EXPERIENCES OF CHILDREN

REGARDING THE CARE RECEIVED AT WINDHOEK

RESIDENTIAL CHILD CARE FACILITIES

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March, 2014

EXPERIENCES OF CHILDREN REGARDING THE CARE RECEIVED AT WINDHOEK RESIDENTIAL CHILD CARE FACILITIES

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH

OF

THE UNIVERSTY OF NAMIBIA

BY

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March, 2014

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DEDICATION

This work is dedicated to the almighty God, who gave me courage and strength to carry on with my studies; my husband Jean Damascene Uzabakiriho and my only son Jean Emmery Ngabo-Shingiro, for all of their sacrifices, inspiration, encouragement, understanding and support during my studies; and to all children, especially orphans and other vulnerable children in Rwanda and Namibia. You are all in my thoughts.

ACKNOWLEDGEMENTS

This work is the result of a combined effort of many people who contributed in many ways. I was greatly guided in conceptualizing and writing this report by thoughtful and experienced professionals who shared their knowledge and insights with me.

First of all, my appreciation goes to my supervisor Dr. Marieta Van der Vyver and co-supervisor Dr. Joan Kloppers who gave me valuable support, advice and guidance throughout the study. I am grateful indeed.

To the management of the Namibian Children's Home, the SOS Children Village in Khomasdal and Dolam Children's Home, as well as the children who participated in this study, I convey my sincere gratitude to you. Without your willingness to participate, this would have been unachievable.

To the Ministry of Gender Equality and Child Welfare (MGECW), I thank you for granting me permission to conduct this study under various Residential Child Care Facilities located in Windhoek.

Last but not least, my colleagues in the Directorate of Child Welfare at the Ministry of Gender Equality and Child Welfare, I thank you for your understanding and tolerance with workloads during my study leave.

DECLARATION

I, Brigitte Nshimyimana, declare that the study on "Experiences of Children Regarding their care in Windhoek Residential Child Care Facilities" is a true reflection of my own research and that this work or part thereof has not been submitted for a degree in any other institution of higher education.

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Brigitte Nshimyimana Date

ABSTRACT

It is the fundamental right of a child to grow in a safe, nurturing, consistent care-giving environment, free from maltreatment such as physical, sexual and emotional abuse, neglect and inadequate physical care. Unfortunately, many children are deprived of parental care due to various circumstances and continuously seek care and protection. One of the solutions to the lack of provision of care to children in need is to place such a child in a Residential Child Care Facility. However, Residential Child Care Facilities are not always the best solution, as designated caregivers and staff do not always consider the emotional and developmental needs of children entrusted to them. This undermines the quality of childcare in these facilities.

The purpose of this study was to explore and describe the children's experiences regarding the care received at the Residential Child Care Facilities (RCCFs) in Windhoek. For this study, a qualitative, explorative, descriptive, and contextual design was used. The target population was all children living in Windhoek-registered RCCFs. The sample comprised 30 children who could understand and speak English, aged 15 to 18 years, from the three purposefully selected registered RCCFs located in Windhoek. Research ethics related to dealing with children, such as autonomy, anonymity, beneficence, confidentiality, justice, sensitivity to specific needs, participation and protection, were adhered to.

The situational analysis revealed both negative and positive experiences of care in RCCFs as discussed in themes. Relationships with their caregivers and the rest of the staff in the facilities were identified as the first theme and description of

relationships was identified into different sub-themes of mutual respect, good communication, love, support and care.

Another sub-theme under this theme is the participation in decision making in their everyday lives, either as positive or negative experiences such as being uncomfortable, lonely and sad. The second theme was the provision of their basic needs and the sub-themes were described as education, material (food, clothing and shelter), health and protection. The third theme was cultural identity with sub-themes described as knowing their family background, mother tongue and religion. The last theme identified was uncertainty of their future as they were not prepared to leave the care and they voiced bad experiences of children who previously left the care because they were not able to cope with the outside world.

This study recommends that a conducive environment that contributes to the quality of care for children in Residential Child Care Facilities be established, taking into consideration human resources capacity, policy guidelines and standards in place while providing care to those children.

ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
DHS	Demographic Health Survey
HIV	Human Immunodeficiency Virus
IS	International Services
ISS	International Social Services
MGECW	Ministry of Gender Equality and Child Welfare
NDP	National Development Plan
OVC	Orphans and Vulnerable Children
RCCF	Residential Child Care Facility
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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CHAPTER ONE

ORIENTATION AND BACKGROUND

1.1 ORIENTATION OF THE STUDY

It is the fundamental right of the child to grow up in a safe, nurturing, consistent care-giving environment, free from maltreatment such as physical, sexual and emotional abuse, neglect, and inadequate physical care (United Nations Convention on the Rights of Children, 1989). Children deprived of parental care are vulnerable to abuse, exploitation and further maltreatment (Save the Children, 2012). In such situations, it may be a solution to place these children under the care of extended families.

However, in cases where extended families are incapacitated and/or not available, to take care of the children, other long or short-term options such as Residential Child Care Facilities (RCCFs) are considered. These facilities are mandated to help children without parents or proper parental care to grow up in a nurturing family-like environment (UNICEF, 2008a).

It was estimated that 14 million children under the age of 15 were orphaned through HIV/AIDS and by 2010 the number of orphaned children would have exceeded 25 million if the incidence of HIV/AIDS was not controlled (UNAIDS, UNICEF & USAID, 2002). This was in spite of the fact that the capacity of the extended family structure to care for the growing number of orphans was diminishing (Ministry of Women Affairs and Child Welfare, 2004).

The Namibian Demographic Health Survey (2006/2007) estimated that Namibia had 250,000 Orphans and Vulnerable Children (OVC), of whom 155,000 children had lost one or both parents. Considering these numbers; there is a need to develop appropriate alternative care for children without parents or without proper parental care. In Namibia, although alternative care facilities such as the Residential Child Care Facilities (RCCFs) exist, Namibia is experiencing an increasing number of children in need of parental care. In these RCCFs, the caring aspect is meant to be of paramount importance to support the development of a firm foundation in the lives of the children.

There is an understanding that RCCFs are not an appropriate solution given the increasing number of orphans and vulnerable children. Some researchers have shown that RCCFs can detrimental to children's development and rights (UNICEF, 2009; Williamson & Greenberg, 2010; Every Child, 2011) and there is little or no evidence to contradict these findings. In extreme cases, children's rights are violated through regular sexual abuse, exploitation, lack of proper nutrition and healthcare which contribute negatively to the health of the children, their education and discipline (Kristiansen, 2009). Effects of RCCFs can, therefore, contribute to isolation, discrimination, risk of institutional abuse and lack of personal care and children may have difficulties in adjusting to adult life once they are out of these facilities (Tolfree, 2003; Kristiansen, 2009).

The increasing number of children in need of alternative care have contributed to the emergence of many new RCCFs (Csaky, 2009), which coincided with the increasing awareness of research into the negative effects of

institutionalization on the children's physical, emotional and cognitive development (Family Health International, 2010).

Namibia is one of the countries which ratified the United Nations Convention on the Rights of the Child (UNCRC) which guides all matters related to children. According to the UNCRC (1989) in its Article 20, Section 1 and 2, the State has the responsibility to support the provision of alternative care when children are deprived of parental care.

A child temporarily or permanently deprived of his or her family environment, or in whose own interest cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. State Parties shall in accordance with their national laws ensure alternative care for such a child (UNCRC, 1989).

Article 20, Section 3 of the UNCRC (1989) highlights foster placement, Kafalah of Islamic law, adoption and institutional placement as possible forms of alternative care. It cautions that institutional care and inter-country adoption are to be used only if necessary (Meintjies, Moses, Berry & Mampane, 2007; Ministry of Gender Equality and Child Welfare, 2009; UNCRC, 1989; UNICEF, 2008b).

The UNCRC puts more emphasis on a universal framework for defining children's rights. Unfortunately, this has not been the case in various countries where those rights are not guaranteed through documents related to the care of children in residential facilities (Williamson, 2004).

Namibia has ratified both the UNCRC and the African Charter on the Rights and Welfare of the Child. The country acknowledges and is committed to ensuring the survival, development, protection and participation of all children. In developing

policies, the Government of the Republic of Namibia is guided by a ‘rights-based approach’ in line with the Conventions and recognizes the overarching principles involving the ‘best interests of the child’. This approach is reflected in the Namibian Orphans and Vulnerable Children policy of 2004 which was embodied in the National Plan of Action for Orphans and Vulnerable Children of 2006-2010 and is included in the National Agenda on Children of 2012-2016. It articulates the need for an enabling, legislative and policy environment to address child vulnerability through comprehensive national social protection systems and integrated protection services (Ministry of Gender Equality and Child Welfare, 2008a).

Devising solutions for children in Namibia is also presented in the Vision 2030 document which describes the Namibian government’s commitment to providing opportunities to disadvantaged children, including orphans to prepare them for a meaningful and happy life (Namibia Vision 2030).

There are also outlined strategies that relate to the development of programmes, policies and laws targeting children including the vulnerable ones. It is recommended that the Ministry of Gender Equality and Child Welfare review those issues and translate them into plans to be included into the National Development Programmes (NDPs). In the same line, the NDP IV (2012/2013- 2016/2017) under its extreme poverty reduction desired outcome, stresses issues concerning protection of children through strengthening and expanding the social protection system strategy.

During this study, it emerged that the Ministry of Gender Equality and Child Welfare (MGECW) was responsible for all issues related to the well-being of children in Namibia as stipulated in Section 42 of the Children’s Act of 1960. The

MGECW had the authority to register and regulate existing Residential Child Care Facilities and to make sure relevant policies, programmes and strategies were developed and complied with (Ministry of Gender Equality and Child Welfare, 2008b). It is very important to emphasise that the services provided in RCCFs should be done in a professional way, with well-structured systems, oriented and formalised interventions (Meintjies et al. 2007).

The MGECW was still guided by the Children's Act of 1960 inherited from the apartheid era. However, a new Child Care Protection Bill prepared to replace that Act was at an advanced stage and was expected to be in force by the beginning of 2014. The Bill provides means for the registration and monitoring of various facilities caring for children in Namibia. However, it was still to be proven that the RCCFs in Namibia followed the guidelines on the minimum standards for Residential Child Care Facilities.

1.2 BACKGROUND TO THE STUDY

Residential Child Care Facilities are regarded as the last resort for children in need of care and protection (Ministry of Gender Equality and Child Welfare, 2009). This is because the extended families and communities need to be provided an opportunity to take care of the children who need care in their communities in the absence of such care from the primary parents. Therefore, the aim of the RCCFs is to assist vulnerable children to grow up in a family-like environment and to safeguard their best interests by caring for them and protecting them where families, extended families and communities are unable to provide such care. According to the

Namibian MGECW annual report (2012/2013), 1035 OVC are harboured in 33 RCCFs, whether registered or not, countrywide. It is important to look at the quality care of those children, because it might determine the quality of their adult life. Children who do not get the care and safety that only primary caregivers can provide are more vulnerable to health problems and experience violence, exploitation and discrimination (UNICEF, 2006).

Therefore, Residential Child Care Facilities in Namibia should follow the guidelines as defined in the Minimum Standards for RCCFs developed by the Ministry of Gender Equality and Child Welfare. The latter has the mandate of ensuring quality care for children residing in those facilities.

1.3 PROBLEM STATEMENT

There area significant number of children residing in RCCFs in Namibia due to different circumstances their biological parents, extended families and communities face. Hence, scores of children are left alone without proper parental care and the extended family members are unable to cope with such a growing number of OVC in need of care and protection. In order to regulate RCCFs, there are legislations, policies, guidelines and standards developed in Namibia by the MGECW. It is important to know the experiences of children and the care provided to them in such facilities. Such experiences and knowledge are not widely documented in Namibia and it can be said that they are not available. It is for this reason that the researcher wished to explore and describe the children's experiences regarding the care received at the Residential Child Care Facilities, focusing on facilities in Windhoek.

1.4 PURPOSE AND OBJECTIVES OF THE STUDY

1.4.1 Purpose

The purpose of the study was to explore and describe the children's experiences regarding the care received at the Residential Child Care Facilities in Windhoek and to provide recommendations regarding research findings.

1.4.2 Objectives

The objectives of this study were:

1) to explore and describe the children's experiences regarding the care received at the Residential Child Care Facilities in Windhoek; and
2) to provide recommendations to the Ministry of Gender Equality and Child Welfare regarding research findings.

1.5 THEORETICAL FRAME OF REFERENCE

1.5.1 Paradigmatic perspective of the study

A paradigm is defined as a set of assumptions, concepts, values, and practices that constitutes a way of viewing reality for the world, especially in an intellectual discipline (http://www.thefreedictionary.com/paradigm). Laudan (as cited in Van Der Walt & Van Rensburg, 2006, p.22) defines a paradigm as "a set of assumptions about the basic kinds of entities in the world, about how these entities interact, and about the proper method to use for constructing and testing theories of these

entities." A paradigm can be also explained as where a specific phenomenon is explored, understood and described rather than explained or predicted. Therefore, a paradigm is a general framework that consists of basic assumptions, questions to be answered, models of research practice and theory and a method for finding answers to questions. Hence a paradigm influences the research question, the choice of a relevant method and techniques for data collection, analysis and interpretation (Parahoo, 1997; Polit & Hungler, 1997; Kloppers, 2008). Furthermore, assumptions are basic principles that are accepted as true without prior proof or verification (Brink, 2006).

In this study the researcher explored and attempted to understand the experiences of children regarding the care received at RCCFs. In this manner, the researcher's aim was to make sense of participants' experiences and perceptions by using a phenomenological-interpretivist method with a naturalistic inquiry approach (Campbel, 2011). There are theoretical constructs that shed light on basic theory about the nature of reality in order for them to seem right in epistemology, ontology and philosophy or science (Patton, 2002). Finally the paradigm is described as ontology, epistemology and methodology (Van Der Walt & Van Rensburg, 2006) and these concepts are discussed below.

1.5.2 Assumptions

According to Marilyn (2011), assumptions in a study are referred to as factors that one does not have control over and if they are not part of the study in question, then the study would be irrelevant. They can also be explained as facts assumed and

derived normally from the data if the study is not biased or inaccurate (http://www.businessdictionary.com/definition/assumptions.html). Leedy and Ormrod (2010, p.62) define assumptions as "basics that, without them, the research problem itself could not exist." In order to conduct a study, it is crucial to justify assumptions as probably true, otherwise without justification there is no need to undertake such a study. Thus the following are assumptions that were considered in this study:

1.5.2.1 Ontological assumptions

An ontological assumption is a "patterned set of postulations about the reality" (Van Der Walt and Rensburg, 2006, p.22). In this study the reality is that there are children who are residing and cared for in RCCFs. Those children have their experiences and perceptions regarding the care they receive in RCCFs and these are relevant to this study in the sense that individuals, such as policy makers, professionals, RCCFs managers and caregivers need to understand these perceptions in order for them to adequately deliver on the caring responsibility. This was done through a structured approach to reveal these perceptions and experiences. Therefore, the assumption was that through in-depth interviews with the participants in this study, experiences of care for children in RCCFs would be articulated.

1.5.2.2 Epistemological assumptions

Epistemological assumptions are related to "the knowledge of the reality in a specific question" (Van Der Walt & Van Rensburg, 2006, p.22). Although the researcher is a social worker by profession working with the ministry responsible for the welfare of

all children in Namibia, including those in RCCFs, it was difficult to describe and explore the children's experiences regarding the care received in these facilities without empirical evidence or lived experiences. Therefore, through engaging with the participants during data collection, the researcher built useful rapport because epistemology is about the relationship between a researcher and what is being researched (Polit & Hungler, 1997; Kloppers, 2008) to describe children's lived experiences. Further, Polit and Hungler (1997, p.13) state that "epistemologically minimizing the distance between a researcher and a study's participants maximizes knowledge." The participants' voices and interpretations are therefore key to understanding the studied phenomenon. The phenomenon in this study was about the experiences of children concerning the care received in RCCFs. Thus, the researcher interacted with the participants through in-depth interviews to understand how they felt, perceived and experienced care provided in the facilities they stayed.

1.5.2.3 Methodological technical assumptions

Methodological assumptions are meticulous ways of knowing about the reality of the research inquiry (Van Der Walt & Van Rensburg, 2006). According to Mouton (1996), methodological assumptions describe the research process and the right methods to undertake the research project. This was a qualitative study and data was obtained through in-depth interviews with children residing in RCCFs. Interpretations of data were based on children's experiences as expressed through these interviews. A more detailed explanation of the methods that were used in this study is presented in Chapter Two.

1.6 THEORETICAL BASIS OF THE STUDY

A theory provides a complex and conceptual framework of the phenomenon that cannot be pinned down in the study. Theories provide investigators with different lenses through which to look at complicated problems and social issues, focusing on aspects of data and providing a framework to conduct the analysis of such data (Reeves, Albert, Kuper & Hodges, 2008). Phenomenological and ecological theories were applied to this study.

1.6.1 Phenomenological theory

Although in most cases phenomenology is used as a research method, for the purpose of this study, it was considered as a theoretical approach. The phenomenological theory was selected because it deals with the study of experience from the viewpoints of individuals in a particular situation (Reeves, Albert, Kuper & Hodges, 2008). Phenomenology focuses on “the subjectivity of reality, continually pointing out how humans view themselves and the world around them” (Willis, 2007, p.53). Briefly, the phenomenology theory seeks to understand how other people view the world (Campbel, 2011).

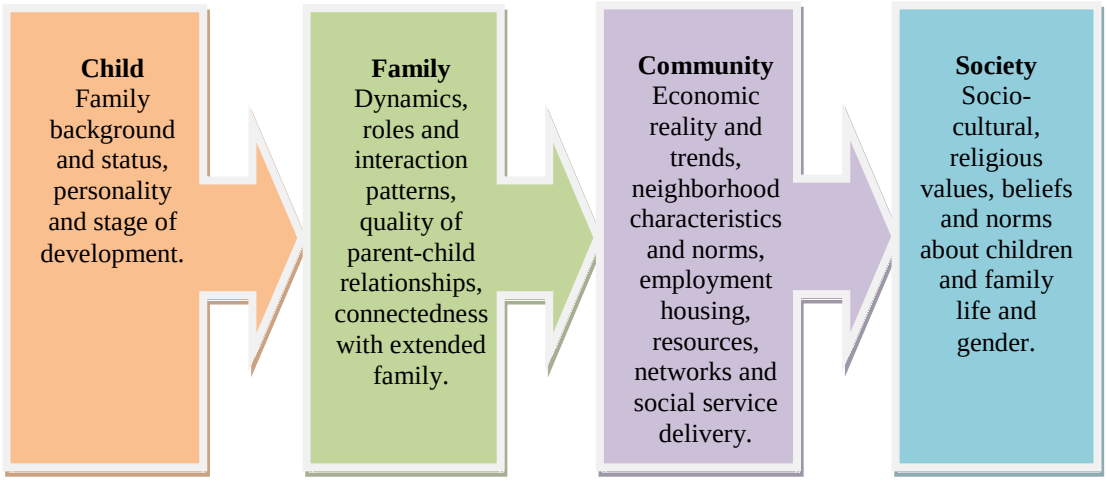
The phenomenology approach was applied to design the research questions and to explore the experiences of the participants’ spoken words (Ali-Busaidi, 2008), because it offers a qualitative method of inquiry that can be applied to multiple experiences. Further, the phenomenology theory was used to guide the selection of relevant data; its interpretation and proposed explanations of causes and influences. It was also used as the basis for practical theory that allowed informing, supporting

or challenging policies and actions relating to Residential Child Care Facilities practices (Lester, 1999).

1.6.2 Ecological theory

This study is based on the ecological theory where interventions to support a child should not address only his or her needs but should also respond to their needs in the context of their environment (Bronfenbrenner & Morris, 1998). It is the fundamental right of a child to grow up in a safe, nurturing, consistent care giving environment (United Nations Convention on the Rights of Children, 1989).

Figure 1.1: Ecological theory



Source: Adapted from Bronfenbrenner & Morris, 1998.

This ecological theory approach allows simultaneous consideration of the different levels that should play a role for effective care provision to the child, i.e. at the child, family, community and society levels (Bronfenbrenner & Morris, 1998).

When dealing with a child, the family background and status should be guiding points of the provision of care, including personality and stages of development of the child. This is because each developmental stage of the child requires specific interventions. Therefore, each child should be treated as unique, taking into consideration the above-mentioned factors.

At the family level, there is more in relation with dynamics, roles, relationships and the quality of parenting provided to the child, as well as the connectedness with other extended family members and their role in caring for the child around them. These are also applicable to RCCFs since these facilities are regarded as a replacement of families.

At the community level, there are broader social institutions that include those that develop policies and programmes and allocate resources, as well as characteristics, norms, infrastructure and other social service delivery mechanisms in the community where RCCFs are located.

At the level of cultural values, there is more on how the society views family life and gender of the child. It also includes the issues related to socio-cultural, religious values, beliefs and norms about the child towards the society. Here the society would be considered as a specific facility with different families or houses hosting the children.

In summary, the ecological theory explains that a child is surrounded by layers of successively larger and more complex social groupings which have an influence on him or her. These include the immediate and extended family, friendship networks, school, neighbourhood and work influences, and the family's place within the community. Furthermore, the wider community is the influence or

the culture within which a child lives. Hence, children in RCCFs experience care in many different ways (Aldagate, Jones, Wendy & Jeffrey, 2006; McAauley & Wendy, 2010).

Therefore, the appropriateness of a response demonstrated in feelings and actions by a child concerning the care, depends on the nature and quality of early attachments, characteristics of temperament, adaptation to change towards parents and caregivers (Aldagate, Jones, Wendy & Jeffrey, 2006).

1.7 SIGNIFICANCE OF THE STUDY

This study was intended to support efforts that address the growing number of Orphans and other Vulnerable Children (OVC) due to HIV/AIDS. The results of this study are essential in that they can contribute to the strengthening of child protection policies, standards and procedures.

The results further may inform and guide relevant authorities and other stakeholders involved in caring for vulnerable children on how best they can give significant care to those children residing in RCCFs, in addition to contributing to the general body of knowledge vis-à-vis the care for children in RCCFs.

1.8 DEFINITION OF KEY CONCEPTS

The following definitions are applicable to this study:

Experience:

According to Larke (2004), experience is the nature of events someone has undergone. Experience is what happens to people in their lives. Experience therefore

refers to something a person has lived through. It is also observing, encountering, or undergoing things as they occur in the course of time or life (Gallagher, 2011).

Care:

According to the Oxford dictionary [n.d.], care is the provision of what is necessary for health, welfare, maintenance and protection of someone. It also means to have feelings of love or affection of somebody. “Care is a social phenomenon that involves many aspects of everyday social life” (Clarke, 2008, p.2). The same source emphasizes that taking care of a child has common features like affection, comfort, assistance, solving problems and provision of food. Caring therefore entails various factors including parental love and friendships (Clarke, 2008). Thus, the term care is a conceptual framework where all caring activities occur. Child care encompasses various services that a child needs to be provided for. It includes home based care by parents of the child, grandparents, child minders, extended family members or a residential facility (Fenzel, 2010). The care children receive has an impact on their survival, growth and development. Care refers to the behaviours and practices of caregivers to provide food, health care, stimulation and emotional support necessary for children’s healthy survival, growth and development (Engle & Lhotska in WHO, 2004, p.1). Care giving behaviours are “mediators between social, health and caregiver attributes and the child’s survival, growth and development. They are a key determinant of the quality of the environment provided for children” (WHO, 2004, p.7).

Good caring aspects promote the health and development of vulnerable children. Therefore, care is about protecting the best interests of children, protecting their rights and fulfilling their individual needs (WHO, 2004).

Child:

According to the Oxford dictionary [n.d.], a child is a young human being below the age of puberty or below the legal age of majority. According to article 1 of the Convention on the Rights of the Child (1998), a child is every human being under 18 years of age, unless the law applicable to the child's legal age of majority is attained earlier.

According to the UNCRC (1998), a child is a human being below the age of 18 or of a minimum age as set by the law under different circumstances, taking into consideration the child's capacity age limits for the realization of the right of the child under the law of the state party. It is essential that there is some harmony of the upper age limit for a child. Thus, varying age capacity is a factor which is being taken care of in various States.

The Ministry of Women Affairs and Child Welfare (2004) defines a child as a person under the age 18 and who needs care and protection.

Residential Child Care Facility (RCCF):

UNICEF (2006) defines residential care as to temporary care within groups for children without primary caregivers or whose biological parents are unable to care for them. Residential care is meant to provide 24 hours of care for children, meeting their basic needs that include for food, shelter, clothing, education and most importantly, love.

According to Williamson (2004, p.26), Residential Child Care Facilities are "a group-living arrangement for children in which care is provided by adults who would not be regarded as traditional carers within the wider society." It is also a

placement of young people in buildings owned or rented by the state or private organizations which accommodate a limited number of children who are cared for all the time by staff members hired for this purpose (Johansson, 2007).

Residential Child Care Facilities in Namibia refer to places that are used mainly for temporary or long-term placement of children in need of care and protection (Ministry of Gender Equality and Child Welfare, 2009).

The term “Residential Care” is interchangeable with the term “Institutional Care”. It is also 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” (Browne, 2009, p.1). However, it is safe to state that RCCFs do not only take care of children who are orphans, but also vulnerable children without proper parental care for different reasons. The term residential child care facility has somehow replaced the negative connotation of the term institutional care when referring to child group-care settings (Kristiansen, 2009).

1.9 SUMMARY

Residential Child Care Facilities are alternatives of care for children without proper parental care or without parental care. Caring aspects in those RCCFs is regarded as the most important aspect of child rearing. To this end, the Government of the Republic of Namibia has different international and national legal and policy frameworks protecting children in RCCFs. Nevertheless, children still experience abuse and maltreatment while in RCCFs.

In view of this, it was important and necessary to explore the children's experiences regarding the care received at RCCFs. The purpose of the study was to explore and describe the children's experiences regarding the care received at the Residential Child Care Facilities in Windhoek.

The paradigmatic approach focused on ontological, epistemological and methodological questions. It is the researcher's opinion that the study resulted in personal benefits as well as benefits to other child welfare professionals, proprietors of RCCFs and the children themselves. The theories that the study was based on were identified; namely: Phenomenological and ecological theories. The main concepts in the study were defined. To meet ethical requirements, approval to conduct the study was obtained from the University of Namibia and the Ministry of Gender Equality and Child Welfare. Permission from the managers of the Residential Child Care Facilities was also sought.

An informed consent to participate in the study was obtained from children and their caregivers. The research methodology is presented in Chapter Two.

CHAPTER TWO

RESEARCH DESIGN AND METHODOLOGY

2.1 INTRODUCTION

In the first chapter the background information relating to the study was highlighted and the research problem of the study was specified. In Chapter Two, the research design and methods applied to this study are discussed including ethical considerations and trustworthiness characteristics.

2.1.1 Purpose of the study

The study sought to explore and describe relevant children's experiences regarding the care received at Residential Child Care Facilities in Windhoek and to provide recommendations that can be used bythe Ministry of Gender Equality and Child Welfare.

2.2 RESEARCH DESIGN

A research design is a way of setting logical strategies or a plan that will help to answer the research question (Van Der Walt & Van Rensburg, 2006). This means that the research design is a set of guidelines and instructions to pursue when in the process of finding a solution to the research problem (Mamabolo, 2009). A research design is a process that begins in the identification of the problem and focuses on the formulation of a research problem as a starting point whilst keeping in mind the end

product. A research design incorporates sampling, sources and procedures for data collection and the plans for data analysis (Kloppers, 2008).

For the purpose of this study a qualitative, phenomenological, explorative, descriptive and contextual design was used throughout the research process. Researchers who desire "to explore the meaning, describe and promote understanding of human experiences such as pain, grief, hope or caring, or unfamiliar phenomena use qualitative research" (Van Der Walt & Van Rensburg, 2006, p.113).

2.2.1 Qualitative research design

Qualitative research seeks to understand phenomena in context-specific settings. This is the real world setting. Qualitative methods are appropriate and effective when studying a phenomenon which cannot be quantified. It is a process of enquiry that draws data from the context in which events occur, in an attempt to describe these occurrences, as a means of determining the process in which events are embedded and the perspectives of those participating in the event, using induction to derive possible explanations based on observed phenomena (Gorman & Clayton, 2005).

According to Robinson (2003, p.77), "a qualitative research design is the way in which individuals interpret their world and their subjective experiences of the way in which people interact with one another". Qualitative research refers to "inductive, holistic, epic, subjective and process-oriented methods used to understand, interpret, describe and develop a theory on a phenomenon or a setting" (Mamabolo, 2009, p.40). Qualitative research is mostly associated with words, language and experiences instead of measurements, statistics and numerical data.

In this study, the qualitative design was applied to explore and describe the children's experiences regarding the care received at the Residential Child Care Facilities in Windhoek, because the term 'care' cannot easily be quantified or measured (Van Der Walt & Van Rensburg, 2006).

2.2.2 Phenomenology

The purpose of phenomenological research is to describe people's experiences in a specific phenomenon and interpretation of that experience or its meaning (Van Der Walt & Van Rensburg, 2006; Mamabolo, 2009). Therefore, phenomenology seeks to recognize a holistic understanding of people's everyday experiences. The phenomenological approach helps to understand people in their everyday life, their relationships with others and their own world (Handbook of Phenomenological Aesthetics, 2010). In this study, the phenomenological approach allowed the participants, through in-depth interviews, to deduce the meaning of their experienceswhile residing in RCCFs.

2.2.3 Explorative research design

An explorative research design is defined as a way of investigating a phenomenon to identify its variables (Pickard, 2007).

In this study, exploratory research was used and lived experiences of the children were explored through in-depth interviews. As a result, new data was gathered, facts were established, patterns of experiences were determined and new

insights into the children's experiences of care in the RCCFs were gained and described (Babbie & Mounton, 2002).

2.2.4 Descriptive research design

A descriptive research design is a scientific method which involves observing and describing the behaviour of a subject without influencing it in any way. It "explores trends and patterns among the study subjects that can be generalized to the population of the study" (Pickard, 2007, p.96; Gorman & Clayton, 2005, p.95). The researcher gathered data of the lived experiences of a sample of children living in RCCFs and performed a substantial description generalizing the experiences to entire RCCFs that participated in the study. It can be said that the results of the study may help to inform and guide relevant authorities and stakeholders involved in caring for vulnerable children who are in RCCFs and on how best they can contribute to the well-being of the children.

2.2.5 Contextual research design

A contextual research design implies that a study is conducted within its social and physical setting (Cresswell, 2003). Burns and Grove (2003, p.32) state that "contextual studies focus on specific events in naturalistic settings". Research done in a naturalistic setting refers to an enquiry done in a setting free from manipulation (Streubert & Carpenter, 2003). This study was conducted at the RCCFs where the participating children stayed. In-depth interviews were conducted with the children in their natural living environments. Children were purposively selected according to

the sampling criteria in this study. Although the children interviewed were living in Windhoek Residential Child Care Facilities, they formed a heterogeneous population in that both males and females participated in the study. Moreover, they came from difficult family backgrounds and belonged to different cultures. Children interviewed were from different ethnic groups, i.e. Oshiwambo, Otjiherero, Rukwangali, Nama-Damara and Afrikaans. In addition, the context in which the research took place helped the researcher to understand the surrounding dynamics and systems which influence children's care in the RCCFs.

2.3 RESEARCH METHODOLOGY

According to Polit and Beck (2006), research methodology refers to the ways of obtaining, organising and analysing data. Methodology-related decisions depend on the nature of the research question. Methodology includes the design, setting, sample, methodological limitations as well as data collection and analysis techniques in a given study. The methodology includes a framework of theories and principles on which methods and procedures are based (Holloway, 2005). The research methodology in this study consisted of determining the study population, sampling procedures and sample size, data collection, pilot study testing and data analysis.

2.3.1 Target population

The target population consisted of all children between 15-18 years of age residing in registered Residential Child Care Facilities located in Windhoek. The age group of 15-18 was selected because they were able to speak in English and could narrate

wider experiences related to their care. On the other hand, RCCFs located in Windhoek were identified due to the fact that Windhoek had more registered RCCFs compared to any other town in Namibia.

Population 1:

Three registered Residential Child Care Facilities in Windhoek were purposively selected, due to the fact that there was only one government facility and the rest were private and church-owned RCCFs. Therefore, one government, one private and one church owned RCCFs were selected.

Population 2:

Children aged 15-18 residing in registered RCCFs located in Windhoek were selected to form a sample and data was collected from them.

2.3.2 Sampling and sample size

According to Schneidz, Elliott, LoBiondo-Wood and Haber (2003, p.258), “sampling is a process of selecting a representative portion of the designated population”. For this study purposive sampling was used to select the participants. Purposive sampling was suitable because the researcher could select the most eligible children as the major respondents and those with the ability to participate and contribute meaningfully to the study were considered. In this case the eligibility criteria included age and ability to communicate in English. The size of the sample was determined by the saturation of data during the data collection process. Thus a number of twenty two participants (22) were interviewed.

2.3.2.1 Sampling criteria

i) Registered RCCFs

Residential Child Care Facilities were purposively selected according to the following criteria:

- Compliance with the minimum standards of RCCFs;
- One of each – Government, Private and Church-owned; and
- Willingness to participate.

ii) Children

Children were selected using the following criteria:

- Should be living in a registered residential child care facility;
- Should be aged 15-18;
- Can communicate in English; and
- Willingness to participate.

2.3.3 Pilot testing

Pilot testing is defined as a small-scale study conducted prior to the main study on a limited number of subjects from the population at hand. Its purpose is to investigate the feasibility of the proposed study and to detect possible flaws in the data collection instruments (Van Der Walt & Van Rensburg, 2006).

Pilot testing was done with three children who were willing to participate and who did not participate in the main study. The objective of the pilot testing was to establish whether participants would understand and effectively respond to the

central question (Yegidis & Weinbach, 2002). Furthermore, the researcher wanted to observe how respondents would react to the environment where interviews wouldtake place as well as assess the quality of the tape recorder. The pilot testing revealed that the tree respondents in the pilot testing understood the central question clearly and were comfortable in the set environment as well as with the tape recording. The quality of the recorded sound was good. No modifications were deemed necessary to the research instrument and equipment. Therefore, the researcher initiated the data collection process. In order to limit participants' bias, the facility in which the pilot testing was done was excluded from the final participating sample.

2.3.4 Data collection

Data collection was done using one-on-one in-depth interviews with all the respondents. Polkinghorne (2005) asserts that spoken or written language is used to generate qualitative data. The data collection process entailed selection of subjects and gathering information from the participants in order to achieve the research objectives (Mamabolo, 2009). It is the researcher's opinion that inviting children to share experiences on their care conveyed more understanding with regards to caring t in children residing in RCCFs. The data collection process included the preparation of the field and conducting of interviews with the participants while taking field notes. The following central question was posed in order to collect data: '*How do you experience the care that you receive- in this home?'*

During data collection, communication skills with in in-depth interviews were considered including:

Active listening: This skill was applied by focusing wholly on the response of the participants and paying attention to ensure that the participants completed all they had to say before asking another question or seeking clarification on what had been said (Guion, Diehl & McDonald, 2011).

Paraphrasing: The researcher listened attentively to the respondents to assure them that she was listening and the message conveyed was received through paraphrases. This technique encouraged the participants to focus on the conversation, limiting distractions (Berry, 1999).

Reflection: This is one of the methods thatwere used during the interview. It involved paying attention to the tone of voice and emotional content during the interviews (Guion, Diehl & McDonald, 2011).

Probing: This was applied to enrich the responses to the questions posed in order to get more detailed information and give an indication to the participants about the level of response or information needed for a specific question. Personal reflection was also allowed (Guion, Diehl & McDonald, 2011; Berry, 1999)

Clarification: Throughout the interviews, the researcher interpreted and extended the meanings of the responses and statements to avoid misinterpretation and to confirm that what was said was interpreted correctly (Berry, 1999).

2.3.4.1 Preparation of the field

The researcher visited the facilities identified for the study ahead of data collection to present herself, request for permission to conduct interviews, as well as to seek consent from purposively selected children to participate in the study.

2.3.4.2 Conducting interviews

For this study, in-depth interviews were conducted with all the participants. This method allowed a deeper understanding of the experiences and perceptions of children regarding their care in RCCFS (Polit & Beck, 2006). Detailed information about the research project and the rights of individualsto informed consent were explained to ensure that the interviews were understood and that participation was voluntary and confidential.

The researcher informed all the participants that participation was voluntary and that they had the right to participate fully or partially. Respondents were informed that the interviews would be recorded and some notes taken to help the memory of the interview proceedings and eventual data analysis.

The estimated duration of each interview was also mentioned at the beginning of the interviews in order for respondents to devote time for the interviews. This was, however, not presented as a limitation.

In addition, the researcher informed the respondents of the benefits of their participation in the study; no direct benefits were attached to their participation in the study but rather the study – through its findings – would contribute towards improving the care given to children residing in RCCFs. Therefore, the respondents

were informed that their information was to be used to highlight the quality of care being given to children in RCCFs with a view to improving it where necessary.

The researcher further explained to the respondents that the questions to be asked were not intended to be personal, although in some instances, they might feel that they are talking about themselves. However, no respondent would be forced to answer a question they were uncomfortable with.

While there was a need to collect verbal information on experiences of their care in RCCFs, individual interviews would be strictly confidential.

The participants took part in a study titled “Experiences of children regarding the care received at Windhoek Residential Child Facilities.” This study sought to understand how children in RCCFs experienced their care. Participants were asked to express their views on the care that they received in those homes. Through this study, the researcherexplored and described the experiences of children living in Windhoek RCCFs. The information would be published in order for others to learn from it although it would not be possible to link any information in the final report or in any published document to anyparticular respondent.

Additionally, permission was sought from the participant in order to use a tape recorder. After each interview, field notes were read to the participants to ensure accuracy before the closure of the interview.

2.4 DATA ANALYSIS

Data analysis refers to the reduction and display of data, verification and drawing conclusions (Gorman & Clayton, 2005, p.205). De Vos (2005, p.80) defines data

analysis as a process of bringing order, structure and meaning to the mass of collected data. In other words, data analysis can be defined as “the search for meaning in relation to the research purpose or question” (Stephens, 2009, p.98). Al-Busaidi (2008) defines qualitative research data analysis as the range of processes and procedures from qualitative data that have been collected into the form of explanation, understanding and interpretation of peoples’ views, experiences and situations the researcher is investigating.

The transcription and coding of interviews were done by the researcher, as well as the analysis of collected data. The researcher analysed collected data using the open coding advocated for by Tesch (1990). Data from spoken words was obtained through one-on-one in-depth interviews which were tape recorded and augmented by field notes. Verbal responses were transcribed, typed into the computer using Microsoft Office Word. Notes and tape recordings were compared to ensure consistency and accuracy.

Furthermore, by repeatedly listening to the recordings and reading the notes, the researcher became familiar with the contents of the interviews. The researcher worked on a soft copy whereby words and phrases that were used to give meaning to certain feelings and behaviour and/or concepts were recorded. The inductive approach was used because qualitative research was a major design of the inquiry (Al-Busaidi, 2008), and emergent the framework was used to group information. After that the relationships between the data collected were considered. The content of the message, attitude of the interviewees towards the question and the degree to which the participants represented their experiences in terms of the topic were considered. Information was also colour coded and categorized in sub-themes.

The data collected was unstructured, hence the following steps of Tesch's approach of open coding (Tesch, 1990):

Step 1: The typed Microsoft Office Word document with transcriptions was printed and read. Notes were made by the researcher as thoughts came to mind. The transcriptions were read many times in order to create a framework within which individual pieces of information could be understood (Burns & Grove, 2001) before undertaking Step 2.

Step 2: The researcher selected pieces of data of a few initial data documents and read them to try to get meaning of the information, writing down ideas coming to mind. The topics identified were written in the margins.

Step 3: After going through the transcripts, the researcher arranged similar topics in groups by highlighting them in colours to simplify the analysis process. Words and phrases identified to give the meaning of feelings or concepts were also highlighted in colour and coded. Similar topics were clustered together and arranged under columns labelled "major topics", "unique topics" and "leftovers"

Step 4: The researcher abbreviated the topic codes and wrote the codes next to the appropriate segment of the text. Then the organisation of data was observed in order to check if new categories or codes emerged (Mamabolo, 2009).

Step 5: The researcher found the most descriptive wording for the topics and converted them into themes. Sub-themes and relationships between categories were identified. This was done to reduce the total list of themes and sub-themes by

grouping them together and indicating relationships among the themes and sub-themes.

Step 6: A final decision was taken thereafter on abbreviations of each theme and sub-theme by identifying names of themes and sub-themes to organise data into meaningful phenomena (Mamabolo, 2009).

Step 7: The data belonging to each theme and sub-theme was put together and preliminary analysis done by theme and sub-theme at a time taking into consideration the purpose and objectives of the research.

Step 8: The themes and sub-themes were converted into concepts and recording of data was done as necessary. The sub-themes were clustered to form themes and will be discussed in Chapter Three.

2.5 ETHICAL MEASURES

Punch (2005, p.26) emphasises the importance of observing ethical issues by saying that "while all social research intrudes to some extent into people's lives, qualitative research often intrudes more. Some qualitative researchers deal with the most sensitive, intimate and innermost matters in people's lives." Respect for the persons, beneficence and justice relating to protection of the rights of the respondents is, therefore, vital (Van Der Walt & Van Rensburg, 2006).

According to Pia and Allison (2008), research that involves children should consider them as active participants rather than passive objects of research. Children like adults can and do participate in structured and unstructured interviews – "[t]hey

fill in questionnaires; use new media; are involved in action-research; and on their own terms, allow the participant observer to join with them in their daily lives" (Pia & Allison, 2008, p.2).

Research with children is necessary, because knowing about children, their lives and understanding their perspective is key to protecting, promoting and supporting their well-being. There are specific issues arising from children and youth coupled with their legal status, their knowledge and experience of the world, their difference levels in cognitive development and their relative lack of independence, as well as autonomy. These factors require particular attention in order to ensure appropriate and ethical research practice (Ministry of Children and Youth Affairs, 2012). Therefore, the following fundamental ethical measures were taken into consideration:

2.5.1 Measure of respect for persons

Individuals are autonomous which means that "they have the right to self-determination" (Van Der Walt & Van Rensburg, 2006, p.32) and they are able to control their own lives (Burns & Grove, 2005). In this case participants were children who were not able to control their lives without the support of their caregivers. Therefore, participation was voluntary and informed consent was requested from the participants and additional informed consent soughed from the management of the RCCFs and their caregivers.

2.5.2 Measure of beneficence

The researcher needed to secure the well-being of the research participants through protecting them from discomfort and harm (Van Der Walt & Van Rensburg, 2006). In this study, the researcher made sure that the participants were monitored throughout the process of interviews. However, there was no sign of discomfort to any participant. Thus, no participant was withdrawn from the interview process.

2.5.3 Measure of justice

This measure is related to the participants' right to fair selection and treatment (Van Der Walt & Van Rensburg, 2006). The researcher selected participants for the study according to criteria of participants outlined in the research methodology. Privacy, anonymity and confidentiality were assured. It was agreed with the participants that the conversation during the interviews was not to be shared with other children or caregivers. Further measures of privacy and anonymity were put in place such as discarding of the tape recordings when validation and data analysis were completed.

2.5.4 Permission

The research proposal was submitted to the University of Namibia's Postgraduate Studies Committee and approval was granted to conduct the study. Permission was sought and given by the Ministry of Gender Equality and Child Welfare to conduct the study. Additional permission was acquired from the managers of the participating facilities as well as written consent for children and their specific caregivers (See annexure 3 and 4).

2.5.5 Sensitivity to specific needs

This provision means that the researcher should not unjustly single out or overburden any group of children for increased exposure to risk on the basis of their particular medical condition, disability, ethnic or social circumstances (Pia & Allison, 2008). This ethical measure was adhered to by minimizing distress and disruption for unwanted intrusion into their privacy by getting a private room, far from where other children and staff members were. No child was excluded because of their physical disability, ethnicity or social circumstances, except if he/she was not able to speak English or not in the range of 15-18 years. The researcher was also sensitive to the diversity and individuality of children, and was non-judgmental with regard to children's care experience and family circumstances.

2.5.6 Participation and protection

A researcher who is dealing with child participants should have adequate knowledge and acceptable attitude in relation to children with specific needs. Therefore, the researcher should be aware of issues that might arise in studying children in a specific context (Pia & Allison, 2008). The researcher adhered to this measure by applying her experience as a social worker, as well as her extensive understanding and skills in matters relating to children, their circumstances and their legal rights.

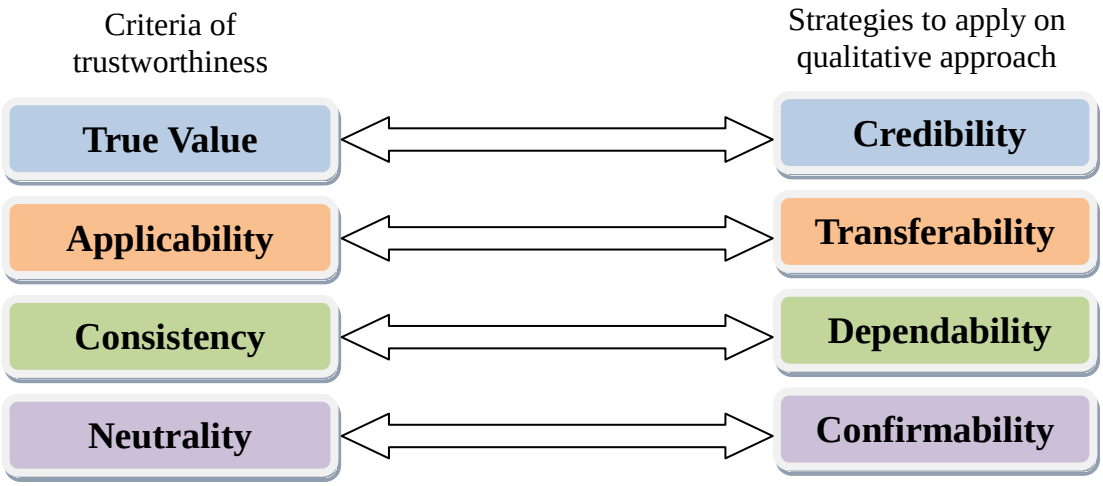
2.6 TRUSTWORTHINESS

Qualitative researchers are frequently criticized by empirical researchers under the pretext that qualitative findings cannot be controlled (Creswell, 2003; Alugodhi,

2010). According to Streubert and Carpenter (2003, p.364), trustworthiness is defined as “a process to establish validity and reliability of qualitative research”. The authors further concur that quality research is trustworthy when it “actually presents the experience of the study participants” (p.318). Trustworthiness also means being honest and checking the soundness of the data and having the processes open for inspection (Gillham, 2000). The research demonstrates trustworthiness when the participants’ experiences are accurately represented (Streubert and Carpenter, 2003).

Four criteria were used to measure trustworthiness of the data: Credibility, dependability, transferability and confirmability. In order to establish trustworthiness in this study, Guba’s model for establishing trustworthiness of qualitative research was used since it has been very often used by researchers involved in qualitative research such as nurses (Mamabolo, 2009). Lincoln and Guba (1985) identify the following four criteria for establishing trustworthiness.

Figure 2.1: Criteria and strategies for establishing trustworthiness in a qualitative study



Sources: Pilot & Hungler, 2001; Streubert & Carpenter, 2003.

2.6.1 Criteria and strategies for establishing trustworthiness

2.6.1.1 Credibility

Credibility is the strategy of the true value criteria and it is related to the degree of believability of research findings (Shank, 2006). It is demonstrated when participants recognize the research findings as reflecting their own experiences (Streubert & Carpenter, 2003). The researcher established credibility by prolonged engagement until the scope of the data was adequately covered. In addition, the researcher was employed in the Child Welfare Directorate in the Ministry of Gender Equality and Child Welfare responsible for all RCCFs and children residing in those facilities in Namibia. This demonstrates the researcher's prolonged engagement with participants of the phenomenon under study (Holloway, 2005).

Furthermore, two supervisors who are experienced researchers assisted to ensure the maintenance of high standards throughout the study and the researcher listened carefully and several times to the recordings and double checked the transcripts to ensure that the information recorded was similar.

Finally, a member check was also considered to establish credibility, whereby data, analytical categories, interpretations and conclusions were tested with the participants from whom the data was originally collected. According to Polit and Hugler (2004, p.433), "if the researchers are able to purport that their reconstructions are recognisable to audience members as adequate representations of their own views, it is essential that they be given the opportunity to react to them." Member checking validation was done by discussing and clarifying the specific content of interviews with specific participants, from whom the information was obtained.

Therefore, member checking determined that they recognized the findings as a true reflection of the data collected from them (Leedy & Ormond, 2001), by checking categories that emerged from the data. Thereafter the themes were finalised.

2.6.1.2 Transferability

Transferability is a strategy of the applicability criteria. It refers to the probability that the findings of the study are applicable to others in similar situations (Streubert & Carpenter, 2003, p.39). It is the extent to which the findings from data can be transferred to other settings. Thus, it is not up to a researcher to judge his or her own study as regards the transferability of the study's findings. A researcher's responsibility is to provide the results so that potential users can judge on their transferability (Lincoln & Guba, 1985; Streubert & Carpenter, 2003).

It is also important to note that generality and applicability are irrelevant in qualitative research because the researcher wants to describe a particular phenomenon. The researcher was responsible for providing extensive descriptions of data that the reader would assess and evaluate the transferability of information to another perspective. Findings were meaningful to the Ministry of Gender Equality and Child Welfare's experts responsible in RCCFs, Social Workers and other health professionals, educators as well as all organizations and other individuals that deal with children from Residential Child Care Facilities.

2.6.1.3 Dependability

Dependability is the strategy of consistency criteria met through obtaining credibility of the findings (Streubert & Carpenter, 2003). Dependability is achieved by inviting

auditors to follow and judge the acceptability of the process and procedures used by the researcher (Brink, 2006). To ensure dependability, raw data was colour coded and categorized in sub-themes and themes according to Tesch's open coding. Two research supervisors reviewed and judged the acceptability of the process and procedures followed during the course of the research.

2.6.1.4 Confirmability

Confirmability is a strategy of the neutrality criteria. It replicates the traditional concept of objectivity (Kloppers, 2008). It provides a guarantee that findings, conclusions and recommendations are consistent with the data and that the evidence can be confirmed by authors (Brink, 2006). Findings from in-depth interviews were read to the participants to confirm if findings were correct. In addition the researcher's notes and voice-recorded information were compared to confirm trustworthiness.

Table 2.1: Trustworthiness strategies

Strategy	Criteria	Application by researcher
Credibility	Prolonged engagement.	• The researcher established credibility by prolonged engagement until the scope of the data was adequately covered. • The researcher worked in the Child Welfare Directorate in the Ministry of Gender Equality and Child Welfare responsible for all RCCFs and children residing in those facilities in Namibia for eight years and was a Social worker by profession. • The researcher listened carefully and several times to the recordings and double checked the transcripts to ensure that the information was captured verbatim.
	Member checking	• Data, analytical categories, interpretations and conclusions were tested with the participants to ensure credibility.

	Participants/experts debriefing Purposeful sampling	• Two supervisors who are experienced researchers assisted to ensure the maintenance of high standards throughout the study. • The researcher only selected participants who met the inclusion criteria.
Transferability	Extensive description	• The researcher provided extensive and clear description of the data so that the reader could assess and evaluate the transferability of information to another perspective. • Data about the participants, research context and setting were adequately provided.
Dependability	Inquiry audit	• Raw data was color-coded and categorized in sub-themes and themes according to Tesch's open coding. • Two experts in qualitative research who were the supervisors of the researcher reviewed and judged the acceptability of the process and procedures used by the researcher.
Confirmability	Audit trail Reflexivity	• Data was recorded, transcribed, and analyzed to develop sub-themes. • The researcher constantly reflected on her own values, behaviour and position with participants to avoid leading responses.

2.7 SUMMARY

The research design for this study was qualitative, exploratory, descriptive and contextual. The population consisted of male and female children between 15-18 years staying in Windhoek registered RCCFs. Three out of eight facilities were selected for the study. A purposive sampling method was used. One-on-one in-depth interviews were conducted. The data was tape-recorded and field notes were taken. The data was analysed using Tesch's open coding method of qualitative data analysis. To establish trustworthiness, the researcher applied four general criteria: true value, applicability, consistency and neutrality together with the strategies of credibility, transferability, dependability, and confirmability. The research findings and literature control are presented in Chapter Three.

CHAPTER THREE

DATA ANALYSIS AND LITERATURE CONTROL

3.1 INTRODUCTION

Chapter two focuses on the research methodology. It describes the research design and research methods that were used as well as strategies and measures to ensure trustworthiness since a qualitative approach was used in this study. The methods used were relevant because the purpose of the study was to explore and describe the children's experiences regarding the care received at Residential Child Care Facilities in Windhoek.

In this chapter, the findings of the study are presented based on the final categories identified as themes and sub-themes with supporting literature.

The first theme was identified as relationship with the following sub-themes: mutual respect and good communication; love support and care. Being uncomfortable, loneliness and sadness were identified as part of the care children experienced from their housemothers, staff members and other children in the facilities, as well as participation in their everyday lives. The Second theme was the provision of basic needs with sub-themes identified as education, material support (food, clothing and shelter) health and protection needs. The third theme was cultural identity with the following sub-themes: family background, language and religion. Lastly, uncertainty of the future as a main theme with the following sub-themes: preparation for leaving the care and previous negative experiences was identified.

3.2 RESULTS OF STUDY

The results of the study are presented in table 3.1 and discussed in terms of the final categories identified as themes and sub-themes. Interviews were conducted until the data was saturated.

Table 3.1: Identified themes and sub-themes on experiences of children regarding their care in Windhoek RCCFs

Themes	Sub-themes
Theme 1: 3.2.1.1 Participants experienced positive and negative dimensions in their relationships with their housemothers and the rest of the staff in the facilities.	*3.2.1.1.1 Positive relationship* • Mutual respect and good communication. • Love, support and care. • Participation in everyday life decisions. *3.2.1.1.2 Negative relationship* • Being uncomfortable. • Loneliness and sadness.
Theme 2: 3.2.1.2 Children experienced provision of their basic needs as an important factor in the caring dimension.	*3.2.1.2.1 Provision of basic needs* • Education needs. • Material needs (Food, clothing and shelter). • Health needs. • Protection needs.
Theme 3: 3.2.1.3 The children expressed different meanings to their cultural identity.	*3.2.1.3.1 Cultural identity* • Family background. • Language. • Religion.
Theme 4: 3.3.1.4 The children expressed uncertainty of the future as one of their experiences in the residential care facilities.	*3.2.1.4.1 Preparation for leaving the care.* *3.2.1.4.2 Previous negative experiences.*

3.2.1 Main themes and sub-themes

A discussion of the four themes and their sub-themes is presented below.

3.2.1.1 Theme 1: Participants experienced positive and negative dimensions in their relationships with their housemothers and the rest of the staff in the facilities.

The participants felt that relationship with their caregivers and the rest of the staff members in the facility were one of the most important aspects contributing to the experience of the care they have received. Thus, relationship is defined as an existing connection between people related or dealing with each other. It is also a state of being connected. Relationship between two or more people is related to how they feel and behave towards each other (The American Heritage Dictionary, 2009). The quality of a relationship within any social care setting has always been a key factor in determining the outcome of interventions provided to a child (Miles and Stephenson, [n.d.]). The lack of a warm, positive relationship with parents, insecure attachment and inadequate supervision of children are strongly associated with children's risk for behavioural and emotional problems (Frick et al., 1992; Patterson et al., 1992; Shaw et al., 1996) (in Oates, 2007). In addition, "an unstable inadequately nurturing caregiver-child relationship affects the child's health and development" (WHO, 2004, p.25). It is further documented that the breakdown of the relationship between the child and the family was the main reason for entering residential care (Kendrick, 2013). Therefore, children in residential care may have experiences of family life which are very different to many other children with very distressing situations including fear, sadness, anxiety, anger and other different kinds of reactions such as withdrawal and aggression (Swales, 2006; Elsley,2011) and those behaviours could

be challenging especially to the staff member and housemothers in the facilities who may also come there with their own personal problems (Swales, 2006).

Therefore, in order to meet psychosocial and developmental needs of the child, there is need for a healthy bond between parent and child, the quality of the attachment and other interactions between a growing child and adults around him or her, that shape the child's future in a positive way. Children are placed in residential facilities at a young age; the longer they stay, the more likely those children will suffer long-term psychosocial problems (Williamson, 2004).

Good quality attachments and nurturing care experiences are important factors for children to be able to form significant relationships (MacDonald & Millen, 2012). Further, positive relationships between children and staff enable children to feel safe, to learn to trust and be able to gain assistance and overcome barriers and problems they meet. In other words, they enhance resilience. Thus, Children in residential care often identify positive relationships with staff members as essential to their experiences of care (Kendrick, 2012). The following are sub-themes identified during one-on-one interviews with children in Residential Child Care Facilities, in support of the main theme of relationship experience.

3.2.1.1.1 Sub-theme: Positive relationship

Features contributing to positive relationship in terms of the care received by participants were thought to be mutual respect and good communication, love, support and care, as well as participation in everyday life decision.

- Mutual respect and good communication

Some children felt that mutual respect and good communication had contributed to the care they had received in a positive way. This is evident in the following statements:

> *"I have a good relationship with my housemother; there is mutual respect and good communication. We get love from our housemother and we are regarded as a big happy family with the rest of my house brothers and sisters."* (Participant No. 9)
>
> *"I am well cared for. Anything I need I tell my housemother and I get it without any problem, because she understand us and also we respect her because she takes good care of us."* (Participant No. 19)
>
> *"We have a bond with our tannie. She is so good to us and she talk to us without shouting, even if you are wrong."* (Participant No. 12)

The statements above were supported by the following literature: The caregiver's relationship with the child is based on affection, mutual understanding and respect (Oates, 2007). Such relationship should be connected with warmth, appreciation and values (Every Child, 2009b). A relationship has a greater impact on ability of children to grow spiritually, emotionally and socially (Oates, 2007). The relationship between the caregiver and the child should not only be related to everyday activities such as cleaning, dressing and feeding the child, rather a bonding process between the child and the caregiver (Williamson & Reenberg, 2010). In addition, caring

relationships should always involve attachment, caring, bonding, formation of positive and lasting relationship.

- Love, support and care

Love, support and care were also identified as part of the positive relationship experience in terms of the care received from their house mothers. Various experiences of children in terms of love, support and care are expressed as follows:

"My housemother is good and she gives me love. She is like my mother; there is no difference between her children and myself. All of us we are a family." (Participants No. 6)

"I have a very good relationship with my housemother. She loves me and she is a wonderful mother [She is like my own mother, we are connected]." (Participant No. 1)

"I get care and love; my aunt always motivates me to be someone in life. We call her Aunty and we have a very good relationship." (Participant No. 17)

" ... Besides I have a good relationship with my housemother. She supports me in good and bad times. She gives me advise and I am happy to be here." (Participant No. 2)

"It's good to be here. The housemother is very good she loves us. I am happy when my housemother is at home. I am connected to my brothers and sisters in the house and we care for each other." (Participant No. 10)

Another participant further said of caring:

> *"Caring is about love. If someone cares about you at the same time he/she loves you. I like our home, our house mother cares about us."* (Participant No. 11)

According to Kendrick (2013, p.80), "the quality relationship, characterised by care, love and support is intrinsic in children's definitions of 'family', and these can override structural relationships". The author stresses that children symbolise quality relationships in terms of care, love and support (Kendrik, 2012). The authoradds that some children and adolescents in residential care regard residential staff members as the image of the family. It was also proven that in some cases well-functioning residential child care may offer better care than dysfunctional families (Jelsma, Davids & Ferguson, 2011). The relationship between children and staff caregivers has been described as being understood, comfortable, sympathetic and with individual attention which stand out as memorable experiences in terms of care (Clough, 2006). However, providing quality care should not be considered as when all rights of children are met. Poor families can provide quality care in their own way by providing loving and secure foundation for their children, offering respect and a real sense of belonging which build resilience in the child (Swales, 2006).

- Child participation in everyday life decisions

Some children stated that active participation in everyday life decision making contributed to the positive experience. Children revealed experiences in everyday life decisions making as a choice, obedience, permission, and consultation in a positive

manner. Positive views on child participation in decision making are evident in the following statements:

> *"You can make your own choice when it comes to school activities and you can decorate your room as you like, as long as you are not messing around."* (Participant No. 9)
>
> *"Sometimes I am not comfortable to be told what to do because I don't have choice [I have to obey orders while I am able to make my decision]. But on other hand I don't feel safe to take my own decision, because if something bad happened to me, I would regret."* (Participant No. 2)
>
> *"I can make my own decision but also you have to consult our aunt. For instance, we have hours to watch TV and to do house chores during weekend. Like today, is my day of cooking and I have decided to cook macaroni and meat."* (Participant No. 22)
>
> *"We have the house rules, but those rules are made in consultation with us."* (Participant No. 18)

In the support of the above, child participation is defined as "children influencing issues affecting their lives, by speaking or taking action in partnership with adults" (Stephenson, Gourley & Miles, 2004, p.5). Under international law, children have the right to be consulted in all decisions concerning their lives. Article 12 of the United Nations on the Convention of the Rights of Child (UNCRC) (1989) requires that the children's right to express their views in all matters affecting them is maintained and in particular for the child to be heard in any judicial or administrative procedures

affecting them. Article 6 of the UNCRC explains that the child's right to life must be given primary consideration in all decisions affecting children and young people in care or on the edge of care. Child participation encompasses children of all ages by having the right, capacity and ability to give input on the issues concerning their lives while decisions are made (Every Child, 2008). Child participation in the decision making process is a positive aspect of child development. Children know more about their own experiences and lives than anyone else. Most of the time, decisions concerning their lives are made by adults and often they make assumptions that children's needs are being appropriately addressed (UNAIDS, UNICEF & USAID, 2004). It is recognised that to support child participation in their own rights with the aim of influencing their situation in a positive manner, is also a way of building their resilience (Swales, 2006).

On the other hand, some children experienced non-involvement in the decision making processes. This was revealed as a reflection of the instructions, directives, and strict rules in the facilities.

Below are some negative views on child participation in decision making on their everyday lives:

> *"It is also not always good when it comes to decision making, it's a [yes or no]. They are very strict and I don't like that part here. Sometimes you have to wait for a long time to be picked from school and you can't be given money to pay for a tax, if there is no transport available when you are done with school."* (Participant No. 1)
>
> *"We don't make our own decision; we have to wait for whatever we are told."* (Participant No. 5)

> *"But we are not allowed to go outside. Somehow, it's like we are in a prison, [You are not allowed to visit your friends.]"* (Participant No. 4)

This is confirmed by Hanlon (2007), who states that in Residential Child Care Facilities there is inequality of power, voice and decision making. Care systems have traditionally given very little power and control over aspects of their lives and children themselves command little power to effect change. In addition, children in residential care have no say in matters relating to who should look after them, for how long, what they will eat and where they will go to school (Hanlon, 2007).

3.2.1.1.2 Sub-theme: Negative relationship

Negative relationship feelings identified by the children participants residing in RCCFs in terms of their care were being uncomfortable as well as loneliness and sadness.

It is also normal for children in consultations to have different views and experiences about the same phenomena (Morgan, 2009) and "establishment of relationships do 'best' when children feel that they are cared for, listened to and responded to a quiet, sympathetic, and consistent manner" (Clough, 2006 p.2).

- <u>Being uncomfortable</u>

Children complained about not being taken care of as expected. They felt that it was not comfortable to stay in the facilities, because they had to request permission to

attend extramural activities, their housemothers did not care as they had their own children to take care of. Below are negative accounts by the children:

> *"I have a problem with one staff member here. She is refusing me to play rugby. [This place is like a jail], we are asked to get letters from school for everything while other kids from outside, they ask verbally permission from their parents and they are allowed to play and to do other extramural activities. [It is uncomfortable to be here.]"* (Participant No. 3)
>
> *"But other tannies don't take good care of other children, because they have their own children and husbands. May be it was going to be better if our housemothers are not married, may be they were going to take a good care of us and pay more attention to us. [They take care of their husbands and kids.]"* (Participant No. 3)

It is believed that the RCCFs have an important role to play in caring for the most difficult and demanding children and adolescents (Stevens & Furnivall, 2008) who are reluctant to bond or trust anyone, especially adults (Mikulincer & Shaver, 2007). Thus, "if such children are to be cared for safely and therapeutically, they need staff that are carefully selected and operating at high standards of professionalism" (Steven & Furnivall, 2008, p. 207). Since residential child care provides an opportunity to recover children's chances for normal development, staff in RCCFs need to be mindful of how best to facilitate and encourage children's normal life and development (Clough, 2006). Last but not least, children have the right to rest and play in keeping with Article 31 of the United Nations Convention on the Rights Child (1998). They should be allowed to engage in extramural activities.

- Loneliness and sadness

It is important for children residing in Residential Child Care Facilities to have moral support from their housemothers and the rest of the staff since most of the children who find themselves in such facilities might not want to trust anyone due to previous circumstances. They may feel lonely and sad within the new circumstances they find themselves in. Children expressed that they were sad and lonely due to the fact that there were no family members around them. They did not value the care given by their housemothers.

Below are other negative views from children regarding the loneliness and sadness they experienced:

> *"I don't speak about my worries and concerns with my housemother. I keep them to myself, because she is not my mother. I don't have a family here, [I am sad and all alone]."* (Participant No. 15)
>
> *"It's ok … I don't have any other choice. I grew up without my parents and I have never known how they look like. I don't know any family member. [I used to get sad], when other children at school talk about their mothers, fathers, sisters and brothers. I was always wondering why I … but, I am used to it."* (Participant No. 2)

Thus is consistent with some literature which shows that Some children find it difficult to cope and trust their caregivers in the facilities, because they might not get the kind of love, individual attention and sense of belonging that a biological family can provide (UNICEF, USAID & UNAIDS, 2004). The same authors state that such

children need adult figures that are willing to listen to them, advice and offer them love and emotional support. Thus, deprivation of love, care and support has negative consequences on the well-being of a child and may result in poor sense of identity and belonging, attachment difficulties and other social and emotional problems (Hanlon, 2007).

According to Byrne (2005), children who had trauma due to emotional and behavioural problems often find it difficult to cope with rules established in the residential care facilities. For that reason, recruitment, capacity building and supervision should be given special attention for the carer in Residential Child Care Facilities (Oswald, 2009). “Caregiver selection should seek people who are willing to care for the children as their own and have the tools to provide the care a child needs” (Oswald, 2009, p.49). This is because children who experience cruel discipline, become problematic and that contributes to the development of bad behaviour, loss of self-control and lack of positive social skills (Oates, 2007).

Some children lack respect and trust between themselves and staff and when children are shown little or no respect from staff, they give back such little respect and this affects relationships in a negative way (Kristiansen, 2009). Children who find themselves in RCCFs are from very difficult family backgrounds and it is not easy to form good child and caregiver relationships. These children demonstrate significant levels of social, emotional and behavioural difficulties (Mckellar & Kendrick, 2013).

According to Chakrabrti and Hill (2000), in order to reduce the negative consequences from negative family backgrounds, staff in RCCFs and caregivers should take the lead by promoting the wellbeing of those children and minimize the

consequences of being separated from their biological families. Therefore, residential child care facility workers who are working with such most vulnerable children in the society, are key components of the care package and are expected to be confident, knowledgeable and skilled for them to be able to provide meaningful and consistent care and a safe environment for those children (Cameron & Maginn, 2008; Mckellar & Kendrick, 2013).

Caregivers in RCCFs should learn to manage children with behavioural problems. They should not respond to the violence with more violence, but rather to help them to calm down by means of restraint techniques that come across through body language and the voice of caregivers (International Social Services and International Reference Centre for the Rights of the Child, 2006). According to Kendrick (2012), negative experiences on care would lead to the weakening of relationships. That is why it is important that workers in RCCFs fully commit and dedicate to this vocation, taking into consideration the time allocated for different responsibilities in such facilities. However, to allocate enough time for building good quality relationships with children can be difficult to achieve this ambition (Kendrik, 2012).

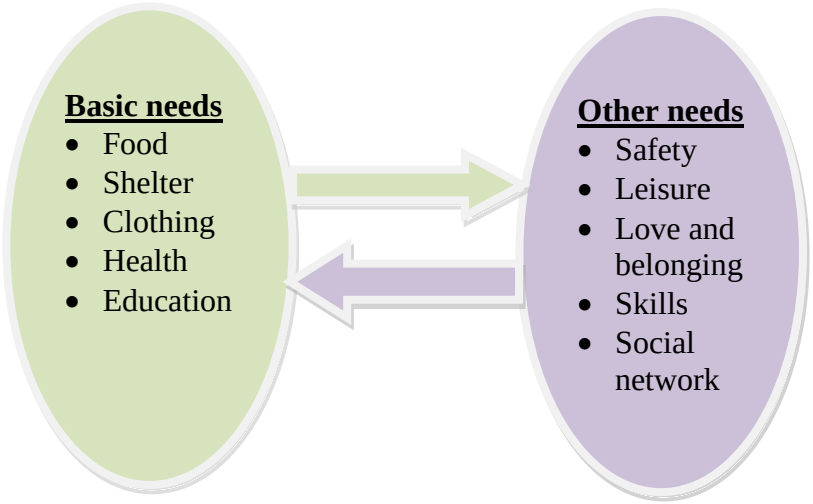
In addition many children in residential child are often reported to have mental health or emotional and behavioural needs (Gallagher & Green, 2012). For this reason, when sufficient personal adaptation is not achieved, children continue to demonstrate low self-esteem, fear of insecurity, feelings of guilt and anxiety (Moreno Manaso, Garcia-Baamonde, & Blazquez Alonso, 2011).

3.2.1.2 Theme 2: Participants experienced provision of their basic needs as an important factor in the caring dimension

Meeting the basic needs is indispensable for human survival and for people to be able to live decent lives (Kristiansen, 2009). Children's needs vary, but there are common and important needs that help them develop into independent adults and achieve their goals and independence. According to Maslow's hierarchy of needs, needs are categorised as physical needs, a sense of safety and security, affection, self-esteem and education and information.

- Interrelated basic needs of a child in this study

Figure 3.1: Interrelated human basic needs



Adapted from Kristiansen, 2009.

The basic needs of a child or any other adult person are interrelated. The basic needs can have a positive or a negative impact on other needs and the other way around. For instance a lack of shelter can have a negative impact on safety. Lack of food and

healthcare can have a negative impact on education. Education can have a positive or a negative impact on skills and social networks (Kristiansen, 2009). Children at the RCCFs came from different backgrounds and had different basic needs. Hence, access to proper food affects the children's health in a positive way. Good health will affects various aspects of the children's needs as it is important for their participation and performance in terms of education, skills development, in social network situations and those will affect on how children experience their quality of care in the residential settings (Kristiansen, 2009).

Residential care facilities were found to be places that meet needs of children and provide stability and space for their development (Kendrick, 2012). The needs of all should be met regardless of their background. A study done in Uganda with children without proper parental care showed that such children had problems of getting shelter, school fees and equipment, food, bedding, clothes and medical care (Ntozi, 1999).

Children in residential care may need particular care for their psychological needs linked with the reason for admission or the loss and separation they have experienced. Residential Child Care Facilities are seen as a system that compensates for mostly negative experiences in terms of poverty by meeting basic needs of food, shelter and care (Hanlon, 2007). Biological parents or extended family members would prefer to send children into residential care to ensure that they get their critical basic needs such as access to health or nutritional support (Williamson, 2004). As such the principal areas of a child's life are personal in terms social, school and family background (Moreno Manso, Garcia-Baamonde, Blazquez Alonso & Barona, 2011).

3.2.1.2.1 Sub-theme: Provision of basic needs

Children identified the basic needs as part of their care since they are most important necessities in their lives. The findings of the provision of basic needs were identified as education, health, material (food, clothing & shelter) and protection needs.

- Education needs

Children viewed education as one of the basic needs and they got opportunities to finish their school while in RCCFs. There was enough time to do their school work without any disturbance. The school fees, transport and uniforms were provided to them as part of their education package. The statements below are related to children's experiences in terms of education:

> *"It is good to be here, it is an opportunity to finish school, we get uniforms, the school fees are paid and we have a permanent transport that takes us to school, while other children from the locations have to work to school."* (Participant No. 3)
>
> *"We are always reminded to do our school work. Children who performed well in schools are being sent outside of Namibia for further studies and that's also my dream."* (Participant No. 11)
>
> *"I am planning to finish my grade twelve and proceed to University, because I can get financial support from this place. But I did not get good results and I am hoping to get better results the next term."* (Participant No. 2)

Basic education precedes higher education and is important for the development of working skills that will affect the quality of life of any individuals. Basic education can affect the level of livelihoods in many ways (Kristiansen, 2009). Children with educated parents tend to have better levels of education. A good education is a key contributor to future success in life. Education should be holistic and pay equal attention to the social, emotional, physical and intellectual development needs of the child (Ministry of Health, Social Services and Public Safety, 2007). All children should enjoy their time at school, take full advantage of all the learning opportunities available and in the process achieve success.

Therefore, it is important to consider the relationship between the home, school and recreational activities as influences for a positive or negative outcome for any child. Accordingly, each child should be treated as unique with unique needs.

It is important to ensure that all school-going age children attend school and are not deterred from full participation due to lack of financial means, materials or psychological needs, stigma and discrimination, or any other constraints (Ministry of Health, Social Services and Public Safety, 2007a). Primary education is one of the basic rights of every child according to the UN Convention on the Rights of the Child. All girls and boys should have access to quality education as a cornerstone of an inclusive basic education (UNICEF, 2004). Education is a tool to re-establish the self-esteem and socialisation of orphans and other vulnerable children (Kristiansen, 2009).

Residential Child Care Facilities have a positive side too on the well-being of children although they are considered as the last resort. Children are placed in such facilities because of various reasons; they might be placed there in order to get access

to education, food and health care that their biological families are not able to afford (Every Child, 2009b). Some parents believe that placing their children in residential care gives their children an opportunity for better life (Brown, 2008 (in Every Child, 2009b, p. 29).

According to the Constitution of the Republic of Namibia (1990), Article 20(1)(2), “All persons shall have the right to education. Primary education shall be compulsory and the State shall provide reasonable facilities to render effectively this right for every resident within Namibia, by establishing and maintaining State schoolsat which primary education will be provided free of charge.” Article 28(1)(a)(b) emphasises that “state parties recognizethe right to education and with a view to achieving this right progressively and on the basis of equal opportunity, they shall in particular: (a) make primary education compulsory and available free to all; (b) encourage the development of different forms of secondary education, including general and vocational education, make them available and accessible to every child and take appropriate measures such as the introduction of free education and offering financial assistance in case of need”(United Convention of the Rights of the Child, 1998).

However, although some participants were happy about the educational needs they were getting, others found it hard to concentrate on school work, while others felt uncomfortable being in Residential Child Care Facilities because they were labelled by other children who come from normal families.

They expressed themselves as follows:

> *"I am schooling, but last year I did not do well, because I was not focusing on my studies, I was concentrating on soccer and then I failed."* (Participant No. 17)
>
> *"[It is not always good to stay here. Although we get food, clothes and education, sometimes you are shy to say where you are staying, because I am staying in a children's home]. Kids at school they teas and bully you."* (Participant No. 22)

The above statement was confirmed by Bilson and Cox (2007), who state that children who have grown up in residential care are more likely to have lower educational attainments.

- Material needs (food, clothing and shelter)

Participants revealed that they had never experienced food-related problems while in Residential Child Care Facilities. They expressed satisfaction with the quality and quantity of food provided to them:

> *"The food we eat is well prepared and delicious. The food is always there and we eat three times a day."* (Participant No. 2)
>
> *"We eat whatever we want as long as there is food in the house. We buy clothes of our choices."* (Participant No. 14)
>
> *"[I have a good experience to be here in this place. At least I have a place to stay; there is always transport to take us to school; we have food and we have enough time to study.]"* (Participant No. 6)

> *"We eat nice food and we never get hungry."* (Participant No. 7)

Food is one of the basic needs for human survival. Adequate food in terms of quality and quantity is important for a child to reach full physical and intellectual development. If this need is not met it will negatively affect other important aspects of the child's life (Kristiansen, 2009).

Other materials support such as clothing, toiletries and shelter were also expressed in a positive way. Below those are the words of the participants:

> *"We get clothes, shoes and toiletries. [Hummm … although you don't get fancy clothes, because the money allocated to you it's not a lot, but you choose what you want to wear.]"* (Participant No. 9)
>
> *"I get everything, I need in this house. [I get food, clothes, toiletries and I go to school.]"* (Participant No. 2)
>
> *"We get toiletries, we eat, and we get clothes, even though they are not our choices."* (Participant No. 5)
>
> *"You don't get everything you need, but at least you get the basics."* (Participant No. 11)

According to UNAIDS, UNICEF and USAID (2004), residential child care may provide immediate interventions to children who need care and protection by offering shelter, clothing, food medical and educational needs. Although material support is provided at RCCFs, such facilities do not adequately look into other

important needs beyond material support. On the other hand the cost and sustainability of RCCFs arechallenges in terms of meeting children's needs than in the child's own family. RCCFs therefore tend to act as magnets for resources because of their high visibility and donor-appeal (Tolfree, 2003).

- Health needs

Children said they had access to clinics and hospitals if they fell sick while babies were also taken for immunization. They also said that each house had first aid kits in case of emergency. Following are transcripts related to health needs from participants:

> *"If we are sick we are taken to Katutura hospital or nearby clinic."* (Participant No. 18)
>
> *"If we are sick we are taken to the hospital and each house have a first kits."* (Participant No. 5)

The World Health Organisation (WHO) (2006) defines health as a complete physical, mental and social well-being rather than a mere absence or disease or infirmity. Health is important in terms of care for children as health sets certain grounds for performance (Kristiansen, 2009). Access to health services is important.

It is important for children in Residential Child Care Facilities to have good health that contributes to their quality of life and care. According to Hanlon (2007), the burden of social disadvantage for children in care means that they often experience poorer physical health resulting in greater health care needs. Thus, health assessments for such children is crucial to ensure that the childrenare healthy or if

there is need for check-up and medication of children with health problems and chronic conditions (UNAIDS, UNICEF & USAID, 2004). This is because some children's health needs might have been overlooked or neglected before they were admitted into the facility. In addition information on an individual child and their family's health history such as immunizations, conditions of illness might be incomplete or missing. Research into the health outcomes for children in residential care facilities has shown that such children need improvement on their health outcomes. Thus, there is need to arrange regular medical check-ups by a professional health worker when a child is sick or not feeling well. Below are experiences of children on their medical support:

- Protection needs

It is very important for children to leave in a secure place. Participants interviewed expressed satisfaction in terms of protection. They spoke about being protected in the residential care facilities, since they did not have parents to protect them and they also spoke about having shelter.

> *"I fell as I am protected. I have a nice house I stay in; I get clothes and it is safe to be here."* (Participant No. 20)
>
> *"[It's better to be here, because I don't have my biological mother to protect and to take care of me. At least here I am protected.]"* (Participant No. 5)
> *"We are safe here and always our house mother looks after us."* (Participant No. 10)

This is in line with literature which shows that the right to shelter is one of the protection measures against violence, abuse, disturbances and noise. It is also a place that provides privacy, dignity and peace. Having shelter does not mean that one has a peaceful place to stay or a place one can call a home. A home should be a safe and comfortable place (Kalin, Muller & Wytternback, 2004).

The safety and the best interests of children in residential care are the key components of child care (Swales, 2006; United Nations on the Rights of the Child, 1998). It is the right of the child to be protected from all forms of abuse, neglect and exploitation whether under parental care, of a legal guardian or that of any other person entrusted with caring for the child (United Nations on the Rights of the Child, 1998). Thus, children in RCCFs need to be cared for, to live in safety, to be protected from abuse and to get the support to achieve their full potential and to become productive citizens of their societies (Ministry of Health, Social Services and Public Safety, 2007). It is their right to be protected and different measures have to be taken to minimize the potential risk of abuse (Tolfree, 2003).

Employees of RCCFs have to keep in mind that such children need to be provided with maximum safety, because many of them may have experienced some form of abuse before coming into the facility. Hence, there will be varying degrees of coping with such previous experiences of different forms of abuse (Barratt, 2009).

Unfortunately, all children interviewed did not have the same experiences relating to their protection and safety. Some of the children claimed being abused by the caregivers who were supposed to be protecting them. The types of abuse experienced were described as verbal or emotional:

> *"The uncle in our house is beating me up when he is drunk. Other tannies also are not good and they beat you up sometimes. And also you are abused verbally or emotional."* (Participant No. 5)
>
> *"Sometimes big boys beat me up and they are bullying me."* (Participant No. 15)
>
> *"Older boys from other houses can bully you. And sometimes you might be abused verbally or emotionally, but there is no physical abuse here."* (Participant No. 11)

Kendrick (2013) confirms that there is documented uncertainty about the role of RCCFs and alarm about abuse of children coupled with poor outcomes and poor practices in residential child care. It seems that such children need to have a stable and a safe home in order to have a happy childhood, which is the starting point towards intellectual, emotional, physical, and social growth (Williams, 2004).

Many children who live in Residential Child Care Facilities are among the most vulnerable in the world because they are at most risk of abuse and neglect due to poor standards of care in different residential care facilities (Save the Children, 2012).

Residential Child Care Facilities thwart children's development and fail to protect them from cruel situations such as different kinds of abuse while prolonged stay in those facilities can have a negative impact on them (Save the Children, 2012). Such abuse has been reported at various institutions and many of them do not have measures in place to monitor and prevent them (UNAIDS, UNICEF & USAID, 2004). In institutional environments, children are at high risk of abuse and violence.

Residential child care has a long-term impact on children such as severe developmental delays, disability, irreversible psychosocial damage and increased rates of suicide. In addition, there is little or no opportunity available for those children to report violence and abuse cases against them (ISS & SOS Children's Village International, 2012).

Rules and regulations should be developed to prevent abusive situations and while setting up a caring system. Child protection principles should be prioritized by putting in place control measures and sanctions (ISS & SOS Children's International, 2012). According to a study done in Ethiopia on improving care options for children through understanding institutional child care and factors driving institutionalisation, children in Residential Child Care Facilities faced discrimination from neighbours, had psychosocial problems and experienced different forms of abuse such as sexual, physical, emotional, as well as being exploited while in residential child care (Family Health International, 2010). Children who previously had bad relationships with their caregivers associated with violence abuse, neglect and loss, find it very difficult to cope and they grow up believing that these bad memories reflect their future lives (Kholstaedt, 2010). If there are already identified damages in terms of their health, safety and development, it is imperative to have interventions that will help such children to overcome trauma caused by these events (Swales, 2006; Martin & Sudrajat, 2007).

Different researchers on RCCFs demonstrate the disadvantages and negative impact of these facilities on children. Various maltreatment practices and violations of children's rights are found whether in the form of sexual abuse, exploitation, life-

threatening conditions, poor nutrition, hygiene and healthcare, as well as educational deprivation and harsh discipline (Tolfree, 2003).

Furthermore, children in residential facilities are likely to contract communicable diseases and other health hazards due to bad living conditions such as overcrowding (Every Child, 2009a). In addition, such children are likely to be exposed to alcohol abuse and sexual activities that lead to sexually transmitted infections and pregnancies at an early age (UNICEF, 2007; Jackson & McParlin, 2006).

According to Ucembe (2010, p.1), one of the children who grew up in Residential Child Care Facilities stated: “I was never told that I was loved throughout my long stay at the facility. The housemothers showed little or no response to our distress. Due to this, we learned not to cry because experience had taught us that no one would care.” Every Child (2008) state that children in residential care facilities are mostly vulnerable to abuse and as a result they suffer delays in their development which prevents them from forming attachments with a caregiver.

Williamson (2004) states that there are no standardized strategies and/or procedures that protect children in residential care from being neglected, mistreated or abused (Tolfree, 2003). Moreover, as highlighted by the recent UN study on Violence against children, children without parental care are amongst the most vulnerable in the world to violence and abuse (Every Child, 2009a, p.14).

3.2.1.3 Theme 3: Children expressed different meaning to their cultural identity

Preservation of identity is one of the children’s rights and contact with the child’s family members should be maintained (Martin & Sudrajat, 2007). Identity and social

integration are based on a child's sense of belonging to a family and to the community. According to Williamson (2004), there are better and worse institutions, not only in terms of the level of material well-being provided, but also in facilitating or preventing social integration within the wider community. Children in RCCFs have the right to know where they come from; ethnicity, religion, culture and language form part of their identity. Knowledge about their background and culture helps to create continuity and a secure foundation (Mclean, 2004).

Identity and cultural integration are based on a child's sense of belonging at the family and community levels. Culture provides norms, values, believes and acceptable behaviours within the family and in the community to which such a child belongs (Williamson, 2004). This would tie with the ecological theory, which postulates that for a child to revive social support, develop trust and attachment as well as build a positive identity, it needs to remain connected to key figures in its life. This would include the nuclear family, extended family, friends, neighbours, church leaders and teachers (Mclean, 2004). In addition, a caring and supportive environment enables children to learn to relate to others and to look after themselves. Thus, in an environment where there are caring adults who show their belief in a child's abilities and strengths, a child is motivated to learn and to participate in activities and healthy relationships, which increases their opportunities for growth and development (Bernard, 2004 as cited in Macdonald & Millen, 2012).

Children in RCCFs do not deviate much from their cultural backgrounds as they continue to speak their languages, eat the same food, as well as maintain their cultural beliefs. However, there is no experience in relation to their everyday cultural customs and practices; such as where a mother becomes a role model for her

daughter and the father for his son. Normally, children develop their identity on the basis of their interactions with people caring for them (Williamson, 2004). As such, a child's identity is tied to their family of origin. Therefore, involving parents or other extended family members while in residential care is a vital component in planning for the child's return to the society where he or she belongs (Macdonald & Millen, 2012).

3.2.1.3.1 Sub-theme: Cultural identity

The sub-themes identified by the children participants residing in RCCFS were family background, language and religion.

- Family background

According to the participants being able to visit their biological parents and extended family members as well as being with their siblings in the same RCCFs made them feel format home. They said:

> *"I am staying here with my sister and we know only few family members from our father side. Our mother died when we were small."* (Participant No. 4)
>
> *"But, I visit my family members during holidays but I am not comfortable to stay with them, because I did not grow up there."* (Participant No. 5)
>
> *"My mother passed away, I don't know my father. I know other family members, I visit them and they also visit me. I am part of their lives."* (Participant No. 6)

The participants considered cultural identity as being very important, as they wanted to have contact with their parents. It is important for Residential Child Care Facilities to make sure that children in their care do not lose contact with their biological families. Family contact engender feelings of belonging and love. Children need their families for emotional support as well and nurturing of their family bonds (Kristiansen, 2009). A child's family history and dynamics shape the experience of individual children and the sibling group. It is therefore advisable that "children are occupied by the relationship patterns prevailing in their family of origin" (Delcroix, S., Folda, J., Hofer, B., Lopez, M. I., Rojnik, I., Sartori, V. V., et al. (2012, p.40).

According to Clough (2006), children who are enabled to maintain and develop family contact are likely to have better outcomes than those that are not. As such, and from a children's rights viewpoint, the child's preference in residential care with regard to the family contact of origin should be considered (Lundstrom & Sallnas, 2012).

Children spoke about their siblings. They were grateful to be staying with their siblings. Research shows that children in RCCFs risk losing normal contact with their siblings (Lundstrom & Sallnas, 2012). It is, therefore, important for a child in the event where parents or other family members are still alive, to have a continuous relationship and contact with the family of origin, unless if such contact is not in the best interests of the child.

Contact with siblings is equally significant because where brothers and sisters are placed together they will have minimal disturbance and behavioural problems (Leichtentritt, 2013). Relationships with siblings are the longest in life and are generally viewed as positive (Mclean, 2004). However, different researchers have

different views on placing siblings in residential child care. Some advocate for it because it influences positive emotional support and the sense of closeness with their caregivers and the rest of the people that they live with. On the other hand, there is no significant bad effect on the siblings' relationship neither on their self-esteem if they are placed in different environments (Leichtntritt, 2013). Therefore, there is need for more qualitative studies in order to understand better experiences and perceptions of placing siblings in the same facilities.

The following were expressions of participants in relation to being with their siblings:

> *"I am happy because, I am staying with my younger sister and my older brother, even though we are not staying with our parents."* (Participant No. 7)
>
> *"I am here with my two brothers and I feel good to be staying with them. We visit our parents during holidays, but we find it hard, it is not nice there because there is no food and it is very difficult for them to get food for us."* (Participant No. 18)

Based on the attachment theory, siblings have an important function. Older siblings play a care giving role when parents are absent and this is a very important gesture to the younger siblings (Delcroix, S., Folda, J., Hofer, B., Lopez, M.I., Rojnik, I., Sartori, V.V., et al. (2012).

It is also important in the event where parents or other family members are still alive for a child to continue having a continuous relationship with his or her family of origin. Telephone conversations and letters can be vital means of keeping

contact and relationship (International Social Services & International Reference Centre for the Rights of the Child, 2006).

However, some participants felt that it was not important to have contact with their parents or family members. They did not have anything to do with their parents and siblings. They did not want to visit their parents because they were poor and they could not afford to feed them.

Below is what some participants said:

> *"I am happy here compared when I am with my biological family, because they don't have much to offer me, they are poor."* (Participant No. 13)
>
> *"I understand that I have many siblings and I don't like my biological family background. There are many problems there and I don't like it."* (Participant No. 11)

Research has shown that although Residential Child Care Facilities are considered last resorts due to negative views around those facilities, they are also viewed in a positive way and in some instances they are even preferred by many children at appropriate times in their development (Ministry of Gender Equality and Child Welfare, 2009; Knorth, Harder, Zandberg & Hendrick, 2008).

Most of the children in residential care facilities are not orphans; they might be having one or both parents and family members who can take care of them. However, their parents prefer their children to be placed in RCCFs because they believe that their children will be better off (Christiansen, 2009). Different studies have shown how poverty can have a negative impact on the child's relation with his

or her family in different ways. Poverty causes insecurity and a lack of structure that contributes to the underdevelopment, incompetence and uncertainty in the child's life (Bilson & Cox, 2007). Children's views, based on their experiences and poverty contribute to feelings of being marginalized. Therefore, it is better for a child to be raised in a well-functioning child care institution than their own dysfunctional family (Jelsma, Davids & Ferguson, 2011). However, this view contradicts the United Nations guidelines for children without parental care, defined by International Services (IS) and the United Nations Children's Fund (UNICEF) together with the United Nations Committee on the Rights of the Child (UNCRC). The guidelines provide that financial and material poverty alone, or conditions directly and uniquely imputable to such poverty should never be a justification for the removal of a child from parental care into alternative care, but it should be a signal for a need to provide appropriate support to the family (Christiansen, 2009). Mostly, children are not given an opportunity to decide whether they want to stay with their biological parents or not (Every Child, 2009b) and frequently decisions taken on their behalf are not always in their best interests. Children are separated from their parents because of poverty rather than because they are incapable of caring for them (Every Child, 2009; Swales, 2006; Martin & Sudrajat, 2007) and this could be prevented by initiating programmes to alleviate poverty at the household and the community level.

- Language

In terms of language, children expressed different views. Some could speak their mother tongue, as they had kept contact with their families and others spoke

Afrikaans and English which were being used in most facilities located in Windhoek. Some of the children showed no interest in learning their mother tongues.

Below is what some of the participants said:

> *"I know my aunt; I visit her during long weekend and stay with them during holidays. I speak my mother tongues."* (Participant No. 9)
>
> *"It feels god during holidays because I go home to visit my parents."* (Participant No. 19)

Thus, it is safe to say that it is very important to encourage children in residential care to use their mother tongue. If there is no staff member or no other children in the same facility who speak the child's language, it may be necessary to arrange opportunities that would help the child to speak with others who use the same language www.Unicef.org/ceecis/UNICEF_child_Trafficking66-75.pdf).

There are also negative views that were expressed as follow:

> *"Both my parents passed away. I have siblings who are staying with my aunt and my grandparents, but I am not close to them."* (Participant No. 20)
>
> *"So, my parents passed away and there is no one else who was willing to take care of me and my sister. Here we are and we are doing fine. We are supposed to be speaking Oshiwambo, but I don't know how to speak, here we speak English and Afrikaans."* (Participant No. 12)
>
> *"I don't speak my mother tongues and I don't know any of my relatives, I am here alone and I understand that I came from the North."* (Participant No. 8)

> *"I have both parents; they can't take care of us because they are poor. I used to speak Otjiherero, but I don't remember anymore. We speak Afrikaans and English here and it is difficult to communicate with our parents when we visit them or when they visit us. But they always encourage us to speak our language when we visit them or when they visit us."* (Participant No. 16)

Although the children felt that they were not obliged to speak their mother tongue, it is the right of children to use their own language to be able to freely express themselves when communicating with those in their immediate family and in their community. Thus children must be able to retain and, where necessary, become literate in, their mother tongue, in addition to learning the local language (UNCRC, 1998).

- Religion

There were also different views on religious denominations. Some children attended their churches while others did not even know to which church they belonged. Some statements from the children in terms of practicing their religion are as follows:

> *"I am an active youth group member and part of the church choir and I have confirmed but I don't know which church I belong too and I don't go to church."* (Participant No. 14)
>
> "*I am not sure which church my parents belonged too."* (Participant No. 9)

According to the United Nations on the Rights of the Child (1989), Article 27(1), State parties should recognise the right of every child for a standard of living adequate for the child's physical, mental, spiritual, moral and social development. Finding out what the children's religious beliefs are and enabling them to practice their religion, is their fundamental right and this may include respecting the use or avoidance of certain drinks and food (www.Unicef.org/ceecis/UNICEF_child_Trafficking66-75.pdf). UNICEF further maintains that a clear duty is placed on all relevant bodies to ensure that a child's spiritual well-being is nurtured in the same manner as their physical and intellectual well-being. Although, the right of the children to follow their own religious and spiritual beliefs appears deceptively straightforward, despite its legal support, this right does not appear to be universally valued (Barratt, 2009).

3.2.1.4 Theme 4: Children expressed uncertainty of the future as one of their experiences in Residential Child Care Facilities

Children demonstrated uncertainty over their future because they did not know and did not have their care plans. Care plans determine why it is in the child's best interest to be looked after or whether other support services would be able to meet their needs. Care plans identify the assessed needs of the children and the services to meet those needs. The plans also set out the framework for the services provided to the child and family to enable the desired goals and outcomes (Williams & McCann (2006), in Kane, 2007). The care plan is based on personal assessments of the child or needs identified such as educational, social, emotional, and behavioural and health

requirements during the placement. Normally the care plan is the responsibility of a social worker responsible for the facility (Kane, 2007). It is an important document that outlines the types of support and care children in RCCFs should receive (Ministry of Health, Social Services and Public Safety, 2007). Therefore, all children in RCCFs are supposed to have individual care plans that set out clearly the short, medium and long-term outcomes for each child in the facility. Williams and McCann (2006) stress that the care plan is a holistic specialist task that identifies developmental needs and the capacity to meet such needs and such assessment should be a continuous process that informs the progress and revision of the care plan.

In summary, a care plan of the child in RCCFs should include the child's needs and how these needs would be met; services that need to be provided to the child; the type and detail of the proposed placement, identified support in place; arrangements for contact and reunification; healthcare and education plan; the purpose; desired outcome and timelines; and responsible people and alternative plans in case of unforeseen circumstances (Kane, 2007).

3.2.1.4.1 Sub-theme: Preparation for leaving the care

Lack of proper preparation for leaving the care was given as one of the problems children faced in the Residential Child Care Facilities located in Windhoek. The preparation for leaving the care provided to them was more in relation to the use of the little budget provided to them. They used such budget to buy their own food and toiletries monthly. Once they are outside of the facility, management of the facility

build or rent rooms for them for a certain period or the children have a choice to be given a lump sum of money to take care of themselves.

Below are statements from some of the participants:

> *"I know that I will go out from this village soon. Currently, I am staying in the girls' hostel. We are being prepared to be able to take care of ourselves. They give every month an amount of money and you have to make sure that you buy food and toiletries that will last for month. It is not easy but we are managing. But when it is the time to go, they build a room outside the village and they give you money, until you are able to take care of yourself. If you have a family member who want to take you in it is also fine, they don't build a house for you, rather they give you a lump sum of money to take care of yourself."* (Participant No. 13)
>
> *"I am staying in the youth hostel. We are learning how we will take care of ourselves once we are out. We have monthly allowances; we put them together and we buy food that lasts the whole month. I have started school very late, currently I am in grade 8 and I will stay here until I am done with school."* (Participant No. 16)

However, most of the children interviewed were not prepared outside the facilities:

> *"I know that I will not stay here forever. I want to be a mechanic so that I can take care of myself, since my father was not able to do so. But, I don't hear anything from the office about my future plan."* (Participant No. 4)
>
> *"I am told what will happen to me once I am 18 years and I will have to leave this place, but I don't have any plan once I leave this place."* (Participant No. 8)

The transition from adolescence to adulthood is difficult. It is the time to make a decision about the future that entails education, career and living arrangements. This is the time when the family and friends are needed the most to help and guide the choices young people make. Unfortunately children in Residential Child Care Facilities are mostly forced to take such decisions on their own (Kilkenny, 2012).

Leaving RCCFs should reflect a normal transition from childhood, teen-age and adolescence to adulthood. Sufficient capital to maintain children in supported placements is needed for this transition (Dixon & Stein, 2003). This is more in relation with the preparation of independence once the child leaves the facility. According to a research done concerning leaving care experience in Scotland, most of the concerned children felt that they had received enough information and support in terms of basic skills such as self-care, independent living and other life skills such as safe sex and substance abuse (Dixon & Stein, 2003).

Many young people in residential care want their lives to be as normal as possible at the same time they have very special and individualized needs which have to be provided in order for them to attain normal relationships and work skills that will help them to adapt the society they will find themselves in (Barratt, 2009).

Therefore, every day the goal in Residential Child Care Facilities needs to stand alongside with individual special needs of the child. This could be achieved by individualising daily living support and opportunity-led work (Ward, 2004) (in Barratt, 2009). According to the experiences of children in Windhoek Residential Child Care Facilities, there was no evidence that much was being done to prepare the children for leaving the care from the RCCFs.

RCCFs fail to adequately prepare children for moving on after their care has terminated in the facility, followed by the step of living independently (Gallagher & Green, 2012). In cases where children in RCCFs were not able to keep meaningful contact with their families and communities, the transition from the facilities to the communities can be very difficult (Kendrick, 2012). They may find themselves ill-equipped to deal with practical aspects of life such as managing a budget, finding a job, and education, and may lack communication skills and cultural identity to successfully reintegrate into their families of origin and communities.

3.2.1.4.2 Sub-theme: Previous negative experiences

Previous negative experiences were expressed by participants as those who left the facilities not being able to cope in the real world on their own due to poor education which can lead to being jobless and homeless. This suggests lack of proper preparation for life outside care facilities. Below are some views from the participants related to previous experiences and leaving care:

> *"But you know, many children from here, they don't live a decent life when they are out there, [It is very difficult for them to take care of themselves] because they don't get good jobs. There are few who pass grade 12 and proceed to universities."* (Participant No. 13)
>
> *"I am not sure what will happen to me once I am out of this place, I have to try my best to study hard so that I can go to the University and be able to take care of myself."* (Participant No. 5)

"I want to study so that I can be able to take care of myself. Some of the kids that were staying here, they are out there on the street" (Participant No. 18)

"I know that one day, I will leave this place. My parents passed away, I am staying here with my younger sister. My older sister used to stay here but she is out on her own. She doesn't have a place of her own she is sleeping with friends from one house to another and she has a baby. It is very not easy for her to survive." (Participant No. 21)

"I am told what will happen to me once I am 18 years and I will have to leave this place, but I do have any plan once, I will leave this place. Besides, that I am sitting here with many problems, I am not sure what I will do and where I go once I will leave this place." (Participant No. 3)

Evidence shows that there is a negative impact of residential care facilities on children in terms of their social, educational development, well-being as well as human rights (UNICEF, 2007). Childrenwho grew up in RCCFs, had a high probability of having lower educational attainment, high unemployment and low-level work status compared to all other children (Bilson & Cox, 2007). Further, these children are more at risk of having babies while they are still young. They may end up in prisons and they are more often found on the street where they become poorer.

According to experiences of countries with a history of RCCFs a child who grows into a young adult while in residential care, has difficulties in reintegrating into mainstream society (Williamson, 2004). According to the study done in Sweden on planned treatment and outcomes in residential youth care, 57% of boys placed in Swedish residential care in 1991 showed signs of criminal behaviour when placed in

care, and 73% were convicted for some crime as young adults (Lindqvist, 2010). Other research shows that those young adults leaving residential care were at risk of becoming homeless, substance abusers, and attain low levels of education and unemployment (Kilkenny, 2012).

3.3 SUMMARY

In preceding chapter, findings from the one-on-one in-depth interviews and literature control were presented. The findings were categorized in themes and sub-themes.

Theme one (1) was about the relationships in residential care facilities identified as an important aspect of child care. Participants' positive experiences in terms of relationships were described as mutual respect and good communication; love, support and care, as well as child participation in decision making on issues affecting their everyday life. However, some children had some negative experiences with relationships and they described these as being uncomfortable; lonely and sad.

Theme two (2) was identified as the provision of basic needs. According to the children's experiences, the sub-themes of their basic needs were listed as education, material, health and protection needs. Most of the children had no problem with the provision of such identified basic needs. However, some children reported that they experienced abuse verbally, emotionally and physically.

Theme three (3) covered the children's cultural identity. The most outstanding experiences on their cultural background identified during interviews were knowledge of their family background, language (mother tongue) and religion.

However, some of the children were not interested in knowing where their culture: their mother tongue or their religious denominations.

Theme four (4) looked at uncertainty over the future. Participants expressed concerns over preparation for leaving the care and bad previous negative experiences. Children interviewed knew that they wouldleave the facility at some stage, but there was no preparation being done for that eventuality. Rather, they had their own goals for their future. On the other hand, they did not know what would happen to them once they were told to go and live on their own.

During interviews, several children said children who were previously cared for at the facilities faced several challenges when they left. Some gave birth, some ended up livingon streets were others were jobless because they had not taken their education seriously. Chapter Four presents the conclusions, recommendations and limitations of the study.

CHAPTER FOUR

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

4.1 INTRODUCTION

In Chapter Three, themes and sub-themes that emerged during the one-on-one in-depth interviews with children in three identified residential child care facilities in Windhoek were discussed. In this chapter, conclusions drawn from the findings, recommendations, limitations of the study, further research proposals and contributions to the body of knowledge are presented. This chapter justifies the study in terms of its purpose and objectives in relation to the experiences of children in Residential Child Care Facilities.

The study sought to explore and describe the children's experiences regarding the care they received at Residential Child Care Facilities in Windhoek and to provide recommendations regarding research findings. To recap, the precise wording of the study objectives was:

1) to explore and describe the children's experiences regarding the care received at the Residential Child Care Facilities in Windhoek; and
2) to provide recommendations to the Ministry of Gender Equality and Child Welfare regarding research findings.

Further researches on the care of children in Residential Child Care Facilities are proposed, and final concluding remarks on the study are presented.

4.2 CONCLUSION

This study revealed that children in Residential Child Care Facilities have different experiences regarding the care they receive. The following conclusions were drawn based on the set objectives and according to themes that emerged in the study.

4.2.1 Objective 1: To explore and describe the children's experiences regarding the care received at the Residential Child Care Facilities in Windhoek

To meet objective 1 above, the researcher obtained information through one-on-one in-depth-interviews with children being taken care of at RCCFs, aged between 15-18 years, who were willing to participate and could express themselves in English. Participants were able to share their experiences of care in their own understanding, either in positive or negative ways. The main themes that emerged were relationships, provision of basic needs, cultural identity and uncertainty over the future.

This research has highlightedthe experiences of children concerning their care in Residential Child Care Facilities by classifying and interpreting the findings according to themes and sub-themes that emerged. These were linked to previous research during interpretation and discussion. Kendrick (2012) states that children symbolise quality relationships in terms of care, love and support. Under the theme of relationships, the sub-themes linked to it were mutual respect and good communication, love, support, care and child participation in everyday decision making. Positive relationships between children and staff members enable them to feel safe and to learn to trust (Macdonald & Millen, 2010). Negative attitudes and emotions such as children being uncomfortable, lonely and sad were expressed. That

is why residential child care staff need to be carefully selected and should be willing to care for those children as their own (Oswald, 2009). The provision of basic needs included education, material support (food, clothing and shelter), health and protection, while cultural identity had the sub-themes of family background, language and religion. Lastly, the sub-theme of uncertainty over the future had two sub-themes in terms of preparation for leaving care and previous negative experiences. The above-mentioned findings confirm the ideas of (Waters, [n.d.]), who stated that one would be able to demonstrate unique experiences in a way that is understandable and it was clear that experiences differed from different participants who lived in the same situation. Recommendations for both objectives are discussed according to the main themes and sub-themes of the care that were identified below.

4.2.2 Objective 2: To provide recommendations to the Ministry of Gender Equality and Child Welfare regarding research findings.

To meet objective 2 above, recommendations were made based on the findings from interviews with the participants and were categorized: In terms of education needs, it is recommended that measures to improve the quality of education for children in RCCFs should be put in place. Child participation in everyday decisions is also one of the recommendations that need to be taken care of in the sense that children in RCCFs should be part of formulating guidelines and policies affecting their everyday lives. The recommendation on protection needs emphasises that a child protection policy should be developed for RCCFs including the initiation of a support system for the children to report cases of abuse. Based on findings, a sense of belonging and identity should be seen as key components of the care of children in RCCFs.

Finally, preparation for leaving the care should be done for each child and be reviewed as part of the care plan throughout the placement as well as looking into the new social conditions of the children leaving the care.

4.3 RECOMMENDATIONS

The following recommendations were made based on the results of the study:

- **Education needs**

All Children in Namibia have the right to education; therefore, it is recommended that measures to improve the quality of education for children in RCCFs should be put in place. The Ministry of Gender Equality and Child Welfare and other stakeholders need to work together to ensure that poor children including those in RCCFs access financial support and other forms of support that will enable them to access better education at all levels, since education can influence the quality of life in various ways (Kristiansen, 2009). Thus, in RCCFs, support for education should not only comprise of paying school fees, providing uniforms and transport, but supporting children in their homework and ensuring regular contact and consultations with class teachers to monitor the progress of the child in terms of school work and discipline.

- **Child participation in everyday life decisions**

United Nations on the Rights of a Child (1998) emphasises child participation in terms of expressing their views in matters affecting their everyday lives. Children in RCCFs should be part of the processes of formulating rules and regulations including

subsequent amendment to ensure clear understanding about the purpose of the rules and regulations established among children concerned.

Children participation in every day decisions concerning the care they receive while in placement should be seen as crucial, not only to safeguard and guarantee their rights, but to enable them to participate in decisions that affect them. Active participation can be an effective way of teaching them life skills. Learning to consider options and to participate in decisions is an important aspect to their development towards becoming responsible, independent and resourceful citizens.

Involving children in developing and maintaining the rules and regulations of the RCCFs should incorporate the creation of suggestion boxes to gather children's views which are regularly reviewed and responded to. There is need to support the establishment of children's groups in which children have their own regular space to raise and discuss issues affecting them. Family talk events where all staff members and children come together is a good example.

Children should be allowed to have their own regular meetings without staff members present for them to raise problems concerning their care and share their viewpoints without fear. This can enable them to develop strategies on how they convey their message to the management of the facilities. In some instances, it would be good to have an external facilitator to ensure that children's issues in care facilities are brought to the attention of the managers of those facilities as part of advocacy. In turn, the managers should be able to address problems brought to their attention fairly.

- **Protection needs**

A child protection policy and prevention that includes reporting systems should be developed for RCCFs including clear accountability for violations. In addition, a

support system should be in place for the children to report cases of abuse safely and confidentially. The support systems should preferably be located at the Ministry of Gender Equality and Child Welfare.

A mechanism for receiving and considering complaints by children who are in the facilities in a way that ensures children's safety at all times should be put in place by the Ministry of Gender Equality and Child Welfare where such facilities are located.

- **Cultural identity**

Children should be encouraged to speak their mother tongue or local language so that they develop a positive self-image. A sense of belonging and identity should be seen as a central part of the care services that should be provided to children in residential care facilities.

Children in RCCFs should continue to have regular contact with their biological families or extended families where applicable and such contact with the family of origin should be seen as important to child development and well-being and a step further to successful reintegration of children into their communities.

Residential Child Care Facilities should be able to work with the families and communities where children come from in order to strengthen the family relationships rather than working in isolation.

- **Preparation for leaving the care**

The Ministry of Gender Equality and Child Welfare should ensure that children do not stay in RCCFs without adequate individual and family status assessments and a

child's care plan. Residential Child Care Facilities should work towards re-integrating the child into the family of origin if it exists or other identified close extended family members. Children should not stay in care facilities until they are old enough to leave without a clear plan to continue living in safety, as they will find it difficult to re-join mainstream society (Williamson, 2004).

Preparation for leaving care should not just be a care for "after finishing school", but consideration should be taken in terms of managing the separation of the children with house mothers with whom they would possibly formed deep attachments with. Leaving the facility should be supported as a critical step in the child's development and children should be helped to see it as a part of their preparation forlife ahead. Thus, strategies of care leaving for each child should be developed and reviewed as part of the care plan throughout the placement, from school to higher education or work, as well the transition to the new social life. The aim of placement should be to support children to move towards a better and more secure life within their communities.

4.4 FURTHER RESEARCHES

The following further studies are recommended to gain more insight on care of children in Residential Child Care Facilities:

- Understanding the outcomes of children who left care and assess the impact of their experiences;

- Developing coping mechanisms for children who grew up in Residential Child Care Facilities once they leave care and understanding their challenges towards their integration into outside communities;
- Comparing the quality of children's care in family based settings and children in residential care settings.

4.5 LIMITATIONS

4.5.1 Limitations in terms of participants

The sampling criteria of children aged 15-18 who were able to express themselves in English may have excluded some children who had other views and could have been either younger or used an alternative language.

4.5.2 Limitation in terms of environment

Interviews were conducted at the premises of the facilities and it might have affected the level of comfort and independence for some participants. It could have been better if interviews were held in neutral environments.

4.5.3 Researcher's limitation

Due to time constraints, it was not possible to have a wide sample, i.e. children, housemothers and managers. Thus, triangulation of information from different types of samples would have required more time.

The research was conducted in an official language – English. This could have impacted on the interpretation of care they received, had it been in a native or mother tongue.

4.6 CONTRIBUTION TO THE BODY OF SCIENCE KNOWLEDGE

The following is a summary of this study's contribution to the body of knowledge:

The study contributes to the knowledge of care of children in Residential Child Care Facilities in Namibia, as it is the first study of its kind to be undertaken. The gap of knowledge of understanding experiences of children concerning their care in RCCFs was identified. The literature review also brought a wide understanding about caring for children in RCCFs. Thus, the study enriched existing literature on the experiences of children concerning their care in RCCFs and contributed to the broader general knowledge among practitioners and interested bodies vis-à-vis their care in residential care facilities.

The findings of the study and recommendations might guide relevant authorities and other stakeholders involved in caring for the children in Residential Child Care Facilities to develop and improve their policies in terms of care, as well as strengthen child protection, child participation and preparation for leaving the care strategies as they were identified as emerging issues.

4.7 CONCLUDING REMARKS

The purpose of the study was to explore and describe the children's experiences regarding the care received at the Residential Child Care Facilities in Windhoek and to provide recommendations regarding research findings.

The findings revealed that the children's experiences of relationships were some of the factors contributing to their care. However, their views on such experiences differed from one child to another, either positively or negatively. Those who experienced positive relationships described it as being manifested through love, support and care; mutual understanding and good communication. Negative relationships were viewed as being uncomfortable, lonely and sad.

The provision of basic needs was also a pillar in their care. Those basic needs were acknowledged as education, material support (food, clothing and shelter), health and protection. Basic needs are essential for human survival (Kristiansen, 2009) and one of the reasons for children being placed in residential care is for them to get access to food, education, health care that their biological families are not able to provide (Every Child, 2009). All children interviewed had access to education. They attended different government and private schools located in Windhoek. Most of the children admitted that they were not performing well in their school work, but still they had various positive ambitions and dreams for their future. It was also noted that although they were given enough time and reminded of their school and homework, they had limited support from their housemothers on these.

In terms of material support, i.e. food, clothing and shelter; children were satisfied with the quality and quantity of food; they did not have complains about their shelter, and each child had his own bed. In terms of clothing, children mostly wore donated clothes. There were no complaints in terms of health support, every child who was sick got attention as was deserved.

Moreover, with regards to protection, there were mixed feelings. Some children felt protected and safe, but others recounted experiences of physical,

emotional and verbal abuse, whether by housemothers, staff members or by other children. This is confirmed by Save the Children (2009), which states that children in RCCFs are among the mostvulnerable as they are at the most risk of abuse and neglect because of poor standards of care in different RCCFs.

Cultural identity is also one of the components of care. Preservation of identity is one of the child's rights and contact with family members should be encouraged and maintained (Martin & Sudrajat, 2007). The sub-components identified were family background – children needed to know their origin. The children knew their place of birth, with an exception of one child. Children with parents visited their families during holidays and those without families visited a family friend during holidays too. On the other hand, there were few cases where children did not want to have any contact with their biological parents. Language and religion were identified as some of the sub-components of cultural identity. In all three Residential Child Care Facilities, the medium of communication was Afrikaans and children did not have an opportunity to speak their mother tongues. Religion seemed to be the last need for the children as they were not given opportunity to practice their faiths.

The last theme identified was uncertainty of the future. One of the three facilities the researcher visited; prepared the children once they turned 17 years to leave their housemother's place and stay in the youth hostel. However, there was not much being done other than teaching them to budget. At the same time, the children who were interviewed did not know what would happen to them once they left the facilities. As youths, children from RCCFs need to make decisions about their future and they were mostly forced to make such decisions on their own as there was no

provision of such support (Kilkenny, 2012). As a result, they may be left to themselves to make decisions, and therefore may live a negative life after they leave the Residential Child Care Facilities.

Recommendations in terms of findings are related to education needs, child participation in everyday life decisions, protection needs, cultural identity and preparation for leaving the care.

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ANNEXURE

ANNEXURE 1:
RESEARCH PROPOSAL APPROVAL

UNIVERSITY OF NAMIBIA
Inspiring minds & shaping the future

Faculty of Health Science

School of Nursing and Public health

Letter of permission :
Post Graduate student

Date: 12 December 2012

Dear Student: Ms. B. Nshimyimana

The post- Graduate Studies Committee has approved your proposal.

Title: Experiences of children regarding their care in Windhoek residential child care facilities.

You may now proceed with your study and data collection.

You may be required to apply for additional permission to utilize your target population. If so, please submit this letter to the relevant organizations involved. It is important that you should not proceed with data collection and fieldwork before you have received this letter. You must also first obtain permission from the other institutions to conduct the study. It may also be possible that these organizations may require additional information from you.

Please contact your supervisors on a regular basis.

Yours sincerely

Dr. M. van der Vyver

Dr. J. M. Kloppers

ANNEXURE 2:
LETTER OF REQUEST TO THE MINISTRY OF GENDER EQUALITY AND CHILD WELFARE FOR PERMISSION TO CONDUCT RESEARCH

Ms. Andjamba
The OS office has no objection to the request.
APS
18/12/12

Mr. E. Negonga
Permanent Secretary
Ministry of Gender Equality and Child Welfare
Private Bag 13359
Windhoek

18 December 2012

Attention: Ms. H. Andjamba Director, Child Welfare Services Directorate

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH WITH CHILDREN RESIDING IN WINDHOEK RESIDENTIAL CHILD CARE FACILITIES

This letter serves to request your good office for permission to conduct research interviews with children residing in Residential Child Care Facilities (RCCFs) located in Windhoek.

I am a Social Worker working in the Child Welfare Services Directorate within the Ministry of Gender Equality and Child Welfare, current doing Master Degree in Public Health with University of Namibia. A research project is one of the requirements for the fulfilment of degree of Master in Public Health. The proposed study project is entitled "***Experiences of Children regarding their Care in Windhoek Residential Child Care Facilities***" was approved by the Post Graduate Studies Committee within the University of Namibia.

The purpose of the study is to explore and describe experiences of children living in RCCFs in Windhoek concerning their care. The study will contribute to the strengthening of child protection policy, standards and procedures of the children in dealing with children in such facilities.

It will also inform and guide relevant authorities and other stakeholders involved in caring for vulnerable children on how best they can give significant care to those children residing in RCCFs. Finally, this study will broaden general knowledge vis a vis the care of children in RCCFs. The intention is to have interviews with 50 children between 15 and 18 years old residing in different registered RCCFs in Windhoek.

It is against this background that I would like your good office to me permission to conduct the above mentioned study in registered RCCFs Residential Child Care Facilities located in Windhoek.

Thank you for your consideration

.....
Ms. Brigitte Nshimyimana

ANNEXURE 3:
PARTICIPANT'S WRITTEN CONSENT

Research Topic:
Experiences of children regarding the care received at Windhoek Residential Child Care Facilities

Methods: One-on-one in-depth interview

I, the undersigned, hereby declare that I understand the purpose of this interview. I have been informed that my name and contact details will only be used for the intended purposes and that under no circumstance will any of my particulars be linked with any information that I provide. I also know that I can withdraw from participating at any time.

I therefore willingly consent to participate in the interview on the above mentioned topic.

Participant's name: _____
Participant's date of birth: _____
Participant's age: _____
Participant's contact details: _____

Signed at _____ on the _____ day of _____ 2013

Signature: _____

ANNEXURE 4:
MANAGER/CAREGIVER WRITTEN CONSENT

Research Topic:
Experiences of children regarding their care
received at Windhoek Residential Child Care Facilities

Methods: One-on-one in-depth interview

I, the undersigned, hereby declare that I understand the purpose of this study. I have been informed that information will be collected from children under my care will be used only for the intended purpose and that under no circumstance will any of children particulars be linked with any information that will be provided by them. I also know that children can withdraw from participating at any time and no child will be victimized because, he /she has participated or not participated in this study.

I therefore willingly consent that children under my care with suitable criteria to participate in the interview on the above mentioned topic.

Manager/Caregiver's name: _____
Name of the facility: _____
Manger's/Caregiver's contact details: _____

Signed at _____ on the _____ day of _____ 2013

Signature: _____

ANNEXURE 5:
INFORMATION ABOUT THE RESEARCH PROJECT AND CONSENT FORM PROVIDED TO PARTICIPANTS

What you should know

Your choice to participate is voluntary.

You have the right to refuse to participate, or you can agree to take part now and change your mind while in process of interviewing you.

Study purpose

You are asked to take part in this study entitled "Experiences of children regarding the care received at Windhoek Residential Child Facilities" that seek to understand how children in RCCFs experience their care. Through this study, the researcher will explore and describe experiences of children living in Windhoek RCCFs concerning their care and recommendations based on research findings. Three RCCFs were identified and this RCCF is among identified ones.

Procedures and duration

You are going to be asked how it feels to be in this home and based on your first answer other questions will follow. I will be recording your answers and someone will be taking note. Both notes and tape recording will help to analyse information, I am going to get from you.

The duration of this interview is between 30 and 45 Minutes, it will depends on how your will be answering the questions. You might be having more information to share and the time will not limit us, unless you answers are exhausted and I will not force to answer any question that you are not comfortable with.

Benefits

There are no direct benefits to your participation in this study. However, information that you will give me will contribute towards improving care of children residing in Residential Child Care Facilities, if there is a need.

Risks

The question to be asked it is not intended to be personal, although in some instance, you might feel that you are talking about yourself and it will also take a bit of your time. But, as I said in the beginning, if you feel that you are uncomfortable you might refuse to participate.

Confidentiality

I need to collect verbal information on experiences of your care in RCCFs in particular and other children residing here in general. I will ask you your age for the purpose of demographic information. However, your age or your name will not be mentioned anywhere and nor will be available to anybody.

The information that you give me will be used to highlight the quality of care being given to children in RCCFs and where such quality care can be improved. Information will also be published in order for others to learn from information in this study. However, it will not be possible to link any information in the final report or in any published document to you, personally.

Offer to answer questions

I am going to give you a form to sign as consent. But, before signing read it properly and ask questions on all issues that I have explained to you. If you don’t want to sign the form, it means that you are not taking part of this study and there are no consequences, because you have refused to sign this consent form.

ANNEXURE 6:
TRANSCRIPTS OF PARTICIPANT'S INTERVIEWS

All interviews were done in English

Twenty two (22) children from three (3)
Windhoek Residential Child Care Facilities participated

Age group range from fifteen (15) to eighteen (18) years

The following question was posed to the children:
Question: "How do you experience care you are provided in this home?"

Below is one of the best interviews:

Participants No. 11
16 years old female

I can't complain … I get a good care from my housemothers. Caring is about love. If someone cares about you at the same time he/she loves you. I like our home; all kids are younger than me. But girls they have jealousy to each other. Our mother if you are open to her, she helps you and you give her your side, she gives her side.

We don't always make decisions of our own. But sometimes you can make your owndecision such as the food you want to eat, type of clothe you want to by next month … If you have a problem you can also go to the Social Worker at she can help with problems you have.

You don't get everything you need, but at least you get the basic. For instance clothes you buy are in the range of the money you are provided and you can't get more if you want expensive clothes. You are taken to the hospital if you are sick. Every child here goes to school including those who attend Kindergarten. We have a Kindergarten here and children from outside use our kindergarten. But some children are not doing well in school. Myself, I am trying my best. Children who performed

well in school are being sent outside of Namibia for further studies and that's also my dream. I am hoping that my dream will be realised.

We also have beautiful homes, our beds are clean and each child sleep on his/her own bed. We feel safe, but older boys from other houses can bully you and sometimes you might be abused verbally or emotionally, but there is no physical abuse here.

I understand that I have siblings and I don't like my biological family background. There are many problems there and I don't like it. Because I don't have a solution of my family problems. I speak my mother tongues but I can't read and write. I am hoping to take care of myself once, I will leave this place. I know many children who are outside and most of them are not doing well with their lives. Some have babies and others are drinking. Those with jobs their salaries are very low, they are not coping with the outside world. [It's a pity …]. It was nice chatting with you.