

Risk and Protective Factors for the
Psychological Well-being of Children
Orphaned by AIDS
in Cape Town, South Africa

APPENDICES

Lucie Dale Cluver

Green College, Trinity Term 2007

*Thesis for the degree of D.Phil in Evidence-Based Social
Work in the Social Sciences Division at the University of
Oxford*

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Appendix 1: Ethical Protocol: Oxford University

DEPARTMENT OF SOCIAL POLICY AND SOCIAL WORK

DEPARTMENTAL RESEARCH ETHICS CHECKLIST

NAME *Lucie Cluver*

DEGREE *PRS/ D.Phil*

TITLE OF DISSERTATION TOPIC

Mental health, risk and protective factors amongst children orphaned by AIDS in South Africa

BRIEF DESCRIPTION (up to 150 words)

This research aims to conduct the first large-scale research study in the Western Cape of South Africa to investigate the mental health of, and risk and protective factors for, non-infected children orphaned by HIV/AIDS. This follows a pilot study in 2002 of 60 orphans and matched controls. The research questions fall into two sections.

1) Investigating the mental health of orphans compared to a control group of non-orphaned children. This aims to a) determine whether children orphaned by AIDS are suffering from more mental health difficulties than non-orphaned children, and b) find out in more detail the phenomenology of mental health problems which orphaned children may be experiencing. Within this, we hope to explore further the possibility of Post-Traumatic Stress Disorder, as was suggested in our pilot study findings.

2) Investigating risk and protective factors which may affect mental health for orphaned children. Within the orphan group, we will look at the effects of specific risk factors, such as caregiving arrangements, stigma and age at orphanhood.

Both quantitative and qualitative research methods will be used. Results from the two sections will be combined during the statistical analysis stage of the research, in order to determine the effects of specific risk and protective factors on different mental health difficulties.

It is hoped that the findings of this study will help to inform future interventions and policy for orphans. Research is needed in order to determine whether orphans are suffering from psychological difficulties, and which difficulties they are experiencing. Further information is needed in order to increase knowledge around protective factors for orphans, in order that policy interventions can be targeted most effectively.

METHODS TO BE USED IN THE STUDY – tick all that apply, and give details

Literature review	x
Interview with participants (i) structured (ii) unstructured	i) x
Questionnaire (i) postal	iv) x

(ii) telephone	
(iii) computer	
(iv) face to face	
(v) group	
Participant performs verbal/paper& pencil/computer based task/ test	x

Have you sought appropriate advice about your research methods (eg statistics)?

Yes, in both the UK and South Africa

RECRUITMENT OF PARTICIPANTS

Will the study require individual participants? *YES*

If so, how will participants be recruited? (how will they be identified, selected, approached?)

Orphaned children

Children will be recruited through the Cape Town Child Welfare Society (children both with allocated social workers and awaiting allocation), individual schools (already agreed with School Principals and HIV/AIDS co-ordinators) and the Planned Parenthood Association Child-Headed Household Project (already agreed).

Control (non-orphaned) children

Where orphaned children are attending school, control children will be recruited as the next child in the alphabetical register of the same age and gender, who is not known to be an orphan.

Where orphaned children are not in school, control children will be recruited by randomly selecting a non-orphaned child living in close proximity to the orphaned child's original home. This selection will be made through the community groups affiliated to the Cape Town Child Welfare Society.

(Will they be recruited as NHS patients or staff? *NO*

If YES, have you made an application to an NHS Ethics Committee?)

INFORMED CONSENT

What arrangements have you made to obtain informed consent from participants?

Following guidelines set out by the Medical Research Council of South Africa, and used in our 2002 pilot study, written consent will be obtained from both children and their guardians.

In the case of child-headed households and children living in street shelters, consent will be obtained from the child and the child's social worker, non-resident caregiver or shelter social worker.

In light of poor literacy levels, the study will also be explained verbally to all participants and caregivers, and verbal agreement will be obtained in addition to written consent.

Consent forms will be in easily-understandable form and will be provided in the participants' first language (whether Xhosa or English). Information sheets describing the study will also be supplied, and these will be talked through with all participants.

Does the study involve participants whose ability to give free and informed consent might be in question?

Children under five? *no*

Children/ young people <18? *yes*

People with severe learning disabilities? *no*

People with physical or mental impairment? *no*

People who are not fluent speakers of English? *yes*

If YES to any of these groups, how will you gain consent from them, and/or from parents/ carers/ guardians as appropriate?

See above. All consent forms and explanations will be in Xhosa, both verbal and written consent will be obtained. All explanations will be at a developmentally appropriate level for children (these have already been tested in the pilot study).

How will you provide information about the study to participants?

Using Xhosa information leaflets and full explanations by Xhosa-speaking interviewers

What opportunities will participants be given to refuse to participate?

Interviewers will explain to children (in their first spoken language) that they can refuse to participate in the research at any point, and that this will not have any negative effects for them. Children who refuse to participate, or who stop the interview will still receive certificates, refreshments and any tokens of thanks given to participants. Interviewers will be trained in working with vulnerable children.

In the 2002 pilot study, 1 child refused to participate in the research, 60 consented and completed the interview. None refused any individual questions.

What undertakings have you given / will you give to your participants?

(i) Anonymity x

All results will be reported anonymously. If case studies are used as examples, names and any identifying details will be changed.

Many people affected by AIDS do not disclose to their community, or may selectively disclose within their own family. Stigma associated with HIV/AIDS disclosure has as been found to negatively affect families and orphans (Armistead et al., 1999; Giese, Meintjies, & Proudlock, 2001; Van Wyk, 1998). Stigma around HIV/AIDS is such that orphans may or may not be aware

that their parent(s) have died of HIV/AIDS. It would be unethical for a research study to reveal this to children.

Following ethical guidelines for psychological research, such as The British Psychological Society's statement on Ethical Principles for Research with Human Subjects, (British Psychological Society, 1992) and the American Psychological Association's code of ethical conduct, (American Psychological Association, 2002) our primary responsibility is to do no harm to research participants. Therefore, children and families will not be identified through the research process as families affected by AIDS. HIV/AIDS will not be mentioned either in consent letters or information leaflets (following) (Makame, Ani, & McGregor, 2002; Manuel, 2002) However, where families or children identify themselves to the researcher as affected by HIV/AIDS, this aspect of the study will be discussed verbally.

(ii) confidentiality x

All data will be treated as confidential. However, we are also aware of responsibility in the case of children who may disclose information showing them to be at risk of severe harm. There are also complex issues in countries where breaking confidentiality may not lead to greater protection for the child or may put the child at further risk.

Recent research in South Africa has carefully considered these issues. Therefore, we plan to follow the guidelines set out by the ongoing HSRC/UNICEF study on children's psychosocial adjustment in South Africa (Dawes, Bray, Kvalsvig, & Richter, Ongoing) and in the South African Children's Institute/ACCESS Child Participatory Poverty Research (ACCESS, SoulCity, & The Children's Institute, 2002). This promises confidentiality except where a child is shown through the research to be at risk, in which case (with the child's consent), they will be referred to organisations which can provide assistance.

As a practicing social worker in the Cape Town Child Welfare society, I will have a realistic sense of where to refer children, and in which situations a child protection referral may be appropriate and/or is likely to result in benefit for the child.

(iii) feedback x (see below)

(iv) holding of personal data x *All data will be kept in locked cabinets, with any identifying details separate from interview papers*

(v) access by third parties to personal data x

Only the research team will have access to questionnaire data

(vi) publishing/ reporting findings based on the data collected x

All reported data will be anonymous.

HOLDING PERSONAL DATA

What arrangements have you made to hold personal data?

(i) security

All data will be kept in locked cupboards or filing cabinets, with any identifying details separate from interview records. All information will be identified by number and will not have participants' names on it. All computer data will be kept on secure files and all backup discs will be kept in locked cabinets.

- (ii) length of time held

All papers showing personal or identifying details will be destroyed when the research is complete

- (iii) access by third parties

Only the principal investigator will have access to personal data

Will these arrangements comply with the requirements of the Data Protection Act? *Yes*

FEEDBACK TO PARTICIPANTS

What feedback will you provide to participants?

- (i) during the study

Boyden and Ennew (Boyden & Ennew, 1997) highlight the need to give children taking part in research 'reasons for and consequences of what they are doing'. During the research process, the interviews will explain and give out information on the research process. We will also aim to give feedback on the findings of the research to all the children who take part, and will discuss the process of feedback with organisations, schools and the children themselves. This is especially important in the context of research with people who are sharing experiences of emotional difficulties: that they are able to see the results and effects of their input.

For organisations (such as schools, orphan care organisations) we plan to provide information about the mental health problems we are studying, so that they are better resourced to cope with these difficulties experienced by children. This practice follows the Stellenbosch Trauma Research Unit who are co-planning the PTSD component of the study (O'Olley et al., 2003) and who have conducted extensive studies with children in township areas (Seedat, Nyamai, Njenga, Vythilingum, & Stein, 2004). Resources will include booklets on CBT help for anxiety, depression and PTSD, and information (where available) on local clinics which children can be referred to. We will also, where possible, offer opportunities for staff training in the 'Memory Book' orphan intervention, which is supplied by the UCT AIDS and Society Research Unit. (Morgan & Stein, 2003)

All children will be given refreshments whilst participating, and will be given certificates to thank them for taking part. These proved extremely popular in our pilot study, and were valued by both children and caregivers.

- (ii) at the end of the study

All participating organisations will be sent details of the study findings, in a format which will be accessible to the participants. The principal investigator will visit organisations to explain further the findings. Where participants are not involved with an organisation, written and verbal explanations of the findings will be provided. Notably, some groups of children, such as streetchildren, may be difficult to locate after the fieldwork period, as they may have moved on from shelters. All attempts will be made to pass on findings.

In your view, does your study raise any ethical issues?

(i) Yes

The ethical issues with this study are not simple, but the research is planned with ethical responsibility towards the children and their caregivers as a foremost concern. We have followed ethical research procedures used by methodologically sound studies working with orphaned and vulnerable children in South Africa and other parts of Africa (Ensink & Robertson, 1996; Ensink, Robertson, Zissis, & Leger, 1997; Foster, 1997b; Makame et al., 2002; Manuel, 2002). We have also followed the ethical guidelines used in the pilot study 'Psychological well-being of children orphaned by AIDS in Cape Town, South Africa', which were approved by a Department of Social Policy and Social Work Departmental Ethics Committee in 2002.

(ii) no

(iii) not sure – I would like to discuss further

SIGNATURE OF STUDENT

DATE

21 Sept 2004

STUDENT'S EMAIL ADDRESS

lucie.cluver@green.ox.ac.uk

TO BE COMPLETED BY THE SUPERVISOR

I confirm that the dissertation/ thesis proposal, and the contents of this form, have been discussed with me. I confirm that the progress of the study will be monitored by me in the following ways

SIGNATURE OF SUPERVISOR

DATE

SUPERVISOR'S EMAIL ADDRESS

frances.gardner@socres.ox.ac.uk

Appendix 2: Ethics committee approval letters

2.1 Oxford University, Department of Social Policy and Social Work

2.2 University of Cape Town, Health Sciences Research Ethics Committee

2.3 Department of Education, Western Cape Provincial Government

University of Oxford

Department of Social Policy and Social Work



BARNETT HOUSE
32 WELLINGTON SQUARE
OXFORD OX1 2ER
ENGLAND
TEL 01865 270325
FAX 01865 270324
DIRECT LINE 01865 270344
EMAIL teresa.smith@socres.ox.ac.uk
<http://www.apsoc.ox.ac.uk>

TO WHOM IT MAY CONCERN

19 August 2005

Dear Sir/ Madam

Ms LUCIE CLUVER

I am writing to confirm that Ms Cluver is registered as a DPhil student in this department. Her research proposal, *Mental health, risk and protective factors amongst children orphaned by AIDS in South Africa*, has been carefully considered by the Department of Social Policy and Social Work's Research Ethics Committee, and passed all the required ethics procedures in November 2004.

Yours faithfully

Teresa Smith
Head of Department

UNIVERSITY OF CAPE TOWN



Research Ethics Committee
E52 Room 24, Old Main Building Groot
Schoor Hospital, Observatory, 7925
Queries : Lamees Emjedi
Tel : (021) 406-6338 Fax: 406-6411
E-mail : lemjedi@curie.uct.ac.za

30 August 2005

REC REF: 245/2005

Ms LD Cluver
Cape Town Child Welfare
Dept. of Social Policy and Social Work
PO Box 374
Gatesville
7766

Dear Ms Cluver

**PSYCHOLOGICAL WELL-BEING, RISK AND PROTECTIVE FACTORS FOR CHILDREN
ORPHANED BY AIDS IN CAPE TOWN**

Thank you for your letter to the Research Ethics Committee dated 05 August 2005.

*It is a pleasure to inform you that the Ethics Committee has **formally approved** the above-mentioned study on the 29 August 2005.*

Your comments to the queries raised are noted with thanks.

Please quote the REC. REF in all your correspondence.

Yours sincerely

PROF T. ZABOW
CHAIRPERSON

Navrae
Enquiries
Imibuzo
Dr R.S. Cornelissen

Telefoon
Telephone
Ifoni
021 - 467 2286

Faks
Fax
Ifeksi
021 - 425-7445



Wes-Kaap Onderwysdepartement
Western Cape Education
Department
ISEbe leMfundo leNtshona Koloni

Ms Lucie Cluver
Department of Social Policy and Social Work
University of Oxford
OXFORD
United Kingdom
OX1 2ER

Dear Ms L. Cluver

RESEARCH PROPOSAL: PSYCHOLOGICAL WELL-BEING, RISK AND PROTECTIVE FACTORS FOR CHILDREN ORPHANED BY AIDS IN CAPE TOWN.

Your application to conduct the above-mentioned research in schools in the Western Cape has been approved subject to the following conditions:

1. Principals, educators and learners are under no obligation to assist you in your investigation.
2. Principals, educators, learners and schools should not be identifiable in any way from the results of the investigation.
3. You make all the arrangements concerning your investigation.
4. Educators' programmes are not to be interrupted.
5. The Study is to be conducted from **1st September 2005 to 23 June 2006.**
6. No research can be conducted during the fourth term as schools are preparing and finalizing syllabi for examinations (October to December 2005).
7. Should you wish to extend the period of your survey, please contact Dr R. Cornelissen at the contact numbers above quoting the reference number.
8. A photocopy of this letter is submitted to the Principal where the intended research is to be conducted.
9. Your research will be limited to the following schools: **Imbasa Primary, Kwamofundo Secondary, Yomelela Primary and Moshesh Primary.**
10. A brief summary of the content, findings and recommendations is provided to the Director: Education Research.
11. The Department receives a copy of the completed report/dissertation/thesis addressed to:

**The Director: Education Research
Western Cape Education Department
Private Bag X9114
CAPE TOWN
8000**

We wish you success in your research.

Kind regards.

Signed: Ronald S. Cornelissen
for: **HEAD: EDUCATION**
DATE: 24th August 2005

Appendix 3: Consent and information forms

3.1 Child information leaflet (English)

3.2 Child consent form (English)

3.3 Caregiver consent form (English)

3.4 Child information leaflet (isiXhosa)

3.5 Child consent form (isiXhosa)

3.6 Caregiver consent form (isiXhosa)



information sheet

WELL-BEING OF CHILDREN IN CAPE TOWN, SOUTH AFRICA **Children who have lost a parent or caregiver**

You are being invited to take part in a research study. Before you decide, it is important for you to know why the research is being done and what will happen. Please take time to read this sheet carefully. Ask the interviewer if there is anything that is not clear or if you have any questions. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is this study about?

This study is aiming to look at whether children who are orphans are more likely than other children to suffer from problems such as being sad or worried.

Do I have to take part?

No. It is up to you to decide whether or not to take part. If you do not want to, this will not affect any help you may be getting from anyone. If you do decide to take part you would be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to stop taking part at any time and without giving a reason. Again, this would not affect any help or support you are getting from anyone.

What would happen if I take part?

If you decided to take part, you would spend about 30-35 minutes filling in a questionnaire with an interviewer, and drawing some pictures about yourself.

What if the questions upset me?

You can stop the interview at any point, and you do not have to give a reason. You can also contact me at any point after the interview, and say that you want certain questions or the whole interview to be destroyed. This will be done- no problem. If you want to talk to someone about anything which the interview has raised, you can contact me, Lucie Cluver, at the Cape Town Child Welfare Society (021 638 3127) or email lucie.cluver@green.ox.ac.uk.

Why should I take part in the study?

This study may help us to know more about problems facing orphans, and this information may help organizations to improve support for orphans and their carers.

What if I have a complaint?

If there is anything which you are unhappy with about this research, you can complain via the Child Welfare Society (021 761 7130), or contact Dr Frances Gardner (supervisor) frances.gardner@socres.ox.ac.uk (address at the top of page 1)

Would my taking part in this study be kept confidential?

All information which you tell us about yourself will be kept strictly confidential and will not be told to anyone else. Any information about you would have your name and address removed so that you cannot be recognised from it.

During the study, it may become clear that you are suffering from serious difficulties. If so, the interviewer will explain to you some possibilities for further help. If there is a safety issue, we may contact a welfare organisation for you. All this will be talked over with you first.

What would happen to the results of the research study?

The results of this study will be published in a journal, and will be given at conferences for people working with children. Your name will not be identified anywhere. You can have a copy of the finished paper by contacting Lucie Cluver at Child Welfare Society, Cape Town, or at the Department of Social Policy and Social Work at the University of Oxford, England.

Who is organising and reviewing the research?

The research is being organised through the University of Oxford in England, at the Department of Social Policy and Social Work, and the Cape Town Child Welfare Society.

Contact for Further Information

Lucie Cluver at
Cape Town Child Welfare Society
PO Box 374
Gatesville 7766

Thank you for reading this information sheet.
You will be given a copy of this sheet to keep,
and a copy of the consent form to think about.
02/12/2004



consent form

WELL-BEING OF CHILDREN IN CAPE TOWN, SOUTH AFRICA
Children who have lost a parent or caregiver

Name of Researcher:

Please tick box

yes *no*

1. I have read and understand the information sheet for this study and have had the chance to ask questions

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

2. I understand that I have chosen to take part and that I am free to stop at any time, without giving any reason. This will not change any support or help I am getting.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

3. I agree that any words I may say during the interview can be used, without giving my name, in the presentation of the research. I agree to take part in the study.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Name of Participant (child)

Signature

Date

Researcher

Signature

Date

2 copies, one for participant, one for researcher (to be kept with records)



Cape Town Child Welfare

Cape Town Child Welfare
PO Box 374
Gatesville 7766, Cape Town

University of Oxford
Department of Social Policy and Social Work



Department of Social Work
University of Oxford
32 Wellington Square
Oxford, England OX1 2ER

Dear Parents/Guardians

Your child's school/organisation has been invited to take part in a research study which is being run by the Cape Town Child Welfare Society and Oxford University. The research is looking at the well-being of children in Cape Town, and aims to provide information which will help children. Children from several grades will be asked if they would like to fill in a questionnaire about their everyday activities and feelings. Children can choose whether they would like to take part or not. If you would prefer the child who you care for **not** to take part in this research, please fill in the slip below and return it to your child's grade teacher within a week.

Thank you,

Lucie Cluver

Lucie Cluver (Researcher), Cape Town Child Welfare

Name of School
Name of child
Child's grade.....

I would not like the child whom I care for to take part in a research study for children in Cape Town.

Name of parent/guardian.....
Signature.....
Date.....



iphepha lenkcazelo

Ukonwaba kwabantwana ekapa emzantsi Afrika.

Abantwana abathe balahlekelwe ngabazali babo okanye ababa jongileyo.

Uyamenya ukube uthabathe inxaxhelab kwisifundo sophando. Phambi kokuba uthabathe isigqibo kubalulekile ukuba uqondisise ukuba kutheni oluphando lusenziwe kwaye lubandakanya ntoni. Ukuba unawo umbuzo ongacacanga okanye imibuzo uvumelekile uyibuze. Thabatha ixesha elaneleyo lokucingisisa ukuba uyafuna na ukuthabatha inxaxheba. Siyabulela ngokufunda oku.

Yintoni injongo yoluphando?

Olu phando lujongise ekujongeni ekubeni abantwana abaziinkedama bafumana iingxaki zokubalusizi.

Kufanelekile ukuba ndithabathe inxaxheba na?

Kukuwe ukugqiba ekubeni uyayithabatha inxaxheba na. Ukuba awuthandi, loo nto ayinako ukuchaphazela uncedo onako ukulufumana kulo mbutho. Ukuba ugqibe ekubeni uthabathe inxaxheba uyakunikwa eliphethshana/phepha lolwazi uligcine uze ucelwe usayine I fomu yovumo.

Ukubangaba ugqibe ekubeni uthabathe inxaxhebe usenalo ithuba. Lokuba uphinde uyeke kwakhona ngaphandle kwesizathu. Loo nto ayinako ukuchaphazela uncedo okanye inkxaso oyifumanayo nakowuphina.

Kungenzeka ntoni kum. Xa ndithabatha inxaxheba?

Ukuba ugqibe kwelokuba uthabatha inxaxheba, uyakuchitha imizuzi engema 30-35 ugqwalisa imibuzo kunye nombuzi-mibuzo. Abakhathaleli bona bophendula imibuzo emifutshane malunga nomntwana lowo. Ekhathalelwe ngabo.

Ndingenza njani xa imibuzo indikhathazile?

Ungaluyeka udliwano - ndlebe naninina, unako nolube unganiki sizathu. Unako nokuba uqhagamshelane nomphandi emva kodliwano - ndlebe kwaye utsho ukuba ufuna kubekho eminye imibuzo okanye udliwano - nxdlebe lutshatyalaliswe. Angekhe ibe yingxaki leyo into. Ukuba ufuna ukuthetha nomnye umntu malunga nodliwano-ndlebe,

qhagamshelana no Lucie Cluver kwa Cape Town Child Welfare Society (021 638 3127), lucie.cluver@green.oxford.ac.uk .

Kutheni kufuneka ndithabathe inxaxheba kwezi zifundo?

Ezi zifundo zingasanceda ukuba sazi nzulu malunga neengxaki ezifunyanwa ziinkedama, kwaye inkcukacha zinganceda.

Kwenzeka ni ukuba ndinesikhalazo?

Ukuba unesikhalazo ngesisiifundo unako ukukhala kwa Child Welfare (021 638 3127). Ungakhalaza kwa Child Welfare Society okanye udibane no Gqirha uFrances Gardner (usomaqhuzu) (idilesi emantla ephepa lokuqala).

Ukuthatha kwam inxaxheba kwezizifundo kungahlonipheka kubeyimfihlo na?

Lonke ulwazi othi usixelele lhina ngalo ngawe luyakuhlala lukhuselekile ngawe kwaye alusayi kuxdelwa nabanina ungomnye.

Ngexesha lokufunda kwakho, siye safumanisa ukuba wena uthe wafumana ubunzima obungamandla. Xa kunjalo, umvavanyi wakho uyakuthi akucacisele neendawo onokuthi ufumane kuzo uncedo. Ukuba awukhuselekanga, thina singakudibanise noo nontlalontle bakho.

Kuya kwenzeka ntoni kwiziphumo zophando?

Iziphumo zokuku funda kuyakuthi kubhengezwe kwijournal, kwaye kunikezwe kwinkomfa ukwenzela abantu basebenze nabantwana. Igama lakho alisayi kubhengezwa nakanjani. Igama lakho nedilesi soze zichazwe nakweyiphi intatheli, ungafumana ikopi ku Lucie Cluver kwa Childwelfare, e kapa okanye. Ufowunele kule nombolo (021 638 3127)

Ngubani oququzelela oluphando ngubani oququzelelela?

Oluophando luququzelelwa yi Dyunivesiti yase Oxford, Engilane, kunye ne ChildWelfare e kapa

Ukuba ufuna incukacha ngokubanzi qhagamishelana no

Lucie Cluver
Cape Town Child Welfare Society
PO Box 374
Gatesville 7766
Tel 021 638 3127

Enkosi ngokuba ufunde eliphepha
ngaciso lophando uyakunikwa ikopi
uyigcine. 30/01/2005



i form yesivumelwano

Ukuba ngabantwana abagqibeleleyo ekapa Emzantsi Afrika.
Unengondo ngaphezu kwabanye na?

Igama lomphandi:

Fakela kwezibhokisi

yes *no*

1. ndiyavuma ukuba ndiyisfundile ndayigonda yesisifundo

2. ndiyavuma ukuba inaxheba endiyithatha yeyesisa, ndinelungeto lokurhoxa ngalo naliphina ithuba ngaphandle kokunika isizathu

3. ndiyavuma ukuba amagama endiwa thethileyo xa ndeza oluphando lesisifundo angasetyenziswa ngaphandle kokunikeza ngegama lam, kwi ngacaciso yoluphando ndiyavuma ukuba ndakuthatha inxaxheba.

Igama Iontwana (child) _____

Umtyikityo _____ Umhla _____

Umphandi _____

Umtyikityo _____ Umhla _____

Amaphepha amba bini elinye lelo mntwana elinye lelamphandi (lizakuhlala elugcinweni)



Cape Town Child Welfare

Cape Town Child Welfare
PO Box 374
Gatesville 7766, Cape Town

University of Oxford

Department of Social Policy and Social Work



Department of Social Work
University of Oxford
32 Wellington Square
Oxford, England OX1 2ER

Molo Mzali/ Umntu omele umntwana

Isikolo/Iqela lomntwana wakho limenyiwe ukuba lithabathe inxaxheba kuphando olwenziwa liCandelo leNtlalontle yaBantwana eKapa kunye neDyunivesity yase Oxford. Oluphando lujongana nentlalo-ntle yabantwana kiNtshona Koloni, kwaye liceba ukunikezela ngenkcukacha ezinokuthi zincele abantwana. Abantwana abasuka kumabanga aliqela bazakubuzwa ukuba bangathanda na ukufilisha iphepha lemibuzo elimalunga nabakwenzayo nendlela abaziva ngayo mihla le. Abantwana bayakukhetha ukuba bayafuna ukuthabatha inxaxheba okanye hayi. Ukuba ungathanda umntwana wakho omkhathaleleyo ukuba angathabathi nxaxheba kolu phando, nceda ufilishe iphepha elingezantsi uze ulibuyisele kutitshala webanga/ umkhokeli weqela lomntwana kwisithuba isingange veki.

Enkosi,

Lucie Cluver

Lucie Cluver (Researcher), Child Welfare Society e kapa

Igama lesikolo/leqela

Igama lomntwana..... ibanga lomntwana

Andithandi ukuba umntwana endimkhathaleleyo athabathe inxaxheba koluphando lwabantwana eNtshona Koloni.

Igama lomzali.....

Utyikityo..... Usuku.....

Appendix 4: Certificates for child participants

- 4.1 Quantitative stage certificates (English)**
- 4.2 Quantitative stage certificates (isiXhosa)**
- 4.3 Qualitative stage certificates (English)**
- 4.4 Qualitative stage certificates (isiXhosa)**



**University
of Oxford**

Certificate

*Has participated as an
ASSISTANT RESEARCHER
in a study for children*

*With the University of Oxford, England
And The Cape Town Child Welfare Society.*

Thank you, and congratulations!

Cape Town Child Welfare





Isiqinisekiso

**University
of Oxford**

Uthabathe inxaxheba njenge sekela mphandi

Kwizifundo zabantwana

Ekunye ne Dyunivesiti yase Oxford, Engilane

Kunye ne Child Welfare Society e kapa

Enkosi, ngovuyiswano!

Cape Town Child Welfare





isiqinisekiso



**Uthabathe inxaxheba njenge sekela mphandi
Kwizifundo zabantwana
Ekunye ne Dyunivesiti yase Oxford, Engilane
Kunye ne Child Welfare Society e kapa**



Enkosi, ngovuyiswano!





certificate



**Has participated as an
ASSISTANT RESEARCHER
in a study for children
With the University of Oxford, England
And The Cape Town Child Welfare Society.**

Thank you, and congratulations!



Appendix 5: Questionnaires

5.1 Qualitative stage questionnaires (English)

5.2 Qualitative stage questionnaires (isiXhosa)


5.3 Quantitative stage questionnaire (English)

5.4 Quantitative stage questionnaire (isiXhosa)

Qualitative questionnaire: Buntu/Bart version (English)

CARTOON DELETED

Buntu and Lindiwe...



CARTOON DELETED

What sort of things make Buntu happy?


CARTOON DELETED

What sort of things make Buntu sad or angry?

CARTOON DELETED

CARTOON DELETED

When Buntu is unhappy, what sort of things make him feel better?



CARTOON DELETED

thank you!

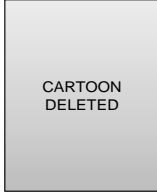
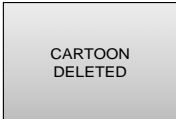
CARTOON DELETED

Qualitative questionnaire: Lindiwe/Lisa version (English)

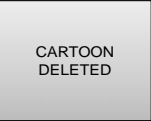
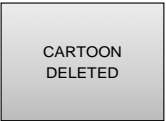
Buntu and
Lindiwe...



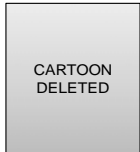


What sort of things make Lindiwe
happy?



What sort of things make Lindiwe
sad or angry?



When Lindiwe is unhappy, what
sort of things make her feel better?



Qualitative questionnaire: DragonballZ version (English)

CARTOON DELETED

The mission: to complete this sheet.

Write it. Draw it. We don't mind.

Remember: this time, you are the hero.

CARTOON DELETED

What sort of things make you happy?

CARTOON DELETED

What sort of things make you sad? or angry?

CARTOON DELETED

CARTOON DELETED

When you are sad, what sort of things make you feel better?


Thank you for helping us!

CARTOON DELETED

Qualitative questionnaire: Buntu/Bart version (isiXhosa)

CARTOON DELETED

Buntu and Lindiwe...



CARTOON DELETED

Xhosa

Zintoni izinto ezenza aBantu apha bonwabe?

CARTOON DELETED

Xhosa


Zintoni izinto ezenza aBantu apha bonwabe okanye bangakhululeki?

CARTOON DELETED


CARTOON DELETED

Xhosa

Xana aBantu bengonwabanga zintoni ezinokwenza bazive ngcono okanye bonwabe?



CARTOON DELETED




CARTOON DELETED

Xhosa

Qualitative questionnaire: Lindiwe/Lisa version (isiXhosa)

CARTOON DELETED

Buntu and Lindiwe...



CARTOON DELETED

Xhosa

Ziintoni izinto ezenza uLindiwe apha onwabe?

CARTOON DELETED

Xhosa

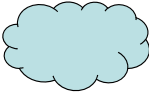
Zintoni izinto ezenza uLindiwe apha angonwabi okanye angakhululeki?

CARTOON DELETED

CARTOON DELETED


Xhosa

Xana uLindiwe engonwabanga zintoni izinto ezinokwenza azive engcono?



CARTOON DELETED

CARTOON DELETED



Xhosa

Qualitative questionnaire: DragonballZ version (isiXhosa)

CARTOON DELETED

**Eyona nto ifunekayo:
kukuba ugqibe eli phepha.**

Libhale. Lizobe. asihlupheki

**Khumbula: eli ixesha,
uliqhawe.**

CARTOON DELETED

Xhosa

**Ziintoni izinto ezikwenza wena
ungonwabi okanye ungakhululeki?**

CARTOON DELETED

CARTOON DELETED

Xhosa

**Ziintoni izinto ezikwenza wena
wonwabe?**

CARTOON DELETED

Xhosa

**Xana wena ungonwabanga,
ziintoni izinto ezikwenza wena
uzive ungcono?**

siyabulela ngoncedo lwakho!

CARTOON DELETED

Xhosa

Questionnaire No. _____

Place of interview _____

School/org _____

Grade _____

Social Worker _____

Date _____

boy girl

Interviewer _____

Tape recorder: on

all about me!

the questions you answer here are confidential.
This means that we will not report your real name.

Please write your name here _____

Now, please think of a different name which we can use
when we are writing about this research. You can pick any name you want!

We would like to send you the results of the study
when it is finished. Please write your address and
telephone no so we can get back in touch

address _____

tel no _____

what is your main language spoken at home? _____

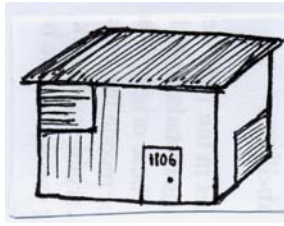
This is not a test. There are no right or wrong answers! This research aims to help children and
young people in Cape Town. Thank you for taking the time to help us

my home and...

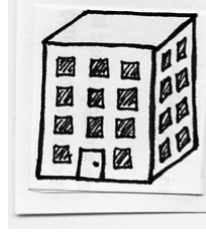
please circle the one which is most like your home



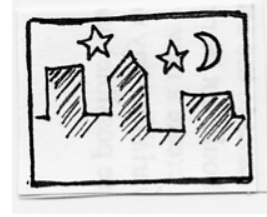
hut made of traditional materials



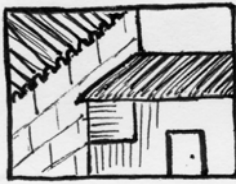
shack on it's own plot



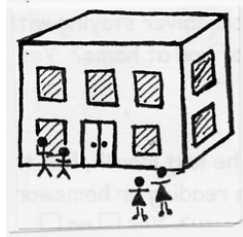
block of flats



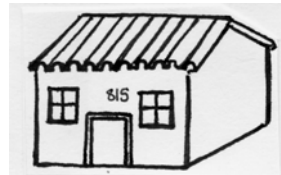
living on the street



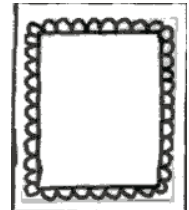
shack in a back yard



children's home or shelter for kids



house made of brick or concrete



other _____

please circle the things which you have in your home (in working order)



electricity



TV



bath or shower



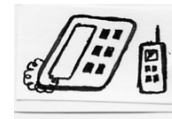
radio



fridge



water from a tap



phone/cellphone



computer

YOU AND YOUR HOME...

do you help look after younger children in your home? no yes

have you ever helped to look after unwell people in your home? no yes... who was it? _____

do you feel that you belong with the people who you live with?
 yes somewhat not at all

does someone at home praise you when you have done something well?
 often rarely never

does anyone who lives with you have a job?
 no yes who? _____

do you get the same food/clothes/school fees/school equipment as other children you live with?

Do you have brothers and sisters who do not live with you?
 Can you write their names and ages here?
 (you can use the stickers)

people who i live with

for interviewers guiding questions...

1) how many rooms are there in your home? kitchen? Bathroom? Other rooms?

2) Who sleeps in each room? Put stickers on (with name, age, relationship to you)

(for kids living in shelters/children's homes/on the street, just draw own room/where they sleep)

A large, empty rounded rectangular box with a thin black border, intended for drawing or writing. The box is centered on the page and occupies most of the lower half of the document.

what i think and feel...

this part of the questionnaire looks at sadness and other difficulties which many people experience at some point in their lives. This questionnaire is arranged in groups of 3 statements. Please listen to each group carefully. Then pick out ONLY ONE statement from each group which best describes the way you have been feeling during the last 2 weeks...

-I am sad once in a while
-I am sad many times
-I am sad all the time

-I feel like crying every day
-I feel like crying many days
-I feel like crying once in a while

-Nothing will ever work out for me
-I am not sure if things will work out for me
-Things will work out for me OK

- Things bother me all the time
-Things bother me many times
-Things bother me once in a while

-I do most things OK
-I do many things wrong
-I do everything wrong

-I look OK
-There are some bad things about my looks
-I look ugly

-I hate myself
-I do not like myself
-I like myself

-I do not feel alone
-I feel alone many times
-I feel alone all the time

-I do not think about killing myself
-I think about killing myself but I would not do it
-I want to kill myself

-I have plenty of friends
-I have some friends but wish I had more
-I don't have any friends

-Nobody really loves me
-I am not sure if anybody loves me
-I am sure that somebody loves me

slam the box!

many kids and teenagers feel nervous or anxious at times.

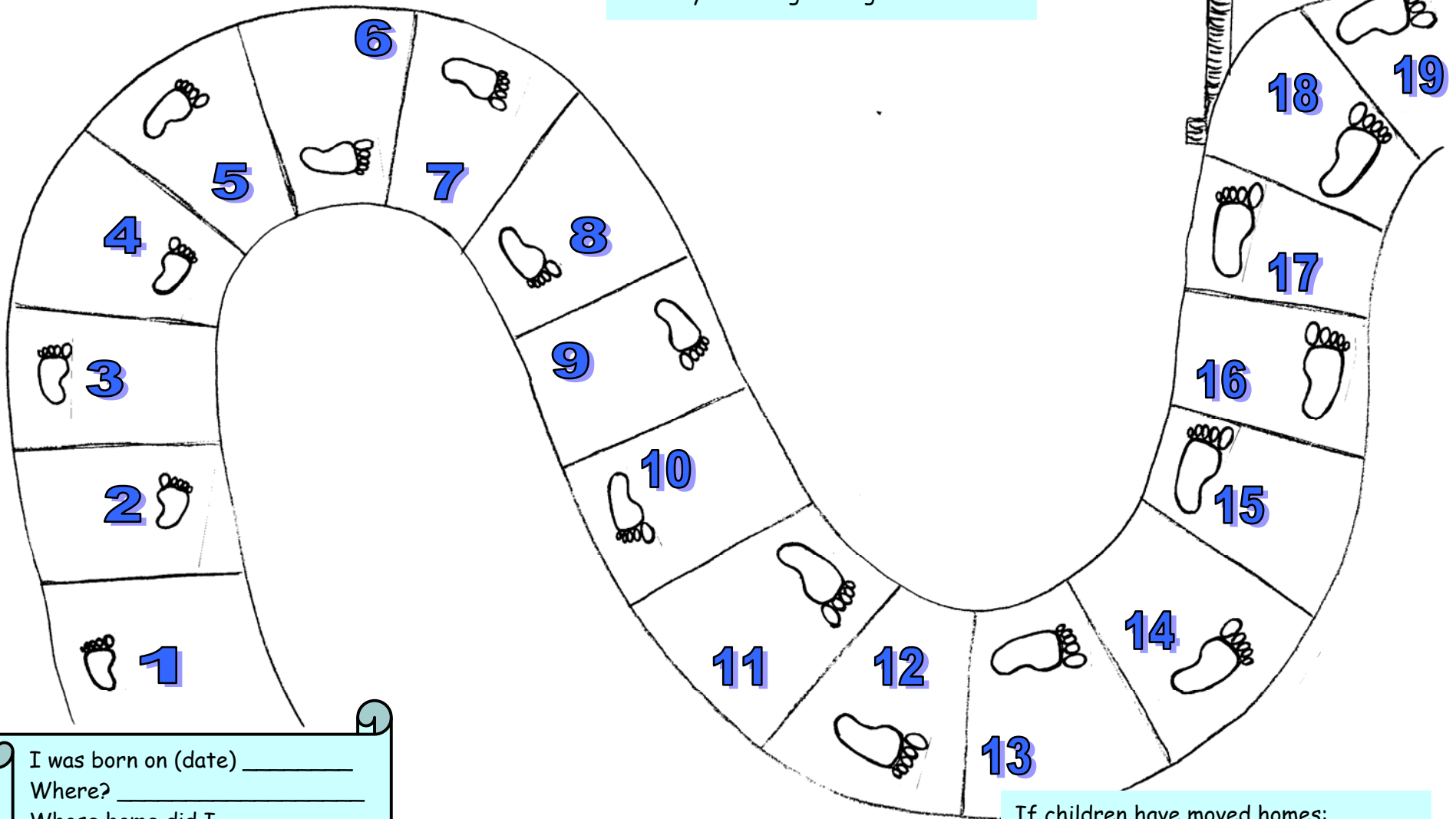
Please take a card for each question and put it into the box which best describes you. The boxes are marked 'yes' and 'no'

I have trouble making up my mind	no	yes
I get nervous when things do not go the right way for me	no	yes
Others seem to do things easier than I can	no	yes
Often I have trouble getting my breath	no	yes
I worry a lot of the time	no	yes
I am afraid of a lot of things	no	yes
I get angry easily	no	yes
I worry about what my carers will say to me	no	yes
I feel that others do not like the way I do things	no	yes
It is hard for me to get to sleep at night	no	yes
I worry about what other people think about me	no	yes
I feel alone even when there are people with me	no	yes
Often I feel sick in my stomach	no	yes
My feelings get hurt easily	no	yes
My hands feel sweaty	no	yes
I am tired a lot	no	yes
I worry about what is going to happen	no	yes
Other children are happier than I	no	yes
I have bad dreams	no	yes
My feelings get hurt easily when I am criticised	no	yes
I feel someone will tell me I do things the wrong way	no	yes
I wake up scared some of the time	no	yes
I worry when I go to bed at night	no	yes
It is hard for me to keep my mind on my schoolwork	no	yes
If 'yes', are you thinking about any particular thing which makes concentration difficult?		
I wiggle in my seat a lot	no	yes
I am nervous	no	yes
A lot of people are against me	no	yes
I often worry about something bad happening to me	no	yes

my road of life

- Whose home were you living in?
- Who was the person who looked after you most?
- Why did things change?

THE FUTURE



I was born on (date) _____
Where? _____
Whose home did I live in? _____
Who looked after me most? _____

If children have moved homes:
➤ Were there any problems around who got the house and/or money when you moved? _____
➤ (if yes) who moved into your old house? _____

friends and other kids...

Other kids and teenagers can be great. They can also be really mean to each other.

For each question, please say whether you think it is ‘not true’, ‘sometimes true’ or ‘certainly true’. Think about it as how things have been for you in the last 6 months. It would help if you answered all the questions even if you are not certain or if it seems silly!

	Not true for me	Somewhat true for me	Certainly true for me
I am usually on my own. I generally play alone or keep to myself			
I have one good friend or more			
Other people my age generally like me			
Other children or young people pick on me			
I get on better with adults than with people my age			

Now we want to know about this past year. During this year other kids...

	Not at all	Once	2-3 times	4 or more times
Called me names or swore at me				
Tried to get me into trouble with my friends				
Took something without permission or stole things from me				
Made fun of me for some reason				
Made me uncomfortable by standing too close or touching me				
Punched, kicked or beat me up				
Hurt me physically in some way				
Tried to break or damaged something of mine				
Refused to talk to me or made other people not talk to me				

Did this happen mainly in school outside school both

stuff that's been difficult for me...

Here are Buntu and Lindiwe, showing us some things which many kids in Cape Town have experienced. Could you tell us whether these things have happened to you also?

Buntu has been robbed and had his things stolen.

This year, how many times have you had things stolen? _____

Buntu has been unwell this year with TB. Lindiwe has had stomach upsets.

Have you been unwell this year? _____ what with? _____

There are inappropriate ways to touch Buntu and Lindiwe. Has anyone ever touched you in a way that made you feel uncomfortable? _____. Has anyone ever made you do anything with your private parts or their private parts that you did not want to do? _____

Lindiwe's carer shouts at her a lot.

How many times in an ordinary week do you get shouted at in your home? _____

Buntu was attacked and hit when he was out. Have you ever been hit or attacked outside? _____



Lindiwe's friend Andile is hit by adults at home. Have you been hit at home? _____ what with? _____

Buntu saw someone in his neighbourhood being shot. Lindiwe saw someone being stabbed one evening. Have you seen someone being shot _____? or stabbed _____?

Have you seen something else that has upset you? _____

Andile's family have lots of arguments. Sometimes adults shout at each other and sometimes there is fighting. This last week, how many days were there arguments with adults shouting in your home? _____ How many days were there arguments with adults hitting each other in your home? _____

Lindiwe and Buntu often don't have enough food in their home. How many days this week did you not have enough food? _____

Buntu and Lindiwe's mother was ill for some time before she died. Their father is unwell at the moment. Some people have been unkind to them because of this.

Have you ever been teased or treated badly because of people in your family being unwell?

Teased: not at all sometimes often *Treated badly:* not at all sometimes often

Have people gossiped behind your back about it?

not at all sometimes often

Did all this upset you? not at all somewhat very much

Buntu and Lindiwe's mother died a few years ago. They had a little brother who also died.

Has anyone close to you died? Could you tell us who they were? And when? Do you know what happened? (you can write, or draw them)

Sometimes it helps to talk to someone about our feelings when a person close to us has died. Did you or do you talk to anyone about this? yes no
who? _____

Has anything happened which we have not mentioned which has upset you? _____



how do you feel about...?

Group C) Many kids go through things that are very upsetting or frightening, We would like to know about them and how you felt about it. They might have happened recently or they might have happened a long time ago, but still upset you. They might have been in the list we asked you, or something else.






Can you tell us what was the most upsetting or frightening thing that has happened to you?








Group A & B) Many kids go through things that are very upsetting or frightening, We would like to know about them and how you felt about it. They might have happened recently or they might have happened a long time ago but still upset you. You said that your parent/s died a while ago. Would this be the right thing to ask you about, or has something else happened which has upset you even more?

Can you tell us what was the most upsetting or frightening thing that has happened to you?

Now take the tennis ball!

Please listen to each question, and stick the tennis ball on the board to show whether you have felt this way 'not at all', 'some of the time', 'most of the time' or 'all the time' in this past month

		not	some	most	all
	Do you get nightmares or bad dreams about what happened?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you get upset when you think about what happened?					
When something reminds you of what happened, do you get tense or upset?					
	Do you go over and over what happened in your mind?				
Do you think about (or see pictures in your head of) what happened even when you don't want to?					
Do you worry that it might happen again?					
Do you try not to think about what happened?					
Do you try to stay away from things that remind you of what happened?					
Do you have trouble remembering important parts of what happened?					
Do you act out things or repeat things like what happened?					
	Do you feel like its happening all over again even when it's not?				

	not	some	most	all
Do you feel it's hard to have any feelings any more, like you feel numb?				
Do you make yourself very busy and do things so you won't think about what happened?				
Do you get physically upset when something reminds you of what happened - like getting sweaty, shaking, your heart pounding, getting short of breath, or stomach aches?				
				
 Do you have trouble falling asleep or staying asleep?				
Is it hard for you to pay attention - like listening to your teacher, or doing your work - because you can't concentrate well?				
				
Do you feel you need to stay 'on guard', like something could happen and you need to be ready?				
Do you get jumpy or startle easily?				
Do you get annoyed (grouchy) or irritable (kind of angry) real easy?				
 Do you get angry or upset at people for no reason?				
Do you get so angry at people you hit or hurt someone?				
				
Do you ever think you won't grow up and be what you want to be?				
 Do you feel it's hard to have fun doing things?				
Do you ever feel it's hard to feel happy?				
 Do you feel alone even when other people are around?				
Do you feel bad or guilty - like what happened was your fault?				
Do you wet your pants or bed by accident?				
Do you feel like you are 'tuned out' or in a 'trance' so you can go away in your mind and not think?				

stuff i do in an ordinary week...

Please circle the ones you usually do



playing an instrument



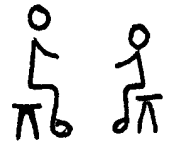
singing



playing a game like marbles or dice



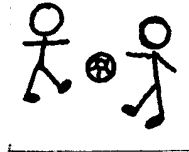
listening to music



seeing a counselor



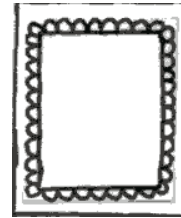
playing netball



playing soccer



swimming



doing another sport (which one?)



dancing



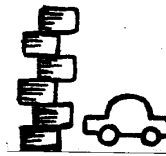
begging



socializing with friends



using the computer



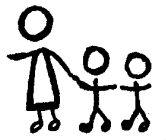
playing with toys



doing housework (how many hours a day?)



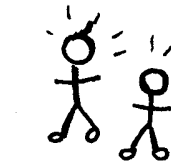
a job outside the home (how many hours a day?)



going out with family



watching TV



playing games



reading

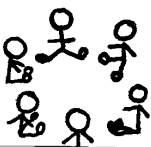
YOUTH CLUBS AND GROUPS
Do you go regularly to any youth groups?



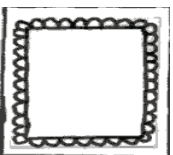
music, theatre or dance



sports



support group



another kind of youth group

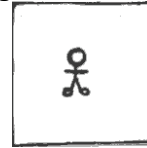
When you are feeling down or sad, do you do any of these things to cheer yourself up?



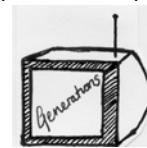
reading



playing



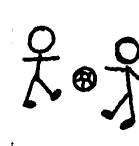
being alone



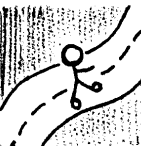
TV



listening to music



sport



going for a walk



seeing friends



going to the library



homework



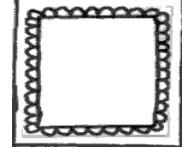
comfort from a friend



going to bed



writing or drawing your feelings down



other things

feeling unwell or angry

Only one more page to go! For each question, please say whether you think it is 'NOT TRUE' 'SOMEWHAT TRUE' or 'CERTAINLY OR ALWAYS TRUE'. Think about it as how things have been for you in the last 6 months.

	Not true	Somewhat true	Certainly true
I feel dizzy			
I don't feel guilty after doing something I shouldn't			
I hang around with kids who get in trouble.			
I usually do as I am told			
I would rather be with older kids than with kids my own age			
I run away from home			
I set fires			
I steal at home			

	Not true	Somewhat true	Certainly true
I steal things from places other than home.			
I swear or use dirty language.			
I use alcohol or drugs for non-medical purposes.			
I lie or cheat.			
I feel overtired			
I am unwell (without knowing why) with these problems:			
Aches or pains (not headaches)			
Headaches			

	Not true	Somewhat true	Certainly true
Nausea, feeling sick			
Problems with eyes describe.....			
Rashes or other skin problems			
Stomachaches or cramps			
Vomiting, throwing up			
I get very angry and often lose my temper			
I cut classes or skip school.			
I fight a lot. I can make other people do what I want			

the last page!

In some communities people know and talk to each other, while in other communities there is not this sense of closeness. How close do you feel to other people in this community?

- very close somewhat close not too close not close at all

how important is religion in your everyday life?

- most important somewhat important
 very important not important at all

Aside from weddings and funerals, how often do you attend religious services (church, temple, mosque etc)?

- more than once a week 1-2X a month never
 once a week a few times a year

For your last birthday, did you have a celebration (a cake, or a meal, or friends coming round)? no yes

How much do you like school? By that I mean how much do you enjoy learning and going to classes?

- do not like it at all do not like it much like it like it very much

I would like to know how you feel about your future opportunities to be successful and prosper, would you say...

Your opportunities
are limitless

you have many
opportunities

your opportunities
are very limited

you have no
opportunities at all

This is the last question! If you would like to, could you draw a picture of yourself in the future? (or write, or use the stickers) What will you be doing?

Thank you very much for giving up your time to talk to me. Before I go, is there anything you would like to ask me about the research? Is there anything that worries or concerns you about it?

If you would like to ask anything about the research at a later stage, please feel free to contact Lucie Cluver 021 638 3127. Thank you again for taking part.

thank you!

For interviewer/research team.

Attending school? yes no

If yes, attendance record

very good misses some days poor

if missing school, why? _____

highest grade passed _____

Q1: Cause of Parental death

Q2: household income _____

Q3: Is the household receiving any grants? no grants foster care grant child support grant pension war veterans grant disability grant care dependency grant grant in aid social relief of distress child maintenance support (from father)

Q4: (only if child is living with 1 unwell parent) ARVs? _____

Any comments:

Questionnaire No. _____

Place of interview _____

School/org _____

Grade _____

Social Worker _____

Umhla _____

yinkwenkwe

yintombazona

Interviewer _____

tape recorder: on

Okungam konke!

Imibuzo oyiphendulayo apha iyimfihlelo. Oku kuthetha ukuba asizukuchaza igama lakho lenyani

Nceda ubhale igama lakho apha _____

Ngoku, nceda ucinge ngelinye igama elahlukileyo esinokulisebenzisa xa sibhala ngolu phando.
Ungakhetha naliphi igama olifunayo!

Singathanda ukukuthumelela iziphumo zoluphando xa luggityiwe. Nceda bhala idilesi yakho kunye nenombolo yomnxeba ukuze sibuyele kuwe.

Idilesi _____

Inombolo mfonohayi _____

Luluphi elona lwimi luthethwayo ekhaya? _____

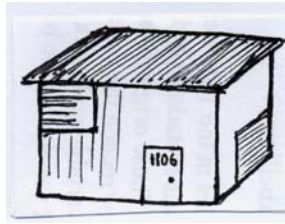
Olu ayilovavanyo. Akukho zimpendulo zilungileyo okanye ezingalunganga. Olu phando luceba ukunceda abantwana kunye nolutsha lwaseKapa. Siyabulela ngokuthatha ixesha lokusinceda

Ikhaya lam kunye...

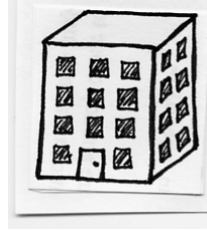
nceda wenze isangqa kuleyo ifana nekhaya lakho



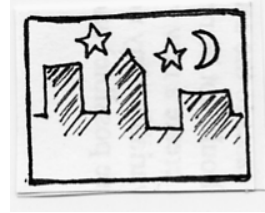
Indlu eyenziwe ngesintu



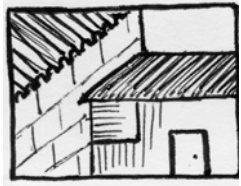
Umkhukhu okwisiza sawo



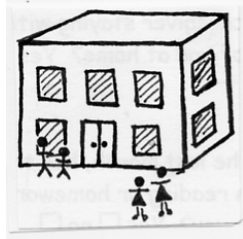
Eziflethini



Uhlala esitalatweni



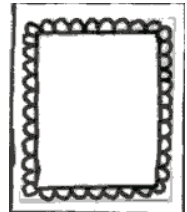
Umkhukhu osemva eyadini



Ikhaya labantwana okanye indawo yabantwana basesitratweni.



Indlu eyenziwe ngezitena okanye yesamente



Enye... (chaza).....

Nceda wenze isangqa kwizinto ezikhoyo ekhayeni lakho (ngendlela esebenzayo)



umbane



iTV



indawo yokuhlambela unomathotholo isikhencezisi amanzi etephu umnxeba/ umnxeba ophathwayo



umathotholo



isikhencezisi



amanzi etephu



umnxeba/ umnxeba ophathwayo



ikhomputha

Wena kunye nekhaya lakho...

Ingaba uyancedisa ekujongeni abantwana abancinane ekhayeni lakho hayi ewe

Wakhe wanceda ekujongeni abantu abangaphilanga ekhayeni lakho? hayi ewe...
Yayingubani? _____

Ingaba uziva ngathi uyinxalenye yababantu ohlala nabo? ewe nje ha yi khona

Ingaba umntu kokwenu uyakuncoma xa uthe into kakuhle? Soloko akufane zange

Ingaba umntu ohlala naye unomsebenzi? hayi ewe Ngubani? _____

Ingaba ufumana ukutya okufanayo/impahla/imali yesikolo/izinto zesikolo njengabanye abantwana ohlala nabo? Ndifumana kakhulu Ndifumana kancinci Ndifumana ngokulinganayo

Ingaba unobhuti noosisi abangahlali nawe?

Ungabhala amagama abo kunye nobudala babo apha? (sebenzisa izincamathelisi)

abantu endihlala nabo

for interviewers guiding questions...

3) how many rooms are there in your home? kitchen? Bathroom? Other rooms?

4) Who sleeps in each room? Put stickers on (with name, age, relationship to you)

(for kids living in shelters/children's homes/on the street, just draw own room/where they sleep)

A large, empty rounded rectangular box with a thin black border, intended for drawing or writing. The box is centered on the page and occupies most of the lower half of the document.

Into endiyicingayo nendiyivayo

Le mibuzo ifuna ukuva indlela ethi uzive ukhathazekile kwakunye nezinye iingxaki njengoko uninzi lwabantu lubanjalo kumaxesha athile obomi babo. Le mibuzo inikwe iinkcazelo ezithe zabekwa ngokwamaqela. Nceda mamela kwiqela ngalinye ngobunono, emva koko ukhethe inkcazelo ibenye kwiqela ngalinye eyichaza ngcohayi indlela obe uziva ngayo kwiiveki EZINE EZIDLULILEYO ukuza kutsho namhlanje. Phawula kwibhokisi emelene nenkcazelo oyikhethayo.

- Ndikhathazeka kanye kwixeshana
- Ndikhathazeka amaxesha amaninzi
- Ndikhathazeka amaxesha onke

- Ndiziva ingathi ndingalila yonke imihla
- Ndiziva ingathi ndingalila intsuku ezininzi
- Ndiziva ingathi ndingalila kanye emva kwexesha

- Akukho nto yakhe yandihambela kakuhle.
- Andiqinisekanga ukuba izinto ziza kundihambela kakuhle
- Izinto ziza kundihambela kakuhle

- Izinto ziyandikhathaza lonke ixesha
- Izinto ziyandikhathaza amaxesha amaninzi
- Izinto ziyandikhathaza kanye emva kwexesha

- Phantse zonke izinto ndizenza kakuhle
- Izinto ezininzi ndizenza kakuhle
- Yonke into ndiyenza ngokungalunganga

- Ndjongeka kakuhle
- Zikhona izinto ezimbi kwinkangeleko yam
- Ndjongeka mbi

- Ndiyazicaphukela
- Andizithandi
- Ndiyazithanda

- Andiziva ndililolo
- Ndiziva ndililolo amaxesha amaninzi
- Ndiziva ndililolo onke amaxesha

- **Andicingi ngokuzibulala**
- Ndiyacinga ngokuzibulala kodwa andinokuyenza
- **Ndiyafuna ukuzibulala**

- Ndinabahlobo abaninzi
- Ndinabo abahlobo kodwa ndinqwenela ukuba nabanye
- Andinabo abahlobo

- Akukho mntu undithanda ngenene
- Andiqinisekanga ukuba ukhona nawuphina umntu ondithandayo
- Ndiqinisekile ukuba ukhona umntu ondithandayo

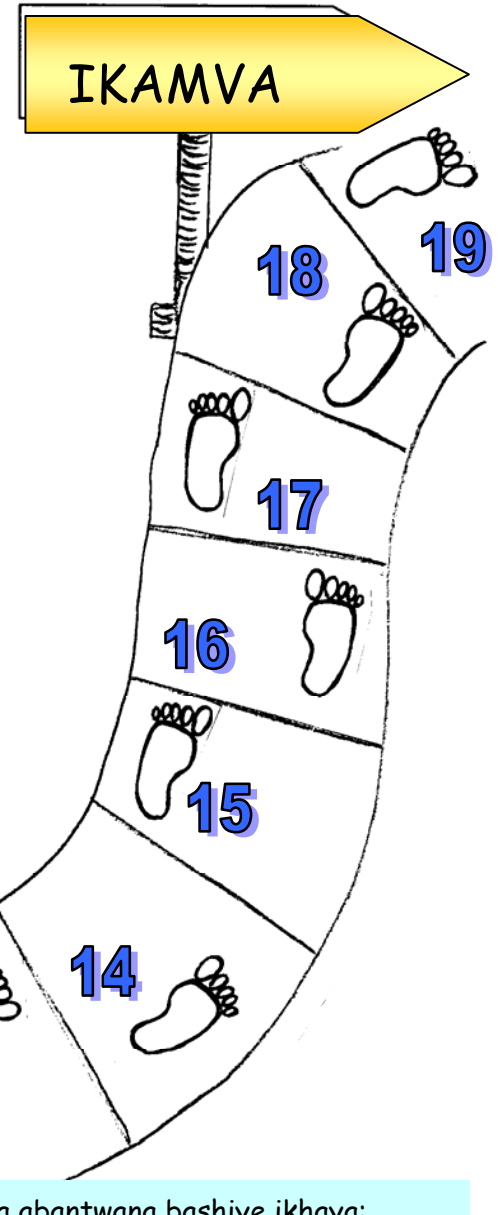
bethaibhokisi!

Abantwana abaninzi kunye nolutsha baziva benamanwele okanye benxunguphele ngamanye amaxesha. Nceda funda umbuzo ngamnye ngononophelo, uze ukrwele ku 'ewe' okanye 'hayi'

Ndinengxaki yokungakwazi ukuzithathela izigqibo.	hayi	ewe
Ndibanovalo xa izinto zam zingahambi ngendlela endifuna ngayo.	hayi	ewe
Abanye abantu bajongeka besenza izinto lula kunam.	hayi	ewe
Ngamanye amaxesha ndinengxaki yokuphefumla.	hayi	ewe
Ndiyakhathazeka (ndiziva) amaxesha amaninzi.	hayi	ewe
Ndiyazoyika izinto ezininzi (izinto ezindoyikisa).	hayi	ewe
Ndibanomsindo lula.	hayi	ewe
Ndicinga ukuba abanye abantu abayithandi indlela endenza ngayo izinto.	hayi	ewe
Ndicinga ukuba abanye abantu abayithandi indlela endenza ngayo izinto.	hayi	ewe
Kunzima ukuba ndilale ebusuku.	hayi	ewe
Ndiyaxhalaba ngezinto abanye abantu abazicingayo ngam.	hayi	ewe
Ndiziva ndindedwa noxa ndikunye nabanye abantu.	hayi	ewe
Ngamanye amaxesha ndiziva ndinesisu umzekelo xa ndikhathazekile.	hayi	ewe
Ndikhathazeka ngokukhawuleza.	hayi	ewe
Izandla zam ziyafuma/ Izandla zifumile kukubila.	hayi	ewe
Ndininwa kakhulu.	hayi	ewe
Ndibanexhala ngento ezakwenzeka.	hayi	ewe
Abanye abantwana bonwabile kunam.	hayi	ewe
Ndiphupha kakubi.	hayi	ewe
Ndikhathazeka ngokukhawuleza xa ndigxekwa.	hayi	ewe
Ndicinga ukuba umntu uzakundixelela xa ndingenzi izinto ngendlela.	hayi	ewe
Ndivuka ndisoyika ngamanye amaxesha.	hayi	ewe
Ndiyoyika xa ndisiya kulala ebusuku.	hayi	ewe
Kunzima ukugcina umsebenzi wesikolo.	hayi	ewe
Ukuba ewe, Ingaba kukho nto ithile onokucinga ngayo ekwenza ukuba kubenzima uku?		
Ndiyancangcazela kakhulu xa ndihleli.	hayi	ewe
Ndinovalo (<i>I am nervous</i>).	hayi	ewe
Abantu abaninzi abekho ngakwicala lam.	hayi	ewe
Ndiyaxhalaba xa kusenzeka into embi kum.	hayi	ewe

Indlela yam yobomi

- Likhaya likabani obuhlala kulo?
- Ngubani umntu ebekujongana nawe kakhulu?
- Kwakutheni izinto zitshintshe?



Ndandizalelwe ngo (umhla) _____
 Phi? _____
 Likhaya likabani ebendihlala kulo? _____
 Ngubani obendijonge kakhulu? _____

- Ukuba abantwana bashiye ikhaya:
- Ingaba bekukhona ingxaki zokuba ngubani ofumene indlu/ okanye imali xa ubuhamba? _____
 - (ukuba ewe) ngubani ongene endlini yakho endala? _____

Abahlobo kunye nabantwana...

Abanye abantwana kunye nolutsha balungile. Bangaphinda bakhohlakale kwabanye.

Kumbuzo ngamnye, nceda utsho ukuba ucinga yinyani okanye asiyonyani okanye zombini impendulo. Iyakunceda into yokuphendula yonke le mibuzonokuba uyathandabuza okanye ibonakala njengesigezo! Cinga ngendlela into ebezigiyo kwinyanga ezintandathuezi ellulileyo.

	ayiyonyani	awuqinisekanga	yinyani
Ndisoloko ndindodwa. Ndibandedwa ukuze ndigcine loo nto kum			
Ndinomhlobo wenene omnye okanye ngaphezulu			
Abanye abantu abalingana nam bayandithanda			
Abanye abantwana okanye abancinci bayandichukela okanye bandinyhukule			
Ndiquhuba kakuhle nabantu abakhulu kunabo balingana nam			

Ngoku sifuna ukwazi ngonyaka ophelileyo. **Kulonyaka abanye abantwana ...**

	Nakanye	kanye	kanye-kathathu	kane okanye ngaphezulu
Bandibiza ngamagama okanye bandithuka				
Bazama ukundifaka enkathazweni netshomi zam				
Bathatha into ngaphandle kwemvume okanye baba izinto kum				
Bahlekisa ngam ngenxa yezizathu wezithile				
Bandenza ndizive ndingakhululekanga ngokuthi basondele okanye bandibambe				
Bandibetha ngenqindi, bandikhaba okanye bandibethe				
Bandibetha ngenqindi, bandikhaba okanye bandibethe				
Ndazama ukophula okanye ukumosha into yam				
Wala ukuthetha nam okanye wenza abanye abantu bangathethi nam				

kwenziwa esikolweni ngaphandle kwesikolo zombini

Izinto ebezinzima kum...

Nanku uBuntu no Lindiwe, basibonisa izinto apho abantwana abaninzi eKapa abathe behlangabezana nazo. Ungasixelela ukuba ezizinto zakhe zakwehlela nawe?

Ubuntu ukhuthuziwe kwaye kwabiwa izinto zakhe.
Kulonyaka, kukangaphi apho uthe wanezinto ezibiweyo? _____

Ubuntu ebegula kulonyaka sisifo sephepha(TB). Ulindiwe ebekhe akaziva kakuhle esuswini. Ubukhe wagula kulonyaka?_____ yintoni?_____

Kukhona iindlela ezingalunganga zokubamba uBuntu noLindiwe. Ingaba kukhona umntu owakhe wakubamba ngendlela apho uzive ungonwabanga?_____. Ingaba kukhona umntu owathi wakwenza nantoni na kumalungu akho esini okanye kumalungu abo esini obungafuni ukuyenza?_____

Umnakekeli ka Lindiwe uyamngxolisa kakhulu.
Kukangaphi evekini eqhelekileyo apho uthi ungxoliswe kokwenu?_____

Ubuntu wahlaselwa kwaye wabethwa xa wayephumile. Wakhe wabethwa okanye wahlaselwa ngaphandle?_____



Umhlobo ka Lindiwe ongu Andile ubethwa ngabantu abadala kowabo. Wakhe wabethwa kokwenu?____ngantoni?

Ubuntu wabona umntu ebumelwaneni edutyulwa. Ulindiwe wabona umntu ohlatywayo ngobunye ubusuku. Wakhe wabona umntu odutyulwayo_____okanye ohlatywayo?_____

Wakhe wabona into engenye ekucaphukisayo? _____

Usapho luka Andile lunengxabano ezininzi. Ngamanye amaxesha abantu abadala bayangxolisana ngamanye amaxesha kuyaliwa.

Kuleveki iphelileyo, zingaphi iintsuku ebekukho iingxabano nabantu abadala bengxolisana ekhayeni lakho?_____ Zingaphi iintsuku apho bekukhe kwakhona iingxabano nabantu abadala bebethana ekhayeni lakho?

ULindiwe no Buntu basoloko bengenakutya kwaneleyo emakwabo.
Zingaphi iintsuku kuleveki apho ubungenakutya kwaneleyo?_____

Umama kaBuntu no Lindiwe babegula ixesha elide phambi kokuba asweleke. Utata wabo akaphilanga ngalomzuzu. Abanye abantu bebengenabubele kubo ngenxa yoku.

Wakhe wahlekwa okanye waphathwa kakubi kuba abantu kusapho lwakho lungaphilanga?

Teased Azange Ngamanye amaxesha Rhoqo

treated badly Azange Ngamanye amaxesha Rhoqo

Ingaba abantu bakha bakuhleba ngalonto ungazi?

Azange Ngamanye amaxesha Rhoqo

Ingaba yakukhathaza? Azange kancinci kakhulu

Umama kaBuntu no Lindiwe wasweleka kwiminyaka embalwa edlulileyo.

Babenomfo wabo omncinci owaswelekayo.

Ingaba unomntu okufutshane nawe owaswelekayo? Ungasixelela ukuba yayingobani? When? Do you know what happened? (ungabhala, okanye ubazobe okanye usebenzise izincamathelisi)

Ngamanye amaxesha kuyanceda ukuthetha nomntu malunga nendlela oziva ngayo xa umntu osondeleleneyo naye eswelekile. Ingaba wakhe okanye wathetha naye nabani ngalento? ewe no

Ngubani? _____

Ingaba kukhona enye into ekhe yehla esingakhange siyichaze ethe yakoyikisa? _____



Uziva njani nge...?

Iqela C) Abantwana abaninzi bahamba kwizinto ezibuhlungu okanye ezoyikisayo, Singathanda ukwazi ngazo nokuba waziva njani ngazo. Ingathi kanti zisanda kwehla okanye zehla kwixesha elidlulileyo, kodwa zisakukhathaza. Zingaba kuluhlu esikubuze kulo, okanye enye into.






Ungasixelela ukuba yeyiphi into eyakukhathazayo kakhulu okanye yakoyikisa eyakhe yehla kuwe?-


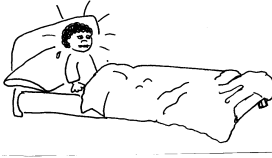





Iqela A&B) Abantwana abaninzi bahamba kwizinto ezikhathazayo okanye ezoyikisayo.. Singathanda ukwazi ngazo nokuba uzive njani ngazo. Zingabe zisandula ukwenzeka okanye zenzeke kwixesha lakudala kodwa zisakukhathaza. Uthe abazali bakho basweleka kwixesha elide elidlulileyo. Ingaba yinto elungileyo le ukuba sikubuze ngayo, okanye enye into yenzeka eyakukhathaza nangaphezulu?

Ungasixelela ukuba yeyiphi into eyakukhathaza kakhulu okanye yakoyikisa eyakhe yakwehlela.

Ngoku thatha le bhola yentenetya.

Nceda uphulaphule umbuzo ngamnye, uze uncamathisele ibhola yentenetya ebhodini ukubonakalisa ukuba uzive ngoluhlobo'azange' ngamanye amaxesha,' amaxesha amaninzi,' onke amaxesha' kulenyanga iphelileyo.

	Hayi nakanye	nagmaxesha athile	ngamaxesha amaninzi	ngamaxesha onke
 <p>Ingaba unamaphupha amabi nawoyikisayo ngento eyenzekayo?</p>	○	●●	●●●	●●●●
<p>Uyakhathazeka xa ucinga ngokwenzekayo?</p> 				
<p>Uyakhathazeka uxhalabe xa kukho into ekukhumbuzayo ngokwenzekayo?</p>				
 <p>Uyaphinda - phinda ukucinga ngokwenzekayo?</p>				
<p>Uneengcinga okanye umfanekiso - ngqondweni ekufikelayo ngento eyenzekayo, noxa ungafuni?</p> 				
<p>Unexhala lokuba lo nto ingenzeka kwakhona?</p>				
<p>Uyazama ukungacingi ngokwenzekayo?</p>				
<p>Uyaziphepha okanye awuzibandakanyi nezinto ezithi zikukhumbuze ngento eyenzekayo?</p>				
<p>Unengxaki yokukhumbula izinto ezithile ezibalulekileyo ngento eyenzekayo?</p>				
<p>Wenza izinto ngokulinganisa ngendlela esenzeka ngayo isiganeko eso?</p>				
 <p>Uva ngathi lo nto iyenzeka kwakhona noxa ingenzeki?</p>				
	Hayi nakanye	nagmaxesha athile	ngamaxesha amaninzi	ngamaxesha onke

Uva ngathi kunzima ukuba uvakalelwe, va udangele emphefumleni?				
Uzicina uxakekile usenza izinto ukuze ungacingi ngento eyenzekayo?				
Uva iintshukumo zomzimba xa kukho into ekukhumbuza ngokwenzekayo (umzekelo: usuke ubile ungangcazele, intliziyo ibethe nagamandla, uphelelwe ngumphefumlo, isisu sibebuhlungo?				
	Uba nengxaki yokulala okanye uyaphuthelwa?			
	Uba nengxaki yokumamela ngenyameko - umzekelo: ukumamela izifundo, kuba ungakwazi ukuzikisa ukucinga?			
Uva ngathi kufuneka usuloko uphaphamile /ugadile ukuba kunokwenzeka?				
Uba phaku-phaku okanye wothuka msinya?				
Uba nomsindo okanye ucaphuka lula?				
	Uba nomsindo okanye ucaphukiswe ngabantu ebantwini ngaphandle kwesizathu?			
Uba nomsindo kakhulu ebantwini kangangoba ungambetha okanye umenzakalise umntu?				
Ingaba kukho nto ithile onokucinga ngayo ekwenza ukuba kubenzima uku?				
	Ingaba uziva kunzima ukonwabela ukwenza izinto?			
Ingaba ukhe uzive kunzima ukonwaba?				
	Ingaba uziva uwedwa nokuba uhleli nabanye abantu?			
Uziva kakubi okanye unesazela - ukuba okwenzekileyo bekuyi mpazamo yakho?				
Ingaba uyazichamela okanye imondlalo ngempazamo?				
Uziva ingathi owiqiqi okanye ingathi awubhadlanga kangangokuba umke ezingqondweni zakho kwaye ungacingi?				

Izinto endizenza evekini...

Nceda wenze isangqa kwezo udla ngokuzenza



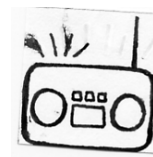
Ukudlala isixhobo



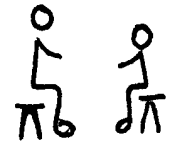
ukucula



ukudlala umdlalo njengamapetyu okanye idayisi



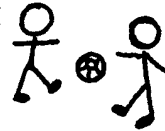
ukumamela umculo



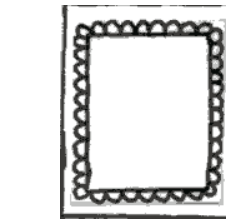
Ukubonana nekhansila



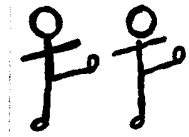
ukudlala umdlalo webhola yamantombazana



ukudlala ibhola ekhatywayo ukudada



ndenze omnye umdlalo owuphi?



Ukudanisa



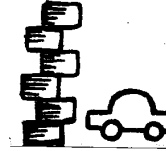
Ukucela



ukuhlala nabahlobo



ukusebenzisa ikhomputha



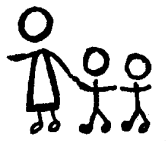
ukudlala ngethoyi



Ukwenza umsebenzi wasendlini (zingaphi iyure ngemini)



umsebenzi ongaphandle ukuphuma nosapho kwekhaya(zingaphi iyure ngemini)



ukuphuma nosapho



Ukubukela I TV



ukudlala imidlalo



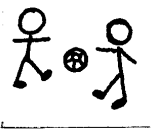
ukufunda

AMAQEMBU OLUTSHA KUNYE NAMAQELA

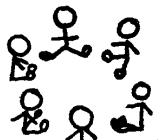
Ingaba uya rhoqo kumaqela olutsha?



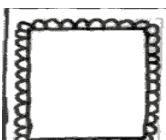
Umculo, iqonga okanye umdaniso weqela



iqela lemdlalo



iqela loncedo



Olunye uhlobo lweqela lolutsha

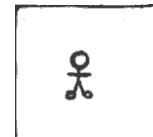
Xa uziva uphantsi okanye udakumbile, ingaba wenza enye yezizinto ukuzonwabisa?



Ukufunda umculo



ukudlala imidlalo



Ukuba wedwa



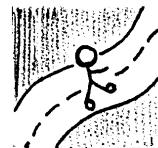
iTV



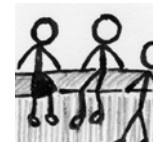
ukumamela



sport



ukuhamba-hamba



ukuhlala nabahlobo



ukuya kwithala leencwadi



Umsebenzi wesikolo



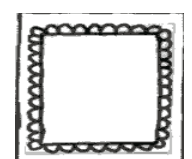
Ukucengwa yitshomi



ukuya kulala



ukubhala okanye ukuzoba indlela



enye...chaza

Ukuziva ungaphilanga okanye unomsindo...

Kumbuzo ngamnye, nceda utsho ukuba ucinga yinyani okanye asiyonyani okanye zombini impendulo. Cinga ngendlela into ebezigiyo kwinyanga ezintandathuezi ellulileyo.

Nceda thatha ikhasi lombuzo ngamnye uze ulifake ebhokisini eyona ichaza wena. Ezi bhokisi zibhalwe 'AYIYONYANI' 'AWUQINISEKANGA' and 'YINYANI'

	ayiyonyani	Awuqinis-ekanga	yinyani
Ndiyeba ekhaya			
Andizifumanisi ndinetyala emva kokuba ndenze into ebekungafanelekanga ukuba ndiyayenza			
Ndihamba nabantwana abasoloko bengena ezinkathazweni			
Ndisoloko ndisenza oko ndikuyalelweyo			
Kungcono ndibe nabantwana abadala kunabalingana nam			
Ndibalekile ekhaya			
Ndenza umlilo			
Ndiyeba ekhaya			

	ayiyonyani	Awuqinis-ekanga	yinyani
Ndiyeba kwezinye iindawo ngaphandle kwasekhaya			
Ndiyathuka okanye ndithethe izinto ezimdaka			
Ndisebenzisa utywala neziyobisi (andizisebenziseli kugula)			
Ndiyaxoka okanye ndiqhathe			
Ndiziva ndidinwe kakhulu			
Iingxaki zomzimba ngaphandle konobangela wokugula			
Amahlaba okanye iintlungu(ingabi yintloko ebuhlungu)			
Intloko ebuhlungu			

	ayiyonyani	Awuqinis-ekanga	yinyani
Ukuziva ngathi uzakukhupha, ukuziva ugula			
Iingxaki zamehlo....chaza			
Irhashalala okanye ezinye ingxaki zolusu			
Isisu esibuhlungu okanye iinkantsi			
Ukugabha, ukukhupha			
Ndiyacaphuka ndibenomsindo ogqithileyo			
Andiyi eklasini ngamanye amaxesha, ngamanye nditsiba iintsuku zokuya esikolweni.			
Ndilwa rhogo. Ndingenza abantu benze into ethandwa ndim			

Iphepha lokugqibela!

Kwezinye iindawo abantu ekuhlaleni bayazana kwaye bayancokola, kanti kwenzinye abantu abaqhelenanga ngoluhlobo. Niqhelene kangakanani apha ekuhlaleni?

siqhelene kakhulu siqhelene olohlotyana Asiqhelenanga kangako Asiqhelenanga konke-konke

Kubaluleke kangakanani ukukholwa empilweni yakho?

most important somewhat important
 very important not important at all

Ngaphandle kwemitshato nemingcwabo uzihamba kangakanani iindibano zenkolo (icawa, temple, mosque etc)?

more than once a week 1-2X a month never
 once a week a few times a year

Ngomhla wakho wokuzalwa, wawunomnyhadala(ikhekhe, okanye isidlo, okanye watyelelwa ngabahlobo)? hayi ewe

Ukuthanda kangakanani ukubasesikolweni? Okokuthetha ukuthi uyakonwabelana ukufunda nokuya eklasini?

do not like it at all do not like it much like it like it very much

Ungathi ikamva lakho kunye namathuba akho okuphumelela anjani...?

Akhonto ithintela
amathuba akho

Unamathuba
amaninzi

Amathuba akho
ambalwa

Awunamathuba,
konke-konke

Lo ngumbuzo wokugqibela . Ukuba ungathanda ungazoba umfanekiso wakho kwixesha elizayo? okanye ubhale okanye usebenzise izincamathelisi) Uyakuba usenza ntoni?

Ndiyabulela kakhulu ngexesha ondinike lona ukuba ndithethe nawe. Phambi kokuba ndihambe, akukhonto ofuna ukuyibuza ngoluphando? Ayikho into ekuxhalabisayo okanye ekuhluphayo ofuna ukuyibuza? Ucinge ntoni ngalemibuzo uyibuziweyo? Ukuba ufuna ukubuza nayiphi into ngoluphando kwixesha elizayo, wamkelekile ukunxibelelana Lucie Cluver – Cape Town Child Welfare. Siyabulela kakhulu ngokuthi uthabathe inxaxheba.

siyabulela ngoncedo lwakho!

For interviewer/research team.

Attending school? yes no

If yes, attendance record

very good misses some days poor

if missing school, why? _____

highest grade passed _____

Q1: Cause of Parental death

Q2: household income _____

Q3: Is the household receiving any grants? no grants foster care grant child support grant
 pension war veterans grant disability grant care dependency grant grant in aid
social relief of distress child maintenance support (from father)

Q4: (only if child is living with 1 unwell parent) ARVs? _____

Any comments:

Appendix 6: Letters of thanks

6.1 Example letter to participating school

6.2 Letters to children

University of Oxford

Department of Social Policy and Social Work



BARNETT HOUSE
32 WELLINGTON
SQUARE
OXFORD OX1 2ER
ENGLAND
TEL 01865 270326
FAX 01865 270324

Cape Town Child Welfare

Ms Mandisa Ngqongqo
Yomelela Public Primary School
PO Box 172
Khayelitsha 7784

Dear Mandisa,

I wanted to write to thank you again for all your help with our research project for children in Cape Town. We appreciate your time and effort. The students at Yomelela were really fantastic participants, and they gave us very useful ideas.

I'm sending you a summary sheet of all the research findings so far, so that you can see how the whole project is going.

I've included letters to all the students who filled in worksheets, thanking them for their participation, and giving them a summary of what children all over Cape Town said in their worksheets. I'm including a copy of this for you so that you can see what we've sent them. Many of the children who took part in the whole project identified bullying as a worry for them, and I have also included a leaflet on bullying which might be helpful for schools.

We will be back in touch in September, and I hope that we can continue to work together with this project.

Kind Regards,

Lucie Cluver
Cape Town Child Welfare

Email: lucie.cluver@green.ox.ac.uk
UK; Department of Social Policy and Social Work
University of Oxford
32 Wellington Square
Oxford OX1 2ER
Tel: (+44) 1865 270 325
Fax: (+44) 1865 270 324

South Africa: Cape Town
Child Welfare
Lower Klipfontein Rd
Gatesville, Athlone
Cape Town 7764
Tel: (+27) 21 638 3127
Fax: (+27) 21 638 4193

University of Oxford

Department of Social Policy and Social Work



Cape Town Child Welfare

Dear

In April or May this year, you filled in a worksheet for us, as part of some research which we are doing with children in Cape Town. (You might remember choosing Bart or Lisa Simpson, or DragonBall-Z) We are writing to say a huge THANK YOU for your time and effort. You are the experts and we couldn't do this without you.

We have taken some of the things which children have said, and put them together in a 'summary sheet'. we thought it might be interesting for you to see what other children have said, and you might even recognize some of the things you wrote or drew!

We hope that you enjoyed doing the research, and we may be getting back in touch with you in a few months to see if you would like to join in again.

Thanks so much. we really really appreciate your help

Lucie Cluver

Lucie Cluver
Cape Town Child Welfare

Email: lucie.cluver@green.ox.ac.uk
UK: Department of Social Policy and Social Work
University of Oxford
32 Wellington Square
Oxford OX1 2ER
Tel: (+44) 1865 270 325
Fax: (+44) 1865 270 324

South Africa: Cape Town Child
Welfare
Lower Klipfontein Rd
Gatesville, Athlone
Cape Town 7764
Tel: (+27) 21 638 3127
Fax: (+27) 21 638 4193

Research with Children in Cape Town, 2005

Things that make children in Cape Town happy...

Having enough of... food, clothes, having a room with curtains, having enough money, having everything you need

school stuff... going to school, passing exams, getting an education, praise for doing well

family stuff... being loved, being told if you have done something wrong, spending time with people you love, brothers and sisters

doing stuff... reading, family outings, playing with toys, listening to music, watching TV, outings with other kids, playing on the computer, swimming, playing marbles, playing drums, relaxing, singing, dancing, playing pool, going to the beach, playing games, jumping on the bed, discussing what is happening in your community and in the world, listening to the radio, debates at school, playing sport, football and netball, having the opportunity to be a child, birthday celebrations

other stuff... being listened to, respect, attention and love, being with people who are positive, being treated like other children.

Things that make children in Cape Town sad or angry...

Not having stuff... not having enough food, school equipment, not having enough money or a place to live, not being able to wash or wash clothes

School stuff... not going to school, problems with school uniform and school fees, not being able to afford outings

being unwell...being in an unsafe area... having things stolen from you...being mugged...being accused of things you haven't done...people telling your secrets...being ignored

teasing... people swearing or teasing them about their parents, other children shouting, gossiping or being rude to them, fighting with friends, being bullied, friends not wanting to play with them

family stuff.. not being taken care of, when other children in the home are treated better, fighting with brothers & sisters, missing family, when someone you love dies, people fighting at home

other stuff...feeling alone, when a child is being abused, thinking too much, being shouted at

Things that make children in Cape Town happy when they are sad...

stuff you can do yourself...knowing yourself and who you are, praying, going to bed, writing in a life story book, writing in a diary, drawing your feelings, singing songs, going to be alone for a while, going for a walk to calm down, consoling yourself

family and friends... being with family, talking to friends, making jokes, talking through your problems, talking to someone you trust, getting advice from teachers or neighbours

going to school, playing, doing homework, watching football, watching TV, playing pool, playing netball or football or other sports

Resources which might come in useful one day...

We always include a sheet of resource numbers to all children who participate in our research. You may never need to use them, but sometimes it's useful to have numbers handy.

Elukhanyisweni

(counselling for children)
613 Silumko Street, Khayelitsha
021 361 3468

Empilweni

Victim support and life skills training
A 500, Makhabeni Road, Khayelitsha
021 361 7063

Legal Aid

Free legal advice For legal help, call 08610 LEGAL(53425) or email: talk@legal-aid.co.za

National AIDS helpline Free, 24 hrs a day 0800 012 322

Xhosa Language AIDS Information & Counselling Helpline

Wola Nani, Khayelitsha Office hours (Monday-Friday) Tel: (021) 361 6480.

Emergency Contraception Hotline

24-hour toll-free hotline for information and referrals on emergency contraception.
Toll-free Helpline: 0800 246 432

Rape Crisis Cape Town

Observatory: (021) 447 9762 Khayelitsha: (021) 361 9085

Counselling enquiries can be sent to:

kath@rapecrisis.org.za (English) ntombomzi@rapecrisis.org.za (Xhosa)

Our counselling service offers free and confidential support to women and men, over the age of 16, who have been raped or sexually assaulted: 24 hours a day

Childline (free line, 24 hrs a day. You can call with any concerns about abuse)

08000 55555 <http://www.childline.org.za/>

Childline Khayelitsha 021 361 5382

Al-Anon

For families and friends of problem drinkers, with a special section (Alateen) for children of alcoholics, as well as for adult children of alcoholics. Main office: (021) 591 6847 E-mail: alanongso@iafrica.com

Red Cross Children's Hospital, Klipfontein Rd, Ronderbosch 021 658 5111

Appendix 7: Forms for participating organisations

7.1 Training forms for participating organisations

7.2 Consent forms for participating organisations

7.3 Forms for child identification

University of Oxford
Department of Social Policy and Social Work



BARNETT HOUSE
32 WELLINGTON
SQUARE
OXFORD OX1 2ER
ENGLAND

TEL 01865 270326
FAX 01865 270324



Cape Town Child Welfare

For: Participating organisations and schools

On behalf of Cape Town Child Welfare, the University of Oxford, and the Medical Research Council (SA), we would like to say how much we appreciate your time and effort in participating in this research.

As a small thank-you, the research team can offer your organisation/school 2-3 hours of training sessions for staff. Below is a list of the training which we can offer, although if there is something which you would find especially useful, and which is not on the list, please do discuss this with the research team. The training sessions are usually 1 hour long (although they may be up to 1 ½ hours), and we can arrange to do them at a convenient time. Please choose 2 courses.

TRAINING OPTIONS (1 hour each)

- 1. Child abuse:** identifying signs of abuse, talking to children about abuse, and referring to social services
- 2. Child mental health A:** types of mental health problems for children, identifying the signs, and some basic techniques (Anxiety, depression, post-traumatic stress)
- 3. Child mental health B:** types of mental health problems for children, identifying the signs, and some basic techniques (Behaviour problems, drug use, schizophrenia)
- 4: Talking to children:** basic counselling skills and communication with children
- 5: Interviewing parents and home visits:** skills for talking to parents and guardians about children's well-being, and recording home visits.
- 6: Research and Evaluation:** guidelines for setting up a new project or evaluating a current one. Very useful when applying for funding!

The research team are happy to discuss more details of these sessions if you are unsure of which to choose. The training will be in English. Please say if you would need us to bring a translator for staff who do not speak English.

If you have any questions, please contact Lucie Cluver at Cape Town Child Welfare (contact details below)

Many thanks again for your participation

Lucie Cluver

Dept of Social Policy & Social Work
University of Oxford
Oxford
England
Tel (+44) 7980 856 651

Cape Town Child Welfare Society
Head Office
PO Box 374, Gatesville 7766
South Africa
Tel (0027) 21 638 3127

e-mail lucie.cluver@green.ox.ac.uk

Name of participating school/organisation

Address of school/organisation Tel no

Name of contact person

Training sessions chosen:

1) 2)

Number of staff who will be attending

University of Oxford
Department of Social Policy and Social Work



BARNETT HOUSE
32 WELLINGTON
SQUARE
OXFORD OX1 2ER
ENGLAND
TEL 01865 270326
FAX 01865 270324



Cape Town
Child Welfare Society

Date:

Re: Research with children experiencing bereavement in Cape Town

Dear Cape Town Child Welfare,

We confirm that we are happy to participate in the research project 'Risk and Protective Factors in the psychological well-being of orphaned children in Cape Town' (Data collection Sept 05-Mar 06). We will discuss what feedback and help (ie training for teachers) can be provided in thanks for our participation. The research team will provide feedback for the school on general findings.

Name of School _____

Principal/HIV/AIDS Co-ordinator _____

Signature _____

School Stamp.

We would like to express our thanks for your participation. This research hopes to provide information which will teach us how to best help vulnerable children in Cape Town.

Yours truly,

Lucie Cluver
Lucie Cluver

Email: lucie.cluver@green.ox.ac.uk

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32 Wellington Square
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Lower Klipfonten Rd
Gatesville, Athlone
Cape Town 7764
Tel: (+27) 21 638 3127
Fax: (+27) 21 638 4193

Appendix 8: Examples of referral letters

12.1 Examples of referrals to social services

12.2 School fees exemption requests

12.3 Examples of letters to children



Cape Town Child Welfare

To: Cape Town Child Welfare
Khayelitsha Office

Re: **Anda XXXXXX**
Date of Birth: **14.12.XXXX**
Address: **XXXX XXXXX Road, Site C, Khayelitsha**
School: **Vuzamanzi Primary School**

Cape Town Child Welfare is currently undertaking mental health research with vulnerable young people in Cape Town. Where we feel that a young person is at risk of significant harm, we make referrals to relevant organisations.

Anda is living with her mother, after her father's death. She identified in the research that her uncle attempted to rape her, but that she managed to escape. We consider that this child is at risk of future abuse, and are concerned that this be allocated to a social worker for further investigation.

Please do not hesitate to contact me if you require any further details, or wish to discuss this in more detail.

Yours truly,

Lucie Cluver

Lucie Cluver
Social Worker
Cape Town Child Welfare
Head Office
Lower Klipfontein Rd
Gatesville 7764
021 638 3127 (extension 213)

OFFICES

Head Office
Lower Klipfontein
Road
GATESVILLE 7764
Athlone

Tel: 021 638 3127
Fax: 021 638 4193

Manenberg
c/o Shawco
Building
Kasouga Road

Tel: 021 638 5131
Fax: 021 633 9132

Khayelitsha
Bancedeni Centre
D Section Site C

Tel: 021 387 0163
Fax: 021 387 5877

Guguletu
New Siseko Ctre
NY43

Tel: 021 638 1674
Fax: 021 637 2140

POSTAL ADDRESS

S
P.O. Box 18008
WYNBERG 7824
South Africa

NPO No. 003 214
Tax Exemption #



Cape Town Child Welfare

To: Social Worker
PAWC Social Services Nyanga
Fax: 021 386 4030

Re: **Thulani XXXX (d.o.b 1997)**
Nomfusi XXXX (d.o.b 11.12.1989)
Miseka XXXX (b.o.b 20.02.1991)
Address: **XX XX XXXXXXXXXXXX Street, Veza Crossroads 7755**
Tel: **XX XXX XXX X**

Cape Town Child Welfare is currently undertaking mental health research with vulnerable young people in Cape Town. Where we feel that a young person is at risk of significant harm, we make referrals to relevant organisations.

This set of children's parents are both deceased, and they live in a Child-Headed Household, headed by Thulani. Nomfusi and Miseka are both attending school, but Thulani has dropped out of school due to inability to pay fees. The family are in dire financial circumstances, and are not receiving any grants or income. We request that this family be allocated to a social worker (if Social Services are not already aware of this case) for further investigation and support.

Please do not hesitate to contact me if you require any further details, or wish to discuss this in more detail.

Yours truly,

Lucie Cluver

Lucie Cluver

Social Worker
Cape Town Child Welfare
Head Office
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Fax: 021 633 9132

Khayelitsha
Bancedeni Centre
D Section Site C

Tel: 021 387 0163
Fax: 021 387 5877

Guguletu
New Siseko Ctrre
NY43

Tel: 021 638 1674
Fax: 021 637 2140

POSTAL ADDRESSES

S
P.O. Box 18008
WYNBERG 7824
South Africa

NPO No. 003 214
Tax Exemption #
1011/12/2014



Cape Town Child Welfare

To: The Principal and Governing Body
Thandokhulu High School

Re: Learner: **Nosikelo XXXX**,
Date of Birth: **15.March XXXX**
Address: **XX XXX Macassar**

Dear Principal and Governing Body

Nosikelo XXXX has come to the attention of Cape Town Child Welfare as part of our work with orphaned children.

Nosikelo has been doubly orphaned – his mother was killed in community violence, and his father passed away from Natural Causes. Nosikelo completed Grade 10, and was forced to leave school due to lack of money to pay school fees.

We request that the school and Governing Body consider re-admitting Nosikelo XXXX, with allowance for the family's lack of ability to pay school fees in full.

With many thanks for your consideration of this matter.

Yours truly,

Lucie Cluver

Lucie Cluver

Social Worker
Cape Town Child Welfare
Head Office
Lower Klipfontein Rd
Gatesville 7764
Office: 021 638 3127 (extension 213)
Cell: 082 650 5815

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c/o Shawco
Building
Kasouga Road

Tel: 021 638 5131
Fax: 021 633 9132

Khayelitsha
Bancedeni Centre
D Section Site C

Tel: 021 387 0163
Fax: 021 387 5877

Guguletu
New Siseko Ctr
NY43

Tel: 021 638 1674
Fax: 021 637 2140

POSTAL ADDRESS

P.O. Box 18008
WYNBERG 7824
South Africa

NPO No. 003 214
Tax Exemption #
10111121054



Cape Town Child Welfare

To: Mr A Clausen
Director: Examinations, Western Cape Education Department
Fax: 021 461 5637

Re: Learner: **Singathwa XXXXXX**
School: **Harry Gwala Secondary School, Khayelitsha**

Dear Mr Clausen

Thank you for taking the time to consider this request, which we would not be asking if this was not an exceptional circumstance.

Singathwa XXXXXX (d.o.b 26.12.XX) took her Matric in October 2005 at Harry Gwala Secondary School, Khayelitsha, and was reported to be a hardworking and dedicated learner. Her father is deceased, and she was the sole carer for her young brother and mother, who was in the final stages of dying of AIDS, and who passed away in December 2005.

Due to the caregiving burden, Singathwa failed two of her subjects. She is now sole carer for her young brother, and is determined to return to school to repeat her Matric. Harry Gwala Secondary school has expressed willingness for her to return this year, given her special circumstances and her strong previous record. The Principal has also offered to write a letter of support for the possibility of re-opening Matric Registration to allow Singathwa to complete her education. As her social worker, I also consider return to school to be crucial in restoring some normality and continuity in Singathwa's life.

We are aware that Matric registration has closed for this year. However, we can only ask you to consider the possibility of allowing Singathwa to return to school and re-take her Matric, and to give her the opportunity of overcoming the tragic experiences of the past year.

I appreciate that you are extremely busy, and thank you for reading this. I am available on my cellphone (082 650 5815) and will also attempt to contact you after your meeting today.

Yours truly,

Lucie Cluver

Lucie Cluver
Social Worker
Cape Town Child Welfare
Head Office, Lower Klipfontein Rd, Gatesville 7764
Office: 021 638 3127 (extension 213)
Cell: 082 650 5815

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D Section Site C

Tel: 021 387 0163
Fax: 021 387 5877

Guguletu
New Siseko Ctrre
NY43

Tel: 021 638 1674
Fax: 021 637 2140

**POSTAL
ADDRESS**
P.O. Box 18008
WYNBERG 7824
South Africa

NPO No. 003 214
Tax Exemption #
18/11/13/3954

General Email:
helpkids@mweb.co.za

www.helpkids.org.za



Cape Town Child Welfare

Nosiviwe XXXXXX
XX-XXX Makhaza XXXXX St
Makhaza
Khayelitsha

Dear Nosiviwe

Thank you again for taking part in the Child Welfare research this year. When you were doing the worksheet, you said that sometimes you felt very alone and thought about hurting yourself. We wanted you to know that there are people who you could talk to when you feel very sad. Even if you do not have money to make a phone call, Childline is a free call. There is also a clinic in Macassar and one in Site B where you can go and talk to them about seeing someone.

LifeLine Cape Town
(021)461 1111
(Lifeline also do Counselling in their Khayelitsha office)

Childline
08000 55555

Macassar Community Psychology Project
Zandvliet Secondary School
Zandvliet Road
Macassar 7130
Tel / Fax: 857-1566

Empilweni Community Mental Health Project
Spine Road, Site B
021 361 7063

Wishing you all the best for the future

Lucie Cluver

Lucie Cluver

Social Worker
Cape Town Child Welfare



Cape Town Child Welfare

Yandiswa XXXX
XXX New Rest
Guguletu 7750
XXXXXXXXXX Primary School

Dear Yandiswa

Thank you again for taking part in the Child Welfare research this year. When you were doing the worksheet, you said that a while ago, you had been raped. We wanted to say that you are a very brave girl and that you must remember that it was not your fault. If you ever want to talk to someone about this, these are telephone numbers which might be able to help.

Rape Crisis Khayelitsha
- +27 (0)21 361 9228
Counselling line - +27 (0)21 361 9085

LifeLine Cape Town
(021)461 1111

Childline
08000 55555

AIDS Helpline
0800 012322

Wishing you all the best for the future

Lucie Cluver

Lucie Cluver

Social Worker
Cape Town Child Welfare
Head Office

Appendix 9: Summary briefs for NGOs, schools and government

Appendix 10: Current plan for a national survey



National Survey: AIDS-orphanhood in South Africa
Lucie Cluver
Revised Proposal June 2007

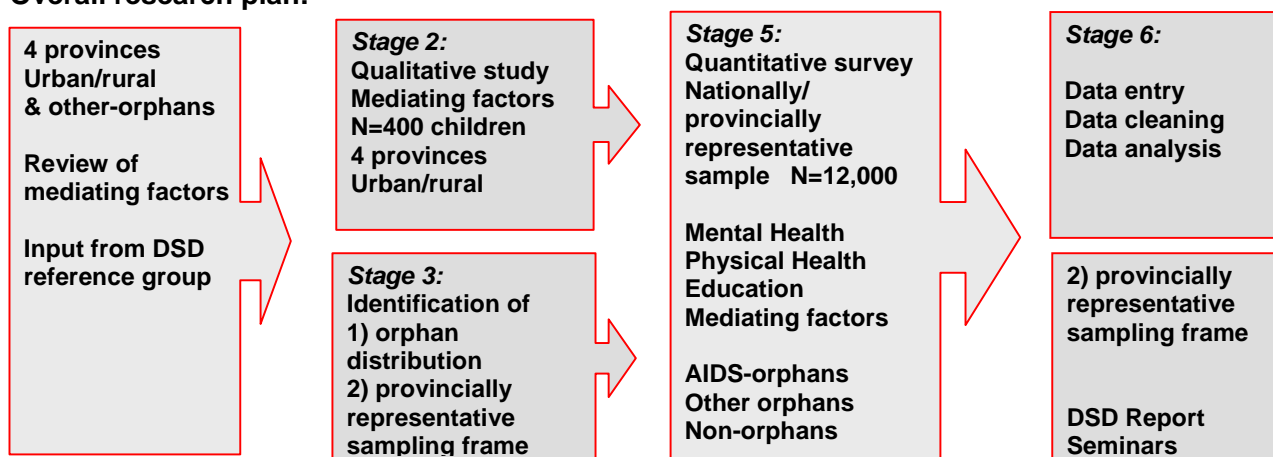
Background:

The number and proportion of orphans in South Africa will rise dramatically in the next decade. 19% of all children were orphaned in 2005 (GHS, 2005). HIV/AIDS alone will cause 2.3 million orphans by 2015: 86% of all orphans will be due to HIV/AIDS (Dorrington et al, 2005). What is the required state response to this increase, and will this response need to differ for AIDS-orphans and other orphans?

Reliable scientific evidence is required for proactive policy responses: a qualitative and quantitative national survey of orphanhood, conducted in all 9 provinces and balanced between rural and urban areas. An effective pilot for this national study has been conducted in the Western Cape (Cluver, Gardner et al, 2006, 2007).

This revised draft proposal has been developed with the input of Minister Zola Skweyiya, Director-General Vusi Madonsela, Deputy Director-General Vuyelwa Nhlapo, Chief Director HIV/AIDS Dr Connie Kganakga and Chief Director Children, Youth and Families Dr Maria Mabetoa.

Overall research plan:



Child outcomes to test:

Broad outcomes, with example indicators. Additional outcomes to be added by the DSD Reference Group.

Key outcomes	Measurement
--------------	-------------

EDUCATION School enrolment and attendance Educational achievement	School registers Teacher report Achievement; grade repetition
PHYSICAL HEALTH AND HIV Child Development, Malnutrition HIV status, health status	Examination by trained community health workers. Height/weight etc Prevalence of HIV, TB, diarrhoea, lower respiratory infections and malnutrition (Bradshaw, Bourne, & Nannan, 2003)
MENTAL HEALTH Depression, PTSD Conduct problems, substance abuse	Standardised, validated psychological questionnaires: CDI, CBCL, SDQ, Child PTSD Checklist (child report)

Mediating factors:

Multiple methods will be used to identify implementable, policy-relevant factors to improve orphan well-being:

- Systematic review of mediating factors identified by studies of AIDS-orphans
- General review of mediating factors amongst vulnerable children
- Identification of further policy-relevant factors by DSD Reference Group (ie specific caregiving arrangements)
- Qualitative study with AIDS-orphans to identify factors not emerging from review
- Combined factors piloted and tested in large-scale quantitative study

Stages a-d already completed for mental health outcome (Cluver et al 2007)

Mediating factors already identified from pilot study:

- Food security
- Household receipt of social security
- School enrolment and attendance
- Employment within household
- AIDS-related stigma
- Caregiver illness
- Type of caregiving arrangement

Further factors identified by DSD:

- African-specific cultural practices around parental death
- Extended family support and stigma
- Community support
- Children in non-family foster care
- Reasons for non-access of social grants

Collaborative capacity-building:

Each Research specialist (Mental health, Physical Health, Education) will engage and collaborate with a research partner from a formerly disadvantaged university. The Department of Social Policy and Social Work has a strong working relationship with Fort Hare University.

Sample:

- One or both parents deceased (UN definition of orphanhood)
- 9 provinces, urban/rural, formal/informal spread: 12,000 children.
- Additional samples of streetchildren, child-headed and youth-headed households.
- Stratified age groups: 0-5, 6-10, 11-17 (using age-appropriate measurement tools)
- Comparing AIDS-orphans, other orphans, non-orphans (matched by location)
- Due to ethical implications, HIV+ children will not be interviewed as a separate sample, but will be included within the community sample.
- Children in range of caregiving arrangements: additional sampling to ensure inclusion of children in institutions, orphanages, children's homes and prisons.
- Parental death classified by verbal autopsy method (Hosegood et al, 2004)

- DSD have suggested interviewing of caregivers as well as children: this would be highly valuable evidence but would raise research costs considerably

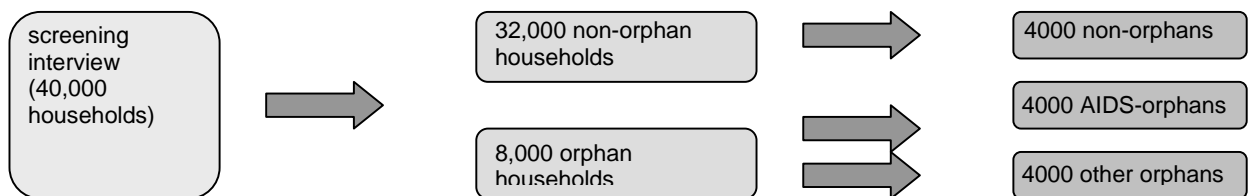
Sampling strategy (quantitative stage):

Two main options are outlined for sampling strategy.

1) *A nationally and provincially-representative sample* would allow for identification of priority intervention zones on a small area level. However, this would require all 9 provinces and a larger sample size than non-representative sampling options. A provincially-representative sample would require a larger sample size than a nationally-representative sample. It would also require the identification and stratification of a national sampling frame. I would recommend an additional purposive sample of streetchildren, child-headed and youth-headed households, and children living in children's homes and in prison.

Suggested 2-stage quantitative sampling strategy for national/provincial sample:

- 1) Screening interview of 40,000 households to determine a) presence of child, b) death of parent. Of non-orphan households with children, 20% randomly selected for inclusion as control group
- 2) For estimated 8000 orphan households (from 40,000 initial, based on GHS data), full interview conducted with one randomly-selected child (4000 AIDS-orphaned, 4000 orphaned by other causes)



2) *Non-representative options* include random selection of wards, with randomised school sampling within wards. Additional community sampling would capture children not attending school, streetchildren, children living in children's homes and in prison. This strategy could take place in all, or a limited number of provinces, and would allow for a range of formal/informal and urban/rural. GHS (2005) data suggests 4 provinces of Kwa-Zulu Natal, Eastern Cape, Gauteng and Limpopo. However, this method would not provide an estimation of the extent of need between provincial or within the national populations.

Proposed timetable:

Start date: April 2008 End date: October 2009.

It is essential that this research is undertaken by a methodologically strong and independent research institution. It is also essential that rigorously scientific methods are used, and that peer-reviewed publications are produced in order to validate findings. The Department of Social Policy and Social Work at Oxford University have extensive capacity in research design, data collection, analysis of national-level datasets and publication. The department has a strong working relationship with the University of Fort Hare, and an already-established history of working with the Department of Social Development. Lucie Cluver has conducted the world's largest study of mental health amongst AIDS-orphaned children, which will serve as the pilot study for this project.

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Appendix 11: Policy Implications of study findings

The findings of this study suggest a number of potential policy implications, applicable to both government and NGO responses to AIDS-orphanhood. The following discussion is a result of consultation and refining of arguments with key academics and policy-makers in Cape Town, Pretoria and Durban. Particular thanks are due to Professor Renfrew Christie (Dean of Research, University of the Western Cape), Chris Desmond (Joint Learning Initiative on Children Affected by AIDS), Kate Orkin (University of Cape Town) and Dr Rachel Bray (Human Sciences Research Council).

The policy implications suggested here are also a result of discussion with members of government directly responsible for orphaned and vulnerable children: Dr Zola Skweyiya (Minister of Social Development, South Africa), Vusi Madonsela (Director-General of Social Development, South Africa), Vuyelwa Nhlapo (Deputy Director-General of Integrated Development), Dr Connie Kganakga (Chief Director of HIV/AIDS) and Dr Maria Mabetoa (Chief Director of Children, Youth and Families).

Increased vulnerability of AIDS-orphaned and orphaned children

The findings of this current study show that AIDS-orphaned children are at higher risk of psychological distress than other children. These findings add to emerging evidence of increased vulnerability in other areas. A large study in Kwa-Zulu Natal suggests strongly that AIDS-orphaned children have lower school enrolment and attendance (Case & Ardington, 2005). Disaggregation of national survey data found that orphaned children (no distinction was made within orphanhood) are less likely to complete primary education (Operario et al., in press) and are at higher risk of contracting HIV (Operario et al., 2007).

Targeted services and targeting access to services

Study findings establish the following for the isiXhosa-speaking urban Western Cape:

- 1) AIDS-orphaned children have more psychological problems than other children;

- 2) AIDS-orphaned children are living in poorer households;
- 3) AIDS-orphaned children are less likely to be accessing poverty-alleviation services;
- 4) Poverty and lack of access to services mediates the effect of AIDS-orphanhood on mental health;
- 5) AIDS-orphaned children are also more vulnerable because of a range of other factors, such as stigma, caregiver illness and young carer responsibilities.
- 6) Risk factors are interacting to produce strong cumulative effects, which further heighten children's risk of mental health problems.

This study suggests that several important mediating factors in the relationship between AIDS-orphanhood and mental health take place at a family or household level within Bronfenbrenner's ecological framework (Bronfenbrenner, 1979). These include poverty-related factors such as school access, and care factors such as caregiver illness and housework. Such findings suggest the potential utility of supporting the 'informal safety-nets' (Richter et al., 2006, p. 44) of family and households in order to provide care for orphaned children.

It seems as if some of the heightened vulnerability experienced by AIDS-orphaned children has the potential to be diminished by existing poverty alleviation services and policies. AIDS-orphaned children were found to be poorer, and are less likely to be accessing services such as grants. Qualitative research suggests that lack of access to grants is due to a range of reasons, including inadequate service delivery (Meintjies et al., 2003), lack of documentation such as death certificates (Young & Ansell, 2003b), and limited knowledge of systems of accessing services (Essop, 2004).

Do these research findings suggest a need for targeting of services to AIDS-orphaned children? As discussed below, currently both policy and academia seem caught between the two poles of targeting and non-targeting (Desmond, personal communication, March 2007). I argue that this ideologically-loaded debate is obscuring our responsibility towards AIDS-orphaned children. It is essential to identify whether AIDS-orphaned children, or all orphans, do have particular needs. If they do, it is essential to respond to

these needs. What is required is an evidence-based approach to the question of service provision for AIDS-orphaned children.

Using evidence from this current study, and other studies, I argue that AIDS-orphaned children in South Africa are (largely) not in need of new or specific services regarding poverty alleviation. But they *are* in need of additional support to ensure that they access those services for which they are eligible. Such support may include services such as increased provision of social workers to assist in grant applications, or anti-stigma training amongst service providers. In addition, AIDS-orphaned children are in need of services to target other areas of risk and protective factors. These services should be targeted, as relevant, to particular groups or areas.



Figure 45: 'What do you want to be when you grow up?' Girl, 13, Khayelitsha.

The targeting debate

AIDS-orphanhood is a relatively new policy concern. In the past decade, South African approaches to vulnerability and service provision to AIDS-orphaned children have 'swung' between targeting and non-targeting. Throughout this 'swing', very little evidence has been available to inform arguments.

In the mid-late 1990s, the emerging phenomenon of large numbers of AIDS-orphaned children prompted great concern within the international community. Targeted services were aimed specifically and exclusively at AIDS-orphaned or AIDS-affected children. These were often provided through NGOs, and included services such as food parcels and 'psychosocial support'. However, arguments emerged which challenged the targeting of services. Qualitative evidence suggested that targeting of services and resources caused

stigmatisation of 'AIDS-orphans' (Giese et al., 2003). It was argued that targeting was missing the point: AIDS-orphaned children were in many aspects no more vulnerable than other poor children. It was also argued that by targeting AIDS-orphaned children, many other highly vulnerable children were being excluded from services (Meintjies & Giese, 2006; Richter et al., 2006).

The debate on targeting of services to AIDS-orphaned children takes place within the context of a much wider and bitter debate within South Africa regarding provision of social security. Arguments for targeted grants (the current system of Child Support Grant, Foster Care Grant etc) contrast with a strong political movement for a universal Basic Income Grant. These debates are, in turn, contextualised by the problems of corruption and variability of service provision (particularly of social security) in South Africa (Goldblatt et al., 2006). In response to demands for improved social security, the February 2007 budget proposes a mandatory earnings-related social security scheme, financed by a social security tax. This aims to provide improved unemployment insurance, disability and death benefits, but will not be implemented until 2010. This wider ideological debate around grant provision continues to influence and frame the debate on AIDS-orphanhood and AIDS-related services.

Targeting of any service (even targeted interventions to improve access to services) to AIDS-orphaned children may be difficult to achieve in practice. For example, in a context of stigma and secrecy around HIV/AIDS, provision of services to AIDS-affected families risks increased stigma (which itself was shown to be a key risk factor in psychological distress) (Richter et al., 2006). It further risks the paradoxical exclusion of AIDS-affected people who do not wish to be identified as such, and thus cannot access services aimed specifically at them.

Possible approaches include 'area targeting': the provision of increased levels of services to areas most affected by HIV/AIDS (Desmond, 2007), or 'orphanhood targeting', such as the government's encouragement of registration on the 'orphan register' of all orphaned children in South Africa.

The question of targeting of any intervention or policy to a particularly vulnerable group presents difficulties. By focusing on a particular vulnerable group, other children in need of services are excluded. However, by relying on universal provision or public health approaches, the particularly vulnerable group are rendered even more vulnerable as they do not access services at the same rate as other children. The in-between response of area-targeting (such as Surestart areas in the United Kingdom - www.surestart.gov.uk) presents problems of exclusion of AIDS-orphaned children who do not live in target areas. Area-based targeting also risks potential exclusion of AIDS-orphaned children within target areas, as they may continue to be more vulnerable within their communities. For example, evaluations of SureStart showed that the most vulnerable groups showed low take-up of services, compared to higher take-up amongst less vulnerable groups within targeted areas (Belsky et al., 2006).

Richter et al (Richter, Manegold, & Pather, 2004) recommend the use of local-level orphan registration programmes. These can facilitate monitoring; provide basic information on the needs of vulnerable children, some assessment of main causes of children's vulnerability, and records of assistance given. Local-level programmes with child participation are considered preferable to national-level programmes, which are costly, difficult to maintain, and raise expectations for assistance which is not always available or sustainable. However, local-level orphan registration programmes may not be suitable for high-density urban areas with high levels of migration.

Relevant responses to a range of risk factors

Responses to AIDS-orphanhood depend, to an extent, on how we view AIDS-orphaned children's vulnerability. This current study provides evidence to challenge the argument (at least in mental health) that AIDS-orphaned children are no more vulnerable than other orphaned or other poor children. However, there seem to be a wide range of interlocking factors which are contributing to their poorer psychological health. These include poverty and lack of social security, but also include stigma, bullying, caregiver illness, housework, access to school and quality of care. They may also include factors not yet measured in this or any research.

The wide range of factors contributing to increased vulnerability suggests that we should not view AIDS-orphaned children simply as a group of poor children who are especially vulnerable. We should instead recognise that a package of policies and interventions is necessary, based on the most rigorous available evidence of risk and protective factors.

Different types of risk factor will require different responses, and may be aimed at different sectors of society. For example, programmes to reduce stigma against AIDS-orphaned children should not be focused only (or at all) on the affected group, but also on the wider community. Using the findings of this study, I argue that a package of interventions which aim to improve psychological health of AIDS-orphaned children must include:

- 1) *Services which are aimed specifically at AIDS-affected families*, such as provision of anti-retrovirals to HIV+ caregivers of AIDS-orphaned children.
- 2) *Services aimed at improving AIDS-orphaned children's access to existing services*, such as increased support for accessing grants. In order to prevent stigmatisation, this kind of increased support may not in practice be openly targeted at AIDS-affected families. It may also be necessary to have services which encourage and support AIDS-affected families in accessing area-level services such as education, perhaps through existing support groups and faith-based organisations. Service providers such as schools need to be alerted to the particular needs of AIDS-orphaned children.
- 3) *Area-targeted services and poverty-targeted services* may have potential to improve outcomes for AIDS-orphaned children, such as no-fees schools, school feeding schemes and anti-stigma programmes.
- 4) *Universal or public health services* also have the potential to increase likelihood of AIDS-orphaned children accessing services, such as increasing numbers of social workers (through schemes such as education bursaries), and provision of social security.

Furthermore, any suggested interventions require rigorous testing of acceptability, piloting, efficacy and effectiveness. Why, then, is it necessary or desirable to provide such policy recommendations at all? From a purist scientific perspective, such recommendations are a leap into the unknown. However, during the dissemination stage of this project, it was apparent that the findings of this current study presented an important and immediate problem. It was further apparent that government and NGOs were desperate for guidelines to respond to the needs of AIDS-orphaned children. The set of possible responses listed in Tables 22 and 23 are to be approached only as tentative speculation. Areas requiring further research, and suggestions for such research, are presented later in this chapter.

Table 22: Summary of suggested policy goals to reduce psychological problems for AIDS-orphaned children in South Africa

<i>Policy Goal</i>	<i>Potential mental health benefits</i>
Improve levels of food security for AIDS-orphaned children	Reduce depression, conduct problems and delinquency, reduce likelihood of child having a clinical disorder
Improve grant access for families caring for AIDS-orphaned children	Reduce depression, conduct problems and delinquency.
Increase access to education for AIDS-orphaned children	Reduce depression, conduct problems and delinquency
Reduce numbers of AIDS-orphaned children living with very sick caregivers	Reduce depression, anxiety, delinquency and conduct problems
Reduce numbers of children having 3 or more changes of caregiver	Reduce likelihood of child having a clinical disorder
Reduce caregiving burden on AIDS-orphaned children	Reduce depression, anxiety, delinquency and conduct problems
Reduce AIDS-related stigma	Reduce depression, PTSD, peer problems, delinquency and conduct problems, reduce likelihood of child having a clinical disorder
Reduce bullying of AIDS-orphaned children	Reduce likelihood of clinical disorder

Table 23: Possible policy responses

Improved levels of food security for AIDS-orphaned children			
<i>Possible services</i>	<i>Targeted at (if targeted service)</i>	<i>Potential service provider/s</i>	<i>Indicator and source</i>
Reliable and regular food parcel schemes, combined with food gardening schemes (see below)	Families identified by social services Families with children on the orphan register	Provincial Departments of Social Development /NGO partnership	Indicator: Proportion of orphaned children receiving at least 10 monthly food parcels per annum Source: NGO and state records, specific research studies. Stratified urban/rural
Food gardening schemes	Child-headed and youth-headed households		Indicator: Proportion of orphaned children with a household member actively involved in a food garden Source: NGO and state records, specific research studies. Stratified urban/rural
School feeding schemes	Poor areas Schools with high numbers of non fee-paying learners No-fee schools	Provincial Education Departments/ School partnerships	Indicator: Proportion of schools in low-income areas with feeding schemes Source: Provincial Indices of Multiple Deprivation for Children (Noble et al, 2007), Education department administrative records

Improve grant access for families caring for AIDS-orphaned children			
<i>Possible services</i>	<i>Targeted at</i>	<i>Potential service provider/s</i>	<i>Indicator and source</i>
Specific research project to investigate barriers to grant access for AIDS-affected families.			
Information for caregivers in poor areas on complex grant applications, ie missing documentation	Caregivers of all orphans (through support groups) Applicants at grants offices Caregivers in schools	NGOs Government information	Number of attendees at training sessions on grant application NGO records Specific research on length of time from application to grant receipt for caregivers of orphans
Support for particularly vulnerable caregivers in negotiating grant application process	HIV+ caregivers identified through clinics Elderly caregivers identified at grants offices	Trained NGO staff Auxiliary social workers	Indicator: Child Support Grant and Foster Care Grant uptake, stratified by age and high HIV-prevalence areas

	Child-headed and youth-headed households		Source: SOCPEN dataset, ante-natal clinic HIV seroprevalence data (Department of Health)
Reduce backlogs of applications for Foster Care Grants: increase numbers of social workers to assess grants, or allow parts of Foster Care assessment to be done by auxiliary or community workers	Children applying for Foster Care Grants	Social Services NGOs providing social work services	Indicator: Proportion of initial applications for foster care proceedings per annum, which are fully assessed within 1 year of application Source: provincial social services and NGO records. Stratified urban/rural
Support for child-headed households and youth-headed households in process of grant application	Child-headed and youth-headed households, identified through NGOs, schools and churches	Social Services NGOs providing social work services	Indicator: Number of children in child-headed and youth-headed households receiving grants, as proportion of number of child-headed and youth-headed households Source: SOCPEN data, GHS/Census data

Increase access to education for AIDS-orphaned children			
<i>Possible services</i>	<i>Targeted at</i>	<i>Potential service provider/s</i>	<i>Indicator and source</i>
No-fees schools in areas of high HIV prevalence	High HIV-prevalence areas	National Department of Education	Indicator: Proportion of neighbourhoods which have HIV prevalence of 20% or higher, with a no-fees school Source: Ante-natal clinic HIV sero-prevalence data (Department of Health), Department of Education data
For fee-paying schools, support for poor families in applying for fee reduction/exemptions	Poor areas	NGOs, schools	Indicator: number of schools with identified staff member to assist families with applying for reductions/exemptions Source: school data

Reduce numbers of AIDS-orphaned children living with very sick caregivers			
Reduce numbers of children having 3 or more changes of caregiver			
<i>Possible services</i>	<i>Targeted at</i>	<i>Potential service</i>	<i>Indicator and source</i>

			<i>provider/s</i>	
	Improve access to anti-retroviral medication for HIV+ caregivers	ARV rollout targeted at all HIV+ people with relevant CD4 count	National and Provincial Departments of Health	Public sector, NGO and private-sector data on ARV rollout. Actuarial Society of South Africa (ASSA) models
	Improve healthcare access for elderly caregivers of orphaned children	Home-based care support for elderly caregivers Medical support (ie lower prescription and treatment costs) for elderly poor	Department of Health	Indicator: Proportion of elderly caregivers receiving home-based care services. Prescription and treatment costs for pension-eligible people.
Reduce caregiving burden on AIDS-orphaned children				
	Practical support to children acting as home-based carers for AIDS-unwell caregivers	Children in AIDS-affected families, identified via HIV+ clinic attendees Children living with elderly grandparents, identified through NGOs and schools	Provincial departments of Health NGOs	Indicator: Number of children receiving at least fortnightly visits from Home-Based Care professionals or Home Visitors. Source: Local government and NGO Home-based care supplier data. Stratified urban/rural

Reduce AIDS-related stigma				
	<i>Possible services</i>	<i>Targeted at</i>	<i>Potential service provider/s</i>	<i>Indicator and source</i>
	Very little available evidence on effective reduction of stigma in the developing world. No available evidence could be found on effective reduction of stigma towards non-infected, AIDS-orphaned children. Establishment of research into potential interventions in the developing world, and rigorous evaluation of any interventions, preferably using area-based randomised controlled trials.			
	Effective government and NGO campaigns to reduce stigma (both within the family and more generally) seem strongly desirable, based on the findings of the present study.			
Reduce bullying of AIDS-orphaned children				
	Anti-bullying programmes in schools	all schools	Department of Education	Indicator: Proportion of schools with active anti-bullying programmes Source: Department of Education data

Appendix 12: Consultations

Academic consultations: Dr Lauren Wild (University of Cape Town, Department of Psychology) and Dr Soraya Seedat (Medical Research Council, Unit for Anxiety and Stress Disorders) contributed extensively to the choice of standardised questionnaires. This collaboration with UCT and the MRC is described in Chapter 1.

Professor Andrew Dawes (Human Sciences Research Council, Director of Child, Youth and Family Research Programme) advised on sampling design and use of picture-based items. Professor Leslie Swartz (Chair, University of Stellenbosch Department of Psychology) advised on cultural transferability of standardised instruments. Dr Harriet Deacon (Human Sciences Research Council, Social Aspects of HIV and Health Research Programme) and Brendan Maughan-Brown (University of Cape Town, AIDS and Society Research Unit) advised on stigma items. Professor Sally Grantham-McGregor (Institute of Child Health) advised on poverty and hunger items.

Professor Brian Robertson (Groote Schuur Hospital, Department of Psychiatry) advised on depression and PTSD scales. Dr Deborah Kaminer (University of Cape Town, Department of Psychology) advised on translation of the Child Depression Inventory and Child PTSD Checklist. Dr René Brandt (University of Cape Town, AIDS and Society Research Unit) advised on questionnaire structure. Professor Alan Stein and Tamsen Rochat (Oxford University, Department of Psychiatry) advised on use of standardised questionnaires. Professor Lorraine Sherr (University College London, Department of Primary Care and Population Sciences) advised on items discussing bereavement with children.

Professor Lynne Murray (Reading University, Department of Psychology) and Dr Mark Tomlinson (Child Guidance Clinic, Department of Psychology, University of Cape Town) advised on interviewing techniques, as did Lorraine Townsend (University of Cape Town, Department of Psychiatry). Dr Julie Carter (Institute of Child Health, Centre for International Health and Development) advised on adaptation of standardised questionnaires to developing world contexts. Dr Cathy Ward and Amelia Van der Merwe (Human Sciences Research Council, Child, Youth and Family Research Programme) advised on the use of the Social and Health Assessment items. Desiree Michaels (School of Public Health, University of Cape Town) and Dr Jonathan Morgan (Regional PsychoSocial Support Initiative) advised on interviewing AIDS-affected families.

Governmental and Non-Governmental Organisations: Professor Sandra Burman (South African Law Commission) contributed items for the questionnaire on property-grabbing amongst orphans. Dr Jennie Gamlin (International Labour Organisation) contributed items on child labour and child work. Patrice Engle (Senior Advisor, UNICEF) contributed items on child bereavement. Veronica Cloete (Provincial Administration of the Western Cape, HIV and AIDS Directorate) contributed items on religious institutions. Sharon Kleintjies (Department of Health Western Cape) and Professor Melvyn Freeman (World Health Organisation and Human Sciences Research Council) advised on questionnaire design and items regarding HIV+ parents. Clarissa Arendse (Planned Parenthood Association of the Western Cape, child-headed household scheme) advised on items relating to child-headed and youth-headed households.

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