# Perceptions of caregivers regarding factors contributing to poor academic results Of children living in alternative care: A case of selected Child and Youth Care Centres (CYCCs) in Ekurhuleni

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**By**

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## DECLARATION

I Blessings Ndlovu, declare that this research dissertation report titled Perceptions of caregivers regarding factors contributing to poor academic results of children living in alternative care, is my work and has not been previously submitted for any degree or examination. All sources that were used have been recognized through correct referencing.

_____23/10/2020_____ _____

Ndlovu. B Date

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## ABSTRACT

Globally, children are placed in alternative care for different reasons such as neglect, abuse, and orphan-hood. It is recognized that while these children are living in alternative care, they perform poorly at school and the reasons for their poor academic results are uncertain. While much research, within the South African context, has precisely focused on the wellbeing and the impact of HIV and AIDS on children living in alternative care, less focus has been paid on their education and the factors that contribute to the poor academic results. Some children in alternative care often get poor results in school, which forces them to remain in the same grades without progression. Within the South African context, researchers have not paid much attention to the issue of poor academic results shown by some children in alternative care. This lack of literature and research within the South African context is of great concern as the issue of alternative care seems to be far from over. Therefore, it is because of this lack of research and gap in the literature that this study aimed at exploring the perceptions of caregivers regarding the factors contributing to poor academic results of children living in alternative care, with a specific focus on Child and Youth Care Centres (CYCCs) in Ekurhuleni. The study utilized a qualitative research approach, with a case study used as a research design. Purposive sampling was used to select 15 caregivers to participate in the study, together with two social workers who were key informants. All participants were recruited from the CYCCs in Ekurhuleni. A semi-structured interview guide was used as a research tool, with face-to-face interviews used as a method of data collection. Data collected was analyzed thematically, using thematic analysis. The findings of the study revealed that children's previous background, placement into CYCCs, together with the change of schools were amongst the factors that contributed to their poor academic results. Recommendations are made concerning future research.



Keywords: caregivers, perceptions, poor academic results, children, alternative care, Child and Youth Care Centres

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## ABBREVIATIONS

| | |
|---|---|
| ACRWC | African Charter on the Rights and Welfare of the Child |
| ART | Antiretroviral |
| CYCCs | Child and Youth Care Centres |
| DSD | Department of Social Development |
| HIV/AIDS | Human immunodeficiency virus, acquired immunodeficiency syndrome |
| NGO | Non-Governmental Organisations |
| UNCRC | United Nations Convention on the Rights of the Child |
| UNICEF | United Nations Children's Fund |
| W.H.O | World Health Organisation |

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# CHAPTER ONE

# INTRODUCTION TO THE STUDY

## 1.1 INTRODUCTION

Millions of children around the world are placed in alternative care as it continues to be the last option around the globe for children who are vulnerable and in need of care (Ren, 2010). In South Africa, the Children's Act of 2005 section 167, states that a child is placed in alternative care if the child has been placed in foster care, in a temporary safe and in the care of a child and youth care centre following a court order. Alternative care consists of different care options that are impermanent and these include foster care, supported independent living, and residential care (Mawumbeni & Masamba, 2011). This research study was limited to Child and Youth Care Centres (CYCCs), which only focused on children who are in primary schools. While in some of these alternative care facilities, it has been found that children struggle to meet their developmental needs, which therefore results in them attaining poor academic results (Dozier, Zeanah, Wallin & Shauffer, 2013). Children who are living in alternative care facilities are said to be the most academically vulnerable population within the school system and that their vulnerability comes from recurrent absenteeism, repetition of grades, and lowest average results grades (Sewester, 2018). Even though, it is widely known that children are placed in alternative care for different reasons, less attention has been paid to their poor academic results as well as solutions to help them improve (Erickson, 2018).

Previous studies have indicated that in alternative care facilities, children often show significant delays in intellectual and cognitive development, which therefore impacts their academic results (Nsabimana, 2016; IJzendoorn, et.al. 2011). According to McKellar and Cowan, (2011), all children including those in alternative care need connectedness, equilibrium, and care to succeed in their academic life. However, there is absence of academic and empirical studies, particularly within the context of South Africa, which has attempted to investigate the academic plight of children living in alternative care facilities. Therefore, this lack of literature is a great concern and it is because of this concern that this study investigated the perceived factors that contribute to the poor academic results of children living at Child and Youth Care Centres (CYCCs) in Ekurhuleni.

## 1.2 STATEMENT OF THE PROBLEM AND RATIONALE FOR THE STUDY

Globally, estimations acclaim that 12.3 million of children universally have lost one or both parents as a result of an AIDS-related illness and that 95% of these children live in sub-Saharan Africa (Mazzone, Nocentini & Menesini, 2018; UNICEF, 2018). Studies also indicate that the globally, the number of children living in alternative care vary from 2.7 million to 8 million, with the majority of these children living mostly in sub-Saharan Africa and South-East Asia (Roche, 2019). Statistics South Africa (2018), states that the population of South Africa consists of nearly 20 million children throughout the country. It also reports that within the South African context, there has also been a boundless increase in the number of children who are placed in alternative care facilities. According to the Department of Social Development's annual report 2018, 478 158 children were living in alternative care nationally, with 18 568 coming from the Gauteng Province. Also, 925 of these children are still waiting to be placed within Gauteng. In Ekurhuleni, 3,379,104 people are living there and 22, 7% of this population are children. It is also recognized that there are 345 of the registered residential care facilities which provide care for 21 000 children within Ekurhuleni municipality (Mahery, Jamieson & Scott, 2011; Walt, 2018).

Provided the poor academic results of children in alternative care, it is particularly imperative to comprehend what challenges the academic factors for this population (Segermark, 2017). It is recognised that a variety of factors affect the academic results, including experiences such as abuse, neglect, emotional and behavioral issues as well as poverty. For example, the removal of a child from their home also means that child moves to a new community, neighbourhood and a new school without the benefit of time to acclimatise to these new surroundings. Therefore, it is important that as the state adopts the role of parenting to these children noting that the protection of that child is not the only goal, but that the academic results of the children are not overlooked (Erickson, 2018).

Researchers, such as (Segermark, 2017; Mkhubela & Mdhluli, 2018) have investigated and documented the adverse impacts of alternative care on children's progress on the developmental domains. These studies have indicated that children in alternative care usually experience behavioral, emotional and trauma-related challenges, and have proposed therapeutic interventions to reduce and ultimately eradicate these.

While several studies have absorbed on the plights and struggles of children in residential care facilities, (Mnisi & Botha,2015; Philippe, 2016; Chiwimbiso 2017; Williamson et al., 2017; Pillay, 2018), literature within the South African context offers a limited view regarding the factors contributing to poor academic performance of children living in alternative care facilities.

According to Carpenter, Aeby, Cooper, Kellam, and Salter (2017), on their study that focused on academic interventions for children in foster care, emphasised that a gap is there, regarding studies that focus on the academic results especially for children living in alternative care. Van Breda and Dickens (2016), also found that none of the children leaving alternative care facilities had passed their subjects or completed their studies at school before aging out and also less than a fifth had high school education, which indicates the poor academic results (Van Breda, 2018). While much research has rightly focused on the impact of HIV and AIDS on children living in alternative care (Dube, 2012; Tanga, Khumalo & Gutura, 2017), less attention has been paid to the poor academic results of children in alternative care in the South African context. The lack of literature on this context is of great concern and this culminated in the need to investigate this phenomenon.

The researcher was motivated to do this study after observing cases of children that required attention on their poor academic results at a Child and Family Welfare Society in Johannesburg, through internship placement in 2018. The above circumstances motivated the researcher to undertake the study to explore caregivers' perceptions of the factors that contribute to poor academic results of children living in alternative care. The study will help in the development of guidelines that need to be considered when working towards understanding and finding ways to best improve the poor academic results of children living in alternative care.

This study adds value and contributes to the advancement of social work knowledge regarding the factors that contribute to the poor academic results of children in alternative care. Also, this study may benefit practitioners in discovering the gaps that need to be dealt with in the placement of children in alternative care, thereby improving practitioners' programmatic interventions. Finally, the study may also stimulate debates that may also lead to further studies done within this area of research in the future.

## 1.3. RESEARCH QUESTION

What are the perceptions of caregivers regarding factors that contribute to poor academic results of children living at a Child and Youth Care Centre (CYCC) in Ekurhuleni?

## 1.4. AIM AND OBJECTIVES

### Aim

- The aim of the study is to explore the perceptions of caregivers regarding factors that contribute to poor academic results of children living at a Child and Youth Care Centre (CYCC) in Ekurhuleni.

### Objectives

- To determine the perceptions of caregivers regarding factors that contribute to poor academic results of children living at CYCC in Ekurhuleni.
- To determine the academic intervention strategies available for utilization by children living at a CYCC in Ekurhuleni.
- To explore the benefits of these academic interventions, if any, in helping children to deal with children's educational needs.
- To elicit recommendations from participants (caregivers and key informants) on the interventions that can be employed to deal with the poor academic results of children living at CYCCs in Ekurhuleni.

## 1.5 DEFINITION OF CONCEPTS

### 1.5.1 Perceptions

The way one uses their senses to understand things may be referred to as perceptions. According to Hornby (2015), perceptions may also be an image, belief or idea that individuals have about something. For this study, the word perceptions referred to how participants of the study view the factors contributing to poor school results.

### 1.5.2 Caregivers

According to the Children's Act of 2005 as amended, a "caregiver" is referred to any individual other than a parent or guardian, who cares for a child.

Dill (2015), explains the caregiver's roles in alternative care as significant because they provide children with educational support for better results through encouragement and assistance of homework in a more literacy-favorable setting. The caregivers also provide children living in alternative care facilities with basic care like hygiene, guidance and support for adequate nutrition. Also, they are expected to assist with psycho-social support to the children as well as educational support for (Mabusela, 2010). In this study, caregivers were individuals who care for children living in a Child and Youth Care Centres (CYCCs) whose role includes helping children with their academic needs.

### 1.5.3 Poor academic results

According to Magagula (2015), academic results can be referred to as the outcome of education whereby a learner, teacher or institution achieved their educational goals. These educational outcomes are usually measured by assessment tests and examinations. During assessments, the outcomes of learners differ, and some obtain poor academic results which can be defined as a low mark under the usual expected average in a study at school (Zoube & Younes, 2015). For example, if a learner does not pass their tests, tasks or examination and they do not meet the promotional requirements to the next grade it means they will not be promoted to the next academic level. In this study, poor academic results were referred to as falling below an expected standard after school assessments for children living in alternative care facilities.

### 1.5.4 Child/Children

The term child refers to any person who is below the age of 18 (Constitution of the Republic of South Africa, 1996; Children's Act 2005, 2015). According to Louw and Louw (2014), the legal definition for a child refers to children of all ages from infancy to adolescence. Statistics South Africa (2018), stipulates on the general household survey 2017 that children under 18 years are estimated to be 19, 6 million of the total population and 85% constitute of black children. Furthermore, the South African government has prioritized the wellbeing of children through recognizing that the advancement of children's rights is critical to the country's development and this includes children who are living in alternative care facilities. Children in this study referred to orphans and those vulnerable who are currently in primary schools and are living at a Child and Youth Care Centres (CYCCs) in Ekurhuleni.

### 1.5.5 Alternative Care

Alternative care, whether permanent in nature or a temporary solution, is defined as the care provided when the child's biological family is inept to provide satisfactory care for the child (Du Toit, Van Westhuizen & Alpaslan, 2015). According to the Children's Act 38 of 2005 of South Africa, children are placed in alternative care facilities if they are placed in temporary safe care, foster care or in the Child and Youth Care Centres.

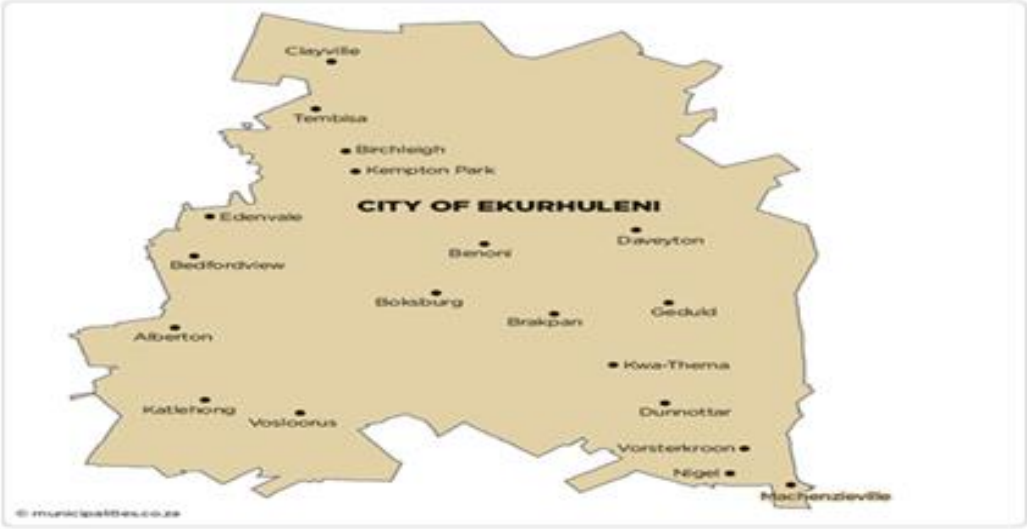
Roche (2019), also reported that children are placed in alternative care facilities by family members in response to experiences of poverty. However, children are commonly placed in alternative care facilities in circumstances in which parents are unable to fulfill care roles, provide safety, food and shelter or when the children have experienced and are at the risk of neglect or abuse. For this study, alternative care referred to Child and Youth Care Centres (CYCCs) in Ekurhuleni.

### 1.5.6 Child and Youth Care Centres (CYYCs)

A Child and Youth Care Centre refers to a facility that provides residential care outside the family setting, facility for the provision of residential care to more than six children outside the child's family setting under a residential care programme suited for children in the facility. It offers therapeutic programmes designed to residential care of children which are aimed at restoring children's impaired capacities to recover from their traumatic backgrounds to ensure that they function optimally (Children's Act, 2005). The CYCCs play a very important role in the societies through providing protection, care, and livelihood to those children who are in need of care. Furthermore, the Children's Act guides CYCCs to ensure that they promote the rights of children and also advocate for the protection of children at risk of harm (Agere, 2014). A Selected CYCCs in Ekurhuleni were utilised for this study.

## 1.6 SCOPE AND DEMARCATION OF THE STUDY

**Figure 1.1 City of Ekurhuleni**




Source:https://www.municipalities.co.za/img/maps/city_of_ekurhuleni_metropolitan_municipality.png

The researcher conducted the study at Ekurhuleni municipality. The term Ekurhuleni means ‘a place of peace’. The municipality was established in the year 2000 and it forms part of the East Rand region of Gauteng, South Africa (City of Ekurhuleni Report, 2018). It is also reported that the population for this community consists of an estimated 3, 17 million black Africans, with IsiZulu as the most popular language. However, there are languages such as IsiXhosa, Afrikaans, Tsonga, Venda, Tswana and IsiNdebele among others (Statistics South Africa, 2011).

## 1.7 A BRIEF OVERVIEW OF RESEARCH DESIGN AND METHODOLOGY

This study utilised a qualitative research approach, and a case study was used as a research design for the study. The inclusion criteria of research participants were related to demographic characteristics which included female and male caregivers and both female/male social workers who are aged 18 years and over, working at a Child and Youth Care Centres (CYCCs) in Ekurhuleni. Purposive sampling technique was used to select thirteen (13) caregivers and two (2) social workers as key informants who took part in the study.

The semi-structured interview guides, which comprised of open-ended questions were used and this allowed the researcher to seek clarifications and probe further on answers provided by the participants. Face-to-face interviews were used as a data-gathering method for this study. A thematic analysis was used to analyse the data gathered. According to Kumar (2014), thematic analysis is a technique used to assess information through identifying, exploring and recording data patterns. These data patterns are imperative to the explanation of a phenomenon and are associated with the research questions or objectives as they are insightful and reliable (Kumar, 2014). The thematic analysis helped the researcher to review the information gathered from participants and other literature studies.

## 1.8 LIMITATIONS AND DELIMITATIONS

- The study was conducted from a small sample of selected Child and Youth Care Centres (CYCCs) in Ekurhuleni only, and the findings of the study cannot be generalised to the entire populace of South Africa. However, in qualitative research, the aim is not to generalize but to have a rich and deeper understanding of the phenomenon.
- The duration of the interviews was short due to the busy schedules of participants, however, the researcher ensured that all questions were answered.
- During data collection, some participants did not consent for audio recording, however, the researcher ensured that all relevant and important information was recorded in the notebook utilised.
- Recruiting participants was a challenge, most of the organizations approached would not accept that their caregivers can take part in the study, thinking that they were going to be exposed. To mitigate this, the researcher elucidated the purpose of the research study in detail for better understanding and assured participants that confidentiality will be adhered to and that no harm was intended in the study.

## 1.9 ORGANISATION OF THE DISSERTATION

### Chapter 1: Introduction to the Study

This chapter provides orientation and background to the entire study, which includes problem statement, the definition of concepts, scope, and demarcation of the study and a brief overview of research design and methodology.

**Chapter 2: Literature Review and Theoretical Framework**

It offers a critical appraisal of the literature in the field of alternative care in general. It also focuses on the factors contributing to poor academic results as well as the coping mechanisms employed in alternative care facilities in dealing with the academic needs of children.

**Chapter 3: Research Methodology**

This chapter describes the research methodology and design, offering a comprehensive account of the research procedure, sampling techniques, the sample, data collection methods, and data analysis. The aspects of the trustworthiness of the study are also described in detail. A discussion of ethical considerations the limitations of the study were included in this chapter.

**Chapter 4: Presentation and discussion of the findings**

In this chapter, the presentation and discussion of the findings of the study are provided. Emergent themes of the perceptions of caregivers regarding poor academic results are classified in this chapter.

**Chapter 5: Summary of Findings, Conclusions, and Recommendations**

It provides a summary and conclusions of the dissertation. The recommendations on further research, policies and practice are conversed in this chapter.

# CHAPTER TWO

# REVIEW OF LITERATURE AND THE THEORETICAL FRAMEWORK

## 2.1 INTRODUCTION

According to McCall (2013), literature review brings the researcher up to date with prior research done on a particular topics. The purpose of this literature review was to help the researcher in pointing to overall agreements and differences in exploring the topic (Heyman, 2016). This section discussed the following topics; the overview of children and alternative care, the legislative and policy frameworks regarding children and alternative care, the experiences of children while living in alternative care, the academic results of children in alternative care, factors that contribute to poor academic results of children living in alternative care and the support mechanisms available for children in alternative care. The study utilised the ecological perspective as the theoretical framework which underpinned the study. The researcher compiled information for the study with the guideline of quoting most recent studies within approximately ten years because it is fundamental to be up to date with current trends (McCall, 2013). After an extensive exploration of literature from textbooks, journals, online databases through the university libraries it is evident that there are only a few studies in the South African context regarding factors contributing to poor academic results for children living in alternative care.

## 2.2 CHILDREN AND ALTERNATIVE CARE: AN OVERVIEW

According to Owusu-Bempah (2010), the word "alternative care" refers to places of care determined by court order, where children are placed in foster care or in Child and Youth Care Centres for care and protection. Statistics of children living in alternative care facilities are not complete, but it is known that there are 345 of the CYCCs are registered in South Africa (Mahery, Jamieson & Scott, 2011). Globally, children without parents (orphans) and those who are vulnerable and protection often enter alternative care arrangements such as adoption, foster care and residential care (Julia & McCall, 2012). Approximately, an estimated 2,7million children live in alternative care worldwide, but the availability of data from numerous countries is poor as many care organizations are not registered and children living in them are not reckoned (Brown, 2009).

In a study conducted in the global South by Roche (2019), children are placed in alternative care frequently because parents are unable to fulfill primary care roles and to provide safety when children are at risk of abuse. Also, it is reported that these children living in alternative care are the most educationally vulnerable population within the school system (Sewester, 2011). According to Erickson (2018), alternative care for abandoned and orphaned children is broadly used in sub-Saharan Africa countries with different economic, indigenous and ethnic backgrounds. In Ghana, alternative care represents an important part in the society, and this includes caring and protecting the children from harm in the society. However, it has been indicated that the public has detrimental insights about the value of care provided for children living in alternative care, due to studies enlightening such facilities as sources of abuse (Abdullaha, Cudjoeb & Manfula, 2018).

In South Africa, it has been reported that one in three children lives with both their parents and that one in five children have lost on of their parents or both, though there are enormous differences by provinces (South Africa's Children report, 2011). Also, it has been reported within the South African context that there has also been a growth in the number of children who are placed in alternative care facilities because of the HIV/AIDS pandemic (South Africa's Children report, 2011). Reports on children indicates that up to 37.3% of the South African people are children and that 18.6 million of these children live in poverty at the poor households (UNICEF, 2011). The exact number of children in need of care and protection is difficult to estimate as not all these children are reported to the Department of Social Development (Du Toit et al., 2015; Rochet et al 2016). When children are placed in places of care, the government then takes full responsibility for caring, protecting as well as meeting their needs (O'Higgins, Sebba & Luke, 2015). Whereas the Children's Act of 2005, states that children are entitled to stay in alternative care until the end of the year in which they turn 18 years, but can apply to remain in alternative care until the age of 21 years so that they can complete their studies or training.

### 2.2.1 Reasons for placement of children in AC

Children are regularly found in alternative care around the world for different reasons and this happens irrespective of the acknowledgment that alternative care is related to negative significances on children's cognitive development (Brown, 2009). In the United States, 92% of children are moved from their homes due to abuse or neglect and 41% of these children are said to have experienced one or more types of ill-treatment in their homes of origin (Schelbe, Frank &

Miller, 2010). Erickson (2018), also revealed that there are several reasons why children are moved from their homes into the alternative care system and these included neglect, abuse, severe emotional and behavioral problems, abuse, illness, AIDS as well as substance abuse. Also, many children abandoned, neglected and abused find themselves placed in CYCCs when the options of foster care placements have failed (Agere, 2014). While in care it is has been identified that the attachment styles of children are also harshly compromised therefore these CYCCs must seek to establish systems of care with standards and governance structures that follow the guidelines of the Children's Act (Tanga & Agere, 2018).

### 2.2.2 The role of caregivers in alternative care

A caregiver is referred to anyone who looks after children and this includes grandparents, aunts and other relatives who care for the child with the permission of the biological parents of the child or the guardian (Mahery, Jamieson & Scott, 2011). One must take into cognizance that the roles of the caregivers will vary depending on the setting in which they are working. According to Neimetz (2011), the roles of caregivers include amongst others caring for children living in alternative care, offering supervision, and discipline and stimulating their development. Moreover, the role of caregivers is also to assist in the provision of care for children and support for their welfare and best interests (Dill, 2015). Also, caregivers contribute to the development and implementation of child care programmes within alternative care facilities (Mahery et al., 2011).

Additionally, caregivers interact positively with these children to nurture their self-esteem and confidence by giving each child individual attention and comfort as required (Neimetz, 2011), While Mahery et al (2011) stipulates that providing therapeutic services and interventions and protecting children from potential physical, emotional, sexual, psychological, or any form of abuse, are some of the roles that caregivers play. A caregiver also has to empower, advocate, educate and motivate children to become positive contributors in society in the future. Looking at the poor academic needs and the previous background experiences of children living in alternative care facilities, there is a need for caregivers to understand all the aspects of the child's needs and how it affects their functioning and wellbeing (Neimetz, 2011).

### 2.2.3 The Pros and Cons of living in alternative care

Research has largely demonstrated that living in alternative care has negative consequences on children because it has an impact on the long-term effects on their health and psychosocial development (Erickson, 2018). It has been reported that the long term effects of placement in alternative care affects the neural functioning related to social interactions and emotional attachments, which leads to poor relationships, mental health problems and anti-social behaviour (Brown, 2009). According to McKellar and Cowan (2011), children need well-equipped alternative care facilities that can provide for their needs such as education and counseling to thrive. However, it is reported that they are disadvantaged of the possibility to develop due to insufficient resources and limitations to available staff to care for children (Rochet et al., 2016). Research also proposes that life in alternative care influences poor results for children as they present gaps in math and basic reading (Erickson, 2018; Sewester, 2018). Many perform below their peers, with the extreme achievement gaps in basic reading, math calculation, and written expression. It has been reported that children also score on average 15 to 20 percentage their peers on regular academic tests (McKellar & Cowan, 2011).

However, in a study conducted by Perumal and Kasiram (2009), it was found that positive experiences for children are being provided for materially and that they are enjoying social outings and celebrations. In support of this view, research studies have revealed that some children do prefer to be in alternative care facilities as they fear that if they go back to their homes they will be abused again (Bessell, 2011; Dunn et al., 2010). Therefore, it can be said that not all children go through undesirable experiences while living in alternative care. Most children living in alternative care have negative experiences threatening their positive growth and development, little has been done to explore caregivers' recommendations of solutions to ensure the wellbeing and safety of children in alternative care (Erickson, 2018).

## 2.3 LEGISLATIVE AND POLICY FRAMEWORKS REGARDING ALTERNATIVE CARE AND CHILDREN

Worldwide, the United Nations Convention on the Rights of the Child (UNCRC) (2012), comprises a set of rights and freedoms which are to be enjoyed by all children including those who are living in alternative care and are affected by many different types of abuse which include sexual exploitation, neglect, sexual exploitation, discrimination in education and access to health which

leads them to placements in alternative care facilities. In dealing with these challenges, the African Charter on the Rights and Welfare of the Child (ACRWC) in 2000, sets out rights to protect every child with the emphasis on including African values and experiences (Jamieson, 2013).

In South Africa, there are also laws and regulations established to safeguard the welfare of children living in alternative care facilities is protected (Malatji & Dube, 2017). Policies, laws, strategies, and standards are being recognized to achieve more just and improved delivery of services for children (Unicef, 2015). One of these is the Children's Act, which is a broad piece of legislation that seeks to afford children the necessary care, protection, and assistance to develop to their full potential (The Children's Act, 2005). According to Agere (2014), the Children's Act was disseminated to reflect and to enforce the values and principles of the UNCRC and the White paper for social welfare (1997), and it advocates for the development of social welfare services.

The implementation of the Children's Act is a state-driven procedure concocted by the Department of Social Development (DSD) to recognise the rights and needs of all children regardless of their gender, race and ethnicity (Tanga & Agere, 2018). Furthermore, the Children's Act 38 of 2005 as amended, also makes provision for alternative care as another form of care for children who cannot be cared for by their biological parents and it sets as a guide to improving the effectiveness of alternative care importantly (Malatji & Dube, 2017). The objectives of the Children's Act of 2005 as amended comprises giving effect to children's rights through the provision of the programmes include education, information, therapeutic as well as skills development (Malatji & Dube, 2017).

The Constitution of the Republic of South Africa, Act 108 of 1996 amended is also one of the laws and it takes account to everyone's right to education and stipulates that "every child has the right to appropriate alternative care when removed from family care" (Makhubele & Mdhluli, 2018). While children are placed in alternative care facilities, the South African Schools Act 84 of 1996, sets as a guide to ensure that the rights of the child to equal opportunity to education are compulsory from the age of six to the age of fifteen. It further indicates that the right to education includes the right to attend classes, to learn and be taught in all approved school subjects, to be informed regularly about their school progress and to ensure that there is the encouragement to improve poor academic results.

## 2.4 EXPERIENCES OF CHILDREN IN ALTERNATIVE CARE

According to the Policy Brief of Save the Children on Institutional care (2014), there are 2 million vulnerable children worldwide living in poor quality alternative care facilities harmful to their physical, social and intellectual development. It is explained that children raised in alternative care settings experience severe psychosocial paucity and that they display negative effects in cognitive, behavioral and social aspects due to the lack of delicate caregiving and the lack of conducive environments (Troller-Rerfee, McDermott, Nelson, Zeanah & Fox, 2015). Based on this viewpoint, Nsibamande (2016), explains that regardless of the good intentions of alternative care, the care that children receive, it cannot be possibly be compared to the care provided in a family environment because it consists of negative effects on children's physical, emotional and cognitive development such as physical, emotional and cognitive (Dozier, Zeanah, Wallin & Shauffer, 2013). Below is a discussion of the effects of the alternative care system on the above-mentioned domains as discussed by IJzendoorn, Luijk, and Juffer (2016);

### *2.4.1 Physical*

Children who live in alternative care systems and have spent their first years in care often show underdeveloped physical growth. It is also said that they do undergo challenges while in the alternative care that even when their physical needs such as food and shelter are adequately met, they experience delay behind their family or peers on physical growth as weight and height (IJzendoorn et al., 2011).

### *2.4.2 Cognitive Development*

According to IJzendoorn et al (2011), the cognitive development of vulnerable children who live in alternative care has been studied for more than 60 years. Studies have recognised that children in care systems often show low IQ and poor language skills. Moreover, research studies continue to show the delayed cognitive performance of children living in alternative care.

### *2.4.3 Emotional development*

Due to separation from parents and family, or loss of birth parents, children are deprived of the opportunities to develop stable relationships with their caregivers because of limited staff. It is reported that children experience trauma and this affects their emotional development of children

living in alternative care. Children who exhibit negative emotionality present behavior problems and that in the school settings they pay less attention and they become uncontrollable in class (IJzendoorn et al., 2011).Researchers acknowledged that the experiences of being in alternative care disrupt learning, and some researchers have also suggested that children often enter to alternative care facilities already exhibiting low levels of academic results (McKellar & Cowan, 2011). It is also evident that experiences of abuse are associated with poor academic results (Berger et al., 2015; Nsibanda, 2016; Clemensa et al., 2018).

Additionally, children living alternative care have usually been through significant challenges of trauma in their life, as well as regular broken relationships due to recurrent removals from their homes (Riebschleger, Day, & Damashek, 2015). Therefore, they need support, permanence, care, and connectedness, and to thrive in school and life. It is unfortunate that for many in alternative care facilities life is not stable because most of them struggle to adapt and these systems do not guarantee permanence and continuity (McKellar & Cowan, 2011).

## 2.5 ALTERNATIVE CARE AND CHILDREN'S ACADEMIC RESULTS

According to Morton (2015), children in alternative care systems are an academically susceptible population because they are more likely than other children to have academic and behavioral trouble in school. It is also found that they have greater rates of absenteeism in schools which they attend (Zorc et al., 2013). In the United States, it is reported that children living in alternative care represent one of the most vulnerable, academically at-risk populations. Apart from obtaining poor academic results and high dropout rates, about 30% to 50% of these children are placed in special learning programmes for a learning disability and emotional instabilities (Zetlin, Wenberg & Kimm, 2016). In a study conducted by Ren (2010), it was found that children living in alternative care perform poorly when compared to normal children. Besides, it has been said that social workers generally do not prioritise the significance of the academic needs of children living in alternative care. One example is Great Britain, with only 2% of social workers considering receiving education as a top priority for these children Sewester (2018),

Children are faced with academic challenges as a result of neglect and abuse which then compromise their developmental state (Morton, 2015). According to Sewester (2018), abused and neglected children living in alternative care have a greater need for assistance in education. In line with these findings, it has also been indicated that growing up in alternative care has previously shown delays in IQ as compared with children raised in families (Jzendoorn et al., 2011). Research also suggests that these educational challenges are not created by entering alternative care facilities, but the care system provides insignificant assistance with the problems faced by children (Jzendoorn et al., 2011; Clemens & Tis, 2016). Some of these problems include frequent moves, and a lack of learning support systems (Sewester, 2018). Furthermore, the research studies indicate that children who are living in alternative care have high risks of obtaining poor academic results and these can greatly impact a child's future (Trout, et al. 2008; Erickson, 2018).

## 2.6 FACTORS CONTRIBUTING TO THE POOR ACADEMIC RESULTS OF CHILDREN IN ALTERNATIVE CARE

Research studies about children living in alternative care have found that communities, school policies, and families, play a significant role in envisaging their academic results (O'Higgins, Sebba, Gardner & Luke, 2015). McKellar and Cowan (2011), highlighted the negative consequences of placement instability in alternative care is that it demoralizes children to be enthusiastic about school events as they know that they can be moved without notice. According to Baugerudand and Melinder (2012), the removal of children from their homes is said to be a very stressful and possibly traumatic experience for children which may also "disturb children's psychological, emotional and cognitive development" (Clemensa, Klopfensteinb, Lalondea & Tisa, 2018).

The prevailing literature base regarding children living in alternative care facilities tends to emphasise the negative consequences of placement instability and school instability (Berger et al., 2015). Based on the viewpoint, previous data also reveal a high level of placement instability for many children in alternative care and among these children, a quarter of those between the ages of five and seven had one placement move and a third had two or more (Zorc et al, 2013 ). Frequent placement moves have been reported as a factor posing difficulties for children living in alternative care and there is a need to stabilise and respond to these educational needs to improve their academic results (Berger et al., 2015).

Recently, researchers have begun to investigate the connection between placement changes and school moves (Clemens et al, 2017). Ferguson and Wolkow (2012), state that these transfers which take place during the academic year must be eluded because as a result children miss large amounts of school work and this contributes to poor academic results. Incomplete records also contribute to poor academic results of children and often caregivers have little or no information about a child's previous educational performance and needs, which interferes with the continuity of services (McKellar & Cowan, 2011).

Relationship instability is also referred to as another factor contributing to poor academic results because children leave behind family members, siblings, friends, and teachers when they are placed in alternative care. With the concern to these moves, children are required to leave people with whom they have created relationships with, whenever their lives is at risk and it is said that many of them express anger towards the caregivers (McKellar & Cowan, 2011). Some scholars have mentioned that adjusting to new caregivers can undesirably impact the academic results of children, even when children continue being in their school of origin, due to the stress and disturbance of the placement they will still perform poor academically (Berger et al., 2015). To recover the educational results for children living in alternative care, government and other stakeholders need to contemplate both efforts to increase educational permanency and attendance as well as reduce overall placement moves because these worsen overall behavioral problems and poor academic results (Zorc et al., 2013; Berger et al., 2015).

According to Schelble, Franks and Miller (2010), children who are living in alternative care facilities may have experienced emotional trauma and this reduces excitement on their school work activities because they fear that they can be moved and be relocated without notice. Reports also indicate that these children also experience emotional dysregulation and that they often lack stable guidance and consistent nurturing from a trusted adult that is necessary to help them cope successfully (Department of Health, 2012). Due to trauma and instability of their lives, it is said that many of them have developed protective mechanisms that keep them at an emotional distance from others and caregivers. These issues can prevent children from getting involved in the positive aspects of school (McKellar & Cowan, 2011).

While Schelble, Franks and Miller (2010), emphasise that behavioral and emotional challenges are some of the reasons that negatively impact the poor the academic results of children. Furthermore, the authors explain that children exhibiting negative emotionality are more likely to have behavioral difficulties and they are less likely to pay attention at school. While Letsoalo et.al (2018), argues that the factors contributing to poor academic results are mainly cognitive aspects.

Another factor contributing to poor academic results for children living in alternative care is the limited and absence of communication between alternative care schools, workers and families (Clemensa, et al. 2018). The absence of information, together with the challenges of a new school makes it impossible for children to adjust (Zorc et al, 2013). According to Morton (2015), children living in alternative care reported that the caregivers had never attended any parents' meeting at their school. These discoveries also highlight the elements that there is a lack of communication in terms of challenges, needs and progress towards their school work.

## 2.7 SUPPORT MECHANISMS AVAILABLE TO CHILDREN LIVING IN ALTERNATIVE CARE

Globally, children need care and support for them to thrive (McKellar & Cowan, 2011). They are also entitled to the same educational benefits as those children who reside with parents in the communities (Evas & Becker, 2010). There are educational programs that are utilized in alternative care systems to encourage literacy development of children (Tayob & Moonsamy, 2018). These programs are aimed to enable children to understand concepts learned at school as well as promoting continued reading to improve their academic results (Lane & Wright, 2010).

In a study conducted by Jan and How (2015) in Malaysia, it was found that the placement of children in alternative care is given special education programmes due to their poor academic results. However, it has been highlighted that in Sub-Saharan Africa learning and teaching are under threat and that teaching is worsening the current socio-economic problems experienced in the most disadvantaged communities (Wood & Goba, 2011).

In the South African context, the Children's Act of 2005 also guides the programmes which are meant to assist in restoring children's impaired capabilities, particularly, to recover from the traumatic experiences. Children living in alternative care facilities are offered therapeutic, recreational, and developmental programmes to enhance their wellbeing (Children's Act, 2005).

Therefore, providing enhanced academic interventions in alternative care for children is a critical aspect to be prioritised to improve the poor academic results and facilitate educational success and future economic security.

## 2.8 THEORETICAL FRAMEWORK

The study was guided by Bronfenbrenner's ecological perspective. The theoretical framework is one of the dynamic aspects of the research process as it explains and helps researchers to understand the behaviors or situations (Grant & Osanloo, 2014). It also helps professionals to recognize and assess the roots of social problems as the basis to select a treatment plan that will aid in resolving the challenges proficiently (Garthwait 2012, p. 58).

### 2.8.1 THE ECOLOGICAL PERSPECTIVE

This study was underpinned by the ecological systems theory that was pioneered by Bronfenbrenner in 1979 and emphasizes the significance of the five environmental layers which influence the overall wellbeing of an individual.

The ecological perspective also assisted the researcher to understand the perceptions of caregivers regarding the factors that contribute to poor academic results concerning children living in alternative care facilities. It also assisted in understanding the experiences of both children and caregivers in the CYCCs as well as the policies which govern them. The approach suggests that a person is defined by "the systems they interact with daily which is inclusive of different layers that shape their behavioral outcomes" (Louw & Louw, 2014, p. 25). Additionally, the ecological perspective emphasizes the interconnection, interdependence and current level of fit of an individual and his or her environment consisting of the five structures which are discussed below (Louw & Louw, 2014).

Microsystems: This is a layer that involves structures and systems that an individual has relations and interactions daily as they are closer to them (Louw & Louw, 2014).In the study, the children's microsystems consisted of any immediate relationships they interact with such as the school, peers as well as the caregivers. These relationships have impacts on each other, for example, a child who is sociable and interacts positively within the environment is more likely to grow and develop positively.

An example would be a child who has stable relationships and can ask for help from those who are around them when they need help with their school work for improved academic results. This level was used to understand and analyze the perceptions of caregivers regarding factors that contribute to poor academic results of children. This also assisted in exploring the caregiver's interactions with children to help them in their academic needs.

**Mezzo systems:** This system involves two microsystems that interact and influence one another as well as the relationships between these systems (Louw & Louw, 2014). In this study, this system involved the connections in which the child learns. For example, a child's academic performance cannot be linked to classroom activities only, but also requires encouragement from their caregivers. This system reflected that if there is no link between the school and the CYCC, this can negatively affect the positive development of the child and therefore there must be a good relationship in these microsystems to work together.

**Exosystem:** It includes other places and people that the child does not often interrelate with directly however, they still can have a significant impact on the child (Louw & Louw, 2014). For the study, these included the caregiver's or teacher's work environments, religious and social welfare systems. An example would be a natural disaster which takes place at a school setting, even though the child may not be directly impacted by the disaster, the teachers could be stressed and traumatized by the tragedy which then contributes to the negative connection to a child's systems. This level was used to understand that when other systems break, even though they exclude direct interactions with the child, negative consequences can result.

**Macro systems:** This system comprises social and economic structures which include values, beliefs, and laws that influence all other social systems (Louw & Louw, 2014). These systems are said to have an unpredicted but important influence on the child's development. For example, people in South Africa share common values of their cultures and at the same time share common government whose policies impact different aspects of development and these were investigated to understand how these contribute to the poor academic results of children in alternative care facilities.

**Chronosystems:** involves the changes or shifts in one's lifetime (Louw & Louw, 2014). For the study, this system implied the historical background which relates to the time children are raised in alternative care.

This explains that a child's environment does not remain the same but changes constantly. For example, loss of parents at a young age, relocation to an alternative care facility and school; are changes that can occur in a child's life and can hold influence in their development. Therefore, investigations on the environment, life events, were made to determine the factors contributing to poor academic results and how the policies and legislations assist in meeting the educational needs of children in alternative care. The ecological theory was also seen as the best framework to guide this study because the theory explained the interaction of children in alternative care with their environment to understand how it plays a role in their academic results.

According to Louw and Louw, (2014), the study of human development does not focus on the direct observation of behaviour only, it requires an exploration into a person's systems, as well as aspects of the environment that are outside the immediate situation. In relating ecological theory to children who are removed from their natural environment and placed in an alternative care setting, it was important to understand that a child is expected to adapt to this change in the environment to cope successfully and function optimally with this new system.

However, when this does not happen, imbalance and stress are experienced. Therefore, this theory enabled the researcher to gain an in-depth understanding of the nature of the problems that children face and the support that they obtain on their educational needs from the existing systems within their society at large. The benefit of using this ecological perspective to view children and their interactions was that, it helped the researcher to understand the impact that the environment had on children's backgrounds and experiences which impacted on their wellbeing, growth, and development, as well as their ways of adapting. How a child responds will be influenced by a range of factors such as age, the spheres of influence or support in each of the five systems listed above and the individual child (Dlamini & Chiao, 2015).

## 2.9 CHAPTER SUMMARY

The purpose of this literature was to explore the factors contributing to poor academic performance of children living in alternative care using articles that exist. This section of the study elucidated how academic performance is related to living in alternative care, as well as factors contributing to poor academic results - such as removal from their home, placement instability, change of schools and emotional dysregulation experiences.

The theoretical framework utilised for the study was the ecological perspective and was discussed in detail in this chapter to provide explanations on the interactions of children with different systems as well as how these connections influence and relate to the cognitive growth and development of the child. Overall, the review of the literature indicates that there is a correlation between living in alternative care facilities and educational outcomes. The following chapter describes the research methodology of the study, thus offering a comprehensive explanation of the research procedures, sampling techniques, data collection methods, and data analysis. The aspects of trustworthiness and ethical considerations are also described in detail in the following chapter, which is chapter three.

# CHAPTER THREE

# METHODOLOGY OF THE STUDY

## 3.1 INTRODUCTION

This chapter explains the steps that were followed during the research process. Kumar (2014), explains research methodology as a premise of investigations of how a study should be conducted and how it includes assessments of the speculations, values, and measures in an exacting approach to investigation. According to Brynard et al., (2014), research methodology explains the ways of collecting data at the same time reflecting on the "planning, structuring, and execution of the research." Precisely, the perceptions were explored through in-depth interviews to gain an understanding of the factors that contribute to poor academic results of children. This section of the study provides the research question, aim and objectives, and also explains the research approach and design, population, sample and sampling procedures, research instrument and the method of data collection and analysis. Trustworthiness and ethical considerations that were considered in the study are also explained in this chapter.

## 3.2 RESEARCH APPROACH AND DESIGN

The study was qualitative in nature. According to Creswell (2013, p. 44) a qualitative research approach helps in unpacking the meanings individuals or groups ascribe to, regarding a social or human problem" under exploration. As this study was based on the understanding of the perceptions of participants and the interpretation of verbal data to make clear sense of statements represented in the data by participants, this implies that a qualitative approach was the best research strategy to be used (Denzin & Lincoln, 2008; Flick, 2013). This is because a qualitative approach allows for the studying of things in their natural environments with an attempt to make sense of the phenomena. Instead of relying on the results of other research studies only, this approach enabled the researcher to speak directly with participants. Furthermore, adopting this approach assisted in investigating as well as gaining a holistic understanding of the phenomenon.

The study adopted a qualitative research approach to get detailed insights into the perceptions of caregivers regarding factors that contribute to poor academic results of children living in AC. As argued by Braun and Clarke (2013, p.234), qualitative research has the advantage of providing "exciting rich and challenging information yet allowing the researcher to make sense of the

patterns of meaning." To its advantage, qualitative research enabled the researcher to get significant and elaborate descriptions and interpretations of what the caregiver participants shared. The qualitative research approach was deemed suitable for this study because it enabled data to be collected in the form of perceptions and experiences of caregivers.

A case study was used as a research design for this study. According to De Vos, Strydom, Fouche and Delport (2011), a case study is regarded as a process that allows the uniqueness of each particular case to be revealed in a convincing influence. There are different types of case studies, and a single instrumental case study was used for this study, whereby the researcher selected one bounded case in determining the caregiver's perceptions of factors contributing to poor academic results of children living in alternative care.

## 3.3 POPULATION, SAMPLE AND SAMPLING PROCEDURES

According to Creswell (2014), population refers to a collection of items of interest in one's study, which represents a group that one wishes to generalize the research findings. Moore (2016, p. 66), also specify that "a population refers to several total elements that are important to the research study". This also means the research population can be viewed as the individuals who are selected for an intended study (Heyman, 2016). The population for the study was caregivers working at a Child and Youth Care Centres (CYCCs) in Ekurhuleni. Also, two social workers within the same CYCCs were part of the population as key informants.

### 3.3.1 Sampling procedure

Sampling is referred to as a technique used by the researcher to select the research participants that represent the population for the study (Sharma, 2017). In this study, a purposive sampling technique was used to select 13 caregivers and two key informants to take part in the study. Purposive sampling involves "selecting participants based on their ability to provide needed information" (Gray, 2014). The participants were purposively selected as they hold the most information on the characteristics of interest to the researcher (O'keeffe, Buytaert, Mijic, Brozovic & Sinha, 2016). A table illustrating the sample size of the study follows;

**Table 3.1 Sample size of the study**

| Category | No. |
|---|---|
| Caregivers | 13 |
| Social workers (key informants) | 2 |
| Total (including key informants) | 15 |

### 3.3.2 Selection criteria

The study had an inclusion and exclusion criteria for participants. According to Gray (2014), the inclusion criteria are defined as key features of the targeted population chosen to answer the research question while the exclusion criteria include factors that make the selected population ineligible for the study. For this study the inclusion criteria were related to demographic characteristics which included female and male caregivers and both female/male social workers who are aged 18 years and over, working at a Child and Youth Care Centres (CYCCs) in Ekurhuleni, with at least three years of experience. Three years was seen as a good time frame which allowed participants to share their perceptions about the factors that they perceive as contributing to the poor academic results of children in alternative care. The study excluded participants who are below the age of 18 and all those who have less than three years of work experience.

## 3.4 RESEARCH INSTRUMENT

A semi-structured interview guide was employed as a research instrument. The researcher developed the research instrument which contained open-ended questions phrased in an unbiased tone to guide the interview process. The participants of the study included caregivers and social workers as key participants and interview schedules were grouped into different themes according and this simplified the analysing data. Creswell (2014), also argues that a semi-structured interview schedule allows participants to provide full answers which gives a depth of information and the possibility of sharing their own experiences and personal stories. Therefore, the semi-structured interviews allowed the participants of the study to fully express themselves.

The semi-structured interviews are best suited for understanding people's experiences and perceptions (Blanford, 2013). Furthermore, it also comprises of open-ended questions, it allowed the researcher to seek clarifications and probe further on answers provided by the participants or when the interviewee has difficulty in answering the questions during the interviews (Maree, 2014). The advantage of using these semi-structured interviews is that they can provide reliable data and allows the participants the freedom to express their views freely. According to Nieuwenhuis (2013), the advantages of using a semi-structured interview guide is that it is used to verify data from other data sources in research and that it allows for probing for the ultimate clarification of answers from the participants. However, the disadvantage of this tool is that analysing the interview data from open-ended questions can be more problematic as the responses from participants may be complex (Creswell, 2014).

### 3.4.1 Interview schedules

A research instrument is defined as "a tool such as a questionnaire, interview schedule, surveys or observation schedule used to gather data as part of a research project" (Creswell, 2014). Two interview schedules were utilised in this study. One interview schedule guided individual interviews with the caregivers (see Annexure C page 78) and the other one was used to guide interviews of social workers as key informants of the study (see Annexure D page 79). The interview questions for these interview schedules were organised around particular predetermined themes to enable participants to share an in-depth understanding of their perceptions regarding factors that contribute to poor academic results of children living in alternative care.

### 3.4.2 Pre-testing of the research instruments

According to Hilton (2015), pre-testing is a method of checking that questions for the study work as intended and these questions are understood by those individuals who are likely to respond to them. It also allows the researcher to identify potential problems in the wording and structuring of questions that may lead to any difficulties in answering or even result in miscommunications that affect the study (Creswell, 2014). The study used two semi-structured interview schedules, one for caregivers and the other for key informants. The two interview schedules were pre-tested to determine the suitability and appropriateness of the questions, including the duration of the interviews.

These tools were tested on two participants (a caregiver and a social worker), who had similar characteristics required for the research and these participants did not form part of the major study.

### 3.5 METHOD OF DATA COLLECTION

The nature of this study allowed the researcher to use face-to-face in-depth interviews as a data-gathering method to fully understand the perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care. There are methods such as focus groups that could have been used for the study but were not considered to avoid the feeling of restriction to expressing their views in the presence of other participants. The face-to-face interviews refer to the "qualitative data collection strategy in which participants are posed with open-ended questions that have been prearranged to answer the formulated research questions" (Kothari, 2008 p., 139). These assisted the researcher to have productive interviews and provide a framework of guidance throughout the sessions with participants.

Moreover, interviews were conducted with one participant at a time to protect other participants from being influenced by their colleagues. The advantage of using face to face interviews was collecting high-quality data. According to Creswell (2014), face-to-face interviews are preferable when the subject matter is very sensitive but it becomes a disadvantage if the questions are too complex because the interviews are more likely to be lengthy. Upon getting consent from the participants, the researcher used a tape recorder during data collection to ensure that originality is maintained for direct quotes during the writing-up process.

### 3.6 METHOD OF DATA ANALYSIS

A thematic analysis was used to analyse the data gathered for this study. According to Kumar (2014), thematic analysis is a technique used to assess information through identifying, exploring and recording data patterns. These data patterns were imperative to the explanation of a phenomenon and were associated with the research questions and objectives as they are insightful and reliable (Kumar, 2014). According to Silverman (2011), thematic analysis refers to the coding of data according to common themes and establishing links or relationships between themes and questions. This was done to make meaningful interpretations from the data obtained from the respective participants.

Data collected was analysed from transcripts and the interview notes of participants as well as nonverbal cues observed during the interviews. The researcher transcribed the audio tape-recorded responses. Verbatim transcription was utilised. Even though transcribing is time-consuming, the researcher worked hard and was very careful to make sure that transcripts were trustworthy and accurate. The thematic analysis helped the researcher to review the information gathered from participants and other literature studies and also encouraged a well-structured report of information. The following steps by Creswell (2014), were used to analyse data;

***Step one***

The data collected was organized and prepared for analysis. This involved transcribing interviews, scanning the material, sorting data and typing notes. At this step, the researcher arranged the data from different sources of information, familiarized with data and prepare data for analysis.

***Step two***

This step entailed reading and looking at all data as it provides a sense of the information. Initial codes were generated from this step and the researcher read all the data collected for the study to provide the logic of the information and to reflect on its overall meaning and wrote notes. These notes were typed accordingly towards the questions that were asked during the interviews. The responses of participants were organized and coded according to common themes that emerged during the interviews.

***Step three***

Coding in this step is essential as this is the process of organizing the data and writing words representing a category. It also about getting a sense of the data collected through reading carefully and writing down the ideas that come to mind as one reads transcripts. The participant's transcripts were reviewed carefully and significant statements about the phenomenon were highlighted. This step also allowed the researcher to search for themes that were important and interesting about the data collected.

***Step four***

The coding process was used in this step to generate a description of themes for analysis. This step involved reviewing and developing preliminary themes that were identified during the interviews because it is very important and useful to gather collected data that applies relevantly to each theme. The researcher took themes and supporting dialog to participants to draw feedback and to ensure that everything was captured and the themes remained a correct reflection of their perceptions. The researcher also looked at how the themes supported the literature reviewed and the theoretical framework which underpinned the study.

***Step five***

This step allowed the researcher to define themes. The most popular approach used was using the narrative passages to convey the findings of the analysis. This was also the final phase of the development of the themes which defined how they interact and relate to the main theme. A table and figures were used and this analysis was suitable in designing comprehensive explanations for this study, and these themes were utilised as headings in the findings chapter of this dissertation. This made it easier for the researcher to clearly define and explain the themes.

***Step six***

This was a final step in data analysis which involved making interpretations of findings. The final themes were reviewed and the researcher started writing the final report.

## 3.7 BRIEF OVERVIEW OF THE RESEARCHER'S FIELDWORK EXPERIENCES

Recruiting research participants for the study is regarded as important to finding eloquent results from a variety of studies and yet this remains the main challenge. During the recruiting process, some organizations were not willing to take part in the study, particularly those working in the management of CYCCs, who feared that their facilities would be exposed. While other organizations requested the researcher to change the topic rather for them to participate because they felt like the topic was not looking good for the image of their organization, only if the topic was changed they would participate.

This also explains why there is a scarcity of data regarding factors that contribute to poor academic results of children in alternative care facilities in the South African context (Van Breda, 2018).

It is a tragedy to note that CYCCs are experiencing challenges in meeting the academic needs of children but the gap is ignored to protect the image of these facilities in case they do not receive funding after exposure. These circumstances impact the relevant intervention methods which can be implemented because the grassroots towards the academic predicaments of children living in CYCCs remain unknown. The lesson learned from these experiences was that it is important to understand the research participants' satisfaction with the study information received and their intentions to contribute in the study to confirm that findings from data collected are meaningful. Furthermore, of the 9 (nine) organizations approached, 2(two) of these were utilised for the study. The researcher visited Ikhaya Lothando in November 2019 and met with the manager of the facility. A clear explanation about the study and consent forms on the ethics of the study was provided and they agreed to participate and cooperate. When permission to conduct the study was granted, the researcher provided information about the study to the caregivers and social workers. This was to ensure that the participants from this facility were aware of the researchers' intentions to collect data for the study.

## 3.8 TRUSTWORTHINESS OF THE STUDY

The trustworthiness of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of a study (Pilot & Beck, 2014). In each study, researchers should establish the protocols and procedures necessary for a study to be considered worthy of consideration by readers (Amankwaa, 2016). All four elements of trustworthiness were ensured in this study. The researcher planned to get trustworthiness by making sure that the research process flows logically and that data throughout the process was well documented. The researcher undertook the following to ensure the trustworthiness of the study (De Vos et al., 2011; Shurink et al., 2011).

### 3.8.1 Credibility

Credibility can be defined as "the extent to which the data, the data analysis, and conclusions are believable and trustworthy" (McMillan, 2011, p.277). Credibility refers to the value of the research findings being trusted and believed. It also looks at the relationship between the constructed realities of the participants and those that are attributed to them. Interviews were recorded using a digital voice recorder to document the findings.

Interview notes were taken for the participants who were not comfortable with audio taping. Informed consent forms were signed by participants to create an opportunity for them to participate willingly in the research study. The researcher was familiar with the organization and a pre-interview meeting was held with caregivers to establish a rapport and a relationship of trust. This research was conducted in a manner that ensured that the phenomenon was accurately identified and described. Credibility was enhanced through pretesting the semi-structured interview schedule and providing a detailed description of the research procedures as well as the theoretical framework guiding the study.

### 3.8.2 Dependability

Dependability refers to the constancy of the data over time and the circumstances of the study (Polit & Beck, 2014). Process logs of all activities that happen during the study and decisions about aspects of the study, such as whom to interview and what to observe should be kept (Conelly, 2016). Dependability refers to the replication of the study in the same context; making use of the same methods and with the same participants, the findings will stay consistent. During the conduction of the study, the researcher used the same interview schedules with all participants to ensure that the dependability of the study was enhanced. To enable dependability the researcher provided a detailed account of how data was collected. A description of the methodology included the research design that was planned and implemented during the study. The data collected in this study pertained to the field notes of the semi-structured interviews and the researcher ensured that data is correctly coded.

### 3.8.3 Transferability

The nature of transferability refers to the extent to which conclusions or results are useful to persons in other settings, is different from other aspects of research in that readers determine how applicable the findings are to their situations (Polit & Beck, 2014). Researchers support the study's transferability with a rich, detailed description of the context, location, and people studied, and by being transparent about analysis and trustworthiness (Amankwaa, 2016). Transferability was achieved by providing detailed information on the methodology and the background of the study, as well as through audio recording (Tayob & Moonsamy, 2018).

### 3.8.4 Confirmability

Confirmability is the neutrality of findings which is consistent and the researcher keep can keep detailed notes of all their decisions and their analysis as it progresses. These notes can be reviewed by a colleague or they may be discussed in debriefing sessions with a respected qualitative researcher to prevent biases from only one person's perspective on the research (Polit & Beck, 2014). Conformability entails the research process and results are free from prejudice and that the researcher must ensure that the study's results are objective and are not based upon biases, motives, and perspectives of the researcher (Botma et al., 2010). Towards confirmability, the researcher granted the participants the opportunity to see the outline of the findings so that they made comments and suggestions to ensure that there was clarity on the data collected. After writing the research report, the researcher requested a group meeting with the participants at the organization to inform them of the research findings. They were provided with a summary report of the key research findings in their preferred language. The summary report was written in a simple language not to confuse the participants.

## 3.9 ETHICAL CONSIDERATIONS THE STUDY

Shamoo and Resnik (2014), have mentioned that ethical considerations in research are a compulsion for all researchers. They additionally mentioned that ethical considerations in research refer to professional conduct that is significant for the foundation and advancement of science. Furthermore, Brynard, Hanekom and Brynard (2014), also explain that ethics in research relates to conduct that is 'right or wrong' on the part of the researcher, which then serve as guidelines for the evaluation of research conduct. The researcher assumed the ethical principles defined below for the study;

### 3.9.1 Ethical Clearance

The researcher must take responsibility regarding the ethical conduct of research to confirm and ascertain that the research study is conducted responsibly and ethically (Dubbink & Lemos, 2019). Therefore, it was important to require ethical clearance because it minimizes the risk of harm to humans and ensures that research leads to beneficial outcomes.

This study was submitted for ethical approval and was not conducted until it had been approved by the Human Research Ethics Committee (HREC). When the researcher received approval, the ethical clearance certificate was issued to the CYCCs used for the study.

### 3.9.2 Confidentiality

According to Cournoyer (2014, p.154), "confidentiality is a professional standard that shared information in confidence cannot be disclosed with other parties". The participant's identity such as names and addresses were protected from public revelation. The researcher explained to the participants that their identities such as their surnames and names will not be used in the study. The researcher also respected and maintained confidentiality by ensuring that the interviews were conducted in a private and conducive place. Data was presented in such a way that it will not be linked to the participants. The researcher used numerical numbers like Participant 1, Participant 2 to identify the participants of the study. The use of individual interviews also endorsed confidentiality and data was stored appropriately and participants were assured confidentiality to enable them to share their perceptions freely.

### 3.9.3 Anonymity

The participants of the study had the right to remain anonymous (Creswell, 2014). Anonymity is referred to as the guarantee provided by researchers that readers of the findings would not be able to identify the participants. During the transcription process, the data collected was coded to ensure that no connection can be made to specific participants (Heyman, 2016). The researcher protected the anonymity of participants by disassociating names or identities from responses during the recording process. Every participant had the right to privacy and it was their right to decide when, where, to whom and to what extent that their attitudes, beliefs, and behaviour were to be revealed. Participants were interviewed in a private office where there was limiting noise and interruptions and the participants were assured that their identity will remain anonymous (Strydom, 2011).

### 3.9.4 Informed consent

Rubbin and Babbie (2010), describes informed consent as a norm in which participants of the study base their voluntary participation in research projects with a full understanding of possible risks involved. Respect for persons requires that subjects should be allowed to choose what shall or shall not happen to them (Babbie, 2011).

Written consent becomes a necessary condition rather than a luxury. Participants must be legally and psychologically competent to give consent and they must be aware that they would be able to withdraw from the investigation at any time (De Vos et al., 2011). Therefore, the researcher asked for permission from the participants to partake in the study and the researcher clearly described the aim and objectives of the study to the participants and their rights as stipulated in the consent form were followed in the study. The researcher obtained written informed consent from the participants. Informed consent indicated that the participants have the freedom to withdraw after the study has started without disclosing the reasons to the researcher. It also had the information regarding the research study and research processes. To promote clarity, informed consent was explained verbally to all participants before they agreed to participate and all questions were addressed at the time. Permission to use a tape recorder and the safekeeping of the tapes and transcripts was discussed before the start of the interview.

### 3.9.5 Non-maleficence

According to Creswell (2014), the process of conducting a study requires the researcher to ensure that participants are not exposed to any form of personal harm and that the data collection tool will be tested to ensure that the questions are appropriate to avoid harm to the participants. This principle requires the researcher to make sure that no harm occurs to the research participants as a direct or indirect result of the study. The researcher was very observant of this and constantly checked if the participants were still comfortable. The researcher is a qualified social worker and therefore, was ready to conduct debriefing sessions with the participants who might have been stressed by the interviews. Furthermore, participants were reassured that they are protected from psychological, emotional and physical harm. If there was a need for counselling to participants, the researcher was equipped to attend to the need and offer counselling services.

### 3.9.6 Voluntary participation

The participants were not pressurized to take part in this study. Voluntary participation in the study was a major principle of research ethics (Rubbin & Babbie, 2010). According to Strydom (2011), participation should at all times be voluntary and no one should be forced to participate in a project against their will.

The participants were notified that participation is strictly voluntary, meaning that no one was involuntarily asked to participate in this study. The researcher had an obligation to ask participants permission to take part in the study. In the execution of this study, no one was forced to participate, all participants volunteered to participate in the study.

## 3.10 CHAPTER SUMMARY

This chapter described the research design and methodology. The research question, aim and objectives were provided in this chapter. The chapter discussed the research approach and design, population and sampling procedures, research tool, data collection method, and analysis, together with ethical issues that were considered in the study. The next chapter, which is chapter 4, presents and discusses the research findings.

# CHAPTER FOUR

# PRESENTATION AND DISCUSSION OF FINDINGS

## 4.1 INTRODUCTION

This chapter presents and discusses data that was collected. For the demographic information of the participants, simple descriptive statistics were used to analyse the information. Qualitative data were analysed using thematic analysis and relevant themes for the research were recorded. The study findings are discussed concerning the objectives that guided the data collection process, the theory and the limitations inherent in the study design and analysis. Verbatim responses that were given by the participants are used to illustrate the themes.

## 4.2 DEMOGRAPHIC DETAILS OF PARTICIPANTS

This section describes the demographics of the participants that made up the sample for the study. Fifteen (15) participants, which included two (2) key informants, were selected using purposive sampling methods. The participants of the study were females and males who have been working at CCYCs in Ekurhuleni, and they all had more than one-year working experience in the selected organizations. Nine out of fifteen (15) participants had 5 to 10 years' experience of caring for children at a CYCCs.

Tables 4.1 and 4.2 below show the demographic profile of the fifteen participants, including two key informants, who took part in the study. The participants of the study included twelve females and two males. The personal details of participants included; gender, ages, areas of residence, highest qualifications obtained and years of experience. The participants had no objections to sharing this information. The languages used during the interviews were Sepedi, IsiZulu, and English, participants were encouraged to use the language of their preference. There was no need for the interpreter in this study since the researcher understood all the above-mentioned languages. In pre-testing the interview schedule, no changes were requested. The participants indicated that the questions were clear.

**Table 4.1 Demographic profile of participants – caregivers (N=13)**

| Demographic Factor | Sub –Category | No. |
|---|---|---|
| Gender of caregivers | Males | 2 |
| | Females | 11 |
| Age of caregivers | 25-30 years | 6 |
| | 35-40 years | 2 |
| | 45-50 years | 4 |
| | 50-55years | 1 |
| Area of residence | Ekurhuleni | 13 |
| | Other | 0 |
| Highest Qualifications obtained | Matric | 2 |
| | Caregiver Certificate | 4 |
| | Grade 9-11 | 4 |
| | Other | 3 |
| Years of experience as caregivers | 3-5 years | 9 |
| | 6 -10 years | 4 |

**Table 4.2.Demographic profile of the key informants (N=2)**

| Demographic Factor | Sub –Category | No. |
|---|---|---|
| Gender of caregivers | Male | 1 |
| | Female | 1 |
| Age of social workers | 35-50 years | 2 |
| Area of residence | Ekurhuleni | 1 |
| | Other | 1 |
| Highest Qualifications obtained | BA Degree in Social Work | 2 |
| Years of experience as Social Workers | 3-5 years | 1 |
| | 11- 20 years | 1 |

## 4.3. THEMES THAT ORIGINATED FROM THE STUDY

**Table 4.3 Table of themes that originates from the study**

| Category | Themes | Quotes |
|---|---|---|
| Perceptions of caregivers regarding factors contributing to poor academic results of children living at CYCCs in Ekurhuleni | Children's previous backgrounds | *"One thing l have noticed with our children from this facility is that they do not forget about their past. We try our best to fill the void and play parental roles to make sure they feel loved and cared for, but it does not help much because they change and become moody and rude, when you think all is well".*<br><br>*"It is a challenge dealing with children who are from abusive backgrounds because one needs to be sensitive toward them because they still think they will be victimized again. They also do not care about anything else, they think they are not worth and telling them to put extra effort on their school work is somehow pointless because nothing matters to them".*<br><br>*"Children who have experienced abusive backgrounds are not performing well at school. They present abrupt behaviors here in the facility and at school, they are sometimes rude to us when you try to reach out to them. Especially those who have been sexually abused, we have a huge challenge dealing with them".* |
| | Placement of children in AC | *"It is a challenge for these children to adapt to the new place, they have always spent most of their time with their parents and families. So it takes them a while to get used to this new environment, caregivers and rules that they need to abide by".*<br><br>*"Well despite the fact the placement of the child is for the best interest of the child, it is difficult for them to accept and enjoy the placement".*<br><br>*"During the first days of placements, they are angry, they do not want to eat, will not get out of bed and you can see that they are sad.* |

| | | |
|---|---|---|
| | | *So, it is very difficult for them to understand why they have been removed from their families"* |
| | The effects of ART treatment | *"We have come to realize that children who are on ART are forgetful, you teach them something now and when you ask them questions, they are unable to respond."*<br><br>*"I am not sure if there are studies that have been conducted before on the side effects of ART on the academic performance of children, but from my experience with these children who are taking treatment, they obtain poor results and l think one of the effects of ART treatment could be affecting the cognitive development of children."*<br><br>*"…because of this treatment, they are always tired, they can't focus and they lose concentration easily. Compared with others, it takes them longer to understand what other children might grasp quickly."* |
| | Change of schools | *"I think some children come to the CYCCs already behind in school and changes to a different school make it worse, they are not able to cope or catch up with the activities and tests of the new hence they end up failing."*<br><br>*"We need permission and financial support from the Government and other NGOs to ensure that we have schools inside the alternative care facilities to avoid a change of schools for our children. Change of schools contributes to poor academic results because firstly, it takes us time to find the school to accommodate the child after removal from their home. Secondly, children struggle to adapt to a new school because they are still traumatized by the immediate removal experience from their homes."*<br><br>*"You must note that these children are orphans and that some came for care because of abuse and neglect, therefore expecting them to* |

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|---|---|---|
| | | *adjust from one school to another is not ideal. They are already traumatised by their experiences and obviously, these changes affect their results poorly"* |
| The academic intervention strategies available for utilization by children living at CYCCs in Ekurhuleni | Homework assistance by volunteers during aftercare | *"We do make use of the volunteers from the community such as teachers, university students and social workers."*<br>*"We have an aftercare programme to assist children with their home works and assist them to study."*<br>*"Volunteers from the community assist our children, they are doing a good job and we need more people like them committing to this programme because it benefits the children."*<br>*"In our facility, we have the aftercare programme and it is for every child living here and we get volunteers from the community who come and assist our children."* |
| | Offering support and motivating children | *"What I know is that the children need my support, they have been through a lot and all they need is love and care."*<br>*"Children have a special bond with their caregivers more than other service providers such as social workers, based on these relationships l can say that the roles of caregivers are to look after them, offer emotional, spiritual and academic support."*<br>*"These children are so down, some have given up on life and do not recognise their worth because they were removed from their homes, caregivers must motivate these children to identify their strengths for they can still be successful in life despite the challenges experienced in the past"* |
| | Participation in | *"Children do enjoy playing sports and art activities and we insist that they do their school work first and then later do their favorite activities which motivate them to do their school work."* |

| | | |
|---|---|---|
| | extracurricular activities | *"Children love to play, we, therefore, use this an incentive, only after doing home works can they go to play, this improves their attendance in the aftercare programme."*<br><br>*"Activities such as dance, poetry, artwork, and drama should be introduced, these can assist us with the challenges we are facing with these children such as absenteeism and risk behaviors at school…they need constructive fun and play."* |
| The benefits of these academic interventions, if any, in helping children living at CYCCs in Ekurhuleni to deal with their educational needs | Improves study skills | *"They do learn from the volunteers' teachings and they do ask questions when they struggling with particular school aspects"*<br><br>*"You will find that the child did not understand certain concepts in class, with the help of the volunteers, they have the opportunity to ask and learn more for better understanding"*<br><br>*"The benefit of having volunteers who come and teach children in our Centre is that they assist our children with their home works and their school work is always up to date."*<br><br>*"We trust and believe that if we continue with these strategies in assisting children, they will improve in their studies."* |
| | Motivates children to stay focused | *"We offer support to children and we try by all means to encourage them that they can become successful in life while being raised at the CYCC and their circumstances. And with others, you can tell with the change of behaviour that they are slowly adjusting and improving in their termly results."*<br><br>*"Despite the challenges experienced by children, we do have children who are doing well academically through, last year (2019) all our matriculants passed and I think it is through help from volunteers who facilitate study sessions to meet the academic needs of children".*<br><br>*"…these strategies motivate children to work harder and stay focused in their school work because when they pass we help them apply for* |

| | | |
|---|---|---|
| | | *scholarships and some are lucky to be placed in private schools for free when they obtain higher marks."* |
| Recommendations from participants on the interventions that can be employed to deal with the poor academic results of children living at CYCCs in Ekurhuleni | Trained and qualified teachers to offer volunteer services | *"...we are not able to assist children with subjects such as Mathematics and Science, we do need qualified professionals to come and demonstrate and teach our children during the aftercare programme".*<br><br>*"Qualified teachers need to assist us, they are part of our community and we need their skills in assisting our children with their home works and revisions in preparation of exams. "*<br><br>*"We do have volunteers so far who are coming to teach the children, such as post matriculants, tertiary students and social workers, but we do need qualified teachers to offer their services in facilities because they have experience and they understand the syllabus and l think this can improve the results of many who are currently performing poorly."* |
| | Availability of resources in Alternative Care | *"Eish, children need rooms for studying, computers, books and television for educational channels."*<br><br>*"We need funds to establish own schools within the facility from pre-school to secondary level. These would accommodate the needs of the children and we will be able to monitor their academic performance closely as well as their behavioral challenges which they display at schools they attend to currently." "I wish that Social Development could assist with funds especially for Early Childhood Development (ECD) in the facility, to enable us to get all to get resources such as reading material, furniture, and a library".* |
| | Therapeutic services for children | *"We are trying our best to offer services such as counselling to these children, but l can say that it is not enough. We are not equipped on* |

| | | |
|---|---|---|
| | | *counselling skills because sometimes l cannot deal with other cases presented by children, I refer them to our facility manager."*<br><br>*"These children are damaged, they need ongoing therapy sessions because you will think they are fine after a few sessions then later breakdown again. I suggest that therapy sessions are conducted individually and in groups to support our children."*<br><br>*"I think social workers should intervene, after placement of the child to the facility, they disappear. There is a need for them to create relationships with children and offer therapeutic services to ensure that a child is fine at all levels."*<br><br>*"Children need therapeutic services, currently we have caregivers and social workers to render these services it is not enough and I think we also need a Psychologist in the facility that will also play a significant role in assessing the psychological state of these children for proper interventions."* |
| | Training for Caregivers | *"I am not very educated, I ended up with grade ten(10).l can only assist children with a few subjects such as IsiZulu and History and l think we need we do need training to improve our skills.*<br><br>*"We do need training because most of us are not well educated, we are here because we love working with children."*<br><br>*"I do wish we could get training here at our facility to improve our skills, because sometimes I do not know how to assist our children with their problems."* |

## 4.4 PERCEPTIONS OF CAREGIVERS REGARDING FACTORS CONTRIBUTING TO POOR ACADEMIC RESULTS OF CHILDREN LIVING AT CYCCS IN EKURHULENI

### *4.4.1 Children's previous backgrounds*

The findings indicated that children's previous background was one of the factors that contributed to the poor academic results of children living in CYCCs in Ekurhuleni. Of the thirteen participants who took part in the study, nine of them expressed that children get affected by the previous backgrounds, which includes all forms of abuse and neglect. It was reported that, children who had experienced abuse were more affected, and even though therapeutic services were offered to these children, it was found that there was no much difference. To support this theme, below are the responses reflecting what participants had to say:

> *"One thing l have noticed with our children from this facility is that they do not forget about their past. We try our best to fill the void and play parental roles to make sure they feel loved and cared for, but it does not help much because they change and become moody and rude, when you think all is well".*

Also, another participant said the following:

> *"It is a challenge dealing with children who are from abusive backgrounds because one needs to be sensitive toward them because they still think they will be victimized again. They also do not care about anything else, they think they are not worth and telling them to put extra effort on their school work is somehow pointless because nothing matters to them".*

In a similar vein, one of the participants also elaborated:

> *"Children who have experienced abusive backgrounds are not performing well at school. They present abrupt behaviors here in the facility and at school, they are sometimes rude to us when you try to reach out to them. Especially those who have been sexually abused, we have a huge challenge dealing with them".*

The above responses from participants are evidence that it is a challenge for children to function normally after experiencing abuse or neglect. In support of this, a study conducted by Miller, Green and Lambros (2019), revealed that because of abuse and neglect, children are removed and placed

in alternative care and they enter into care with social and academic difficulties. These findings concur with the assertion made by Schelbe, Frank and Miller, (2010), who state that despite removals from unhealthy and abusive environments to places of safety, children do not demonstrate resilience. Therefore, role players must take responsibility in identifying the point at which the child's circle is broken and developing individual care plans to help these children to deal with their past experiences to ensure optimal functioning.

### *4.4.2 Placement of children in Alternative Care*

Concerning this theme, it is very essential to understand that the people around children either at a CYCCs or at school also form part of his or her environment. Thus, the findings from the study revealed that placing children in alternative care affects their academic results. It was found that the length of stay and the age at which the child came to the CYCC had a huge effect on their academic results together with their behaviour. This is what participants had to say;

> *"It is a challenge for these children to adapt to the new place, they have always spent most of their time with their parents and families. So it takes them a while to get used to this new environment, caregivers and rules that they need to abide by".*

And,

> *"Well despite the fact the placement of the child is for the best interest of the child, it is difficult for them to accept and enjoy the placement".*

And,

> *"During the first days of placements, they are angry, they do not want to eat, will not get out of bed and you can see that they are sad. So, it is very difficult for them to understand why they have been removed from their families"*

The above responses are evidence that being in an alternative care facility for these children contributed to their poor academic results. Smith et al. (2013), argues that children adapt differently to residential care facilities; some find it easy to adapt, while others struggle to settle fully into residential facilities. This supports the views articulated by Nalven (2013), who contends that children who had spent more than two years in alternative care, sustain a range of intellectual deficits resulting in poor academic results including the grade.

In relating the ecological theory to this factor, a child who is found to require care as according to the Children's Act 38 of 2005 as amended, and placed in an alternative care setting, warrants removal from his or her natural environment. The child is expected to adapt to this change in the environment to cope successfully, and when this does not happen, imbalance and stress are experienced (Perumal & Kasimal, 2009), which then leads to poor academic results. The findings of this study reveal that the trauma of being taken into the CYCCs and leaving the families they always known, contributes to a sense of abandonment and low self-esteem for these children which then affects their academic results.

### *4.4.3 Negative effects of Antiretroviral Therapy (ART)*

Findings from the study indicate that negative effects of Antiretroviral Therapy (ART) was also one of the contributors to poor academic results of children living in alternative care. It was reported as a negative factor towards the poor academic results of children living in CYCCs. It was reported that children who are on treatment tend to be forgetful and that they sleep a lot because they feel dizzy, and this affects their school work. The responses supporting this theme were as follows;

> *"We have come to realize that children who are on ART are forgetful, you teach them something now and when you ask them questions, they are unable to respond."*

The other participant pointed out saying;

> *"I am not sure if there are studies that have been conducted before on the side effects of ART on the academic performance of children, but from my experience with these children who are taking treatment, they obtain poor results and l think one of the effects of ART treatment could be affecting the cognitive development of children."*

Another participant emphasized that;

*"…because of this treatment, they are always tired, they can't focus and they lose concentration easily. Compared with others, it takes them longer to understand what other children might grasp quickly."*

From the above responses coupled with several studies referred to, (Campell et al 2016; Constantino & Ganga, 2013), documented that HIV and AIDS is a worldwide problem and has undesirable influences on the lives of the children including their academic results. While much research has rightly focused on the impact of HIV and AIDS on children living in alternative care (Dube, 2012; Tanga, Khumalo & Gutura, 2017) less attention has been paid to the poor academic results of children in alternative care in the South African context. More literature confirms that children who are orphans because of the AIDS pandemic have their schooling disrupted because they perform poorly in school as a result of their situation (South Africa's Children report, 2011; Tanga, Khumalo, 2017). Similar findings by Gelders (2011), also indicate that in the South African context, one in five children has lost one or both parents and that HIV and Aids epidemic has had a huge influence on the growing number of orphans, thus creating a continued need for care to children who require protection in alternative care. It is evident that HIV and AIDS contribute to the challenges experienced by children in their academics and various programmes including educational workshops for HIV positive children should be implemented.

### *4.4.4 Change of schools*

All participants regarded the change of schools as a factor contributing to poor academic results of children living in alternative care, because it meant new teachers, a new environment as well as new classmates and this was said to be traumatic for children. Furthermore, participants added that when a child is removed from their homes or unsafe environment, it also means a change of school and it this does not enable a child to succeed academically and socially. This is how participants responded;

> *"I think some children come to the CYCCs already behind in school and changes to a different school make it worse, they are not able to cope or catch up with the activities and tests of the new hence they end up failing."*

And another one said that;

> *"We need permission and financial support from the Government and other NGOs to ensure that we have schools inside the alternative care facilities to avoid a change of schools for our children. Change of schools contributes to poor academic results because firstly, it takes us time to find the school to accommodate the child after removal from their*

*home. Secondly, children struggle to adapt to a new school because they are still traumatized by the immediate removal experience from their homes."*

And;

*"You must note that these children are orphans and that some came for care because of abuse and neglect, therefore expecting them to adjust from one school to another is not ideal. They are already traumatised by their experiences and these changes affect their results poorly"*

The above responses show that placement to alternative care facilities without considering the academic consequences such as new home and new schools have is not ideal for children. These findings are similar to those of a study conducted by Berger et al (2015), asserting that change of schools poses major challenges for children living in alternative care and that there is a need stabilise and respond to these educational needs to improve their academic results. It has been estimated that a child in an alternative care system will move a total of six times resulting in a loss of academic progress each time they change placements (Miller, Green & Lambros, 2019). According to Ferguson and Wolkow (2012), children living in alternative care experience a great deal of uncertainty as they are moved from one to another in the vein of considering what is in their best interest. Therefore, repeatedly changing schools disrupts the educational process and can hinder a child's ability to learn and succeed academically. Therefore, there is a need to try and evade vicissitudes in schools when placing children in CYCCs.

## 4.5 ACADEMIC INTERVENTION STRATEGIES AVAILABLE FOR UTILIZATION BY CHILDREN LIVING AT CYCCS IN EKURHULENI

### *4.5.1 Homework assistance by volunteers*

The findings revealed that volunteers from the community assisted children with their homework during the aftercare programme. It was explained that this programme assisted these children with their educational needs. This theme was starkly captured when participants said the following:

*"We do make use of the volunteers from the community such as teachers, university students, and social workers."*

One participant also indicated that;

> *"We have an aftercare programme to assist children with their home works and assist them to study."*

Whereas the other participant said that;

> *"Volunteers from the community assist our children, they are doing a good job and we need more people like them committing to this programme because it benefits the children."*

And;

> *"In our facility, we have the aftercare programme and it is for every child living here and we get volunteers from the community who come and assist our children."*

The above responses are indicative of the fact that there are indeed some intervention strategies that have been put in place to assist children living in alternative care in Ekurhuleni. Through the aftercare programmes, volunteers are brought in to help with the different educational needs of the children. This concurs with the findings of Weinbach (2010), who states that volunteers have been playing a vital role in the operations of several CYCCs for many years. Based on these findings it can be deduced that volunteers play a significant role in help children with their school work and with their services, children with academic challenges have a chance of improve to their poor results.

### *4.5.2 Offering support and motivating children*

The participants listed offering support and motivation for children living in alternative care as one of their roles and strategy to assist children with their academic needs. In this theme, it was explained that offering support and motivating children to do their best can improve their performance at school. This is how they responded to this theme;

> *"Our role is to offer support to the children, we are like their mothers and they open up more to us when they have challenges and we must be there for their needs"*

One participant said;

> *"What I know is that the children need my support, they have been through a lot and all they need is love and care."*

Whereas the other participants emphasised that;

> *"Children have a special bond with their caregivers more than other service providers such as social workers, based on these relationships l can say that the roles of caregivers are to look after them, offer emotional, spiritual and academic support."*

And;

> *"These children are so down, some have given up on life and do not recognise their worth because they were removed from their homes, caregivers must motivate these children to identify their strengths for they can still be successful in life despite the challenges experienced in the past"*

The above responses indicate that children living in CYCCs need support to conquer their challenges. One study also emphasise that caregivers must empower, advocate, educate and motivate children to become positive contributors in society in the future (Mahery et al., 2011). Similar findings by Neimetz (2011), also indicate that the roles of caregivers include amongst others assisting in the provision of quality care and support for children.

### *4.5.3 Participation in extracurricular activities*

The participants in the study also identified extracurricular activities as one of the strategies which help accomplish the goal of improving the poor academic results as well as reducing engagement to risky behaviors. Below are some of the responses the participants gave;

> *"Children do enjoy playing sports and art activities and we insist that they do their school work first and then later do their favorite activities which motivate them to do their school work."*

Another participant also share the same sentiment as the above by saying that;

> *"Children love to play, we, therefore, use this an incentive, only after doing home works can they go to play, this improves their attendance in the aftercare programme."*

And;

> *"Activities such as dance, poetry, artwork, and drama should be introduced, these can assist us with the challenges we are facing with these children such as absenteeism and risk behaviors at school…they need constructive fun and play."*

The findings of the study suggest that extracurricular activities should be available for children of all ages because the benefits of these activities include reduction of school dropouts, improves attendance and participation. Extracurricular activities have been identified as activities that stimulate one's mindset to get rid of conflicting situations as well as personal development (Kupar, 2018). To confirm the findings of the study, Annu and Sunita (2013), revealed that extracurricular activities influence development in academics, social skills and in imbibing talent on skill as an individual. However some participants verbalised their concerns about lack of activities such as sport in their CYCCs (Malatji & Dube, 2015). This strategy is relevant for this study as it aims at addressing the main objective of the study.

## 4.6 THE BENEFITS OF THESE ACADEMIC INTERVENTIONS, IF ANY, IN HELPING CHILDREN LIVING IN CYCCS IN EKURHULENI TO DEAL WITH THEIR EDUCATIONAL NEEDS

### *4.6.1 Improves study skills*

In this theme, participants emphasized that learning was important for children. It was reported that the children do benefit from the available strategies such as homework assistance by volunteers because these have improved their study skills. Below are responses that which resulted from this theme;

"They do learn from the volunteers' teachings and they do ask questions when they struggling with particular school aspects"

And;

> *"You will find that the child did not understand certain concepts in class, with the help of the volunteers, they have the opportunity to ask and learn more for better understanding*"

This is what others had to say;

> *"The benefit of having volunteers who come and teach children in our Centre is that they assist our children with their home works and their school work is always up to date."*

And;

> *"We trust and believe that if we continue with these strategies in assisting children, they will improve in their studies."*

It was also reported that the importance of education must be emphasised and be prioritised in CYCCs. This can be linked with the views of Erickson (2018), who states that other observed activities that are available in the children's home are the afterschool study that is provided by pre-school teachers and some volunteers from different countries more especially from overseas countries. This afterschool study is provided to make the orphaned and vulnerable learners do their school work. According to McKellar (2010), many children living in CYCCs are already at an academic disadvantage. To support this, it was said by the participants that children get to improve their study skills by engaging with others and active participation. Children living in alternative care experience difficulties with their school work due to the poor concentration and their inability to complete school tasks (Pillay, 2018). These findings indicate the need for utilising the available strategies to assist children to obtain remarkable results.

### *4.6.2 Motivates children to stay focused*

It was revealed in this theme that children are motivated to do their best to improve their academic results and that they stay focused through the intervention strategies utilised in the CYCCs. Participants reported that motivating children encourages positivity and through study sessions and sports activities they can play this role. To emphasise on this theme, participants said;

> *"We offer support to children and we try by all means to encourage them that they can become successful in life while being raised at the CYCC and their circumstances. And with others, you can tell with the change of behaviour that they are slowly adjusting and improving in their termly results."*

And;

> *"Despite the challenges experienced by children, we do have children who are doing well academically through, last year (2019) all our matriculants passed and I think it is through help from volunteers who facilitate study sessions to meet the academic needs of children".*

Whereas, the other participant indicated that;

> *"…these strategies motivate children to work harder and stay focused in their school work because when they pass we help them apply for scholarships and some are lucky to be placed in private schools for free when they obtain higher marks."*

Findings revealed that the intervention strategies are used to motivate children to do their school work and also to encourage a determination to these children despite their circumstances. In emphasizing the importance of motivating children living in CYCCs, Magagula (2015), found that children do feel unsupported and discouraged from school which results in poor academic results. To support these findings McKellar and Cowan, (2011), also indicate that all children including those in alternative care need stability, connectedness, and support to thrive in school and life. A caregiver also must empower, advocate, educate and motivate children to become positive contributors in society in the future (Neimetz, 2011). The alternative care systems are meant to encourage and stimulate the well-being of children and that they should identify and overcome obstacles that hinder the academic success of these children.

## 4.7 RECOMMENDATIONS FROM PARTICIPANTS REGARDING THE INTERVENTIONS THAT CAN BE EMPLOYED TO DEAL WITH THE POOR ACADEMIC RESULTS OF CHILDREN LIVING AT CYCCS IN EKURHULENI

### *4.7.1 Trained and qualified teachers to offer volunteer services*

The findings revealed that it was highlighted that some caregivers had challenges with assisting children with their academic needs. Below is how the participants responded;

> *"…we are not able to assist children with subjects such as Mathematics and Science, we do need qualified professionals to come and demonstrate and teach our children during the aftercare programme".*

Another one said;

> *"Qualified teachers need to assist us, they are part of our community and we need their skills in assisting our children with their home works and revisions in preparation of exams. "*

Additionally, another participant said;

> *"We do have volunteers so far who are coming to teach the children, such as post matriculants, tertiary students and social workers, but we do need qualified teachers to offer their services in facilities because they have experience and they understand the syllabus and l think this can improve the results of many who are currently performing poorly."*

The above responses show that there is a need for teachers to assist in alternative care facilities, especially to render services aimed at improving the educational needs of these children. Given the findings on outcomes of the poor academic results of children living in CYCCs, it is exclusively significant to recognize the challenges that exist in their academic settings (Segermark, 2017), and teachers with their skills and knowledge on the education systems need to be involved in assisting these children to improve and obtain good results as their peers. In a study conducted by Ren (2010), it was found that children living in alternative care perform poorly when related to normal children living with their families. In line with these findings, it was, therefore, suggested that there is a need for trained teachers to offer volunteer services to run the aftercare programme for children living in CYCCs in Ekurhuleni.

### *4.7.2 Availability of resources in Alternative Care*

Children need financial support and constancy for their basic needs to be met. Participants also mentioned the availability of resources as one of the recommendations which can help improve the academic results of children living in CYCCs in Ekurhuleni. Furthermore, participants reported that there were shortages of resources in CYCCs in Ekurhuleni and this affected the caregivers' provision of services to the children. Below are the quotations that support this theme;

> *"Eish, children need rooms for studying, computers, books and television for educational channels."*

And;

> *"We need funds to establish own schools within the facility from pre-school to secondary level. These would accommodate the needs of the children and we will be able to monitor their academic performance closely as well as their behavioral challenges which they display at schools they attend to currently."*

Additionally, one participant said;

> *"I wish that Social Development could assist with funds especially for Early Childhood Development (ECD) in the facility, to enable us to get all to get resources such as reading material, furniture, and a library".*

The above responses show that lack of resources in these CYCCs hampered service provision. These findings coincide with those of McKellar and Cowan (2011), asserting that children need well-equipped alternative care facilities with resources that can provide for the individual and educational needs. This finding concurs with the findings of a study conducted by Malatji and Dube in 2017, where it was reported that most of the studies have shown that CYCCs facilities are struggling to provide the needed services to children due to lack of resources to support programmes which are aimed at enhancing the functioning of these children. Furthermore, resource constraints make it challenging for some CYCCs to fulfill all the needs of the children (Smith et al., 2013). Thus, these facilities need to be well resourced, both in terms of financial resources and human resources.

### *4.7.3 Therapeutic services for children*

Participants indicated that children need extensive therapeutic services. It was reported that children are placed in CYCCs for safety concerns and that they struggle to adapt to life at the Centres which then affects their academic results. This theme was recommended by the participants of the study and it was explained that children living in CYCCs need therapeutic support because of the vulnerability which led to their placement to these facilities. The participants responded;

*"We are trying our best to offer services such as counselling to these children, but l can say that it is not enough. We are not equipped on counselling skills because sometimes l cannot deal with other cases presented by children, I refer them to our facility manager."*

One participant indicated that;

*"These children are damaged, they need ongoing therapy sessions because you will think they are fine after a few sessions then later breakdown again. I suggest that therapy sessions are conducted individually and in groups to support our children."*

Similarly, this is what the other participant said;

*"I think social workers should intervene, after placement of the child to the facility, they disappear. There is a need for them to create relationships with children and offer therapeutic services to ensure that a child is fine at all levels."*

And the other said that;

*"Children need therapeutic services, currently we have caregivers and social workers to render these services it is not enough and I think we also need a Psychologist in the facility that will also play a significant role in assessing the psychological state of these children for proper interventions."*

The Children's Act No 38 of 2005 as amended, stipulates that therapeutic services focuses on psycho-social support, individual counselling and play therapy. According to McKellar and Cowan (2011), children need well-equipped alternative care facilities that can provide for individualised attention and when needed the early therapy and rehabilitation for a child to thrive. Therefore, CYCCs need to offer children in such a position counselling and additional support such as psycho-social support. Malatji and Dube (2015), also noted that the rendering of therapeutic services are important for psychological development to ensure that they are coping and functional human beings again.

### *4.7.4 Training for Caregivers*

The research findings revealed that there are numerous educational barriers that the caregivers in CYCCs face daily when it comes to assisting the orphaned and vulnerable learners in their school work.

Almost all the caregivers during the interviews pointed out that they are not well educated; they did not finish high school, and the school curriculum has changed which makes it difficult for them to assist the learners. Below is how the participants responded in support of this theme:

> *"I am not very educated, I ended up with grade ten(10).l can only assist children with a few subjects such as IsiZulu and History and l think we need we do need training to improve our skills.*

Also, one of the participants emphasised and said:

> *"We do need training because most of us are not well educated, we are here because we love working with children."*

And another participant positively said;

> *"I do wish we could get training here at our facility to improve our skills, because sometimes I do not know how to assist our children with their problems."*

Based on the responses of participants, it is clear that participants have little or no access to training opportunities thereby being unable to enhance their skills and address the needs of children. Therefore, it is ideal that Social Development recruits educated and potential caregivers because this could be beneficial for the educational needs and success of children living in alternative care. This is in line with the study conducted by Magagula (2015) in South Africa, which noted that the academic performance of children living in alternative care is compromised due to low level of education of their caregivers, and also that the curriculum has changed significantly now. Kadungure (2017), similarly found that lack of appropriate caregiver training continues to be one of the largest obstacles to providing services for children's special needs. However, research findings indicated that all the participants responded positively to the question highlighting that they would want further training, especially training concerning knowledge about school subjects.

## 4.8 CHAPTER SUMMARY

This chapter provided the presentation and discussion of the findings that emanated from the study. Discussed in this chapter are the perceptions of caregivers regarding factors contributing to poor academic results of children living at CYCC in Ekurhuleni. Despite the number of factors reported in the study, the academic intervention strategies available for utilization by children living at

CYCCs were discussed together with how these strategies benefit the children's needs. The results from fifteen participants of the study indicate that poor academic results are a major challenge to children living in alternative care. Therefore, recommendations regarding the interventions that can be employed to deal with the poor academic results of children living at CYCCs were discussed. The following chapter presents and discusses a summary of the main findings, conclusions, and recommendations.

# CHAPTER FIVE

# MAIN FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

## 5.1 SUMMARY OF THE MAIN FINDINGS

The research study explored the perceptions of caregivers regarding factors that contribute to poor academic results of children living at Child and Youth Care Centres (CYCCs) in Ekurhuleni.

**Perceptions of caregivers regarding factors that contribute to poor academic results of children living at CYCCs in Ekurhuleni.**

The findings revealed that several factors were contributing to poor academic results of children living at CYCCs in Ekurhuleni. It emerged that children were affected by both factors within the CYCCs and outside. It was reported that children are affected by the previous backgrounds, which includes all forms of abuse and neglect. Therefore, children who had experienced abuse were more affected, and their participation, concentration, and outcomes of their academic performance were highly affected by these outside experiences. Despite the good intentions of removing children from unhealthy and unsafe environments, it was revealed that children remain traumatised after experiencing any kind of abuse. Participants also revealed that some children who are living with HIV and on ART, become forgetful and sometimes lose concentration easily, and this was associated with the side effects of the medication that they are taking. Amongst other factors, the placement of children at CYCCs and the change of the schooling environment were identified as factors that also contributed to the poor academic results of these children. This has alluded to the frequent moves which unexpectedly distract them.

**Intervention strategies available for utilisation by children living at CYCCs in Ekurhuleni.**

Concerning this objective, participants mentioned three main strategies that are available in the CYCCs. It was reported that homework assistance by volunteers during the aftercare study programme was one of the successful strategies utilised in the CYCCs to improve the academic results of children. It was revealed that community members such as teachers, social workers, tertiary students, and post matriculants learners offered voluntary services at the Centers to help children with their school work.

However, there are still factors that contribute to academic performance of children living in alternative care facilities such as behavioral and emotional challenges which require more of therapeutic intervention attention.

Furthermore, it was emphasised that volunteers are playing a pivotal role in assisting children with their school work during the aftercare programmes, and some children benefited from this arrangement. It was also found that participation in extracurricular activities was seen as one of the strategies which helped to improve the poor academic results of children in CYCCs. Participants reported that children enjoy playing sports and art activities and that this strategy is used as an incentive for children in that they must do their school work first and then they can later do their favorite activities. The above mentioned interventions utilised by children living in alternative care are aimed at improving their wellbeing and their academic performance. However, there is still a need to address the factors that were identified as challenges contributing to poor academic performance in the study.

**Perceived benefits of these academic interventions, if any, in helping children to deal with their educational needs.**

It was found that the aftercare programme which is facilitated by caregivers and volunteers played a significant role in dealing with the academic needs of children living at CYCCs in Ekurhuleni. However, even though they were positive outcomes because of these interventions, some children were still faced with academic challenges which resulted in them having poor academic results.

**Recommendations from participants regarding the interventions that can be employed to deal with the poor academic results of children living at CYCCs in Ekurhuleni**

Participants recommended that children needed to be assisted and guided by trained and qualified teachers who are skilled and equipped to render these services with the level of learning that is expected of children in schools. Also, it was recommended that there must be the availability of resources, both human and financial so that skilled personnel can be attracted to render these services. Therefore, the Department of Social Development and other stakeholders must support CYCCs with funds that are adequate to provide for the needs of children. Another recommendation made was that children must be granted the opportunity to partake in the extracurricular activities as a strategy of reducing their engagement into risky behaviors that result in them being less

productive when it comes to their academics. An emphasis on the provision of intensive therapeutic services to children was also suggested, this was because they struggled to adapt to the new environment in the facility due to their unresolved past experiences.

## 5.2 CONCLUSION

Children living in alternative care systems are one of the most educationally vulnerable populations in societies. The vulnerability does not begin when they are removed from the home this study suggests that various factors are associated with poor academic performance. The factors contributing to poor academic results must be removed from their path by ensuring that CYCCs render adequate services, and implementing strategies that which favor the academic needs of children as recommended by the participants. It is only then that the most vulnerable population of children living in CYCCs will stand a chance to perform better academically. It is of great importance that societies recognise that schooling can be a valuable protective force in the lives of children in CYCCs by providing stability, belonging, skills, and successful experiences. It can also promote a sense of mastery and success within warm, secure learning environments. Findings in this study also reveal that the educational needs of children in the CYCC systems are real and appalling that there must be shared responsibility and shared accountability across the schools and CYCCs to properly address the educational needs of children. Furthermore, it has been found that children living in CYCCs have no one who can advocate on their behalf and because of their extreme educational vulnerability. Hence, the CYCCs and school systems need to develop strategies to identify and resolve the problems that impede the educational progress of this population of children.

It is clear that closing the academic gap is essential and that there is a need for long-term approaches to supporting these children and that educators provide the stable base that children from CYCCs need. For as long there are no effective and early interventions to support children with learning, they may struggle with long-term effects such as unemployment, social and economic challenges. Therefore, it can be concluded that children living in CYCCs need support from role players who will be responsible for monitoring their education and advocate for their needed services from the time they are placed at alternative care facilities.

## 5.3 GENERAL RECOMMENDATIONS

The study found that most children living in CYCCs in Ekurhuleni obtained poor academic results, therefore, it is recommended that: and the factors contributing this include; children's previous backgrounds, placement of children in Alternative Care, the effects of Antiretroviral Therapy (ART) and change of schools.

- It is recommended that CYCCs improve educational stability as well as reduce overall placement moves of children, as it is evident that placement instability worsen overall behavioral problems which then result in an inability to the difficulty of reducing poor academic results.
- Intensive therapeutic programmes for children must be provided to children living in CYCCs and these should take into account the trauma experienced by children and support them to an extent that they enjoy learning and improve their academic results.
- CYCCs need to arrange with schools to review the educational records of children from the moment they are placed into care, and they must have progress report meetings with the caregivers and social workers to discuss the accomplishments and academic needs of children.
- The role players in CYCCs need to do follow ups on their academic progress and there must be clear communication between the CYCCs and the schools children attend to ensure that needs of children are met both academic and behavioral
- Tutoring services should be provided to children living in CYCCs by qualified teachers who are knowledgeable and skilled to give children individualized attention, to boost their confidence and build their learning skills.
- Children must be taught about basic life skills, findings indicated that as most children living in CYCCs, had behavioral problems leading to poor academic performance in schools. Therefore, it is relevant that aspects such as assertiveness, anger management and time management be covered to equip children with coping skills on how to handle life challenges.
- Close monitoring of academic results must be prioritised in CYCCs to ensure that proper interventions are utilised to assist the children with immediacy to ensure that they do not fall behind, but can meet the school academic requirements.

- Children must be encouraged to get involved in extra-curricular activities because some gain their sense of accomplishment through activities, positions of responsibility, or sports, therefore, hence these need to be prioritised participants also recommended the extra-curricular activities.

## 5.4. RECOMMENDATIONS FOR FUTURE RESEARCH

- Based on the findings and conclusions made above, the following recommendations for future research are made;
- More studies, using a more representative sample, need to be done to influence policy and develop guidelines regarding academic issues affecting children in alternative care within the South African context.
- It will also be useful to do research that is children centered so that these children are involved and included in a bid to try and find out what can be done to assist them with their academics within an alternative care setting.
- More research is needed to ascertain what specific support and actions may be linked to improved academic results of children living at CYCCs in Ekurhuleni.
- Finally, research looking at the perspectives of educators regarding this issue must be initiated to establish a collaborative partnership between schools and CYCCs.

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## APPENDIX A

## PARTICIPANT INFORMATION SHEET FOR CAREGIVERS

**Title of the study: Perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a Child and Youth Care Centre (CYCC) in Ekurhuleni.**

Good day,

My name is Blessings Ndlovu and I am a Masters student registered for the degree Master of Arts in Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research on perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a Child and Youth Care Centre (CYCC) in Ekurhuleni. The aim of the study is to explore the perceptions of caregivers regarding factors that contribute to poor academic results of children living at a Child and Youth Care Centre. It is recognized that while children are living in alternative care, they perform poorly at school and the reasons for their poor academic results is uncertain. Researchers have not paid attention to this issue of poor academic results shown by some children in alternative care within the South African context. Therefore, it is hoped that this information may help identify gaps and present clear guidelines that need to be considered when working towards understanding and improving the educational needs for children living in alternative care. I therefore invite you to participate in my study. Your participation is completely voluntary and you are free to withdraw from participating at any time without penalty.

If you agree to take part, I shall arrange to interview you at a time and place that is appropriate for you. The interview will last approximately one hour. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with. With your permission, the interview will be tape-recorded. No one other than my supervisor will have access to the tapes. The tapes and interview schedules will be kept for two years following any

publications or for six years if no publications stem from the study. A copy of your interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report. The results of the research may be used for academic purposes and a summary of findings will be made available on request if you wish the results.

Please contact me on 0633072291 or my supervisor, (Dr Nkosiyazi Dube) on Nkosiyazi.Dube@wits.ac.za, if you have any questions regarding my study. We shall answer them to the best of our ability. If you have concerns and complaints about the study, please contact Human Research Ethics Committee (Non-Medical) Chairperson on Jasper.Knight@wits.ac.za or the Administrator (Ms Shaun Schoeman) on 011 717 1408 Shaun.Schoeman@wits.ac.za.

Thank you for taking time to consider participating in the study.

Yours sincerely,

……..

Blessings Ndlovu

**APPENDIX B**

**PARTICIPANT INFORMATION SHEET FOR KEY INFORMANTS**

**(SOCIAL WORKERS)**

**Title of the study: Perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a Child and Youth Care Centre (CYCC) in Ekurhuleni.**

Good day,

My name is Blessings Ndlovu and I am a Masters student registered for the degree Master of Arts in Social Work at the University of the Witwatersrand. As part of the requirements for the degree, I am conducting research on perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a Child and Youth Care Centre (CYCC) in Ekurhuleni. The aim of the study is to explore the perceptions of caregivers regarding factors that contribute to poor academic results of children living at a Child and Youth Care Centre. It is recognized that while children are living in alternative care, they perform poorly at school and the reasons for their poor academic results is uncertain. Researchers have not paid attention to this issue of poor academic results shown by some children in alternative care within the South African context. Therefore, it is hoped that this information may help identify gaps and present clear guidelines that need to be considered when working towards understanding and improving the educational needs for children living in alternative care. It is hoped that this information may help identify gaps and present clear guidelines that need to be considered when working towards understanding and improving the educational needs for children living in alternative care. I therefore invite you to participate in my study. Your participation is completely voluntary and you are free to withdraw from participating at any time without penalty.

If you agree to take part, I shall arrange to interview you at a time and place that is appropriate for you. The interview will last approximately one hour. You may withdraw from the study at any time and you may also refuse to answer any questions that you feel uncomfortable with. With your

permission, the interview will be tape-recorded. No one other than my supervisor will have access to the tapes. The tapes and interview schedules will be kept for two years following any publications or for six years if no publications stem from the study. A copy of your interview transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research. Please be assured that your name and personal details will be kept confidential and no identifying information will be included in the final research report. The results of the research may be used for academic purposes and a summary of findings will be made available on request if you wish the results.

Please contact me on 0633072291 or my supervisor, (Dr Nkosiyazi Dube) on Nkosiyazi.Dube@wits.ac.za, if you have any questions regarding my study. We shall answer them to the best of our ability. If you have concerns and complaints about the study, please contact Human Research Ethics Committee (Non-Medical) Chairperson on Jasper.Knight@wits.ac.za or the Administrator (Ms Shaun Schoeman) on 011 717 1408 Shaun.Schoeman@wits.ac.za

Thank you for taking time to consider participating in the study.

Yours sincerely,

……

Blessings Ndlovu

## APPENDIX C

## CONSENT FORM FOR PARTICIPATION IN THE STUDY FOR CAREGIVERS

**Title of the study: Perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a Child and Youth Care Centre (CYCC) in Ekurhuleni.**

I hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

I understand that:

- My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way.
- I may choose not to answer any specific questions asked if I do not wish to do so.
- There are no foreseeable benefits or particular risks associated with participation in the study.
- My identity will be kept strictly confidential and information that will identify me, will be removed from the interview transcript.
- A copy of my transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.
- I understand that my responses will be used in the write up of a masters' project and may also be presented in conferences, book chapters, journal articles or books.

Name of Participant: ……

Date: …….

Signature: ……

## APPENDIX D

## CONSENT FORM FOR PARTICIPATION IN THE STUDY FOR KEY INFORMANTS

## (SOCIAL WORKERS)

**Title of the study: Perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a Child and Youth Care Centre (CYCC) in Ekurhuleni.**

I hereby consent to participate in the research study. The purpose and procedures of the study have been explained to me.

- I understand that:
- My participation in this study is voluntary and I may withdraw from the study without being disadvantaged in any way.
- I may choose not to answer any specific questions asked if I do not wish to do so.
- There are no foreseeable benefits or particular risks associated with participation in the study.
- My identity will be kept strictly confidential and information that will identify me, will be removed from the interview transcript.
- A copy of my transcript without any identifying information will be stored permanently in a locked cupboard and may be used for future research.
- I understand that my responses will be used in the write up of a masters' project and may also be presented in conferences, book chapters, journal articles or books.

Name of Participant: …….

Date: ……

Signature: ……

## APPENDIX E

## CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW FOR CAREGIVERS

**Title of the study: Perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a Child and Youth Care Centre (CYCC) in Ekurhuleni.**

I hereby consent to tape-recording of the interview.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password-protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed.
- When data analysis and write-up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study
- The transcript withal identifying information directly linked to me will be removed, be stored permanently and may be used for future research.
- Direct quotes from my interview, without any information that could identify me may be cited in the research report or other write-ups of the research.

Name: ……..

Date: …….

Signature: …….

## APPENDIX F

**CONSENT FORM FOR AUDIO-TAPING OF THE INTERVIEW FOR KEY INFORMANTS (SOCIAL WORKERS)**

**Title of the study: Perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a Child and Youth Care Centre (CYCC) in Ekurhuleni.**

I hereby consent to tape-recording of the interview.

I understand that:

- The recording will be stored in a secure location (a locked cupboard or password-protected computer) with restricted access to the researcher and the research supervisor.
- The recording will be transcribed and any information that could identify me will be removed.
- When data analysis and write-up of the research study is complete, the audio-recording of the interview will be kept for two years following any publications or for six years if no publications emanate from the study
- The transcript withal identifying information directly linked to me will be removed, be stored permanently and may be used for future research.
- Direct quotes from my interview, without any information that could identify me may be cited in the research report or other write-ups of the research.

Name: ……

Date: …….

Signature: …….

## APPENDIX G

## LETTER OF PERMISSION TO CONDUCT RESEARCH

To whom it may concern

**Subject: Request for permission to conduct a study at your Organization**

I, Ndlovu. B, Student Number 882325 a registered student at the University of the Witwatersrand request permission to conduct a study at the organization in fulfilment of my Master's Degree in Social Work by dissertation. The title of my study is: Perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a selected Child and Youth Care Centers (CYCCs) in Ekurhuleni, with the assistance of my supervisor Dr Nkosiyazi Dube.

Therefore, I am kindly requesting permission to conduct my research study at your organization. After completion of my study l will provide a summary of findings of my dissertation. If you need any information please contact me on 063 307 2291 or send an email to 882325@students.wits.ac.za or my supervisor Dr Nkosiyazi Dube whom can also be contact on 0730933485 or at Nkosiyazi.dube@wits.ac.za

I hope this request will receive your considerate response. Thank you for your time and consideration.

Kind Regards

_____

Blessings Ndlovu

Researcher

# APPENDIX H

# PERMISSION LETTER I

Tembisa
1628, South Africa

P.O Box 361

ThamiMnyele Drive West
Erf 457/09
Kopanong Section
Tembisa, 1632
Gauteng

**Website:** www.ikhayalothando.co.za
**Tel:** +27 (062) 0107 938
**Fax2email:** +27 (0) 86 770 9772
**E-mail:** info.ikhayalothando@gmail.com
Ikhaya Lothando Registration Information

**NPO Reg:** 006 825
**PBO Reg:** 930011706
**VAT Reg:** 4030222535

IKHAYA LOTHANDO
HOUSE-OF-LOVE

**15 November 2019**

**To whom it may concern**

We have permitted Ndlovu Blessings (882325) to conduct her study at our organization on "Perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a child and youth care centre (CYCC) in Ekurhuleni". She has access to interview the caregivers of our organization. For any information needed please contact Mrs. P Letsoalo.

Work no: 0620107938/0833107814

Email: info.ikhayalothando@gmail.com/penelopeletsoalo@gmail.com

Yours faithfully

Mrs. P Letsoalo

Signature

IKHAYA LOTHANDO
COMMUNITY CENTRE
VAT 4030 222 535 - NPO No 006 825
2019 -11- 15
PO Box 361 Tembisa 1628
Cell 060 010 7938
ikhayalothando@gmail.com

**APPENDIX I**

**PERMISSION LETTER II**


6 February 2020

**RE: TO WHOM IT MAY CONCERN**

We have permitted Ndlovu Blessings (882325) to conduct her study at our organization on "Perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a child and youth care centres (CYCCs). She has access to interview the caregivers, after care teachers and social workers of our organization. For any information needed please contact Anna Mojapelo-Difo.

Work no: 010 224 0459/ 082 7327 832

Email: Annam@newjerusalemchildrenshome.org/ amojapelo@hotmail.com

Yours faithfully

Anna Mojapelo-Difo

Managing Director

# APPENDIX J

# ETHICAL CLEARANCE

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Research Office

**HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)**
R14/49 Ndlovu

| | |
|---|---|
| **CLEARANCE CERTIFICATE** | **PROTOCOL NUMBER: H19/11/47** |
| **PROJECT TITLE** | Perceptions of caregivers regarding factors that contribute to poor academic results of children living in alternative care: A case of a child and youth care centre (CYCC) in Ekurhuleni |
| **INVESTIGATOR(S)** | Miss B Ndlovu |
| **SCHOOL/DEPARTMENT** | Human and Community Development/ |
| **DATE CONSIDERED** | 15 November 2019 |
| **DECISION OF THE COMMITTEE** | Approved |
| **EXPIRY DATE** | 08 December 2022 |

**DATE** 09 December 2019 **CHAIRPERSON** (Professor J Knight)

cc: Supervisor : Dr N Dube

**DECLARATION OF INVESTIGATOR(S)**

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

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 to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to completion of a yearly progress report.**

Signature

18 / 11 /2019
Date

**PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES**