

**CARING FOR ABANDONED INFANTS AND TODDLERS IN INSTITUTIONAL
CARE: VIEWS, PERCEPTIONS, AND EXPERIENCES OF CAREGIVERS**

by

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DECLARATION

I, Lynette Oosthuizen-Erasmus, declare that “**Caring for Abandoned Infants and Toddlers in Institutional Care: Views, perceptions, and experiences of caregivers**” is my own work and that all the sources that I have used or quoted have been indicated and acknowledge by means of complete references and that this work has not been submitted before for any other degree at any other institution.



Lynette Oosthuizen-Erasmus

28/01/2021

Lynette Oosthuizen-Erasmus

Date

DEDICATION AND ACKNOWLEDGEMENTS

This dissertation is dedicated to all the abandoned children of South Africa and the caregivers providing care for them.

It is also dedicated to the numerous nameless babies that have sadly lost their lives due to abandonment.

Thank you to the caregiver participants of this study who took time out of their busy schedules and the organisations that opened up their children's homes to the researcher.

I am grateful to my supervisor, Dr Adlem, who guided and supported me through the process of writing this report.

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Thank you to Dr Peter Schultz, the independent coder, for helping me to develop the themes that represented the true views, perceptions, and experiences of caregivers in their caregiver role and how they can be supported.

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ABSTRACT

Childhood trauma is a silent epidemic in South Africa. Yearly, thousands of children are abandoned and the trend is not showing any signs of abating. Institutional child and youth care centres do not have sufficient funding or resources for daily therapeutic services. This essential requirement falls onto inexperienced caregivers, dedicated to making a difference and leaving no vulnerable child behind.

A few studies were found that focused on caregivers caring for older children in institutional settings, **but no research** was identified that specifically focused on the care provided for infants and toddlers. **Further studies have shown that the human brain develops rapidly in the first few years of life, being 80% fully grown at the age of 3 years and 95% by the time a child reaches 5 years old. Concluding that a child's most important development happens between infancy and toddlerhood (birth to 3 years and 11 months of age),** the aim of this study was to obtain an in-depth understanding of the views, perceptions, and experiences of caregivers caring for abandoned infants and toddlers in institutional care.

Using a qualitative research approach and applying a phenomenological research design, complemented by an explorative, descriptive, and contextual strategy of inquiry, the researcher explored the phenomenon. The key focus point is to offer guidelines for better social work support. These guidelines were formed by the suggestions of the caregivers with the hope of improving their caregiver role.

The systems theory with an eco-systems approach provided the lens through which the outcome of the study was shaped. People do not live in isolation, therefore their environment and peer relations shape their views, perceptions, and experiences. The researcher applied this theory to gain an understanding of how the caregivers' outside world shapes their inner needs. In this instance, the caregiver receives directives in the caregiver role, but they are also subjected to the resources, support, and decisions of external role players, such as centre management, social workers, governmental facilities, courts, and the policies and legislation of the Children's Act.

It is for this reason that the study was performed; to give a platform to caregivers in order for their voices to be heard.

Caregivers caring for numerous abandoned infants and toddlers can be overburdened, as these children are all impacted differently by the effects of abandonment. The findings from this study indicated that upbringing and religion play a large role in their decision to become caregivers to vulnerable children. Most of the participants became caregivers due to having a need and purpose to make a change in the lives of vulnerable children. With that said, a very small number of caregivers are in this role just to have a job and a salary at the end of the month.

Various positive and negative experiences in the caregiver role were identified. Their positive experiences were aligned with a sense of meaning and purpose in the work they do. Negative experiences in the caregiver role were related to the sadness and distress they experience when children they have cared for are taken from them. Furthermore, under negative experiences, caregivers also expressed their struggles in caring for children with behavioural concerns due to early adversities.

It was clear that abandonment does affect children living in institutional care on a multitude of levels. Caregivers expressed that through experience they have learned that the best way to bring healing to these children is through love and care. Forming a true attachment and bond with them is and an absolute must.

Many resources are made available to caregivers in their caregiver role, but one resource that has been mentioned repeatedly as lacking is medical assistance. This also includes therapies for the children affected by abandonment. The caregivers stated that the assistance they receive included support from management, volunteers, their communities, and churches or religious groups. Support plays a large part in the caregiver role.

Challenges experienced in the caregiver role range from difficulty with the children (such as behavioural issues), emotional stress, and burnout, to matters relating to management support and resources, financial instability and, lastly, the hurdles in relation to external role players (such as the social workers). Other obstacles include

the lack of communication with external social workers and legal aspects, which include court proceedings and difficulties in obtaining birth certificates for abandoned children.

Based on the research findings, recommended guidelines for social worker support, policy, and practice concerning caregivers caring for abandoned infants and toddlers in institutional care were formulated. Additional recommendations for further research were also suggested.

KEY CONCEPTS

Caregiver, Infant and Toddlers (0-3years), Abandonment, Institutional care (child and youth care centres / children's home / group home), Experiences, Perceptions, Adverse childhood experiences/childhood trauma, Attachment, Social work support.

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ABBREVIATIONS AND ACRONYMS

CPO	Child protection organisation
CT scan	Computerized tomography scan
CYCC	Child and youth care centre
CYCW	Child and youth care worker
DSD	Department of Social Development
HIV	Human immunodeficiency virus
ICU	Intensive care unit
NGO	Non-governmental organisation
NICU	Neonatal intensive care unit
NPAC	National Plan of Action for Children
POFO	Positive Outcomes for Orphans
RACAP	Register on Adoptable Children and Prospective Adoptive Parents
REC	Research ethics committee
SACSSP	South African Council for Social Service Professions
SWREC	Social Work Research Ethics Committee
UNICEF	United Nations International Children's Emergency Fund
UNISA	University of South Africa

CHAPTER ONE

GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION AND PROBLEM FORMULATION

“They say that abandonment is a wound that never heals. I say only that an abandoned child never forgets.” – Balotelli (2019)

In the succeeding section, the researcher will explore the epidemic of infant and toddler abandonment, and the important roles caregivers in institutional care play in the health and psychological development of these children.

1.1.1 Background and overview of the topic

Millions of young children in the world are abandoned, orphaned, or left vulnerable to the environment, as biological parents are not able to provide for their essential needs, such as food, shelter, and safety. Sometimes parents may be forced to leave their young ones in order to seek employment elsewhere; or might be suffering from mental and physical disabilities which compromise their ability to care for their children (Whetten, Ostermann, Whetten, Pence, O'Donnell, Messer, Thielman & The Positive Outcomes for Orphans Research Team 2009:1-2).

Worldwide, leaders are struggling to care for the estimated 153 million orphans and millions more abandoned children (Escueta, Whetten, Ostermann, O'Donnell & the Positive Outcomes for Orphans Research Team 2014:1; Abandoned Children's Fund 2013). The largest number of vulnerable children, of whom 72 million are orphans, are found in South and East Asia (Whetten et al 2009:1-2). Western and Central Africa has nearly 22.7 million children living without parental care (UNICEF 2009:23). Central and Eastern Europe have approximately 800 000 vulnerable children living in institutional care alone (UNICEF 2009:34). Overall, it is estimated that more than 2 million children are in institutional care around the world (UNICEF 2009:19).

Child abandonment occurs when a parent withholds basic needs and care – an extreme form of neglect and abuse (Vadivalu 2014:2). Therivel and McLuckey (2017:1) refer to abandonment as the voluntary relinquishment of control over children by their birth parents, whether by selling them, leaving them somewhere unattended, or legally signing over their rights to another party, either by adoption or institutional living.

According to Browne, Chou and Whitfield (2012:2), the high number of incidents of infant and toddler abandonment can be divided in two categories, namely: open and secret abandonment. In **open abandonment** the biological parent seeks assistance in providing alternative care for a child and voluntarily relinquishes all responsibility for the child. These children can be identified. **Secret abandonment** happens when a child is covertly deserted and left, often in an unsafe place, by his or her parents, with no identifying details. According to the Children's Act 38 of 2005 (South Africa 2006: section 1), abandonment in relation to a child means:

- (a) *a child who has obviously been deserted by the parent, guardian or care-giver; or*
- (b) *a child who has for no apparent reason, had no contact with the parent, guardian, or caregiver for a period of at least three months.*

In this study, emphasis will be placed on the secret abandonment of small infants and toddlers in unsafe areas.

Information about the epidemic of child abandonment in South Africa remains inadequate, with no supporting annual government statistics that can indicate the widespread implications of abandoned children (Abandoned Babies An Ongoing Tragedy 2018; Papas 2017; Blackie 2014:7). Vorster (2016:1) indicates that child abandonment is no longer classified as a criminal offence and is not listed in statistics as a violent crime, nor is it listed as a cause of early infant death. There is no accurate estimate of how many infants die due to early abandonment. According to the Child Vulnerability Index compiled by SOS Children's Village International, more than 55.3% of children in South Africa are seen as "at risk" (SOS Children's Villages International 2015:5). Safe abandonment is illegal in South Africa;

therefore, baby safes operate unlawfully (Vorster 2016:1). Safe abandonment is defined as safe options for parents to abandon their unwanted children anonymously, such as baby safes, churches, and hospitals, instead of unsafe abandonments that can result in harm to the child, such as open fields, streets, and dustbins (Child Welfare Information Gateway 2016).

The National Adoption Coalition of South Africa and Crisis Pregnancy reported during Child Protection Week 2018 that infant and toddler abandonment statistics are far more shocking than anticipated. These two organisations conveyed the following data (Abandoned Babies An Ongoing Tragedy 2018:1; M-Net 2016:1; Vorster 2016:1; Blackie 2014:7):

- ❖ It is estimated that around 3 500 infants and toddlers are abandoned yearly in South Africa, meaning roughly 300 children per month.
- ❖ Shockingly, these figures are only based on the infants found alive, as data collected shows that for every abandoned infant/toddler found alive, two are found dead.
- ❖ A study done by The Medical Research Council reveals that South African children have the highest risk of being exposed to unnatural deaths in the first six days of life compared to other children in the world (South African Medical Research Council 2012:3).
- ❖ Research shows that of the children found abandoned, up to 65% are newborn babies and up to 90% are still under the age of 12 months.
- ❖ Abandoned newborns are often babies whom have survived late-term abortions, leading to vast medical complications due to prematurity.
- ❖ Many abandoned babies are never found.
- ❖ The majority of abandoned babies (70%) are left at unsafe places.

A report by the Department of Justice and Constitutional Development (2017:46) indicates that more than 64 856 children were declared in need of care by a Children's Court during the period 2016/2017. This is a very large number of vulnerable children in South Africa, amounting to an average of 5 405 new Children's Court cases opened every month. These numbers show that child abandonment, neglect, and maltreatment are present among all age groups of

childhood, though infants and toddlers are more dependent on their primary caregivers for survival.

The South African's Children's Act 38 of 2005 (South Africa 2006) has in the recent past undergone a profound transformation in order to protect "the best interest" of each child. Yet, child abandonment is a taboo subject in South Africa, as is shown in the quotation below:

"They say the love a parent feels for their baby is infinite – a basic part of our make-up. A human instinct. The only love that is truly selfless, unconditional and forgiving. Why then, does South Africa have one of the highest rates of infant abandonment in the world?" – Papas (2017)

Infant and toddler abandonment locations have been reported in the following descending order of popularity: toilets, drains, sewers, and gutters; rubbish sites, dustbins, and landfills; park or open fields; baby safes and hospitals (considered safe abandonment); on the streets or in townships; on a doorstep; with a relative; with a stranger; in a river or dam; in a church; buried; near train tracks or a taxi rank; and, lastly, at a school or crèche (Blackie 2014:46). Most of these sites are clearly unsafe places for abandoning children, except for the baby safes and hospitals. It seems that mothers who abandon their babies are more concerned with their own anonymity than the well-being of their children (Blackie 2014:46). It is the opinion of the researcher that desperation plays a large role in the decision of a mother leaving her child at an unsafe place.

Universally, policy makers advocate that institutional living should be considered a last resort for abandoned children and efforts should be made to move them to a family setting as quickly as possible (Whetten et al 2009:1). These facilities are greatly needed because of the global epidemic of vulnerable children who are in need of care and protection, despite the known negative consequences institutional living has on a young child's development (Browne 2009:1). Dozier, Zeanah, Wallin, and Shauffer (2012:9) claim that if we cannot do without these centres, more research should be conducted on how institutional living can be improved for children in need of care and protection.

Early abandonment is one of the main reasons for children under the age of three to be placed in institutional care (Browne et al 2012:2). Studies on the main causes of abandonment have revealed that desperation due to poverty and unemployment, the human immunodeficiency virus (HIV) epidemic in South Africa, domestic violence and rape, cultural beliefs regarding adoption, and women themselves having been abandoned by the child's father or their families for falling pregnant may contribute to child abandonment (Abandoned Babies An Ongoing Tragedy 2018; Blackie 2014:44-45). Of these, the largest contributing factor as to why parents abandon their babies is poverty (Abandoned Babies An Ongoing Tragedy 2018; Browne et al 2012:3; Browne 2009:6).

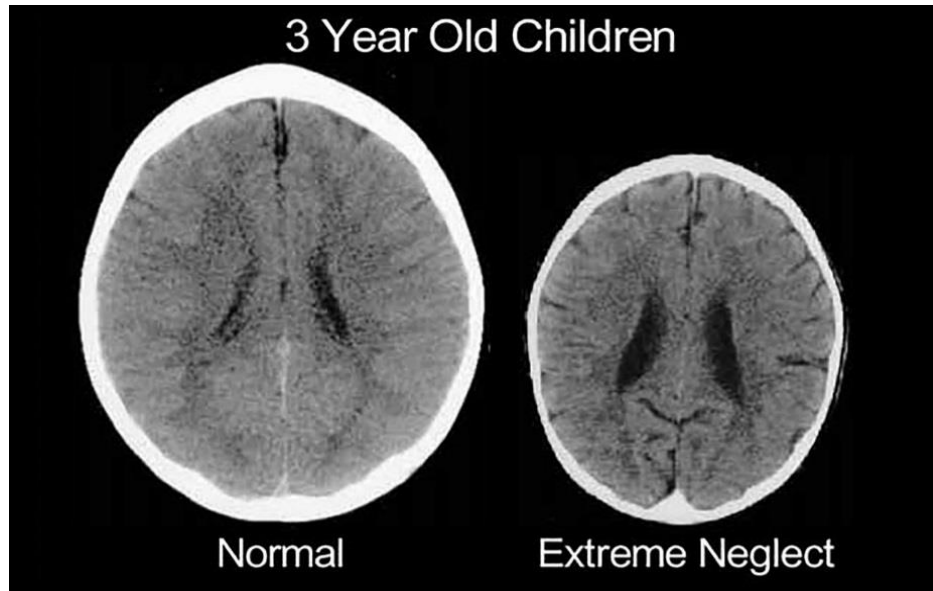
In the last 10 years, awareness of the importance of "adverse childhood experiences" in mental, physical, and even societal health has spread throughout many professions (Perry & Szalavitz 2017:xvi; Landy & Bradley 2014:154-155). Some of the earliest studies on childhood adversities and early development were conducted in 1952 by Dr Rene Arpad Spitz. His documentary "Child Deprivation Effects" reflects his study on psychogenetic diseases in infants and toddlers that have been deprived of motherly contact over a period of time (Johnson 2011). Looking at this study by Dr Spitz, and according to Johnson (2011), Perry and Szalavitz (2010:70), and Perkel (2007:3), infants and toddlers exposed to early trauma might present with the following symptoms, all of which can cause lifelong changes in brain function and structure, and lead to developmental trauma: repetitive self-regulating or self-soothing behaviours (now identified as autistic features); behavioural difficulties and extreme tantrums; learning difficulties and sensory problems; global developmental delays and difficulties with social interactions; failure to thrive or stunted growth; allergies; reflux; eczema; digestive problems; attachment disorders; anxieties; and repetitive and self-soothing behaviours.

Furthermore, Osofsky, Stepka and King (2017:8) suggest that infants and toddlers who have suffered numerous early adverse experiences are more likely to demonstrate neurobiological effects, such as brain abnormalities, dysregulation of their stress response, and psychosocial effects. In conclusion, these studies show that there are long-lasting effects of personality formation, behaviour, and mental

health among children who have been exposed to adversities in the early stages of their development (Osofsky et al 2017:8; Landy & Bradley 2014:156-157; Kaminer & Eagle 2010:122). Children who have been abused over long periods find ways to escape mentally from the situation – known as dissociation¹ (Perry & Szalavitz 2017:50-51; Levine 2015:8; Lewis 1999:17). Dissociation also takes place when an infant or toddler has learned that their needs will not be met and stops asking or trying to communicate their needs. A baby communicates their needs through crying – it is their first developmental milestone of learning language – but when these needs are not met during distress, dissociation can occur. This can be seen at child and youth care centres (CYCCs) where there are many children to care for and an insufficient number of caregivers (Browne 2009:9-10).

Thus, early childhood trauma has become a new focus area for behavioural, learning, and developmental difficulties, as early adverse experiences might alter or prevent healthy brain development (see Figure 1.1).

Figure 1.1: The effects of extreme neglect on the brain



(Source: Perry 2002:93; Perry 2008:111)

¹ Dissociation is an alternative psychological response to an overwhelming threat. It relates to the freeze response, when a child shuts off or detaches from the outside world, with a distorted sense of time, as if they are experiencing the world from outside of their bodies (Browne 2009:12).

The figure above illustrates the developing brain of two 3-year-olds via a computerized tomography (CT) scan. On the left is the brain of a normal, healthy child and on the right is the brain image of a neglected child (Perry 2008:111).

Many children who have suffered adversities early in life may present with problems in behaviour, emotions, and cognitive development, if they do not have access to appropriate childhood interventions (Landy & Bradley 2014:xi). There are two reasons why children do not receive appropriate interventions, namely a lack of resources and a lack of knowledge. Professionals dealing with abused children have known for some time that stressful events, such as being separated from a loving primary caregiver, can cause distress and impede an infant's development. The fact that young children do not have the vocabulary or communication skills to articulate their experiences does not mean they do not experience traumatic or stressful events differently from adults (Osofsky et al 2017:18). To the contrary, Kaminer and Eagle (2010:122) emphasise that because infants and toddler's brains are not yet fully developed, they are even more vulnerable to the effects of trauma.

Early attachment² is very important as "it is our first relationship, usually with our mothers, that much of our future well-being is determined by" (Mooney 2010:5-6; Karen 1998:5). Research shows the importance of a child being able to form an alternative relationship or attachment when they have lost their primary attachment figure (Cozolino 2014:279-280). According to Osofsky et al (2017:62-23), studies have shown that children's attachment styles are not fixed, even after adverse childhood experiences; children are able to go on and form new, secure attachments associated with effective regulatory strategies. As defined by Perry and Szalavitz (2017:90), attachment is critical to the healthy physical and emotional development of a child; therefore, a small number of consistent caregivers play a significant role in their emotional well-being or healing. This is not always possible for infants and toddlers placed in institutional care, because caregivers are often not aware of the

² Early attachment refers to the bonding relationship between the child and caregiver. The caregiver readily cares for the child and the child presents with behaviours of contentment (trust and safety) towards their environment and caregiver (Mooney 2010:7).

individual needs of a child in such a clustered setting. A disrupted child-caregiver attachment style is illustrated in the figure below.

Figure 1.2: Child-caregiver attachment styles

Attachment type	Caregiver Behaviours	Child Behaviours
Secure	<ul style="list-style-type: none"> • Reacts quickly and positively to child's needs • Responsive to child's needs 	<ul style="list-style-type: none"> • Distressed when caregiver leaves • Happy when caregiver returns • Seeks comfort from caregiver when scared or sad
Insecure – avoidant	<ul style="list-style-type: none"> • Unresponsive, uncaring • Dismissive 	<ul style="list-style-type: none"> • No distress when caregiver leaves • Does not acknowledge return of caregiver • Does not seek or make contact with caregiver
Insecure – ambivalent	<ul style="list-style-type: none"> • Responds to child inconsistently 	<ul style="list-style-type: none"> • Distress when caregiver leaves • Not comforted by return of caregiver
Insecure - disorganised	<ul style="list-style-type: none"> • Abusive or neglectful • Responds in frightening, or frightened ways 	<ul style="list-style-type: none"> • No attaching behaviours • Often appears dazed, confused or apprehensive in presence of caregiver

(Source: Wagoner 2018)

A caregiver, according to the Children's Act 38 of 2005 (South Africa 2006: section 1), is someone who takes on the primary role of caring for a child in the absence of a parental figure and is therefore an alternative parent. Some CYCCs are well equipped, with adequate caregivers, programmes, and access to medical treatments, while others are not. Some institutions are overcrowded and struggle financially, though the need for the placement of more vulnerable infants and toddlers increases daily.

When the attachment of infants and toddlers to a primary attachment figure is disturbed by abandonment, the issue is not just that they suffer separation distress and anxiety, but also that the quality and success of any future attachments are affected (McLeod 2017:1). The roles of significant individuals in an institution (e.g.,

directors, management, cooks, tutors, staff, caregivers³) can promote the process of positive adaptation for children, as they are more likely to develop positive attachment behaviours when they feel accepted, safe, and cared for in an institution (Mota & Matos 2014:210). The caregiver role plays a large part in reducing the effects of adverse experiences in infants and toddlers when separated from their families by providing an environment of institutional acceptance, limits and rules, safety, emotional support, and a sense of stability, contributing to the development of more resilient young people (Mota & Matos 2014:211).

According to Courtois and Ford (2014:444), studies and conceptual models have shown that in order for infants and toddlers to develop self-regulation of affect⁴ and cognitive/somatic information processing, these children will need responsive and self-regulating caregivers as a platform and scaffolding on which to build relationships. Infants and toddlers are totally dependent on caregivers for the containment of fearful arousal and psychobiological regulation (Landy & Bradley 2014:155). Consequently, their experiences of stressful events are significantly affected by how available and effective caregivers are in calming them. Because infants and toddlers have a more limited concept of trauma, they do not cope well with these events as compared to older children, who are more likely to regulate traumatic experiences from nurturing, trusting relationships with parents or adult caregivers who provide physical and emotional safety (Osofsky et al 2017:6-7). These are all the result of a lasting, secure attachment. Therefore, caregivers have a significant role to play in the healthy psychological, emotional, social, and physical development of infants and toddlers placed in care centres.

The caregiver, in partnership with the case social worker, is responsible for caring for these children. The Children's Act 38 of 2005 is a comprehensive component of

³ According to the Children's Act 38 of 2005 (South Africa 2006: section 1), the term "caregiver," in the context of a CYCC, refers to the adult living in the house who is primarily responsible for a group of children's needs and upbringing.

⁴ Self-regulation of affect refers to a child's ability to regulate emotions (fear, anger, sadness, disgust, happiness, surprise) and control impulses. These skills are affected by how well the caregiver is able to self-regulate, thereby teaching a child regulating skills through modelling (Courtois & Ford 2014:61).

child protecting legislation with the purpose of providing vulnerable children with the necessary care, protection, and assistance to ensure optimal development through the monitoring of an assigned social worker (South Africa 2006). The main strength of the Children's Act 38 of 2005 lies in early intervention and prevention services to vulnerable children by reducing the likelihood of abuse and neglect, implementing statutory intervention, and providing professional social services to children in need (Dawes 2009:iv).

Therefore, it is the duty of the social worker to ensure that the child and caregiver receive the support they need for the optimal development of the child. According to the Children's Act 38 of 2005 (South Africa 2006: regulation 73c), the role of the case social worker in collaboration with the caregiver of a child in placing that child into a CYCC is described as follows:

“...every child placed into institutional centre care has the right to regular communication and visitation by an assigned case social worker in assessing the child's progress and wellbeing at the centre, including healthy physical and emotional development and support”.

A substantial concern identified in the social work profession is the critical shortage of social workers in South Africa, their high caseloads, and poor salaries that result in many social workers leaving the non-governmental organisations (NGOs) to look for better remuneration opportunities (Sibanda & Lombard 2015:344). Furthermore, Sibanda and Lombard (2015:344) contend that in 2012 the South African Council for Social Service Professions (SACSSP) had 16 740 registered social workers, of whom 40% were employed by the government, 16% employed by NGOs, and 45% registered social workers who were either in private practice or not practising at all. This information indicates the shortfall in social work services in the NGO field, including institutional care centres. This shortfall also reflects the inability of social workers to adequately support the caregivers who are caring for the estimated 64 856 vulnerable children placed in institutional care centres, as reported by the Department of Justice and Constitutional Development, articulated above (Sibanda & Lombard 2015:344). In addition, a further concern raised by Sibanda and Lombard (2015:345) is that social workers in their study described the lack of adequate

training for social workers to prepare them for providing services to orphans and vulnerable children who have entered the statutory system.

The researcher has identified a number of gaps in the topic under investigation after having studied the relevant literature. The researcher found several studies which focused on caregiver experiences working with older children in care centres, although none of these studies focused on caregivers' experiences caring for abandoned infants and toddlers in an institutional care centre. The research reviewed is presented in the table below.

Table 1.1: Research topics studied in relation to this study

<i>Author's name and year of publication</i>	<i>Title of paper</i>	<i>Country in which the research was conducted</i>	<i>Type of research</i>
<i>Yorke (2015)</i>	The experiences of caregivers in registered child and youth care centres in Gauteng, South Africa, during the first 21 years of democracy.	South Africa	Qualitative approach
<i>Thesen (2014)</i>	Challenges faced by child and youth care workers with regard to the discipline of children with challenging behaviour in residential child and youth care centres in South Africa.	South Africa	Qualitative approach
<i>Pretorius (2013)</i>	Caregivers' experiences of stress while caring for orphaned and vulnerable children in an institution.	South Africa	Qualitative approach
<i>Kadungure (2017)</i>	Experiences of caregivers caring for children with different special needs in a cluster foster care village in KZN.	South Africa	Qualitative approach
<i>Molepo (2014)</i>	Challenges and coping strategies of child and youth care workers in the South African context.	South Africa	Qualitative approach
<i>Mapurazi (2016)</i>	The nature of collaboration between social workers and Isibindi child and youth care workers in rendering services to orphans and vulnerable children.	South Africa	Qualitative approach
<i>Browne (2009)</i>	The risk of harm to young children in institutional care.	United Kingdom	Qualitative approach
<i>Blackie (2014)</i>	Sad, bad, mad: Exploring child abandonment in South Africa.	South Africa	Qualitative approach

The studies referred to above on the experiences of caregivers caring for older children (pre-school, middle childhood, and adolescence) in institutional care centres reflect that: (1) caregivers experiences high levels of stress while caring for children with different special needs due to the early adversities they have suffered; and (2) they complain that they receive very little support from involved parties, most notably social case workers and centre managers, whilst caring for the children (Kadungure 2017:3; Yorke 2015:1-2; Thesen 2014:iv, 20; Pretorius 2013:2-3).

Caregivers find it highly demanding to take care of the essential daily needs of the children in their care, which include offering them psychosocial and developmental support (Kadungure 2017:71-72; Yorke 2015:iv; Pretorius 2013:iv). Caregivers often feel overwhelmed by the increased administrative duties, and report receiving little support from placement social workers (Kadungure 2017:82-83; Yorke 2015:61; Thesen 2014:110). Some of these studies reveal that basic daily tasks, such as discipline and ensuring optimal safety by promoting the development of children, are extremely difficult and stressful for caregivers working in institutional care facilities, especially when children exhibit behavioural difficulties (Kadungure 2017:63-64; Thesen 2014:iv). Yorke (2015:66) found that caregivers who have access to a strong support system display enthusiasm regarding the institutional care centre, the children they care for, and their own future as caregivers. Two authors suggested that more research needs to be undertaken on caregivers' experiences and the different aspects of caring for children in institutional care centres (Yorke 2015:67-68; Pretorius 2013:80).

Extensive research has been done on attachment and the behavioural and developmental effects on children who have not formed a consistent, strong attachment with a caregiver. However, the researcher found no studies which focused specifically on infants and toddlers in institutional care and the caregivers' experiences in caring for them. There is a large gap in research on how these caregivers can be supported.

1.1.2 Problem formulation

A problem statement focuses on guiding the planning of the research, notably the need for a study on a particular phenomenon (Brynard, Hanekom & Brynard 2014:8; Creswell 2013:130). Similarly, Bwisa (2017:2) states that a good problem statement is one that is limited to one sentence, followed by several elaborating paragraphs, leading to the focal point of the study. The problem statement should be described in as few words as possible, but should nonetheless convey the maximum amount of information about the research topic.

According to the SAYes (c2018), each year 30 000 cases of deliberate child neglect and abuse are reported in South Africa, with 256 registered institutional CYCCs supporting 14 000 children between 0 and 18 years old. A slightly different number is recorded in the *"Facts on South African Children"* (UNICEF 2010a:53), according to which 13 250 children are living in registered institutional care centres. According to an article by UNICEF (2010b), *"Protection for orphans and vulnerable children: alternative care"*, there are 345 registered institutional CYCCs in South Africa which care for approximately 21 000 children. Clearly, there is a significant difference in statistical data regarding the number of children living in CYCCs in South Africa, an indication that the data is not complete. Nevertheless, it does indicate that children in South Africa are greatly under protected.

The National Department of Social Development (2010:379) clarifies the norms and standards which apply to the registration of institutional CYCCs and caregiver-child ratios, which are 1:10 (one caregiver to every 10 children) for homes registered to care for children six to 18 years of age; and 1:3 (one caregiver to every three infants/toddlers) for homes registered for children 0 to three years of age. On average, this would mean one caregiver for every six children placed in institutional care. According to UNICEF (2010a:54), in Gauteng alone there are 54 registered institutional CYCCs, 12 places of safety, and 14 shelters. Close to half (45%) of these children have been admitted to registered institutional care centres because of abandonment or neglect (UNICEF 2010a:53). These numbers confirm the shortage of CYCC caregivers in South Africa.

Considering the rights of each child as described by the **Constitution of South Africa**, it is undeniable that children deserve a loving and understanding environment for healthy growth and development, dependent on a meaningful relationship between caregiver and child. This can relate to infants and toddlers as well. Little is known about the importance of the quality of the relationship caregivers have with small children in institutional care, as the information reported tends to be more related to the physical care rather than the overall quality of relationships between caregivers and children (Mota & Matos 2014:213). Caregivers often under-report the behavioural effects of childhood trauma due to difficulties in identifying and understanding the impact of adverse events on infants and toddlers (Rajan, Shirey, Ostermann, Whetten, O'Donnell & Whetten 2014:221). As reflected in the reviewed research, studies were conducted on caregivers caring for older children in institutional care; no studies focused on caregivers caring for infants and toddlers.

In the context of the caregiver-child relationship, this study explores the relevance of this still unclear and rarely addressed issue of caregiver experiences by making suggestions for social work support towards caregivers caring for abandoned infants and toddlers living in institutional care.

1.1.3 Rationale for the study

Research should always flow from a well-developed rationale based on theory or patterns of phenomena (Fouché & Delport 2011b:108). Creswell (2014:102) indicates the purpose of research is to afford a rationale for the need to study a phenomenon. The rationale therefore provides both general and specific clarity on why the study is important, by identifying gaps in existing research through a literature search (Rojon & Saunders 2012:3).

This problem statement indicates that there are many children in South Africa living in institutional care (UNICEF 2010b:54). Too many children have experienced childhood abandonment and are now being cared for by alternative caregivers, instead of being in a family setting. The rationale for this study stems from the caregivers' experiences of caring for abandoned infants and toddlers in children's homes. As a social worker working in a children's home, the researcher has often

noted that infants and toddlers need alternative placement due to early abandonment or suspicion of abuse and neglect. The researcher has come to realise that the effects of abandonment are more evident in infants and toddlers than in older children. Infants and toddlers are dependent on a primary parent to provide for their essential needs, such as food, comfort, safety, and attachment. Because infants and toddlers cannot communicate feelings of stress, their distress associated with a specific event cannot be cognitively verbalised so that their needs are met. This makes it particularly difficult to identify the adverse experiences of infants and toddlers, as caregivers might not even be aware of the child's immediate needs.

The stress of early abandonment in infants and toddlers can lead to many psychological and developmental concerns when children are admitted into institutional care (Browne 2009:9-10). The responsibilities of the caregivers meeting the visible, physical needs of these children on a daily basis are enormous. Even with stressful backgrounds, many of the children in care centres grow and develop exceptionally well while in institutional care, all due to the care they receive from their caregivers.

The case study that highlighted the need to develop an empirical understanding of caregivers' views, perceptions, and experiences of caring for abandoned infants and toddlers in institutional care is captured in Table 1.2.

Table 1.2: Case study of Baby A

Case study – Baby A
<i>Baby A was born prematurely at home, and soon after birth abandoned by her mother. Upon arrival at hospital, her oxygen levels were very low and immediate medical intervention was needed. Baby A spent the next few months fighting for her life in the neonatal intensive care unit (NICU) due to her fragile immune system, where many other medical interventions and frequent incubation followed. Her lungs were underdeveloped and she suffered from chronic lung diseases. When Baby A seemed more stable, she was moved out of the NICU into the paediatric ward.</i>
<i>For the first year of her life she was bound to hospital walls, as she was either not healthy enough to leave or there was no suitable alternative care placement to care for her needs.</i>

She was placed in isolation for infection control, with limited staff, student, and volunteer presence and interaction. During this time, the lack of human contact and attachment brought on many other medical complications. At the age of 14 months, Baby A was finally discharged from the hospital and placed in a CYCC. She suffered stunted growth (she weighed 3.86kg and was the size of a newborn); could not sit or crawl; and could not tolerate solids or stand human touch. These symptoms are a mirror reflection of Rene Spitz's studies on infant mother deprivation from 1952 (Johnson 2011).

In the children's home Baby A's health kept deteriorating, as the unfamiliar concept of a somewhat homely environment with staff and children around her, social interactions, and human touch left her completely anxious and stressed. Baby A was not used to having people around her so much. She frequently became ill, lost weight, and was in and out of hospital with chronic lung infections requiring repeated intubation, tube feeding, and close medical observations.

Medical professionals decided that a tracheostomy tube was needed to assist with Baby A's breathing difficulties. She was diagnosed with laryngomalacia, gastroesophageal reflux disease, severe subglottic stenosis grade 3-4, failure to thrive, and global development delays. The children's home staff members visited the little girl in hospital daily to encourage bonding and to get Baby A used to familiar people around her. After months of hospital stays, moving in and out of the children's home, Baby A finally started easing into her new environment, enjoying touch and human interactions.

Baby A was thriving and doing very well in the children's home; she reached 5kg for the first time in her life; started sitting and crawling; imitated gestures; and tolerated solid foods, though she still had a few medical struggles. Her tracheostomy tube needed to be cleaned and changed every second day to prevent infection or sepsis of the stoma. This was quite traumatic and painful for Baby A. She expressed signs of fear and anxiety before each tracheostomy tube change. The caregivers reported Baby A's distress to her medical doctors, but the doctors did not take the caregivers' concerns seriously and brushed it off as their discomfort and not that of the child.

Unfortunately, on the 20th of April 2018, during Baby A's trachea change, her body responded with severe distress and completely rejected the reinsertion of her clean trachea. Baby A's heart went into cardiac arrest and she passed away within seconds. Emergency medical services were also unable to reinsert her trachea and successfully

resuscitate her. This was a day of great sorrow for every staff member at the children's home.

The case study above is one of many special needs cases that caregivers in institutional care centres are required to deal with. It portrays the difficulties and challenges caregivers face in making life-changing decisions for each child's needs. With Baby A, the caregivers immediately noticed a change in the child's behaviour when medical intervention became uncomfortable and difficult. However, as the situation unfolded, the caregivers were unable to express their concerns and the word trauma was not even known. The seriousness of their concerns was overlooked by the case social worker, management staff, and medical doctors. There seems to be much emotional confusion on the part of caregivers. One of the expressed emotions was that they felt if they could have conveyed their concerns about the child's distress better, this unforeseen and sad ending could have been avoided.

It would be valuable if some social work support or tools could be provided to caregivers, allowing them to feel more comfortable in their daily care tasks. The researcher therefore placed the focus on the views, perceptions, and experiences of caregivers, as caregivers in institutional CYCCs have daily experiences with the phenomenon of early childhood abandonment.

The influence and perceptions of caregivers were assessed in this study and used in the theoretical framework, as outlined in the next section.

1.2 THEORETICAL FRAMEWORK OF THE STUDY

According to Creswell (2014:83), theory is a very important part of research, as it is needed to explore a research question. Furthermore, Creswell (2014:83; 2013:85) points out that a theory is placed at the beginning of a project to provide the scope of the study, but in qualitative research a theory can develop towards the end of the project. Greeff (2011:341) believes the purpose of research will guide the researcher in choosing the most effective and appropriate theory. Therefore, the theoretical framework is the roots of the study, describing how the study will unfold, and

providing a lens through which it can be perceived (USC Libraries 2018). The nature of the study will determine the theory to be used in fulfilling the purpose (De Vos & Strydom 2011:36). The researcher therefore needs to choose the most suited theory to establish and explain the phenomenon being studied.

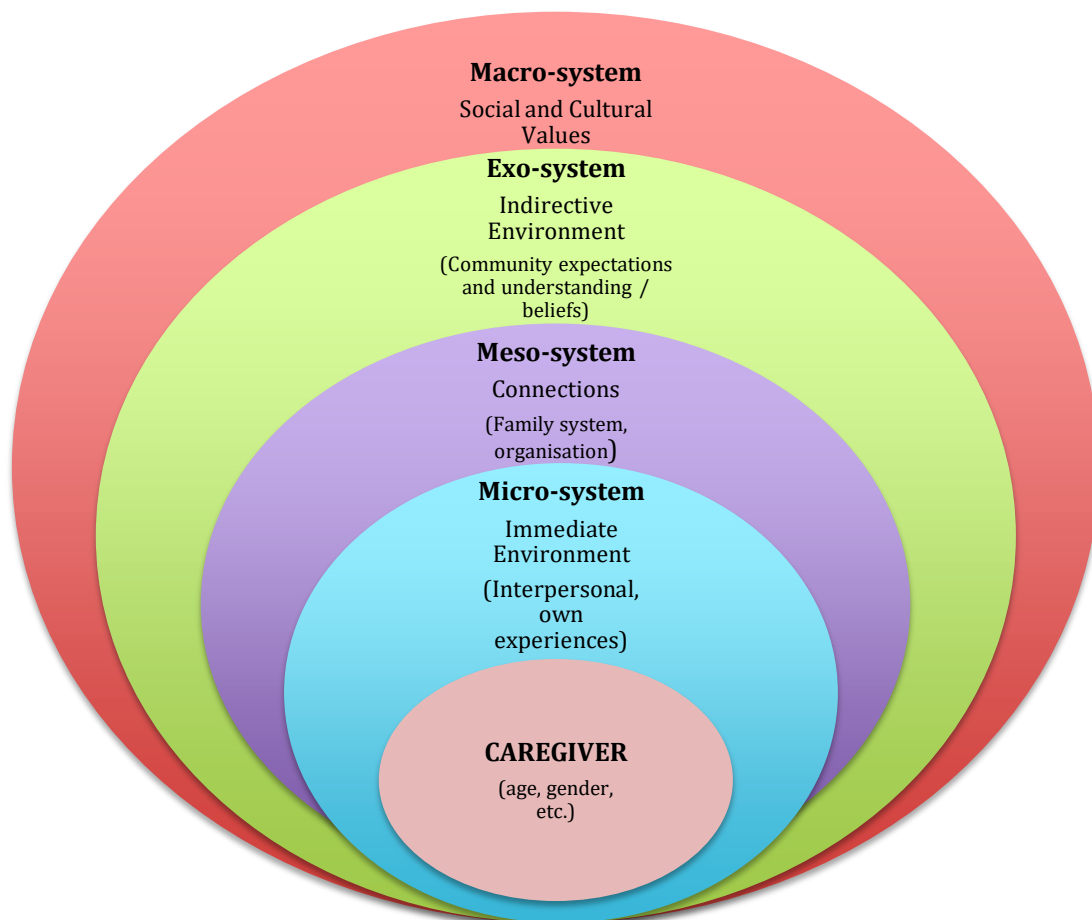
In this study, the systems theory with an eco-systems approach provided the basis that shaped the outcome and the data collection process, by providing an understanding of caregivers' views, perceptions, and experiences of caring for abandoned infants and toddlers in institutional care. The purpose of this theory is linked to the science of wholeness and all the parts that contribute to making something whole (Meyer, Moore & Viljoen 2010:476-477). Meyer et al (2010:476-477) conclude by stating that the influences of the general system theory regard the functioning of human behaviour as a larger whole, and no longer focuses on the smaller components of behaviour. This approach has formed its theory on the basis that people cannot exist in isolation, as individuals constantly influence each other through interactions and the environment (Turner 2017:416).

The systems theory does not specify a particular process to understand a problem statement, neither does it provide specific intervention strategies directing the social worker, but it rather serves as an organised conceptual framework for understanding (Friedman & Allen 2014:3). Therefore, by using the systems theory, it would provide an understanding of how experiences among caregivers are perceived individually when working with abandoned infants and toddlers; help determine how these views, perceptions, and experiences are influenced by individual, family, and community values; and assist in ascertaining the impact these values have on caring for and understanding the needs of abandoned infants and toddlers.

The eco-systems approach would provide a platform of opportunity to draw from different disciplines to analyse the complexity of human behaviours and people's interactions within their social environments (Friedman & Allen 2014:3; Meyer et al 2010:467-468). According to Meyer et al (2010:478), a person has many internal and external interactions that have to be taken into account, as these interactions form the hierarchy of the person's larger interactive system. It is evident that different subsystems have an influence on forming perceptions.

Therefore, caregivers' views, perceptions, and experiences would be explored by taking influential interpersonal and environmental subsystems into consideration (as presented in Figure 1.3).

Figure 1.3: Influencing factors on caregivers' views, perceptions, and experiences of working with abandoned children, adapted from Bronfenbrenner's Eco-Systems Theory



(Source: Turner 2017:245)

According to Turner (2017:245), the influential interpersonal and environmental subsystems can be explained as follows:

- ❖ **The macro-system** describes the broader social and cultural context (e.g., culture, language, historical events, and national political systems). In this study the broader cultural context of each participant was explored regarding how the caregivers' beliefs fit in with their perceptions of early childhood

abandonment. In some cultures, it is still thought that children are too young to remember early stressful events and they are therefore resilient to the effects of trauma.

- ❖ **The exo-system** describes non-directive sub-environments, such as local communities, social networks, workplaces, and community service providers that could have an influence on the experiences and perceptions of individuals. This was viewed in relation to how the community influences the caregivers' perception of early childhood trauma due to abandonment. What are the communities' views on childhood adverse experiences and are there any support systems or resources made available for intervention? The workplace (institutional centre) can also be viewed as a community; therefore, the researcher planned to look at the expectations and beliefs that they instil in their employees.
- ❖ **The meso-system** is influenced by direct contact or relationships with others, such as the places or groups that an individual regularly visits (e.g., schools, churches, peer groups, etc.). The researcher planned to explore the caregivers' relationships with each other, as caregivers working in a care centre spend a considerable amount of time with each other, which include sleeping-in requirements and their duties in general. The researcher would then observe how the caregivers influence each other's perceptions.
- ❖ **The micro-system** is concerned with the individual's immediate environment or closest connections, such as children, siblings, parents, or guardians. In this system, the researcher would explore how caregivers view the phenomenon based on their own experiences and formed perceptions from within their immediate family systems and connections.

As the research study mainly aimed to focus on the views, perceptions, and experiences of caregivers, the principal theoretical framework would be to study and understand how perceptions relating to the care of abandoned infants and toddlers are formed. These include how the caregivers view, understand, and experience early childhood abandonment and the effects it has on infants and toddlers.

In the next section, the researcher defines the research question, goals, and objectives with regard to understanding caregivers' experiences when caring for abandoned infants and toddlers in institutional care.

1.3 THE RESEARCH QUESTIONS, GOALS, AND OBJECTIVES OF THE STUDY

In this section the research questions, research goals, and research objectives are presented.

1.3.1 Research questions

According to Flick (2009:98), the objective of concrete, clear research questions are to obtain clarity regarding the problem under study from participants, and to make sure that the researcher does not fall into the trap of asking ambiguous questions that become difficult to analyse. Furthermore, Creswell (2014:241) describes a research question as a central question which provides exploration of the concept under study, meaning to direct the exploration of the phenomenon under study. Fouché and De Vos (2011:89) state that the research question should guide the research process, methodology, the data analysis process and conclusions, and the decision as to what data need to be excluded. Creswell (2014:107) asserts that in order to construct the perfect open-ended and non-directional research question, one should focus on the purpose of the study, using terms such as “what” or “how” rather than “why.” Therefore, a research question should be able to elicit the most valuable information from the participants that is relevant to the research topic during the data collection process.

For the purpose of this study, the researcher formulated the following research questions:

- What are the views, perceptions, and experiences of caregivers related to caring for abandoned infants and toddlers in institutional care?
- How can social workers support caregivers caring for abandoned infants and toddlers in institutional care?

In support of the research questions, the researcher is guided by the goals and objectives of the study.

1.3.2 Goals of the study

A research goal enables one to attain the desired outcome of the study through planning (Fouché & De Vos 2011:94). The goal of a study can also be used to answer the “what” and “why” questions (Babbie 2013:5). Flick (2009:15) believes the goal of a study is not to test theories, but rather to develop and discover new theories. According to Creswell (2013:31), as it applies in this instance, the goal of research is to develop a clear understanding of the participants’ views of the research question under study. The researcher understood that the goal of a study is to discover and understand the phenomenon of the lived experiences of caregivers caring for abandoned infants and toddlers.

The researcher formulated the following research goals in line with this study:

- To develop an in-depth understanding of caregivers’ views, perceptions, and experiences related to caring for abandoned infants and toddlers in institutional care.
- To proffer suggestions as to how caregivers can be supported by social workers.

In order to reach the formulated goals the researcher planned to work towards fulfilling certain research objectives, which will be discussed in the following section.

1.3.3 Research objectives

The importance of research is described by Brynard et al (2014:1-2) as the process of searching for an understanding of a phenomenon by gaining knowledge that assists in the applicability of objectives. The “goal” of a study refers to the “dream”, and the “objectives” refer to the steps one has to take in order to realise that dream (Fouché & De Vos 2011:94). Walliman (2011:29–30) asserts that the objectives will indicate what kind of data needs to be collected to shed light on the issues raised, including which type of analysis is best suited to process and validate the acquired

data. Therefore, the researcher understands that research is based on the steps taken to accomplish the research objectives, and not by merely relying on intuition, conclusions, or hypotheses.

According to Brynard et al (2014:1-2), research is always undertaken with defined objectives in mind:

- To make rational decisions based on facts.
- To ensure time management and actions are goal orientated.
- To utilise resources optimally.
- To determine the area or field most affected by the problems.
- To use methods to solve or rectify concerns, by applying corrective measures through appropriate strategies.
- To provide clarity and understanding regarding the phenomenon.
- To develop new theories or use existing theories towards change.
- To retest the application of theories in similar situations, ensuring that the same results are achieved.

Bearing in mind the criteria articulated above, the following objectives were formulated to achieve the research goals of this study:

- To explore the views, perceptions, and experiences of caregivers related to caring for abandoned infants and toddlers in institutional care.
- To describe, as findings, the views, perceptions, and experiences of caregivers in relation to caring for abandoned infants and toddlers in institutional care.
- To formulate suggestions for social worker support to caregivers caring for abandoned infants and toddlers in institutional care.

In the following section the research methodology, approach, and design will be discussed.

1.4 RESEARCH METHODOLOGY

The research methodology centres on the approach the researcher will use to learn about peoples' experiences, expectations, and how they interpret their world

(Babbie 2013:62; Delport, Fouché & Schurink 2011:297-298). According to Walliman (2011:148), the research methodology signifies an idea of what the researcher plans to do in order to carry out the study. It is based on the research approach that is selected to undertake the study and collect the desired data. Therefore, the research methodology focuses on the approach(es) the researcher is planning to take in order to collect the needed data for this study.

The next discussion outlines the research approach and research design.

1.4.1 Research approach

The researcher planned to implement a qualitative research approach to answer the research questions, because the researcher intended to gather data leading to an understanding of the subjective meanings of the views, perceptions, and experiences of caregivers who care for abandoned infants and toddlers.

Research involves the study of people; their beliefs, behaviour, interactions, and institutions (De Vos, Strydom, Schulze & Patel 2011:25). In these studies, one may choose quantitative or qualitative research methods. As described by Babbie (2013:76), quantitative methods look for correlations or relationships between variables. Walliman (2011:22) suggests that quantitative research is used to validate, reject, or refine hypotheses. Instruments such as numbered data or graphs are used to measure quantitative research variables (Creswell 2014:4). It therefore focuses on quantities or numerical values when clarifying a research hypothesis.

In comparison, qualitative research focuses on the experiences of people and the meanings they assign to social problems (Creswell 2014:4). It consists of non-numerical or empirical information, and fosters an understanding of real-life observations of behaviours rather than relying on controlled measures of explanation (Babbie 2013:24; Bless, Higson-Smith & Sithole 2013:236; Fouché & Schurink 2011:308). Feelings of discomfort, fear, judgements, emotions, ideas, and beliefs can only be described in words that cannot be manipulated mathematically, but can be recorded qualitatively (Walliman 2011:71). Flick (2009:14) describes these behaviours as influences from personal interests, and social and cultural

backgrounds. The researcher understands qualitative research to be research that focuses on the lived experiences of individuals, groups, or communities.

The advantages of using a qualitative approach in researching caregivers' views, perceptions, and experiences are based on the following characteristics (Creswell 2014:185-186; Fouché & Delport 2011a:64-65):

- Qualitative research studies the person or phenomenon in its natural context. This means that the researcher normally engages with individuals at the site or in the situation where he/she plans to carry out the intended research. The researcher planned to conduct face-to-face, semi-structured interviews while visiting the institutional CYCCs in the Tshwane region where the participants are currently employed.
- In qualitative research, the researcher plays a vital part in the data collection process. The researcher would therefore personally collect the data from the identified research participants at registered institutional CYCCs in the Tshwane region, using a semi-structured interview guide and open-ended questions.
- The qualitative researcher collects data from various sources and does not only rely on one source of data. For this study, the researcher planned to interview caregivers from at least two different registered institutional CYCCs in the Tshwane region.
- In qualitative research, data analysis is done inductively; it consists of building patterns by developing themes from the ground up and organising the collected information into categories. The researcher planned to apply inductive analysis in this study by ensuring a true reflection of the participants' meanings that they attach to the topic under study.
- Qualitative research is an explanatory inquiry according to which the researcher creates an interpretive understanding of how the participants experience the phenomenon in their world. In this study, the researcher would emphasise the true meanings as explained by the participants without any personal bias from the researcher regarding the phenomenon, by keeping in mind the multiple perspectives of the individuals involved in the study.

- In qualitative research, a flexible rather than a prearranged or predetermined research design is selected. The researcher needs to be receptive to change in the research process guided by the relevance of the data collected. The aim in qualitative research is to understand the problem from the perspective of the participant. A “bottom-up” approach was planned by the researcher to build patterns and categories, and develop themes from the collected data.
- Qualitative research is context-dependent, and the researcher needs to understand the influences the environment has on the participants. The researcher resolved to take into consideration the caregivers’ responsibilities, the children’s rights, the best interest of the child, each care centre’s registration requirements and organisational policies, and legislation when guiding interview questions predicated on a descriptive exploration of caregivers’ personal views, perceptions, and experiences.
- Qualitative research is reflexive in nature. Reflexivity regarding the researcher’s personal reflection, background, and cultural and social context is important to ensure that the experiences collected from participants are authentic. In this study, the researcher planned to consider how her personal and professional viewpoints and perspectives may influence the outcome of this study.
- The qualitative research approach is holistic and inductive in nature. This holistic approach would be undertaken by reporting multiple caregiver views and perceptions, identifying the many factors contributing to forming these perceptions, and forming a larger depiction of the experiences of the caregivers who work with abandoned children in institutional care. The researcher is therefore not bound by relationships, but would rather focus on identifying contributing factors in any given situation.

The characteristics of the qualitative approach are the most appropriate in exploring the views, perceptions, and experiences of caregivers who care for abandoned infants and toddlers in institutional CYCCs in the Tshwane region.

1.4.2 Research design

A research design should in the first instance direct the planning of a study, which includes the topic, population, and methods to be used for the purpose of answering the research question (Babbie 2013:116-117; Bless et al 2013:157; Flick 2009:128). There are numerous types of research designs to choose from, depending on the nature of the problem posed by the research aims (Walliman 2011:9). The research design determines the approaches of the analysis that will be used to study the research question. Qualitative researchers almost always develop their own designs as their study unfolds, by using one or more of the available strategies of enquiry (Fouché & Schurink 2011:308). The research design is therefore phenomenological in nature; supported by an explorative, descriptive, and contextual design which will be discussed next.

1.4.2.1 *The phenomenological research design*

A phenomenological design is viewed as human behaviour which is the product of how people interpret their world (Bryman 2012:30). It is a design inquiry which stems from a philosophical and psychological viewpoint, where the real-life experiences of the participants are described (Creswell 2014:14). A phenomenological design underpins an understanding of people and the data that reflect their personal experiences (De Vos et al 2011:8). This design is closely related to the contextual design where individuals' lived experiences are explored in their cultural context. For this reason, the researcher decided to adopt this research design as part of the enquiry in understanding how caregivers interpret their world of caring for abandoned infants and toddlers in institutional care.

1.4.2.2 *The explorative research design*

Exploratory design focuses on gaining insight into a specific situation (Bless et al 2013:60; Fouché & De Vos 2011:95–96). According to Babbie (2013:90), the explorative research design assists in familiarising a researcher with the phenomenon under study. Furthermore, Fouché and De Vos (2011:95-96) claim that exploratory research could be based on a new area of interest where there is a

lack of information or understanding in order to become familiar with a situation by formulating a hypothesis. The goals for using exploratory research are described by Bhattacharjee (2012:5) as follows:

- To investigate the extent of or degree to which the phenomenon affects individuals.
- To generate some understanding or idea of the experienced phenomenon.
- To test the achievability of conducting a more in-depth study into the phenomenon.

In this study, the researcher would use an explorative research design to explore, in-depth, the views, perceptions, and experiences of caregivers who care for abandoned infants and toddlers living in institutional care in the Tshwane region. The main reason for opting for this design is that the researcher found little evidence of research conducted on the abandonment and institutional living of infants and toddlers in the early stages of their development.

1.4.2.3 *The descriptive research design*

The purpose of the descriptive design is to support the phenomenological design by accurately describing events and circumstances, making the researcher's observations explicit (Babbie 2013:91). Descriptive and explanatory research are similar in nature, however, descriptive research presents a replicated idea of social situations by testing factual statements and variables (Fouché & De Vos 2011:96). Walliman (2011:10) posits that a descriptive research design uses observations as a means of collecting data, by observing a situation and establishing the norms of what is expected to occur again under similar circumstances. Descriptive designs are utilised to describe the phenomenon under study. In this study the researcher will give a precise description of the data, based on the information received from participants' experiences while caring for abandoned infants and toddlers.

1.4.2.4 *The contextual research design*

Contextual research design is not necessarily concerned with discovering universal patterns of human behaviour, but is more focused on making sense of human

behaviour by examining perceptions and experiences (Bryman 2012:401). Contextual research design pursues an understanding of the social context in terms of when and where a phenomenon occurs and includes the cultural context of the phenomenon (Neuman 2011:157; Flick 2009:15). Data need to be context-specific to include the subject (cultural and physical) and the methodological circumstances (Walliman 2011:85). This design applies to the theoretical context of caregivers who care for abandoned infants and toddlers in institutional care, their daily lives, narratives, and experiences.

In the next section the research method will be described by providing details of the population, sampling and method, and data collection.

1.5 RESEARCH METHODS

A research method is described by Babbie (2013:23) as the approach a researcher plans to take in carrying out a study, specifically as to how data will be collected and through which avenues. Fouché and Delport (2011b:110) assert that a research plan or proposal should include the population, or sample of the population, targeted for data collection. According to Maree (2016:74), research methods are the tools a researcher uses in order to collect data. Furthermore, these methods are influenced by the research question and include the selection of a population and a sample, methods of data collection, pilot testing, data analysis, and data verification. The following is a discussion on how the population and sample choices will contribute to the research study.

1.5.1 Population

The concept “population” is described by Neuman (2011:241) as the selection or group from which the sample is selected to participate in the study, but also the group to which the results of the study will apply. Furthermore, a population can also be described as the cases that interest the researcher (Brynard et al 2014:57; Babbie 2013:115). According to Creswell (2014:119), a population should consist of people who are experiencing or have previously experienced the phenomenon being explored and are able to articulate valuable data applicable to the intended

research study. Therefore, the researcher understands the population to be the target group which applies to the research study.

For the purpose of this research study, the population will refer to caregivers currently caring for abandoned infants and toddlers at registered institutional CYCCs in the Tshwane region. The Tshwane region has been chosen not only for its easy accessibility, but also due to the high rates of infant and toddler abandonment within this region. The Tshwane region also has a sufficient number of registered institutional CYCCs that provide specialised care, specifically to abandoned infants and toddlers.

Due to the extensive and widespread nature of the population, it was not viable to include the total population; hence, a sample was selected (Strydom & Delport 2011:390-391).

1.5.2 Sampling and sampling methods

According to Neuman (2011:240), sampling refers to a group of possible participants selected for study purposes that can be applied to a larger population. The sample should represent the population group by including all elements, albeit on a smaller scale (Brynard et al 2014:57; Gravetter & Forzano 2003:465).

The researcher planned to collect data from primary caregivers working with infants and toddlers at registered institutional CYCCs in the Tshwane region, as this is the area most accessible to the researcher with a sufficient number of registered homes. Caregivers are staff members whose primary function is that of caring for the abandoned infants and toddlers placed in institutional care. In order to achieve the goals set for this research study, a sample of caregivers would be taken from consenting, participating institutional CYCCs providing residential care to abandoned infants and toddlers, in line with the process of the sampling method followed. Consent will be discussed under the section dealing with ethical considerations. Care centres that would be approached for participation included CYCCs that provide care for abandoned infants and toddlers below the age of four years.

In the process of determining the sample, the researcher can utilise two possible methods, namely probability and non-probability sampling methods. Probability sampling reveals a true picture of the population as a whole, whereas non-probability sampling relies on the findings of the researcher and usually cannot be used to make generalisations about the population (Walliman 2011:96). Sampling decisions often change between the aims of covering as much of the research field as possible and analysing the research topic as deeply as possible (Flick 2009:123). Principles of probability methods are based on randomness and probability theory, while concerned with specifically identifying individuals who will be able to share relevant information (Babbie 2013:134). According to Neuman (2014:167), non-probability sampling is preferred in qualitative research, meaning that the sample size is rarely predetermined and depends on the saturation of information. Only individuals relevant to the study were identified.

For the purposes of this study, the researcher adopted purposive and snowball sampling as types of non-probability sampling. According to Maxfield and Babbie (2012:153), purposive sampling refers to a type of non-probability sampling in which the researcher selects elements to be observed, based on the researcher's own conclusions about which elements will be best suited to the purpose of the research. By using purposive sampling, each sample is purposely selected based on the uniqueness of the sample elements (Bachman & Schutt 2011:129). Therefore, participants would be chosen according to their validity and contribution towards the study purpose instead of being sampled randomly, meaning that they would need to fit certain criteria for participation in the study.

The researcher planned to purposely choose caregivers based on the data collection requirements. The criteria for inclusion should at least be represented in the sample in order to facilitate the experiences across all diversity components. The focus was placed on institutional CYCCs in the Tshwane region, registered to care for children in early childhood.

The researcher intended to use the following inclusion criteria to select participants for the research study:

- ❖ Caregivers caring for abandoned infants and toddlers in registered institutional CYCCs in and around Tshwane.
- ❖ Caregivers with at least one year's working experience at one centre with the same infants and toddlers. This would have given them ample opportunity to observe the effects of early abandonment on infants and toddlers over a period of time.
- ❖ Female caregivers who are required to fulfil the motherly and primary attachment role of each abandoned infant and toddler.
- ❖ Participants who understand English.
- ❖ Participants who are available and willing to participate.
- ❖ For practical and financial reasons (primarily transport costs), the participants need to reside in the Tshwane region.

The following participants were excluded from the research study:

- ❖ Caregivers who have no or minimal experience caring for abandoned infants and toddlers at institutional CYCCs.
- ❖ Caregivers caring for abandoned children in regions other than Tshwane.
- ❖ Caregivers who are not female.
- ❖ Participants who do not understand English.
- ❖ Participants who are not employed at a care centre in the Tshwane region.

The researcher started by recruiting participants from the institutional CYCCs as mentioned above. Creswell (2013:150) is of the opinion that in a phenomenological study, the participants of a sample may be located at a single site – although this is not a prerequisite – provided that they are individuals who have experienced the phenomenon in similar ways. Studying participants at one's own organisation, called a "backyard" study, can lead to compromises in the researcher's ability to convey the true experiences of participants due to the imbalance of power between the participants and the researcher's responsibilities towards the organisation (Creswell 2014:188). Although a "backyard" study can have many benefits, as it can be convenient and eliminate numerous obstacles with regard to data collection, it can also cause ethical dilemmas if the employer is not satisfied with the outcome of the

research (Creswell 2013:151). In order to validate the collected data, the researcher needs to include participants from different CYCCs. Therefore, New BeginningZ CYCC, the organisation where the researcher works, was excluded from this study. Due to confidentiality concerns and accessibility to caregivers working with minor children placed in safe custody, a snowball sampling technique was included.

Snowball sampling is used when there is limited access to participants and no knowledge of the sampling frame (Strydom & Delpont 2011:393). Once the researcher has gained access to the selected institution/s, snowballing is used to locate the participants with the most experience in the research study field (Flick 2009:109). According to Babbie (2013:129), the snowball sampling technique is used when access to a sample of a population is problematic. The researcher collects the information from the members he/she can indeed locate and asks those individuals to refer others from the same population who can be reached. By incorporating the snowball sampling technique, the researcher would have the opportunity to ask participants to provide information on other possible participants that they believe have suitable experience and information to share.

The researcher made contact with the head or management committee of each prospective participating institutional CYCC to obtain permission to conduct the study at their organisation (Addendum A). Upon receiving permission to conduct research at the prospective centre, arrangements were made with the social work manager or caregiver supervisor, to act as gatekeeper and contact person for the purpose of communication between the organisation and researcher. According to Fouché and Schurink (2011:325), a gatekeeper can provide approved access to research groups, sites, or participants and is therefore regarded as an individual with authority on behalf of the targeted sample population. The researcher personally met with each gatekeeper and provided a participant information sheet detailing the intent of the study (Addendum B). The researcher enquired from each participating organisation whether they are able to provide a secure private room to conduct the interviews with the caregivers to ensure optimal privacy for each participant.

After permission had been obtained to interview caregivers at the participating centre, the researcher arranged individual interviews with each prospective participant. They were then presented, verbally and in writing, with information regarding the study (Addendum B), describing their roles and rights, the aim of the study, and the criteria for inclusion. The researcher clarified that no compensation would be provided for participating in this study. The participants who were willing to participate in the study freely were given consent forms to complete (Addendum C). Appointments were scheduled with the participating caregivers for interviews, at a time and place which would be convenient to them.

According to Strydom and Delport (2011:391), there are no rules pertaining to sample size except that the planned sample should be representative of and generalisable to the research question, and that it should be observed in a group similar to the target population. With the snowball technique the sample size will snowball as each participant suggests other people to interview (Babbie 2013:130). Walliman (2011:95) asserts that the size of the sample should be relative to the number of variables to be studied.

For the purpose of this study, the researcher identified the point at which data saturation occurs, namely, when information becomes repetitive and there is no new information forthcoming from participants. Creswell (2014:189) describes data saturation as the point where no fresh data reveals any new properties pertinent to the study. The data collection process can then be terminated. To ensure external reliability, the sample size for this study cannot be confirmed at the beginning, but depends on when data saturation is reached.

1.5.3 Data collection

In this section the researcher reviews the methods and other aspects of data collection and describes implementation. According to Bryman (2012:12), data collection is key to any research study. It typically involves interviews and observations in qualitative research (Creswell 2014:15). Data collection is aimed at providing the foundation upon which the findings of the research will be based,

recorded, and analysed, to be viewed and commented upon by experts in the field (Walliman 2011:39).

It is important to find ways to gain access to the research participants through attraction, by showing interest in their challenges and experiences. Therefore, the way in which the researcher planned and prepared for the process of data collection will be discussed in the following section.

1.5.3.1 Preparation for data collection

The preparations necessary for data collection are described by Fouché and Delport (2011a:70-71) as the process of identifying a researchable topic – including goals and objectives, the theoretical perception, research design, and lastly the methods of data collection and analysis. According to Bryman (2012:12), data collection entails a structured process where the researcher should plan, in advance, the wide context concerning what needs to be explored by designing research instruments to implement throughout the study. Furthermore, the semi-structured questionnaire is an example of such a research instrument, where the research questions guide the project and its design (Flick 2009:150). Therefore, the researcher is the principal instrument in data collection (Creswell 2013:45).

According to Bryman (2012:114), anyone who intends to conduct social research needs to secure ethical clearance from a research ethics committee (REC) to ensure that the research is undertaken with integrity, quality, and transparency.

After receiving ethical clearance from the Department of Social Work's Social Work Research Ethics Committee (SWREC) at the University of South Africa (UNISA) to conduct the study, the management board of the institutional CYCC in the Tshwane region was approached for permission to participate (Addendum A). Once permission was granted, the researcher contacted social work managers/supervisors at the prospective institutional CYCCs, explaining the purpose of the study, and requesting that they act as gatekeepers to their institutions, through a face-to-face interview.

The prospective participants were prepared and debriefed for the collection of data by receiving and discussing a document provided by the researcher (Addendum B). These debriefing interviews allow the researcher to review and correct any mistakes that occurred during the data collection process, either towards the study or the participant (Babbie 2013:71). This document deals with the major issues, in alignment with the guidelines described by Babbie (2013:36), and covers the following:

- A statement, noting that the study will involve research, with an explanation of the aims and objectives of the study.
- The expected period of participation, time required per interview, and the venue where participation will take place.
- A narrative of any foreseeable risks to the participant.
- An explanation of the benefits of participating, if any.
- A statement describing the recording of data, meaning the researcher will provide information on the use of records, confidentiality, and the extent to which the confidentiality of records will be maintained to protect the identity of participants.
- A statement on how data will be collected and whether there are any risks involved, as well as how possible risks will be dealt with in the unlikely event that participants feel threatened in any way.
- A statement that includes the conditions of participation.

After preparing for what type of data needed to be collected for the study, the researcher proceeded with designing the methods of data collection.

1.5.3.2 *Methods of data collection*

Data collection refers to the process of collecting data for the purpose of the study to answer the research question (Bryman 2012:12). Babbie (2013:173) posits that people often observe life through a lens of preconceptions; therefore, the researcher should be aware of these concepts when conducting social research. Data collection, described by Creswell (2014:198-190), can be collected through face-to-face interviews, telephone interviews, focus groups, observations, public or

personal documents, or audio-visual material. In qualitative research the researcher uses data collection methods to translate the true experiences and understanding of the research participants. Steps for data collection and setting boundaries are defined as the process of collecting information through interviews, unstructured and semi-structured observations, or by studying documents and visual material (Creswell 2014:189). Data collection is therefore an effective method to gather information.

Interviewing is the principal method of collecting data in qualitative research and it is based on a social relationship specifically intended for effective information exchange between the researcher and the participant (Greeff 2011:342; Flick 2009:151). According to Babbie (2013:250), an interview can be described as an interactive association between the researcher and a participant. These semi-structured interviews with participants can take place telephonically or face-to-face. The researcher carefully considered the advantages and disadvantages of the different qualitative data collection methods and selected the semi-structured interview defined in the interview guide. The questions were open-ended to evoke recollection and encourage discussions of caregivers' views, perceptions, and experiences. Walliman (2011:99) describes semi-structured interviews as a flexible but guided segment of a qualitative research study. Semi-structured interviews assist the researcher in being more open-minded about the outlines of data needed, so that concepts and theories can emerge during the data collection process (Bryman 2012:12). It allows the researcher to focus on areas of interest, but also brings flexibility to the scope and depth of data collection (Greeff 2011:348). Semi-structured interviews enabled the researcher to follow the in-depth, interpersonal views, perceptions, and experiences of each participant.

The predetermined, semi-structured interview questions shape the interview guide (Flick 2009:150). According to Greeff (2011:354), this guide includes specific questions for the participant and a list of topics the researcher would like to explore. The interview guide included the following components (Creswell 2014:194):

- A heading (date, place, interviewer, interviewee).
- Interview guidelines that follow from one interview to the next.

- An “icebreaker”, which is followed by sub-questions and then concluding statements on the answers. This may also be used as an opportunity to obtain more information or referrals for possible participants that have experienced the phenomenon under study.
- Probing questions that can be used to provide a platform for personal elaboration.
- An interval between questions to write down and record responses.
- An acknowledgement and expression of appreciation for the time and effort the interviewee has given towards the research study, to be conveyed at the end of the interview.

Open-ended questions allow for attentive listening (Creswell 2014:8). According to Bryman (2012:247), they have the following advantages: participants can answer on their own terms; these questions are useful in exploring new areas; and they allow for atypical responses derived from participants’ reflections and personal knowledge and understanding of the subject under study. Open-ended questions allow the researcher and participant to engage with each other during the interview session, instead of the researcher merely handing the participant a questionnaire to complete (Flick 2009:106). Therefore, open-ended questions permit a more personal view and impression of what the participants experience and perceive.

The caregivers at the children’s homes are frontline observers of how abandoned infants and toddlers adapt to alternative care and the effect abandonment has on their physical, emotional, psychological, and attachment development. Their observations were useful in the process of collecting data in order to bring clarity to the phenomenon of infant and toddler abandonment within the Tshwane region. The researcher familiarised herself with the roles and responsibilities of caregivers by asking the organisations for more information on their working hours, sleeping arrangements, and free time, in order to get a better understanding of their time spent caring for abandoned infants and toddlers. The researcher made use of follow-up questions where there was a need to gain more clarity on the participants’ responses.

The following biographical questions were asked:

- How old are you?
- What is your marital status?
- How many years have you been working at a child and youth care centre?
- How long have you been working for your current employer?
- Have you received any previous training to care for children?

After the biographical information of the participants had been obtained, the researcher continued with open-ended questions to obtain the required data.

Request:

- Tell me about your experiences of caring for abandoned infants and toddlers.

Table 1.3: Open-ended research questions from the interview guide

Questions:
1. What is the caregiver to child ratio at your organisation?
2. What are the challenges you experience caring for abandoned infants and toddlers?
3. How do you as a caregiver feel about caring for these abandoned infants and toddlers?
4. How do you think early abandonment affects infants and toddlers in institutional care compared to those that have not been abandoned?
5. What are your cultural views on infant and toddler abandonment when caring for them?
6. Which factors influence your understanding and perception of the effects of early parent-child separation by abandonment?
7. What do you think will help caregivers improve their coping skills?
8. Which resources can you rely on to assist in caring for abandoned infants and toddlers at your institution or in your community?
9. What support is offered by the organisation where you work to enable caregivers to cope with caring for abandoned infants and toddlers?

10. What are your suggestions for better social work or centre management support for caregivers?

While conducting the qualitative research interviews, the interviewer applied certain interviewing skills that have an important influence on the comprehensiveness and complexity of the information provided by the participants. There are different interviewing skills, and in this study several communication techniques were utilised during interviewing (Greeff 2011:343–346).

Table 1.4: Interviewing skills

Skill	Description	Application
Active listening	Interviewers should have excellent listening skills. Listen attentively by verbally and non-verbally interacting with the participant and showing an interest in everything they have to say.	The researcher listened attentively to the participants' verbal and non-verbal responses, thereby understanding what makes them uncomfortable and how to encourage the participants to freely express their true understanding and experiences. The researcher continued to show interest in their individual stories throughout the interview process.
Open-ended questions	These questions do not lead to the predetermination of the answers and provide an opportunity for the participants to respond in their own words.	The researcher refrained from using closed questions that only elicit "yes" or "no" answers, but instead used open-ended questions to encourage the participants to provide responses on their own terms and elaborate of their own volition.
Minimal verbal responses	Small verbal responses from the researcher to display interest in what the participant has to say. The participants should do 90% of the talking in the interview sessions to ensure they have an opportunity to tell their stories.	The researcher refrained from interrupting and encouraged the participants to continue by showing interest in their story. Minimal verbal responses with occasional nodding, for example "mm-mm, yes, I see, please tell me more, carry on" demonstrated the researcher's interest in the responses.

Skill	Description	Application
		The researcher therefore created an atmosphere of understanding for the participants to tell their story.
Paraphrasing	The researcher shows understanding by repeating the participant's words in another form, but with the same meaning. By listening carefully and paraphrasing, the researcher shows a genuine understanding of the participants' experiences.	The researcher created an atmosphere of attentive listening by rephrasing the participants' real experiences as understood from their stories.
Clarification	This technique is used to bring clarity to participants' ambiguous statements.	The researcher focused on the interesting or confusing statements of the participant by asking "Could you tell me more about it?" and "You seem to be saying..."
Reflection	Reflect on something important that the participant has said previously to expand on their thinking and give more information.	By listening and being attentive to the participant's story, the researcher was able to reflect on previous statements made by the participant. Reflection is an interviewing skill also used to provide the participant an opportunity to agree or disagree with the understanding the researcher perceives from the participant's story.

Sound communication skills enabled the researcher to extract the most valuable data from the participants by encouraging them to delve more deeply into their experiences.

1.5.4 Pilot testing

Pilot testing is informal and focuses on whether the data to be collected from the participants or sample are relevant to the study topic (Strydom & Delport 2011:394-395). According to Creswell (2014:133), it is used to refine the research questions, as well as the data collection procedures. Whitley and Kite (2013:498) define the pilot test as a preliminary part of research conducted with a sample of research participants where the number of participants may vary as per the needs of the study. Pilot testing has numerous purposes; however, in this study it served as a guideline to adjusting the questionnaire as needed, to obtain the required fundamental data. The pilot test also determined whether there will be sufficient time allocated to each interview.

The purpose of the pilot test is as follows (Creswell 2014:133; Whitley & Kite 2013:498; Strydom & Delport 2011:394-395):

- To determine whether the data can indeed be obtained from the selected sample of participants.
- To allow the researcher to test the interview guide and bring clarity to previously unclear areas.
- To predetermine the time frame required per interview and review costs that may arise.
- To allow the researcher to determine concerns that may present during the interviews.

The pilot test was therefore the platform from which the broader research will take place, by predetermining the effectiveness of the interview guide and method of data collection. Pilot testing involved interviews with three caregivers from chosen institutional CYCCs that met the inclusion criteria, but these individuals were excluded from the actual study to avoid contamination. The researcher followed all the steps and guidelines as though official research was being conducted to

determine if the research data can be obtained to answer the research questions. The researcher also examined whether enough time was allocated to each participant for the interview process and whether any problems might arise, such as time constraints in relation to their duties and responsibilities. The pilot test therefore assisted the researcher to improve the interview guide and to test the relevance of the questions.

1.5.5 Method of data analysis

Data analysis takes place when the researcher screens the information obtained and discards data that are not applicable to the research project, by only retaining the relevant data (Brynard et al 2014:62). Schurink, Fouché and De Vos (2011:397) describe data analysis as the process according to which the researcher tries to assign order and structure to the information collected. According to Creswell (2014:196), analysis of phenomenological data requires the researcher to look for significant statements and the generalisation of meanings. Furthermore, Schurink et al (2011:403) emphasise that through data analysis themes are developed, and the researcher should look for underlying similarities between these themes. It includes the process of filtering all the data the researcher has collected in order to obtain information which contributes most to the study. It requires the researcher to identify reoccurring information and similarities provided by the participants. These similarities then connect experiences and develop themes relevant to caregivers caring for abandoned infants and toddlers. The researcher started interpreting the collected data once patterns had been established from the experiences of the caregivers.

In this study the researcher analysed data, guided by the following eight steps of Tesch (cited in Creswell 2014:198):

- The first step entails verbatim transcripts of the recorded interviews. The researcher carefully read through all the transcripts, making notes in order to get an idea of the whole picture and meaning of the information.
- Secondly, the researcher selected one interesting interview to study and identified underlying messages by making notes, bringing more meaning to the collected data. She kept a specific question in mind and then wrote down

thoughts in the margins of the transcripts while going through the interview data.

- After carefully perusing the transcripts, the researcher arranged similar topics in groups by arranging them in columns, including unique and leftover topics. This led to emergent themes that could also be grouped according to major, unique, and leftover data.
- The categorised topics were correlated with the original data and abbreviations or codes were assigned to the topics. The researcher then entered the codes alongside the appropriate sections of the data. The researcher conducted follow-ups by testing for new, emergent categories.
- The researcher found the most expressive words for the topics by converting these topics into relevant categories. The categories were then grouped together.
- In this step the researcher came to a final conclusion based on the theme abbreviations for each category. The categories were listed in alphabetical order. The themes are worded in the most appropriate and descriptive manner.
- The researcher then grouped the data into categories by organising more themes together under one topic and performing a preliminary analysis.
- In the last step the researcher assessed whether or not recoding the existing data would be necessary. Recoding ensured that the data are correctly categorised.

After the researcher analysed the collected data, verification of the data followed.

1.5.6 Methods of data verification

In qualitative research, researchers adhere to the concept trustworthiness to measure validity and reliability (Babbie 2013:188; Bryman 2012:390). Terms such as “validity” and “reliability” are described by Creswell (2014:201) as determining whether the findings are accurate from the point of view of the participant, the researcher, and the reader. Validity as defined by Babbie (2013:191) is the extent to which a measure reflects the theory under study. Reliability is a matter of generalisation of a technique, applied repeatedly to the same object, and being able

to provide the same or similar result each time (Babbie 2013:188). According to Walliman (2011:104), in order to generalise the research findings beyond the study, they should pass both internal and external validity tests, where internal validity means the extent to which the ideas of cause and effect are supported, and external validity suggests the extent to which findings can be generalised to other populations. The method of data verification for this research study was done through validating the collected data with the research topic. Furthermore, it was validated through reliability to ensure that similar results would be found if the same study was conducted with different populations or a different set of participants.

According to Lincoln and Guba (in Schurink et al 2011:419-421), the four constructs needed for validity and reliability are credibility, transferability, dependability, and confirmability. The researcher will provide an overview of how data were tested by using the four aspects of trustworthiness.

Credibility demonstrates that the topic was accurately identified and described in the qualitative study (Schurink et al 2011:419-420). According to Walliman (2011:43), credibility in a research study reflects the honesty of the researcher. It refers to the accuracy of the documentation and that it is free from errors (Flick 2009:258).

In a qualitative study, there are certain aspects that assist in ensuring the credibility of the findings (Bless et al 2013:238):

- Providing a full description of the context of the study.
- Describing the sample and method of sampling, as well as the sampling measures that will be employed.
- Employing the process of data collection and analysis concurrently. The researcher planned to continue collecting data while analysis took place so that emerging themes could be followed up on as identified.
- Applying triangulation by using different methods in the collection of data with the aim of providing the same results. Therefore, the outcome of the study will be independent of the methodology.

- Gaining insight from other researchers in a similar field(s) (methodological verification).
- Adhering to the principle of data saturation. The researcher planned to collect data from as many willing caregiver participants as possible until no new information emerged.
- Making use of participant validation or member checking. The researcher planned to present the findings to participants to allow them to verify whether it was a true reflection of their story.
- Using verbatim quotes. The researcher presented the participants' stories in quotation form, providing the reader with an exact understanding of the perception or experience from the participants.

To ensure credibility in the study, the researcher planned to implement these aspects as mentioned above. The research participants have all been exposed to similar experiences, meaning all participants are caregivers working with abandoned infants and toddlers placed in CYCCs. The researcher viewed the participants as experts in their fields by identifying and discussing emerged themes with each participant in order to clarify and evaluate the reliability of the data collected.

Transferability is seen as an opportunity for the researcher to ask whether findings from the study can be transferred to other studies (Moon, Brewer, Januchowski-Hartley, Adams & Blackman 2016:3; Bryman 2012:390; Schurink et al 2011:420; Flick 2009:407). This includes asking whether the research findings can be applied to another context (Bryman 2012:49). Transferability parallels external validity in determining whether the findings will be applicable to other studies, by indicating the extent to which the outcome is applicable in other contexts (Bryman 2012:392; Flick 2009:392). The following information is important to the applicability of a study (Moon et al 2016:4):

- Any limitations in the criteria for participants.
- The number of participants to take part in this study.
- The data collection methods that will be used.

- The interval between data collection sessions, as well as the number of interview sessions conducted.
- The period over which the data were collected.

The researcher applied transferability by providing rich context about the restrictions articulated above, the number of participants, methods of data collection, the length of sessions, and the time frame set for the completion of data collection. The researcher minimised any restrictions and obtained as much data as possible until the saturation point was reached.

Dependability is defined by Schurink et al (2011:420-421) as the researcher's efforts to account for changes in and around the research question under study. In order to assess dependability, the following question needs to be asked (Babbie 2013:353): Would you get the same results if the measurements are repeated again and again? Bryman (2012:49) is of the opinion that the findings should be readily applied to similar situations. Data findings should be supported by similar studies and theories which have been researched before. Dependability refers to establishing the merit of the research in terms of the following (Bryman 2012:392):

- (a) Describe and explain the research plan and the implementation thereof.
- (b) Provide detailed information on how data were collected, how sampling was done, and how the transcription of interviews took place.
- (c) Evaluate the process of studying the experiences of the study participants.

Confirmability is described by Lincoln and Guba (in Schurink et al 2011:421) as the need for the researcher to determine whether the data findings could be confirmed by others. Objectivity is similar to confirmability; meaning that even though different scientists have different personal views, they should nevertheless achieve similar results (Babbie 2013:46). It relates directly to transparency in the process of dividing the raw material into categories, so that the researcher's personal prejudices intrude as little as possible (Bryman 2012:289). The application of this principle entailed that the researcher did not impose any personal expectations and bias on the participants, but that data collected from the participants determined the true outcome of the study.

Data collection needs to be supported by findings and interpretations by using the following steps of validity (Creswell 2014:201-202):

- *Triangulation* can add validation to the study if the collected data produce themes among participants when reviewed.
- *Member checking* can be used by taking findings back to the participants for their comments and feedback.
- *Self-reflection* clarifies the prejudgement the researcher may bring to the study by reflecting an open and honest narrative.
- Using *peer debriefing* by others to enhance the credibility of the study.

In the next section the researcher will define the application of ethical considerations to the qualitative research approach.

1.6 ETHICAL CONSIDERATIONS

The researcher is central to the beginning and end of ethics in social research (Neuman 2011:143). Strydom (2011a:114) defines the concept “ethics” as a “set of moral principles, which offers rules and behavioural expectations regarding the correct conduct when working with research participants.” Ethics reflects on the researcher, determining whether he/she has conducted himself/herself with integrity and honesty by adhering to ethical aspects when conducting social research (Walliman 2011:42). According to Babbie (2013:32), being ethical is to become sensitive to the dimensions of social research. Therefore, ethics in research is to protect the participants from any form of harm, including others involved in the research study.

Ethics should be considered paramount in each organisation’s staff policies and legislation, as it will also be in each participant’s best interest in relation to this research study. The ethical research practices discussed in this section were followed to minimise risks, uphold justice, and enhance the privacy of and respect for the participants.

1.6.1 Informed consent

The informed consent letter should provide as much information as needed on the intended research study, including its goal, the procedures that will be followed during the investigation, possible advantages and disadvantages, and any possible harm to participants, in order for prospective participants to make an informed decision to participate in the study (or not) (Bryman 2012:138; Strydom 2011:117). It ensures that each participant will be treated with ethical consideration by the researcher, in the way they are selected, and how their personal data contributions to the study will be used (Walliman 2011:47). Informed consent therefore suggests that research participants voluntarily consent to participate in the research study by giving their written consent, fully informed of the risks and participation expectations (Babbie 2013:34; Strydom 2011:117). Most importantly, in the consent letter it should be clearly stated that participants can withdraw at any time should they feel the need to do so or when they feel threatened in any way (Creswell 2014:98).

Once the participant signed the informed consent letter (Addendum C), the researcher provided information regarding the aims and intentions of the research study, that every effort will be made to ensure that participants will come to no harm, and that their privacy would not be compromised. The prospective participants were prepared for data collection by receiving and discussing a document from the researcher (Addendum B). In this document, the researcher explained the following:

- The purpose of the study.
- Participation criteria.
- Expectations of how their participation will influence the research study.
- Voluntary participation.
- The potential benefits of participation.
- Possible negative consequences of participation.
- Confidentiality and anonymity.
- Protection and storage of retrieved data.
- Ethical approval of the research study.

The researcher consulted with the caregivers prior to the interview, individually, and explained the purpose, goals, and motivation of the study by obtaining informed consent for their willing participation and contribution to the research study. The participants were assured that they could withdraw from the study at any time to protect their rights and best interest, or if they felt threatened in any way.

1.6.2 Confidentiality

Confidentiality is defined as the protection of information in such a way that identification of these participants will be impossible (Babbie 2013:36; Walliman 2011:49:190). Similarly, Bryman (2012:143) states that confidentiality as it applies to an agreement between people restricts access by others to private information divulged by the participant to the researcher. According to Strydom (2011a:119), confidentiality should therefore generate a trusting relationship between the participant and researcher, where participants can feel free to reveal information and choose what they wish to share and what should be kept confidential.

Confidentiality was agreed upon between the researcher and the participants in such a way that the participants felt completely safe and considered the researcher to be trustworthy, enabling them to share personal information without being implicated at a later stage. The researcher kept the information provided by the participants confidential by handling all interview recordings in a classified manner, locked away in a safe to ensure the privacy of each research participant. This includes a password-protected laptop where data is stored electronically. Where the researcher needed to make use of an external transcriber or coder, this appointed person was also obliged to sign a confidentiality agreement letter, which was submitted to the Research Ethics Review Committee of UNISA for consideration.

1.6.3 Anonymity

Anonymity refers to the ethical requirement of ensuring protection and keeping participants' identities safe from disclosure (Neuman 2011:152; Strydom 2011:120). Furthermore, Walliman (2011:49) suggests that the identity of the participating organisation or person should not be identifiable by the reader of the report.

Creswell (2014:99) describes anonymity as the protection of participants' identifying details by using aliases or pseudonyms for individuals and places. For this purpose, all identifying details of the participants or institutional CYCCs were kept anonymous; these included the names and addresses of participants and organisations. All real names were replaced with pseudonyms.

1.6.4 Beneficence

According to Maxfield and Babbie (2012:34), beneficence means that some form of positive benefit should be produced regarding the phenomenon when research is done with human subjects. This should be done without harm to the participants, for their own benefit, and not that of the researcher (Babbie 2013:34; Strydom 2011:116). Furthermore, Flick (2009:37) states that research should evoke new insight and awareness which would justify the involvement of the participants in the study without unnecessarily intruding into their most private thoughts. Therefore, beneficence assists the researcher in maximising the benefits to participants brought about by the intended research. This study brought insight into caregivers' views and perceptions of caring for abandoned infants and toddlers; the caregivers' needs and strengths; and what the caregivers' experiences are in caring for these young children.

To assess any possible risk to participants created by the study, the risk assessment tool of the College of Human Sciences was completed (Addendum H). The only foreseeable risk to participants was that caregivers might feel uncomfortable that their role as caregivers to infants and toddlers might be investigated. It was made clear to them that the focus of this study is not to assess them as caregivers, but to understand the influencing factors regarding their decisions and daily roles. Most importantly, it was stressed that all information relating to case files will be kept strictly confidential.

1.6.5 Management of information

It is of the utmost importance that the researcher should store all collected data – including data stored on personal computers – in a safe, secure area which would

prevent unauthorised access, and further protect the data by assigning a code or pseudonym to each participant (Flick 2009:42). Even though data should be kept safe, the deliberate distortion of data or results is a very serious offence (Walliman 2011:45). According to Creswell (2014:202), some participants may not object to their identities being made known, as they wish to voice their opinions about the intended research phenomenon. Whatever the case may be, all data were kept in a secure place, only to be shared with the explicit permission of the participants.

The management of information is an ethical principle, closely associated to confidentiality and anonymity. As defined by Schurink et al (2011:408-409), it refers to the way the researcher manages information provided by the participants to ensure confidentiality by keeping the data in an access-controlled space. Furthermore, data that are no longer relevant should be disposed of in a secure manner (Schurink et al 2011:408-409). Data should always be managed in an ethical manner. It is important that the researcher remains honest at all times by reflecting the true and accurate information provided by the participants.

According to Schurink et al (2011:408-409), the following steps must be followed by the researcher:

- Store files in a safe and secure place.
- Organise data in a retrievable, coded format.
- Convert audio recordings and field notes to text.
- Create an inventory for easy access and retrieval when review is needed.
- Ensure backups are made of all files and data.
- Store a master copy in a safe and secure place.

1.6.6 Debriefing of participants

As part of the ethical considerations, the researcher needs to provide participants with the opportunity to attend a debriefing session, as the research topic is sensitive in nature and might bring up feelings of discomfort or conflict. During these sessions, participants are given the chance to open up and work through feelings that have arisen as a result of the interview sessions (Strydom 2011a:122).

According to Babbie (2013:39), debriefing is also used to generate the overall research experience of all participants and the overall research process of the research project. This provides an opportunity to evaluate the participants' feelings of discomfort, confusion, or anxiety, and determine whether they felt actively engaged and took the process seriously.

Furthermore, Strydom (2011a:122) states that debriefing must take place in a therapeutic supportive environment, in order to achieve the following:

- To rectify any misperceptions regarding the study that might have arisen after completion.
- To handle termination and withdrawal with the utmost sensitivity by supporting the participant.
- To reduce the possibility of harm by giving the participant an opportunity to work through feelings that have come forward during the research process.

During the initial intake/ information interview with the research participants, the researcher explained the process of debriefing and how a debriefing session can be accessed at any time during or after the research study. In this explanation the researcher indicated to the participants that debriefing will be available at any time they feel it is needed, by notifying the researcher through the contact details provided on the information sheet (Addendum B). The researcher made the option of debriefing available, as the participants might experience feelings of distress. **Though, no participant needed to make use of the debriefer.** The details of the debriefer are listed in Addendum E.

In the next section the researcher will provide clarity on key concepts found in the research question.

1.7 CLARIFICATION OF KEY CONCEPTS

1.7.1 Caregiver

According to the Children's Act 38 of 2005 (South Africa 2006: section 1), the term "caregiver," in the context of an institutional CYCC, refers to the adult living in the

house who is primarily responsible for a group of children's needs and upbringing. Jamieson (2013:8) describes a caregiver as any person who is responsible for caring for a child. This means anyone who cares for the child, with or without consent from the parents, and usually includes grandmothers, aunts, or other relatives. Therefore, a caregiver is a substitute for a parent when the parent-child relationship and/or attachment is lacking (Turner 2017:6).

For the purpose of this study, caregivers are considered to be individuals who are remunerated for their caregiving duties in an institutional context or children's home, therefore not related to the child/children in any way. These individuals are seen as the primary caretakers of the children under their care, responsible for their social, emotional, and developmental needs.

1.7.2 Infants and Toddlers

According to the Centres for Disease Control and Prevention (2019), an infant can be classified as a child between the ages of 0 and 1 years old, where a toddler is described as a child between the ages of 1 and 3 years old. The Bayley scale of child development defines its assessment criteria for infants and toddlers to be between the ages of 1 to 42 months, meaning 0 to 4 years (Piñon 2010).

Described by Papalia and Feldman (2011:10), the infancy and toddlerhood phases happen between birth and the age of three. Within a healthy environment, the following characteristics develop during this time (Papalia & Feldman 2011:10): physical development – sense and body; cognitive development – abilities to learn and remember; and psychosocial development – attachment to primary caregiver and others.

Due to the possible developmental delays an infant or toddler might experience when abandoned, the researcher will classify abandoned infants and toddlers as children from the age of 0 up to 3 years and 11 months, meaning children whom have not yet reached the age of 4.

1.7.3 Abandonment

The Children's Act 38 of 2005 (South Africa 2006: section 1) refers to the term "abandoned" in relation to a child, who –

- “(a) has obviously been deserted by the parents, guardian, or care-giver;
- (b) has for no apparent reason had no contact with the parent, guardian, or caregiver for a period of at least three months.”

According to Therivel and McLuckey (2017:1), abandonment refers to the voluntary surrender of guardianship over children by their birth parents, with no regard for the child's physical or psychological health, safety, or welfare, by selling them, leaving them unattended and alone, or leaving them with another person or institution. Vadivalu (2014:2) defines child abandonment as the most appalling form of child neglect, where parents withhold the basic needs of a child by leaving them alone, struggling for survival where their basic needs are not met.

In this study, the term abandonment refers to a situation where the biological family of a child has chosen not to take responsibility for the upbringing of that child by leaving him/her without any identifying details at either a safe (e.g., baby wall, hospital) or unsafe (e.g., park, dustbin, open field) location.

1.7.4 Institutional Care (child and youth care centres)

The Children's Act 38 of 2005 (South Africa 2006: section 1) defines a CYCC as “a facility that provides residential care to more than six children outside of the child's family environment in accordance with a residential programme suited for the children in the facility.” According to Jamieson (2013:12), a CYCC is described as a residential institution facility, rather than a domestic home.

Browne (2009:1) gives a very precise description of institutional care:

“An institution or residential care home for children is defined as a group living arrangement for more than ten children, without parents or surrogate parents, in which care is provided by a much smaller number of paid adult carers. Typically, this would be one carer to six children of a similar age during the day and fewer staff at night. Often the staff are inadequately trained and poorly supervised, making basic mistakes such as feeding a child on his back in a sleeping position”.

Furthermore, Browne (2009:1) states that institutional care implies a facility with an impersonal structure, with an organised routine regarding the living arrangements for children. These include children’s eating, sleeping, and toilet facilities overseen by a professional, usually a stranger, instead of a parenting relationship between caregiver and child.

The researcher views an institutional CYCC as a facility caring for more than six children at any given time, with more than one caregiver assigned to the care of infants and toddlers.

1.7.5 Experiences

Each person’s unique self is continuously changing due to exposure to everyday conscious and unconscious experiences (Grobler & Schenck 2009:16). According to Tolan (2012:93), our frame of reference is built from our life experiences and the context and cultures in which these experiences take place. Grobler and Schenck (2009:23) state that no experience can be true or false, unless it is believed that our own perception is the only admissible one. These experiences form perceptions and are influenced by our interactions in the world around us, meaning our own values and those adopted from others, their culture, community, family, organisation, and mostly from interpersonal needs (Giesecking, Mangold, Katz, Low & Saegert 2014; Grobler & Schenck 2009:22-36).

In this study the concept experience was viewed as an individual experience of the participants, from their own perspectives, or experiences adopted from others.

1.7.6 Perceptions

Human perceptions are constructed through experiences (Grobler & Schenck 2009:23). It is the multiple ways in which people receive information from their surroundings, through immediate sensory experiences and memories from the past (Human perceptions and environmental experiences 2014:1). According to Walliman (2011:22), humans are not neutral, but part of society; therefore, our perceptions are shaped by beliefs and values, and influenced by our preconceptions.

Perception was viewed as a value or belief that has been formed based on a phenomenon through both personal and adopted experiences, and interactions with others.

The concepts that follow below are not contained in the title, but are central to the study, thus will be defined in this section.

1.7.7 Adverse childhood experiences/ childhood trauma

Adverse childhood experiences can include childhood neglect and abuse, but are mostly related to vulnerability factors unique to the individual, such as genetics that predispose a child to stress reactivity (Landy & Bradley 2014:15). Perkel (2007:3) refers to the adverse experiences revealed by neuroscientific research, namely that these early experiences in infancy cause lifelong changes in brain function, leading to developmental trauma. According to Lieberman and Van Horn (2011:35), children encounter stressful internal and external dangers throughout their everyday lives, which can be linked to deficiencies in their intellectual and physical development. Stress turns into trauma when these alarming events become a danger to their physical and psychological health (Lieberman & Van Horn 2011:35).

Numerous studies have shown a correlation between trauma and brain development for individuals of all ages (Perry & Szalavitz 2017:xvi; Landy & Bradley 2014:154-155). For this study, the word trauma refers to adverse experiences that cause psychological stress to the point that it becomes unmanageable, leading to

childhood trauma. The main traumatic experience focused on in this study is childhood abandonment.

1.7.8 Attachment

The attachment system helps organise the child's responses to danger and safety, as emotional and behavioural problems often relate to a lack of attachment and meaningful relationships (Osofsky et al 2017:41). According to Landy and Bradley (2014:142), the primary goal of the attachment phase is to establish a sense of safety and security for the child.

Attachment is described by attachment theorists Bowlby, Ainsworth, Gerber, Brazelton, Kennell and Klaus (cited in Mooney 2010:18-49) as follows:

- Bowlby states that the first relationship in infancy sets the tone for all later relationships in life (Mooney 2010:18).
- Ainsworth believes attachment behaviours in human infants are associated with the child's experience of feeding. She also noted that attachment difficulties can be due to "maternal deprivation", which may be exemplified by the separation of mother and child, mistreatment or neglect of the child by the mother, or the lack of care and attention from the mother due to other reasons. These three dimensions are often grouped together (Mooney 2010:27).
- Gerber believes that good attachment relationships are formed based on people's regard for the infants' well-being and their processes of development (Mooney 2010:36).
- Kennell and Klaus strongly advocate the importance of bonding between infants and their mothers (Mooney 2010:41-42). Bonding refers to the emotional tie between parent and child, whereas attachment refers to the tie an infant has with its parent. Kennell and Klaus believe that attachment takes place through bonding; therefore, the parent needs to provide the platform for attachment to take place (Mooney 2010:41-42).
- Brazelton focused on babies' competence for attachment. He was also the first to differentiate between babies' behavioural styles, stating that some are unduly quiet while others are unusually active. He also believes that

attachment to a new baby does not take place overnight, as attachment is not instinctive, but bonding with others is. Attachment also makes separation very difficult (Mooney 2010:48-49).

In this study the term “attachment” will mean a close child-caregiver relationship filled with understanding, care, and love, which will result in a child’s unhappiness when separated from the caregiver. This will entail the following:

- Caregivers’ understanding of young children’s needs, cues, and behaviours.
- Caregivers who strive to meet the needs of infants or toddlers.
- Caregiver-child relationships characterised by love and affection. For instance, the caregiver touches and caresses the infant or toddler to soothe an unhappy or uncomfortable child.
- A good attachment relationship shows discomfort with or fear of separation between caregiver and infant/toddler.

1.7.9 Social work support

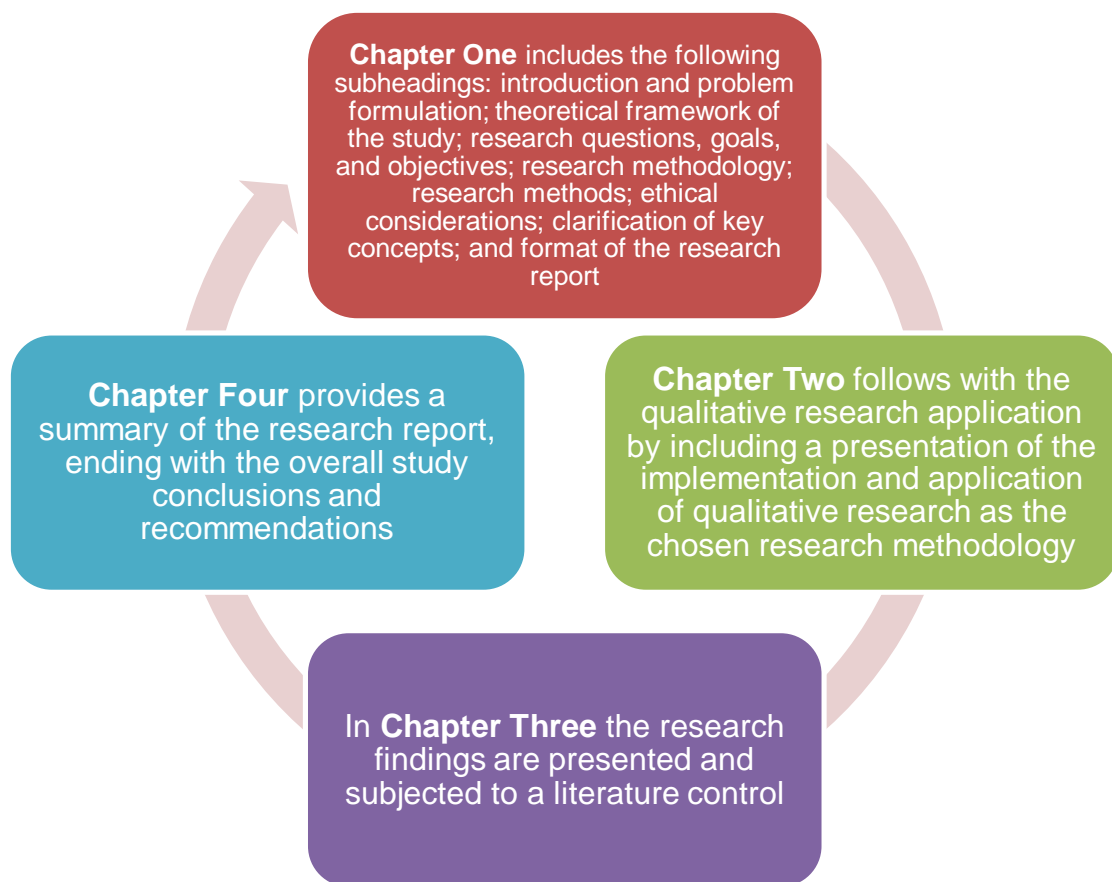
Social work support can mean the supporting relationship a social worker provides to the client, community, or each other in their roles of providing social assistance through micro, meso, and macro practices (Turner 2017:28–30). According to Engelbrecht (2014:164), the supportive and supervisory role of a social worker can contribute to the management and decrease of stress that adversely impacts performance and motivation, by intensifying commitment to enhance the performance of caregivers. When caregivers perceive their social workers as understanding, caring, and willing to act as advocates on their behalf, they feel more supported and less targeted by the system (Boyce 2017:97).

For the purpose of this study, social work support means the extent of assistance and support social workers can provide to caregivers who care for abandoned infants and toddlers in institutional care.

1.8 FORMAT OF THE RESEARCH REPORT

The format and outline of the research report is given below in Figure 1.4.

Figure 1.4: The outline of the research report



1.9 CHAPTER SUMMARY

In this chapter an introduction was given on the research topic, as well as the background and how the study plans to unfold. The researcher introduced the topic to the reader by showcasing the available literature and knowledge on the topic, and emphasising the research problem and the rationale for this study. The theoretical framework comprises the systems theory with an eco-systems approach, in order to provide an understanding of caregivers' views, perceptions, and experiences of caring for abandoned infants and toddlers in institutional care. The eco-systems approach provides an opportunity to draw from different disciplines, as a person has many internal and external interactions that can form and change their perceptions

and experiences. Therefore, the systems theory is employed to best explain the phenomenon being investigated.

The research approach is described as qualitative in nature with an introduction on the overall research design. The phenomenological research design and descriptive, explorative, and contextual strategies of enquiry were adopted in support of the qualitative research approach. Furthermore, in this chapter the target population, sampling methods and sampling size, participant inclusion and exclusion criteria, preparation for data collection, data analysis, and data verification were explained. Lastly, in this chapter the researcher gave an explanation of ethical principles and how they were implemented, followed by the clarification of key concepts central to the research topic.

Chapter Two presents a description of the application of the qualitative research process for exploring the research topic under investigation.

CHAPTER TWO

A DESCRIPTION OF THE APPLICATION OF THE QUALITATIVE RESEARCH PROCESS FOR EXPLORING THE RESEARCH TOPIC UNDER INVESTIGATION

2.1 INTRODUCTION

In Chapter One the researcher introduced the topic under investigation by setting the stage for the research process. This chapter was devoted to the introduction of the research plan and an overview of the research methodology that formed the basis for the structure and implementation of the study. A problem formulation was given to justify the need for this study by highlighting the research questions (see Chapter One, sub-section 1.3.1), the research goals (see Chapter One, sub-section 1.3.2), and the research objectives (see Chapter One, sub-section 1.3.3) that directed the investigation. Then in the same chapter, the researcher gave a clear description of the research approach, design, and the methods the researcher planned to use during the process of enquiry.

In Chapter Two, the proposed research methodology as discussed in the previous chapter will be further elaborated on and its application defined. As the researcher will reflect on the initial planned research process as described in Chapter One, this chapter can be described as reflective in nature with the aim of reflecting on the development of the data collection process and the changes that were implemented during this process.

This chapter entails a contemplative description of the qualitative research approach and its application, by including the research design, sampling and population; data collection method and verification; and ethical considerations as implemented. The research method is supported and verified by literature.

2.2 RESEARCH METHODOLOGY

Research methodology refers to the hypothetical awareness of steps taken in the research process, as it provides an outlined framework on the process, techniques, or tools implemented during the investigation of the phenomenon (Maree 2016:74; Babbie 2013:23). It refers to the approach the researcher will take in answering the research question (Fouché & De Vos 2011:89).

As previously indicated in Chapter One (see section 1.4), the researcher adopted a qualitative approach for this study because it was predicted that the caregivers may experience strong feelings connected to caring for children that present with behavioural issues due to early abandonment, or even relive the feelings of loss and bereavement they experienced when the children who they have cared for were taken away. It is human nature, especially for the female gender, to form a bond and build a relationship with the young a person cares for (Mooney 2010:11). As this study was related to the observations and understanding of social life, the researcher adopted a qualitative study.

Since the researcher decided to investigate the research questions according to a qualitative paradigm (see Chapter One, sub-section 1.4.1), the qualitative research approach will be further elaborated on in the next section.

2.2.1 Research approach

The qualitative research approach relates to the research question, as the lived experiences of caregivers are explored in their natural environment (Merriam & Tisdell 2015:15; Creswell 2014:4; Neuman 2014:218; De Vos et al 2011:25; Lietz & Zayas 2010:190).

Qualitative research is an interpretation of the reality individuals assign to their social world (Merriam & Tisdell 2015:24). The researcher explored the perceptions and experiences of caregivers caring for abandoned infants and toddlers living in institutional care. This approach allowed for an in-depth exploration of the true perceptions and experiences of these caregivers. The aim for the elaboration in this

chapter is to give the reader an understanding on how the process of application unfolded from a “rough sketch” to implementation. Neuman (2014:172) states that a research study will start with a vague or moveable topic at the beginning, and the final topic will slowly emerge during the research process.

In line with the above, qualitative research focuses on the experiences of people and the meanings they assign to their social problems (Creswell 2014:4). There is no specific agreed upon structure to follow when applying a qualitative study (Neuman 2014:8; Babbie 2013:112; Creswell 2013:49). However, a qualitative study is a well thought out plan that can change or shift as the researcher enters the field and begins to collect data (Neuman 2014:8; Creswell 2013:47; Walliman 2011:30). The researcher needs to be aware of emergent findings and that the study will not always unfold as initially planned, remaining open to and accepting of these changes (Flick 2014:302). The proposed research plan in Chapter One is an example of an emergent plan, as in this chapter the application of a qualitative study is elaborated on. Neuman (2014:9) suggests that a qualitative study is fluid and flexible when studying human behaviour or social life.

Most importantly, in a qualitative study the researcher has to keep an audit trail in order to validate the trustworthiness and transparency of the study by managing the process and keeping notes of decisions made (Flick 2014:535; Neuman 2014:172; Babbie 2013:355; Schurink et al 2011:407). According to Creswell (2013:333), validity is the intended outcome or goal of a qualitative study, therefore it is very important to keep an audit trail on how the study unfolded. The researcher kept a detailed record of all resources used and cited in this study. Furthermore, the researcher understood the importance of helping the reader to connect the dots of all activities that took place during the process of the study.

In view of the above-mentioned characteristics of a qualitative research approach, the researcher will provide a description in Table 2.1 on how these characteristics were implemented and recorded in this study. This chapter is thus dedicated to the description of how the initial research proposal of this study was applied.

The characteristics of the qualitative approach as described in Chapter One (see sub-section 1.4.1) allowed for a safe, conducive environment where true lived experiences could be expressed (Creswell 2014:185-186; Fouché & Delport 2011a:64-65). These characteristics allowed the researcher to understand the underlying meanings of the participants when they expressed true love and a bond with or attachment to each child in their care, no matter the child's behaviour or background.

Drawing on definitions already given in this report (see Chapter One, sub-section 1.4.1), the discussion now turns to elaborating on the inherent characteristics of qualitative research as defined in Table 2.1.

Table 2.1: Characteristics of qualitative research as implemented

Characteristic	Implementation
<p><i>Qualitative research occurs in the natural setting</i></p>	<p>The qualitative study centres on the methods the researcher will use to learn about peoples’ experiences, expectations, and how they interpret their world (Babbie 2013:62; Delpont et al 2011:297-298). Social research is often related to the design of the inquiry from an anthropology and sociology perspective, where the participants are studied and observed in their natural setting (Creswell & Creswell 2018:13; Bless et al 2013:16). It is important to experience and observe the behaviours of the participants in their natural context, with face-to-face interactions over a prolonged period of time (Creswell & Creswell 2018:181; Fouché & Delpont 2011a:64-65).</p> <p>In view of the above-mentioned, the researcher decided it would be best to interview participants at their workplace/organisation to get a better understanding of their environment. The setting was still private, but within their work environment so that they could still perform their caring duties. This gave the researcher the opportunity to observe their caregiver duties and their interactions with the children, as well as the children’s responses and interactions with their caregivers. According to Mooney (2010:92), observation is key as it gives the researcher an overview of the child’s comfort and attachment to their caregiver, and how the caregiver understands and reacts to the needs of the child.</p> <p>According to Neuman (2014:454), when observing people in their natural setting, people express social environment comfort in various ways, such as through feelings and attitudes, nonverbal communication, facial expressions and gestures, and overall body comfort and discomfort. This gave the researcher an overall view of the participants’ comfort in their work environment. The researcher did notice that participants 1 to 4 felt a bit uncomfortable in expressing their true feelings, as their answers were more</p>

	<p>related to what they felt their management or organisation expected them to say, perhaps in fear of losing their jobs if they are not in consensus with what the organisation expects from them. The researcher reminded them of the ethical concept of confidentiality and that what they say will not be shared with the organisation in any identifiable way.</p>
<p><i>The researcher plays a vital part in the data collection process</i></p>	<p>In support of this characteristic, Creswell and Creswell (2018:181) point out that it is important for qualitative researchers to collect data themselves, through observations of behaviour, interpretation of the environment, and examination of documents. In this study, this related to the roles and responsibilities of caregivers caring for abandoned infants and toddlers living in institutional care. Instruments for data collection may be used, but it is vital to remember that the researcher is a key instrument to the data collection process (Creswell & Creswell 2018:181; Fouché & Delpont 2011a:64-65).</p> <p>Qualitative research is based on gathering field data, where the researcher goes to the field where the phenomenon is being experienced. In turn, the researcher can observe and experience the phenomenon himself/herself (Neuman 2014:453). The researcher was key in the process of collecting data for this study, by visiting the sites of the participants in person. Interviews were conducted within the caregivers' work environment with infants and toddlers in that environment. Therefore, the researcher was able to collect verbal data and observe non-verbal cues from the caregivers' roles and responsibilities, as well as their interactions with their environment.</p>
<p><i>The qualitative researcher collects data from various sources and does not rely merely on one source of data.</i></p>	<p>Data should be collected from multiple sources in order to prove validity. These sources include face-to-face interviews, documents, observations, and literature (Creswell & Creswell 2018:181; Neuman 2014:454; Fouché & Delpont 2011a:64-65).</p>

The researcher studied policies and legislation related to the protection and best interest of the child living in institutional care. The legislation includes:

- ❖ **The Constitution of South Africa, 1996 (South Africa 1996: section 28):** The Constitution recognises and guarantees the rights of all children to support and services to ensure their well-being and survival; protection from abuse, neglect and exploitation; and development to their full potential.
- ❖ **Children’s Act 38 of 2005 (South Africa 2006):** The current Children’s Act is a comprehensive law developed through an extensive nationwide review of the apartheid-era Child Care Act and system. It adopts a holistic and developmental approach to the care and protection of children, and seeks to give effect to South Africa’s responsibilities to children under the Constitution.
- ❖ **Children’s Act Guide for Child & Youth Care Workers (Jamieson 2013):** The guide is written for child and youth care workers (CYCWs), and it focuses on the parts of the Children’s Act that are most relevant to them. It includes policies and legislation for the registration of a CYCC.
- ❖ **National Plan of Action for Children (NPAC): Discussion Document for Children (2012):** The NPAC calls for coordinated, rights-based measures to ensure that all children are protected and allowed to develop to their full potential. It outlines South Africa’s goals and objectives and the responsibilities of different role players.
- ❖ **National Integrated Early Childhood Development Policy (2015):** The National Integrated Early Childhood Development Policy 2015 recognises that development, especially in the earliest years of a child’s life, is key to the equalisation of children’s opportunities to develop to their full potential and to the attainment of the country’s national development goals. It mandates and prioritises the public provision of a comprehensive continuum of care and protection services for young children, especially in their first 1000 days when risks are the greatest and investments yield the highest developmental returns.

	<p>Then the researcher visited each CYCC to interact with the staff and children in order to get a feel for and understanding of their daily lives. According to Neuman (2014:454), the researcher should observe physical surroundings, as well as people’s actions and interactions, noting observable characteristics such as age, gender, race, and stature. The researcher compiled a list of biographical questions, as mentioned in the previous chapter (see sub-section 1.5.3.2), and these questions were then used in assessment to Erikson’s stages of development to understand the stage each participant is in. These stages are described in Chapter Three (see sub-section 3.2.1).</p> <p>Lastly, observations played a large role. The researcher observed the interactions and bond between the caregivers and children. Most children had their preferred caregiver that they formed an attachment with.</p>
<p><i>In qualitative research, data analysis is done inductively.</i></p>	<p>Inductive and deductive analysis both strive to construct valid data. Inductive analysis of data aims to build patterns and develop themes, where deductive analysis aims to test these developed themes against existing literature (Creswell & Creswell 2018:181-182). According to Neuman (2014:95), when working deductively and inductively, the researcher will be able to distinguish true ideas from false ones while studying broad realities such as those in a social study. People who interact with each other over a period of time usually develop shared experiences and themes.</p> <p>The researcher conducted 15 interviews at 10 different individual children’s homes. These homes had limited interactions with each other due to the demands and responsibilities of caring for many infants and toddlers at a time. Though there were many underlying similarities, all the interviews were different as these caregivers have all processed their experiences differently. In other words, the wording they used to express their experiences differed, even though their experiences were very similar. According to</p>

	<p>Babbie (2013:21), inductive reasoning moves from observations to the discovery of patterns. Therefore, these similarities started forming patterns.</p>
<p><i>Understanding the underlying meanings participants apply to a phenomenon.</i></p>	<p>During the process of data collection and analysis, the researcher kept her focus on learning the meaning participants have attached to the phenomenon under study (Creswell & Creswell 2018:182; Babbie 2013:390). A qualitative researcher listens carefully to both verbal (i.e., spoken words) and non-verbal communication (e.g., gestures and facial expressions), as well as implied and underlying meanings the participant places on events or situations (Neuman 2014:454). Words and symbols in the world of the participant will have a different meaning than in the researcher's world (Neuman 2014:455).</p> <p>The researcher was sensitive to how the participants interpreted and explained their caregiving world; how they experience and feel during their daily tasks. It was clear that all caregivers demonstrated much love for the children they cared for, no matter their backgrounds or the fear that the child will be taken and placed in another care arrangement. According to Walliman (2011:89), underlying patterns can also be communicated in the form of associations, and in this contact study, observations proved the clear interaction and relationships between caregivers and the children they care for.</p>
<p><i>In qualitative research, a flexible rather than a prearranged or predetermined research design is selected.</i></p>	<p>The qualitative researcher should always be open to emergent changes during the study (Creswell & Creswell 2018:182). The research design should not be set in stone, but rather be flexible, iterative, and continuous (Babbie 2013:348). This means that there could always be a change in the process of collecting data; for instance, the site might change, personal circumstances of the participants might change, or there might be a change in the questions either before or during the interview session.</p> <p>During the process of data collection, the world experienced an international pandemic with COVID-19. South Africa went into national lockdown for months on end and face-to-face interviews proved difficult to</p>

	<p>schedule due to social distancing rules and the fear of infection. This did not just represent a risk for the researcher and participants, but also a phenomenally large risk for the organisations and the vulnerable children these caregivers care for. The researcher therefore waited patiently instead of putting pressure on the participants to allow them to decide on a date and time that felt safe for them to partake in the interview. Most interviews only took place from lockdown level 2 and below. Covid-19 precautions and guidelines are explained in participant recruitment and initial preparation (see sub-section 2.4.3)</p> <p>Scheduled interviews or appointment times were flexible, as these homes work with young children, which indicates that there can always be unforeseen emergencies, such as medical emergencies, court appointments, social worker visits, or new intakes of abandoned babies. According to Neuman (2014:454), waited time is not always wasted time, as schedules can change, but this gives the researcher opportunity for reflection, observing details, developing social relations, building a rapport, and becoming familiar with the site(s).</p>
<p><i>Qualitative research is context-dependant.</i></p>	<p>Qualitative research is context-dependent and the researcher needs to understand the influences the environment has on the participants (Creswell & Creswell 2018:182; Flick 2014:173; Neuman 2014:454). According to Cibangu (2012:112-113), qualitative research looks at data within the context of the real-life experiences of the participants, past or present.</p> <p>The researcher should ask questions such as (Neuman 2014:454):</p> <ul style="list-style-type: none"> ❖ How did the participant position themselves in their group? ❖ Are people standing together? Do they look relaxed? Are they interacting and making eye contact? (Social cues). ❖ What happened in the past and what is predicted for the future?

Firstly, the researcher observed the caregivers' positions, noticing a notable distinction between management and caregivers. Caregivers were more involved with the direct care of the children (e.g., feeding, changing nappies, comforting, etc.), while management played a supervisory role in the overall needs of the households (e.g., maintenance, routines, purchase orders, medical, staff management and leave days, donations, finances).

Secondly, in most of the homes visited, the researcher had an opportunity to observe the interactions between caregivers. In the homes where observation was possible, the caregivers seemed quite relaxed and related well to each other while working in a group. There was good eye contact and shared laughter amongst them.

Concerning past experiences, as with the case study of Baby A in the previous chapter (see Chapter One, sub-section 1.1.3), many of the caregivers have previously experienced medical emergencies with the children in their care that have left an existing fear of ill children in the present and in future when new children are placed in their care. The caregivers also showed sadness in some instances and happiness in others when they had to say goodbye to the children they have cared when these children were adopted, placed in foster care, or reunited with family. This is a form of bereavement when a child is placed out of the care centre. This might also cause predisposed fears of attaching to a child if a caregiver knows that the child will leave again in the future. However, with the researcher's observations regarding the interactions between the caregivers and the children, it was quite evident that they do care for and love the children tremendously.

	<p>Lastly, the researcher understood that these organisations are non-profit and not government funded, therefore they rely on donations and individual sponsors. The researcher observed that they were incredibly grateful for donations received. It seems as though finance and material donations play a large role in their daily sustainability.</p>
<p><i>Qualitative research is reflexive in nature.</i></p>	<p>The qualitative researcher needs to reflect on his/her own role in the study; how personal opinions and experiences can influence the collected data or outcome of the study (Creswell & Creswell 2018:182). The qualitative researcher therefore needs to be objective and sensitive to how his/her influence can move the direction of the study (Creswell & Creswell 2018:182; Babbie 2013:408).</p> <p>The four features of reflexive science, according to Neuman (2014:117), are as follows:</p> <ul style="list-style-type: none"> ❖ During interactions between the researcher and the participants, disruptions or disturbances that develop out of this mutual interaction can bring about a better understanding of the caregivers' social lives. ❖ The researcher adopts the participants' views of their caregiving world, but adds on observations from her own world. ❖ The researcher sees the world of the caregiver from the inside out (from the viewpoint of the participant) and from the outside inwards (from the viewpoints of outsiders). In this instance, the researcher observed and interacted with volunteers while visiting these organisations. ❖ The researcher constantly builds on the developing theory while interacting with participants and reviewing literature. <p>In this study the researcher had to be mindful of her own background and views, especially when the participants displayed views different than her own. The researcher herself has been working with</p>

	<p>abandoned infants and toddlers for the past 11 years. There were also cultural differences between the researcher and the participants. The researcher embraced these differences as a personal learning opportunity to provide the best holistic care for each vulnerable child. The researcher further probed for understanding when answers were unclear, but with most participants and questions the researcher could relate to the underlying meanings. The preparation in this regard related to the ethical principles of respect, by allowing the participants to express their experiences from their own frame of reference. Lastly, the researcher did some self-reflection after each interview to ensure an accurate sensitivity to all aspects.</p>
<p><i>Qualitative research is holistic in nature.</i></p>	<p>The qualitative researcher needs to report multiple perspectives, environments, or personal experiences, developing a larger picture on how the phenomenon is experienced (Creswell & Creswell 2018:182; Neuman 2014:42; Fouché & Delport 2011a:64-65). In a holistic approach, the life story of a person is viewed as a whole by including all aspects that could affect how they have constructed their reality in understanding and experiencing the phenomenon under study (Merriam & Tisdell 2015:231; Flick 2014:27).</p> <p>The approach was holistic and inductive in nature. This holistic approach was undertaken by reporting multiple caregivers' perceptions, identifying the many factors that contributed to forming these perceptions, and forming a larger depiction of the experiences of the caregivers who work with abandoned children in institutional care. The researcher therefore was not bound by relationships, but rather focused on identifying contributing factors in any given situation.</p>

These characteristics humanise the lived experiences of caregivers caring for abandoned infants and toddlers living in institutional care, thereby concluding that the qualitative approach is effective towards attaining the goal of this study. In the next session the research design is addressed.

2.3 THE RESEARCH DESIGN AND HOW IT WAS APPLIED

Just to recap on the meaning of the research design and to set the scene for the manner in which it was applied: a research design is described as the plan the researcher develops in conducting the study (Creswell 2013:49; Walliman 2011:9). According to Neuman (2014:165), in a qualitative research design the researcher emerges himself/herself fully into the data by being alert to new insights throughout the data collection process. The qualitative research design is flexible in nature and evolves throughout the research process (Babbie 2013:112; Fouché & Delport 2011a:66).

Research designs are based on the assumptions that are attached to a phenomenon and aim to answer the research questions (Merriam & Tisdell 2015:238). According to Bhattacharjee (2012:41), a researcher tends to choose a research design that they feel most competent to handle, but ideally the research design should relate more to answering the phenomenon being studied. Understanding is the primary rationale for the investigation (Merriam & Tisdell 2015:238).

As indicated in the previous chapter (see sub-section 1.4.2), the initial plan of the researcher was to make use of the phenomenological, explorative, descriptive, and contextual designs. These research designs were adopted and implemented as envisaged in the original plan (Chapter One). In the next section the researcher will elaborate on the manner in which these designs were implemented.

2.3.1 Phenomenological research design

Although the phenomenological research design was mentioned in the previous chapter (see sub-section 1.4.2.1) by way of introduction, its implementation will now be expanded on and explained as part of the strategy of inquiry in this study.

The aim of this study was to explore and then describe the experiences and perceptions of caregivers caring for abandoned infants and toddlers living in institutional care. The phenomenological design, also known as the interpretive approach, determines how people interpret their world through real-life lived experiences (Merriam & Tisdell 2015:207-208; Creswell 2014:14; Fox & Bayat 2014:17; Bryman 2012:30; De Vos et al 2011:8). Real life experiences refer to the individual's conscious experiences (Bhattacharjee 2012:109; Fouché & Schurink 2011:316). The view of the participant is the foundation of the study and indicates the starting point (Flick 2014:143).

This design looks at the balance between natural science and social science (Bryman 2012:30). This is in line with the numerous studies done regarding the effect early abandonment has on young children and the developing brain (natural science), and how caregivers experience (social science) the effects of early abandonment of infants and toddlers that have no or very limited vocabulary skills. The researcher needs to consider the essence of the shared experience itself and how the phenomenon is experienced and altered into awareness within the natural and social settings of the participants (Merriam & Tisdell 2015:25-26).

According to Bhattacharjee (2012:109), phenomenology is concerned with the reflection and analysis of a phenomenon related to conscious experiences of individuals, such as judgement, perceptions, and actions, with the goal of:

- ❖ describing the social reality responsible for the participants' perspectives; and
- ❖ understanding the deeper meaning that the participants apply to these experiences.

The purpose of a phenomenological design is to guide the researcher in reflecting on the experiences of the participants while suspending judgement, in order for the

researcher to understand the lived experiences of the phenomenon through the eyes of the participants (Merriam & Tisdell 2015:227). Bryman (2012:30) further states that the benefit of the phenomenological design is the fact that social reality has meaning to humans, therefore their actions are meaningful, and secondly it is the duty of the researcher to interpret these humanly actions from the participant's point of view.

This is mainly implemented by means of a naturalistic method approach, such as recording everyday conversations, and not explicit methods such as interviews (Fouché & Schurink 2011:316-317). Researchers should distance themselves from any preconceptions or judgements (Merriam & Tisdell 2015:240).

The researcher followed the phenomenological research design by placing a descriptive value on the lived experiences of caregivers caring for abandoned infants and toddlers, in relation to their social and personal influences of formed perception within their environment or workplace. These descriptions that were formed through data collection and exploration deepened the researcher's understanding of the research topic, which has not been studied extensively before.

In the next section the exploration and description of a research design is explained further.

2.3.2 Explorative research design

The explorative research design was mentioned in the previous chapter (see subsection 1.4.2.2); in this chapter it will be defined in line with the research content. A large portion of qualitative research is explorative in nature in order to gain an understanding of the experienced phenomenon (Fox & Bayat 2014:30). This design is used when little is known about the subject under study and it has not been explored yet (Neuman 2011:38).

Since one of the researcher's research objectives relate to exploration, namely to explore the perceptions and experiences of caregivers caring for abandoned infants and toddlers in institutional care, she noted the importance of including the

explorative research design as part of the strategy of inquiry, just as initially planned in the research proposal.

In a qualitative study the researcher should follow an exploratory aim, rather than a deductive, declarative, or testing manner of collecting data (Flick 2014:525). The exploratory report clears the way for a more refined study on the research question (Babbie 2013:513). The researcher wanted to explore a new topic that has not been explored by previous studies.

According to Neuman (2014:38), Babbie (2013:90), and Bhattacharjee (2012:5), exploratory designs are used for the following purposes:

- ❖ To satisfy the researcher's curiosity and need for a better understanding.
- ❖ To become familiar with the facts, settings, and concerns of the phenomenon.
- ❖ To create a general mental picture of the phenomenon.
- ❖ To generate new ideas for the hypotheses.
- ❖ To test the feasibility of future studies on the topic.
- ❖ To develop techniques and methods of measuring validity, to be implemented in any subsequent study.

The explorative design familiarises the researcher with the phenomenon under study by providing insights into the specific situation (Babbie 2013:90; Fouché & De Vos 2011:95-96). The main shortcoming of using an exploratory study is that it rarely answers the research question in a satisfactory way, though it does form the basis for the collection of information to understand the phenomenon under study (Babbie 2013:91). The exploratory approach is used for a smaller scale study and cannot always be applied to the larger population (Walliman 2011:33). The researcher used this design to explore the caregivers' true perceptions and experiences regarding caring for abandoned infants and toddlers living in institutional care, as originally planned.

The characteristics of an exploratory researcher are:

- ❖ Creative
- ❖ Open-minded
- ❖ Flexible

- ❖ Investigative character
- ❖ Explores all sources of information

Exploratory designs are used for field research (Neuman 2014:51). The researcher visited each participant's site of employment to observe and experience their environment and the care they provide for these children personally, before conducting the interview. This enabled her to get a feel for what their daily routines and responsibilities are, how they experience the children they care for, and how the children experience and interact with their caregivers. Thus, the exploratory approach to gathering information has led to a very interesting final product.

In the next section a detailed description of the descriptive research design is given.

2.3.3 Descriptive research design

Referring to the research objectives as in an exploratory design, the researcher also had a descriptive objective, namely, to describe the views, perceptions, and experiences of caregivers in relation to caring for abandoned infants and toddlers in institutional care. Thus, the descriptive design was included and further defined in this chapter.

A study focusing on social regularities of everyday life is called an ethnographic analysis and is descriptive in nature (Merriam & Tisdell 2015:229). The primary purpose of a descriptive study is to paint a picture of the experienced phenomenon using words (Neuman 2014:38).

As described by Fox and Bayat (2014:8), a descriptive method to the research design is applied when information does not exist in order to solve the issues experienced. It is aimed at making a detailed documentation of the phenomenon under study (Bhattacharjee 2012:6). This design answers the what, how, where, and when or why questions (Babbie 2013:92). In this instance, little was known about the topic under study, but by using the data collection method of semi-structured interviews, the researcher was able to obtain a true account of each participants' perception and experience regarding the phenomenon under study.

Qualitative data is descriptive or interpretive, as it cannot be measured or counted. It describes the essential human activities and attributes, such as a person's beliefs, morals, customs, and ideas (Walliman 2011:732-73). This design relies on the observations of exploratory situations or events in discovering what the norm is (Babbie 2013:91; Walliman 2011:10). A qualitative researcher should be more inclined to report a descriptive account of data collected throughout the study (Bryman 2012:401).

Findings can be presented in well-organised, descriptive accounts, listing data in categories or identified themes, but more so data can also be described in the form of theories and models (Merriam & Tisdell 2015:202; Flick 2014:24). This form of descriptive sorting allows for the data on the topic to be tabled and physically separated from other unrelated data (Flick 2014:24). A descriptive design thus forms a large part of the coding and categorisation of qualitative data.

The researcher found the descriptive design applicable to this study, as described in the previous chapter (see sub-section 1.4.2.3), since no previous studies were found during the literature search regarding the experiences of caregivers caring for infants and toddlers living in institutional care (see section 1.1). The inclusion of the descriptive research design allowed for an in-depth understanding of and insight into the perception and experiences of these caregivers.

In the next section the contextual research design and the importance of its inclusion in this study are discussed, as it takes into account the whole context of the person experiencing the phenomenon.

2.3.4 Contextual research design

As described in the previous chapter (see sub-section 1.4.2.4), the contextual research design is mainly focused on making sense of human behaviour by examining personal perceptions and experiences (Bryman 2012:401; Walliman 2011:8). Bryman (2012:75) further states that the needs of a qualitative study are to gain contextual insight into the social world being studied. In this chapter the

researcher will expand on the previous information and illustrate how the contextual research design was applied in this study.

According to Babbie (2013:395), the meaning participants attached to their verbal expressions should be understood contextually, as these meanings can differ in different settings. Analysis of data should be interpreted in a contextual manner, including language, signs, and meanings that the participants attached to the phenomenon (Bhattacharjee 2012:104). It is also important for the researcher to have contextual data available to understand and describe the setting where the phenomenon occurs (Creswell 2013:123). Furthermore, Creswell (2013:150) states that when the researcher collects data from various sites experiencing the phenomenon, it will provide important contextual information. Therefore, the researcher focused on the personal and relational contexts of the caregivers and the community they are a part of when describing their views, perceptions, and experiences in caring for abandoned infants and toddlers living in institutional care.

The researcher can use the contextual design to gain honest answers regarding sensitive topics, by asking for examples of behaviours (Merriam & Tisdell 2015:234; Neuman 2014:329). In this way the data were interpreted in the unique context of each perception as the examples unfolded, describing a particular instance, setting, or event (Flick 2014:26). In doing this, it puts less pressure on the participant to name an experience, but rather allows him/her to describe an experience through observed behaviour.

For example, it was clear to the researcher that some participants did not know how to use the terms 'trauma' or 'adverse effects' when discussing the effects on abandoned infants and toddlers during the interview process, though all of the participants mentioned abnormal behaviours in children that have experienced early abandonment. To explore the full context of the experience, the researcher asked the participants to explain the observed behaviour by giving examples.

2.4 THE RESEARCH APPLIED

As described in the previous chapter (see section 1.5), the research methods define the way in which the required data will be collected for this study and through which avenues. More so, they define how the researcher will implement the process of data collection (Babbie 2013:23). The research design comprises the process, tools, and techniques used for doing research (Walliman 2011:1). According to Fouché and Delport (2011b:110), the research method or research approach must include information on the population and sample, as well as a description of the specific methods or instruments used for data collection and how these instruments were administered.

In the following section, the proposed research methods as mentioned in Chapter One (see section 1.5) are revisited, elaborated on, and described in terms of how they were implemented in this study. Furthermore, the researcher plans to explain any changes to the initial plan relating to the chosen research methods.

2.4.1 Population, sampling, and sampling techniques

The term population was introduced in the previous chapter (see sub-section 1.5.1), where Neuman (2011:241) describes the term “population” as the selection or group from which the sample is selected to participate in the study, but also the group to which the results of the study will apply. The population comprised the whole group of cases that have something in common and can be applied to the larger group (Brynard et al 2014:57; Babbie 2013:115). In this chapter, clarity will be given on the population in setting the scene for its application.

According to Fouché and Delport (2011b:110), the following questions should be answered regarding the research population:

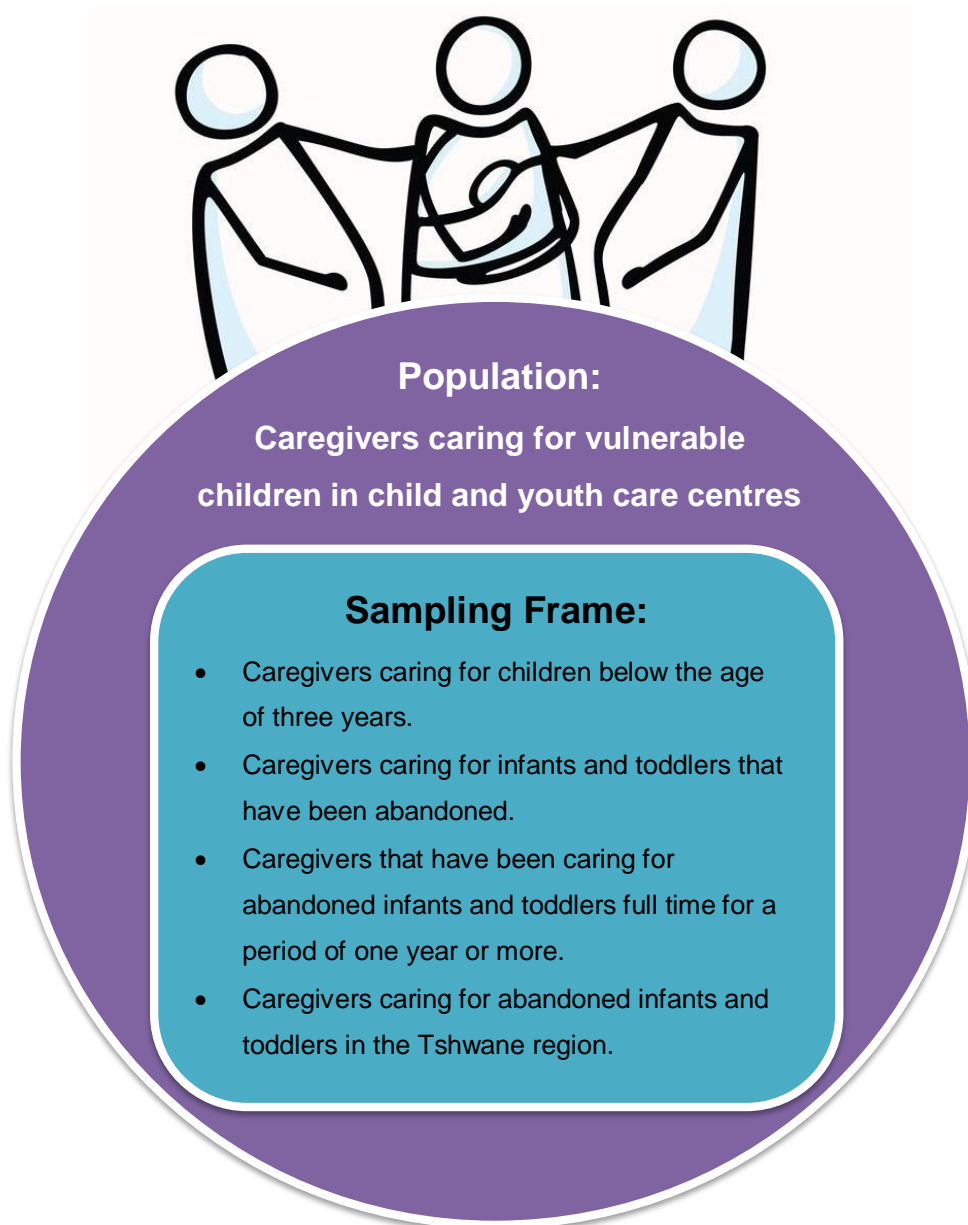
- ❖ Who makes up the study population?
- ❖ Can each element of the study population be identified?
- ❖ If yes, how will this be done?
- ❖ Will a sample of the total population be studied?
- ❖ If a sample is selected, how will this be done?

Research studies are usually undertaken to generalise to larger populations; therefore, a brief statement is required to describe the population (Fouché & Delport 2011b:110).

As was originally contemplated, the population for this study consisted of caregivers currently caring for abandoned infants and toddlers at registered institutional CYCCs in the Tshwane region. The researcher had access to two children's homes that cared specifically for abandoned infants and toddlers, as participation was discussed with them prior to commencement of the study. More homes were identified through referrals by these participants. The study ended up with 10 participating CYCCs. Once the population was clearly defined and demarcated, the researcher had to draw a sample.

Sampling refers to the group of participants selected for the study that represents a larger population (Brynard et al 2014:57; Neuman 2011:240; Gravetter & Forzano 2003:465). Figure 2.1 depicts the sampling frame developed by the researcher for caregivers working at CYCCs, to fit in with the research target, as described by Walliman (2011:94).

Figure 2.1: Sample frame of participants



Qualitative sample size can increase or decrease based on the saturation of data (Neuman 2014:167; Babbie 2013:142; Lietz & Zayas 2010:196). The recruitment of participants depends on the phenomenon to be investigated (Neuman 2014:249). Regarding sample size, Creswell (2013:301) further describes that in qualitative research one should study only a few individuals and sites, but collect extensive and detailed information from these individuals and sites through observations. For the purposes of this study, the researcher adopted purposive and snowball sampling as types of non-probability sampling, which will be discussed below:

- **Purposive sampling**

In order to obtain a sample for the study, the researcher used purposive sampling as one of the sampling methods. Sampling refers to the action in which the researcher selects elements to be observed, based on the researcher's own conclusions about which elements will be best suited to the purpose of the research (Maxfield & Babbie 2012:153; Bachman & Schutt 2011:129). In this instance, and as described in the sample frame (see Figure 2.1), the research participants were chosen according to their validity and contribution towards the purpose of this study, fitting the sample frame criteria.

As planned, the researcher used purposive sampling in line with the inclusion criteria, as introduced in the previous chapter (see sub-section 1.5.2). The process followed in implementing purposive sampling is as follows:

- ❖ Participants were recruited based on the data they could provide and their applicability to the topic under study.
- ❖ The sample group had the attributes of and represented the larger population of caregivers caring for abandoned infants and toddlers living in institutional care.

The inclusion criteria (see Chapter One, sub-section 1.5.2) stated that the focus will be placed on female caregivers who are required to fulfil the motherly and primary attachment role for each abandoned infant and toddler. However, during the study and interviews, two housefathers asked if they could add their experience to this study as well. The researcher allowed them to partake, and noticed their experiences were quite similar to that of the female caregivers.

The inclusion and exclusion criteria were adjusted to include two male participants (housefathers) and depicted in Table 2.2 below.

Table 2.2: Adjusted inclusion and exclusion criteria for caregiver participants

Original Inclusion Criteria	Adjusted Inclusion Criteria
a. Caregivers caring for abandoned infants and toddlers in registered institutional CYCCs in and around Tshwane.	- No adjustment made.
b. Caregivers with at least one year's working experience at one centre with the same infants and toddlers. This would have given them ample opportunity to observe the effects of early abandonment on infants and toddlers over a period of time.	- No adjustment made.
c. Female caregivers who are required to fulfil the motherly and primary attachment role of each abandoned infant and toddler.	<i>c. Male and female caregivers who are required to fulfil the primary attachment role of each abandoned infant and toddler.</i>
d. Participants who understand English.	- No adjustment made.
e. Participants who are available and willing to participate.	- No adjustment made.
f. For practical and financial reasons (primarily transport costs), the participants need to reside in the Tshwane region.	- No adjustment made.
Original Exclusion Criteria	Adjusted Exclusion Criteria
a. Caregivers who have no or minimal experiences caring for abandoned infants and toddlers at institutional CYCCs.	- No adjustment made.
b. Caregivers caring for abandoned children in regions other than Tshwane.	- No adjustment made.
c. Caregivers who are not female.	<i>c. Exclusion criteria removed.</i>
d. Participants who do not understand English.	- No adjustment made.

e. Participants who are not employed at a care centre in the Tshwane region.	- No adjustment made.
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Participants complying with the above criteria were identified and included in both the pilot study and the research.

- **Snowball sampling**

For the purposes of the study, the researcher included snowball sampling. Snowball sampling is used when there is limited access to participants and no knowledge of the sampling frame (Strydom & Delport 2011:393). This sampling method was useful during the COVID-19 pandemic, as caregivers from homes that the researcher interviewed assisted the researcher in getting access to caregivers from other homes. Most CYCCs were closed for any visits during the national lockdown period and therefore it was almost impossible to enter without a good gatekeeper reference. According to Babbie (2013:129), the snowball sampling technique is used when access to a sample of a population is problematic.

2.4.2 Negotiating access to caregiver participants fitting the inclusion criteria

From the initial research proposal, the researcher understood the importance of finding gatekeepers to obtain access to the research study site. This proved true, especially with the difficulty of accessing children’s homes during the national COVID-19 lockdown from level 5 all the way down to level 1. According to Fouché and Schurink (2011:325), a gatekeeper can provide approved access to research groups, sites, or participants and is therefore regarded as an individual with authority on behalf of the targeted sample population.

The researcher gained access to the first children’s home to conduct the study and asked the management board to assist the researcher in finding an accessible connection into sister organisations. This is a clear example of how the snowball sampling method was implemented and used.

According to Flick (2014:57), exploring the phenomenon is key, therefore the researcher should maintain access to the voices or lived experiences of participants. Furthermore, as stated by Flick (2014:57), the researcher should keep in mind that the number of participants does not depict the value of the study; rather, it is determined by the richness of the data collected. A principal concept when accessing study sites is that the researcher should never be deceitful about the study in any way when presenting it to prospective participants (Neuman 2014:151). The researcher emailed a formal letter to organisation heads and management to request permission to conduct the study at their organisation (see Addendum A). This letter contained the goal of the study, participant inclusion and exclusion criteria, expectations of participation, ethical considerations, possible negative consequences of participation, and a plan on how data will be presented in a journal format after the completion of the study.

In the next section a description of participant recruitment is given.

2.4.3 Participant recruitment and initial preparation

The need to prepare for data collection is as critical as the data collection process itself (Merriam & Tisdell 2015:200; Fouché & Schurink 2011:327). Neuman (2014:145) states that preparation includes the process of considering ethical principles when working with people. This section includes a description on the recruitment of participants and the preparation of data collection, as well as the pilot test.

2.4.3.1 Recruitment

In order to gain access to participating organisations and caregivers, the researcher used the process of negotiating access with gatekeepers. The researcher should build a relationship with the gatekeeper in order to vouch for the researcher in the community where the phenomenon is experienced (Flick 2014:517; Neuman 2014:441).

The first gatekeeper the researcher used was a director of a large organisation who cares for vulnerable children (between birth and 18 years of age), and who has had various projects in two different provinces for almost 20 years. This gatekeeper then assisted the researcher in gaining access to four children’s homes. One of these children’s homes assisted the researcher in gaining access to another two children’s homes. The researcher then approached a statutory social worker at a well-known child protection unit in Sunnyside that assisted as gatekeeper to four more children’s homes.

Table 2.3 below illustrates the process of gaining access to and recruiting participants for this study.

Table 2.3: Recruitment Process

Recruitment method	Participant(s) ⁵
Referred via a child activist for vulnerable children in Gauteng and the Western Cape	<ul style="list-style-type: none"> * Ina * Carol * Pat * Ella * Anna * Helen
Referred via the director of a participating organisation	<ul style="list-style-type: none"> * Betsy * Winnie * Maria * Brenda * Sherri
Referred via a designated social worker	<ul style="list-style-type: none"> * Lee * Portia * Theresa * Chantel

After the participants were recruited, screened, and prepared by using the participant information sheet (Addendum B), the researcher could continue with the process of data collection, as explained in the next section. It is important to note that data collection entailed cross-cultural interviews, with a White, Afrikaans-speaking researcher and participants from different races. All participants could

⁵ Pseudonyms were used to protect the anonymity of the participants.

understand and speak English, but three participants (Betsy, Lee, and Maria⁶) asked to answer the interviews in Afrikaans. The Afrikaans interviews were subsequently translated into English. Therefore, a brief discussion on cross-cultural research will follow below.

- **Cross-cultural research**

The researcher should be sensitive to the meanings participants attach to their words by considering their culture (Neuman 2014:527). Beliefs, values, customs, performance, social context, education, and grammar can be different across cultures (Merriam & Tisdell 2015:232; Babbie 2013:314). It is important for the researcher to be objective when working with different cultures (Bryman 2012:32).

The researcher should make use of interviewing skills to ensure the cultural differences amongst participants do not interfere with the credibility of the data (Greeff 2011:343). As described and applied in Chapter One (see Table 1.4), the researcher used various interviewing skills during the data collection process to ensure that cultural differences and the meaning participants ascribed to their wording were understood. Each participant was given the opportunity to express their own experiences within their organisations, communities, religious backgrounds, and beliefs, without the researcher questioning or correcting their views.

The researcher took the following precautions to data collection in protection of the researcher, participants and participating organisation (University of South Africa covid-19 guidelines: Implications of alert levels for researchers and postgraduate students 2020).

- When the researcher or participant, or any other member at the participating organisation feels unwell, the intended meeting for data collection will be cancelled and moved to another appropriate date.
- Telephonic pre-screening and interview preparations will be done before each face-to-face interview.

⁶ Pseudonyms were used to protect the anonymity of the participants.

- The researcher will submit herself to daily screening and any other screenings or requirements of participating organisations, including the wearing of protective equipment such as masks and face screens.
- When the visit can go ahead, the following procedures will be followed by the researcher:
 - ✓ Wearing an appropriate surgical or cloth mask. Advising participants not to touch their faces and do the same.
 - ✓ Sanitiser and sealed masks will be given to participants if needed.
 - ✓ A pre-screening test will be done by measuring the temperature of the researcher and participants.
 - ✓ Keeping of a physical distance of 2 meters at all times.
 - ✓ Sanitising and cleaning of surfaces that will be in use, before and after each meeting.
 - ✓ The exchange of paper between participants and researcher should be avoided and consent forms will be received electronically.

These Covid-19 precautions were discussed with each participant telephonically before the initial contact and interview commenced, to ensure participants feel comfortable participating in a study during the experienced National pandemic.

In the next section the researcher discusses how the preparation for data collection unfolded.

2.4.3.2 Preparation for data collection

The need to prepare for data collection is as important as the data collection process itself (Bryman 2012:12; Fouché & Delport 2011a:70). As previously described (see Chapter One, sub-section 1.5.3.1) after permission has been obtained from organisation heads to interview caregivers at the participating centres, the researcher arranged individual interviews with each prospective participant.

The researcher used the following steps in preparing the participants for the interviews, as described by Bless et al (2013:32):

- The researcher sent a message to each prospective participant, explaining the research topic and why the researcher felt they would be valuable to the study.

When participants responded with a desire to participate, the researcher contacted them telephonically and elaborated, including a description of the possible risks and benefits of this study.

- Each participating organisation received a personalised letter to request permission to conduct the study (Addendum A).
- The participants were then emailed the informed consent letter (Addendum C) and the participant information sheet (Addendum B).
- The participants received the semi-structured interview guide (Addendum G) to give them an understanding of the questions that would be asked.
- The participants were informed that the interviews would be recorded, but that they would be used in a confidential manner and transcribed. The researcher showed the participants an example of a transcribed interview using a pseudonym. The consent for recording was included in the consent form for participation (Addendum C).
- Lastly, the researcher allowed the participants to ask clarifying questions regarding the study and what the data collection process would entail.

In preparation of recruiting possible participants, the researcher first approached the organisation head of each CYCC. She provided the organisation heads with detailed information on the research topic and the intent of the research, namely, to explore caregivers' perceptions and experiences in caring for abandoned infants and toddlers, as well as to proffer suggestions for social worker support.

Keeping in mind the importance of ensuring validity and reliability by keeping an audit trail, the researcher should also keep a record of who was recruited to participate in this study and how it was done (Flick 2014:535). The researcher kept record of all communication between herself and the participants that agreed to participate in the study, as well as the signed documentation in which these participants consented to participate and acknowledged that they understood the research topic.

In the next section the researcher will describe she prepared for the interviews.

2.4.3.3 *Preparing for interviews*

Preparing for interviews is very important as the researcher will enter the personal world of the participants (Neuman 2014:455; De Vos et al 2011:25; Flick 2009:106). As previously discussed in Chapter One (see Table 1.4), the researcher reviewed and studied the necessary interviewing skills again for application.

With each interview session the aim was to ensure that the most valuable data are collected concerning the research topic, by planning an outline of how a qualitative research interview should unfold. The researcher used the following interview tips when preparing for the interviews, as suggested by Greeff (2011:343):

- ❖ The point of an interviews is for a participant to tell their story, therefore doing 90% of the talking.
- ❖ Keep questions short and clear.
- ❖ Ask questions one at a time.
- ❖ Questions should be open-ended to allow the participants to elaborate.
- ❖ Avoid sensitive questions, as this might bring a sense of unease to the interview session.
- ❖ Ask questions regarding experiences before asking opinion questions.
- ❖ Funnel questions from general to specific in relation to the topic.
- ❖ General questions can open a dialogue between the researcher and the participant.
- ❖ Ask questions or ask for clarification when you do not understand a response.
- ❖ Always avoid leading questions.
- ❖ Key questions should be repeated throughout the interview.
- ❖ Encourage free speech, but maintain control of where it leads so that the interview does not go too far off track.
- ❖ Allow for pauses in the session and do not push the participants to answer, as rushing them might fluster the participants.
- ❖ Return to previous points in the interview when needed.
- ❖ Use creative ways to ask the caregivers for their opinions regarding a similar theme that has come up in previous interviews. For instance: “Have you heard other participants mention separation anxiety amongst abandoned children?” or “Have you noticed anything similar?”

- ❖ Conclude the interview by asking the participant if there is anything else they would like to add to any of their answers.
- ❖ The interviewer should never interrupt a good story and always show interest in what the participants are passionate about. In this instance, minimal probes from the researcher are required.
- ❖ Follow up on what the participant is saying.
- ❖ The researcher should follow his/her hunches.
- ❖ Always include or explore laughter during the interview.
- ❖ Be sensitive to a change in the participant's emotions and adjust the interview when you sense unease or discomfort.
- ❖ Keep the participant focused on the topic by gently steering them back when they go off track.
- ❖ Do not switch the tape recorder on and off during the interview, as it focuses unnecessary attention on the electronic device within the session.
- ❖ Always end the interview at a reasonable time.
- ❖ Be alert, even when you have switched off the tape recorder; the interview is not always over.
- ❖ Do not use the interview to show off the researcher's knowledge regarding the field or topic, as all focus should be on the experience and perspective of the participant.

The researcher made notes of the interview tips on the prepared interview guide (Addendum G) and conducted the first three pilot test as an exercise. A description of the pilot test follows after the section on the recording of interviews.

2.4.3.4 *Recording of interviews*

In this section the researcher provides an overview of the logistical aspects of recording during face-to-face, semi-structured interviews.

Interviewing is the principal method of collecting data in a qualitative study (Flick 2014:51; Greeff 2011:342). It is a suitable method for questions that requires probing to obtain rich data (Walliman 2011:99). A face-to-face interview is a personal interaction between the participant and the researcher (Neuman 2014:51).

It gives an opportunity to observe confusion and assists the participants in understanding the questions when needed (Walliman 2011:100). Face-to-face interviews provide a platform for the researcher to get know the participants in a personal, in-depth manner (Babbie 2013:345).

Furthermore, the physical setting needs to be conducive to create a relaxed and engaging atmosphere, but should also ensure privacy (Bless et al 2013:204; Greeff 2011:353). The conducting and recording of interviews and the methods used cannot happen in isolation; observations of the research field should also be included (Neuman 2014:51; Babbie 2013:346; Greeff 2011:342).

The researcher should explain to the participants that their responses will be recorded and permission should be obtained from the participants to do so (Ali & Yusof 2011:50; Greeff 2011:350). The researcher should reassure the participants about the use of a tape recorder, by reminding them that it will only be used in order for the researcher to reflect back on the interviews while writing their report (Flick 2009:204).

Firstly, in this study, the researcher has decided to use interviews as the primary method of data collection, accompanied by observations of the participants' caregiving environment. The researcher scheduled the semi-structured interviews with the management and caregivers at each organisation telephonically. If caregivers could not commit to the initially scheduled interviews due to unforeseen circumstances relating to their caregiving duties, those interviews were rescheduled to another convenient date and time.

The researcher followed the lead of participants regarding where they felt comfortable to conduct the interview. All participants opted to be interviewed within their caring environment, so that they might still be able to keep an eye on their children and household. This also brought many opportunities for caregivers to demonstrate their experiences within the phenomenon under study.

Contributing to a relaxed environment, the researcher started the interview process by "making small talk", introducing herself, and ensuring each participant felt comfortable before asking the questions on the approved interview guide. Extra time

was allocated for each interview session, so that the researcher and participant would have enough time to develop a level of comfort with each other.

In the case of the face-to-face mode of data collection, the interviews were recorded with the prior consent of the participants. Consent for interview recordings was included in Addendum C.

2.4.3.5 Conducting the pilot test

Prior to the initiation of the study, the researcher conducted a pilot test. The pilot test was applied using the same methods as introduced in the research plan, as presented in Chapter One (see sub-section 1.5.4). This examination was informal and casual, focusing on the feasibility and relevance of the data to be collected from the sample group (Neuman 2014:378; Creswell 2013:165; Bhattacharjee 2012:23; Bryman 2012:263; Greeff 2011:349; Strydom & Delpont 2011:394-395).

The pilot test is therefore the platform from which the broader research will take place, by predetermining the effectiveness of the interview guide and method of data collection. It is used to refine the interview questions (Creswell 2013:165). The researcher conducted a pilot test with three participants, and the data were analysed and verified using the same techniques adopted from the main study. Bryman (2012:263) adds that the pilot test should not be conducted on participants that will form part of the study. The data collected from the pilot participants were not included in the findings for this study, but merely used to test the application and effectiveness of the data collection methods.

One of the focus areas of the pilot test is to allow the researcher to gain some experience before entering the field of study (Creswell 2013:171). The researcher used this opportunity to pilot test the interview guide and her interviewing skills, by applying the interview tips as mentioned in the previous section. The participants were given the opportunity to ask clarification questions when there was any confusion regarding the questions on the interview guide. This assisted the researcher in developing an explanation under each question on the interview guide, should participants seem to not understand the questions.

It was noticed that the caregivers felt uncomfortable with the term institutional care and thereby the researcher decided to use the term 'group homes' during the interviews. The participants were uncomfortable with this term, because it is very closely related and often confused with institutionalised patients who have physical, mental, or intellectual difficulties, placing a stigma on the children they care for. The researcher explained to the participants that the term group home will be used to describe an organisation or home caring for six children or more at any given time. The term 'group home' was thus used to refer to a children's home, orphanage, CYCC, or institution during the interview.

Furthermore, during the pilot test, the researcher came to understand some of the risks and difficulties that might arise during the study (Greeff 2011:349). A concern that was outlined is that these caregivers at the group homes were very busy, leaving little time to interact and engage with sister homes. This resulted in the caregivers having different perceptions verbally, though they had very similar experiences in practice. Some homes felt uncomfortable using the word trauma, as childhood trauma is still such a silent epidemic in South Africa, but they gave examples of behaviours amongst the children that clearly indicated that they have been exposed to trauma.

Caregivers also have a very unpredictable daily schedule when caring for these children, as there is always unscheduled emergency hospital or doctor visits, new emergency intakes when abandoned babies are found, and Children's Court proceedings. This influenced the scheduled interview appointments. As time is important to these caregivers, the pilot test is an opportunity for the researcher to test how much time she will need with each interview participant (Neuman 2014:378). The researcher was thereby able to give each participant an estimated timeframe that would be needed from them to participate in the interview session.

In conclusion, the pilot test provided a foundation for the greater task at hand. It prepared the researcher for the project, by testing her interviewing skills and assessing the feasibility of the study.

2.4.4 Method of data collection

In the previous chapter (see sub-section 1.5.3), the researcher reviewed the methods and other aspects of data collection and described the implementation thereof. The method of data collection is key to a research study (Bryman 2012:12). It provides the foundation upon which the research findings will be based (Walliman 2011:39). The researcher should always keep the objectives of the study in mind when collecting data, otherwise unnecessary data will be collected and deemed to be significant while in reality it is not useful in answering the research question (Strydom 2011b:335).

Data collection, described by Creswell (2014:198-190), can occur through face-to-face interviews, telephonic interviews, focus groups, observations, public or personal documents, or audio-visual material. These interview methods are designed to encourage a social relationship where information is shared between the researcher and participant (Greeff 2011:342).

The benefits of using the interview as data collection method are as follows:

- ❖ Interviewing is the principal method of data collection when doing a study on social relationships, perceptions, and experiences (Greeff 2011:342; Flick 2009:151).
- ❖ An interview can be described as an interactive association between the researcher and the participant (Babbie 2013:250).
- ❖ It is an easy way of collecting a large amount of data in a short time (Greeff 2011:360).
- ❖ It is an effective way of obtaining depth in data needed for the research question (Greeff 2011:360).

In this study the researcher used two methods of data collection: face-to-face interviews and the telephonic interviews. The researcher will describe these two methods further.

A face-to-face interview might be slightly more time consuming and expensive when the researcher needs to travel, but it gives her an opportunity to observe the

environment of the participants (Flick 2014:345). It offers a more in-depth, personal experience of the area where the phenomenon is being experienced (Babbie 2013:236; Walliman 2011:100). From the 15 participants, 13 interviews were conducted face-to-face in the working environments of the caregivers.

Telephonic interviews are quickly becoming a favourite due to the savings in time and traveling costs, though the interviewer loses the advantage of information provided by verbal and non-verbal cues as these cannot be observed over the phone (Greeff 2011:357). It also takes away the researcher's opportunity to observe the work settings of the caregivers, as well as their interactions and relationships with their peers and the children they care for. The researcher conducted two telephonic interviews due to safety precautions implemented because of the COVID-19 pandemic, as not all participants felt comfortable meeting face-to-face during this time. Many of these homes work with immunocompromised infants and toddlers and cannot afford a COVID-19 outbreak, hence they felt telephonic interviews to be a safer option for their organisation.

The researcher opted for a semi-structured interview as one of the methods of data collection, conducted face-to-face or telephonically with the participants, with the aid of an interview guide to facilitate the process. Semi-structured interviews assisted the researcher in being more open-minded about the outlines and the depth of data needed, so that concepts and theories could emerge by focusing on areas of interest with flexibility (Bryman 2012:12; Greeff 2011:348). It provided the framework from which information should be collected relating to the research goals, while allowing a platform for new ideas that could be brought up during the interviews. This plan on semi-structured interviews was implemented as initially adopted (see Chapter One, sub-section 1.5.3.2), and the manner in which it unfolded is presented in this section.

In order to facilitate the semi-structured/in-depth interview procedure, the researcher prepared an interview guide to be used during the interview as described in the previous chapter (see sub-section 1.5.3.2). The predetermined, semi-structured interview questions shaped the interview guide (Flick 2009:150).

According to Greeff (2011:354), this guide should include specific questions for the participant and a list of topics the researcher would like to explore.

The interview guide assisted in ensuring that the interview continued systematically and with clarity. It enabled the researcher to create a comfortable environment for participants and to shape the process, whilst being an attentive listener.

In this present study the semi-structured interviews, guided by open-ended questions as contained in the interview guide (see Addendum G), were used to collect data from the caregivers. The interview guide is flexible in nature, but provided direction for the interviewer (Bryman 2012:471). It consists of open-ended questions aimed at answering the research question, ensuring the effectiveness of data collection (Greeff 2011:369). It gave the researcher the option of posing the same question in different ways when more exploration was required.

The quality of the data collected through interviews depends on the interviewing skills of the researcher (Greeff 2011:343). Greeff (2011:346) further warns that the most common pitfall to conducting interviews is interruptions. In order to ensure the research topic was explored in-depth and without guidance or influence from the researcher, the researcher made use of interviewing skills that were explained and described previously (see Table 1.4).

A variety of interviewing skills was used during the interviews. The researcher made use of open-ended questions in order to prompt more information on the research topic. This was strengthened by using paraphrasing to encourage participants to open up more and provide more information. The researcher also showed interest in the participants' storylines by actively listening, being aware of non-verbal cues, and showing empathy with their stories. The researcher consciously made use of reflection in order to link connections from verbal and underlying messages, by creating a comfortable and supportive interview environment.

The researcher understood that the target group was caregivers caring for infants and toddlers in a group home setup and was therefore fully aware that interruptions and cries from young children would occur. By keeping this in mind, the researcher

planned to do the interviews within the caregivers' caring environment, where they could still attend to their children as needed. Being in the visual space of the young children brought much ease and fewer interruptions.

Finally, Creswell (2013:81) recommends that in order to conduct an in-depth study a researcher should collect data from five to 25 participants who have all experienced the phenomenon. For this study, the researcher collected data from 15 individual participants from 10 different CYCCs that provide residential care for up to six abandoned babies and toddlers at a time.

2.5 DATA ANALYSIS

As described previously (see Chapter One, sub-section 1.5.5), data analysis takes place when the researcher screens the information obtained and discards data that are not applicable to the research project by assigning order and structure to the information collected (Brynard et al 2014:62; Schurink et al 2011:397). Through data analysis the researcher identifies similarities, which are then developed into themes (Schurink et al 2011:403).

In a qualitative study the researcher can start analysis while still collecting data (Neuman 2014:479). The researcher therefore made contact with an independent coder very early in the data collection process to start the process of decoding the data. As mentioned in the previous section (see sub-section 2.4.4), the process of interviewing, as method of data collection, can be quite time consuming (Bhattacharjee 2012:78).

During data collection, four of the 15 interviews included a mixture of isiZulu and Afrikaans, although all interviews were conducted in English. All the interview recordings were transcribed by the researcher into English. These translated transcriptions were then further reviewed by the researcher to ensure that the views of the participants were correctly interpreted. Furthermore, transcribing by the researcher ensured confidentiality as no participants were identifiable. The researcher made use of an independent coder to decode the transcribed interviews.

Both during coding and transcribing, the researcher collaborated with the independent coder and the supervisor.

Data analysis occurred as planned (see Chapter One, sub-section 1.5.5) and the process is described in Table 2.4 below.

Table 2.4: Description of Tesch’s eight steps of data analysis

Steps	Description	Applied
1. This step entails verbatim transcripts of the interview data.	Carefully reading through all the transcripts and making notes in order to get an idea of the whole picture and meaning of the information.	<ul style="list-style-type: none"> ✓ Engage with the data. ✓ Re-listen. ✓ Recheck.
2. Questioning the underlying meanings attached to collected information.	Keeping a specific question in mind and then writing down thoughts in the margins of the transcripts while going through the interview data.	<ul style="list-style-type: none"> ✓ By selecting one interesting interview to study, underlying messages were identified and noted in the margins. This brought more meaning to the collected data.
3. List and group similar topics.	After carefully perusing the transcripts, the researcher grouped similar topics together by arranging them in columns, including unique and leftover topics. This led to emergent themes that could also be grouped according to major, unique, and leftover data.	<ul style="list-style-type: none"> ✓ Read and reread to identify topics. ✓ Understand the underlying meanings. ✓ Categorise identified topics.
4. This step includes correlating the categorised topics with the original data and assigning abbreviations or codes to the topics.	Enter the codes alongside the appropriate sections of the data. Continue by conducting follow-ups to test for new, emergent categories.	<ul style="list-style-type: none"> ✓ Coding the topics. ✓ Check for new topics. ✓ Arrange accordingly: Topic 1, Topic 2, etc.

5. Converge topics into themes and group themes together.	The researcher found the most expressive words for the topics by converting these topics into related categories. The total list of categories was grouped together.	<ul style="list-style-type: none"> ✓ Convert topics to relevant themes. ✓ List the themes that emerged. ✓ List the sub-themes that emerged.
6. List the final themes in alphabetical order.	In this step the researcher came to a final conclusion regarding the theme abbreviations for each category. The categories were listed in alphabetical order. The themes are worded in the most appropriate and descriptive manner.	<ul style="list-style-type: none"> ✓ Finalise the wording of each theme. ✓ Create an abbreviation for each theme. ✓ Place in alphabetical order.
7. Continue with a preliminary analysis.	The researcher then grouped the data into categories by organising more themes together under one topic and performing a preliminary analysis.	<ul style="list-style-type: none"> ✓ Group the data. ✓ Organise themes together under topics. ✓ Analyse the data.
8. In the last step the researcher assessed whether or not recoding the existing data would be necessary.	Recoding ensured that the data are correctly categorised.	<ul style="list-style-type: none"> ✓ After this step, data analysis is complete.

After the data were analysed, the researcher verified the data and determined the trustworthiness thereof.

2.6 PROCESS OF VERIFYING DATA

As discussed in the previous chapter (see Chapter One, sub-section 1.5.6), a researcher should adhere to the concept of trustworthiness to measure the validity and reliability of the collected data, by determining whether the research findings are accurate from the viewpoint of the participant (Creswell 2014:210; Babbie 2013:188; Bryman 2012:390). Validity, as defined by Babbie (2013:191), is the extent to which a measure reflects the theory under study. Reliability is a matter of generalisation of a technique, applied repeatedly to the same object, to provide the same or similar result each time (Babbie 2013:188).

According to Lincoln and Guba (in Schurink et al 2011:419-421), the four constructs needed for validity and reliability are credibility, transferability, dependability, and confirmability. A detailed description of these factors and how they were applied is outlined next.

2.6.1 Credibility

The concept of credibility demonstrates that the topic was accurately identified and described in the qualitative study, and reflects the honesty of the researcher (Creswell 2013:246; Schurink et al 2011:419-420; Walliman 2011:43). The credibility of the study must also be persuasive, meaning that it must be supported by evidence (Creswell 2013:246).

Suggested by Neuman (2014:126) and Bryman (2012:8), the credibility of a study can also be supported by a literature review. The researcher used the support of previous literature to confirm attachment theories and neuroscientific studies proving the effects of early abandonment on a young child's brain and development. The purpose of exploring previous literature should be to identify the following issues:

- ❖ What is already known about this phenomenon?

- ❖ What concepts and theories are relevant to this phenomenon?
- ❖ What research methods have been used to study this phenomenon?
- ❖ Are there any significant controversies?
- ❖ Are there any inconsistencies in findings relating to this phenomenon?
- ❖ Are there any unanswered research questions in this area?

As planned initially (see Chapter One, sub-section 1.5.6) the researcher applied aspects that assisted with the credibility of the findings of this study, which are summarised in Table 2.5 below.

Table 2.5: Strategies utilised and applied to achieve credibility of the study

Strategy	Application
Triangulation of the data sources	<p>Triangulation is key to the credibility of a study. In support of this statement, triangulation is used to enhance the trustworthiness of qualitative research (Moon et al 2016:2; Merriam & Tisdell 2015:244; Flick 2014:12; Neuman 2014:166; Bryman 2012:390; Ali & Yusof 2011:27; Lietz & Zayas 2010:193). The researcher applied the strategy of triangulation to enhance the credibility of this study.</p> <p>Although the researcher cannot always capture an objective truth or reality in qualitative research, triangulation is used to enhance the credibility of findings (Merriam & Tisdell 2015:244). It is located in the phase of data collection, where the researcher applies different methodological or theoretical perspectives to the issue under study (Flick 2014:12). Lietz and Zayas (2010:193) suggest that in order to do this, the researcher needs to collect data from multiple sources.</p> <p>According to Neuman (2014:166) and Creswell (2013:247), triangulation can be confirmed through the following methods:</p> <ul style="list-style-type: none"> • Multiple data sources – where multiple sources of data are used to support the evidence. • Data methods – data are collected using different methods.

	<ul style="list-style-type: none"> • Theoretical scheme – where different theoretical perspectives are used. • Observer triangulation – more than one analyst is used. <p>In this study, the researcher did not deviate from the initial plan. Data were collected from multiple CYCCs, meaning caregivers had similar experiences from different environments. Methods of data collection included face-to-face, semi-structured interviews; observation; statistical data; literature; and policies and legislation relating to the protection of children and alternative care in South Africa.</p> <p>The theoretical scheme the researcher focused on to understand the experiences and perceptions of the caregivers was the eco-systems theory. She examined their caregiving duties from the attachment theory perspective. Observer triangulation was achieved by using the services of an independent coder to decode and develop themes from the collected data. The researcher then finalised the themes in collaboration with the coder and the supervisor.</p>
Peer examination or review	<p>The following strategy is called peer examination or peer review. It entails the examination of the researcher's position and the audit trail to ensure credibility of the study (Merriam & Tisdell 2015:252; Creswell 2013:251). It is often called the phase of peer scrutiny of the project (Ali & Yusof 2011:63).</p> <p>Creswell (2013:251) further states that peer review is a process of keeping the researcher honest by asking hard questions about methods, meanings, and how data were interpreted. This allows the researcher to cast a self-critical eye on their own processes followed throughout the study, as well as how the collected data were interpreted (Schurink et al 2011:422).</p> <p>The researcher allowed for peer examination in this study through a number of ways. Firstly, it was done via regular</p>

	<p>communication/interactions with and suggestions by the researcher's supervisor in relation to the research process, research methodology, and quality of writing in the report, as well as the sources utilised in the report. Secondly, the researcher used an independent, objective coder to code the collected data into themes, sub-themes, and categories. This coder has extensive experience in coding and his scrutiny contributed to the credibility of the data and themes that developed from the interviews. Lastly, the researcher had a few opportunities to discuss the aim of the study with peers in the field of caring for infants and toddlers living in institutional homes, as well as with peers providing therapeutic services for children coping with adversities who have been adopted or placed into foster care from institutional homes after being abandoned.</p>
<p>Authority of the researcher</p>	<p>From the onset of the study, it is important to always keep in mind the researcher's own bias and assumptions, so that it does not impact the inquiry in any way (Creswell 2013:251). The researcher should reflect critically on personal assumptions and intentions as to why this study is important to them (Merriam & Tisdell 2015:259; Schurink et al 2011:406). Therefore, the researcher is a central part of the study throughout.</p> <p>Ali and Yusof (2011:63) state that in order to enhance the credibility of the study, a description of the researcher's qualities, background, qualifications, experiences, and interest in the chosen topic should be included in the research.</p> <p>It relates to the unique qualities and experiences of the researcher and how these enhance the credibility of the study. These qualities of the researcher include her own passion for working with and caring for vulnerable young children (for the past 11 years), with a specific focus on early adversities and the effects of trauma on healthy development. All children</p>

	<p>should have equal opportunities in life, no matter their background.</p> <p>Babies cannot be held accountable for the way and to whom they are born to into this world. They are completely dependent on a caregiver for their survival. Moreover, there is definitely not enough support provided to desperate mothers that cannot care for their own children, resulting in high annual abandonment rates as mentioned in the introduction of this report (see Chapter One, section 1.1). In South Africa, 3500 babies are abandoned each year and only one out of every three abandoned babies is found alive (Abandoned Babies An Ongoing Tragedy 2018:1; M-Net 2016:1; Vorster 2016:1; Blackie 2014:7). The children that do survive abandonment are traumatised.</p> <p>Specialised social work therapeutic services for children that have been exposed to early adversities are mostly found in private practice and are not financially accessible to the poor or children living in institutional homes. The persons that could make a difference in these children's lives are caregivers, if provided with the correct skills, training and, most importantly, support from social workers.</p> <p>There is a large gap in research on how these caregivers can be supported (see Chapter One, section 1.1). Therefore, this study was needed to explore this phenomenon.</p>
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2.6.2 Transferability

To recap on the discussion of transferability as introduced previously (see Chapter One, sub-section 1.5.6), it is worth setting a base for its implementation by defining it as the opportunity for the researcher to ask whether findings from the study can be transferred to other studies (Moon et al 2016:3; Bryman 2012:390; Schurink et al 2011:420; Flick 2009:407). Transferability is seen as an alternative to external validity or generalisability (Schurink et al 2011:420).

Qualitative research focuses on the depth rather than the extent of individual characteristics, and findings are orientated to the contextual uniqueness of the participants' social world (Bryman 2012:392). By ensuring validity, the researcher needs to provide a rich, thick, and detailed description so that anyone interested in the transferability of this study has a concrete framework for comparison (Creswell 2013:252).

Developing a study in which multiple resources, participants, and cases have been used to gather the data can greatly strengthen the transferability of the study to other settings (Schurink et al 2011:420). The researcher applied the principle of transferability by elaborating on a detailed description of activities and occurrences that took place following the steps of the research process. This was explained in Chapter One and the further elaborated on in the current chapter. Chapter One contains information from initial planning to the execution of the data collection process and findings, with the purpose of strengthening the transferability of this study. The researcher included maximum variation with findings by collecting data from numerous CYCCs and participants.

2.6.3 Dependability

The concept dependability refers to the efforts of the researcher to account for changes in and around the research study (Schurink et al 2011:420-421). Bryman (2012:49) states that findings should be readily applied to similar situations. Data findings should be supported by similar studies and theories which have been researched before. Furthermore, data findings should make sense, be consistent, and be dependable (Merriam & Tisdell 2015:251).

According to Neuman (2014:212-213), reliability refers to consistency or dependability. There are three types of reliability:

- ❖ **Stability reliability:** Stability refers to the reliability of a study over time. In other words, it asks whether the study will give the same results if applied at a later time. During the interviews, the researcher noticed that participants indicated that as children they did not know about any abandoned children

from their communities, or orphans that had lost both parents to death. It indicates that child abandonment is increasing each year, and not something openly discussed. The researcher estimates that over the years to come, child abandonment will only continue to increase yearly. Therefore, the researcher believes that findings similar to those in this study will be found in coming years.

- ❖ **Representative reliability:** This refers to the fact that the same findings in this study will be found when applied to different subpopulations. This study was based in the Tshwane region only, but as child abandonment is a national crisis in South Africa, the researcher believes that similar findings will be found in all nine provinces. Each country has their own welfare system and policies for children placed in alternative care, including support to these alternative care systems. The researcher therefore cannot confirm that similar findings will be found in countries other than South Africa.

Representative reliability can also be based on class, race, sexes, age groups, etc. The participants of this study were from different races and between the ages of 37 and 73.

- ❖ **Equivalence reliability:** Asking “Does the measure yield consistent results across different indicators?” relates to equivalence reliability. These different indicators can be a decoder or multiple questions measuring the same notion. The researcher used an independent coder for this research study, who specialises in decoding students’ researched data to ensure the reliability of the information collected.

2.6.4 Confirmability

The concept confirmability relates to the prospect that data findings can be confirmed by others (Schurink et al 2011:421). This means that caregivers caring for abandoned infants and toddlers living in institutional care who were not part of this study can still relate to the findings of this study. Even though different scientists

have different personal views, they should nevertheless achieve similar results (Babbie 2013:46).

Data collection needs to be supported by findings and interpretations by using the following steps of validity (Creswell 2014:201-202):

- ❖ *Triangulation* can add validation to the study if the collected data produce themes from the participants' accounts when reviewed.
- ❖ *Member checking* can be used by taking findings back to the participants for their comments and feedback.
- ❖ *Self-reflection* clarifies the prejudgement the researcher may bring to the study by reflecting an open and honest narrative.
- ❖ Using *peer debriefing* to enhance the credibility of the study.

According to Bryman (2012:392), confirmability ensures that the study was completely objective from the personal views of the researcher, by putting personal values and views aside and not swaying the data towards personal or theoretical inclinations. Theories and literature have shown that early child-parent separation or adversities, such as living in a group home, have an effect on the healthy development of a child's brain (see Chapter One, section 1.1). The researcher allowed the participants to describe the effects on abandoned infants and toddlers from their own viewpoint and experiences. When wording their views or experiences was difficult, the participants gave examples of behaviours noticed amongst these children.

2.7 ETHICAL CONSIDERATIONS ADOPTED FOR THIS STUDY

The concept "ethical consideration" was discussed in the previous chapter (see Chapter One, section 1.6). In this chapter elaboration will be given on how these ethical considerations were applied during the study.

Ethics are described as the moral principles that influence how the researcher conducts himself/herself, namely with integrity and honesty (Strydom 2011a:114; Walliman 2011:42). According to Babbie (2013:32), being ethical is to become sensitive to the dimensions of social research. Therefore, ethics in research is to

protect the participants from any form of harm, including others involved in the research study.

Ethics is therefore of paramount importance when conducting social research, as it could impact the working relationship of the participant and organisation. The participants from this study are all caregivers caring for vulnerable infants and toddlers in need of care and protection. These caregivers and the organisations could be held accountable for what the caregivers said during the study, should a child protection unit from the outside feel it is not according to the best interest of the children as stated in the Children's Act 38 of 2005.

As indicated above, ethics is an important concept throughout the process of this study and after. The identity of all participants and participating organisations in this study should be handled with the utmost care and respect.

Before commencing with this study, the researcher submitted a research proposal to the Departmental Researcher Ethics Committee of the Department of Social Work at UNISA, where she was enrolled for her master's degree. Her proposal was submitted to the mentioned committee on the 6th of March 2020 and she obtained approval (SWREC Reference: #:2020-SWREC-49152688) on the 13th of March 2020.

In the next section the researcher will elaborate on how the ethical concepts were applied and implemented to protect participants and the participating organisations.

2.7.1 Informed consent

The researcher presented each participant and organisation with two forms, namely, the "Participant Information Sheet" (see Addendum B) and the "Consent to participate in this study" (see Addendum C). According to the prerequisites of Bryman (2012:138) and Strydom (2011a:117), the informed consent letter contained necessary information regarding the intention, goal, procedure, and possible advantages and disadvantages of the study, as well as details of any harm that

could come the participants, in order to enable participants to make an informed decision regarding their participation in this study.

Signing the informed consent form ensures that the participants will be treated with consideration by the researcher throughout the study (Walliman 2011:47). The letter clearly states that the participants can withdraw at any time should they feel the need to, either to protect themselves or their organisation.

The informed consent letter upholds the ethical principles of confidentiality and anonymity, as the participants were informed throughout the whole process that their identities and the identities of their organisations will be kept private (Walliman 2011:251). The signing of the consent form then states that the participants confirm they understood the conditions of participating in this study. The participants also understood that participation is voluntary, and they can withdraw at any time by giving notice to the researcher that they would like to discontinue participation.

After the researcher obtained permission from the prospective participating organisations, she continued to select possible research participants by assessment of the inclusion and exclusion criteria, as described in Chapter One (see sub-section 1.5.2) and Chapter Two (see Table 2.2). The researcher then consulted with the caregivers prior to the interview, individually, and explained the purpose, goals, and motivation of the study by obtaining informed consent for their willing participation and contribution to the research study.

2.7.2 Confidentiality

The ethical principle of confidentiality is upheld when the researcher protects the information in such a way that the identification of participants is impossible (Babbie 2013:36; Walliman 2011:49:190). According to Neuman (2014:469), confidentiality plays a large part in one of the ethical dilemmas of field research.

The researcher reminded the participants about the ethical principle of confidentiality throughout the data collection process, to ensure that the participants

felt comfortable to share personal thoughts and feelings regarding the research topic.

As described under the term confidentiality in the previous chapter (see sub-section 1.6.2), the researcher kept the information provided by the participants confidential by handling all interview recordings in a classified manner and keeping them locked away in a safe to ensure the privacy of each research participant. The researcher also made use of a password-protected laptop to store the electronic data.

Where the researcher needed to make use of an external transcriber or coder, this appointed person was also obliged to sign a confidentiality agreement letter, which was submitted to the Research Ethics Review Committee of UNISA for consideration.

The researcher might learn intimate or incriminating information from the caregivers caring for abandoned infants and toddlers at their organisations that should be handled with care and confidentiality. The researcher kept all information collected and observed from the participants confidential, though there were no incidents or situations like misconduct witnessed that could bring harm to another person or child.

2.7.3 Anonymity

As described initially (see Chapter One, sub-section 1.6.3), anonymity refers to the ethical requirement of keeping participants' identities safe from disclosure (Neuman 2011:152; Strydom 2011:120). Creswell (2014:99) describes anonymity as the protection of participants' identities. The identity of the participating organisation or person should not be identifiable by the reader of the report (Walliman 2011:49).

Babbie (2013:410-411) states that privacy is particularly important when conducting qualitative research, and the key responsibility towards those we study. In the reporting phase of the study the researcher needs to refrain from presenting information that could be harmful to the participants (Creswell 2013:66).

Privacy and anonymity applied to all aspects of the research process. Data were collected and stored by using a pseudonym for the individual and organisation. The researcher ensured that no other person except the researcher herself has access to private interviews or details of the organisations where the interviews were conducted.

2.7.4 Beneficence

This ethical concept was applied as described in the previous chapter (see sub-section 1.6.4). It refers to the benefit this study would bring to the field where the phenomenon was studied (Maxfield & Babbie 2012:34). In the process of a social research study, no harm should come to the participants (Babbie 2013:34; Bless et al 2013:29; Strydom 2011:116). Therefore, participants should not be exposed to any situations causing stress, embarrassment, loss, or discomfort in any way. These authors suggest that beneficence is directly related to the competence of the researcher in a holistic sense, by implementing effective research that could have an enhancing effect on the welfare of the participants.

The researcher included this principle in the study by allowing participants to meet with the researcher at a time and place of their choice, which in this instance was at their caregiving organisation. The researcher then described that the benefit of taking part in this study would be that the caregivers' voices would be heard, including their suggestions for support from social workers.

2.7.5 Management of information

As previously described (see Chapter One, sub-section 1.6.5), it is of utmost importance that all data collected should be stored in a safe and secure area, which prevents unauthorised access. Furthermore, the researcher should assign a pseudonym to each participant to protect their identities.

The management of information is an ethical principle, closely associated to confidentiality and anonymity. As defined by Schurink et al (2011:408-409), it refers

to the way the researcher manages information provided by the participants to ensure confidentiality by keeping the data in an access-controlled space.

According to Creswell (2014:202), some participants may not object to their identities being made known, as they wish to voice their opinions about the intended research phenomenon. For this study all participants wished to keep their identity and the identity of their organisation confidential.

Furthermore, in this study, this ethical principle was applied as described in the previous chapter (see sub-section 1.6.5) by keeping hardcopies of all records, including audio recordings, in a locked cabinet at the private residence of the researcher. Soft copies are stored on a password-protected personal computer. The researcher ensured that the readers of this study will not be able to identify any aspects of the participants or organisations that participated in this study.

2.7.6 Debriefing of participants

As described previously (see Chapter One, sub-section 1.6.6) the researcher explained the process of debriefing and what will happen when debriefing is required for a participant. The ethical rule in social research is that it will bring no physical or emotional harm to the participants (Babbie 2013:34; Strydom 2011:115; Walliman 2011:6).

As suggested by Walliman (2011:46), the explanation of what debriefing entails gave the participants a sense of confidence to share their personal thoughts by demonstrating the researcher's attempt to cover all aspects that could cause possible harm to the participants or organisations.

An agreement was made that participants will be referred as and when the need for debriefing arises. The details of the debriefer are attached in Addendum E and would be made available to participants if needed. None of the research participants in this study required the services of the assigned debriefer.

2.8 LIMITATIONS TO THE STUDY

Limitations are predictable restrictions that prevent the progress of the study. It is often an occurrence or event that is not in the control of the researcher (Strydom, in De Vos et al 2011:126). By reflecting and reporting on the limitations of the study, it enhances the reliability and validity of the measurement procedures (Lietz & Zayas 2010:190). It is important to note how the researcher addressed these limitations. Only a few challenges and limitations were experienced during the study, and they are discussed below:

- **Recruitment**

Due to the COVID-19 outbreak and national lockdown that continued for months, it was difficult to schedule face-to-face interviews because of movement restrictions during this period. Adhering to social distancing and safety protocols also influenced the interviews, as all of these caregivers and organisations provide care for vulnerable infants and toddlers that are already immunocompromised. Two of the participants (Chantel and Portia)⁷ requested to do a telephonic interview. The researcher confirmed that all other participants felt safe to conduct face-to-face interviews, just to ensure they did not feel pressured or forced in any way.

- **Culture and language obstacles**

The participants from this study were from diverse cultures and spoke different languages. Although all participants could understand and communicate in English, it was not the first language of all the participants. Three participants (Betsy, Maria, and Portia)⁸ asked to answer the questions in Afrikaans. The Afrikaans interviews were first transcribed and then translated into English. One participant (Ella)⁹ could understand and speak English well, but found it difficult to express feeling words in English. Although this did not have a

⁷ Pseudonyms were used to protect the anonymity of the participants.

⁸ Pseudonyms were used to protect the anonymity of the participants.

⁹ Pseudonyms were used to protect the anonymity of the participants.

negative effect on the outcome of the study, it did bring limitations to the depth of feeling and experience the researcher could gain from the participant.

- **District restriction**

The findings of this study cannot be generalised to the whole caregiver population of South Africa, as this study was based on the views, perceptions, and experiences of caregivers caring for abandoned infants and toddlers in the Tshwane region.

2.9 CHAPTER SUMMARY

This chapter provided an overview of the application of the qualitative research process by describing the design and methodology for the study. The chapter started with an introduction, followed by a description of the characteristics and application of qualitative research.

Following the description on the characteristics of qualitative research, the researcher continued by describing the research design, referring to the phenomenological, case, descriptive, explorative, and contextual designs in qualitative research. The researcher then described the application of the data collection process, data analysis, and the verification of the collected data. Chapter Two also reflected on the ethical considerations and the limitations experienced during this research study.

In the next chapter, the results of the data findings from the caregivers caring for abandoned infants and toddlers living in institutional care will be presented, as well as the supporting literature. The research findings will be compared to international literature and studies done on the effects of early abandonment on infants and toddlers.

CHAPTER THREE

RESEARCH FINDINGS AND LITERATURE CONTROL

3.1 INTRODUCTION

In Chapter Two of this report the researcher provided a complete description of how the qualitative research approach was applied to this study. The process began by:

- identifying the sample population for the study;
- approaching the participating organisations;
- obtaining consent; and
- recruiting participants.

Lastly, Chapter Two outlines a detailed interpretation of the preparation, collection, and analysis of data. This also included ensuring the validity and reliability of the study through testing the trustworthiness, by applying the following concepts:

- Credibility
- Transferability
- Dependability
- Confirmability

The researcher ended the chapter with the description and application of ethical principles in qualitative research.

In this chapter, the focus was placed on the research findings and the presentation thereof. The information that emanated from the data analysis has been scrutinised and approved by the researcher and her supervisor, as well as an independent coder. This was performed with the aim of coming to a consensus regarding the conclusion arrived at in this dissertation. The results pertain to the findings in relation to the perceptions and experiences of caregivers caring for abandoned infants and toddlers that are living in institutional care.

Additionally, in this chapter, the researcher will elaborate on the context of the participants by providing a detailed biographical profile. Then an overview will be

provided of the emergent themes, sub-themes, and categories, which were identified through the process of analysis, in a tabular form. Participant storylines from the transcribed interviews will be presented to support the findings that are presented in this chapter.

Literature control was used as a verification tool, thus enabling the researcher to verify the identified themes with the relevant applied literature. The verification of data was also addressed through the use of the independent coder.

The following section will provide the biographical profile of the participants and the main findings.

3.2 BIOGRAPHICAL PROFILE OF PARTICIPANTS

The biographical characteristics of participants relate to comparative qualitative analysis such as age, gender, occupation, length of experience, organisation, town, country, etc. (Flick 2014:102; Ali & Yusof 2011:50; Kielmann, Cataldo & Seeley 2012:21). Biographical details provide a patterning map to the qualitative study, enhancing validity, and thus it is essential to sample in a purposeful manner (Flick 2014:500).

Furthermore, biographical codes that are too broad tend to include too much information and result in large amounts of material that need to be analysed and coded, therefore the demographic criteria for participants need to be narrowed down to answer the research question (Kielmann et al 2010:78).

A total number of 15 participants were included in the study to ensure that data saturation has been reached. In Table 3.1 the biographical details of the participating caregivers are included. This is then followed by a discussion.

Table 3.1: Biographical details of participants

Pseudonym ¹⁰	Age	Marital Status	Number of own children	Years of experience as caregiver	Years at current organisation	Caregiver to child ratio	Previous training received caring for children
Pat (P)	37	Single	3	4 years	1 year	1:5	Yes, crèche not in South Africa
Ella (E)	39	Divorced	2	3,5 years	3 years	1:7	Yes, community work
Anna (A)	42	Single	4	3 years	3 years	1:4	Yes, domestic
Betsy (B)	58	Single	4	10 years	10 years	1:6	No formal, but received training at current organisation
Winnie (W)	52	Married	4	9 years	9 years	1:4	No formal, but received training at current organisation
Maria (M)	45	Married	3	9 years	9 years	1:2	Yes, teacher foundation phase
Ida (I)	69	Divorced	3	20 years	20 years	1:2	Yes, foster care training
Helen (H)	56	Married	3	15 years	8 years	1:3	No formal, but received training at current organisation
Sherri (S)	37	Married	2	4 years	1 year	1:2	No formal, but received training at current organisation
Brenda (BR)	41	Married	2	4 years	1 year	1:6	No formal, but received training at current organisation
Lee (L)	39	Married	2	2 years	2 years	1:2	No formal, but received training at current organisation
Chantel (C)	73	Widow	4	37 years	37 years	1:3	No formal, but received training at current organisation
Portia (PO)	41	Single	-	5 years	5 years	1:3	Yes, crèche (Early Childhood Development)
Carol (CA)	59	Single	2	23 years	17 years	1:5	Yes, foster care training
Theresa (T)	41	Single	3	19 years	19 years	1:5	No formal, but received training at current organisation

¹⁰ Pseudonyms were used to protect the anonymity of the participants.

3.2.1 The age distribution of the caregiver participants

The age distribution of the sampled participants was depicted in Table 3.1, with the youngest participants at 37 years old and the oldest at 73 years of age. The average age of the caregivers was just under 56 years old, with nine participants between the ages of 35 and 45. Six participants were older than 45 and two of these six were older than 65 years old.

According to Erikson's psychosocial stages of development, young adults between the ages of 18 and 40 years old are in the stage of intimacy versus isolation, where the main aim is to form secure relationships that are meaningful and lasting (Cherry 2020:1; Sutton 2020:1; McLeod 2018:8). In this study, four participants were in this psychosocial developmental phase.

Middle adulthood, which includes individuals between 40 and 65 years of age, is the seventh stage of Erikson's psychological developmental phase and presents the psychosocial development of generativity versus stagnation. This phase is characterised by the need to nurture; success is exemplified by virtue of care, the feelings of being needed and useful, and making a contribution to society (Cherry 2020:1; Sutton 2020:1; McLeod 2018:8-9). Nine of the caregiver participants were in this developmental phase of Erikson.

The final stage of Erikson's psychosocial development phase is wisdom or the mature phase, from 65 years and up. It is characterised by integrity versus despair; a stage of reflection, where one spends time reviewing one's accomplishments throughout life and shares knowledge with the younger generation (Cherry 2020:1; Sutton 2020:1; McLeod 2018:9). Two of the caregiver participants were in this stage of development.

Similarly, to the eco-systems theory, Erikson also believes that individual development is the result of two complex influences namely social and generic factors (Meyer et al 2010:194). The stages of development suggestion by Erikson, indicates the caregivers' behaviour and personality attributes in their age groups.

3.2.2 The gender distribution of caregiver participants

The researcher initially aimed to focus on female caregivers, due to the motherly role they play in the lives of these infants and toddlers. However, two of the caregivers' husbands requested to share some of their experiences and observations.

According to gender norms (Baron & Branscombe 2014:113), the female gender tends to be the more emotionally connected and nurturing sex.

As clarified in the first chapter (see Chapter One, sub-section 1.7.1), it must be noted that according to the Children's Act 38 of 2005 (South Africa 2006: section 1) the term "caregiver", in the context of an institutional CYCC, refers to the adult living in the house and who is primarily responsible for a group of children's needs and upbringing.

Additionally, Jamieson (2013:8) describes a caregiver as any person who is responsible for caring for a child. This means anyone who cares for the child, with or without consent from the parents, and usually includes grandmothers, aunts, or other relatives. Therefore, a caregiver is a substitute for a parent when the parent-child relationship and/or attachment is lacking (Turner 2017:6).

In conclusion, the term caregiver is not connected to a particular sex, though this study focused mainly on an alternative person fulfilling the motherly role for abandoned infants and toddlers.

3.2.3 Marital status of the caregivers

There may often be a prejudice against a person's marital status within social discrimination (Baron & Branscombe 2013:109). This can specifically be evident in the discrimination placed on single mothers, though in this study caregivers are seen as alternative mothers to these children and not the biological mothers.

According to the biographical details of the participants, six were married, eight were single (two of whom were divorced), and one was a widow.

Due to the long work hours of caregivers caring for infants and toddlers, caregivers' personal relationships are often strained. All of the married participants from this study were fortunate enough to live with their partners within the organisations. This enabled them to provide care for these children as a mother and father figure.

With the exception of one participant, all the other caregivers had biological children of their own. Sadly, only seven participants were able to live with their biological children. The other caregivers had to leave their children with relatives while living in the organisation as an alternative mother to multiple abandoned infants and toddlers.

3.2.4 Number of own children

Only one participant (Portia¹¹) did not have any children of her own. The remainder of the caregivers had between two and four children each and, in total, they had 41 biological children between them. Having children of their own makes the caregiver role even more difficult. Working in an institutional setting and caring for abandoned infants and toddlers is quite time consuming. Abandoned children have special needs and constant care is required. Some of the caregivers in this study were able to have their biological children with them in their work environment, but four of the participants (Pat, Ella, Anna, and Betsy¹²), said that their children could not live with them.

3.2.5 Caregiver experience in years

Experience leads to knowledge and this information can then be applied in an empathetic and understanding manner to others as a social perception (Baron & Branscombe 2013:81). This means that the more experience a caregiver has, the

¹¹ Pseudonyms were used to protect the anonymity of the participants.

¹² Pseudonyms were used to protect the anonymity of the participants.

more empathy and understanding they can show towards the phenomenon under study. This is also often linked to their stages of development according to Erikson (Cherry 2020:1; Sutton 2020:1; McLeod 2018:9).

Overall, the participants had a combined total of 167.5 years of experience in caring for abandoned infants and toddlers. The participant with the least experience had two years' experience and the most experienced participant had 37 years' experience. Seven participants had one to five years' experience, three had between six and 10 years' experience, one had 15 years' experience, two had between 16 and 20 years' experience, one had 23 years' experience, and the last participant had 37 years' experience, nearing retirement.

3.2.6 Time at current organisation

The inclusion criteria of this study mentioned that a participant should have at least one year of experience in caring for abandoned infants and toddlers at their current organisation. These caregivers had a combined 145 years' experience at their current organisations, with an average of just under 10 years' experience each. The participant that has been with her current organisation the longest has 37 years' experience there, while the participants that have spent the shortest amount of time at their organisations have only been there for one year.

The years of experience per caregiver at their current organisation was an important aspect. Their exposure to the infants and toddlers they have cared for during this time shows they have had ample experience regarding the research questions of this study.

3.2.7 Caregiver to child ratio

The caregiver to child ratio varied between the organisations. It was dependent on the availability of full-time staff and volunteers, and the need of placement for abandoned infants and toddlers, meaning how many children could be placed at the organisation. Some homes had exceeded their maximum capacity or registration limits and other homes still had openings for children to be placed. The National

Department of Social Development (2010:379) clarifies the norms and standards where it refers to the registration of institutional CYCC and caregiver-child ratios, which are 1:10 (one caregiver to every 10 children) for homes registered to care for children six to 18 years of age and 1:3 (one caregiver to every three infants/toddlers) for homes registered to care for children 0 to three years of age. Eight of the participants confirmed that they had more children in their care than the above regulation stipulated as standard. This was because their organisations needed to take in more vulnerable children when other suitable placements could not be found.

According to Browne (2009:12), a poor caregiver to child ratio in an institutional home can inhibit social interactions, including influencing the way caregivers respond to the needs of the children in the home, as there are just too many needs to meet.

3.2.8 Training received

According to implicit personality theories (Baron & Branscombe 2013:109), individuals that possess certain skills or traits are more likely to possess others usually linked to those skills or traits by cultural or traditional expectations. For example, individuals that possess a tertiary qualification or have received training of some kind often find it easier or are more likely to learn new skills.

The researcher found that there was no specific or formal training that the participants underwent to classify them as trained caregivers for abandoned infants and toddlers. However, the caregivers were exposed to other child development training, such as general childcare, early education, teaching, and foster care training. This was confirmed by the required skills of staff for CYCCs in the Children's Act 38 of 2005. The Children's Act 38 of 2005 (South Africa 2006: regulation 75) stipulates that there is no prescribed qualification or training for a caregiver caring for abandoned infants and toddlers. However, it is suggested that they have some training and experience in a field related to working with children. If that field has a registration board, the caregiver must be registered and up to date with the said board requirements (Jamieson 2013:77).

Then there was also a large number of caregivers that attended training sessions which were made available to them by the organisation that employed them. Therefore, all caregivers have received some form of training, either before or after employment.

3.3 PRESENTATION OF RESEARCH FINDINGS AND LITERATURE CONTROL

In order to obtain data from the perspectives of the participants on the research topic under investigation, the participants were asked to share their narratives on their views and experiences related to caring for abandoned infants and toddlers living in institutional care. They were also asked to volunteer suggestions for social worker support. These interviews were digitally recorded and transcribed with the signed permission of the participants. The data was analysed by the researcher and an independent coder, and six themes, 18 sub-themes, and five categories emerged.

The themes will be presented via verbatim quotations from the participants. Each theme, sub-theme, and category will be compared to and confirmed by literature or other research findings as relevant to the subject matter.

The sub-themes and categories will be presented in a table format under each theme heading, followed by a detailed discussion.

The Figure 3.1 gives an overview of the responses of the participants in line with the themes, sub-themes, and categories.

Figure 3.1: Themes, sub-themes, and categories

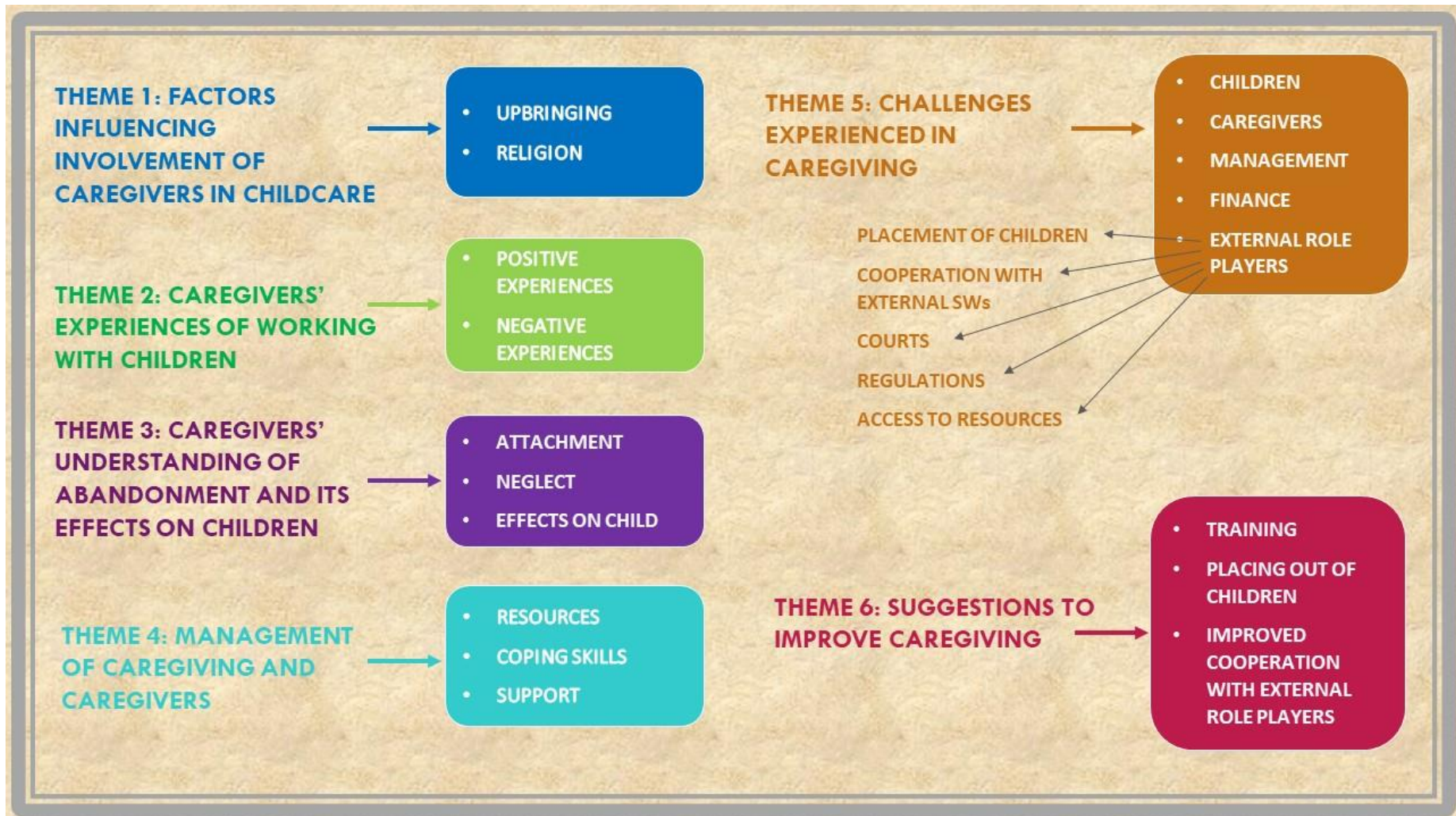


Figure 3.1 reflects that six themes were identified. These themes are placed in chronological order:

- The factors contributing to a person becoming interested and involved in caring for children as an occupation.
- Their experiences in working with children. How this and other factors contribute to their understanding of childcare and how they work with the children in their care.
- The caregivers' understanding of abandonment and how it affects the child in relation to attachment, neglect and healthy development.
- The management of caregiving and caregivers which included resources, coping skills, and support.
- The challenges they experience in their work with these children.
- They were also requested to indicate how their work may be improved by making suggestions.

The different themes, sub-themes, and categories depicted in Table 3.2 will be discussed in detail in the section that follows.

Table 3.2: Themes, sub-themes, and categories

THEMES	SUB-THEMES	CATEGORIES
Theme 1: Factors influencing the involvement of caregivers in childcare	<ul style="list-style-type: none"> • Sub-theme 1.1: Upbringing • Sub-theme 1.2: Religion 	
Theme 2: Caregivers' experiences of working with children	<ul style="list-style-type: none"> • Sub-theme 2.1: Positive experiences • Sub-theme 2.2: Negative experiences 	
Theme 3: Caregivers' understanding of abandonment and its effects on children	<ul style="list-style-type: none"> • Sub-theme 3.1: Attachment • Sub-theme 3.2: Neglect • Sub-theme 3.3: Effect on child 	
Theme 4: Management of caregiving and caregivers	<ul style="list-style-type: none"> • Sub-theme 4.1: Resources • Sub-theme 4.2: Coping skills 	

	<ul style="list-style-type: none"> • Sub-theme 4.3: Support 	
Theme 5: Challenges experienced in caregiving	<ul style="list-style-type: none"> • Sub-theme 5.1: Challenges relating to children • Sub-theme 5.2: Challenges relating to the caregiver role • Sub-theme 5.3: Matters relating to management • Sub-theme 5.4: Matters relating to finance • Sub-theme 5.5: Matters relating to external role players 	<ul style="list-style-type: none"> ○ Placement of children ○ Cooperation with external SWs ○ Courts ○ Regulations ○ Access to resources
Theme 6: Suggestions to improve caregiving	<ul style="list-style-type: none"> • Sub-theme 6.1: Training • Sub-theme 6.2: Placing out of children • Sub-theme 6.3: Improved cooperation with external role players 	

3.3.1 Theme 1: Factors influencing involvement of caregivers in childcare

The accounts of the participants are compiled from verbal information shared during interviews. Firstly, caregivers shared how they became interested and involved in the role of caregiver. Childhood upbringing and religion was also approached during this section of the interview. Secondly, the caregivers conveyed their understanding of child abandonment, as well as how they came to this conclusion.

In this theme the eco-systems theory was applied as described by Turner (2017), a person understands their lives through our stories and influences from our cultures

we live in. Some of these stories will have positive or negative attributes, though they are always in context with how our realities are formed.

The data analysis for this theme is presented with two sub-themes, as depicted in Table 3.3. It is evident that the caregivers had a clear understanding of how their upbringing and religion have formed their identities in relation to their current roles.

Table 3.3: Overview of sub-themes related to factors influencing involvement of caregivers in childcare

THEME 1	SUB-THEMES
Factors influencing involvement of caregivers in childcare	1.1 Upbringing 1.2 Religion

3.3.1.1 Sub-theme 1.1: Upbringing

In this sub-theme, the contribution and impact of an individual's upbringing on their level of compassion and care is considered in relation to the study topic. A few stories were relevant to the upbringing of caregivers and their decision to take on a caregiver role for vulnerable children. Sweeny (2014:1) states that childhood upbringing provides the foundation for many outcomes later in life. It often forms who we become as adults (Conway 2018:94).

The views of the caregiver participants on this aspect are showcased below.

From early childhood, **Ida** already had ambitions to care for vulnerable children. She witnessed the trauma of a serious infant abuse case, which steered her towards caring for helpless infants and toddlers: *“One situation when I was about 16 years old that actually switched on the desire of looking after children and it was to see the... a child being mistreated and eventually the baby passed on, and I was heartbroken” [164-66].*

Three participants (Ida, Winnie, and Maria¹³) shared the opinion that family and community support is essential to them in carrying out their roles as caregivers. **Ida's** family is supportive of her vision: *"I come from a big family, so we all care for each other. And I think my 16 years of age said, when I'm big, I'm going to build a big house and I'm going to take all the babies in..." [I63-I64]. "My family are like that. You know what, if we can help, we don't care who is it, we are here to help each other. And hold and lift up a person, when that person is falling, so much more, especially for children, because you know what, they did not choose to be in this situation that they are in sometimes. They are very okay, they are sometimes very surprised, they did not know that I have been at this place for, now running, you know a private place of safety for 20 years, because I do it on my little nooky, but those that know are very supportive. They are very, very supportive" [I69-I72: I77-I80].*

Besides families, communities also contribute to the care of abandoned children. The saying 'it takes a village to raise a child' rings true in this regard. The following participants described the support they receive from the community:

"We've got massive support from the community. We can't... we don't want to move out of the area, because of the support we've got from the community" [W52-53].

"We have been living in this area very long, it has been 20 years on this side of the world, that we have known these people, no, all of them, the businesses, the churches, the schools, uhmmm, individuals, many... many... many support from our area" [M59-M62].

Four participants (Maria, Ella, Pat and Betsy¹⁴) explained that child abandonment is becoming a common occurrence in their communities. They described that people seem to be oblivious to these occurrences. It is almost as if they expect children to be found abandoned or neglected. Their storylines in this regard are as follows:

¹³ Pseudonyms were used to protect the anonymity of participants.

¹⁴ Pseudonyms were used to protect the anonymity of the participants.

“We have never before experience that a child was not supposed... or when you said, okay this child should not have been removed, because the social workers share their stories with us, and we see it for ourselves when we go and fetch the children, and when there is visits with the parents, then you can see why this child had to be removed, over social problems, poverty, drugs, violence and so on” [M96-M100].

“These days it is a common thing. It happens now and then, so people are used to it” [E53-E54]. “It is like normal life” [E57]. These children are not viewed as different than other children: “They are feeling that normal” [E59]. “I feel sorry for the baby, because she doesn’t know why she is abandoned, she is still small” [E65-E66].

“When I was a child, me I was a child, if there was an abandoned child, it would show of the symptoms, the way that baby... that kid is treated by the one who is looking after him, maybe he or she have got some wounds and even health, he won’t be having good health... you would just see that this baby is abandoned” [P48-P51].

“When I was a child... these ways of abandoning a child did not exist. No, it was not like this. It is another world now” [B85-B86].

From the statements above, it is clear that upbringing plays a large role in the decision to take up caregiving as a profession. Some caregivers selected this role due to witnessing the mistreatment of children growing up. Others refer to caring for vulnerable children as their duty, stemming from the need within their community, referring to the unity of the community in caring for their own people. According to Blackie (2014:15), in many developing countries the upbringing and care of children is seen as a collective responsibility between families.

Another storyline that developed throughout the study is the perception that it seems as though child abandonment is becoming a common occurrence. One of the factors can be found in an investigation by Blackie (2014:9), who states that according to adoption policies, illegal immigrants in South Africa cannot consent formally in court

to place their children up for adoption and are likely to be deported if they do ask for assistance, therefore contributing to the high child abandonment rates.

The conclusion that may be drawn from the provided statements is that caregivers feel child abandonment is increasing at an alarming rate and it is rapidly becoming an epidemic in South Africa. These statements relate to an underlying and clear message. Either people are so desperate that they have no choice but to abandon their children, or we are in a generation where parents are struggling to be empathetic and caring, thus making it easy to abandon an unwanted child without feelings of guilt. Should the latter be the case, a cycle of emotionally detached generations will be the new standard. Children will run the risk of becoming disconnected if there are no proper early interventions. Emotional detachment is a term used for a person who cannot relate with empathy towards another (presented as a cold, unsafe personality) (Levine 2015:24; Courtois & Ford 2014:149; Mooney 2010:67-68). They do not form an attachment, because they are protecting themselves from any possible emotional rejection (Levine 2015:24; Courtois & Ford 2014:149; Mooney 2010:67-68).

3.3.1.2 Sub-theme 1.2: Religion

For several of the participants, religion contributes to their involvement in caregiving. Culture and religion bring a multifaceted set of contributions to the mother-child relationship (Mooney 2010:28). Religion and cultural values can contribute to a difference in parenting goals, beliefs regarding discipline, and developmental expectations (Osofsky et al 2017:42).

Religion can play a significant role in a child's development into adulthood. Growing children reflect their family values and beliefs, and this includes aggression and a positive attitude (Perry & Szalavitz 2010:114-115). Furthermore, religion can prescribe some behaviours and proscribe others (Lieberman & Van Horn 2011:69). It therefore dictates what we perceive as right and wrong.

Prosocial behaviour refers to the action of one helping others in need, without an immediate benefit to the helper (Mynhardt, Baron, Branscombe & Byrne 2009:87).

Sometimes it is argued that people act prosocially because of the rewards they believe they will get in heaven (Mynhardt et al 2009:87). Because of this, people might sometimes do good, expecting a reward. In supporting the aspect of religion and its influences on caregiving, the following storylines are presented:

Brenda stated that religion played a major role in caring for abandoned children, though it did not always assist her with relating to the views of others: *“So I can’t even speak to him on a spiritual level, because we are not in the same congregation.”* Praise or recognition is not Brenda’s main motivation: *“I never really cared much for, uhmm, getting a blessing for doing something, because I sort of made my own decisions in life. I did a lot of courses and also I’m a coming leader in the church and stuff like that. So I get a lot to do with people in small groups and I help a lot of people. So it is all the experience in one thing, but I’m a very spiritual person so I’m very focused a lot of the times on the body, mind and the spirit”* [BR46-BR47; BR53-BR54; BR105-BR108].

Brenda understands and treats the children in her care from her own religious perspective: *“I am spiritual, uhmm, that intuition and understanding of the mind and the soul and the body works and that is sometimes instrumental in how I handle these kids as well”* [BR123-BR125].

Maria had disagreements with her family and their religion, as her family has conflicting views in terms of caring for children from another race: *“Okay, my parents, my sister, they are all racist (laughing). My mother has Alzheimer’s now and my father has passed on. Yes, they, uhmmmm, yes they have never really been involved. Mike’s mother is involved, except now with the COVID pandemic, she does not come here, she gives a lot of support, but my family is racist, so they don’t like what we do”* [M51-M55]. She then further stated that: *“Does not bother me, I must please the Lord!”* [M57].

Helen was part of a very close-knit religious family within her church: *“We have prayer warriors for all our kids. Abandoned babies are immediately, uhmm, prayed for in our church, that is our Christian belief”* [H151-H152]. **Helen** believes in the power of prayer: *“Please pray for those feelings of abandonment, and those feelings*

of fear, those feelings of I'm not good enough or anything that was spoken over them while in-utero" [H160-H162].

Chantel gave the following account regarding religion and caring for the children: *"Well I'm a Christian and I believe God put children in families. Every child needs a family, preferably their biological family. It is a biblical precept; we should care for orphans and abandoned children. It is our Christian duty, but we don't do it as a duty; it sorts of comes from the heart. It is something that I feel I need to do, it is something I can do and basically I have been doing it most of my life. I think it is a calling" [C51-52; C62-C67].*

Carol said her family is very protective of her and concerned for the grief she might experience being a caregiver: *"My mom was very sceptical in the beginning and also she was almost protective, because I suppose she knew the heartache I supposed could come from it. They die or even when they go back to their family and you know it is not the right move, so it is like a doubled edge sword almost..." [CA39-CA42].*

Ella explained that: *"It is my first time seeing the abandoned kids here" [E51].*

In underscoring what the participants shared on religion, Schenck, Nel and Louw (2010:144) confirm that the opinion of a religious leader usually carries weight in the community. Religion as a personal experience is to be valued as an aspect of self-actualisation (Meyer et al 2010:356). All the statements above point to the fact that these caregivers hold a strong personal religious belief in their caregiver role, even though their family and friends do not always agree.

Other participants noted that their churches were involved in their organisations, often praying and contributing support to the children where possible. The caregivers reflected that their religions believe children should be cared for. If a child is identified to be in need, it is the moral value of these churches and their members to step in and contribute to the needs of the child.

For the most part, it is clear that religion contributes to the saying *"doing good or being kind to others"* for these caregivers. It therefore plays a large part in the

caregiver role and their communities when it comes to protecting and caring for the most vulnerable.

3.3.2 Theme 2: Caregivers' experiences of working with children

Through experiences (positive or negative), a seasoned caregiver comes to terms with the fact that abandoned children require constant care, no matter the circumstances. They make difficult decisions, some of which might be wrong, and then get up the next day and do it all over again (Mooney 2010:134). This is an accurate reflection of the parental role, as children are still entirely dependent on caregivers to provide the safe, secure environment they need for optimal opportunities of development.

According to Grobler and Schenck (2009:16-17), in the people-centred approach, and Papalia and Feldman (2011:147), the self of a person is formed from conscious and unconscious experiences. This translates to how we view and experience our world. How we form as personalities is modified by our positive and negative experiences within our environment. Thus, personal traumas can sometimes reflect in the way we parent or relate to our children.

The data analysis for this theme is presented with two sub-themes, as depicted in Table 3.4. In this theme the positive and negative experiences of caregivers working with children are expanded on. Similarly, to the people centred approach, the ecosystem theory states that the self of a person and how we perceive the world are made up of our environment, and how we experience this environment through positive or negative events (Meyer et al 2010:467).

Table 3.4: Overview of sub-themes related to caregivers' experiences of working with children

THEME 2	SUB-THEMES
Caregivers' experiences of working with children	2.1 Positive experiences 2.2 Negative experiences

3.3.2.1 Sub-theme 2.1: Positive experiences

From the responses of the participants, it becomes transparent that their positive experiences are aligned with a sense of meaning and purpose in the work they do. They find it rewarding and consider it a privilege to be able to care for these children. In this study, all of the participants had positive experiences in their role as caregivers for abandoned babies and toddlers. They also expressed that it is a pleasure to be able to give these children the much-needed love they require. This is confirmed by the following storylines:

“Ja, I feel happy, because I like to show them love” [P21].

“Yes, I like it, I feel right. I like it, caring for the babies and toddlers” [A36-A37].

“Like the other little one, he crawls to me by the kitchen, then stands and take me here [referring to her dress] and lifts his arms in the air. He is just too beautiful” [B54-B56].

“Yes, they do bring them to visit... They send Mary photos, then they look so pretty and it makes me happy to see these photos on the phone. Yes, sometimes they bring the child to visit... sjoe, they are so pretty” [B150-B152].

“It is very satisfying; to see the difference you can make in a child” [W28].

“Oh, I love it! To give them love, nurture them and give them the love they deserve” [M30].

“The phone rings and there is a baby that needs to be placed, it is the best news to a certain degree, because you know what you just take your focus off yourself and you put your focus on the baby and you go with it” [I42-I44].

“I just absolutely love it! ...the first time he felt a mother’s love after being abandoned, and that just... the way he just grows into loving you, when he wakes

up in the morning and he smiles at you, it just... you just know that he knows that you are his mother, even though it is just temporarily” [S15; S19-S21].

“There is two factors that come into play; the one is the emotional side and the heart behind it which is 100% my wife’s side of it, for me it is a bit more driven by purpose. I really believe that we were called to do this, it drives me to steer the organisation forward to make sure all the official stuff is there in place so we can carry on to operate. Emotional, she is more caring, she does the loving... well I do as well but, for me it is 100% purpose” [BR24-BR28].

“I love it. So I love babies, I’m not as good with children, but I love babies and I started doing this because I couldn’t imagine a situation where a kid went without love for one hour or one minute of their lives. if I could just help one over the course of my life and make sure that they feel loved for every second that they are with me then I have done something” [L50-L54].

“The situation is bad, but it is better than being aborted, abused, or neglected. For me it is incredible to be able to care for them, having them in my hands and walking this road with them until they are able to go to their forever homes” [PO31-PO33].

“It is a privilege to be able to do it, and I feel we all feel compassion towards these children knowing that they are in need of our care and attention. I’ve got really good staff, they really go the extra mile to care for the children, they really do” [C34-C36].

“Awh this is my life, my passion, what I live and breathe and eat and sleep and dream. It is my everything... literally! Yes, it is heart-breaking at times, yes I want to kill people at times, but I am incredibly grateful and blessed to be able to do what I do with the amazing team that I have. There are so many beautiful positive stories we’ve had the privilege of being a part of over the years and those success stories are the ones we focus on and are proud to be a part of” [T129-T136].

“You’ve got to find the positive that is going to come out from the placement here” [CA19].

According to Cozolino (2014:143), babies are born with immature brains; a caregiver is their most salient aspect of their new world. The first thing babies learn about their caregiver is how well they can make them feel calm and safe, and this accomplishment in turn brings much fulfilment to the caregiver as well (Cozolino 2014:143). The caregiver plays an instrumental role in bringing security and joy to these children's lives.

All the caregivers had positive experiences when caring for abandoned infants and toddlers. They feel these kids deserve to feel a mother's love just like any other child. It seems that bonding comes quite naturally to these caregivers. It is as if they feel that is not work, but rather a privilege to be able to care for these children and love them as their own for the short period that they are in their care. The human being has an inherent need to connect and care for others, especially when it comes to those who cannot care for themselves, such as vulnerable babies (Lieberman & Van Horn 2011:3; Perry & Szalavitz 2010:1). The researcher has identified that this is without a doubt the highlight of the caregiver role. They truly give their hearts and souls to the children they care for.

3.3.2.2 Sub-theme 2.2: Negative experiences

The common factor in negative experiences amongst the participants was primarily abhorrence and distain for parents who abandon, abuse, or neglect their children. The subsequent effect was the children's removal from their family homes and being placed in institutional care. Secondly, the caregivers presented with feelings of distress and sadness when the children they have cared for were taken from them and placed into permanent care, through either adoption, foster care, family reunification, or placement into other institutional homes.

According to the study done by Pretorius (2013:96), some caregivers have expressed their need just to withdraw from their caregiver role in order to be able to cope with events and situations they perceive as negative or stressful. In this instance the participants of this study showed much pain when they need to say goodbye to the children they have loved and cared for over a period of time.

Six participants (Betsy, Ella, Anna, Pat, Maria, and Carol¹⁵) related their negative experiences as caregivers when children they had cared for were taken from them. This brings much sadness, but still does not deter them from loving these kids as much as they deserve. Caregivers realise that there is an expiration date in terms of the time that they have with the child, but it does not make the separation process easier. Providing a glimpse into these negative feelings, the following storylines are provided:

“Mary asked her who she is, because she cannot remember her. She said it is Evah. I remember now, I looked at her nicely, because I work with many babies, and as they grow a little, they take them, you see, the other baby is not here, Mia, she is also not here... her mother is taking her on Wednesday the 5th of August. It hurts a lot; my heart is so sore, because I became used to the babies” [B132-B135; B143].

“We feel emotional also because we give them love, when they are going it is not easy, we just miss them, like the ones that is your favourite, like mine they are... Hilton, when he goes, it... you know, I was not myself... I love him so much!” [E75-E77].

“I feeling pain... You remember ... Ntabiseng she was going there; the parents they take Ntabiseng here. I’m feeling pain, like she was my baby. I’m feeling pain, I cried but I didn’t show” [A90-A92].

“We feel pain, heartbroken and when the baby leaves because... we will be already used to that baby, it is like you separate with your baby, so you will feel heartbroken” [P104-P105].

“No, they cry with us. They find it difficult; they also always want to know where the baby is going to. Because some of the babies that have been adopted stays near Betty” [M67-M69]. Maria further described her coping mechanisms: *“What helps me is me packing their ‘going away’ bag, and I write them little letters and make a cards and we gather photos, then I will cry so terribly during this. So this helps a little bit,*

¹⁵ Pseudonyms were used to protect the anonymity of the participants.

to get closure... yes. And in order for me not to cry uncontrollably on the day they leave” [M119-M121].

“I think it is heart-breaking in some instances, but you are giving a child a start in life that he or she would have never had” [CA17-CA18].

One participant (Ella¹⁶) explained that her negative experiences as a caregiver relate to the behaviour of toddlers affected by early abandonment. According to Thesen (2014:66), caregivers in CYCCs need to take on the role of carers and disciplinarians, as children in institutional homes often present with behavioural issues. She stated her opinion as follows: *“It is not easy with them, because they don’t understand, especially when they do wrong stuff like Tumelo, it is difficult to deal with them. Yes, when they are older it is more difficult” [E60-E61].*

Ella then further stated that these babies do not understand what happened to them when they were abandoned: *“I see someone dumping a child, I feel sorry for the baby, because she knows nothing, or he. I feel sorry for the baby, because she doesn’t know why she is abandoned” [E65-E66].*

Ida had experiences similar to Ella’s and emphasised that these babies do not deserve what happened to them: *“Very emotional hey, that is very heart sore. I’m not criticising and I’m not being, I don’t want to be judgemental, but they are the recipients of somebody else’s decisions, so they are vulnerable and it is nice that you and I, or people like us can actually accommodate those babies” [I39; I48-I50].*

Lastly, **Theresa** explained that her negative experiences as a caregiver stem from the fear of non-favourable placements of the children: *“Children who still haunt me at night, cases that still make me tear up” [T136-T137].*

The views shared by the participants about the negative experiences of caregivers correspond with various scholars (Kadungure 2017:63-64; Yorke 2015:12; Thesen 2014:iv; Pretorius 2013:iv) who confirm that there are numerous negative

¹⁶ Pseudonyms were used to protect the anonymity of the participants.

experiences when caring for children from an alternative care environment perspective. Even though all these studies are based on those caring for older children and not infants and toddlers, a few similarities are noticeable.

It was found in studies by Pretorius (2013:67-69) and Thumbadoo (2013:66-68) that caregivers showed unconditional love and connection to the children they cared for. From the statements above it is clear that the caregivers in this study love each child placed in their care unconditionally, even though they know that the emotional turmoil they are going to experience when the children are placed out of the organisation through adoption, foster care, or family reunification will be unbearable. This is truly a selfless act on their part, as they are more concerned about the child's need than their own feelings.

The residual emotion remains with the caregiver long after the children have left the organisation, thus leaving them troubled and concerned for the child's well-being. In essence, they themselves feel abandoned, discarded, and undeserving. Yet, despite these strong feelings, they gain satisfaction from making a meaningful contribution to the life of a child that only needed their love.

3.3.3 Theme 3: Caregivers' understanding of abandonment and its effects on children

In this theme the caregivers' understanding of child abandonment and the effects it has on an infant or toddler is described. Research has shown that early separation from the primary caregiver causes a chemical change in the child's brain (Osofsky et al 2017:8; Kaminer & Eagle 2010:122; Perkel 2007:143).

Child abandonment is a rising epidemic in South Africa, with more and more children found abandoned each year (Abandoned Babies An Ongoing Tragedy 2018; Papas 2017; Blackie 2014:7). Abandonment shocks every community to the core, sparking anger and outrage no matter how often it happens or how common it is becoming to abandon an unwanted child (Blackie 2014:38).

Furthermore, when an abandoned child is placed in alternative care, a caregiver that has his/her own trauma can reflect these feelings onto a child, unconsciously causing neglect and attachment disturbances (Cozolino 2014:279). Therefore, caregivers need to care for their own mental health as well.

According to the eco-systems theory a person's reality and behaviour is made up from our social and cultural contexts and does not reflect a fixed reality (Meyer et al 2010:474). This approach also focuses on the importance of language and the meaning people assign to their verbal and non-verbal communications (Meyer et al 2010: 475). In this theme the eco-systems theory was applied in investigating how caregivers understand the effects of abandonment in infants and toddlers, by being aware of the different realities that might play a role in the caregivers understanding, and how they communicate their understanding to the researcher.

The data analysis for this theme is presented with three sub-themes, as depicted in Table 3.5. In the following sections, the caregivers' experiences of the effect of early abandonment and neglect are described from their own perspectives.

Table 3.5: Overview of sub-themes related to caregivers' understanding of abandonment and its effects on children

THEME 3	SUB-THEMES
Caregivers' understanding of abandonment and its effects on children	3.1 Attachment 3.2 Neglect 3.3 Effect on Child

3.3.3.1 Sub-theme 3.1: Attachment

Attachment as sub-theme reflects the care and bonding which takes place between the child and caregiver.

In a study by Mosia (2014:53), caregivers conveyed their understanding of the children they care for as just needing love and comfort which could not be provided

by their biological parents. A sensitive, caring caregiver can assist in ameliorating the negative effects that institutional living has on a child (Browne 2009:13).

From the accounts shared by the participants, they described their understanding of attachment in various ways:

Pat described that forming an attachment with an abandoned infant or toddler is necessary, as it helps them to settle: *“It must be true love for them, to make their mind to settle”* [P24]. Furthermore, in the interview **Pat** concluded that: *“You must give your heart to those kids”* [P72].

Ella’s view regarding attachment indicated the key elements of love and care: *“They just need our love. Just... they just need love, just cuddle, to make her feel you”* [E26-E27].

Maria had the same reasoning in terms of the importance of attachment by loving and caring for abandoned infants and toddlers: *“Oh, I love it! To give them love, nurture them and give them the love they deserve. This is why we have the rocking chair, then we sit and rock them”* [M30; M123].

Sherri gave an example of the power of attachment, by describing the innocence of a child: *“The first time he felt a mother’s love after being abandoned, and that just... the way he just grows into loving you, when he wakes up in the morning and he smiles at you, it just... you just know that he knows that you are his mother, even though it is just temporarily”* [S19-S21].

Helen, who has extensive experience in caring for abandoned infants and toddlers, indicated that abandoned children show a form of worry: *“I think the abandonment does make attachment more difficult. The thing is abandonment makes a child skittish, uhmmm, for lack of a better word, uhmmm, they are afraid. Even the smallest baby, a newborn that is abandoned”* [H100-H101; H88-H89]. This refers to dissociation, when the world is so fearful and threatening, a little baby will curl up to protect themselves from danger, dissociating from needs, feelings, and the threat

around them (Perry & Szalavitz 2017:50; Levine 2015:8; Lieberman & Van Horn 2011:177).

From **Betsy's** point of view, a parent provides a benchmark for a child's behaviour, i.e., how they should live and how they should treat others. **Betsy** described her care and concerns in the following dialogue: *"When the child grows up, they will think it is right to live on the streets. But if they bring the baby here; he will see... they are just too cute. The couple they will get these babies, the people that aren't able to have children of their own, they get them... they feel sorry for them, and then they take them. We received a lot of sick babies. Sometimes when I look at this child I would think the baby is going to die, but one, two, three then the baby is okay. It is a little bit better here, because we clean them, we bath them, we feed them nicely. Look, the one they found in the street. So when they see people and their baby is on the street, would they be fed there?"* [B61-B64; B67-B68; B57-B59].

The explanation **Theresa** provided indicated the importance of attachment and brain development in infants and toddlers: *"It all starts with love and trust and acceptance and understanding. First we teach them to love, then the rest follows. Without love and trust, nothing else can happen, because if a child, even an infant, is constantly functioning from a state of fear and uncertainty and they are constantly reacting from their reptilian brain, because their mind and body is in a state of constant stress, then toxic stress, nothing is able to grow. Nothing develops"* [T142-T143; T216-T220].

Pat then further recounted that children who are abandoned and live in a children's home are affected more than those that are living with their families: *"It depends when the caregivers don't give them love, to those abandoned children, then the caregiver don't show them true love, yes then it can be different from those at home, because their parents they can give them and show them true love"* [P25-P27]. *"For the babies that are not talking, I can't see anything, because once you show them love, and they did everything that is supposed to be done for a baby, while he or she is still small, I won't see the difference, it will be the same"* [P42-P45]. According to Browne (2009:11), children living in small home settings develop much better than children living in overcrowded institutional facilities. The effects on the children

are long lasting and include delays in social, emotional, physical, and cognitive development.

From the stated storylines, it is clear that attachment is an essential aspect to healthy child development in early life. These caregivers explained their efforts to form an attachment with each child in their care as being a natural process. When a child has formed an attachment, they feel safe and cared for. They view their environment as warm and secure, and then all other aspects fall into place with ease. This is confirmed by Cozolino (2014:134), who states that attachment plays a large role in our early social memory, as our first form of implicit social memory develops in the womb, listening to the rhythms of our mother's heartbeat and voice, which forms deep associations between intimacy, anxiety, love, shame, and our ability to regulate our emotions.

Starting at birth, babies seek human connection (Lieberman & Van Horn 2011:3). This foundation laid by an initial secure attachment makes it easier for the child to form future attachments, making the transition to a new environment, whether through adoption, foster care, or family reunification, much easier for them. However, it does not always make it easier for the caregivers. As previously mentioned, caregivers feel distraught when the children are taken from them. This is a selfless act on the part of these caregivers, as they keep opening their hearts to children in need. Unfortunately, the caregivers' emotional needs are often neglected. Consideration and support are needed to deal with the mental health of the caregivers as well.

3.3.3.2 Sub-theme 3.2: Neglect

The sub-theme of neglect includes all reasons for the abandonment and/or abuse of a child and how the caregivers experience children that have been neglected.

According to the Children's Act 38 of 2005 (South Africa 2006: section 1), "**neglect**", in relation to a child, means a failure in the exercise of parental responsibilities to provide for the child's basic physical, intellectual, emotional, or social needs.

In Baumrind's model of parenting styles (The Social Work Academy 2019:148) there are indicators that define the neglectful parenting style, and these are illustrated in Table 3.6.

Table 3.6: Baumrind’s description of a neglectful parenting style

Parenting style	Indicators of this type of parenting style	Possible outcome of this type of parenting style
<p>The neglectful parent (low warmth/low control)</p>	<ul style="list-style-type: none"> ▪ Parent is disengaged and/or emotionally uninvolved in their child’s life. ▪ There is little if any expression of love, warmth, or affection. ▪ Parent provides only for the basic needs of food and shelter. ▪ Opportunities for sports, recreation, and ordinary pleasures are infrequent or non-existent. ▪ Parent may be ‘too busy’ or self-involved to support their children (i.e., attend school functions, teach life skills, or encourage socially acceptable behaviour). ▪ Parent places very few restraints on their children and there is little monitoring of their children’s activities. ▪ Parent may be immersed in their own lifestyle or circumstances (i.e., battling mental disorders, drug and alcohol addiction, or domestic abuse). 	<ul style="list-style-type: none"> ▪ Children develop a sense of unimportance to the parent. ▪ Children become emotionally withdrawn from social situations. ▪ Children develop a sense of loneliness. ▪ Children show patterns of truancy in school. ▪ Children show patterns of delinquency during adolescence. ▪ Children are prone to developing fear, stress, and anxiety disorders. ▪ Children develop a low self-esteem. ▪ Children lack self-control and self-regulation. ▪ High risk of addiction to drugs and alcohol. ▪ Children often demonstrate defiance to authority figures, such as parents, teachers, and other adults.

(Source: The Social Work Academy 2019:148)

With the description of neglect above (see Table 3.6), it is confirmed that child neglect has many negative effects on infants and toddlers. The following storylines focus on the observed effects of neglect in abandoned children.

As per the sub-theme of abandonment, it seems as though the neglect of young children occurs so often that it is becoming a common occurrence in our daily lives. In support of this, **Ella** said: *“It is happening now and then, so people they are used to it. It is like normal life”* [E54; E57].

Numerous participants had vivid accounts of the effects of neglect in early childhood. Their sentiments were expressed as follows:

“I’m not criticising and I’m not being, I don’t want to be judgemental, but they are the recipients of somebody else’s decisions, so they are vulnerable and it is nice that you and I, or people like us can actually accommodate those babies. You know I found that with babies that have been abandoned in a rubbish dump or dustbins or whatever, those babies for me, they cling to us more, then the child that was left for example or that was given up in a hospital or institution or whatever” [I48-I50; I103-I105].

“I don’t know how is this world of ours now. But me, I won’t be able to throw my child away. Even if the father is gone, it does not matter. You know, the baby is a gift from God. There are many babies that cries a lot, look the mom used the drugs... He cries and cries... they (place of safety parents) then buy medicine, they take him to the doctor until he is better. A lot of them come here... when the mom is pregnant she uses drugs, then that infant is also exposed to drugs in utero” [B48; B50-B51; B73-B76].

“When it comes to abandonment, I don’t judge the mothers. I don’t believe any mother abandons their baby unless they are desperate, whether they are desperate because of circumstances or because of age, or because of fear of what people would say, or she is just unable. Sometimes I think they act on the spur of the moment. Some of these babies are dumped in toilets or what have you, we have a few of those. Uhhh, you know, these mothers are just not thinking straight. So I

think strongly that these children need to be cared for by a mother and possibly a father as well, that is the way it should be. So abandonment is not a good thing, ever!" [C52-C58].

"Five children and the other four, they vividly recall the trauma, the abuse, the lack of food, the lack of care, whereas our one, because they are normally under the age of two, we normally get them when they are 10 months apart that they normally are; we normally get the ones that are under one years old. And there it is malnutrition, maybe a physical like a broken rib, cigarette burn marks, that type of thing. So uhhh, but in terms of that, I have found that if you kangaroo [kangaroo mother care is when you strap a small baby to your chest as if they are still in the womb], uhmmm, you get a portion of that trust back, by that constant physical contact" [H28-H34].

"I normally tell... but that is more abused babies, I normally tell people because when they come here they are like surprised... that baby you say it was kicked and ribs broken or whatever... that baby is so quiet. The baby is quiet because he knows if I make a noise, I might be three months old, but I have been hit and kicked so many times so I would rather be quiet and not function normally, because if I cry, if I'm hungry or either a nappy that needs to be changed, somebody is going to come and pick me up harshly or you know, tell me to shut up or whatever you know. There is going to be a consequence that is negative. So I have honestly found that abused children are very quiet children. Uhhh, and like I say, when you come close to them they flinch, even in their sleep, if you come close uhhh, to put covers over them or whatever, they will involuntarily just pull away, which is actually quite sad, but ja, the brain and the body remembers more than what we can think of" [H212-H222].

"So I think the abandonment does make attachment more difficult" [H100-H101].

"It is not easy for him or her, to settle their minds when she or he responds to the new caregivers, you are going to start again from there, and if he or she have got some wounds and even health, he won't be having good health... you would just see that this baby is abandoned" [P32-P34; P50-P51].

“So when you are young and just born, your body is still unaware of most things that happens around it, but the mind and the soul is very aware of what happens to you. So the body then later on catches up to that, which causes issues later in life. Think about it, even in the womb, babies experience rejection and stuff. And your mind and your body catches up to the trauma later on in life, you will later on in life experience you were abandoned and you will have issues with it, but that is the reason why” [BR35-BR38; BR41-BR42].

“I have not seen one Asian baby being abandoned, uhmm or heard of one. I have seen a lot of Black babies come through that have been abandoned from early on, and lots of White kids, but the circumstances are generally because of alcohol and drug abuse, with the White kids that comes into the system. With the Black ones it seems to be a myriad of reasons and ages and I think a lot of the time that circumstance in that they can’t afford the children or it is under... our last little baby was the result of a violent assault, because the mom was raped and she was young so made the decision that she didn’t want that reminder in her life and caring for it. So I think it is almost like a logical decision when it comes to the Black parents and abandonment, which I think is better than the White parents who are like drug addicts and alcohol... you know; alcohol and drug addicts and severe abuse, whereas the Black kids aren’t, I’m not saying like that never happens, it is just in my experience of what I have seen in terms of the cultural things, like the White people tend to hang on to their kids, like they don’t make that logical decision and inevitably, I mean, I saw a set of twins, their mom was very old, I don’t know how she fell pregnant with twins, and she was a drug addict like hectically. In the hospital they wouldn’t allow her to take the kids and they tested her before they allowed her to feed them and stuff, so they were removed from her care as supposed to be given away, she would have kept them and completely neglected or abused them, rather than giving them up. And I feel like the Black people tend to make a more logical approach and decision to it, to go like I don’t want to or I can’t and they then give them up, whereas the White people, their babies need to be removed” [L141-L159].

“Trauma. Trauma. Trauma. Again, it comes down to love and attachment and bonding being the first primary thing. I mean we all know the numerous studies that have been conducted with regards to what a foetus hears and experiences in utero.

How a mother's emotional and mental state affects the growth and development of that foetus, how the mother's nutrition impacts that foetus, drugs, alcohol, domestic violence. Every sensory input every environmental factor, it all contributes to overall health and well-being of that unborn baby and then continues to do so after birth. The first thousand days of a child's life is one of our most fundamental focus points, because that is where we can make the most difference" [T144-T152].

"I am going to say that there are different experiences with different children, depending on a whole myriad of factors. Children for instance from mentally unstable mothers or mothers who have some mental health challenges initially screams constantly for days, even weeks on end, until they bond with someone else other than their mother... it takes a lot of hard work, but these little ones do much better after that initial difficult period. They grow better, they develop better, but not until they feel wanted and accepted and loved and secure and safe. Children with substance addiction issues fall into almost the same category, however, these affects could be much longer lasting and have much more severe affects, some even lifelong. Many of the babies that have grown up in my house over the years had varying degrees of separation anxiety, again depending on their personalities, their medical history, their trauma. Separation anxiety at certain ages is developmentally normal and actually healthy. It is also a good sign of a secure attachment as long as it doesn't become anxiety related or traumatic" [T239-T252].

Helen also pointed out the difference between adopting a child from a group home versus a small family setting. She was referring to the neglect that might occur in a large children's home due to there being so many children in the centre that need care and attention: *"Uhhmm, I have adopted one child out of an orphanage, the next child I have adopted out of your home [referring to the researcher's personal home, where less than six children are being cared for at any given time] ...there is a huge difference, in how they experience life and how they attach. Uhhmm, so that is also why we love feedback from our adoptive parents, so that we can know what can we do next time to make it easier or better" [H192-H196].*

Both **Helen** and **Carol** alluded to this sub-theme by saying the following:

“Because we all know that the brain while it develops in-utero is already stuff forming in there. I mean the proteins, if mommy is a drug addict, the brain will not develop like a normal baby’s brain. So we already know that there are those issues, can I say biological issues... ja, because it is just... ja. So we try from our side to, uhmm, make sure, stimulate enough, the brain is a wonderful thing, it can make new pathways all the time, uhmm, also trying to give them coping mechanisms... our 8-year-old has huge abandonment issues, uhmm, he came to us when he was 6 months old, but in that first 6 months of his life, the most he spent or the longest time, according to his great grandmother” [H162-H170].

“I work with micro-preemies or sick kids that are normally abandoned in hospital. We have had babies that have been, I mean, raped or found in a toilet, or found in a box in some or other street, or something like that, we do get them, but most of the children that I have looked after are mostly children abandoned in the hospital. Or they have been removed from their parents, because they are defaulting or they are not caring properly for the child [neglect]” [CA47-CA52].

From the storylines above, the following commonalities came to light:

- ❖ The caregivers’ experiences of an increase in the prevalence of child neglect.
- ❖ Neglected children seem clingier (Osofsky et al 2017:24; Cozolino 2014:146).
- ❖ Their situation is not the child’s fault.
- ❖ Malnourishment and neglect leaves a lasting impression on the child’s conscious and unconscious memory (Perry & Szalavitz 2017:24; Browne 2009:16).
- ❖ Kangaroo mother care (keeping the child close to your chest) seems to help settle traumatised children.
- ❖ There is a definite difference between larger group homes and smaller ones, because the smaller home settings seem to have a better effect on the child (Browne 2009:6).
- ❖ Caregivers found neglected children to be quieter than infants that were abandoned under different circumstances. They indicated that the children seemed to have an expectation that they were going to be harmed and displayed dissociation (Perry & Szalavitz 2017:50; Perry & Szalavitz 2010:77).

- ❖ Caregivers highlighted that the brain and body remember and respond to neglect, even years afterwards (Perry & Szalavitz 2017:24; Browne 2009:14).
- ❖ Neglect and race – one participant mentioned that she has experienced that White children had a higher probability of being exposed to abuse.
- ❖ Mothers abandoned their babies because they are desperate (Blackie 2014:19).
- ❖ How to heal trauma – love, attachment and bonding plays an integral part in healing (Osofsky et al 2017:62-63).
- ❖ Children can already be affected by neglect in utero (Blackie 2014:79).

Browne (2009:14) states that neglect suppresses brain development, thus leading to detrimental developmental delays. Some of the participants understood the effects of abandonment and neglect on infants and toddlers, though other participants were not transparent or comfortable discussing the effects in relation to childhood traumas.

From the storylines of the participants that discussed neglect openly, it was clear that they feel that abandonment and neglect does have an effect on infants and toddlers. The caregivers were impassioned and dedicated to help combat the effects of neglect amongst the children they care for. However, they would evidently need support structures in order to deal with this aspect.

3.3.3.3 Sub-theme 3.3: Effect on Child

In this sub-theme, the researcher explores the effects of abandonment and neglect from the perspective of the caregivers. The effects of delayed placement from the care centre into the child's new environment is also investigated.

All participants agreed that abandonment and neglect have an effect on toddlers, however, there was no consensus regarding the effects on infants. Research indicates that there is indeed an effect on infants experiencing trauma in utero and up to 1000 days from conception (Perry 2008:101).

One participant (Winnie¹⁷) stated that she does not believe infants are affected by abandonment or neglect. They are still too small to remember the event. She did say that, in her opinion, these adversities affect toddlers or children older than six months: *“If they get abandoned and they get adopted before 6 months old, I don’t think there will be that much of an influence in later life. It is the babies that stay in institutions and don’t get a change of a forever family that struggles”* [W34-W37].

Winnie then further related her understanding of the effects of abandonment as follows: *“Yes, there could be an effect, if it is a newborn that is separated I don’t think there is very much of an influence, but I do think... if you handle them in a... let’s call it an adult way, and you can inform them of how they or why they were separated, I think with an adult there would be less of an outfall than there would be when they are older, as with younger children, to be separated”* [W60-W63].

Brenda believes that children are affected by abandonment and neglect. She referred to the belief that even if the mind does not consciously remember an event, the soul does, and eventually the mind catches up with the soul and this is when the person starts experiencing difficulties with what has happened to them: *“So when you are young and just born, your body is still unaware of most things that happens around it, but the mind and the soul is very aware of what happens to you. So the body then later on catches up to that, which causes issues later in life. Think about it, even in the womb, babies experience rejection and stuff”* [BR35-BR38].

It seemed as though the majority of the participants felt that childhood abandonment does affect young children from infancy. Some participants referred to infants being affected in utero already.

In supporting this theme, different views were shared on the effects of early abandonment and neglect on the young child. The participants referred to these effects in the following storylines:

¹⁷ Pseudonyms were used to protect the anonymity of the participants.

“We have lots of contact with these children, and yes many of them has behavioural problems, but there is some of them that, you know, it is going well. And here we have therapy, we ensure they receive therapy here, play therapy” [M36-M38].

“So you actually have to work with that child and give them as much attention as possible and love and physical contact, to say I love you and I care for you. You are going to be fine. Like, you know, I had the one little boy, I had a couple of babies who will cry and scream, but they are not colic, they are not... you know, they are not dirty, they are not hungry, but they scream, but you know they scream like... you know, what I’m talking about, and you know what, I just stay there and say you know you are going to be fine, you don’t worry, you are going to be fine, you know calm down, everything is going to be fine. It takes two to three times, let’s say four times, this screaming session and you know what eventually they just start calming down and the become the most sweetest thing that you can have at home” [I112-I120].

“You know that babies that are actually feel so rejected then they have that separation, the anxiety, you know I feel that they are more prone to feel like that and react like that, so we just have to say okay you are going to be fine, you aren’t alone and you just talk to them and eventually they are so sweet, so they calm down and that pattern changes completely” [I126-I130].

Helen experienced the effects of infant abandonment when her older adopted son was admitted to hospital for a medical procedure: *“Because the first bone graph didn’t take and while he was in ICU [intensive care unit] and on a ventilator the second time, a lot of his trauma from when he was a baby actually surfaced which if I had known that, I might have been better prepared to deal with that, but because I’m not one to say ‘Oh my word, I’m not taking this child because I’m afraid he might have this or he might have that’. So I sometimes think that my ignorance is bliss [laughing]” [H43-H47].*

Helen then explained: *“Uhhmm, they are afraid. Even the smallest baby, a newborn that is abandoned, like I was explaining just now with Sandile, the... just small things, can trigger his anxiety again, because it is in the subconscious, it is just there. Like we were saying, it is part of his body, his DNA, it is part of who he is. Uhhmm,*

our twelve-year-old, after he woke up (after his neck fusion surgery), he has always been afraid of trees, but we couldn't understand why, and when I went back to look for his history report of his initial abandonment, I found out that he had marks around his wrists, and they said that he was possibly tied to the tree outside... and he was tied to a tree and he was under one-year-old, he is 12 now... we had to cut down two big trees in our drive way to accommodate him" [H89-H96].

Sherri described the effects of abandonment from her own experience: *"They have the separation anxiety, you can automatically see when a child is placed here and they've been separated from the parents. The trauma that goes with it and the way that they always cry, uhmm, you can see even if you as a mother try to hold the child. That separation anxiety is there because even in the older children (toddlers), they know who their real moms actually are. And if you eventually get the confidence or win over their confidence and trusting you, then they will start seeing you as the mother and that is when they start building that bond with you and as soon as they are placed with someone else, that separation anxiety starts all over again" [S49-S56].*

Chantel described the following experience with one of the kids that was placed into foster care with her from another CYCC: *"But for a long time one could pick up that insecurity. So I think that is what abandonment actually causes, they are afraid of being abandoned again" [C48-C50].*

According to **Portia**, the individual child's personality played a part in the extent to which he/she was affected by abandonment: *"I also believe when these kids that have been abandoned are placed in a safe environment, it depends on personality if they will have separation anxiety and the severity thereof. I have seen children hide when there are unfamiliar people and then others that are overly excited when they meet new people, and therefore I can say that an abandoned child cannot be labelled with having specific effects, because they are all affected differently" [PO64-PO68].*

When exploring the participants' views on self-soothing behaviour, as confirmed in the study of Browne (2009:10), three participants (Theresa, Carol, and Maria¹⁸) added that, in their experience, abandoned children often present with self-soothing behaviours such as rocking or banging of their heads. The following storylines attest to this:

“Some children have experienced unimaginable trauma and abuse and manage to, through services and organisations such as ours, heal from that. I don't like it when people say ‘children are resilient; they won't even remember it or they will bounce back’. You sometimes find that children stop crying at all, like dissociation to protect themselves from the outside world, or other times they cry so much nothing can console them. But I must say the most common thing I have noticed is them, is to seek self-soothing comforts, mostly rocking and banging of their heads in cot beds. It is very similar to autistic behaviours I must say” [T146-T168; T170-T174].

“Rocking is one thing, another thing is banging their heads in the cot bed. I have seen quite a few that have started doing that. I think self-soothing needs are one of the things that we pick up the most. Even the small, small babies, they still look for self-soothing” [CA31-C33; C35].

“The adoptive parents phone and say the child is crying, the child does not stop crying, the child is bumping their head on the fridge, the child only wants to eat yogurt, uhmmm, they don't phone the social worker, they phone us” [M85-M87].

Confirming their understanding of the effects of separation, three participants (Helen, Lee, and Carol¹⁹) mentioned that children can also feel a sense of secondary abandonment when they are moved from the children's home after forming an attachment to the caregiver. In supporting the mentioned aspects, the following storylines are presented:

¹⁸ Pseudonyms were used to protect the anonymity of the participants.

¹⁹ Pseudonyms were used to protect the anonymity of the participants.

“We lived in Ghana for 5 years, and seeing both our sons where adoptive out of an orphanage situation after they were abandoned, so they had all the normal care, the basics, but they had very little touch. And we found by the time we have adopted them they were over a year old by then, uhmm, Michael for instance couldn’t stand it that we wanted to hold him. He wanted to be left alone, he wanted to not sleep by me, he would never come and sit on your lap and look for cuddles, it was just not who he was, because he didn’t in that first year of his life he didn’t experience any of that” [H180-H186].

“So I do think they then adapt quickly, but they are definitely affected. Because she was sleeping though from nine weeks for 12 hours, she never woke up for nothing during the night, nothing woke that kid up. And for her not to sleep through the night, it is unusual. So it definitely affected her!” [L238-L241].

“All of a sudden, if they have not been exposed to a normal society, they can then act out. That is what happens to the older kids” [CA29-CA30].

Chantel explained her feelings towards child abandonment and that she does not judge the mothers, but each child deserves to be raised in a family setting: *“Well I’m a Christian and I believe God put children in families. Every child needs a family, preferably their biological family. When it comes to abandonment, I don’t judge the mothers. I don’t believe any mother abandons their baby unless they are desperate, whether they are desperate because of circumstances or because of age, or because of fear of what people would say, or she is just unable. I think there is always some amount of insecurity because of that early abandonment, because that early contact with the mother was broken” [C51-C54; C41; C43-C44].*

Landy and Bradley (2014:171) suggest that children who face early adversities can be affected with developmental issues. These developmental concerns include:

- Difficulties with behaviour and emotional regulation.
- Inability to concentrate and memory problems.
- Difficulty developing empathy and social skills.
- The nervous system may also be affected.

Many storylines emerged from the participants on the effects of abandonment. It was apparent that the participants understood that parents sometimes have no other option but to abandon their child due to various reasons. These caregivers feel a lot of empathy towards the children in their care. Though abandonment does affect each child differently, the participants did stipulate that the effects of abandonment are much more severe in toddlers than in infants, however, they understood that infants are still impacted.

The effects that have been covered in this sub-section primarily refer to separation anxiety and the fear of being abandoned repeatedly. Dissociation and often avoidant behaviours make attachment to their new caregivers difficult. Caregivers have witnessed self-soothing behaviours, such as rocking or head banging. They explained that many abandoned babies cried frequently, and it was often difficult to settle the children. Browne (2009:10) adds that there are a variety of effects abandonment can have on young children, including a delay in the development of motor skills and missed development, but more severe stereotypical behaviours such as body rocking and head banging are often observed.

Infants and toddlers growing up in institutional homes are predisposed to certain conditions, such as poor health, deterioration of brain growth, being physically underdeveloped, developmental delays, and emotional attachment disorders, as compared to children growing up in their family homes (Browne 2009:1).

Caregivers felt that in order to minimise the effects of abandonment, children had to be placed with their forever families as soon as possible. Love and attention have a remarkable effect on infants and toddlers that feel anxious or unsettled. Most of these organisations have implemented therapy concepts to help these children. Through the assistance of professional volunteers, some support is provided to caregivers. But more assistance is needed, as not all organisations are so fortunate as to have access to these professional volunteers.

3.3.4 Theme 4: Management of caregiving and caregivers

In this section, the researcher explores the resources and coping skills of the caregivers. This refers to the support systems in the eco-system theory, where the researcher explored the various contributors towards their physical and psychological sustenance. Turner (2017:245), describes these support systems as the exo and meso sub-systems.

The caregivers rely on opportunities given by management to enhance their coping skills, such as training and bereavement opportunities. The supply of resources and support also contributes to their coping skills. The participants shared their views through verbal expressions during the interviews.

The data analysis for this theme is presented with three sub-themes as depicted in Table 3.7.

Table 3.7: Overview of sub-themes related to management of caregiving and caregivers

THEME 4	SUB-THEMES
Management of caregiving and caregivers	4.1 Resources 4.2 Coping skills 4.3 Support

3.3.4.1 Sub-theme 4.1: Resources

In this sub-theme, caregivers listed the resources that make their roles and responsibilities a little easier. Resources can be defined as any form of assistance that supports these caregivers in providing the best possible care for the children (Kadungure 2017:27; Pretorius 2013:7).

Resources, such as hospitals, different kinds of therapy (physio, speech, occupational), doctors, paediatricians, ophthalmologists, volunteers, and financial

resources (churches, schools, and businesses), were highlighted as important and are evident in the following storylines:

“Own doctor, hospitals” [P86].

“...even donations, if our management ask for donations” [P95].

“Therapies and volunteers; they help a lot” [E85].

“Yes, the volunteers make it easy” [B162].

“Well, we’ve got a support system for anything. Uhmmm, physio, speech therapy, uhhhhh, occupational therapy, doctors, paediatricians, ophthalmologist, we’ve got something from everybody, to assist. And lots of volunteers as well... very big support structure” [W69-W72].

“A very large support structure that includes medical assistance. We have many doctors, therapists that helps us, and then churches, school, uhmmmm, businesses in the area, really we have many, many, many support structures. Yes, so we have many people that assists. Then our whole Facebook page is worldwide engaged” [M130-M134; M137].

“Also got the Facebook page, which, you know, there is a lady that is actually now running that for me, you know, she gets the milk and some nappies and whatever people want to donate” [I181-I183].

“We have a lot of paediatricians, uhmm, that is on our alliance, they have established a network for us of people that we can rely on, should a baby come in and we are unsure, even sight, hearing, the ear institute, the eye institute, all over, willing to look at our babies for us, for free” [H201; H203-H205].

“We’ve got churches that stops by every month and drops off baby products for us. We’ve got people that buys formula milk or nappies and sometimes buys groceries

for the kids, uhmm, just community members phoning and saying we've got this; can we donate this?" [S81-S83].

One participant highlighted the importance of the local child protection unit by saying: *"I've got a very awesome relationship with Child Welfare" [I148].* The importance of medical resources was also mentioned: *"my doctor sees them for free",* and *"I spoke to the pharmacist and he said to me don't worry I will have to get somebody close by and I will speak to her and see if she can assist you with immunised" [I151; I163-I165].*

Volunteers were cited as one of the most important resources for sustainability and sponsorship, but also to lighten the workload of the caregivers. These caregivers revealed that they have volunteers assisting them in their daily tasks and the routines of the children. In some instances, they also have professional volunteers that assist with administrative tasks, funding (mostly from Facebook pages), and the medical or therapy needs of the children. In supporting this aspect, the following storylines are presented:

"We interview all our volunteers" [B146]. The following resources were also mentioned: *"The Medicross group, they are our GPs [general practitioners] now, like a physio or a GP, they will see the children, free of charge" [BR166-BR167].*

"And we need to do social responsibility, so we were the first charity that they looked at and he just said to me, send me your list of, uhmm, expenses, monthly expenses and all your paperwork, your non-profit registration, all the things that you do, form 39, everything. So I send him the whole file and I didn't hear from him again and then on the 16th, I think lockdown came in on the 21st, on the 16th they funded the house for 6 months, everything" [BR196-BR201].

"Rely heavily on our volunteers with everyday tasks, stimulation and development of the children, but mostly our professional volunteers like medical doctors, specialist and so forth" [T280-T282].

“Volunteers, we have a psychologist, we have medical personnel that comes here, so they assist us tremendously, especially with the micro-preemies or the kids that come in that are very behind in their development. So we have occupational and speech and all of that comes here. So I think that is a very good thing” [CA73-CA76].

Other forms of volunteerism that were evident in the storylines were medical and therapy assistance. This is confirmed by the following statement:

“I think most important is the medical assistance, because you don’t know the child’s background, you don’t know if there was any family history or a specific medical condition, for instance diabetes or something that could be genetically transferred over to the child. So I think most importantly for us is the support of doctors and specialists, especially if you got kids, like the one we’ve got that is two and is not able to walk yet. So we got in an occupation therapist for him to assist and see if there is perhaps anything else wrong with him, uhmm, so and then we rely on the community to assist us in taking care of the kids. It does take a village to raise our children, uhmm, without their help and support and bringing donations in, uhmm, that is a huge thing for us” [S66-S73].

According to Browne (2009:20), financial, human, and capital resources play a large role in caring for children in institutional care. This means that a resource does not necessarily have to benefit the child, but it may also ease the workload of the caregivers.

In his study, Browne (2009:190) suggests that institutional homes are always in need of professional volunteers to enhance the care provided for the children. In this sub-theme, the researcher explored the access these caregivers have to resources and which resources are still called for.

Several participants listed resources at their organisation such as:

- Volunteers
- Doctors
- Hospitals
- Therapy (physio, occupational)

- Churches

However, as discovered in previous themes, they do not have adequate resources that are specifically focused on the effects of abandonment trauma. Even though the immediate medical and physical care aspects of these children are sufficient, there is a large gap in accessing psychological care for these children and the caregivers (Browne 2009:16).

Specialised types of therapy linked to healthy child development, such as psychologists or play therapists, are based in private practices and often only cater for homes that can afford their fees. None of the caregivers mentioned that they receive assistance from any qualified child wellness or development therapist that can assist with the psychological disturbances or anxieties, such as those brought on by abandonment.

3.3.4.2 Sub-theme 4.2: Coping skills

This sub-theme explores the caregivers' coping skills and how they are supported by their work environment in maintaining a balanced mental health state in their roles as caregivers.

Caregivers mentioned that they struggle emotionally when a child is taken from their care and that they require more support during this trying time. This is a form of bereavement, as they experience a loss when these children are placed out of their care. During the interviews, participants often expressed feelings of helplessness and hopelessness. The caregivers are unsure whether the new placement parent will be able to provide for the needs of the child. They are concerned as to whether the new family will be attentive and responsive in calming the child when he/she is in a state of distress. In turn, these concerns of the caregivers reflect that a true attachment and bond has formed between the caregiver and the child. Their experiences are evident in the storylines below.

Pat described the following regarding coping skills when children are taken from her care: *"He is going to have a better life, more than what she or he was surviving in,*

then we could continue to give the same love to those ones who are left, so it is what makes us to be... get better from being heartbroken” [P107-P109].

Ella referred to coping skills when babies they have loved and cared for are taken again: *“We deal... most of the time you have to replace... him or her with another baby inside here [referring to the group home]” [E78].*

Post-adoption messages and photos assist **Maria** in coping with the feelings of loss: *“What does make it better is if we at least know the people, where the child is going to. If you have already built a relationship with them, and especially if they come and visit the baby, and you can see they love the baby... this helps to cope. What helps me is me packing their ‘going away’ bag, and I write them little letters and make a cards and we gather photos, then I will cry so terribly during this. So this helps a little bit, to get ‘closure’ ...yes. And in order for me not to cry uncontrollably on the day they leave” [M112-M114; M119-M121].*

Ida said: *“So it is very... for me I can be done emotionally, because life happens... we are not always constant in our emotions, but you know if the phone rings and there is a baby that needs to be placed, it is the best news to a certain degree, because you know what you just take your focus off yourself and you put your focus on the baby and you go with it” [I40-I44].*

Portia alleged that her coping skills stem from making a difference in these vulnerable children’s lives: *“The situation is bad, but it is better than being aborted, abused, or neglected. For me it is incredible to be able to care for them, having them in my hands and walking this road with them until they are able to go to their forever homes” [PO31-PO33].*

Two participants (Ella and Carol²⁰) suggested that training and communication, including debriefing sessions with management or peers, can assist caregivers with coping skills. Their storylines were recorded as follows:

²⁰ Pseudonyms were used to protect the anonymity of the participants.

“I think that training it can help. Like last time, there was those people they were coming here, that guy and the lady” [E80-E81].

“Communication! It is a big part! You have to have the right people, and I think the training helps, but I think it is motherly instinct almost, they’ve all got children of their own, so if they see something that needs attention, hopefully they would do something about it, which I’m sure is the case, and also I think, abandoned babies likes structure. They sort of like to know what is coming next, because where they come in from, especially the bigger kids, they don’t know what is going to happen next, so a structure sort of gives them that safety. Yes, it is almost like a safety net” [CA60; CA63-CA68].

In underscoring what the participants have shared regarding training and coping skills, Kadungure (2017:81) and Pretorius (2013:92) confirm that the coping skills of caregivers are enhanced by their ability to lean on caregiver peers and support from management in the form of communication and debriefing. Therefore, coping skills come from socially supportive networks by drawing on the sentiments and resources provided by others (Baron & Branscombe 2013:404). Baron and Branscombe (2013:404) are also of the opinion that prolonged stress can lead to a compromised immune system, chronic illnesses, and fatigue, that can in turn influence the work ethics and emotional commitment of the caregivers towards the children they care for. Children need an attuned caregiver for emotional regulation, which can only take place when they feel safe and secure (Delahooke 2017:101).

From the caregiver statements above, it is clear that loss and bereavement form a large part of the caregiver experience. Caregivers often need to say goodbye to children they have loved and cared for as their own. The way participants cope with this is to turn their attention to another child in need. Caregivers increase their sense of self-worth by caring for another vulnerable child in need. Additionally, it was understood that caregivers feel they do not have the opportunity to get to know the new placement parents and do a proper handover of the child. Perhaps if they experience their children bonding with the new parent, the transition would be easier for both the child and the caregiver.

Receiving feedback and photos of children that have been placed in their forever homes alleviates caregivers' fears and uncertainty. Seeing the children thriving reinforces the caregivers' belief that they made a difference and it also provides a form of closure to them.

Gathered from the storylines, debriefing sessions with management is an absolute must in their role as caregiver. The organisations' management needs to be in tune with the toll that the placement process takes on caregivers. Assurances need to be provided to caregivers in order for them to verify that their attentiveness towards the children was not in vain.

3.3.4.3 Sub-theme 4.3: Support

In this sub-theme the researcher explores the support networks of caregivers in institutional homes. The participants referred to the support caregivers receive from their community, the organisation, and colleagues in their role as caregivers for abandoned infants and toddlers. From the statements below it is clear that a large part of the caregiver role involves relying on the support of others. The following storylines attest to this.

Betsy mentioned that their support system relies heavily on volunteers: *“Yes, they do come and assist, like with the toddlers that needs pre-schooling, and the others come and play with the smaller ones” [B93-B94].*

Two participants (Winnie and Maria²¹) were of the opinion that they are almost completely dependent on their community for support. The community's involvement is so pivotal to the success of their organisations, that they often stay put in the area in order to garner the assistance. **Winnie** mentioned the following regarding support for their organisations from the community: *“We've got massive support from the community. We can't... we don't want to move out of the area, because of the support we've got from the community” [W52-W53].* **Maria** concurred with this sentiment: *“We have been living in this area very long, it has been 20 years*

²¹ Pseudonyms were used to protect the anonymity of the participants.

on this side of the world, that we have known these people, no, all of them, the businesses, the churches, the schools, uhmmm, individuals, many... many... many support from our area” [M59-M62].

Pat referred to the support they as caregivers receive from their organisations’ management: *“You find support from our management, they will show us a nice ways to do, and nice activities... they manage to give us some of the activities, and we have everything to spend the whole day and the whole night with our kids safely, and we have got... everything is safe, because our management support us, whatever I ask or what we want to use with our kids, our management is providing it to us” [P90-P94].*

Helen has a number of babies with medical needs placed with her, and she referred to the support she receives from a local hospital and a team of medical professionals: *“Working relationship with Steve Biko hospital and we have a team of paediatricians in our group” [H51-H52].*

Continuing with the sub-theme of support, **Pat**, **Theresa**, and **Carol** referred to peer workers supporting each other at the organisations:

“The caregivers, they support each other” [P101].

“I definitely do know the staff support each other too in many different ways. They share the burdens together, they share the pain and heartache together, but also the joy and fulfilment that comes with our passion for caring for vulnerable children” [T285-T286; T288-T289].

“Yes, we support each other very much” [CA71].

Education and training are key elements for both **Ella** and **Theresa**, as it enhances the caregivers’ abilities to care for the children and makes them more effective.

“We are like going for trainings. Because if you go for training you learn more, you experience a lot of things that you don’t know” [E90; E96].

“We educate them as much as possible and the longer they work with us, the better their understanding and empathy... and in turn then also their compassionate caregiving towards these children” [T193-T195].

The above storylines are supported by literature and this is confirmed in a study by Pretorius (2013:77), where she found that caregivers felt that they do not receive adequate support in regard to training, advice, and debriefing, especially when they experience difficulties in their role as caregivers for young children. Unfortunately, this leaves them feeling abandoned and left to their own devices. Pretorius (2013:99) further concludes that caregivers often experience a lack of resources, limited space for new children, and insufficient managerial support in their caregiver role.

The accounts of the participants identified that a part of the caregivers' support system stems from volunteers, the communities they live in, their churches and religious groups, and their organisations' management. Caregivers also stated that training and opportunities for educational growth help to enhance their existing skill set and their understanding of the caregiver role. One participant referred to the support she receives from a government hospital and the medical team there. It is worth noting that later in the study, this participant also mentioned how she had to wait for extensive periods of time at these hospitals. In hindsight, the valuable time could have been used more constructively.

In the study done by Yorke (2015:41), it indicated that there has definitely been an increase of professional services, such as psychologists and occupational therapists, in CYCCs in recent years. This is good, as all CYCCs need the voluntary services of specific professions, with particular emphasis on medical treatments.

None of the participants referred to any support they receive from external social workers or departments. These social workers are the case managers of the children placed at these organisations. As it stands, the social workers function as the supportive structure for the children, while the caregivers are the nurturers.

Stated in the Children’s Act 38 of 2005 (South Africa 2006: regulation 73c), the role of the case social worker in collaboration with the caregiver in the placement of a child into a CYCC is described as follows:

“...every child placed in a child and youth care centre has the right to regular communication and visitation by an assigned case social worker in assessing the child’s progress and wellbeing at the centre, including healthy physical and emotional development and support”.

3.3.5 Theme 5: Challenges experienced in caregiving

When caring for abandoned infants and toddlers, many challenges can hinder the value of the care these caregivers can provide. As described by Turner (2017:245), many interpersonal and environmental influences can affect the eco-systems of a caregiver, their views, perceptions and experiences. This means all influences from the macro, exo, meso and micro sub-systems, which can be expressed verbally and non-verbally.

In this theme the researcher presents the challenges of caregivers that were verbally expressed by the participants under five sub-themes and five categories, as depicted in Table 3.8.

Table 3.8: Overview of sub-themes related to challenges experienced in caregiving

THEME 5	SUB-THEMES
<p>Challenges experienced in caregiving</p>	<ul style="list-style-type: none"> 5.1 Challenges relating to children 5.2 Challenges relating to the caregiver role 5.3 Matters relating to management 5.4 Matters relating to finance 5.5 Matters relating to external role players <ul style="list-style-type: none"> • Placement of children • Cooperation with external social workers • Courts • Regulations

3.3.5.1 Sub-theme 5.1: Challenges relating to children

In this sub-theme, the challenges faced by the caregivers who care for the children in institutional homes are described. The challenges mainly relate to the behavioural difficulties of the children.

Several participants related their experiences and challenges related to caring for abandoned children as follows:

“I can start from toddlers, we face some challenges, like they can be naughty, like they can be used to that; this aunty I’m scared of or I’m not scared of this aunty, doing all other activities that are not allowed, like smacking others, biting, and doing whatever, because they said they are not scared. This is what I can say about the toddlers. The challenges for the babies, I can say, the babies mostly... it is not too much, because they just cry, crying if it is towards bottle time, I can say that they can remind you that this hour is now our bottle time, it is like that” [P14-P19].

“Our challenges come when the child just cries, then you don’t know how to help”. Ella also said: “it is not easy with them, because they don’t understand, especially when they do wrong stuff like Tumelo, it is difficult to deal with them” [E23; E32-E33].

“Realised there are mummies and daddies and there are families. This is the worst for me when they start asking. So the whole process of these kids starting to realise their situation, or even that they have siblings, a mom and dad and where they came from is very difficult for them. I think this is for me the most difficult things” [PO21-PO22; PO25-PO27].

“Toddlers, if you get them over the age of one and there has been physical trauma, uhmmm and abuse, that can be a bit of a challenge, uhmm because, that is, uhmm, more difficult to fix in terms of, uhmmm... having them to attached, because they

are always afraid... they are always in that fight or flight mode. So, uhmmm, if they have been traumatised in the first, let say, 15 months, 16 months of their life, I find that they struggle to attach and trust us as caregivers” [H20-H25].

“And if you eventually get the confidence or win over their confidence and trusting you, then they will start seeing you as the mother and that is when they start building that bond with you and as soon as they are placed with someone else, that separation anxiety starts all over again” [S53-S56].

“I don’t have many challenges, you know it is like, for example, those that are not well, you know, I had two babies that were born with low muscle tone, and that also like freak me out... you know, you just want to see that child well. And that for me is a big challenge. I want my children well” [I24-I28].

Johnson et al (in Browne 2009:12) conducted 12 case studies on the emotional attachment of children living in institutional care. One study found evidence of greater attachment difficulties, while nine studies reported indiscriminate friendliness, over-friendliness, or disinhibited behaviour which suggests disorganised attachment. These studies all concluded that institutional living poses a continuum of attachment disorders in young children. Attachment difficulties can present as behavioural concerns, as the child has no attachment figure to assist in regulating big emotions (Osofsky et al 2017:33-36; Cozolino 2014:81; Landy & Bradley 2014:207).

Furthermore, abandonment can inhibit the growing immune system of young children, resulting in poor health, sickness, and developmental concerns (Browne 2009:10). Overcrowded conditions, such as those in institutional homes, contribute and affect these concerns even more (Browne 2009:10). Behavioural issues can also stem from poor health and developmental delays.

The caregivers’ storylines speak to behavioural issues amongst abandoned toddlers. They especially mentioned behaviours that indicated the children were reacting according to the fight, flight, or freeze response, meaning that they did not see the world as a trustworthy and safe environment. The flight, fight, and freeze

responses refer to our primitive autonomic regulation of emotions and social engagement system (Cozolino 2014:151). These children find it difficult to attach to the caregivers, thus making it even more difficult to assist them in regulating their emotions. Therefore, they are unable to settle and always seem emotionally upset. Children that have experienced a number of stresses early in life are less likely to have the ability to form a secure attachment (Landy & Bradley 2014:299).

One participant (Ida²²) referred to the medical and developmental concerns she has with abandoned babies, such as children that are struggling to grow and have low muscle tone. According to Perry and Szalavitz (2017:151), babies grow at different rates, but trauma can affect physical growth tremendously and hinder healthy development.

Some participants said that trauma had a greater effect on older children. Toddlers often find it difficult to trust their new caregiver. Landy and Bradley (2014:171) state that experiences that are not traumatic to older children can be very traumatic to infants, though they display greater resilience within a shorter timeframe.

It was unanimous amongst the participants that more assistance is required in caring for children with behavioural concerns due to early adversities.

3.3.5.2 Sub-theme 5.2: Challenges relating to the caregiver role

Challenges relating to the caregiver role can influence the level of care these vulnerable children receive. In this sub-theme, these challenges are discussed.

In the storylines, it emerged that the caregiver role is not a walk in the park. There is a lot of emotional input from the caregivers, but they do not always have the opportunity to debrief and discuss their stressors.

It also became evident that their work is emotionally and physically draining, which often leads to burnout. These caregivers need support in the form of debriefing and

²² Pseudonyms were used to protect the anonymity of the participants.

counselling to assist them with feelings of exhaustion. The result of not dealing with the mentioned turmoil causes conflict between caregivers.

Two participants mentioned that disagreements between caregivers occur from time to time. Conflict usually arises when caregivers have different views of their roles.

“You want to be on top or you want to be like, you know, too much... more that everyone, so you start to have some conflicts, not understanding each other” [P58-P59].

“Do not make no mistake. There are some that are really caring, not that they would ever look after somebody else’s child, because we address that with my HR [Human Resources representative] and if you ask them, you know what, would they ever open their houses like I did, taking children from a different colour, and in the end it is not about the colour, but for them if you said would you do that, then no. So ja, most of them... all of them actually, that they said no. They would never open their houses to children, taking a child that is. Ja, because they get paid, you know it is just a form of income, they are here, they come, they work, they go and there is pay at the end of the month. Where taking in a child in their own care, a child that is not related to them... no way” [183-192].

Anna said that her main challenge related to the caregiver role is the children fighting with each other or children fighting with the caregivers: *“Tswarelo... he is stout, Nunu... Nipho, Tumelo... he is stout, and Shade he like beat the child... the other child... like the last time. Tumelo is worse aunty, nowadays Tumelo he is worse. I don’t know what is wrong with Tumelo. Sometimes he is crying for nothing, sometimes it is just snack time, if you give him he will start crying” [A70-A71;A73-A75].*

Providing a glimpse into the challenges faced by caregivers regarding their workload, the strain of night shifts, and exposure to burnout, four caregivers (Betsy, Portia, Maria, and Theresa²³) shared their sentiments as follows:

²³ Pseudonyms were used to protect the anonymity of the participants.

“Because everything is a big job” [B37].

“Just to prevent a burnout, because the more kids you care for, the more emotions you carry. Like at a large children’s home, those workers are always overworked, emotional and tired” [PO78-P79].

“Night shift is the biggest challenge” [M22].

“Even adults have trauma, whether they like to admit it or not. Somewhere something happened in a person’s life that caused you to have certain fears and phobias and character traits and trust issues and self-image issues and likes and dislikes. It all stems from past experiences... positive or negative” [T163-T156].

Confirming the participants’ accounts on the demanding nature of their job, Browne (2009:9) states that institutional homes have highly regimented routines, unfavourable caregiver to child ratios, and unresponsive staff members who see their role as nursing care instead of psychological care, all of which can place pressure on the caregiver and have negative effects on the development of the child.

According to Pretorius (2013:67), her study on caregivers’ motivation for involvement in caregiving has indicated that most caregivers began working as caregivers because they love children and consider themselves to be good people, with an inherent ability to care for children. Pretorius (2013:68) further states that she has observed that not all caregivers feel the same, as some of them are only taking on the role of caregiver for the sake of having a job, and other caregivers seemed to feel as though they were trapped. These caregivers indicated that the reason they felt trapped was the fact that they were separated from their own families due to the demanding nature of their caregiving job. Pretorius (2013:70) concluded that burnout can lead to a caregiver feeling hopeless, apathetic, indifferent, and uninterested, but also leads to disagreements and conflict amongst peers.

In a study by Kadungure (2017:67) it was identified that caregivers have a considerable amount of pressure placed on them, leading to health problems, both physically and psychologically. Teamwork is an integral part of caregivers caring for

children in institutional care (Thesen 2014:71). Providing care for children works best when the caregivers have ideas similar to those of their peers and organisations (Thesen 2014:71).

3.3.5.3 Sub-theme 5.3: Matters relating to management

The following extracts alluded to the view of participants on management matters relating to caregiving and the effects these matters have on the caregiver roles.

Networking and the provision of medical resources, as well as how these resources are made available to the caregivers and the children, are presented in the storylines below.

“Because our babies are mostly state babies, therapy needs to happen at Steve Biko Academic Hospital, that is where they clinics are, in this time to take a child for half an hour therapy session, you have to be in a cue for two and a half hours, just to get into the hospital, then you share a lift with 20 other people to get to the level where they need to be, you know. So in this time we try to make use of private practitioners, so obviously that, not all of them can afford to give us a free service, but they do give us a discounted rate. So ideally, we could do with more financial support, specifically in terms of therapy, uhmm, and in terms of medical stuff that we like to acquire for our house. We specifically would like to get our own oxygen concentrating machine” [H224-H232].

“Because sometimes what they will do if they feel the baby needs to be admitted, they will tell you that you need to take them to Steve Biko. And it would be really nice if they would not do that. Because for me to go to Steve Biko and sit there, it is far number one, because I have my own kids and stuff... and I would hate to leave them there. Like I won't leave my own children in hospital on their own” [L256-L260].

Kadungure (2017:71-72) and Yorke (2015:50) indicate that it is important for caregivers to know the backgrounds of the children placed in their care, as this will help them to understand the children's behaviour and needs while caring for them.

Two caregivers (Winnie and Ida²⁴), confirmed that gaining access to the children's background information will allow them to enhance the care that they are able to provide to these children. The information will go a long way towards providing the best possible care for the children, because focus may then be placed on certain areas of each child's development. The following storylines confirms the need for background information:

"Getting enough background information to know what to expect" [W24].

"But you know some of the babies you can't get any background information" [I34-I35].

Theresa raised her opinion regarding management and social workers: *"Outside social workers don't have the understanding of what it takes to give your life, your passion, your love, your time, your energy to help heal a little soul, make them whole and happy again and then just have to give them up again so suddenly, and in some cases, never have contact again, because we are not allowed to."* **Theresa** then further elucidated that the caregivers' compassion towards these children is not shared: *"No, they don't have the brain capacity or the heart understanding in our current situation with DSD [Department of Social Development] governing in the wrong way with the wrong principles and the wrong frame of reference" [T294-T300].*

The management of the children's cases adds to the frustration of caregivers. Three caregivers (Lee, Brenda, and Theresa²⁵) mentioned that they are always struggling to get feedback on the progress of the children's cases. The participants referred to this along the following lines:

"I feel that it gets frustrating when there is not enough feedback, in terms of what is happening with the child" [L16-L17].

²⁴ Pseudonyms were used to protect the anonymity of the participants.

²⁵ Pseudonyms were used to protect the anonymity of the participants.

“And then some kids stay with me for a year or two before they get even placed. What do you do in between? You take more cases, and take more cases, and take more cases, and what? What happens then? So to me a child should be placed within six months. The thing is it is all about these little ones. It is about the effect that it has on them if they stay in a place of safety too long. Don’t get me wrong, our hearts are in the right place, we give them love, we give them affection, we give them everything that they need, but it is still unfair to them to stay with us for two years and then get placed in a family, and then that separation they experience is exactly the same that they experienced when they were taken away from their mothers” [BR215-BR217; BR228-BR232].

“They take very long to work on these children’s cases, we often struggle with expired court orders, no feedback from the social workers or the progress on the children’s cases” [T313-T314].

In accordance with the Children’s Act 38 of 2005 (South Africa 2006: section 194), the Norms and Standards state that the management of CYCCs should make the necessary skills, funds, and resources available to operate the CYCC. In a similar fashion, Browne (2009:20) states that an institutional care centre caring for children needs to establish an effective multisector management board to oversee projects in the institution. Management should plan for the transfer of resources to the children in their care. Providing specialised care for so many infants and toddlers within their organisations simultaneously places an enormous responsibility on the caregivers.

The external social workers and organisations’ management should take over some administrative responsibilities in providing some relief to the caregiver role. These administrative tasks include networking and building a resource base, as well as the facilitation of communication and feedback between the case managers of the children and the organisation. In a study by Thesen (2014:71), it was identified that caregivers need the management of institutions to communicate and coordinate the caregivers more effectively.

3.3.5.4 Sub-theme 5.4: Matters relating to finance

In this sub-theme the challenges regarding finances and the caregiver role are discussed. Caregivers have many challenges in their caregiver role, and finances seems to be one of the most significant stressors. From the accounts shared by the participants, they described their experiences and concerns regarding finances as follows:

“To ensure we have all the finances, there is enough nappies, milk and washing powder and... because we struggle to get our claims from the department” [M24-M25].

“Budgeting time is sometimes quite difficult, but you know it gets done” [I33].

“The financial aspect for us has always been a big issue because we don’t have a big donor that is covering our expenses for a salary, for water and lights, for fixing the pool, for... and this house is old, so the maintenance is quite high as well. So in that type of sense we find this year to be especially difficult. If I put it out there that I need milk or nappies people normally will send, so we get that in quite regularly. Yes, but it is for the admin and the running of the organisation, people don’t sort of think about that, they would rather want to give something to a child, which is fine, but it just makes our job a little bit harder” [CA84-CA90].

“Always financial support would be more beneficial. So ideally, we could do with more financial support, specifically in terms of therapy, uhmm, and in terms of medical stuff that we like to acquire for our house. We specifically would like to get our own oxygen concentrating machine” [H223; H229-H232].

“Financially we depend solely on donations, as I have given up on social grants as it is always complicated” [C84-C85].

Sherri and **Brenda** stated that their homes still need more financial support:

“Our house we still need more sponsors” [S79].

“Our house needs more support at the moment. Our sponsors are at a point where, that we are keeping afloat. You know what I mean? For what we do, but we are not where we are supposed to be yet, we are still struggling some months to get everything in” [BR182-BR184].

In this current study it was found that only one out of the 10 institutions visited seemed to be in a state of financial security. Even then, the successful home had to go through a considerable amount of networking and a long-term donor relationship had to be established and maintained. **Theresa** attested to that: *“We are very fortunate to have many donors and sponsor invested in our project. I won’t say we have enough financial support, I think each organisation always needs more, but we have been very fortunate thus far” [T291-T293].*

The views of the participants shared above in terms of matters relating to finances correspond with a study by Browne (2009:6), which showed that the funding of institutional care centres are six times more expensive than providing social services to vulnerable families, three times more expensive than foster care, and twice as expensive as community residential small group homes.

According to a study by Pretorius (2013:83), financial insecurity places a large burden on caregivers and it is suggested that national and local governments should support these organisations with appropriate staff salaries and conditions of service, including the funding of comprehensive training programmes for the caregivers.

Without financial security, these homes cannot operate or provide baseline necessities for the children in their care. From the storylines of the participants, none of these homes are provided with any form of financial relief or assistance from the South African Government.

3.3.5.5 Sub-theme 5.5: Matters relating to external role players

In this sub-theme, the challenges faced by caregivers concerning external role players are explored and will be discussed according to five categories as presented in Table 3.9.

Table 3.9: Challenges experienced by caregivers in relation to external role players

<p>❖ Placement of children</p>	<p>The caregiver participants described the placement of children as a painful event. The following storylines attest to this:</p> <p><i>“That brings me to the other major challenge for us being government’s family preservation and reunification sing song. Oh my word, I can tell you stories for days about the horrors of reunification. I’m not saying that all reunifications are terrible. I’m not saying that all reunifications fail. There are a few, but a very small handful that actually do work and that actually do love that child, but in most cases we find that reunification is just done to get that case file off a social worker’s desk to the detriment of that particular child” [T49-T55].</i></p> <p>Theresa suggests that case social workers should visit and follow up with reunified children more often to prevent failed placements: <i>“Not nearly enough work is being done with these families in terms of support or parenting skills or substance rehabilitation. Nothing! Then just like that a child is placed back in exactly the same situation they were removed from in the first place. It is so unfair! There is supposed to be what they call after care services and foster care supervision. We know this never happens. In some cases, the history is so bad and we are so afraid of a child’s health and well-being that we in our own capacity render after care services and then we get into trouble for it yet those same social workers will come back and ask for clothes or food parcels for that family then because ‘things aren’t going so well’. Well then why the hell did you place that child back in the first place?” [T69-T77].</i></p>
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In agreement, **Carol** included her concern with the placement of children. Despite the fact that the organisations are fully aware of the needs of the children, their advice to the social workers are often disregarded: *“I find that social workers in general, like don’t always listen to what we have to say about the children in our care. Unless it is something they can physically see, they don’t understand, you know it is like placing back a child that was with you for two years into a foster family so that the parent could visit, but you know that the parent from previous visit with the child, it doesn’t gel. There is no interest from the biological parent, and yet as a caregiver, and I think this is across the board for all caregivers, is that people don’t listen because you understand the child, they don’t always listen to that”* [CA94-CA101].

Ida suggested that prospective placement parents should visit the child while the child is still at the organisation. This gives the parents a chance to get to know the child and learn about their behaviours and needs. In effect, this contributes to the transition process. **Ida** said: *“One thing that have been working very well is if the baby is after a certain age, I want the parents to come here. I want to know those parents; I want the child to know the parents before they take him”* [I207-I209].

Ella stated that when children are transitioned from their organisation, it is a very emotional process: *“We deal... most of the time you have to replace... him or her with another baby inside here”* [E78]. She also indicated that the placements are quite harsh: *“I will tell them to leave the baby here. The thing is that, these kids we bond with them, we give them love and suddenly they come to take the baby. I think they should leave them. Because adoption is good, for us, especially... all of us here is good if she or he found the new parents, that they can take care of her or him”* [E113-E116; E123-E124].

Ida said that it is heart-warming when she receives feedback from the children that have been placed with their forever families: *“Ja, that would be nice, because then you just become like a ‘wonder mom’. I wonder where is he or she, I wonder what he or she looks like and ja. And it is nice to see. Those moms that actually contact me, you know they send photos and they tell me, you know, he is going to nursery school or he is going to... now he is in Grade R, or going to Grade 1, some of them... There is one specific one, she actually at the end of each year will send me a photo of his school report and the certificates that the child got or whatever the case is... and I feel so blessed, because it is really nice”* [I219-I225].

Confirming the participants' accounts about the placement of children, Browne (2009:8) admits to the fact that over a third of children leaving care show some form of disability that needs medical or therapeutic intervention, possibly due to the effects of growing up in institutional care.

Without the proper assessment of placement families, whether it be an adoptive or foster family, it can be detrimental if these placements are incapable of meeting the needs of the child (Browne 2009:18). There has been a significant decline in adoptions and permanent placements for children in South Africa (Ozah 2020).

Browne (2009:19) further states that poor practice in the deinstitutionalisation of a child may further damage that child, for instance if the transition is too rapid or if it is poorly prepared and facilitated. Up to a third of placed children show concerning behaviour and development issues that require follow ups and social service interventions (Browne 2009:19).

From the statements above it seems as though caregivers are excluded from the care and permanency plan for the children that are placed in their care. External social workers do not communicate with them and often do not take their views or feelings into consideration when

the placement of the child occurs. Considering that none of the homes that took part in this study receive any government funding or support, they are not treated as equal or important figures in the children’s care. When important life decisions such as placement options are considered, they do not even get a second thought from the departmental managers. In essence, the organisations that fed, nourished, and saved these little lives, at their own expense, are left voiceless.

<p>❖ Cooperation with external social workers</p>	<p>The challenges the participants experience regarding cooperation with external social workers are summarised as follows:</p> <p><i>“Lack of social work and social service support interventions. Case managers and outside social workers have such high caseloads that they simply just do not have the time to get to all their cases as efficiently and effectively as they should. We have been trying for more than five years now to register as a CPO [child protection organisation] to enable us to do our own statutory work” [T17-T20; T23-T24].</i></p> <p><i>“I feel that it gets frustrating when there is not enough feedback, in terms of what is happening with the child” [L16-L17].</i></p> <p><i>“Because we struggle to get our claims from the department” [M25].</i></p>
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According to Browne (2009:19), child abandonment can be prevented by providing a supportive service through the community, such as health and social welfare, by engaging with mothers during pregnancy while identifying those children who are at risk. He further describes that abandonment can be due to a lack of social support or cultural stigma, and the best way to intervene is by early intervention, such as shelter and accommodation or support through foster care options (Browne 2009:19).

In Thesen's (2014:71) study, it is clear that social workers form part of multi-disciplinary teams and need to collaborate with the caregivers in finding ways to overcome barriers when caring for the children. Caregivers feel that they have a lack of support from management and social workers (Pretorius 2013:78).

The statements above indicate that external social workers have too many cases to attend to and are not supporting caregivers in their caregiver role the way they are supposed to. It is of paramount importance that all parties involved in a child's case be included in the decisions made regarding their care plan, because the social worker has no realistic knowledge of the child's needs.

❖ Courts

Two participants shared the same sentiments on occasions when the Children's Court instructed social workers to look for mothers that have abandoned their children and then attempted to reunify these children with their mothers:

"When he was three and a half months old, she clearly didn't want him, but the system forces you to go and find her (mother was found and baby was reunified only to be abandon again a few months later). Now he is placed back in the wall, I mean he was put back and he can be adopted because he is not... he doesn't have any legal paperwork. But if they have never found his mom, he could have been adopted months ago, last year already. And so the whole process of trying to find his family put him back in a situation, probably affected him more then had he just been abandoned and been adopted when he was three and a half months old" [L89-L95]. "I cannot for the life of me understand why the courts insist you try and find the family. Like if they abandoned them leave it like that, let the kid be adopted by a family who really, really wants them. Because we would never have known that he was a foreign kid and we would have placed him into an adoptive family or put him into foster care or something like that until he could be adopted and he would be with a family now that would love him and care for him and wanted a baby, and now he is in a group home... I mean,

and he is stuck there, you know, so what will happen to him. So he is going to be far more affected had they just left it” [L101-L108].

“But nowadays with the new Children’s Act, sort of the courts demand so much more information. The social workers actually go out and look for parents of abandoned children. And that is not for me a good sign, it is not a good” [CA110-CA112].

Helen said that there is not always an agreement in court regarding children that are in need of protection: *“Especially when it comes to removing children at uhmm, you know, where there is at risk situations, uhmm, you know, the one magistrate will say ‘oh no there is a definite risk, you know, there wasn’t food in the house, there wasn’t this, there wasn’t that’, then the other one comes and says ‘you know what, these people... it is worse off, ja-no let’s give the kids back’. And then two months down the line, those same kids rock up on your doorstep” [L268-LH272].*

Theresa had the following to say regarding South Africa’s legal child protection system and her personal feelings: *“Government’s blatant disregard for children’s rights. So, to explain a bit better, everything we do is governed by obviously our country’s Constitution, the Bill of Rights and then of course our Children’s Act. Each of these pieces of legislation, if worked properly and put into action correctly would afford orphaned and vulnerable children in SA so many better services and opportunities and in general just far better lives. The childcare system is failing children at a phenomenal rate. Some of the Acts and sections were written in such a manner that it pretty much leaves the interpretation of that law up to the reader and there are so many different viewpoints. Adoption being, for me personally, one of the most major catastrophes right now, as there are literally*

almost no adoptions happening because government seems to have a huge issue with the fact that Black children are being adopted by White families and in their view these children are being trafficked and sold and robbed of their culture and heritage. Utter nonsense! Instead, they would rather place children in the failing foster care system or dump them in children's homes rather than afford them the right to grow up in a loving, stable, caring, nurturing family environment regardless of what skin colour or race or religion that family is. We're not even talking about special needs children or children who are HIV positive here. Child abandonment is definitely a huge pandemic in our country and our government's failing systems are not helping at all. They are not empowering and educating women in crisis pregnancies and their legal systems don't support a safe law system either. I think if SA had a Safe Haven Law with Safe Abandonment Policies that work for the mom and baby and the prospective future forever family then I feel more mothers will have the peace of mind... and educated mind to make the right decision and in doing so, more babies will be saved and more babies will have the opportunity to have amazing lives" [T27-T42; T188-T191; T203-T207].

According to Browne (2009:18), European studies have shown that 19% of children from institutional homes are reunified with parents or relatives; 63% enter new families, of which 38% do so through foster care and 25% through adoption; and 18% of children are moved from one institutional facility to another. However, Browne (2009:18) further states that the best interest of a child is rarely considered when placement options are considered.

As described by the Children's Act 38 of 2005 (South Africa 2006: section 157), the best way to ensure a base of stability in the child's life is by creating a permanency plan for each child in institutional care. This plan should be formed around the best interest of the child with the main focus of each child deserving to grow up in a loving family environment, with the biological family always being the first option.

In the Children's Act 38 of 2005 (South Africa 2006: section 7), it is determined that it is in the best interest of each child to remain in their family setting if and where possible. Therefore, the Children's Court is ordering social workers to look for the mothers who have abandoned their children and attempt reunification.

According to Theresa's account, South Africa has a very well-written child protection Act, though the interpretation of this law is written in such a way that each presiding officer in court can interpret it according to their own perceptions of what is in the best interest of the child. From the stories of the caregivers, the researcher can conclude that there is a need for criteria to determine what is in the best interest of a child without bias, as not all placements are ideal and not all children that are in need of protection are always protected.

More so, overburdened social workers are ordered to look for mothers who have abandoned their unwanted babies. Apart from the apparent waste of time, these social workers then need to work with the mothers, convincing them to take their babies back. Yet the result stays the same. The child is highly likely to be abandoned again or severely neglected due to a lack of emotional connectedness from the biological mother. Regrettably, these children could have been placed in a loving adoptive or foster family within their important developmental phase of infancy to toddlerhood. This raises the question: why look for a mother that did not want their child to begin with? In the end, the best interest of the child is not considered.

Surprisingly, considering the large number of children being abandoned yearly and the expectation that the abandonment of children will continue, South Africa has no safety laws to allow desperate mothers to abandon their unwanted babies safely in the hands of a hospital, child protection unit, church, or institutional home (Blackie 2014:10).

❖ Regulations

The greatest challenge experienced by caregivers regarding child protection regulations and children's rights was identified as obtaining birth certificates for abandoned children. The participants shared their views as follows:

“The birth certificates and the time it takes to obtain them” [S12].

“Because Mamelodi does not give proof of birth anymore, if the kids aren’t born there. But they are abandoned, but there is no proof of birth, so they can’t be registered, so she would need to get affidavits and things stating that the kids were in the hospital at least. And they would need to be placed on RACAP [Register on Adoptable Children and Prospective Adoptive Parents], all the kids need to be placed on RACAP now. So that is it... It is only that they... if they can only do everything that is required a bit faster” [M161-M166].

“Then there is the matter of abandoned babies and what they call foreign children not being able to be registered and obtain birth certificates. A child born in our country is robbed of an identity, a birth right. It is not that poor baby’s fault that he or she was born. It wasn’t their fault that they were unwanted regardless of whether their mother is from South Africa or anywhere else and now they must be thrown in a dustbin or tied up in a plastic bag suffocating to death or freezing to death in the cold or flushed down toilets and then survive that... thank God, by some miracle to just grow up and be told they can’t be registered, they can’t go to school, they can’t be adopted, they can’t have a name and surname on a stupid piece of paper because they are no one and they don’t matter. The other major issue I have with our failing system is Children’s Right versus Parental Rights. Who’s more important here? The child or the abusive, negligent parent or parents? Why do parents who abuse and neglect and abandon their children even still get to have rights?” [T95-T105; T113-T116].

There are several laws in South Africa that confirm a child’s right to a birth certificate and nationality (Sonke Gender Justice c2020). These laws include:

❖ **The Constitution of South Africa: The Bill of Rights (South Africa 1996)**

Section 28 of the Constitution (South Africa 1996) recognises and guarantees the rights of all children to support and services to ensure their well-being, and this includes the right to: “(a) a name and nationality from birth. Therefore, all children born and abandoned in South Africa have a human right to a nationality and a birth certificate.” The Bill of Rights refers to other fundamental human rights that can only be accessed when a person has a nationality and valid documentation, such as a birth certificate. These rights refer to equality (section 9); the right to education (section 29); the right to healthcare, food, water, and social security (section 27); and the right to human dignity (section 10).

❖ **The Births and Deaths Registration Act 51 of 1992 (South Africa 1992)**

The process of registering a child’s birth that has been born in South Africa is explained in this Act, whether they are born to South African or foreign parents. The Act explains that children who were born in South Africa, but do not qualify for citizenship, are entitled to a birth certificate, which is handwritten and issued without an ID Number, and the child is not entered into the National Population Register.

❖ **The Regulations on the Registration of Births and Deaths (South Africa 2014)**

These regulations set out rules, forms, and procedures around applying for a birth certificate in South Africa. These regulations were amended in 2014, and the amended draft is being considered in parliament. These amendments confirm that handwritten birth certificates would no longer be issued, and that biometric details would be recorded to register births instead. The amendments further state that a valid identity document or passport with a valid permit must be produced in order to register the child’s birth (regulation 3, 4 & 5). These regulations prevent the registration of children from undocumented mothers or single fathers of children where the mother is unavailable, unwilling, or undocumented. Section 9 does not allow guardians to register children unless both biological parents are deceased and there is proof thereof. There is also no provision found for abandoned foreign children that have been adopted to register for a birth certificate, though the Children’s Act 38 of 2005 requires it (South Africa 2006: section 246).

❖ **The South African Citizenship Amendment Act 17 of 2010 (South Africa 2010)**

This Act does not speak specifically to birth registrations, but it does explain who is able to apply for South African citizenship. Section 2(2) of the South African Citizenship Amendment Act 17 of 2010 (South Africa 2010) provides citizenship to children who are born in South Africa, though there is no regulation form made available in this regard when applying for a birth certificate.

For children born from non-citizens, section 4(3) states that if the child was born in South Africa, once the child becomes an adult at the age of 18 and the birth was registered, they can apply for citizenship. This means that such a child will remain stateless until they become an adult. Even then, the application of citizenship is subject to the discretion of the Minister of Home Affairs.

According to the National Plan of Action for Children: Discussion Document for Children (2012:84), the goal was to ensure that by 2014 all children in South Africa have a birth certificate within one month of their birth, yet this goal has not been achieved.

Not being able to get a birth certificate for an abandoned child that was born in the country is a significant hurdle, as these children will not be recognised as citizens of South Africa, leaving them stateless. Furthermore, the complication associated with not having a birth certificate will impact these children's lives and future opportunities tremendously. For instance, they will not be able to be adopted or placed into foster care. They will have difficulties enrolling into formal schools and university, getting married, or applying for their first home loan. According to Law (2016:1), children are being excluded from educational facilities around South Africa due to the lack of a birth certificate or any other proof of identity. This actively gives these children the label that they are "nobody" and that they belong "nowhere".

Unfortunately, South Africa is not a signatory of the 1961 Convention on the reduction of statelessness. Described by Law (2016:1-2), this convention was completed by international human rights treaties affording each person in the world a right to a nationality and, in so doing, reducing the numbers on statelessness in the world.

❖ Access to resources

In this category, the focus is placed on the challenge caregivers experience with resource availability, specifically referring to medical resources.

Five participants (Ida, Hellen, Lee, Chantel, and Portia²⁶) emphasised their need for and challenges related to medical resources for the children in their care. Government hospitals have long waiting lists and often cannot attend to severely ill babies immediately, as there are many other patients also in need of emergency medical care. The caregivers explained their challenges as follows:

“For example, those that are not well, you know, I had two babies that were born with low muscle tone, and that also like freak me out” [I24-I26].

“Because our babies are mostly state babies, therapy needs to happen at Steve Biko Academic Hospital, that is where they clinics are, in this time to take a child for half an hour therapy session, you have to be in a cue for two and a half hours, just to get into the hospital, then you share a lift with 20 other people to get to the level where they need to be, you know. So in this time we try to make use of private practitioners, so obviously that, not all of them can afford to give us a free service, but they do give us a discounted rate. So ideally, we could do with more financial support, specifically in terms of therapy, uhmm, and in terms of medical stuff that we like to acquire for our house. We specifically would like to get our own oxygen concentrating machine” [H224-H232].

²⁶ Pseudonyms were used to protect the anonymity of the participants.

“Because sometimes what they will do if they feel the baby needs to be admitted, they will tell you that you need to take them to Steve Biko. And it would be really nice if they would not do that. Because for me to go to Steve Biko and sit there, it is far number 1, because I have my own kids and stuff... and I would hate to leave them there. Like I won’t leave my own children in hospital on their own” [L256-L260].

“The state hospital is not too bad, I have experienced the to help and see the kids quickly, but unfortunately government hospitals have got so many patients. And then financially we depend solely on donations as I have given up on social grants as it is always complicated” [C82-C85].

“One of my biggest frustrations are bad medical services from our government hospitals and clinics from our area” [PO89-PO90].

According to the provincial guidelines in the National Department of Social Development (2010:262), all children in foster or alternative care have the right to adequate medical treatment and a comprehensive medical referral system must be established. Despite this, caregivers still have a multitude of needs regarding medical access for the children in their care.

In underscoring what the participants have shared on the aspect of medical resources, Kadungure (2017:25) and Pretorius (2013:70) conclude in their studies that children living in alternative care are always in need of medical assistance. Kadungure (2017:25) found that psychological and medical services for these children bring on a lot of financial stress. The costs of the medical services, the transport to get there, and the stand-in caregiver to watch over the children are often not affordable for these organisations. Mosia (2014:69) indicates that it is the responsibility of the caregiver to escort the children to the hospital and stay there with them until they have received treatment, no matter how long it takes.

Caregivers expressed their concern about the time it takes to source medical assistance for ill children. This time could essentially be spent on caring for other children. It would be a blessing if more private sectors can assist with free medical care for babies in institutions. These caregivers do not only have one child in their care, but numerous babies and toddlers at any given moment that also need the caregiver's attention, hence time is a precious commodity. The caregivers therefore cannot be away for long periods of time with one child, as this impacts the rest of the children under their care. Also, there are dire cost implications to the organisation, i.e., alternative or relief caregivers for such periods.

3.3.6 Theme 6: Suggestions to improve caregiving

The theme emerged from the question in the interview guide regarding the caregivers' suggestions for better support from social workers or CYCC management. The question focused on the suggestions to improve caregiving for abandoned infants and toddlers living in institutional care. These suggestions can assist in elevating some of the pressing challenges experienced by caregivers.

The caregiver suggestions were made from their own interpersonal experiences, which refers to the micro sub-systems of the eco-systems approach.

The data analysis for this theme is presented in three sub-themes, as depicted in Table 3.10.

Table 3.10: Overview of sub-themes related to suggestions to improve caregiving

THEME 6	SUB-THEMES
Suggestions to improve caregiving	6.1 Training 6.2 Placing out of children 6.3 Improved cooperation with external role players

3.3.6.1 Sub-theme 6.1: Training

In the NGO sector, caregiver salaries are quite small, as institutional homes are dependent on donations for survival. Therefore, appointed caregivers are rarely trained professionals.

From the biographical details collected from the participants, eight participants had no formal training, two had experience working at a crèche, two said they had foster care training, one was a domestic worker, and one had previous community worker

experience (see Table 3.1). There was only one participant with formal training as a teacher in the foundation phase.

Five participants (Ella, Anna, Brenda, Theresa, and Carol²⁷) said that training can assist the caregivers in providing better care and will also assist in providing coping skills to the caregivers.

The following training sessions were requested most frequently:

- First aid
- Medical emergencies
- Behavioural and developmental concerns for the children

This is confirmed by the following storylines:

“I think that training it can help. Because if you go for training you learn more, you experience a lot of things that you don’t know, because we don’t know everything, definitely sure. Like when it comes to bathing babies, some of the people they don’t know...” Ella then mentioned another topic that the caregivers need training on: *“and discipline as well!”* [E80; E96-E98; E107].

“Maybe I need help sometimes. The mother is right... maybe the other day we will be right... It is not every day that we make mistakes. Yes, training...” [A81; A83; A85].

“Emergency training... first aid stuff” [BR128-BR129].

“Education, training, understanding, compassion, empathy. The more they understand, they better they can provide a child with the correct and responsive caregiving” [T263-T264].

“Because if you go for training, they sort of give the warning signs and tell you what to look out for, and when you experience it, it is different for how each child is going

²⁷ Pseudonyms were used to protect the anonymity of the participants.

to react. A certain child reacts and you pick them up, they will sort of calm down, other times it just carries on, so you try and guide them to not do it anymore, and sometimes that can also be very difficult” [C54-C57].

Maria explained that she does not know if there is anything that can assist her in her caregiver role. She sounded quite emotional and hopeless: *“I don’t know if there is anything that will help, because we cannot switch off. Someone once told us that we should stop giving the child attention a week before they are adopted, no more attention. But for this reason we give more attention, because we know the child is leaving, do you understand, so, I don’t think... What does make it better is if we at least know the people, where the child is going to. If you have already built a relationship with them, and especially if they come and visit the baby, and you can see they love the baby... this helps to cope” [M109-M114].*

According to Browne (2009:20), staff caring for children in institutional care should be equipped with the relevant skills and training to meet the demanding expectations of the caregiving duty. Caregivers would like to feel empowered by the ability to maintain order, through training and support in their caregiver role (Pretorius 2013:77). The study of Kadungure (2017:71) found that caregivers feel that if they are not fully prepared with the knowledge and skills they need, they will fail to provide the care required for the children. Caregivers often under-report the behavioural effects of childhood trauma due to difficulties in identifying and understanding the impact of adverse events on infants and toddlers (Rajan et al 2014:221).

Training seems to be a key aspect for these caregivers. The researcher perceived the caregivers to be enthusiastic and open to learning new skills, thereby providing the best care possible to the children in their care.

3.3.6.2 Sub-theme 6.2: Placing out of children

In this sub-theme, the placement of children out of institutional care is discussed and extracts from the interviews are used to illustrate the views of the participants. The suggestions that were evident in the interviews included the following:

- Caregivers feel that they should be acknowledged and approached during a child's placement process.
- All children deserve a forever family and all children should have this opportunity, preferably as soon as possible in order to prevent long-term institutional placement.
- External social workers should make provisions for the fact that older babies need more time to bond with their new forever families before they are transitioned out of the institutional home.

The views of the participants on the above aspects are showcased below:

“Listen to what we have to say about the child and their personality and you know, how they fit into the hierarchy or the... So I think that is one thing and also interaction, not all social workers would come to your house” [CA102-CA104].

“Because adoption is good, for us, especially... all of us here is good if she or he found the new parents, that they can take care of her or him” [E123-E124].

“One thing that have been working very well is if the baby is after a certain age, I want the parents to come here. I want to know those parents; I want the child to know the parents before they take him. You know they come and see the baby at his place, and be around here for a while, do one, two, three visits whatever it is going to take until I can see that child is okay with them. To know them... the tone of voice, you know, how they behave, how they play, to make that child really feel comfortable with those people” [I207-I209; I211-I215].

Caregivers stressed the urgency for children to be placed with their forever families as quickly as possible. Four participants (Winnie, Maria, Helen, and Sheri²⁸), shared their thoughts:

“Finalise the files, because some of them are actually not difficult to finalise the file and have the kid move on. Well is one of our other homes, the adoptive parents

²⁸ Pseudonyms were used to protect the anonymity of the participants.

were screened and approved in November last year, the baby that they were matched with was in the home for more than a year now, and it was only matched now during lockdown... July yes. They could have placed that baby when it was still two or three months old with her adoptive parents” [W78-W84].

“No, you know what, if only the kids can move quicker. We know there is 90 days after the first time, and there is a process, and there are things that needs to be done, but I cannot understand that a child can’t... that they can’t finalise all these things within six months” [M149-M152].

“We would like for them not to think of the babies as a file or number, but that they can put a picture to the name, they can put a little person to that name. I think that would, uhmm, encourage them to fight harder for the children, uhmm, ja, the other think as well is you know, uhmm, I think everybody struggles sometimes with the turnaround time, uhmm, as to how long it takes for them to sometimes place a baby at a forever family or a permanent care facility or whatever. Uhmm, I think it will work out better if we had a quicker response time” [H260-H265].

“Just the importance of a child, at the end of the day, each child, even this baby here he needs his story to begin. He needs the next chapter in his life as well. And uhmmm, I just think importance of each child, if we don’t keep them updated they usually don’t care. So we usually send the pictures to tell, look at the progress of this child and the child is still okay and we tell them listen the kids is still growing, especially when it is a malnourished child. Last night I send pictures through to the social worker of the little boy which they said is malnourished and he didn’t have food or anything and his grandmother didn’t provide for him. So I send to her where he was eating and he was eating a lot, and she was like ah that is so good, thank you for sending me pictures” [S84-S91].

According to Browne (2009:20), the design of alternative care and placement should always be based on the individual needs of the child. Browne (2009:18) further recommends that the length of stay for a child in institutional care should be as short as possible, especially residential care for children under the age of five.

Unnecessarily delayed placements can have a negative effect on the child's development. Browne (2009:12) emphasises that six months represents a significant period of development in an infant or toddler's life and recommends that children should not spend longer than six months in institutional care to prevent the lasting effect it has on their development.

In Kadungure's (2017:82) study it was found that caregivers feel they do not receive enough support from the assigned social workers of the children in their care. They only see them when they initially bring the children and then months or years later when they come and fetch the children again. This can lead to the caregivers feeling that they are not being involved in the decisions made regarding the children's cases.

The suggestions made by the participants regarding the placement of children were all in the best interests of the children in their care. They suggested that children should be placed with their forever families, either through adoption, foster care, or family reunification, as soon as possible. One of the biggest current concerns in South Africa is that adoptions and foster care placements are on a downward spiral and children are more often left in institutional care, such as CYCCs (Ozah 2020:1). This is in contradiction to our South African Constitution (South Africa 1996: section 28), which states that every child has the right to family care or parental care, or to appropriate alternative care when removed from the family environment. The provision is written in a logical manner, making it explicit that the preferred care for a child is a family setting.

According to De Vries (2019:7), the updated statistical data found regarding vulnerable children in South Africa states that there is around 19 579 000 children in South Africa (35% of the total population), of which 12 million live below the poverty line (receiving social grants). South Africa has 2,8 million orphans; 416 016 are placed into foster care and 23 000 are living in institutional care, leaving just over two million orphans that are unaccounted for. It is assumed that some of these children are living with family or community members, but that still leaves around 1,8 million that can be declared adoptable, and yet there are only 550 children listed for adoption on the register for adoptable children and prospective parents. This is

an urgent matter, as there clearly seems to be an adoption crisis in our country, preventing children from having the opportunity to live in a family setting.

Regarding placements, caregivers also suggested that social workers should listen to them more. They are often overworked with too many caseloads; therefore, they are unable to find the time to visit the children at the institutional home. The caregivers can give them feedback on development aspects, personalities, and interactions with family visits, if they do have family visiting them. Lastly, these caregivers feel that older children should be given bonding opportunities by allowing visitations with placement families before they are abruptly moved from the CYCC.

3.3.6.3 Sub-theme 6.3: Improved cooperation with external role players

In this sub-theme the caregivers made suggestions on how to improve their cooperation with external role players regarding their caregiver role and the care they provide for children living in institutional care.

As mentioned previously in other themes, caregivers have a strong need for social workers to listen to them when it comes to the children they have cared for and the following storylines attest to this:

“I wish there could be a law or policy that forces them to become more involved with these children to get to know them better, what they like, what they don’t like and what they need, but yet they have all the deciding powers of what will happen to them. And then they are so overloaded with the amount of cases, they often just want to finalise, even if it is not in the best interest of the child. Sometimes we don’t agree with them, but they don’t care” [T303-T308].

“I find that social workers in general, like don’t always listen to what we have to say about the children in our care. Unless it is something they can physically see, they don’t understand, you know it is like placing back a child that was with you for two years into a foster family so that the parent could visit, but you know that the parent from previous visit with the child, it doesn’t gel. There is no interest from the biological parent, and yet as a caregiver, and I think this is across the board for all

caregivers, is that people don't listen because you understand the child, they don't always listen to that" [CA94-CA101].

"Listen to what we have to say about the child and their personality and you know, how they fit into the hierarchy or the... So I think that is one thing and also interaction, not all social workers would come to your house" [CA102-CA104].

With the overburdened social workers struggling to keep their heads above water, **Brenda** is concerned that her children's cases are being neglected: "*I have a real, real problem with our social workers conducting the cases, because uhmmm, I had a fight with one just the other day to give an example. Uhmm, they told me they can't do our form 39, it was lying there for six months, because the case load was too much. And then some kids stay with me for a year or two before they get even placed. What do you do in between? You take more cases, and take more cases, and take more cases, and what? What happens then? So to me a child should be placed within six months. The thing is it is all about these little ones. It is about the effect that it has on them if they stay in a place of safety too long. Don't get me wrong, our hearts are in the right place, we give them love, we give them affection, we give them everything that they need, but it is till unfair to them to stay with us for two years and then get placed in a family, and then that separation they experience is exactly the same that they experienced when they were taken away from their mothers*" [BR208-BR210; BR215-BR217; BR227-BR232].

Anna stated that social workers should empathise with caregivers and what they are going through: "*I... if you are coming... Aunty Eunice I'm sorry for you...*" [A98].

Helen recommends that social workers may need to consider an alternative approach: "*I have often wondered, if they, if it would have been better if they, they say look age groups... let's put social workers in age groups, you know. You only do this age group, and you know what their developmental pace should be, that type of thing, you know, uhmm, and then, they know, the moment they see the baby they know, oh wait here is a problem. But ja, I think basically for me it boils down to the fact that, uhmm, get to know the child, the baby, the infant so that you are more invested, in their future*" [H274-H279].

The institutional services and placements of children in institutional care are often overused by welfare systems (Browne 2009:5). **Theresa** added the following suggestions: *“A better Department of Social Development. Better policies. A functional judicial system. More free but good quality therapeutic services and medical services that are available to all. Better trained social workers who see a child as a unique individual instead of just a number on a file. South Africa is way too far behind ground-breaking therapeutic intervention programmes and services”* [T275-T279].

Carol said that she is frequently in contact with the training of medical doctors at a government hospital and had the following suggestion: *“Then they would call me in for the doctors’ exams, and they would always ask me this question: ‘what do you think the doctors should learn?’ And I say to them, listen to the mothers she is with this child 24/7, she knows when her child is not well”* [CA118-CA120].

A study by Pretorius (2013:79) found that caregivers feel as though they are not listened to, hampering the care they provide for the children. Pretorius (2013:79) further found that caregivers often feel as though they are the enemies of management and social workers; instead, they should be on the same side, providing the best care possible for these children. Children in institutional care have the right to regular monitoring and evaluation, as well as support in health and social services (Browne 2009:20). Caregivers are assigned as designated frontline carers for these children and know what is best for them (Thesen 2014:67).

Concluded from the storylines above, the caregivers feel that social workers, management, and caregivers are supposed to work as a collective team in the best interest of each child in the welfare system. Regrettably, this is not the case. It seems that there is a chasm between each of their roles. There is a tangible need amongst these caregivers for the different child protection role players to work together as one unit in lessening some of their stressors. Synergy between caregivers and social workers can make operations easier and more effective for both.

3.4 CHAPTER SUMMARY

This chapter presented the research findings of the study. It began with the biographical profiles of 15 participants representing caregivers that are caring for abandoned infants and toddlers in the Tshwane region. The researcher reported on the results obtained from the collected data by using storylines that illustrated the themes, sub-themes, and categories that emerged from the data analysis. Moreover, a literature control was applied.

Theme 1 presented the upbringing and religious factors that influenced the involvement of caregivers in childcare:

- ❖ Sub-theme 1.1 discussed the impact that upbringing has on our developed level of compassion and desire to care for others. It was identified that the upbringing of caregivers played a vital part in their decision to care for vulnerable children. Factors such as family and community values also played a significant role in this regard.
- ❖ Sub-theme 1.2 explained how religion can contribute to the participants' caregiver role. It was found that religion provided a moral compass to the caregivers and enhanced their ability to love the children unconditionally. Religion also assists in placing less judgement on race, background, and special needs; instead, all children are seen as gifts from God.

In **Theme 2** participants provided accounts of the positive and negative experiences related to their caregiver roles:

- ❖ Sub-theme 2.1 identified that the positive experiences of participants are aligned with a sense of meaning and purpose in their roles as caregivers. All of the caregivers could express a positive experience in their roles. These success stories related to the love and joy caring for babies brought them. Caregivers made the following statements in this regard: *"I feel happy", "I like it", "It feels right", "I love it", "It is satisfying", "It is a privilege", "It was what I was meant to do", and "I can't see myself doing something else"*.
- ❖ Sub-theme 2.2 brought up the negative experiences of the participants in their caregiver role. The most prominent negative experience was identified as the feelings of sadness and distress they experience when babies they have cared

for were taken from them. Saying goodbye to these kids they have come to love is necessary, even though it results in heartache.

During the course of **Theme 3**, the caregivers' understanding of abandonment and its effects on a child were explored:

- ❖ Sub-theme 3.1 defines attachment as the care and bond which takes place between the child and caregiver. The statements of the participants clearly reflected their understanding regarding the importance of attachment in healthy development. The caregivers shared that abandonment can make attachment more difficult for a child, yet they always strive to form a bond with each child in their care.
- ❖ Sub-theme 3.2 focused on the caregivers' understanding and experiences with neglect in infants and toddlers. It was concluded that caregivers feel child neglect is becoming a common occurrence. Caregivers also noted that neglected children seemed to be affected developmentally, and often presented with symptoms such as clinginess or being unusually quiet in fear of being hurt. The caregivers seemed very dedicated in helping these children overcome their struggles due to neglect and they need more support in this endeavour.
- ❖ Sub-theme 3.3 revealed the caregivers' understanding of the effects abandonment and neglect have on infants and toddlers. Self-soothing behaviours, such as rocking and head-banging, were identified. They also stated that abandoned and neglected children presented with more anxiety than others. Caregivers believed that the sooner children can be placed out of the organisations into forever families, the better, as it would minimise these effects. They also specified that, from experience, love and attention make a dramatic difference in the lives of these children. Although they understood the importance of attachment, they expressed that more assistance from professional volunteers is needed in implementing therapy programmes for these children.

Next, **Theme 4** focused on the management of caregiving and caregivers. In this theme resources, coping skills, and support for the caregivers were explored:

- ❖ Sub-theme 4.1 acknowledged the availability of resources for caregivers in support of their caregiver roles. The caregivers mentioned resources such as hospitals, different kinds of therapy (physio, speech, occupational), doctors, paediatricians, ophthalmologists, volunteers, and financial resources (churches, schools, and businesses). Caregivers described that they lack resources in mental and emotional support for these children, such as child development therapy (psychologists or play therapists).
- ❖ Sub-theme 4.2 explored the caregivers' coping skills and how they can be supported to maintain a balanced mental health state in their roles as caregivers. Caregivers mentioned that aid is needed in assisting them to cope with their emotions when babies they have cared for are taken from them again. Emotional support was requested when feelings of loss, helplessness, and hopelessness overcome them. The caregivers expressed that they would like more opportunities to meet and get to know the placement families before the children are placed out of their care. Debriefing from management and social workers was identified as an aspect that can enhance the caregivers' coping skills.
- ❖ Sub-theme 4.3 recognised the support networks of caregivers caring for infants and toddlers living in institutional homes. In this theme, the participants referred to the support they receive from their organisations, community, and colleagues. Caregivers identified that considerable assistance is received from their communities and the organisations' management, but little to no reinforcement was identified from external social workers or welfare departments. Caregivers emphasised that sustained, proper medical care for their children was still a top priority need.

In **Theme 5**, the focus was on the challenges experienced by caregivers in their caregiving environment:

- ❖ Sub-theme 5.1 explained the challenges caregivers experienced in relation to the children they care for. The caregivers' storylines referred to behavioural concerns amongst abandoned children. They also concluded that older babies are more affected by abandonment than smaller infants. These abandoned children often find it difficult to trust the caregivers due to the traumas they have experienced in their first formed relationship.

- ❖ Sub-theme 5.2 uncovered the challenges related to the caregiver role. Under this sub-theme, burnout was identified. Caregivers experienced their roles to be very demanding, often resulting in conflict amongst peers. It was further found that caregivers themselves might experience trauma due to the nature of their work environment.
- ❖ Sub-theme 5.3 looked at the caregivers' challenges in matters relating to management. Caregivers felt that management should assist more with the caregivers' administrative duties, such as networking for resources and communicating with social workers.
- ❖ Sub-theme 5.4 reflects the challenges related to finance. Caregivers have many challenges in their caregiver role, and finances seem to be one of their biggest stressors. Without financial security, these homes cannot operate effectively. Out of all the participants, only one indicated (7% of the sample population) that they had a sound, established sponsor network for financial security. All the other homes referred to operating on a month-to-month basis and hoping there would be enough funds to stay open. None of the homes mentioned that they receive any form of governmental funding or support.
- ❖ Sub-theme 5.5 refers to matters relating to external role players. Frustrations came to the forefront as a lack of feedback from management and social workers hindered the participants in their daily duties. Concluding that there is not enough communication between these parties, caregivers often felt that they were uninformed and voiceless. These concerns related to the placement of children out of the organisations; the cooperation with external social workers; the Children's Court policies delaying the placement of children in forever families; complications arising from regulations that prevent abandoned children from obtaining birth certificates; and, lastly, the caregivers' needs regarding access to resources, which mainly involve medical care for the children.

Theme 6 emerged from the question posed to the participants focusing on suggestions to improve caregiving for abandoned infants and toddlers living in institutional care:

- ❖ Sub-theme 6.1 addressed the caregivers' need for training and relevant skills in caring for infants and toddlers affected by abandonment. Training seemed to be an essential aspect for these caregivers.
- ❖ Sub-theme 6.2 explored the suggestions of caregivers regarding the placing out of children. It is always in the best interest of an infant or toddler to live in a family setting, rather than an institutional home. Caregivers emphasised that unnecessary delays during placement could have a negative effect on the child's development. Regarding placements, caregivers also suggested that social workers should listen to them more, because they have an acute understanding of the children's needs and requirements.
- ❖ Sub-theme 6.3 relates to the suggestions made by caregivers regarding improved cooperation with external role players. From the storylines it was found that the caregivers desire the option of working closely with social workers. Working collectively, both the social worker and the caregiver could enhance the care provided to abandoned infants and toddlers.

In the next chapter, the researcher will provide a summary and conclusion on the research process, and make recommendations accordingly.

CHAPTER FOUR

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

4.1 INTRODUCTION

In Chapter One of this study the researcher outlined a general overview of the research problem that the study sought to address, together with a brief introduction to the methodology. In Chapter Two a description was provided on how the chosen research methodology was implemented. The research process, design, and methodology were further elaborated on and their application to this study was defined. In Chapter Three the research findings (presented in themes, sub-themes, and categories), based on the participants' contributions, were included. This was complemented by a literature control.

This chapter concludes the study by discussing the results. A denouement is given, through the use of a theoretical framework, and the influences of the eco-system on caregivers' views, perceptions, and experiences while caring for abandoned infants and toddlers living in institutional care are discussed. The researcher will summarise the findings and draw conclusions from them by including recommendations. Moreover, suggestions for further research will also be discussed in the closing of this chapter.

4.2 CHAPTER SUMMARY AND CONCLUSIONS BASED ON THE RESEARCH PROCESS

In this section, the researcher will provide a summarised overview of each chapter of this report, together with the related conclusions. This will be done by presenting the views, perceptions, and experiences of caregivers caring for abandoned infants and toddlers living in institutional care.

4.2.1 Summary and conclusions of Chapter One: General introduction and orientation to the study

This chapter introduced the reader to the general background of the study. It included the problem formulation and the motivation behind undertaking the study. The theoretical framework that served as the lens for the study was also introduced. With this in mind, the researcher made use of the following to provide insight into the complexity of the research topic:

- Different sources of information.
- Statistical data compiled by government prints.
- Policies and legislation regarding vulnerable children and CYCCs.
- Journal articles.
- Textbooks on previous and recent research topics related to the current study.

The discussion of this information culminated in the research problem. It highlighted a gap in literature around the studies about ***caring for abandoned infants and toddlers in institutional care: views, perceptions, and experiences of caregivers***, and a lack of social support to caregivers. The researcher found several studies that focused on caregivers' experiences working with older children in care centres, but none of these studies elaborated on caregivers' experiences in caring for abandoned infants and toddlers in an institutional care centre. This gap led to the development of the rationale of the study, which was aimed at justifying its relevance (see Chapter One, sub-section 1.1.3).

The researcher also introduced the ***eco-systems theory*** that addressed the numerous environmental factors and relations that can have an effect on how one's perceptions are formed through experiences. The theory behind this approach is based on the observation that people cannot exist in isolation. Individuals constantly influence each other through interactions within the environment (Turner 2017:416). Therefore, the eco-systems theory provided an understanding of how experiences among caregivers are perceived individually. This defined how these experiences and perceptions are influenced by peer, family, and community values and the

impact these values have on caring for and understanding the needs of abandoned infants and toddlers.

Following the introduction of the theories, the researcher introduced the research questions, goals, and objectives in which the study was entrenched. This is summarised in the next section.

4.2.1.1 *Recollecting the research questions, goals, and objectives formulated for the study*

The **research questions** as presented in Chapter One (see sub-section 1.3.1) were framed to guide the investigation of this study. The research goals were formulated with objectives. This described the steps that were taken in reaching the goals of the study. The research questions, goals, and objectives will now be reviewed in the current section in order to determine whether or not the researcher has, through this study, answered them and reached the goals.

The research questions proposed for this study were as follows:

- *What are the perceptions and experiences of caregivers related to caring for abandoned infants and toddlers in institutional care?* The answer to this research question was explored and concluded in Chapter Three of this report. The responses from caregiver participants reflected that they truly love the children they care for. Detailed narratives of their negative experiences in relation to their struggles with the effects of abandonment on the children they care for were elaborated on. There was also mention of financial concerns in their organisations, a lack of medical resources, and difficulties relating to court proceedings and birth certificates. Caregivers then further stated that the placement process of children that leave the care centre is quite harsh and emotional on both the child and the caregiver. Communication between the caregiver and the social worker is virtually non-existent. This is because social workers barely visit the organisations, which results in the suggestions of the caregivers being left unheard.
- *How can social workers support caregivers caring for abandoned infants and toddlers in institutional care?* This research question was answered in Chapter

Three of this report that resulted in the recommendations of this chapter (section 4.4). Suggestions for caregiver support by social workers were made and arrived at from the storylines of the participants. These recommendations stem from guidelines towards caregiver support from social workers.

The researcher can conclude that the research questions of this study were answered by the information that was obtained from the caregivers through the observations and storylines. Further evidence attesting to the fact that the research questions have been answered was provided in Chapter Three. In the mentioned chapter, a detailed presentation of the findings was made through an analysis of each theme and sub-theme. A summary of the research findings (which is presented further below) in this chapter will also attest to the conclusion that the research questions have been adequately answered.

The research **goals** are deduced from the research questions. The research goal is not really aimed at testing theories, but rather aims to develop and discover by answering “what” and “why” questions (Babbie 2013:5; Flick 2009:15). The goals and a concluding statement on how each goal was achieved are presented below in Table 4.1.

Table 4.1: Summary of the goals for the study and the conclusions on their realisation

The following goals were formulated at the outset of the study:	Conclusion statement on the realisation of the stated goal formulated for the study:
<ul style="list-style-type: none"> <i>To develop an in-depth understanding of caregivers’ perceptions and experiences related to caring for abandoned infants and toddlers in institutional care.</i> 	<p>The researcher obtained an in-depth understanding of the perceptions and experiences of caregivers caring for abandoned infants and toddlers living in institutional care, which was comprehensively described in Chapter Three of this report.</p>

<ul style="list-style-type: none"> • <i>To proffer suggestions as to how caregivers can be supported by social workers.</i> 	<p>In Chapter Four (see section 4.4), the researcher will present suggestions for social workers and how they can support the caregivers.</p>
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Given the information provided in Table 4.1, the researcher can conclude that the goals formulated for this study were achieved.

The formed **objectives** in realising the goals of this study are described next. The main objectives and sub-objectives were introduced in the first chapter (see sub-section 1.3.3). This section aims to present a summary and conclusions based on all of the research objectives as introduced in the research plan.

The objectives of this study were:

- *To explore the perceptions and experiences of caregivers related to caring for abandoned infants and toddlers in institutional care.*

The exploration of the mentioned aspects in this objective was done through the methods of data collection and analysis, as explained in Chapter Three.

As indicated in Chapter Three (see sub-section 3.3.1 to 3.3.3) the researcher spent time exploring the participants' views, perceptions, and experiences by means of semi-structured interviews. Participants verbally relayed their experiences in caring for abandoned infants and toddlers living in institutional care. These experiences relate to how upbringing and religion contributed towards their choice of occupation, their positive and negative experiences as caregivers, and the caregivers' understanding of the effects of abandonment on infants and toddlers.

- *To describe, as findings, the views, perceptions, and experiences of caregivers in relation to caring for abandoned infants and toddlers in institutional care.*

A description of the caregivers' experiences was presented in Chapter Three of this report. This chapter focused on the presentation of the findings on the experiences of caregivers caring for abandoned infants and toddlers in institutional care. Additionally, this chapter described that caregivers had diverse experiences related to the management of caregiving and caregivers, as well as to the challenges experienced in caregiving (see sub-section 3.3.4 to 3.3.5).

- *To formulate suggestions for social worker support to caring for abandoned infants and toddlers in institutional care.*

As with the previous objectives, the researcher collected data through the semi-structured interviews as a means of exploring suggestions to be adopted and supportive strategies to be implemented for caregivers, in order to care for abandoned infants and toddlers in institutional care. The collected data were then analysed and described in Chapter Three (see sub-section 3.3.6) as part of the research findings. Caregivers suggested various ways in which social workers could support them in caring for abandoned infants and toddlers in institutional care. These suggestions related to training and education, the placement of children, practice, and policy, as well as suggestions related to improving cooperation with external social workers.

This chapter (Chapter Four) is dedicated to these objectives. In the preceding sections, conclusions were made and summaries given based on the research questions and objectives.

This concludes the summary of Chapter One of this report. A description of the application of the qualitative research process for exploring the research topic under investigation will now follow. The researcher will give a descriptive summary on the **application** of the research plan, with reference to the research approach and design of this study.

4.2.2 Summary and conclusions of Chapter Two: Description of the application of the qualitative research process for exploring the research topic under investigation

Chapter One provided the introduction and background to the study. Chapter Two gives an explanation for and the motivation behind the researcher's decision to devote a whole chapter to the description of how the research plan was applied. A qualitative research approach was decided on with a phenomenological, explorative, descriptive, and contextual strategy of enquiry. Furthermore, Chapter Two expounds the proposed research methods in this research design, with a focus on the population, sampling methods, participant recruitment, preparation for and methods of data collection, and the analysis and verification of the data. Finally, the application of the ethical principles that would be upheld during the process of a qualitative research study was discussed.

The qualitative approach was most appropriate for this study. It relates to the research question, as the lived experiences of caregivers are explored in their natural setting (Merriam & Tisdell 2015:15; Creswell 2014:4; Neuman 2014:218; De Vos et al 2011:25; Lietz & Zayas 2010:190). Understanding the basic assumptions underlying a qualitative approach provided the researcher with a profound sense of direction regarding the design of the phases of this study.

The researcher provided a description of the application of the qualitative research approach, as introduced in the previous chapters (see Chapter One, sub-section 1.4.1 and Chapter Two, sub-section 2.2.1), by indicating how the characteristics of the qualitative approach were applied in the research process:

- It is important to experience and observe the behaviours of the participants in their natural context (Creswell & Creswell 2018:181; Fouché & Delport 2011a:64-65).
- Instruments for data collection may be used, but it is vital to remember that the researcher is a key instrument to the data collection process (Creswell & Creswell 2018:181; Fouché & Delport 2011a:64-65).

- Data collection should happen from multiple sources in order to prove validity (Creswell & Creswell 2018:181; Neuman 2014:454; Fouché & Delport 2011a:64–65).
- Inductive analysis of data aims to build patterns and develop themes, where deductive analysis aims to test these developed themes against existing literature (Creswell & Creswell 2018:181-182).
- During the process of data collection and analysis, the researcher kept the focus on learning the meaning participants have attached to the phenomenon under study (Creswell & Creswell 2018:182; Babbie 2013:390).
- The qualitative researcher should always be open to emergent change during the study (Creswell & Creswell 2018:182).
- Qualitative research is context-dependent, and the researcher needs to understand the influences the environment has on the participants (Creswell & Creswell 2018:182; Flick 2014:173; Neuman 2014:454).
- The qualitative researcher needs to be objective and sensitive to how his/her influences can move the direction of the study (Creswell & Creswell 2018:182; Babbie 2013:408).
- In a holistic approach, the life story of a person is viewed as a whole by including all aspects that could affect how they have constructed their reality in understanding and experiencing the phenomenon under study (Merriam & Tisdell 2015:231; Flick 2014:27).

The goals and objectives which were set in order to answer the research questions were explored by using the phenomenological research design, coupled with explorative, descriptive, and contextual strategies of inquiry (see Chapter One, subsection 1.4.2 and Chapter Two, section 2.3).

A short summary of the research designs employed will follow, as well as the conclusions made regarding their applicability to this research study:

- The **phenomenological research design** is interpretative in nature. It helps the researcher to learn and experience the world of the participants from their own perspective (Merriam & Tisdell 2015:207-208; Creswell 2014:14; Fox &

Bayat 2014:17; Bryman 2012:30; De Vos et al 2011:8). As described previously (see Chapter Two, sub-section 2.3.1) this design provides insight into the balance between natural and social science (Bryman 2012:30). The research findings were in line with previous studies done on abandonment and the effect it has on a child's developing brain (natural science). The experiences of the caregivers when caring for abandoned children (social science) were reflected in previous papers done on the subject. Therefore, the perceptions and experiences of participants are the foundation of the study, indicating the starting point (Flick 2014:143).

In conclusion, by indicating the applicability of the phenomenological research design in this study, the researcher applied a comprehensive description of how participants view, perceive, and experience their world. This was also supported by literature in understanding some parts of the phenomenon that have been studied before.

- The **explorative research design** is applied when little is known about the phenomenon under study, meaning the field has not been extensively studied before (Fox & Bayat 2014:30; Babbie 2013:90; Neuman 2011:38).

In conclusion, no previous studies have been done on caregivers' perceptions and experiences caring specifically for abandoned infants and toddlers living in institutional care. Therefore, there was a need to apply an explorative research design to explore and gain new insight into this experienced phenomenon. This design not only allowed the researcher to gain an in-depth understanding of the participants' experiences, but also allowed her to obtain suggestions from the participants regarding meaningful social work support for these caregivers.

- The **descriptive research design** aims to accurately and thoroughly describe the phenomenon under study by painting a picture for the reader (Merriam & Tisdell 2015:229; Neuman 2014:38). As with the explorative research design, the descriptive method is applied when information does not exist in order to solve the issues experienced. The researcher applied the descriptive research

design in order to describe the experiences and perceptions of the caregivers caring for abandoned infants and toddlers. Descriptions of their suggestions regarding the support they required in their roles as caregivers were given. This design aims to document the phenomenon under study in detail (Bhattacharjee 2012:6). It enabled the researcher to word the experiences of the caregivers, as described in Chapter Three, in such a way that they are understandable to the reader of this report.

- The **contextual research design** is focused on making sense of human behaviour by examining personal perceptions and experiences (Bryman 2012:401; Walliman 2011:8), thereby gaining contextual insight of the social world being studied (Bryman 2012:75). The analysis of data was interpreted in a contextual manner by including the biographical profile of the participants in the previous chapter (see section 3.2). The researcher considered the familial, cultural, religious, and social contexts of the participants.

Looking into the process as it unfolded, the qualitative research approach provided the researcher with an opportunity to learn and understand the experiences of the participants. These designs allowed the participants to express themselves freely and comprehensively. While this took place, the researcher took the opportunity to interpret the participants' stories with as much detail as possible.

Reflecting on the aspects of **population and sampling**, the initial population from which a sample was drawn consisted of female caregivers caring for abandoned infants and toddlers between the ages of newborn to three years old, with at least one year's working experience at their current organisation (see inclusion criteria as discussed in Chapter One, sub-section 1.5.2, and Chapter Two, Table 2.2). During the data collection process, two housefathers asked if they may also participate, as they wanted their voices and concerns added to the study. Their views were very insightful, and the researcher decided to adjust the inclusion criteria by changing the term 'female caregivers' to 'caregivers'. It was done in order to accommodate and include the valuable data obtained from these two housefathers.

The researcher concluded that the demarcated geographical boundaries of the study had to be within the Tshwane region. The reasoning behind this was that participants were readily accessible to the researcher and it was cost- and time-effective, as the researcher resides and works in Pretoria.

The researcher made use of **purposive sampling** by approaching a well-known director of a local CYCC (see Chapter One, sub-section 1.5.2; Chapter Two, sub-section 2.4.1). This director referred the researcher to participants from other organisations, who in turn referred the researcher again to other known organisations. This is a classic example of **snowball sampling** by referral. The researcher then lastly approached a statutory social worker, who provided access to organisations she works with when she requires placements for abandoned infants and toddlers assigned to her caseload.

After the **recruitment** of participants had run its course, the **pilot** study was conducted with three caregivers that were not included in the data findings. The pilot test is a platform for testing the interview guide and the researcher's ability to conduct in-depth interviews (Creswell 2013:165; Bryman 2012:263; Greeff 2011:349). This pilot study was useful in testing the interview guide questions and determining the time required from each participant when scheduling interviews. No changes were made to the interview guide or data collection method, and the questions remained the same for all participants. The researcher transcribed the interviews and submitted them to the assigned supervisor for this report. The supervisor suggested that the researcher practice probing skills in the interview sessions in order to obtain more in-depth data. The researcher applied probing skills in the pilot interviews and the supervisor was satisfied with the outcome, therefore the researcher proceeded with the official data collection interviews.

The methods of **data collection** were accurate for the data required for this study. The researcher initially planned face-to-face interviews, but due to the COVID-19 pandemic and national lockdown, two telephone interviews were conducted at the request of the participants. This accommodation was done due to their organisations being closed to visitors to prevent a COVID-19 infection (see Chapter Two, sub-section 2.4.3). **Semi-structured questions** from the interview guide were used in

both the face-to-face and telephonic interviews with the caregivers. Semi-structured interviews allow the researcher to be more open-minded about the outline and depth of data needed (Bryman 2012:12; Greeff 2011:348). The semi-structured interviews were used to give the researcher improved insight into and a better understanding of the caregivers' experiences and perceptions when caring for abandoned infants and toddlers living in institutional care. Concurrently, the researcher also probed the participants for suggestions in the hope of enhancing social work support for these caregivers. The researcher conducted 15 participant interviews from 10 different CYCCs in the Tshwane region.

Ultimately, rich data were collected. It allowed for a rich description of the events during the interview process. The experiences and perceptions faced by the participants, as well as the strategies and suggestions adopted in supporting the caregivers in caring for abandoned infants and toddlers, could be adequately relayed. Tesch's eight steps (in Creswell 2014:198) on **data analysis** allowed the researcher to manage a substantial and overwhelming volume of data. From this, the themes, sub-themes, and categories were formulated. These phases were not only crucial for data analysis, but also kept the researcher immersed in the data, thus making interpretation, reporting, and conclusion quite manageable. The researcher presented the data findings in such a way that made sense and gave meaning to the findings.

In order to ensure the trustworthiness of this study, the researcher used Guba's model (in Schurink et al 2011:419-421) of **data verification** by applying the four constructs needed for validity and reliability (see Chapter Two, section 2.6):

- Credibility
- Transferability
- Dependability
- Confirmability

These strategies for validity and reliability were applied in enhancing the verification of data findings for this research report.

Social research has to comply with **ethical principles** and honesty, as defined in a previous chapter (see Chapter Two, section 2.7). Ethics is described as the moral principles that guided the researcher's conduct (Babbie 2013:114; Strydom 2011:114; Walliman 2011:42). The researcher adopted the following ethical principles for this research study: obtaining informed consent, confidentiality, anonymity, beneficence, management of information, and debriefing of participants. The caregiver participants were informed of the intention and goal of this study. Next, the researcher obtained signed consent from the participants and reminded them that they are under no obligation to participate and that they could withdraw at any time if they feel the need to do so. The researcher upheld anonymity throughout the study through the way in which information was managed in a confidential and private manner. The researcher ensured that the participants were not harmed in any way and made the details of a debriefer available should any participant require debriefing. In this study, no participants were harmed or in need of debriefing services.

Reflecting on the ethical principles the researcher applied, it can be concluded that the participants were respected in all ways possible as valuable contributors to this research study.

4.2.3 Summary and conclusions of Chapter Three: Research findings and literature control

The conclusions in this chapter were drawn from the themes, sub-themes, and categories that emerged from the semi-structured interviews with the participants and the observations of the researcher. A short discussion of each theme will follow in the sub-sections below.

4.2.3.1 Theme 1: Factors influencing involvement of caregivers in childcare

The first question in the interview guide was directed towards the role **upbringing** and **religion** played in participants deciding to become caregivers for vulnerable children. Participants had a variety of answers, including some participants that experienced children being traumatised and abused while growing up ("*switched on*

the desire of looking after children... a child being mistreated and eventually the baby passed on”), making them want to protect these children. Others stated that it is their responsibility as a member of the community to protect vulnerable children from within their community. The development of empathy and compassion towards others while growing up (*“I come from a big family, so we all care for each other”*), as well as the forming of religious values, contributed to the decision to be caregivers for others (*“I must please the Lord!”*; *“It is a biblical precept; we should care for orphans and abandoned children”*).

Child abandonment is on the increase in South Africa and is becoming a common occurrence in many communities (*“These days it is a common thing. It happens now and then, so people are used to it”*). The caregivers feel that children are a gift from God and should be cared for within a family setting (*“Every child needs a family”*). A hidden message that some participants alluded to was that doing good for others might bring them good things in return; in other words, cause and effect. Sometimes, it is believed that people do good due to the rewards they will receive in heaven (Mynhardt et al 2009:87).

Churches from the communities of the participants seemed to be very involved in charity work, assisting them with emotional and material support to provide care for these children.

In conclusion, from the researcher’s personal observations, it was clear that most participants decided to become caregivers due to a true desire to look after vulnerable infants and toddlers. It must be stated, however, that the odd participant here and there could not convey a true connection to the children they are caring for.

4.2.3.2 Theme 2: Caregivers’ experiences of working with children

The questions posed to participants that led to this theme related to their experiences while working with abandoned infants and toddlers. Both positive and negative experiences were identified and reflected on.

The **positive experiences** of the participants gave meaning to their roles as caregivers. The change they could make in these children's lives by caring for and loving them brought the caregivers a sense of fulfilment (*"I feel happy, because I like to show them love"*; *"I feel right. I like it"*; *"It is very satisfying; to see the difference you can make in a child"*; *"Oh, I love it!"*; *"I just absolutely love it!"*; *"It is a privilege"*). All of the caregiver participants could mention at least one positive experience regarding their role as caregivers.

The caregivers' **negative experiences** were primarily connected to their experiences of children being abused and neglected, and the high levels of abandonment of unwanted children (*"they are the recipients of somebody else's decisions"*). The caregivers also conveyed the distress they experienced when children they have cared for are taken from them again. That gives a clear indication that the process of children leaving institutional care is not planned or handled properly (*"It hurts a lot; my heart is so sore, because I became used to the babies"*; *"I feeling pain..."*). It must bring distress to the specific child as well (*"it is like you separate with your baby"*). Children can experience distress if the primary caregiver is currently in distress (Cozolino 2014:143).

In conclusion, it is expected of caregivers to provide the best possible care and opportunities for the development of the children placed in institutional care (Jamieson 2013:67-68). It is evident that this takes place if you look at the positive experiences, where attachment and bonding take place between the caregivers and the children. Though on the aspects of social workers handling the transition of the children in preparation to leave the institution, there seems to be considerable sadness and distress. This gives rise to the perception that caregivers do their part as legislated in the role of caregiver, but social workers fail to be empathetic and understanding towards the needs of the children. This leaves a substantial chasm in their involvement in the care of these children.

4.2.3.3 Theme 3: Caregivers' understanding of abandonment and its effects on children

In this theme the caregivers' understanding of child abandonment and the effects it has on the child were explored.

Again, under this theme, caregivers expressed their concern that child abandonment is becoming more common and is on the increase in South Africa (*"It is happening now and then, so people they are used to it. It is like normal life"*). This implied that there is a continuous circle of emotionally detached mothers abandoning their children. When these children grow up, they themselves will be emotionally detached parents, repeating the cycle of abandonment (Levine 2015:24; Courtois & Ford 2014:149; Mooney 2010:67-68). In essence, this will create a snowball effect that will spiral out of control.

Caregivers conveyed their understanding that **attachment** could bring healing for children that have experienced trauma due to abandonment (*"It must be true love for them, to make their mind to settle"*). Attachment is a very important factor in the healthy development of infants and toddlers (Cozolino 2014:134; Browne 2009:13). Caregivers are fully aware of the importance of attachment (*"They just need our love"*) and therefore they open their hearts to each child placed in their care. They do this with the knowledge that the child will eventually be moved from their care, which would cause them distress, but they do it all the same. The best interest of the child is the primary concern.

The caregivers understood that withholding a caring attachment relationship or the abandonment by his/her biological mother leads to **neglect** in a child (The Social Work Academy 2019:148). Caregivers experienced neglected children to be clingier than others (*"they cling to us more"*), and they are often withdrawn and apprehensive for fear of being hurt when they are heard or noticed. Childhood neglect seems to leave a lasting impression on the child's unconscious memory (*"when you come close to them they flinch, even in their sleep, if you come close uhmm, to put covers over them or whatever, they will involuntarily just pull away, which is actually quite sad, but ja, the brain and the body remembers more than what we can think of"*).

Neglect can occur in larger children's homes where staff members find it difficult to attend to all the children's needs, compared to smaller children's homes (Browne 2009:11). This was also confirmed by Helen, a participant in this current study: *"Uhhmm, I have adopted one child out of an orphanage, the next child I have adopted out of your home [referring to the researcher's personal home, where less than six children are being cared for at any given time] ...there is a huge difference, in how they experience life and how they attach."* Some caregivers have expressed their understanding that they believe neglect can start in-utero (*"when the mom is pregnant she uses drugs, then that infant is also exposed to drugs in-utero"*), and the best way to help a child through these disturbances is through love and care. Keeping infants close to their chest, caregivers rock the babies as a mother would have done (*"I have found that if you kangaroo you get a portion of that trust back, by that constant physical contact"*).

The caregivers also explained their ***understanding of the effects*** these adversities have on the children they care for (*"there it is malnutrition, maybe a physical like a broken rib, cigarette burn marks, that type of thing"*). All participants agreed that abandonment and neglect have an effect on toddlers, though there was no mutual agreement amongst the effects on infants (*"when you are young and just born, your body is still unaware of most things that happens around it"*). One participant raised a concern that delayed placements when children stay too long in the institutional home can also have negative effects on the child (*"It is the babies that stay in institutions and don't get a change of a forever family that struggles"*). Each child deserves to grow up within a small family setting, instead of a large institutional home with many other children and often few caregivers. Caregivers also added that delayed placements lead to the children feeling abandoned again. Upon leaving the institutional home, children experience secondary abandonment trauma, as they have created strong bonds with the caregivers. The primary discussed effect under abandoned and neglected children was separation anxiety; in other words, the fear of being left again (*"varying degrees of separation anxiety"*). Some caregivers also expressed that they often see regulation seeking in the form of self-soothing behaviours, such as rocking or head banging, amongst these children (*"seek self-soothing comforts, mostly rocking and banging of their heads in cot beds"*).

In conclusion, the researcher noticed that caregivers did not feel comfortable to discuss the topic of trauma, or to label behavioural or developmental concerns as stemming from the effects of trauma. They lack sufficient knowledge about the term trauma in order to openly talk about it, though they have experienced many children suffering from early childhood traumas leading to behavioural and developmental concerns. With that said, the caregivers were content to share examples of behaviours they have noticed amongst the children they care for. These behaviours were in line with what literature has found to be present in children that have been exposed to early traumas.

4.2.3.4 Theme 4: Management of caregiving and caregivers

In this theme, the aim was to explore the resources available to caregivers. Their coping skills and the support provided by management in their roles as caregivers were secondary focus points.

Caregivers mentioned several **resources** available at their organisations that assisted them in caring for the infants and toddlers. These include:

- Volunteers
- Doctors
- Hospitals
- Various kinds of therapy
- Churches

Play therapy was identified as a desperately needed resource. Although the resource was available, access to it was limited due to the cost implication. In the study by Browne (2009:190), resources such as professional volunteers were also sorely needed by caregivers caring for children affected by abandonment.

Caregiver coping skills and supportive debriefing assistance was considered. Caregivers mentioned that they need the most support when they are trying to cope with their emotions when babies they have cared for are taken from them again. They seem to present with feelings of bereavement and loss during these

occurrences (*“What helps me is me packing their ‘going away’ bag, and I write them little letters and make a cards and we gather photos, then I will cry so terribly during this”*). Suggestions made by the caregivers to assist them during these times is having the opportunity to get to know the placement parents before the child is physically removed from institutional care. They also highlighted that receiving feedback from the placement parents and photos of the child after placement helps. It lifts their spirits to see that the child is happy and thriving (*“what does make it better is if we at least know the people, where the child is going to”*). Debriefing **support** from management and external social workers for these caregivers is essential (*“Communication! It is a big part!”*).

From the participants’ statements it was clear that a large part of their caregiver roles included relying on the support of others. This included management, social workers, and peers. Caregivers also mentioned that they receive support from volunteers, the surrounding communities, their churches, and other religious groups (*“We’ve got massive support from the community”*). In addition, caregivers stated that training and opportunities for educational growth enhance their ability to perform their duties (*“if you go for training you learn more, you experience a lot of things that you don’t know”*). None of the participants referred to any support they receive from external social workers or departments. Overall, caregivers were had similar opinions and they seemed thankful for the support they currently receive, but felt that there is room for further assistance.

In conclusion, accessible resources and support from management, social workers, peers, and communities strengthen the coping skills of caregivers (Kadungure 2017:81; Pretorius 2013:92).

4.2.3.5 Theme 5: Challenges experienced in caregiving

In this theme, the challenges caregivers’ experiences in caregiving were explored. These challenges were identified under following sub-themes:

- Challenges with the children.
- Challenges relating to caregivers
- Matters relating to management.

- Matters relating to finances.
- Matters relating to external role players.

Caregivers perceived **challenges with the children** that have experienced abandonment in terms of their behaviour. It was indicated that these children seemed reserved and had difficulties forming attachments (*“I think the abandonment does make attachment more difficult”*). The caregivers stated that the effects of abandonment and behavioural concerns are more evident in older babies, such as toddlers, than in infants (*“they can be naughty”; “smacking others, biting”; “child just cries”*). Clearly, the conclusion from these challenges is that caregivers need more help in caring for children with behavioural concerns due to early adversities.

Furthermore, **challenges related to the role of the caregiver** can influence the level of care these vulnerable children receive. The caregivers stated that the workload of a caregiver is excessive and stressful, which often leads to burnout (*“Because everything is a big job”; “Even adults have trauma, whether they like to admit it or not”*). Burnout can lead to feelings of hopelessness, apathetic indifference, and disinterest towards their caregiver roles (Pretorius 2013:70). These caregivers need support in debriefing and counselling to assist them with feelings of exhaustion. The researcher found that the mentioned stressors were a leading cause of conflict between caregivers.

In relation to **caregiver management**, participants indicated that more resources need to be made available in terms of medical assistance. They also feel that management should increase their efforts in obtaining the background histories of these children, as this can make caring for the infants and toddlers easier. The root of behavioural issues may be identified early so that the interventions may commence (*“Getting enough background information to know what to expect”*). Kadungure (2017:71-72) and Yorke (2015:50) stressed the importance of caregivers having as much background information as possible on the children they care for, in order to have an understanding of their needs and behaviours.

Participants were of the opinion that administrative tasks should be handled by social workers and management to alleviate the pressure on the caregivers.

Essentially, caregivers should focus solely on the health and development of the children in their care. One of these stressors is **finance** (*“we could do with more financial support”*). As an NGO, these homes are at the mercy of donations for survival. Without financial security, these homes cannot operate or provide the baseline necessities for the children in their care.

Matters relating to external role players include the placement of children, cooperation with external role players, children’s court proceedings, regulations regarding birth certificates, and caregivers’ access to external resources.

Caregivers feel that social workers can handle the placements of children with higher levels of consideration and planning (*“I can tell you stories for days about the horrors of reunification”*). They feel excluded from the decisions that will determine what will happen to the child and stated that there is not enough communication between the organisation and the external social workers (*“I find that social workers in general, like don’t always listen to what we have to say about the children in our care”*). Despite the participants’ statements, they are aware of the external social workers’ caseloads. However, improved communication was still requested (*“social workers have such high caseloads that they simply just do not have the time to get to all their cases”*).

Moreover, caregivers take issue with the courts wanting social workers to search for abandoned babies’ mothers in attempt to reunify them. In their opinion, these children were unwanted in the first place and, in the end, the child will only be neglected or abandoned a second time (*“When he was three and a half months old, she clearly didn’t want him, but the system forces you to go and find her”*). Presiding officers often bring their own values and perspectives into the courtroom and they do not always preside over the best interest of the specific child and that child’s circumstances. Obtaining birth certificates for abandoned children also proves to be a monumentally time-consuming task (*“Then there is the matter of abandoned babies and what they call foreign children not being able to be registered and obtain birth certificates”*). Children without birth certificates are considered stateless. As they do not have a nationality, they have little hope of accessing basic services, such as education, in South Africa (Law 2016:1).

Lastly under this theme, the caregivers experienced challenges regarding access to resources. In this discussion, the caregivers reiterated the need for medical assistance (*“One of my biggest frustrations are bad medical services from our Government hospitals and clinics from our area”*). More support is required in this regard.

In conclusion there are quite a few challenges that affect the caregiver role. However, these challenges are not of such magnitude that management or external social workers cannot assist. Therefore, it is suggested that the view of caregivers should be considered and attempts need to be made by management and social workers to support caregivers in their roles of caring for vulnerable children.

4.2.3.6 Theme 6: Suggestions to improve caregiving

Under this theme, the caregivers made suggestions on changes that are needed to improve their caregiver roles when caring for abandoned infants and toddlers in institutional care.

Firstly, the caregivers suggested better access to **training and education**. The main emphasis here is on providing information, clarity, and understanding regarding the different developmental and behaviour aspects of children. Simple training, such as their daily tasks in bathing, feeding, and disciplining the children would also be beneficial (*“Education, training, understanding, compassion, empathy. The more they understand, they better they can provide a child with the correct and responsive caregiving”*). Confirmed by Browne (2009:20), caregivers should be equipped with the relevant skills and training to empower them in their demanding roles of caring for infants and toddlers affected by early abandonment.

Secondly, the caregivers made suggestions regarding the **placement of children**. Consideration must be given to the caregivers' own needs and what they believe would be best for the children they care for. Caregivers feel that children should be placed in their forever families as soon as possible (*“if only the kids can move quicker”*). When there is a placement option, the transition should be planned carefully in collaboration with the caregiver. The placement process or placement options should always be based on the individual needs of the child (Browne

2009:12). Social workers should visit the children at the institution on a frequent basis, in order to get to know them. These external parties need to understand the needs, likes, and dislikes of the children that they are accountable for (*“We would like for them not to think of the babies as a file or number, but that they can put a picture to the name, they can put a little person to that name”*). Caregivers feel excluded from the placement plan of the children and this needs to change for the betterment of the children.

Thirdly, the caregivers made suggestions for improving their **cooperation with the external role players**. As in previous themes, caregivers have a strong need for social workers to listen to them when it comes to the children they have cared for (*“Listen to what we have to say about the child and their personality”*). Caregivers feel that they are not supported by social workers and that they are not treated as equals or important role players in the decisions made regarding the future of the children in their care (*“I wish there could be a law or policy that forces them to become more involved with these children to get to know them better, what they like, what they don’t like and what they need, but yet they have all the deciding powers of what will happen to them”*).

In conclusion, caregivers did not make unreasonable suggestions. These requests are all attainable. Training can be provided by social workers or professional volunteers. The concerns regarding the placement of children can be alleviated by including the caregivers in the decision-making process. By just including them in the discussions, information and insight can be shared on the needs of the children. The relationships between caregivers and external role players can be enhanced by encouraging more visits and communication between these two parties. Opening constructive dialogue between the mentioned parties can ultimately benefit the children that they strive to help.

4.3 LIMITATIONS INHERENT IN THIS STUDY

The limitations of this study were discussed in a previous chapter (see Chapter Two, section 2.8).

- ***Limitations relating to the recruitment of participants during the COVID-19 pandemic and national lockdown.*** As discussed under the ethical considerations relevant to this study (see Chapter Two, section 2.7), no harm should be brought to the participants, physically or emotionally (Babbie 2013:34; Bless et al 2013:29; Strydom 2011:116). Participants should not feel forced to partake in any way if they do not feel comfortable to do so. The researcher allowed participants to decide when and how they would like to participate. This included the researcher offering participants the option of a face-to-face or telephonic interview; whichever made the caregivers feel more comfortable. Only two participants chose to have a face-to-face interview.
- ***Limitations relating to cultural and language obstacles.*** The participants in this study were from diverse cultures, and spoke different languages. However, all participants could speak and understand English, even though it was not their first language. The researcher allowed each participant to speak in the language that made them feel most comfortable, which varied between English and Afrikaans. All interviews were transcribed from the original language and then translated into English before being submitted to the independent coder for data analysis.
- ***Limitations relating to district restrictions.*** The researcher decided to include participants from the Tshwane region, as this was the most accessible region for the researcher, taking traveling costs and time restrictions into consideration. This study is based on evidence found from participants in the Tshwane district and not participants from South Africa as a whole.

4.4 RECOMMENDATIONS

Recommendations relating to the research process, the research findings, practice, policy, training, and education, as well as further research regarding the present research topic, namely *“Caring for abandoned infants and toddlers in Institutional care: Views, perceptions, and experiences of caregivers”*, will be provided in this section. This study, through the methodology described in Chapter Two, aimed to develop a better understanding of caregivers’ experiences in caring for abandoned infants and toddlers in institutional care. Because of the experienced phenomenon, the study was conducted in order to interpret the data and provide the social work

profession with conclusive guidelines and recommendations regarding how these caregivers can be supported. In the previous paragraphs, the researcher drew conclusions based on the findings and the following recommendations are based on these conclusions:

- ❖ Recommendations pertaining to the qualitative research process.
- ❖ Recommended guidelines for social worker support, policy, and practice towards caregivers caring for abandoned infants and toddlers in institutional care:
 - Guidelines for social worker support –
 - Training and Education
 - Placing out of children
 - Improved cooperation with external social workers
 - Recommendations regarding improved child and youth care practice –
 - The availability of medical resources
 - Social workers' involvement in the care of the children
 - Recommendation regarding policy and the rights of each child –
 - Children's Court
 - Regulations
- ❖ Recommendations for further research.

4.4.1 Recommendations pertaining to the qualitative research process

The researcher recommends the qualitative research approach as a suitable approach when studying the social experiences and perceptions of a specific group regarding an unknown phenomenon. It is advisable that the novice qualitative researcher study various texts on the qualitative paradigm in gaining a better understanding of the characteristics and principles of the qualitative approach before commencing the study. Furthermore, it is important that a qualitative researcher have good people skills and manners when communicating with people from different cultures and backgrounds. Good interviewing skills should be practiced for this purpose. In addition, the explorative, descriptive, and contextual research strategies are recommended as a valuable framework from which the researcher can draw findings for the research topic as experienced from a specific context.

The qualitative research design is used to gain an in-depth understanding of an unknown problem or an issue that has not been studied before. The researcher needs to be aware of the subjective experiences of the participants. This approach was useful, as the researcher could understand the perceptions and experiences of caregivers caring for abandoned infants and toddlers living in institutional care. During literature searches, no previous studies were found for this research question.

The purposeful non-probability sampling technique is useful when aiming to recruit participants that can add value to the study. The snowball sample is just as beneficial, as the selected participants can refer other possible participants from their own networks. It is recommended that semi-structured interviews be used to gain as much in-depth data as possible about the topic being studied. A semi-structured interview allows the researcher to be flexible for further exploration, while still focusing on answering the research question.

In the analysis of data, the researcher recommends the use of Tesch's eight steps of data analysis (cited in Creswell 2014:198) and Guba's model of trustworthiness (Merriam & Tisdell 2015:242; Flick 2014:52; Creswell 2013:120; Lietz & Zayas 2010:191) through validity and reliability, when drawing conclusions based on the findings.

4.4.2 Recommended guidelines for social worker support, policy, and practice towards caregivers caring for abandoned infants and toddlers in institutional care

The tabulated recommendations (Table 4.2) relate to the guidelines for social work support, policy, and practice towards caregivers caring for abandoned infants and toddlers in institutional care. These recommendations refer to the second goal of this study (see Chapter One, sub-section 1.3.2). The recommended guidelines for social work support, policy, and practice towards caregivers are directed and focused on aspects such as *training and education, placing out of children, improved cooperation with external social workers, the availability of medical resources, social*

workers' involvement in the care of the children, the Children's Court, and regulations.

These recommendations are made regarding what can improve the roles and coping skills of caregivers.

Table 4.2: Recommended guidelines for social worker support, policy, and practice towards caregivers caring for abandoned infants and toddlers in institutional care

Recommendations	Cross-references to empirical research findings supporting the stated recommendation
Recommended guidelines for social worker support to caregivers caring for abandoned infants and toddlers in institutional care	
<p>a) Training and Education</p> <p>Caregivers require training in enhancing the level of care they can provide for children that have been affected by abandonment. This training relates to the following aspects in their roles as caregivers:</p> <ol style="list-style-type: none"> 1) Children presenting with behavioural issues due to abandonment. 2) Caregivers’ understanding of abandonment and its effects on children. 3) The importance of attachment and how it assists the healthy development of the child (aspects relating to healthy development and developmental milestones). 4) Self-care and skills to enhance caregivers’ coping mechanisms. 5) Medical care and medical emergencies concerning the children in their care. 	<ol style="list-style-type: none"> 1) See Chapter Three: Sub-theme 2.2, 3.1, 3.2, 3.3 & 5.1 2) See Chapter Three: Theme 3 3) See Chapter Three: Sub-theme 3.1 & 4.2 & 4.3 4) See Chapter Three: Sub-theme 5.2 & 6.1 5) See Chapter Three: Sub-theme 6.1
<p>b) Placing out of children</p> <p>Social workers should provide proper preparation for both the caregiver and child when children are placed out of their care. This includes the following:</p>	<p>See Chapter Three: Sub-theme 2.2 & 6.2</p>

<ol style="list-style-type: none"> 1) The consideration of the child and caregivers' feelings, as they mourn each other after separation. 2) Caregivers experience the child leaving as painful and traumatic; thus, more focus should be placed on how children are transitioned out of institutional care. 3) Caregivers feel better when they receive photos and feedback from children that have been placed, as it shows they are happy, cared for, and have settled in their new homes. 4) Caregivers suggested that the finalisation of the children's cases and the placement of the children in their care are often delayed. This leads to the children becoming overly attached to the current caregiver and it makes the move increasingly stressful for both parties. 5) Social workers should listen to the opinions of the caregivers more often when it comes to the children they care for. 6) Babies should have an opportunity to bond with the new parents before placement. 7) Social workers should continue with supervision and visits after children have been placed to prevent failed placements. 	<ol style="list-style-type: none"> 1) See Chapter Three: Sub-theme 2.2 & 5.5 2) See Chapter Three: Sub-theme 2.2 & 5.5 3) See Chapter Three: Sub-theme 2.2 & 5.5 4) See Chapter Three: Sub-theme 5.2 & 6.2 5) See Chapter Three: Sub-theme 5.5 & 6.2 6) See Chapter Three: Sub-theme 5.2 7) See Chapter Three: Sub-theme 5.5
<p>c) Improved cooperation with external social workers</p> <p>It should be ensured that the National Norms and Standards for Residential CYCCs containing the regulations regarding supervision</p>	

and support for all caregivers are adhered to. This will include the following suggestion from caregivers:

- 1) Regular updates and feedback.
- 2) Supportive assistance in caring for children with developmental or special needs, such as behaviour concerns due to abandonment.
- 3) The coping skills of caregivers are improved when they receive feedback from the children that have been placed out of their care. It is recommended that social workers should facilitate this feedback between the caregiver and the forever family of the child.
- 4) Caregivers expressed the need for social workers to provide more background information about the children they care for.
- 5) Outside social workers should have more compassion and appreciation for what the caregivers do for these children, physical and emotionally.
- 6) Caregivers suggest that the external social workers should listen to their views and advise about the children in their care.
- 7) Social workers should get to know the children better before finalising their cases, by visiting regularly and maintaining contact with them.
- 8) Overall, better communication between the DSD and child protection role players, including CYCCs, a better functioning judicial system, and better policies.
- 9) More free and quality therapies made available to the children.

- 1) See Chapter Three: Sub-theme 5.2 & 5.5
- 2) See Chapter Three: Sub-theme 3.2, 3.3 & 5.1
- 3) See Chapter Three: Sub-theme 4.2 & 5.2
- 4) See Chapter Three: Sub-theme 5.2
- 5) See Chapter Three: Sub-theme 5.2
- 6) See Chapter Three: Sub-theme 6.3
- 7) See Chapter Three: Sub-theme 6.3
- 8) See Chapter Three: Sub-theme 6.3
- 9) See Chapter Three: Sub-theme 6.3

10) Training for social workers working with children and their needs during different stages of development.

10) See Chapter Three: Sub-theme 6.3

11) Social workers to obtain birth certificates for these children.

11) See Chapter Three: Sub-theme 5.5

Recommendations regarding improved child and youth care practice

a) The availability of medical resources

In this study, it was confirmed that abandonment has numerous effects on the healthy development of infants and toddlers.

See Chapter Three: Theme 3

In improving the care provided to infants and toddlers living in institutional care, medical resources were identified as a requirement. This includes the following:

- 1) Caregivers need support and assistance regarding the effects of abandonment, such as: behavioural concerns, anxiety, rocking, head banging, difficulties in forming attachments, dissociation, and excessive crying (emotional regulation).
- 2) More available access to specialised therapies are required for children living in institutional care, who are affected by abandonment. This includes developmental and play therapy provided by trained psychologists and play therapists.
- 3) The delayed waiting periods at government hospitals should be reviewed and considerations should be employed on how medical services for young, vulnerable children can be improved.

1) See Chapter Three: Sub-theme 3.1, 3.2, 3.3 & 5.1

2) See Chapter Three: Sub-theme 4.1, 5.1 & 5.5

3) See Chapter Three: Sub-theme 4.1 & 4.3

b) Social workers' involvement in the care of the children

- 1) Social workers should step in and support caregivers caring for children affected by abandonment in numerous physical and psychological manners.
- 2) Social workers can provide much needed therapies for children affected by abandonment.
- 3) Children's cases must take priority and should be finalised as quickly as possible to prevent the impact of delayed placements and prolonged institutional living.
- 4) Under the theme support, it was noted that none of the participants referred to support that was received from social workers. It is recommended that social workers get more involved in the supportive structure of the caregiver role, building alliances and networking, especially towards resources that will improve the caregiver role, such as access to medical and therapy assistance.
- 5) Every child has the right to regular visits and communication from their assigned case manager.
- 6) Social workers should provide as much background information on the child as possible, in order for the caregivers to provide care according to the needs of the child.

- 1) See Chapter Three: Sub-theme 3.1
- 2) See Chapter Three: Sub-theme 3.3 & 5.1
- 3) See Chapter Three: Sub-theme 3.3
- 4) See Chapter Three: Sub-theme 4.2 & 4.3
- 5) See Chapter Three: Sub-theme 4.3
- 6) See Chapter Three: Sub-theme 5.2

Recommendation regarding policy and the rights of each child

a) Children's Court

- 1) Courts should take into consideration the effects delayed placements have on children, especially infants and toddlers, and urge social workers to finalise their cases as soon as possible.
- 2) Courts should order the issuing of birth certificates for every child on their files.
- 3) It is recommended that there should not be any time wasted by looking for biological mothers that have abandoned their infants, as these children miss opportunities to be placed with forever families while still in their formative years. Children should not be held accountable for the actions of their mothers, but accountability should be placed on the mother if and when found by introducing harsher punishments for the unsafe abandonment of a child.

- 1) See Chapter Three: Sub-theme 3.3
- 2) See Chapter Three: Sub-theme 5.5
- 3) See Chapter Three: Sub-theme 5.5

b) Regulations

- 1) **Accessible therapeutic medical** care for children living in institutional care. In terms of section 28(l)(c) of the Constitution, every child has the right to basic healthcare service (South Africa 1996). It is recommended that this Act should be amended that medical care for children should not just included basic health, but also specialised child therapies and psychosocial support for children affected by various early traumas, such as abandonment.

- 1) See Chapter Three: Sub-section 4.1, 5.3, 5.5 & 6.3

2) Issuing of birth certificates for all children born and abandoned in South Africa. If there is no birth certificate, assistance should be provided to register unregistered children. Further assistance should be facilitated regarding placements, such as adoption and foster care, as these children cannot be placed without a birth certificate. It is therefore recommended that the Births and Deaths Registration Act 51 of 1992 (South Africa 1992) and the Regulations on the Registration of Births and Deaths, 2014 (South Africa 2014) be amended to include the registration of births for abandoned children, in order to provide them with their constitutional right and the rights as set out in the Children's Act 38 of 2005 (South Africa 2006: section 9), namely, the right to a nationality, a right to education and health, a right to live within a family setting (adoption or foster care), and lastly a right to social support, such as grants in cases where assistance is needed to provide care for these children.

2) See Chapter Three: Sub-section 5.5

4.4.3 Recommendations for further research

The researcher's motivation to undertake this study stems from her own experiences while working as a social worker in a CYCC that cares for abandoned infants and toddlers. The researcher furthermore found a stillness on the effects of abandonment in early childhood and how caregivers can intervene to ensure each child has the best possible opportunity in early development.

From personal experience and observations, the caregivers do an outstanding job intervening in the early traumas of these children, by forming a trusting relationship through bonding and attachment. They do this without knowing the great healing effect attachment has on these vulnerable children. Caregivers are not highly paid or experienced people, but with the support and guidance of trained social workers, they would definitely be able to intervene on a much deeper trauma informed level when caring for these children.

It is suggested that the following topics be placed on an agenda for further research:

- Free training programmes to teach caregivers working with abandoned infants and toddlers about the effects of trauma. Caregivers should be taught how to identify the symptoms of these traumas, as well as basic intervention techniques.
- A support programme for caregivers to help them cope with the challenges and strain they experience in this demanding role, which often leads to burnout.
- How social workers can be motivated to support and visit these CYCCs more often, taking some of the burden off the shoulders of the caregivers.
- Policies and regulations regarding the communication and visitation of social workers that have contact with the children on their caseloads who live in institutional care, including the provision of a supportive role towards caregivers.
- Policies and regulations in relation to the registration of births and obtaining of birth certificates for abandoned children.

4.5 CHAPTER SUMMARY

With this chapter a summary of the research project is presented with the main aspects covered from the previous chapters, by illustrating suggested recommendations.

The researcher started out by providing a reflective summary on the background, problem statement, and overview of the phenomenon of caregivers' perceptions and experiences caring for abandoned infants and toddlers living in institutional care. The research questions, goals, and objectives were deliberate on and conclusions formed in answering them. The eco-systems theory and how caregivers perceive and experience their caregiving environment were revisited and deductions were drawn on how it fits in with the research study. Before all these conclusions were drawn an overview of the research plan was provided, along with an explanation on how it was applied.

In the third part of this chapter, a summary on the biographical details of the caregiver participants was given, followed by an outline of the six themes gathered from the data analysis. These theme summaries were completed with conclusions. The conclusions arrived at were indicated.

Finally, in the last section of this chapter, the researcher reflected on the limitations of the study before recommendations were made. The recommendations for caregiver support were informed by the findings of the study and presented in a table format (Table 4.2), linking it to the thematic presentation of the findings by cross-referencing the storylines of the caregivers.

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ADDENDA

Addendum A: Request for permission to conduct the study

Date: 9th of August 2020

Organisation name:

Address:

Contact details:

Dear Participant

I, Lynette Oosthuizen-Erasmus am doing research with Dr Anri Adlem, a senior lector in the Department of Social Work, towards a Masters in Social Work at the University of South Africa.

We are inviting you to participate in a study entitled;

“Caring for abandoned infants and toddlers in Institutional Care: Views, perceptions, and experiences of caregivers”

The aim of the study is to explore how caregivers’ experience caring for abandoned infants and toddlers in the Tshwane Region, by making social work suggestions as supportive tools for these caregivers’ daily challenges in providing care. Many studies have shown that institutional care is not the preferred and advised option for child placement, but with so many orphans and vulnerable children in South Africa, institutional care is most of the time the only option for these children in need of care and protection.

Your organisation has been selected because of the experience and insight you can provide in true caregiver perceptions and experiences in caring for abandoned infants and toddlers.

The study will entail at least two face to face interviews with the allocated caregivers’ the organisation will provide access to. Data will be transcribed in a confidential and anonymous manner, not to implicate any caregivers or the organisations they work with.

The benefits of this study will be the exploration of caregiver experiences and needs in enhancing the care they provide for abandoned infants and toddlers by providing suggestions for social work support. This will benefit the best interest of each child while placed in care. Participating organisations will be provided with the results and suggestions obtained from the study first-hand, before the results are made available on a public platform.

The researcher does not foresee potential risk for partaking in the study as all identifying information of participants and participating organisations will be kept confidential unless requested by the organisation or participant otherwise. The researcher will keep regular contact with the organization regarding concerns and progress of the study.

Feedback procedure will entail a copy of my final draft report as approved by the Research Ethics Review Committee. Monthly verbal feedback meetings will be scheduled with the organization contact person in regard to the study progress, and the caregiver participation in a confidential manner, by not implicating personal information given by caregiver and the employer organisation.

Yours sincerely



Erasmus

Lynette Oosthuizen-Erasmus

Researcher: Masters of Social Work

lynetteerasmus3855@gmail.com; 491526886@mylife.unisa.ac.za

Addendum B: Participant information sheet

Ethics clearance reference number:

Research permission reference number (if applicable):

Date: 09/08/2020

Title: Caring for abandoned infants and toddlers in Institutional Care: Views, perceptions, and experiences of caregivers.

Dear Prospective Participant

My name is **Lynette Oosthuizen-Erasmus** and I am doing research with Dr Anri Adlem a Senior lecturer in the Department of Social Work towards a master's degree at the University of South Africa. This research study will be privately funded by the researcher, with focus on the best interest of each child in residential care. We are inviting you to participate in a study entitled: *Caring for abandoned infants and toddlers in Institutional Care: Views, perceptions, and experiences of caregivers.*

WHAT IS THE PURPOSE OF THE STUDY?

I am conducting this research to find out what the experiences are of caregivers caring for abandoned infants and toddlers in institutional care by providing caregivers some form of social work support, to act in the best interest of each child in need of care.

WHY AM I BEING INVITED TO PARTICIPATE?

You have been chosen to participate in this study due to your working experience in child and youth care centres, with infants and toddlers that has an early abandonment background. The researcher believes that you can make a significant contribution towards understanding true caregiver experiences when caring for abandoned infants and toddlers.

Participant details are obtained from child and youth care centre management boards regarding whom they believe has the most significant understanding of

children's homes and co-caregiver experiences, including co-worker referrals. The researcher embarks on recruiting at least 15 caregiver participants for this intended research study from child and youth care centres in the Tshwane region.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The participant will be required to partake in an initial one-hour semi-structured face-to-face interview. Notes will be made by the researcher during this interview session. After the initial data collection process, the researcher will make contact to schedule a second 45-minute interview session to confirm and relate caregiver experience from similar themes that was identified.

- What is the caregiver to child ratio at your organisation?
- What are the challenges you experience caring for abandoned infants and toddlers?
- How do you as a caregiver feel about caring for these abandoned infants and toddlers?
- How do you think early abandonment affects infants and toddlers in institutional care compared to those that have not been abandoned?
- What are your cultural views on infant and toddler abandonment when caring for them?
- Which factors influence your understanding and perception of the effects of early parent-child separation by abandonment?
- What do you think will help caregivers improve their coping skills?
- Which resources can you rely on to assist in caring for abandoned infants and toddlers at your institution or in your community?
- What support is offered by the organisation where you work enable caregivers to cope with caring for abandoned infants and toddlers?
- What are your suggestions for better social work or CYCC management support for caregivers?

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. There is no penalty or loss of benefits from the study or the child and youth care centre for deciding not to participate in this research study.

If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

By participating in this study, the researcher will ensure outcome of this study on caregivers' experiences and perceptions of caring for abandoned infants and toddlers will be made available to the specific child and youth care centre with recommendations for caregiver support.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The researcher will ensure there are no negative consequences towards the participant for partaking in this study, through considering their responsibilities towards their organisation and time offered to the researcher. The researcher will ensure the ethical requirement of confidentiality and anonymity towards each research participant.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

As a participant of this research study, you have the right to insist that your name will not be recorded anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research study ensuring confidentiality OR your name will not be recorded anywhere and no one will be able to connect you to answers you give by using pseudonyms and codes.

All collected data will be stored under the pseudonyms and codes, in a locked filing cabinet and personal security coded computer. Any publications on the collected data or research findings in research reporting methods such as conference proceedings, will also be done in such a way as to ensure confidentiality and anonymity by ensuring the assigned codes and pseudonyms are used. If the researcher needs to make use of an external transcriber, this appointed person will also be obliged to sign a confidentiality agreement letter, and it will be submitted to the Research Ethics Review Committee of Unisa for consideration.

Your answers may be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Records that identify you will be available only to people working on the study, unless you give permission for other people to see the records. A report of this study may be submitted for publication or as a journal article, but individual participants will not be identifiable in such a report.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researcher for a minimum period of five years in a locked cupboard/filing cabinet *at 306 Penguin street, Wierdapark (study office)* for future research or academic purposes; electronic information will be stored on a password protected computer, where only the researcher has accessed to this computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. When the storage of the collected data is no longer needed, all hard copies will be shredded, and electronic copies permanently deleted from the research computer, through the use of a relevant software programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There will be no payments made for participating in this study. The researcher will ensure no expenses will come to the participants for participating, by concerning all the traveling requirements and ensuring all interviews will be conducted at a cost free, yet private setting.

HAS THE STUDY RECEIVED ETHICS APPROVAL

This study has received written approval from the Research Ethics Review Committee of Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact **Lynette Oosthuizen-Erasmus** on **0123842189** or email **lynetteerasmus3855@gmail.com**. The findings are accessible from April 2020.

Should you require any further information or want to contact the researcher about any aspect of this study, please contact Lynette Oosthuizen-Erasmus at lynetteerasmus3855@gmail.com or 0123842189.

Should you have concerns about the way in which the research has been conducted, you may contact Dr Anri Adlem at adlemag@unisa.ac.za or 0124294169.

Contact the research ethics chairperson of the Research Ethics Review Committee (School of Social Science research), Prof Makofane at makofmd@unisa.ac.za or 0124296884 if you have any ethical concerns.

Thank you for taking time to read this information sheet and for participating in this study.



Lynette Oosthuizen-Erasmus

Researcher: Masters of Social Work

Addendum C: Consent to participate in this study

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits and anticipated inconvenience of participation.

I have read (or Lynette Oosthuizen-Erasmus had explained to me) and understood the study as explained in the information sheet.

I have had enough opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the intended research study by agreeing to at least two face to face interviews with the researcher.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname..... (please print)

Participant Signature.....Date.....

Researcher's Name & Surname.....(please print)

Researcher's signature.....Date.....

Addendum D: Researcher acknowledgement

THE COLLEGE OF HUMAN SCIENCES

RESEARCHER ACKNOWLEDGEMENT

Hereby, I **Lynette Oosthuizen-Erasmus**, ID number **8606290198080**, in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- Unisa Research Policy
- Unisa Ethics Policy
- Unisa IP Policy

And that I shall conform to and abide by these policy requirements

SIGNED: 
Erasmus

Date: 04/12/2020

Addendum E: Letter from the debriefer

Annelie Geldenbloem
012 384 2189
ageldenbloem@gmail.com

Lynette Oosthuizen-Erasmus
Master of Social Work Student

RE: Acceptance for participant debriefing services

To Whom it may concern;

This letter follows your request for debriefing assistance towards your research participants. It is with great pleasure from met to inform you that I accept your request and would be of assistance to you. I am willing to assist your research participants with debriefing services at no cost where needed.

I am a qualified and registered social worker in the NGO specifically CYCC field and has a fair understanding of caregiver roles and responsibilities when caring for children living in institutional care. My registration number with the SACSSP is 10-49508. I have 4 years' experiences practicing as a qualified social worker. I do understand the ethical responsibilities involved in your research study as it is linear with the code of ethics in the social work profession.

You are requested to kindly ensure that there is at least a weeks' notice give to me before you begin with the data collection process to ensure I avail myself should debriefing be required.

Wishing you all the best in your research study.

Kind regards,



Annelie Geldenbloem
30/03/2020


Addendum F: Editor's statement

EDITOR'S STATEMENT

25 January 2021

I hereby declare that I have edited this dissertation entitled *Caring For Abandoned Infants And Toddlers In Institutional Care: Views, Perceptions, And Experiences Of Caregivers* by Lynette Oosthuizen-Erasmus (student number 49152688). The edit entailed correcting spelling and grammar where necessary, and checking for consistencies in style and reference method used, according to guidelines provided by the student. I have not helped to write this document or altered the student's work in any significant way. I will not be held accountable for bad spelling or grammar or incorrect referencing where the student has rejected my editing, ignored my suggestions, or made changes after I had completed my edit.

It was not my responsibility to check for any instances of plagiarism and I will not be held accountable should the student commit plagiarism. I did not check the validity or factual accuracy of the student's statements/research/arguments. Lastly, I was not tasked to check/edit the student's addenda/annexures.



Lindi De Beer

Contact Details:

☎ 083 456 4358

✉ lindi@grammarsmith.co.za



GRAMMAR
SMITH

Addendum G: Interview guide

When beginning the interview, participants' biographical information will be obtained by asking the following questions:

Biographical questions

- How old are you?
- What is your marital status?
- How many years have you been working at a youth care centre?
- How long have you been working for your current employer?
- Have you received any previous training to care for children?

The factual detail required for the research will be obtained by discussing the following questions:

Questions related to the topic:

- What is the caregiver to child ratio at your organisation?
- What are the challenges you experience caring for abandoned infants and toddlers?
- How do you as a caregiver feel about caring for these abandoned infants and toddlers?
- How do you think early abandonment affects infants and toddlers in institutional care compared to those that have not been abandoned?
- What are your cultural views on infant and toddler abandonment when caring for them?
- Which factors influence your understanding and perception of the effects of early parent-child separation by abandonment?
- What do you think will help caregivers improve their coping skills?
- Which resources can you rely on to assist in caring for abandoned infants and toddlers at your institution or in your community?
- What support is offered by the organisation where you work enable caregivers to cope with caring for abandoned infants and toddlers?
- What are your suggestions for better social work or CYCC management support for caregivers?

Addendum H: Risk assessment tool

1	Does your research include the direct involvement of any of the following groups of participants (<i>Refer to Section 4 in the SOP</i>)	YES	NO
<i>Place an 'x' in box [if yes, provide details in the space allocated for comments]</i>			
	a) Children or young people under the age of 18 Include the parental consent letter and explain how assent will be obtained in section 6.1 of the application form.		X
	b) Persons living with disabilities (<i>physical, mental and/or sensory</i>) ²⁹		X
	c) Persons that might be considered vulnerable, thus finding it difficult to make independent and/or informed decisions for socio, economic, cultural, political and/or medical reasons (<i>such as the elderly, the dying, unconscious patients, prisoners, those in dependant relationships, women considered to be vulnerable due to pregnancy, victimisation, etc.</i>)		X
	d) Communities that might be considered vulnerable, thus finding it difficult to make independent and informed decisions for socio, economic, cultural, political and/or medical reasons		X
	e) UNISA employees, students or alumni Indicate that you will apply for permission at the UNISA Research Permission Subcommittee (RPCS) in section 3.1 of the application form to involve any of these participant groups in the proposed research.		X
	f) Persons whose native language differs from the language used for the research Attach the translated data collection instrument(s), interview guide(s), participant information sheet and consent form in the participants' first language, as well as a letter from the language practitioner certifying the credibility of the translated material. The		X

²⁹Describe whether and how proxy or gatekeeper consent will be obtained in section 6.1 relevant to items 2.1. a – e

services of an interpreter may need to be secured for field work activities.		
g) There is a likelihood that a person or definable group will be identified during the research process and it is likely to be of concern.		X
h) Other ³⁰ . Please describe.		
Comments: If you selected any option above, please describe it in detail here.		

2	Does your research involve any of the following types of activity that could potentially place the participants at risk of harm?	YES	NO
<i>Place an 'x' in the box provided [if yes, provide details in the space allocated for comments]</i>			
	a) Collection, use or disclosure of personal, identifiable information <u>without</u> the consent of the individual or institution that is in possession of the required information (with the exception of aggregated data or data from official databases in the public domain)		X
	b) Collection, use or disclosure of personal, identifiable information directly from participants <u>with</u> consent		X
	c) Personal, identifiable information to be collected about individuals from available records (e.g., employee records, student records, medical records, etc.) and/or archives		X
	b) Participants being exposed to questions which may be experienced as stressful or upsetting, or to procedures which may have unpleasant or harmful side effects		X
	e) Participants being required to commit an act which might diminish self-respect or cause them to experience shame, embarrassment, or regret		X
	f) Any form of deception of participants, concealment or covert observation		X
	d) Examining potentially sensitive or contentious issues that could cause harm to the participants		

³⁰ Form 1 does not apply to plant, molecular or cell research, animal and environmentally related research.

g) Research which may be prejudicial to participants		X
f) Research which may intrude on the rights of third parties or people not directly involved		X
f) Audio-visual recordings of participants which may be of a sensitive or compromising nature (with or without consent)		X
g) Disclosure of the findings of the research could place participants at risk of criminal or civil liability or be damaging to their financial standing, employability, professional or personal relationships		X
h) Any form of physically invasive diagnostic, therapeutic or medical procedure such as blood collection, an exercise regime, body measurements or physical examination		X
k)*Psychological inventories / scales / tests		X
q) Other. Please describe		X
Comments: If you selected any option above, please describe it in detail here.		

**Please add details on copyright issues related to standardised psychometric tests and registration at the HPSCA of test administrator if test administration is in South Africa or of an equivalent board if administration is non South African.*

3	Does your research involve any activity that could potentially place the researcher(s) at risk of harm?	YES	NO
	a) There is a possible risk of physical threat, abuse or psychological trauma as a result of actual or threatened violence or the nature of what is disclosed during the interaction		X
	b) There is a possible risk of being in a compromising situation, in which there might be accusations of improper behaviour		X
	c) There is an increased exposure to risks in everyday life and social interactions, such as working with hazardous materials or sensitive information		X
Comments:	If you selected any option above, please describe it in detail here.		

4	Does any of the following apply to your research project?	YES	NO
Place an 'x' in the box provided [if yes, provide details in the space allocated for comments]			
a) Participants will be offered inducements or incentives to encourage their involvement in the research			X
b) Participants will incur financial obligations as a result of their participation in the research			X
c) The researcher(s) can anticipate financial gains from involvement in the research (i.e., contract research)			X
d) Any other potential conflict of interests, real or perceived, that could be seen as compromising the researcher(s) professional judgement in carrying out or reporting on the research			X
e) Research will make use of Unisa laboratories			X
f) Research will be funded by UNISA or by an external funding body that could compromise the integrity of the research project			X
Comments: If you selected any option above, please describe it in detail here.			

5	Guided by the information above, classify your research project based on the anticipated degree of risk. [The researcher completes this section. The ERC critically evaluates this benefit-risk analysis to protect participants' rights]						
Place an 'x' in the box provided							
Category 1 Negligible No to indirect human participant involvement. If you choose this option, stop completing this form and contact		Category 2 Low risk Direct human participant involvement. The only foreseeable risk of harm is the potential for minor discomfort or inconvenience, thus research that would not pose a		Category 3 Medium risk Direct human participant involvement. Research that poses a risk above the everyday norm, including physical, psychological and social risks. Steps	X	Category 4 High risk Direct human participant involvement. A real or foreseeable risk of harm including physical, psychological and social risk which may lead to a	

URERC@uni sa.ac.za		risk above the everyday norm.		can be taken to minimise the likelihood of the event occurring.	serious adverse event if not managed responsibly.	
<p>Briefly justify your choice/classification: The study will focus on the experiences and perceptions of caregivers' working with abandoned children in institutional care. The collected data will reflect personal experience regarding the phenomena of abandonment in South Africa with no political or judgemental affiliation.</p>						
<p>In medium and high risk research, <u>indicate the potential benefits</u> of the study for the research participants and/or other entities.</p> <p>The suggestions and recommendations made from the study, may benefit caregivers in receiving better social work support in caring for abandoned infants and toddlers in institutional care.</p>						
<p>In medium and high risk research, <u>indicate how the potential risks of harm will be mitigated</u> by explaining the steps that will be taken to minimise the likelihood of the event occurring (e.g., referral for counselling, debriefing, etc.).</p> <p>The researcher will ensure that a qualified professional person with the necessary experience will be available to debrief the participants if and when it becomes necessary.</p>						

Addendum I: Ethical approval letter

SOCIAL WORK RESEARCH ETHICS COMMITTEE (SWREC)

Date: 6 March 2020

Dear Ms L Oosthuizen-Erasmus

DECISION:
Ethics approval from 6 March 2020 to 6 March 2021

SWREC Reference #: 2020-SWREC-49152688
Name: Ms L Oosthuizen-Erasmus
Student #: 49152688
Staff #: N/A

Researcher(s): Name: Ms L Oosthuizen-Erasmus
Contact details: 49152688@mylife.unisa.ac.za; 0748762289

Supervisor(s): Name: Dr AG Adlem
Contact details: adlemaq@unisa.ac.za, (012) 429 4162

Title of research:

Carrying for abandoned infants and toddlers in Institutional Care: Views, perceptions and experiences of caregivers

Qualification: Master of Social Work (MSW)

Thank you for the application for research ethics clearance by the Social Work Research Ethics Committee (SWREC) for the above mentioned research. Ethics approval has been granted effective from 6 March 2020.

The following are standards requirements attached to all approval of all studies:

1. Approval will be for a period of twelve months from of the date of issue of the certificate. At the end of this period, if the study has been completed, abandoned, discontinued or not completed for any reason you are required to submit a report on the project. If you complete the work earlier that you had planned, you must submit a report as soon as the work is completed. Reporting template can be requested from the SWREC administrator on radebn1@unisa.ac.za
2. However, at the end of twelve months' period if the study is still current, you should instead submit an application for renewal of the approval.
3. Please remember that you must notify the committee in writing regarding any amendments to the study.
4. You must notify the committee immediately in the event of any adverse effects on participants or any unforeseen event that might affect continued ethical acceptability of the study.
5. At all times you are responsible for the ethical conduct of your research in accordance with the SWREC standard operating procedures, terms of references, National Health Research Council (NHREC) and university guidelines.

Yours sincerely



.....
Dr KJ Malesa: Chairperson of SWREC
Email: maleskj@unisa.ac.za
Tel No.: (012) 429 4780

Addendum J: Report by Turnitin

The screenshot displays a Turnitin report interface. At the top, the browser address bar shows the URL: https://ev.turnitin.com/app/carita/en_us/?s=&lang=en_us&u=1088202665&o=1498078086&student_user=1. The page title is "Lynette Oosthuizen-Erasmus | CARING FOR ABANDONED INFANTS AND TODDLERS IN INSTITUTIONAL CARE: VIEWS, PERCEPTIONS, AND EXPERIENCES OF CAREGIVERS".

The main content area shows a "Match Overview" section with a large "3%" indicator. Below this, a list of matches is displayed:

Rank	Source	Match Percentage
1	uif.unisa.ac.za Internet Source	1%
2	Submitted to University... Student Paper	1%
3	hdl.handle.net Internet Source	1%

The document text being checked is:

CARING FOR ABANDONED INFANTS AND TODDLERS IN INSTITUTIONAL CARE: VIEWS, PERCEPTIONS, AND EXPERIENCES OF CAREGIVERS

by

LYNETTE OOSTHUIZEN-ERASMUS

Student number: 49152688

submitted in accordance with the requirements for the degree of

MASTER OF SOCIAL WORK

in the subject

The interface also includes a "Preparing download..." button, a "Text-only Report" option, and a "High Resolution" option. The bottom status bar shows "Page: 1 of 295" and "Word Count: 82028".