal (Walker, 2008). There is a close correlation between trauma and disorganised attachment which therefore means that many institutionalised children may display this pattern (Walker, 2008). Children who display disorganised attachment behaviours have an increased chance of developing difficulties or psychopathology later in their lives (Taylor, 2010).

With avoidant attachments, these children see their caregivers as rejecting, intrusive and controlling (Taylor, 2010; Walker, 2008). Avoidant children are compliant, self-contained and independent. These children hide their distress and pretend like they are okay even when they are really not okay (Walker, 2008). The resistant-ambivalent attachment pattern is characterised by the caregiver being inconsistently available and insensitive (Taylor, 2010). In

this type of attachment pattern, children may develop a low autonomy and poor social competence (Taylor, 2010). These children are coercive in their relationships, are easily angered and may act obsessively (Taylor, 2010; Walker, 2008).

Children who have disrupted attachment histories need to learn to trust their caregiver and believe that their caregiver will provide social and emotional support when needed (NSW Department of Community Services, 2006). Having a secure attachment relationship can be beneficial for children as it may improve their social-emotional development (Smith & Hart, 2006; Voort et al., 2014). If children are securely attached to at least one person then it may increase their chances of growing up as a healthy adult (NSW Department of Community Services, 2006).

2.7.3. Attachment of children in residential homes.

Children who live in residential homes are separated from their parents and are usually deprived of forming secure attachment relationships with stable care workers (Voort et al., 2014; Zeanah et al., 2013). Orphaned children are also more likely to display avoidant or anxious attachments in any other relationships that they form (Senior, 2002; Thakkar et al., 2015). Residential care is often identified by a lack of consistent, warm and sensitive care-giving, many orphaned children with very few care workers, and a constant change in these care workers which all contribute to structural neglect (Taylor, 2010; Zeanah et al., 2013). This then results in a disorganised attachment for orphaned children (Taylor, 2010). Research shows that children brought up in residential homes may find it hard to form relationships with care workers as a result of high staff turnover (Smith, et al., 2005). Orphaned children are therefore more likely to display insecure and disorganised attachment relationships (Bakermans-Kranenburg et al., 2011; Katsurada, 2007; Smith & Hart, 2006; Voort et al., 2014). Additional studies show that orphaned children have more behavioural problems and fail to form any strong attachment relationships (Smith et al., 2005).

According to Morrison (2008), the loss of a primary caregiver is linked to emotional distress, anger, depression, emotional detachment and anxiety for the orphaned child. Studies done in Romanian residential homes show that although orphaned children form attachment relationships, a significant number display insecure attachment relationships (Maclean, 1995). Research indicates that if children do not play a role in communication aspects, the attachment relationship may suffer (Maclean, 1995).

There is evidence that care workers have the ability to form secure attachments with orphaned children (Maclean, 1995). When children discuss their problems with care workers, it allows children to explore and develop a widening vocabulary of emotional language (Taylor, 2010). However, as a result of orphaned children having a greater chance of developing disorganised and insecure attachment relationships, Voort et al. (2014) has questioned whether these children get a chance to become securely attached at all.

2.8. Developmental Outcomes of attachment

Developmental theory argues that there is a causal connection between a child's early experience and later in their lives. Therefore, the impact of what happens early in life may be seen in later personality and behaviour (Meggitt, Manning-Morton & Bruce, 2016). The quality of the attachment relationship between a caregiver and a child may have consequences on the child's development. The areas that are affected include social competence and behaviour problems (Voort et al., 2014).

2.8.1. Social competence.

Social competence is the ability of an individual to interact with people, co-operate and resolve conflict (Smith & Hart., 2006; Voort et al., 2014). Emotional competence is different to social competence as social competence is described as the application of emotional competencies. If children are to be seen as socially competent, they must have the ability to recognise and express how they feel, and have the ability to develop positive relationships (Campbell et al., 2016). Furthermore, children's social-emotional competencies may vary depending on where and when they are measured which is consistent with Erikson's theory that children develop at different stages (Darling-Churchill & Lippman, 2016).

2.8.2. Behaviour problems.

Disorganised or insecure attachment relationships predict externalising behaviour problems in children such as attention seeking, lying, screaming or losing their temper. Children who are insecurely attached show more aggression than securely attached children (Taylor, 2010). Insecure attachment, specifically avoidance, is related to behaviour problems such as children being withdrawn, preferring to be alone, feeling worthless or depressed (Voort et al., 2014). Studies show that orphaned children have higher levels of behaviour problems than non-orphaned children (Zeanah et al., 2013).

2.9. Conclusion

This chapter reviewed the existing literature and the importance of researching orphaned children's social-emotional development in residential homes. It also contextualised orphaned children in the South African context. Residential homes in South Africa was discussed and studies on orphaned children in residential homes explored. Care workers were used as an important focus to provide information on children that they would not be able to otherwise give us. Attachment theory and Erikson's psychosocial theory were used as a theoretical lens for researching the social-emotional development of orphaned children in residential homes.

The following chapter discusses the method that underpins the study.

Chapter Three: Methods

3.1. Introduction

This chapter focuses on the method undertaken to answer the research questions. The research design, sampling, and study setting will be discussed. Thereafter, the instruments used for the study, the procedure, transcription of the interviews, data analysis, and ethical issues will be explained. Lastly, the trustworthiness of the study will be discussed, followed by the researcher addressing reflexivity.

3.2. Research method

Qualitative research attempts to describe an individual's views in order to better understand social realities with a particular focus on processes and meanings that individuals attach (Schmidt, 2004). Therefore, in qualitative research, emphasis is placed on the value of humans knowing about their social world and being able to give it meaning and explain it. Qualitative research also values the researcher as someone who is able to interpret and show an understanding of a particular phenomenon being studied and the meanings that individuals attribute to the phenomenon (Snape & Lewis, 2003). The study undertaken was therefore qualitative in nature, with the aim of exploring care workers' perceptions of orphaned children's social-emotional development in residential homes. The nature of this study enabled participants to provide detailed data on their views and perceptions of orphaned children in residential homes.

3.3. Sample and sampling procedure

Non-Probability, purposive sampling was used for the purpose of this study. Purposive sampling provides descriptions, along with clear articulation of the inclusion criteria (Huck, 2012). A sample of care workers were recruited as participants for the study. Care workers included individuals who were able to articulate the social-emotional development of orphaned children in residential homes.

The inclusion criteria for care workers were as follows:

- An individual who has orphaned children under their care, responsible for orphaned children's daily needs, development, and emotional well-being.
- A person who has worked in a residential home for at least 6 months.
- The care worker must sign an informed consent form.

- The care worker must be able to read, speak and understand English.

All participants selected for the study fulfilled the inclusion criteria. Moreover, when choosing a sample size, the researcher must select a sample large enough to allow for the identification of consistent patterns (Huck, 2012). For this reason, the researcher used a sample size of ten care workers as participants. These ten care workers were purposefully selected from the Johannesburg area. The biographical characteristics of the participants are presented in table 1.

Table 1: Demographic profile of participants.

Participant name	Gender	Race	Age (years)	Occupation	Level of training	Time (years) in residential home	No. of children taking care of
Patrick	Male	Indian	63	Director of residential home (Founder)	Did not answer.	15	30
Sandra	Female	Indian	53	*House mother	No training	10	32
Pamela	Female	Black	65	Project manager	Community developer	15	81
Janine	Female	Black	58	Founder of residential home	Child development and counsellor	20	18
Zoey	Female	Coloured	61	*House mother	No training	20	39
Lily	Female	Coloured	49	Counsellor/Social Auxiliary Worker	Counsellor and in-house training	6	6
Paul	Male	Black	30	Social Auxiliary Worker	Child development	7	100
Mikael	Male	Coloured	35	Care worker/ teacher	Islamic teaching and methodology	7	20
Yolan	Male	Coloured	42	*Care worker	Child development	9	21-22
Sharon	Female	Coloured	50	*Care worker	No training	9	Did not answer.

Note. *Care worker and house mother responsibilities are described by participants as taking care of the orphaned children's physical and emotional needs such as making their beds, cleaning, cooking, helping the children with their homework, speaking to them about their emotions and comforting them in times of need.

3.4. Study setting

The interviews took place in three different residential homes located in the Johannesburg area. The first residential home was a male only residential home with children aged between 8-18 years old. There were 32 children in this residential home. The second residential home was a female only home and catered to children between the ages of 2-16 years old. There were 18 children who lived on the premises. During the day there were 170 children (consisting of both males and female) who were given food and helped with homework. Lastly, the third residential home included both male and female orphaned children. This residential home consisted of 100 children between the ages of 4-18 years old. All three residential homes were registered as Non-Governmental Organisations (NGO). The staff of all three residential homes included project managers, caregivers, social auxiliary workers, and teachers. The third residential home was the only residential home that also had a counsellor. The services offered by the residential homes included taking care of the welfare of orphaned children, providing them with schooling, food, shelter, and a safe environment.

3.5. Measures

The data for this study was collected through two questionnaires. The first being a demographic questionnaire which was used to gather data on the care workers' demographic information, and the second was a semi-structured interview schedule collecting data on care workers' perceptions of orphaned children's social–emotional development which is detailed below.

3.5.1. Demographic questionnaire.

This questionnaire contains demographic information of each participant that participated in the study. Questions that were asked included the care worker's age, sex, ethnicity and information regarding their work as a care worker. This demographic questionnaire can be found in Appendix A.

3.5.2. Interview schedule.

A semi-structured interview was utilised for the purpose of this study. Semi-structured interviews are carried out at a certain time and location. A semi-structured interview has a set number of open-ended questions that are asked by the researcher (Schmidt, 2004). According to Schmidt (2004), the researcher may also ask other probing questions that could follow from the interview with the participants. Doing individual interviews allowed the researcher to gain deeper knowledge into the social and personal world of individuals (DiCicco-Bloom & Crabtree, 2006). The interview schedule was used to interview the care workers in relation to

their perceptions on orphaned children's social-emotional development in residential homes (see Appendix B). Literature from the literature review was used to formulate the open-ended questions asked for this study. Moreover, the researcher conducted a pilot interview using the semi-structured interview schedule with a care worker employed at a residential home who was not part of the research study. This was done in order to help the researcher identify any ambiguity and test reliability of the questionnaire (De Vos, Strydom, Fouche, & Delport, 2005).

3.6. Procedure

The researcher conducted a semi-structured interview. The residential home manager was approached at the residential home with an invitation to participate in the study (see Appendix C). Participants who were interviewed were given two consent forms, one asking to be interviewed (see Appendix D) and the other to be audio recorded (see Appendix E). The invitation to participants included details on the study, such as aims and rationale which were verbalised to the participants as well. The researcher also verbally explained the audio recording consent form to the participants which included information on how the audio recording and transcripts will be stored and used. The participants who signed and confirmed participation were audio recorded and interviewed in a room within the residential home. The interview took approximately 30-50 minutes to complete. The interview was then transcribed, analysed and reported.

3.7. Transcription of interview

Transcription in qualitative research refers to a conversation of spoken language (audio or video recording) into text (Sullivan, Gibson, & Riley, 2012). The transcription of interviews may serve many important functions. One of these functions includes the transformation of data into a format more suitable for analysis (Sullivan et al., 2012). Transcription also familiarises the researcher with the data and stimulates analytical thinking (Heppner & Heppner, 2004). During the transcription phase, all forms of verbal and non-verbal communication were recorded verbatim.

3.8. Data analysis

The researcher used Braun and Clarke's (2006) six steps to analyse the data:

Step 1: familiarising yourself with the data

Step 2: generating initial codes

Step 3: searching for themes

Step 4: reviewing themes

Step 5: defining and naming themes

Step 6: producing the report

Step one involved the researcher collecting, examining and re-examining the transcribed data. The researcher engaged with the data in an active way (search for meaning and patterns). This step involved transcribing verbal data into a written form in order to conduct a thematic analysis on the data. Step two involved the researcher producing codes from the data. These codes involve data that appeared interesting to the researcher. The third step involved the researcher searching for specific themes within the transcribed data and sorting the various codes into possible themes. Step four involved the refinement of themes from the previous step. Step five then included defining and refining the selected themes further. Finally, step six involved the researcher conducting a final analysis and thereafter writing the report (Braun & Clarke, 2006).

3.9. Ethical considerations

Ethical clearance was given from the University of Witwatersrand (see Appendix F). The researcher also received permission from the manager of the residential homes. By using informed consent, it allowed for freedom of choice and the reduction of psychological stress from participation (Stangor, 2011). Hence, voluntary participation was sought by means of informed consent from the care worker participants.

In the consent forms, the researcher provided participants with clear and factual information about the study, risks and benefits, the methods, along with assurances of the voluntary nature of participation and freedom to withdraw at any time without any consequences. This information was communicated verbally to the participants and on the information sheet. Additionally, the care workers were interviewed and the interview was audio recorded. Researchers are to ensure that informed consent is attained prior to recording voices (DiCicco-Bloom & Crabtree, 2006; Stangor, 2011), hence the researcher ensured that permission was given through an audio consent form for the recording of their voices.

Confidentiality is an important part of research (Stangor, 2011). The data was only available to the researcher and supervisor in order to ensure confidentiality. The data was kept on a laptop that is password protected. The analysis of the study was available to participants. Anonymity

is important in relation to the information that is shared as the interviewee could share information that could jeopardise his/her position and therefore the information needs to be protected (DiCicco-Bloom & Crabtree, 2006). Due to this study taking the form of interviews, anonymity was not guaranteed but the identity of the participants was concealed through pseudonyms.

3.10. Trustworthiness in qualitative research

Cope (2014) indicates that the most common criteria that can be used to evaluate qualitative research are those mentioned by Lincoln and Guba (1985). These criteria include transferability, credibility, dependability, and confirmability of findings which will be discussed below.

3.10.1. Credibility.

Credibility attempts to ensure that there is truth between the participant's views and how these views are represented by the researcher. Credibility thus helps to determine whether findings are congruent with reality (Cope, 2014; Shenton, 2004). To enhance credibility, the researcher used triangulation which is the process of using many different sources in order to form a conclusion (Cope, 2014). The researcher implemented triangulation by collecting data from interviews and notes. The researcher also kept a reflexive journal to enhance credibility.

3.10.2. Transferability.

Transferability occurs when the results of a study may be applied to other settings or groups. Transferability is achieved if the results have significance for individuals who do not participate in the study. Transferability thus contributes to being able to make generalisations about a phenomenon (Cope, 2014). To ensure transferability, the researcher provided information on the context and participants, so one can assess if the findings are transferable.

3.10.3. Dependability.

Dependability is characterized by the consistency of results over similar conditions. In order to achieve dependability, the researcher mentioned all the processes followed within the study in detail to enable a future researcher to repeat the study (Cope, 2014; Shenton, 2004).

3.10.4. Confirmability.

Confirmability is characterised by the researcher's ability to ensure that the identified themes come from the participant's responses and not the researcher's beliefs or biases. To enhance confirmability, the researcher has made use of quotes from the participant's interviews in support of each identified theme (Cope, 2014; Shenton, 2004).

3.11. Reflexivity

According to Finlay (2002), examining how a researcher affects and transforms the research is an important factor in qualitative research. Reflexivity is about how the researcher reacts to the study, their position in the study and the relationships encountered by the researcher. The researcher plays an active role in influencing and constructing the selection and interpretation of the data (Finlay, 2002). Self-reflexivity has the ability to unmask the hidden ideological agendas that are hidden in our writing (Finlay, 2002). It is therefore important for researchers to be aware of and understand their own interests and positions. Etherington (2004) argues that if researchers are alert of their own feelings, environment, culture and personal history, and how this informs them as they speak to participants, transcribe their data, and present their work, then this will result in the rigour that is required for good qualitative research. Researcher reflexivity therefore enhances the trustworthiness of the findings and outcomes of the research report (Etherington, 2004).

The researcher has always had an interest in children's development and has previously volunteered at a residential home which gave rise to her interest in orphaned children who live in residential homes. Furthermore, there may have been a hierarchy present with one of the participants. One participant could have been trying to paint a successful picture of the orphaned children in the residential home. Due to the participant being aware that the researcher was writing a paper about care worker perceptions of orphaned children in residential homes, the participant's picture of the orphaned children in the residential home may have been tainted. However, the researcher does believe that the participant was honest as the researcher had made it clear that the participants name will be changed and that the researcher is not evaluating the participant's abilities or the residential home in any way. The participant then felt more comfortable to speak to the researcher and expressed concerns about the orphaned children in the residential home. By being aware of the biases and expectations of the present study, it allowed the researcher to increase her awareness and ability to minimize the impact on the data analysis (Heppner & Heppner, 2004).

3.12. Conclusion

This chapter focused on the method utilised for the present study. The sample size, criteria, demographics, and study setting of the participants were discussed. The measures used included a demographic questionnaire and an interview schedule. A semi-structured interview was done. Thereafter, the procedure, transcription phase, and data analysis was explained. The researcher also discussed the ethical considerations that go into the study. The researcher further discussed how trustworthiness was assured in the study. Lastly, the researcher explained and discussed reflexivity as a way to increase trustworthiness of the study.

The following chapter will introduce the results and discussion of the study.

Chapter Four: Results and discussion

4.1. Introduction

This chapter explains the main themes found in the transcripts of care workers on their perspectives of the social-emotional development of orphaned children in residential homes. Moreover, this chapter presents the findings and discussion concurrently.

4.2. Themes

The qualitative analysis gave rise to the following themes: Love, care, and support (with the sub-theme of attachment relationships), care worker's workload, children's adjustment in residential homes (with the sub-theme of difficulty making friends), children's expression of emotions (with the sub-theme of aggressive behaviour), loss of a parent and grief, and lastly, need for therapy.

4.3. Presentation of research findings

The presentation of the research findings will include all main themes and sub-themes found in the analysis of the transcripts.

4.3.1. Love, care, and support.

All care workers' in the present study report showing social support to orphaned children in the form of love and attention. Care workers positively express how they feel about orphaned children as evidenced by the following statements:

> *"In our care mostly what we do like I said, give love, we try to give love to kids and we try to make sure that they are free and they feel welcome and they are able to play with other kids". (Paul)*

> *"You can't just speak to a child, you must hug the child and love the child and kiss the child because that's what they need. Children need all of that". (Zoey)*

> *"As long as the children… We just feed them and give them love and support". (Janine)*

> *"…Sometimes if I come here [residential home], I must always put my mind and my soul, my heart here by them, so I must understand them you see?". (Yolan)*

> *"When his [orphaned child] angry and upset about something, his very close to all of us that we can talk to him and explain to him how much we love him and that he is our family. It goes with all the kids. I hug them. I want them to know especially the children that have*

problems, I want them to know that we do love them that we do care for them like how I love my Shamz and Jade [care workers' biological children] that I would do the same things for them. So you do give like more than 100% to kids like that". (Sandra)

It is important for orphaned children who have lost their parents to epidemic, disaster, HIV/AIDS, poverty or other causes to receive social support. Social support is described as a "protective factor which promotes health and well-being of all individuals across their life-span" (Serrano-Villar et al., 2016, p. 1). Studies show that for children living in residential homes, social support and close emotional relationships with care workers act as a protective factor and aid orphaned children's social-emotional development (Caserta et al., 2017). Therefore, care workers are crucial to children's social development. Care workers also act as a source of support when children are distressed or in need. Furthermore, social-emotional development is positively associated with the quality of child care (Graves & Howes, 2011). Additional research has shown that care workers provide social support and have positive relationships with orphaned children. This is often characterized by the ability of care workers to show consistent care and involvement in the child's life (Quiroga & Hamilton-Giachritsis, 2016b). Two care workers went on to express that the love they have for orphaned children even exceeds the love they have for their own children:

"... The orphaned children you will love more than your own child and take care of them". (Sharon)

Moreover, positive adult reinforcement, activities and being emotionally involved with orphaned children have shown to be associated with fewer problems in their behaviour (Cluver et al., 2009). Four care workers have reported doing activities with the children and as a result, stipulate that it helps the children:

"Sometimes I take them [orphaned children] to the park, sometimes I let them sit around with me and I talk to them". (Yolan)

"You know, I think activities that are in Centre's or schools I don't know so much about schools but activities that are done in the Centre's in terms of sometimes counselling, sometimes your drama, being involved in the Centre with some other things. It gives them [orphaned children] sort of self-esteem you know? Like they come to the Centre or instance we let them eat in the table and they feel very good, so I think that definitely builds their self-esteem by exposing them to good things". (Pamela)

"Yes, special I can say because here at the Centre what we are doing, they [orphaned children] are doing like dance, poetry, and drama…". (Janine)

Often orphaned children are provided with all their material needs but their psychosocial needs are not met which compromises their social-emotional development (Caserta et al., 2017). Caserta et al. (2017) conducted a study on the well-being of orphaned children in Rwanda and found that social support is fundamental to improving the emotional well-being and lowering distress in orphaned children. Therefore, if children living in residential homes have a healthy relationship with at least one caregiver, it may act as a protective function (Simsek et al., 2007). By providing orphaned children with love, care, and support, it helps them develop socially and emotionally (Quiroga & Hamilton-Giachritsis, 2016b). Even if children suffer in the early years of life, if they have one individual providing unconditional responsivity and love, there can be a positive change in their development (Crockenberg et al., 2008; Quiroga & Hamilton-Giachritsis, 2016b). A secure bond with a care worker may therefore protect the orphaned child and be beneficial to their well-being (Cluver et al., 2009).

4.3.1.2. Attachment relationships.

Eight of the care workers described their relationships with children as good due to the responsivity they show when the orphaned child is in need. The following extract from a care worker describes the way in which showing responsiveness results in a close relationship with an orphaned child:

"…If you have a relationship with the child you can be able to help them with their emotional stress and be like friend whenever they have a problem. They know I'll run there, but if now they have no one to talk to that's when it becomes a problem. But if there's someone they know okay I can run to and then maybe a relationship is good with them then maybe a child is not good, she will be able to come say to you there's this problem". (Paul)

Erikson's psychosocial theory argues that the development of every individual is inclusive of a series of psychosocial crises which an individual must resolve as they get older. Part of these issues involves an individual's ability to achieve an identity and learn to function in society (Erikson, 1950). The different stages of Erikson's developmental theory are produced by the experiences and interactions each individual has. One of the most important factors is the interactions between children and the individuals who take care of them. Attachment is therefore important to children's social-emotional development and also affects their later

experiences. Thus, it may be seen that the role care workers play in children's lives should not be underestimated (Morrison, 2008).

Furthermore, care workers differ in regards to their responsiveness and sensitivity towards children and this affects children's attachment to them (De Wolff & van IJzendoorn, 1997). A sensible and responsive care worker can become a secure base for the orphaned child (Quiroga & Hamilton-Giachritsis, 2016b). De Wolff and van IJzendoorn (1997) note that when adults are responsive to children and trusted, the relationship that is formed is secure. If adults are inconsistent in their responsiveness, then trust may be diminished and this results in an insecure relationship. These differences in attachment relationships and security influence a child's social experience (De Wolff & van IJzendoorn, 1997). Improved behaviour in orphaned children is equated with the formation of a good relationship, one which is characterized by intimacy, dependency, and trust (Maclean, Riggs, Kettler, & Delfabbro, 2013). Care workers believe that trust is an important factor in having a good relationship with an orphaned child. Care workers have taken note that a close relationship with an orphaned child allows the child to open up and express their problems and this results in trust between the care worker and child:

> *"It depends on trust you know? Remember different orphans in the Centre are having different care workers. So the more the care worker become very closer to an orphaned child, then they are easy to tell their problems…". (Pamela)*

The development of trust is an important element in the attachment relationship between care worker and orphaned child (Maclean et al., 2013). Three care workers stated how it is not easy to get an orphaned child to trust them and that it takes time to gain the trust of the orphaned child:

> *"They must, they [orphaned children] must understand you to first talk to you. When I come the first day in here it was not easy. To win the trust of them is not easy. It takes time…". (Yolan)*

> *"…There's one special person that they are going to tell and that will either be a social worker, a psychologist, a psychiatrist or maybe the mother of the Centre or maybe one of the nurses or somebody. Somebody they going to trust, because they won't just trust anybody". (Zoey)*

This could also be explained by Erikson's (1950) psychosocial developmental theory where the emphasis is placed on nurturing and caring for children. During the first stage' trust versus mistrust', if the child is cared for then the child will develop trust, confidence, and optimism. However, if the child is not cared for, the child may develop worthlessness, insecurity, and a mistrust of the world (Senior, 2002). Trust is determined by the quality of the care-giving relationship. However, this care-giving relationship is often disrupted in the orphaned child due to the loss of a primary caregiver which could then lead to poor functioning in the orphaned child and explain why the orphaned child has difficulty trusting other people such as the care workers and their friends (Cluver et al., 2009).

Crockenberg et al. (2008) argues that in residential homes, there is a lack of sensitive, warm responsive care-giving interactions and relationships. Furthermore, Voort et al. (2014) argues that a significant amount of orphaned children has been found to show insecure attachments which leads him to question if orphaned children ever become securely attached. However, there is evidence showing that care workers may form secure attachments with orphaned children (Maclean, 1995). Care workers provide orphaned children with responsive care-giving interactions as evidenced by eight care workers, one of whom stated:

> *"Why you so [referring to the orphaned child], what's wrong tell me? Then they tell me, they talk to me, that's how they are. They don't talk soma easily or openly if they don't know you too much you see? But for me they talking openly, they don't hide from me". (Yolan)*

In order for children to be seen as socially competent, they need to have the ability to express their feelings and their needs to people in their life (Campbell et al., 2016). When care workers' talk to orphaned children about their problems and acknowledge their feelings, it plays an important factor in providing security and allowing the child to explore and develop a widening vocabulary of emotional language (Taylor, 2010). Orphaned children also need to play their part in communicating their needs in order for the attachment relationship to occur (Maclean, 1995). Herewith, children also need to have a connection to the care worker as they will not just speak to anyone whom they do not know or trust. Care workers report that orphaned children seek comfort from the person they are closest to when they feel emotional:

> *"A child normally, if a child does become emotional... He turns to the person that is the closest where he expresses his… His feelings and what his going through". (Patrick)*

By being empathetic to a child's pain, this represents positive emotional engagement which is good for the orphaned child (Taylor, 2010). Care workers describe the need for caregiver receptivity, which includes giving children what they need and responding appropriately to their needs:

> *"They [care workers] feeling too much for them [orphaned children] because if you don't feel for them, they never going to talk to you, you must see children like this, they don't talk to you. But when they see you, you give them love, you give them attention, they going to talk to you, this is how they are". (Yolan)*

These comments are in line with research done by Caserta et al. (2017) who also found that care worker's responsivity is important to the child-caregiver relationship and being emotionally involved with children also relates to the children's level of trust in the caregivers. Studies show that a close emotional bond/relationship between a care worker and orphaned child may act as a "psychological buffer" against traumatic experiences or adverse life circumstances (McGoron et al., 2012; Bettmann et al., 2015, p. 72).

4.3.2. Care workers' workload.

Care workers' described their job as being difficult to handle as a result of having other responsibilities to carry out:

> *"Hor, like sometimes I can't handle it [giving orphaned children enough attention] because then I have to go and clean all the other sides [of the residential home] then I'm not even finished with my other work". (Sharon)*

Working in a residential home may have an impact on the "quality of care" that is provided to orphaned children (Bettmann et al., 2015, p. 77). Five care workers have reported how they have other duties and may sometimes feel overwhelmed by the job and unable to provide more care to the orphaned children. If care workers remain inattentive to children, this could prevent them from forming attachment relationships (Maclean, 1995). Children in residential homes may not receive the attention they need which could then lead to maladaptation in their social-emotional domains (Bakermans-Kranenburg et al., 2011). One care worker stated how he has had to cut his time off with the orphaned children due to having other responsibilities that needed attending to:

"…Me I can't sometimes help you see? I'm not available, sometimes I must work around here [around the residential home]. You see the place [residential home] must be clean, I have a responsibility. After that, I say okay my time now for responsibility for them [orphaned children] you see? I must sometimes cut my time off for them but they feeling sorry sometimes, they feel disappointed". (Yolan)

This evidence is consistent with Bettmann et al. (2015) who suggest that care in residential homes show deficiencies in caregiver responsiveness and availability. Additional research shows that in residential homes, there are deficiencies in care worker stability, consistency, and emotional stability (UNICEF, 2016). Care workers may also lack training, time, staff support or have other responsibilities which may result in their inability to attend to children' social-emotional needs (Bettmann et al., 2015). Care workers have reported having many responsibilities which led to less time with the orphaned children:

"I just feel like if we had more time with them [orphaned children] sometimes there isn't enough time because there's so many other responsibilities from my own experience from me. I don't know lots of places and lots of people. I can only talk for me and this place. Time, sometimes there's so many responsibilities that you have to see to and no time for everything you would like to do for the orphaned kids. There isn't any time and that's why I have to constantly ask my one of my son's for help especially when it comes to the kids to make sure that when they want to talk to somebody or if they need something then we must not see that we don't have time for them. For me it's always about having less responsibility with other things and more time with the children". (Sandra)

"Ma during the week, I don't want to work too much with them [orphaned children], because I have job here around. Weekends, ya I'm gonna do with them. They are my responsibility weekends you see? But during the week I just cut them sometimes off [laughs]. I don't take them too much of my time for them you see? But weekends, they are my responsibility, I must look after them, what they need and what they want". (Yolan)

Studies show that children who have been socially and emotionally neglected show signs of psychosocial dwarfism. This deficit has been connected to children's attachment relationships and their adjustment in residential homes (Bettmann et al., 2015). When care workers are

unavailable or unresponsive to orphaned children, this threatens their exploration, learning, and psychological thriving (Dyette & Nayar-Akhtar, 2015). Studies show that poor care-giving may negatively affect the well-being of orphaned children (Yendork & Somhlaba, 2015). Care workers who have limited time with children tend to provide insufficient attention to their social-emotional needs (Caserta et al., 2017). A study done by Castillo et al. (2012) found that care workers in residential homes felt like they were overworked and could not provide care or attention to orphaned children. The lack of attention to children's social and relational needs was shown to negatively impact their social-emotional development.

4.3.3. Children's adjustment in residential homes.

Four care workers have reported that it takes time for orphaned children to adjust to a residential home but once they do, their behaviour may improve:

> *"…Just because when there are children they did come to me and you can see they got that anger, but when I just now stay with them one year to two years that child is changed now, behaving good. Even the grandmother, they said no one did do to this children because now this child is not doing one, two, three, and I say it's only love and support and understanding". (Janine)*

Early institutionalization and being placed in the residential home for long-term is seen to affect children's social-emotional development (Maclean, 1995; Smith et al., 2005; Yendork & Somhlaba, 2015). Research shows that orphaned children are more at-risk for having problems at school and other contexts due to a maladjustment in the social and emotional domains (Darling-Churchill & Lippman, 2016). Furthermore, the time children spend in residential homes is linked to long-term delays in social, cognitive and emotional competencies, behaviour problems, attachment problems, and performance in school (Crockenberg et al., 2008). The relationship between time in a residential home and the effects it has on orphaned children is not clear or linear.

Moreover, Bettmann et al. (2015) stipulates that children's social-emotional needs are often described in terms of time, attention, security, and love. Bettmann et al. (2015) argue that attention needs to be given to meeting the social-emotional needs of orphaned children. This idea was extended when a care worker spoke about how it takes orphaned children a long time to adapt to a residential home but if you give them love and attention, the children may find a sense of belonging in the residential home:

"…When a child starts at an orphanage it takes them long to adapt to the other pupils and they very short tempered and anything triggers them, until they find security whereby they can express themselves and know that there is a future in the home that they are staying in. And as far as sending them to school, the teachers always find problems… problematic children like this until they [orphaned children] get used to it and they develop themselves under the care of the caregiver of the orphanage and they get that needed love and attention which they seek and then only they settle down.". (Patrick)

Additional research shows that orphaned children often have difficulty adjusting to their environments (Simbayi et al., 2006). However, by children forming a close relationship with their care workers, it may act as a "psychological buffer" against their circumstances such as moving into a new residential home (Bettmann et al., 2015, p. 72; McGoron et al., 2012). Studies show that progress with children in residential homes is likely to be slow, especially in the first year or two. The child remains in their familiar ways of coping and needs time to realise that their carers can and do care for them. Children need time to become comfortable with the unfamiliar feelings of being "dependent yet safe, exposed yet understood" (Taylor, 2010, p. 104). Consistent with care workers reports and the literature, orphaned children need time to adjust to a residential home and learn that there is someone who cares for them.

4.3.3.1. Difficulty making friends.

Care workers have observed the following emotional difficulties in relation to making friends:

"At the beginning it's very difficult to make friends [referring to orphaned children]. The reason is losing both parents or one parent. They cannot communicate very well and adapt themselves with the other children". (Patrick)

"No. No they don't [when asked if orphaned children make friends easily]. I think they've [orphaned children] got this thing, this stigma of people know, people know and it's like for them a bad thing because it's like you going to go home, your mum made lunch for you, I don't know if there's lunch on a table waiting you know so and they also don't like to share". (Lily)

"Ya, mostly they [orphaned children] do make easily [friends] unless the background was not good and fun enough maybe you can find the child trying to isolate himself…". (Paul)

> *"An orphaned and non-orphaned child are very different as when somebody upsets them or they fight with the kids they tend to be more in need of somebodies love and attention at all times. The other boys will be so ugly sometimes and they fight with each other and tell each other, you don't have a mother and father…". (Sandra)*

As children grow up, their relationships with partners and friends have much more importance in their lives (Bowlby, 1973; Erikson, 1950). Children have an internalized working model of themselves and others which is based on the attachment children have with their parents (Bowlby, 1973). The emotional schemas children form act as a template for new relationships with other individuals. As a child grows up, they place more emphasis on friendships then support provided by the family (Fainstein, 2008). In the analysis, several of the care workers describe orphaned children as having difficulties making friends and trusting other children. As a result of not having a consistent caregiver, orphaned children struggle with social interaction and approaching new situations with confidence and exploration.

Orphaned children often lack autonomy, independence and security which are attributed to the loss of the consistent caregiver (Fainstein, 2008). Care workers also report on the stigma that orphaned children have to face. Erikson (1950) argues that in childhood, the ability to communicate and productively engage with friends becomes important, as does gaining the recognition and positive acknowledgement in friendships (Senior, 2002). Erikson (1950) states that comparison with friends is important during childhood. If a child negatively evaluates themselves relative to their friends then this could affect their well-being (Nyamukapa et al., 2010). Research done on the psychosocial issues affecting orphaned children show that orphaned children often have difficulty making friends (Simbayi et al., 2006). Care workers have also reported how the stigma of orphanhood plays a role and how children may even lie about being orphaned:

> *"…Removal from their biological parents will make a big role because even though they [orphaned children] might not notice it, but other people will point it out which will make it harder for them to get their emotions in check and stay calm and that". (Mikael)*

> *"Some of the kids don't even tell people that they come from an orphanage or that they come from a home. They lie about it". (Sandra)*

Studies done on stigmatization and discrimination show that it can negatively affect individuals, their families, and communities (Nayar, Stangl, De Zalduondo, & Brady, 2014). Additional studies show that orphaned children are often discriminated against as a result of being orphaned (especially if their parents died from AIDS) and this could cause them to isolate themselves from other people (Senior, 2002; UNICEF, 2004). Cluver, Gardner, and Operario (2008) report that children who are orphaned due to the AIDS epidemic have reported increased experiences of stigma than children orphaned as a result of other means. Additional research in South Africa show that children orphaned by AIDS also have more emotional problems than children orphaned by other factors (Cluver et al., 2008).

4.3.4. Children's expression of emotions.

Care workers assert that orphaned children are often perceived to be unable to express their emotions in culturally appropriate ways. Nine care workers reported that orphaned children are unable to express their emotions when they are upset and unable to handle conflict. One care worker described orphaned children as going quiet when they are emotional:

> *"…They [orphaned children] don't talk when they angry". (Yolan)*

> *"They [orphaned children] get angry a lot, they get unhappy a lot, they swear a lot, they fight a lot, but they just need somebody to be there for them to help them get over it to answer the questions. They use all the emotions to get… they use all their emotions when they going through problems". (Mikael)*

> *"Like I'm telling you, like I'm having two orphaned children and you know what I'm always saying or sometimes they just quiet then I say no you can't be so quiet, I'm also your mother, I take care of you, I'm also looking after you. I'm your mother so don't, you know you in an orphanage, we [care workers] have to look after them and take care of them. Sometimes we have to take them out even if you buy them a chocolate or something as long as you make them happy…". (Sharon)*

Social-emotional competencies are important for children's well-being and factors that play a role include children's ability to interact with other people and express their emotions (Ashdown & Bernard, 2012). Orphaned children experience more psychological distress then non-orphaned children (Nyamukapa et al., 2010). Studies show that orphaned children

experience trauma, emotional problems, stigma and discrimination, insufficient care, and inconsistent caregivers (Nyamukapa et al., 2010; Senior, 2002; Subbaro & Coury, 2004).

When children are deprived of their parent/s, they are more likely to experience emotional trauma due to their basic source of security (such as their parent/s dying) being removed (Chakraborty et al., 2015). Previous research done by Simbayi et al. (2006) found that orphaned children may get frustrated when things do not go their way and often get very angry. Care workers' described orphaned children as being unable to express how they feel and this is difficult for the care workers' because they are unsure how to help the child further:

> *"No they [orphaned children] don't usually describe as how they feeling. They can just tell you they hurt but if sometimes you want to understand how they are feeling, it can be difficult for you to address it...". (Paul)*

> *"Due to losing their [referring to orphaned children] parents, they have, how can I say? They very emotional because not having parents that is taking care of them. It has a flaw that they cannot express themselves... Most of them and most of the times, until they develop an understanding that there is a caregiver and the caregiver will take care of them like the parent took care of them. So in this way, they develop a bigger sense of security. That is what children most look for is security… It takes a little time but when they find this, they settle down emotionally". (Patrick)*

Consistent with this evidence is research done by Sengendo and Nambi (1997) who note that orphaned children have significantly more emotional problems than non-orphaned children. Orphaned children often find it difficult to express emotions such as fear, sadness, and anger effectively (Subbaro & Coury, 2004). Sengendo and Nambi (1997) suggest that this is due to the loss of loved ones which particularly during childhood, bring more uncertainty on how to express their emotions. This can also be explained as a loss of support that mothers would usually provide to children. The unresolved negative feelings that orphaned children may have can be expressed as depression and/or anger (Sengendo & Nambi, 1997). Chakraborty et al. (2015) similarly argues that orphaned children tend to be more frustrated because of the emotional deprivation that occurs due to losing a parent/s. Moreover, Lumbi (2007) who interviewed orphaned children, found that they have significant emotional problems as a result of losing their parents.

4.3.4.1. Aggressive behaviour.

Care workers attribute orphaned children's displays of aggression to their inability of expressing emotions:

> *"At times they [orphaned children] are able to express but at times they go overboard so they don't actually express their feelings, they use it in another way like in anger, like breaking stuff. So ya they are able to express it [emotions] just not properly. No family, no support system so they find different ways to express themselves to get attention". (Mikael)*

> *"Some of them [orphaned children] become so emotional over small things. Something that's not part of their situation triggers them like it's the end of the world and then some lashes out in violence. It's bad, their emotions. In the beginning, I said I'm just the crutch because sometimes I just need to quiet, not ask questions and just listen to the emotions that are pressing you down today. So that we can work on that emotion today because tomorrow it will be something else". (Lily)*

In addition to orphaned children having emotional difficulties, several care workers have revealed that many children engage in aggressive acts such as breaking things. Research shows that orphaned children often display more behaviour problems than non-orphaned children (Maclean et al., 2013; Zeanah et al., 2013).

According to Erikson (1950), feeling competent and having a good self-esteem is important for children's well-being. For example, children who do not see themselves as competent in social or academic domains during middle childhood show more signs of depression, social isolation from their friends, as well as anger and aggression (Morrison, 2008). Furthermore, traumatic events in children's lives may stunt normal processes within their development, which can also result in difficulties with attachment relationships. Children who have problems with their attachment relationships are at-risk for social, behavioural and adjustment difficulties (Morrison, 2008).

In a study done by Morrison (2008), research on care worker perceptions found that participants report children's aggressive behaviour as a result of their background experiences and the repetitive reliving of traumatic events (such as losing a parent) a long time after the trauma has occurred. Furthermore, orphaned children's aggressive and disruptive behaviours may function

to secure the attention of care workers (Morrison, 2008). Care workers report that orphaned children display signs of aggression and indicate that children manifest aggression due to the lack of social support. Care workers have noted that orphaned children display aggressive behaviour in ways such as knocking on windows or breaking things around them. Research suggests that behavioural difficulties children display may be the result of emotional difficulties that they experience (Morrison, 2008). Care workers have stated how when orphaned children are angry, they attempt to resolve it by acting in aggressive ways:

> *"[When asked how orphaned children cope with their emotions] They [orphaned children] go outside, they knock on the windows, sometimes they want to break a window. They want to run outside or they just want to be with no people or sometimes the others will break the window or the others will you know just sit in the corner and say, I don't want to know about that one, you only think it's me that's doing the wrong things like that, but you know they will scream or they will put something on the table. They very angry, they very angry. They very angry because they come from that background and now you blaming them for things and sometimes it's not that child, it's the other child, they just feel blamed all the time". (Zoey)*

> *"Sometimes they would be aggressive, but there's always a way of calming them down and talking and explaining to them why certain things are the way they are". (Sandra)*

> *"You know, those I know others they like to fight, and they fight. They think when they are fighting, they will be okay, then I tell them no fight won't do you good. Talk about it, work on it if you got such a problem then do something, then that something will keep you out of your mind to think about the bad things". (Janine)*

Consistent with this evidence is research done by Quiroga and Hamilton-Giachritsis (2016b) who found that children in residential homes showed higher levels of aggressive behaviour than non-orphaned children. Bowlby (1973) believes that aggressive behaviour may occur due to a child experiencing a separation from their parent/s. Orphaned children in residential homes exhibit more aggression, hyperactivity and emotional difficulties (Simsek et al., 2007). Erikson (1968) argues that anger in orphaned children may be common and linked to the strong hope of recovering the lost parent. Orphaned children often externalize their anger to external objects

in their environment which could explain care worker's description of children getting angry and breaking things (Chakraborty et al., 2015). Due to the loss of parents, orphaned children may become withdrawn and passive or develop sadness, anger, or even become violent or depressed (Subbaro & Coury, 2004). Orphaned children may also experience trauma from inconsistent caregivers and disorganized attachments which may impede their ability to socialize with other people (Subbaro & Coury, 2004).

4.3.5. Loss of a parent and grief.

Several care workers show evidence that orphaned children in residential homes miss their parents and are still dealing with the loss of their parents. One care worker made the following statement reporting that orphaned children have expressed how they miss a parent:

> *"No. No, sometimes no [answering whether orphaned children are able to easily describe how they feel]. They [orphaned children] will just say to me, you know what I miss my mother or I wish I was still having my mother". (Sharon)*

Almost half of all orphaned children are adolescents between the ages of 12-17 years old. Among children younger than 15 years old, about 40% of orphaned children have experienced the loss of a parent/s between the ages of 10-14 years old. Around 25% of these children experience the loss of a parent/s before they reach 5 years old (UNAIDS, 2006). This has implications for orphaned children as they grieve for losing their parents and often do not understand the finality of death or the impact that losing a loved one brings (Chakraborty et al., 2015). Moreover, children's varying developmental stages and the age at which they were orphaned have implications for addressing their social-emotional needs. Older orphaned children may miss out on their education, have lower emotional stability whereas the youngest orphaned children are least resilient and have a greater need for physical care and nurturing. However, the grieving process is important for all children in order to recover from loss (Chakraborty et al., 2015).

The following care worker stated that even though orphaned children have other individuals to care for them, the orphaned child may still wish they had their parents:

> *"…Sometimes when they [orphaned children] reach problems that's when they feel like it's too much or my mother is not here because even if they have a grandmother, they feel like it's not enough. Maybe it was going to be better if my mother was here…". (Paul)*

Research shows that orphaned children often feel sad, unhappy, worried, isolated or angry from losing their parents (Simbayi, 2006). Thus it can be seen that orphaned children still feel trauma long after losing their parents, even when they have settled in a new environment (UNICEF, 2015). A study done by Mbozi, Debit, and Munyati (2006) found that many of their orphan participants were still troubled by the loss of their parents. Orphaned children are often not provided with the care and reassurance on how to express their emotions and are not guided on how to handle them (Jaca, 2013). Orphaned children therefore often lack the access to the psychological provisions needed for their survival and well-being (Mbozi et al., 2006). A care worker went on to state:

> *"So we [care workers] have to equip them for that emotion which they [orphaned children] are going through for losing parents". (Patrick)*

According to Subbaro and Coury (2004), children who have lost their parents are particularly vulnerable as they do not have the physical and emotional maturity to deal with the feelings associated with loss. Studies show that the psychological impact of losing a parent is not always immediately present and may not manifest until months or even years later. The loss of a parent therefore leaves children in a state of trauma (Sengendo & Nambi, 1997; Subbaro & Coury, 2004). Research on orphaned children in Uganda show that many orphaned children show signs of trauma (Sengendo & Nambi, 1997). Care workers therefore argue that orphaned children need to be equipped with dealing with the loss of a parent/s. Five care workers have reported that there is a need for therapeutic intervention to help orphaned children.

4.3.6. Need for therapy.

Care workers argue that there is a need for therapeutic intervention for orphaned children in residential homes:

> *"…We need more psychologists, we need more social workers to try and assist these children with the caregivers. A psychologist will be someone that can dig deeper into the child and elevate or take away the deeper down pain of the child and get the child to a better future. The child can look to a better future in this world". (Patrick)*

Social workers and psychologists play an important role in the social development of society and most of all orphaned children (Earle, 2008). There are many reasons why orphaned children may need psychological support. Five care workers reported that children could do with more psychological support in order to improve their social-emotional development.

Three of the five care workers who advocated for psychological support report that orphaned children are still dealing with the loss of their parents and therefore need the help of social workers or psychologists. There is evidence that show psychological support is needed for children who are still dealing with the loss of their parents (Quiroga & Hamilton-Giachritsis, 2016b). Quiroga and Hamilton-Giachritsis (2016b) argue that psychologists provide an important source of support for orphaned children.

Care workers' have stated that children are always in need and for this purpose, there should be more social media, social workers, doctors, and psychologists available for children:

> *"I think that there must be more, I don't know if I say it right, social media people that works with children and more social workers and psychologists for children and doctors for children because they must really spend more on psychologists and hospitals for children because children are always in need". (Zoey)*

These findings are in line with research done by Washington (2013) who found that care workers note that orphaned children need to have a psychologist who can help them deal with their unresolved emotions. Additional research by Yendork and Somhlaba (2015) show that orphaned children in Ghanaian residential homes need psychotherapeutic interventions to help with their negative emotional feelings after losing a parent/s and dealing with problems.

However, one of the drawbacks associated with living in a residential home is that there is a lack of psychosocial services (Subbaro & Coury, 2004). The Gauteng province specifically has a ratio of one social worker for every 5 000 of the population which is the highest from amongst the other provinces. KwaZulu-Natal and the Western Cape have ratios of 1: 4 500 and the remainder of the populations ratios are 1:3 500. Additional information on child welfare social workers show that 63% of social worker caseloads are over 60 and 36% have caseloads of more than 100. NGO social workers go up to 300 (This is compared to UK who does 12 per worker). Additional factors which play a role are that there are not enough workers available or willing to fill the post (Earle, 2008). This therefore makes it difficult to improve the social-emotional development of orphaned children in residential homes.

4.4. Conclusion

The findings have demonstrated that orphaned children in residential homes are able to form close relationships with care workers through care worker responsivity. Orphaned children's social-emotional development is described in terms of their inability to deal with their emotions or resolve conflict. This inability to deal with emotions is described by care workers as a result of orphaned children still dealing with the loss of their parent/s. Care workers conclude that in order to improve the social-emotional development of orphaned children, there needs to be therapeutic interventions such as more psychologists or social workers available for orphaned children in residential homes.

The following chapter will evaluate the research questions and discuss the limitations and recommendations of the study.

Chapter Five: Limitations, recommendations, and conclusions

5.1. Introduction

This chapter provides an evaluation of the research questions. Thereafter, the contributions and limitations of the study will be discussed. Lastly, recommendations of the study will be given. The present study attempted to determine the perceptions of care workers on the social-emotional development of orphaned children in residential homes. The study yielded valuable insights into the perceptions held by care workers who work in residential homes. The findings of this study have established a foundation that can be expanded upon with future research studies.

5.2. Evaluating the research questions

The formulation of the research questions is relevant as the study was qualitative in nature and answered the research questions. The following research questions summarized the objectives of the study:

- What kind of relationship do care workers have with orphaned children in residential homes?
- From the perspective of care workers, what is the social-emotional development of orphaned children?
- From the perspective of care workers, what needs to be done to improve the social-emotional development of orphaned children?

The researcher answered these research questions through the themes that emerged in the study. The themes that were generated from the study corresponded with the theoretical framework and literature used. The results indicate that the children who are placed in residential homes are still able to form close relationships with the care workers through care worker responsivity. Furthermore, care workers describe orphaned children's social-emotional development in terms of their inability to form close friendships, have difficulty expressing their emotions and still dealing with the loss of their parent/s. Moreover, the significance of the loss of a parent/s has led care workers to report that it results in aggressive behaviour and the inability to handle emotions and conflict. It can therefore be concluded that care workers report that in order to improve the social-emotional development of orphaned children, there needs to be therapeutic interventions put in place as shown in the previous chapter. The findings of the study are

consistent with other studies exploring social-emotional development experienced by orphaned children in residential homes.

5.3. Contribution of the study

Firstly, the present study contributes to the field of developmental knowledge by supplying information on the social-emotional development of orphaned children in residential homes in South Africa. Secondly, this study could also help policymakers understand how to further help improve orphaned children's social-emotional development. Lastly, the findings of the study may guide future research on the social-emotional development of orphaned children.

5.4. Limitations

Whilst the present study yielded valuable results, one must also consider the possible limitations of the study. The limitations of the study include that this study cannot be generalized to a larger population as the sample of care workers were taken from the Johannesburg area. However, the purpose of this study was to increase the understanding of orphaned children's social-emotional development in residential homes from care workers' perspectives and not to generalize the results to all populations. Therefore, by conducting this study in another setting, it will be beneficial and contribute to the literature.

5.5. Recommendations

The findings of the present study have provided a platform for more extensive research into the field of orphaned children's social-emotional development in residential homes. Additional studies which utilise larger samples are recommended in order to confirm the findings obtained in the study. More qualitative studies are deemed necessary in order to obtain richer insights into this complex field. Lastly, additional research into the social-emotional development of orphaned children can be carried out by interviewing orphaned children themselves and discovering what insight they have into their own social-emotional development.

5.6. Conclusion

The present study has employed a thematic approach in order to explore and understand the perspectives of care workers on the social-emotional development of orphaned children and their relationships with these children in residential homes. It has also contributed to a more in-depth understanding of care workers' perceptions regarding the social-emotional development of orphaned children and what can be done to improve their social-emotional development.

From the study, it emerges that care workers perceive themselves as a source of social support for orphaned children. Care workers' report being able to form close relationships and show responsiveness which is important for orphaned children's social-emotional development and their attachment relationships. However, some care workers reported having additional responsibilities which prevented them from being responsive and attentive to children in the residential home. Care workers describe children's social-emotional development in terms of children's inability to describe how they feel, their aggressive behaviours, and their difficulty forming friendships. Care workers additionally note that orphaned children are still dealing with the loss of their parents and as a result, may have problems with expressing their emotions.

Care workers' report that orphaned children have difficulty adjusting to a residential home, but once they do, the children may feel a sense of security or belonging. Care workers note that in order to improve children's social-emotional development, there needs to be therapeutic intervention whereby more psychologists and social workers are available for children to speak to and deal with their unresolved emotions. However, in a province such as Gauteng where there is a shortage of social workers and psychologists, improving children's social-emotional development may prove difficult and further research may be needed.

In conclusion, given that not much research has been conducted in terms of orphaned children's social-emotional development in residential homes in South Africa, the researcher hopes that the insights from the findings of the research report will be valuable and inspire future research on the topic.

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Appendix A: Demographic questionnaire

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

(Please note that the information requested below is for statistical purposes only)

Please provide the following information by marking the appropriate boxes with a cross (X) and answering the questions in the space provided where applicable:

Name: _____

Age:_____

Gender:

Male ☐ Female ☐

Ethnicity: (for descriptive purposes only)

White ☐ Black ☐ Indian ☐ Coloured ☐ Other ☐

Please specify: _____

Home language: _____

What is your current position/occupation? _____

How long have you worked in this position? _____

What training/skills do you have for this occupation/position: _____

_____

Appendix B: Interview schedule

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

[General background questions]

I would like to ask you a few general questions about what you do here at (place of participants' work)

1. Why did you choose to work here?
2. What are your main responsibilities? Please describe your job to me?
3. How many children are in your care?
4. What do you think is the most important part of your job?
5. What do you think is the most challenging aspect in your role as care worker?

[Social-emotional development questions]

[Social-emotional development is defined as the emerging ability of children to form close and secure adult and peer relationships, experience, regulate and express emotions in socially and culturally appropriate ways. Adapt to changing environmental demands]

1. Tell me about the ways in which the children under your care relate to other people in the residential home (children, staff etc.) and outside the residential home?
2. Do the orphaned children make friends easily? Please explain your answer?
3. Do you feel that the support that you provide to the children is helpful?

[Experience, regulate and express emotions in socially and culturally appropriate ways]

4. How do the orphaned children deal with their problems?
5. Are the orphans able to see other people's views?
6. In your view, how is the social-emotional development of orphaned children different from that of non-orphaned children's social-emotional development?

- Do you think the loss or removal from their biological family has played a significant role in this difference? Please tell me why or why not?

7. Are the orphaned children able to easily describe to you how they feel?
8. Are the children able to express and communicate their feelings and needs?
9. What do you think of the orphaned children's emotional development? Why do you think so?
10. Do you think providing emotional support is an important part of your job?
    - [Do you speak to orphaned children about emotions?]
11. How do orphaned children in residential homes cope with their emotions?
12. When was the last time you saw a child get emotional (sad, angry, scared)?
    - To whom did the child turn to for help?
13. What do you think we need to do in order to improve the social-emotional development of orphaned children?
14. Based on your experiences, what policy changes would you most like to see made [to improve the social-emotional development of orphaned children]?
15. Is there anything else you would like to say?

Appendix C: Information letter

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

To whom it may concern

Good day. My name is Ms. Fatima Abdulla. I am currently completing my Masters in Research Psychology by Coursework and Research Report at the University of the Witwatersrand. My research is in the field of children's social-emotional development, particularly that of orphaned children in residential homes/orphanages. Social-emotional development is defined as children's ability to form close relationships with adults and their friends. It includes a child being able to experience, manage and express the full range of positive and negative feelings/emotions. The child can actively explore their environment and learn. This study is of value because it will help understand orphaned children's social and emotional needs. I require the voluntary participation of care workers. Participation in the study will involve participants completing a demographic questionnaire and meeting for an interview. If possible, I would greatly appreciate it if you grant me permission to conduct my research at your residential home. I will require approximately 20-30 minutes at a time convenient for you during which to interview the prospective participants.

Participants' anonymity is preserved through changing their original names. This does mean that individual feedback cannot be provided. The results of this study will be made available to each residential home that is involved. There are no risks associated with this study. Although there are no direct benefits for the participants who choose to participate, the study will contribute to a broader understanding of the social-emotional development of orphaned children in the South African context.

I look forward to hearing from you.

Yours sincerely

I, _____ , manager of _____ (name of residential home), consent for Fatima Abdulla to interview employees at our residential home.

I understand that participation in this study is completely voluntary and that all details will be kept confidential at all times.

Signed: _____

Date: _____

Fatima Abdulla

Cell: (011) 717 4553

E-mail: fabdulla13579@gmail.com

Dr. Mambwe Kasese-Hara

Tel: (011) 717 4553

E-mail: Mambwe.hara@wits.ac.za

Appendix D: Interview consent form

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

I, _____ consent to being interviewed by

Fatima Abdulla, for her study exploring the social-emotional development of orphaned children in residential homes. I understand that:

- Participation in this study is voluntary.
- I may refrain from answering any questions.
- I may withdraw my participation and/or my responses from the study at any time.
- There are no risks or benefits associated with this study.
- All information provided will remain confidential, although I may be quoted in the research report.
- The research may also be presented at a local/international conference and published in a journal and/or book chapter.

Consent for interview:

Signed:_____ Date:_____

Appendix E: Audio record consent form

Psychology
School of Human & Community Development
University of the Witwatersrand
Private Bag 3, Wits, 2050
Tel: 011 717 4503 Fax: 011 717 4559

I, _____ consent to being audio recorded by

Fatima Abdulla, for her study exploring the social-emotional development of orphaned children in residential homes. I understand that:

- My interview will be audio recorded
- The tapes and transcripts will not be seen or heard by anyone other than the researcher and her supervisor.
- The tapes and transcripts will be kept in a safe place for three years and will be destroyed thereafter.
- No identifying information will be used in the transcripts or the research report. Although direct quotes from my interview may be used in the research report, I will be referred to by a pseudonym (Respondent X, Respondent Y etc.)
- None of my identifiable information will be included in the research report. - I am aware that the results of the study will be reported in the form of a research report for the partial completion of the Research Master's Degree in Psychology

Signed:_____ Date:_____

Appendix F: Ethical clearance certificate

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

HUMAN RESEARCH ETHICS COMMITTEE (SCHOOL OF HUMAN & COMMUNITY DEVELOPMENT

CLEARANCE CERTIFICATE	**PROTOCOL NUMBER: MPSYC/17/001 IH**
PROJECT TITLE:	The social-emotional development of orphan children in residential homes: care worker's perspectives.
INVESTIGATORS	Abdulla Fatima
DEPARTMENT	Psychology
DATE CONSIDERED	12/07/17
DECISION OF COMMITTEE*	Approved

This ethical clearance is valid for 2 years and may be renewed upon application

DATE: 12 July 2017

CHAIRPERSON
(Professor Brett Bowman)

cc Supervisor: Dr Mambwe Hara
Psychology

DECLARATION OF INVESTIGATOR (S)

To be completed in duplicate and **one copy** returned to the Secretary, Room 100015, 10th floor, Senate House, University.

I/we fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure, as approved, I/we undertake to submit a revised protocol to the Committee.

This ethical clearance will expire on 31 December 2019

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES