The expectations and experiences of volunteers offering psychosocial support to vulnerable children.

Heather Gael Simpson

The author hereby declares that this thesis, unless

otherwise stated, is a product of her own work.

_____

Heather Simpson

August 2007

As the candidate's supervisor, this dissertation is being

submitted for examination with my approval.

_____

Dr Bev Killian

April 2007

Abstract

This qualitative study is an exploratory investigation aimed at understanding the expectations and experiences of volunteers offering psychosocial support to vulnerable children. It serves as an evaluation of one aspect of the Structured Group Therapy Programme (SGTP) implemented within peri-urban and rural communities in KwaZulu-Natal. Volunteers from within these communities are involved in facilitating this community-based programme, and in order to ensure the long-term sustainability of this project, it is important to understand what (i) motivates an individual to volunteer in the programme, and (ii) what keeps them involved.

Two groups of research participants were selected to participate in this study. The first group comprised of five volunteers who were more experienced in their work with vulnerable children than the second group of participants. The first group of participants had been involved in the Vulnerable Children's Programme (VCP) for a longer duration, across all the communities in which the programme operates, and were involved in training new facilitators. The second group of participants consisted of eight community facilitators, who were involved in implementing the programme within their local community alone, and were less experienced than the first group. The nature of this study required careful consideration of ethical principles before, during, and even after the study was complete. A focus group was run with each of the groups with the aim of exploring the volunteers' expectations before entering the programme and their experiences within the programme. The focus groups were transcribed and analysed within an interpretive, phenomenological framework.

Several important themes emerged from the analysis. As hypothesised, the volunteers' motivation for involvement in the programme evolved as they worked with the children. Their positive experiences within the programme served to renew the volunteers' energy and motivation for sustained service, while the difficult experiences facing the volunteers lead to a risk of withdrawal from the programme. The volunteers felt that they were supported in their service, however the more experienced group felt that this support was insufficient to meet their needs. Despite this, many of the volunteers' overall needs were fulfilled through their involvement in the programme. Limitations and implications of the study were considered.

Acknowledgments

In completing this study, I have received assistance and encouragement from many people. I would specifically like to thank the following people:

- Dr. Bev Killian for her guidance, understanding, and constant support throughout my studies in psychology. Thank you for supervising me in this research and for your valuable input.

- To my participants, without whom this research would be impossible. Thank you for sharing your experiences with me. The work that you are involved in is extremely inspiring and it is clear that many lives have been positively impacted through your care.

- To Dominique Mamet for her assistance in drafting the focus group questions and for liaising with the research participants.

- To Nontobeko Khoza and Nqobile Chamane for their assistance with the translation.

- Thanks Mom, Dad and Jan for your ongoing encouragement, and for being a real strength to me throughout my masters degree.

- Thanks to Kath Pitcher for your special friendship and support through masters, and for kindly offering to assist me with proof reading.

- To the SCC staff and interns. Thank you especially to Zama Khanyile for her friendship and for keeping me motivated in my research. To Siya Zondo and Shalini Hurgobin, you have been amazing friends and made our internship year memorable.

- Thank you to Beverly Miles, Paula van Rooyen, Miguel Cavero, and all of my friends for their support.

- And finally, to my Heavenly Father, who has given me strength and courage throughout my studies.
  "Not to us, O Lord, not to us but to your name be the glory" Ps 115:1

TABLE OF CONTENTS:

List of Tables

List of Figures

List of Abbreviations

CM   Community Mobilisation

NGO   Non Governmental Organisation

PSS   Psychosocial support

SGTP   Structured Group Therapy Programme

SP   Sensitisation Programme

VCP   Vulnerable Children's Programme

Preface

Rick Warren (2002) writes "we are a product of our past, but we don't have to be a prisoner of it" (p.28). Through my work in the field of psychology I am often reminded of this phrase. All of us are shaped and moulded by past experiences but we determine the attitude that we adopt toward these circumstances and life in general. We can either allow life to shape us, or we can be proactive and instrumental in shaping our own lives. I am not undermining the terrible circumstances that many individuals have experienced. Some things we may not be able to change, but I believe that the decisions we make today will impact our future. As psychologists we are often consulted to 'put the pieces back together' and are often reactive to the needs of people. Yet there is a great need to become increasingly proactive in our work, empowering individuals, and the broader community.

This Vulnerable Children's Programme (VCP) is a true example of being proactive within communities where there is a desperate need. In 2004 and 2005 I had the privilege of spending some time with the volunteers and co-ordinators of this programme. I have been greatly challenged by their dedication to overcoming some of the challenges faced by these communities, and I dedicate this research to them.

Chapter 1: INTRODUCTION

1.1. The problem area

The HIV/AIDS epidemic currently facing South Africa is of devastating proportions. It is within the impoverished areas of KwaZulu-Natal that the highest incidence of HIV infection exists within South Africa (Lindegger & Wood, 1995). The rapidly increasing number of children affected by the disease is of growing concern. HIV/AIDS, poverty and the associated risk factors make children living in these areas increasingly susceptible to behavioural, emotional, psychological and social difficulties.

Given the vast number of vulnerable children within the South African context, there is an immense need to encourage the development of resilience within these children. Since resilience generally develops in response to difficulties within a facilitative environment, it appears that resilience can be an acquired capacity (Sroufe, 1997, in Killian, 2004a). Studies of resilience focus on identifying strengths and assets in both individuals and systems that enables these individuals to overcome adversity and develop to their full capability (Killian, 2004b). Intervention programmes are therefore urgently needed to reduce risk, while at the same time enhancing resilience within the children residing in high prevalence HIV/AIDS communities.

In order to deal with the enormity of these circumstances within these communities that have few resources and little access to government support, large scale, cost-effective interventions are necessary (Killian, 2004a). Through community empowerment and mobilization this can be achieved. Franklin (2002) regards the mobilization of volunteers at grass-roots level as being particularly important in dealing with the HIV/AIDS epidemic. Community involvement provides the volunteers with a sense of control over their circumstances and with increased self-efficacy, thereby empowering them to confront the challenges facing them. A community intervention will also assist in relieving the burden on the formal health sector (Schneider & Russell, 2000, in Gothan, 2003).

The Vulnerable Children's Programme (VCP) bases its intervention strategy on resilience theories and aims to mobilise and strengthen the community-based responses through local and external resources. It endeavours to build and enhance resilience, while minimising the impact of the risks to which children have been exposed (Killian, 2004b). The successful implementation of the VCP relies largely on the participation of community volunteers.

Volunteers play a significant role in addressing many social problems facing society. A large number of these volunteers have responded to the HIV/AIDS pandemic (Miller, 2000). Volunteerism is a community response to a social problem, in which an active role is assumed in addressing social problems (Danoff & Kopel, 1994). When attempting to understand the psychological and behavioural features of volunteerism, one needs to take into account the antecedents, experiences, and consequences of volunteerism (Snyder & Omoto, 1992). Exploring these factors will assist with practical issues surrounding volunteerism, such as the recruitment and retention of volunteers.

In an environment where the client's needs are so great, it is possible that the needs of the volunteers can be overlooked or disregarded, and yet there is a significant psychological impact on the volunteers working in a context of multiple loss and bereavement (Miller, 2000). Since volunteers play a significant role in assisting communities, increased attention should be given to the needs of the volunteers themselves.

To ensure the effective implementation of these intervention programmes, it is essential that volunteers are given the opportunity to provide regular feedback. Volunteers have the potential not only to encourage social change, but to also communicate their newly acquired attitudes, knowledge, and behaviour to their friends, acquaintances, and society at large.

1.2. The research question

This research is an evaluation of one aspect of a community-based programme designed and implemented by Killian (2004b), which aims to address the psychosocial needs of

vulnerable children. The research question aimed to explore the expectations and experiences of volunteers that become involved in the programme. It was hypothesised that the initial motivation of volunteers who enter the programme will change as they become more involved in the intervention. Given the challenging work facing these volunteers, it is important to understand what motivates them to volunteer their time and services in order to encourage these individuals to continue in their service to the programme, and to recruit new volunteers.

1.3. Methodology

This study uses an interpretive, qualitative methodology. The researcher used a phenomenological framework to explore the personal accounts or subjective experiences of individuals in order to identify the commonalities and differences in experiences of volunteers offering psychosocial support to vulnerable children.

The research participants were accessed through the VCP, and purposive sampling was used. The methodology used in this study necessitated the consideration of a number of ethical issues prior to executing this research. A focus group was facilitated with the two groups of volunteers, providing a rich description of the lived experiences of the participants in the programme (Boyatzis, 1998). *[A record of the transcripts is available should they be required]*.

A method of multiple readings of the text was used, and the data was analysed by means of a thematic analysis. This technique enabled the researcher to gain a global understanding of the narratives, while focusing on the basic element of what the volunteers reported.

1.4. Overview of the chapters

Chapter 2 provides a review of the current situation within South Africa, with regards to the HIV/AIDS pandemic and its impact on vulnerable children. A brief overview of risk and resilience literature is provided, specifically focusing on the value of mentoring. The

need for intervention is highlighted and the value of community empowerment is addressed. An overview of the VCP is provided.

Chapter 3 provides an overview of literature on volunteerism. The psychological and behavioural features of volunteers are examined in order to better understand who volunteers, and what keeps the volunteers involved in service. The importance of volunteer well-being is briefly discussed.

Chapter 4 outlines the methodological processes followed in this research, describing decisions made with regards to sampling, data collection and analysis of the data. An interpretive theoretical framework is provided and important ethical issues addressed.

Chapter 5 presents the findings of this research, followed by a discussion of the findings, which is linked to current literature in chapter 6. The limitations of this study are addressed, and recommendations for further practice are made.

REVIEW OF THE LITERATURE

Chapter 2: The South African Context and Resilience theory

2.1. Introduction

The HIV/AIDS pandemic continues to have a significant impact on South African communities. Among those affected by the disease are countless children. Harmonious family functioning is disrupted by the effects of the disease, and children are left to face the economic, psychological and emotional consequences of losing family members (Leach, Akhurst & Basson, 2003). Children living in rural and peri-urban communities of South Africa are especially vulnerable to the impact of HIV/AIDS as these children are exposed to numerous layers of psychosocial risk factors.

This chapter will briefly outline some of the effects of the HIV/AIDS pandemic within the context of South Africa, including economic and psychosocial influences. This is followed by an examination of the vulnerability and risk factors facing children living in adversity. Theories of resilience are then examined, highlighting the importance of intervention within the South African context. Community empowerment is discussed, and the chapter concluded by outlining a local intervention programme that aims to develop resilience in vulnerable children within high prevalence HIV/AIDS communities.

2.2. The effects of the HIV/AIDS pandemic

The impact of HIV/AIDS on our society is profound. The pandemic has and will continue to have a major impact on the country economically, socially, and psychologically. Employment opportunities decline, resulting in increased poverty and crime; productivity is affected, international investments decrease, while families are destroyed, and many are left to face the psychological and emotional consequences of such loss (Leach et al., 2003). There is a great need to train counsellors to initiate psychosocial interventions. Such interventions might include the support of those family members infected and affected by the disease, as well as educational programmes that would aim to inform communities of the transmission and course of the disease (Leach et al., 2003).

2.2.1. Socio-economic effects of HIV/AIDS

The socio-economic impact of HIV/AIDS may vary from family to family and across geographical contexts. The potential effects may include:

- a decline in income, impacting all areas of life;
- the costs of illness, death and funerals;
- a decrease in the number of economically-active individuals and the subsequent increase in dependent sick adults and children;
- an increase in child labour;
- impacts on business, commerce and agriculture as a result of economically-active adults falling sick, increased rates of absenteeism, declines in productivity, increased cost of recruitment and training, and an increased demand for the provision of insurance and health resources; and
- costs of social and health services (Killian, 2004b).

HIV/AIDS is more likely to spread in impoverished, disempowered communities (Killian, 2004b). Some of the risk factors associated with poverty include inadequate access to food and health care, poor sanitation, risky sexual behaviour (including sex work) and poor educational opportunities (Wekesa, 2000; Whiteside, 2001). According to Whiteside (2001) "poverty has contributed to the speed and scale of the epidemic and in turn AIDS increases poverty" (p.1). The cumulative effect of these factors has been shown to have a clear harmful effect on children's development (Garmezy, 1993, in Smokowski, 1998).

The circular impact of these factors will mean that "any meaningful intervention has to be aimed at large scale, cost effective, readily replicable intervention strategies at national, community, family and child levels" (Killian, 2004b, p.25). Communities can be strengthened and empowered to overcome the psychosocial risks facing them, however, these intervention strategies must be partnered with poverty alleviation and community development programmes in order to have the most effective impact (ibid.).

11

2.2.2. Psychosocial effects of HIV/AIDS

Sherr (1995) writes that "the burden of grief is the silent backdrop that looms behind the high profile AIDS and HIV epidemic" (p.1). Individuals are often faced with multiple losses of family members, friends, and/or acquaintances. These losses include a loss of health, future plans, employment, independence, hope, interest in life, self esteem, sexual freedom, privacy, and the potential loss of social support (Nord, 1997; Sherr, 1995). The effect of these losses is cumulative and erodes an individual's capacity to cope.

The circumstances facing children living in high HIV/AIDS prevalent communities result in them facing a number of risk factors that in turn leads to increased vulnerability. Extreme poverty is one such variable, while another common variable facing most of these children is their vulnerability to become the target of discrimination and stigmatisation. Stigma has been found to lead to discrimination and social isolation, adding to the suffering of sick people and their families (Schoepf, 2004). In an attempt to find a cure, many families spend scarce resources, combining herbal medicine with divination (Kalipeni, Craddock & Ghosch, 2004; Schoepf, 2004). AIDS orphans are left to rely on extended families and communities, but may be rejected due to the stigma surrounding their parents' death (Schoepf, 2004).

A third factor facing most children living in high HIV/AIDS prevalent communities is a disruption in education (Killian, 2004b). Within households that are affected by AIDS, there is a decline in school attendance and performance, and as a result social interaction is reduced (Killian, 2004b).

The psychosocial impact of HIV/AIDS on children begins when the parent or primary caregiver is infected by HIV, and continues a considerable time after their death (Killian, 2004b). Some of these consequences may include (Hough, 2001):
- children not being able to go to school because they need to care for sick parents, or they may need to assist with generation of income;
- the loss of guidance, care, teaching, socialising and disciplining roles provided by parents;

- unmet fundamental needs of orphaned children, such as shelter, food, and clothing;
- reduced access to health care; and
- threatened psychosocial wellbeing and development.

2.3. Vulnerability and risk facing children in adversity

When an individual faces adversity and is exposed to stress, psychological distress typically results. The greater the intensity and/or duration of the stress, the greater the impact on the individual's psychological health. One can assume that most children living in high prevalence HIV/AIDS communities face some form of vulnerability (Killian, 2004b). These children may be directly infected, affected, or orphaned as a result of the disease; and by residing in these communities they live with increased insecurity and fear. Intervention programmes are urgently needed to reduce risk, while enhancing resilience within the children residing in these communities.

Risk factors are those influences that "heighten vulnerability to negative outcomes" (Smokowski, 1998, p.338), and include a wide range of contextual, interpersonal and individual factors. Stress and other risk factors predispose individuals to developing mental, emotional and behavioural problems (Garbarino & Ganzel, 2000).

Amongst the risk factors facing children in high prevalence HIV/AIDS communities are: poverty, a lack of secure attachment to a primary caregiver, exposure to political violence and discrimination, children's understanding of illness and death, and child abuse (Killian, 2004b).

Risk factors have a cumulative effect, and through their interaction, multiple factors increase risk. Given the stressful circumstances facing children living in high prevalent HIV/AIDS communities, these children have been recognised as being vulnerable to developing various emotional and social problems.

13

However, not all children exposed to risk experience negative outcomes, and some are remarkably resilient. Despite the presence of substantial risk, young people facing significant risk can, and do overcome incredible perceived disadvantages in life, positively adapting to their circumstances (Brown, 2004; Smokowski, 1998). Studies of resilience focus on identifying strengths and assets in both individuals and systems that enable these individuals to overcome adversity and develop to their full potential (Killian, 2004b).

2.4. Resilience Literature

"Children are wondrously resilient creatures capable of surviving harsh experiences and transforming them into personal strengths. This ability to surmount life's obstacles builds character and instils knowledge that helps to steel them against future hardships" (Brown, 2004, p.75).

Resilience has been described as the ability to adapt and cope effectively despite facing significant risk or hardship (Smith & Carlson, 1997, in Killian, 2004a). Resilience literature is of great value when working with children that have been exposed to immense hardship, as it identifies the factors that enable some children to rise above difficult circumstances, or " 'spring back' in the face of adversity" (Jacelon, 1997, p.123). Psychosocial support can be provided to children that have experienced physical, emotional and/or social hardship, through families, the community and broader society (Killian, 2004a). Such interventions aim to take advantage of these children's resiliency, in order for them to "grow up to be productive, happy and well-adjusted individuals" (Killian, 2004a, p.1) despite their circumstances.

2.4.1. Models of resilience

By adopting a *strength-based model*, one may enable "a person, group or community to prevent, face, minimise, overcome and perhaps be strengthened or transformed by adversity" (Killian, 2004a, p.2). *Protective mechanisms* such as internal personal

strengths, social interpersonal skills and external support, prove to be valuable assets or tools when working with children who live in adverse circumstances (Killian, 2004a). To understand how these protective processes operate, the following principles should be considered (Killian, 2004a):

- children play an active role in overcoming risk situations and adversities, with the child's appraisal of a situation playing an important role in the outcome of these circumstances;
- protective processes have an accumulative impact on a child;
- protective processes go beyond ethnic, social class, geographical and historical boundaries;
- certain protective mechanisms are especially significant, for instance secure attachments, availability of good role models, and access to social support
- some protective processes appear to be linked with cognitive, emotional, or social maturity, as they only come into operation as the child matures.

2.4.2. Resilience-enhancing processes

Some things one may not be able to change, such as a child's genetic makeup or temperament. Yet *inner strengths or personality variables* develop as a result of the interaction of genetic and environmental factors (Killian, 2004a). Since these variables are socially constructed, they can generally be manipulated with time. These inner strengths include: social competence; self-confidence; problem-solving abilities; autonomy and internal locus of control; the ability to experience and express a wide range of emotions in a socially appropriate manner; sense of purpose and future orientation; and faith in a higher power.

Action-oriented coping skills assist the child, in that he or she perceives circumstances to be controllable (Killian, 2004a). These coping skills include:

- *cognitive skills*, such as the ability to focus attention and maintain concentration, the ability to anticipate and plan for the future, and problem solving skills;
- *emotional skills*, such as emotional awareness, and adaptive use of fantasy;
- *social skills* and access to social support and good role models;

- *behavioural skills*, such as impulse control and high energy levels; and
- *spiritual skills*, such as a belief in a higher being, a sense of morality, or a desire to do the right or good things (Killian, 2004a).

Creating a *facilitative environment* by means of external supports and resources is another process that enhances resilience (Killian, 2004a). This operates at the levels of the family, school, and community, and includes:
- secure attachment with at least one consistent primary caregiver;
- availability of adequate and competent adults who serve as consistent role models;
- structure, rules and routines for boys and appropriate responsibilities for girls; and
- a sense of being an integral part of a family, community and culture (Killian, 2004a).

Thus, it appears that environmental factors can be controlled and manipulated to create a facilitative environment in which children can develop skills to assist them in coping with and overcoming challenging circumstances.

2.5. Mentoring: The presence of a positive role-model

One of the key ingredients to implementing effective intervention strategies among young people is the promotion of competence and self-esteem, and one of the most successful ways of effectively promoting self-esteem and self-efficacy is by means of supportive relationships (Werner, 1999). The literature suggests that resilient individuals have at least one person in their lives with whom they share a close bond or relationship, and who accept them unconditionally, such as a parent, family member, or extra-familial adult (Werner, 1999).

The role of a positive relationship with a caring adult outside of one's family context is supported by research as an effective protective influence for children (Parra, DuBois, Neville, & Pugh-Lilly, 2002). Interventions of this nature offering psychosocial support (PPS) to vulnerable children have been developed to facilitate this kind of relationship, and have become a popular preventative intervention strategy for youths at risk (Benard & Marshall, 1997; Parra et al., 2002). Although outcomes have been found to vary among

16

individuals and within programmes, some of the positive outcomes linked with mentoring include increased self-esteem and self-confidence, improved academic achievement, reduced likelihood of initiating drug use, and lower rates of recidivism among juvenile offenders (Parra et al., 2002).

Research demonstrates that the self-efficacy of the adult or volunteer is a significant predictor of the length and effectiveness of such interventions with children (DuBois, Neville, Parra & Pugh-Lilly, 2002; Parra et al., 2002). Thus, it is important to enhance the volunteer's feelings of confidence by means of adequate training, while simultaneously providing them with ongoing support and training (Parra et al., 2002).

2.6. The need for intervention

With the vast number of vulnerable children within the South African context, there is an urgent need to encourage the development of resilience within these children. Since resilience generally develops in response to difficulties within a facilitative environment, it appears that resilience can be an acquired capacity, influenced by on-going changes (Sroufe, 1997, in Killian, 2004a). Thus, by focusing on an individual's strengths, rather than deficits, resilience theory informs the construction of intervention programmes that enhance the development of resilience (Killian, 2004a). This can be achieved by means of the following strategies (Killian, 2004a):

- Reduce exposure to risk;
- Minimise negative chain reactions, e.g. poverty, death of a parent;
- Promote self-esteem and self-efficacy; and
- Provide opportunities for positive relationships and experiences, such as developing community social networks one facilitates interpersonal interactions and opportunities to experience new ways of being.

Not only should intervention occur at an individual level, it should also occur within families, schools, and communities. This is important as it assists to promote cost-effective, ongoing support and awareness at a broader level. Killian (2004a) writes that "attempts can be made to actively influence social circumstances to promote awareness

17

and understanding of the specific difficulties faced by vulnerable children. This would usually take the form of a number of community processes aimed at:

- mobilising community members to support and address the needs of vulnerable children;

- sensitising and training key stakeholders, caregivers, youth and educators, to meet the needs of vulnerable children; and

- establishing activities and support groups for children in order for them to feel integrated within their community" (p. 13).

All of these are presumed to have reciprocal benefits for the adults involved in assisting the vulnerable children. This study will explore this issue to determine if the adults do indeed accrue psychosocial benefits from assisting vulnerable children.

2.6.1. Community empowerment

Community development is generally grounded in empowerment principles (Killian, 2004b). Empowerment is a process that challenges our fundamental assumptions about the way things are and can be in the future (Page & Czuba, 1999). Rappaport (1984) asserts that, given the right environment and opportunities, existing competencies within the individual will emerge. Empowerment theory focuses on competencies that are already present within the individual, community, or organisation, and by making use of locally developed solutions, aims to overcome feelings of helplessness or powerlessness. Thus, empowerment places great emphasis on the primacy of the target population's involvement in any intervention that concerns its well-being – requiring both the agreement and participation of those affected by the intervention (Rappaport, 1985).

Empowerment aids in "fostering local solutions by a policy which strengthens rather than weakens the mediating structures between individuals and the larger society: neighbourhoods, families, churches, clubs and voluntary associations" (Rappaport, 1984, p.4). Empowerment is both psychological and political. It is a process through which people, organisations and communities 'gain mastery over their lives', and can take a

18

diversity of forms in different people and circumstances (Rappaport, 1984). Disempowerment, on the other hand, involves loss of control and a sense of powerlessness, which may lead to a passive acceptance of circumstances and learned helplessness. Although this state may lead to a sense of powerlessness, it may also result in community empowerment as members unite together, and fight for, or work toward a common goal (Horsley, 2000).

Empowerment in based on two principles: (i) Given a nurturing environment that draws upon universal strengths, all people have an inherent capacity for transformation; and (ii) human potential is always present, and awaits discovery and an invitation to arise even in situations of extreme adversity (Bernard & Marshall, 1997)

Rappaport (1985) claims that empowerment is a new metaphor for the helping profession. Healing is no longer a scarce commodity given by experts, but rather it can now be viewed as a self-generating and growing resource (Rappaport, 1985). With the challenge of overcoming the impact of past social inequalities within the South African context, the theory of empowerment appears to be an effective tool to facilitate the healing process. By involving and drawing on the skills of individuals and communities, they are provided with a sense of control and self-efficacy, which is hoped will empower them to take a hold of their circumstances and future.

2.6.2. An intervention for vulnerable children

The Vulnerable Children's Programme (VCP) was developed in response to the dire needs confronting children who are the victims of the HIV/AIDS pandemic in some rural and peri-urban areas within KwaZulu-Natal (Killian, Schoeman, Hough, 2002). While many programmes are aimed at the basic physical and educational needs of such children, there is often little focus on their emotional, social and spiritual needs (Killian, 2004b). The VCP aims to mobilise and strengthen the community-based responses through local and external resources, as it seeks to develop resilience within vulnerable children (ibid.). This programme targets several aspects at the microsystemic level in order to build and

enhance resilience and minimise the impact of the risks to which children have been exposed (ibid.). The intervention aims "to mobilise and strengthen supportive interactions between children, families, communities, and service providers" (Killian, 2004b, p.116).

Psychosocial support (PSS) is a strategy used to address the ongoing psychological and social problems of individuals, families and communities (Killian, 2004b). PSS addresses the physical, emotional, social, mental and spiritual needs of children, which are regarded by REPSSI (n.d. a) as the fundamental elements of meaningful and positive human development.

THE 5 ESSENTIAL NEEDS OF CHILDREN WHICH PROMOTE WELLBEING

Social Needs
e.g. belong

Emotional Needs
e.g to love

Spiritual Needs
e.g. Belief in a good higher being

Mental Needs
e.g Education

Physical Needs
e.g Food

Psychosocial Care and Support involves meeting the social and emotional needs of children, these are shaded portions of this above 'Wheel'. These are often neglected in favour of the more tangible needs sich as physical needs

Figure 1: The five essential needs of children which promote wellbeing

Taken from www.REPSSI.org

At the psychological level of intervention, PSS aims to facilitate the development of meaningful relationships through which the child is able to sense that someone cares enough for them to listen to and understand their life story (Killian, 2004b).

The four stages of the Vulnerable Children's Programme are outlined below:

Stage 1: Community Mobilisation

During the first stage of the VCP, communities are identified and mobilised to take part in the intervention with vulnerable children. This is achieved by sensitising the community members to the psychosocial needs of children, and entering into a collaborative partnership with key stakeholders in each community to develop social support networks (Killian, 2004b).The aim of the Community Mobilisation stage is to make communities aware of the problem and to begin to destigmatise the issues related to HIV/AIDS, poverty and violence.

Community mobilisation is probably the most critical stage in this project as the programme design, and the success of the intervention relies on the participation and support of the community members. During this stage, the community members need to recognise the value of psychosocial intervention with vulnerable children within their communities, and assume responsibility for the psychosocial needs of these children. For this reason stage one of the VCP takes place over several months, during which the foundation for a successful and sustainable intervention is established.

Stage 2: Sensitisation programme (SP)

Once the community has been mobilised, the volunteers who are committed to assist the children in their communities are then trained to work more effectively with children in distress during a 5-day training programme. One of the main objectives of the programme is to facilitate a deeper understanding of children identified as vulnerable as a result of extreme poverty, HIV/AIDS, abuse, and other factors. In addition to this, the volunteers are trained in better communication with these children, and asked to critically reflect on their own practices, rituals and beliefs (Killian et al., 2002). The training also assists volunteers to identify and manage their own stress reactions.

Stage 3: Structured Group Therapy Programme (SGTP)

Once the SP is completed, some people volunteer to assist with the Structured Group Therapy Programme, and if it is thought that they are suitable they are selected for a

probationary period of one school term. The SGTP is run with the assistance of the community-based volunteers. The aim of this programme is to address past adversities, develop resilience and enhance coping in children (Killian, 2004b).

The SGTP is run over 15 sessions, and covers of two broad themes in which the children: (1) reflect on their past experiences, which aims to build a sense of mastery over past experiences of emotional turmoil, loss, grief, stigma and discrimination over eight two hour sessions; and (2) look to the future aiming to enhance resiliency, by means of building self-esteem and encouraging more adaptive coping strategies and support systems for seven two hour sessions (Killian, 2004b).

Through social interaction with other children and the community facilitators, a sense of belonging is created; children come to understand their life situations through increased awareness of self and others; the child learns to process and appropriately express emotions; self-esteem is enhanced; interpersonal relationships are improved; and their experiences are normalised in an effort to reduce stigma (Killian, 2004b).

After each session, a group supervision session with the volunteers is facilitated by the psychologist who manages the programme and takes primary responsibility for the well-being of the children and the volunteers. This serves as a time for debriefing from the day's activities. The volunteers are encouraged to share issues that may have arisen from the sessions that affected them personally, and to discuss the activities that worked well and those that did not. Then concerns are raised about any of the children, and planning for the next session takes place (Killian, 2004b).

Stage 4: Community-based Mentoring
This stage of the VCP involves community based work which continues after and regardless of the SGTP. Community members participate in supporting the vulnerable children in their area by creating a facilitative environment in which resilience-enhancing processes can occur, as they function as mentors and positive role-models to the children in their area. Activities are facilitated and projects overseen by community members such: as involving children in the development and maintenance of community gardens

22

or libraries; sporting activities such as soccer or netball; modelling; gospel singing; bible studies; story-telling and cultural activities such as traditional dancing. In one community students teach the children life-skills during their vacations such as road safety, they educate the children about HIV/AIDS, ecology, and other topics.

As a result of these activities facilitated by the local community members, some communities have seen a marked reduction in a number of social problems such as teen pregnancy and abuse. Although the SGTP continue to run twice a year, these other activities continue throughout the year facilitated by community members and group. The communities take responsibility for and are involved in raising funds for the activities. The communities are empowered to take responsibility for the vulnerable children in their area and when they see the results of their interventions, they are encouraged to continue in these efforts.

The VCP, as described above, has been in operation for six years in eight communities in KwaZulu-Natal, and has been replicated in various areas nationally and in sub-Saharan Africa. The programme is however continually under review and empirical investigation, and is evolving to the changing demands of the contexts of vulnerable children in Africa.

2.7. Conclusion

The effects of HIV/AIDS, poverty and conflict on the psychosocial well-being of children are complex. Children may suffer the loss of caregivers, sources of income, social networks and health (REPSSI, n.d. b). In addition to this, many experience deprivation, abuse, devastating loss and grief, upheaval, discrimination and social exclusion. The psychological and social implications of these circumstances are great. In the longer term this leads to a threat to the stability and development of families, communities and nations.

As a result of family disintegration, a breakdown of culture, family and community safety nets, there is limited availability of psychosocial support and mentors to support children. This in turn reduces the potential for the development of resilience, coping skills and social connectedness. Countless children are deemed vulnerable to developing various emotional and social problems as a result of numerous risk factors that they are exposed to. "The potential impact of failing to address the need for psychosocial care and support among children living in the context of HIV/AIDS, poverty and conflict can be devastating, to both children and society as a whole. Support for children's psychosocial well-being is a key investment in human capital because it underpins all other processes for the long-term development and stability of societies" (REPSSI, n.d. b).

A great need exists within high prevalence HIV/AIDS communities to build resilience within vulnerable children through community mobilisation and empowerment. The VCP seeks to do just that, and its success relies heavily on the participation of community volunteers. In the next chapter the concept of volunteerism is explored, as well as some of the elements that promote sustained volunteerism.

Chapter 3: Volunteerism

3.1. Introduction

Volunteerism is a community response to a social problem, in which an active role is assumed in addressing these problems (Danoff & Kopel, 1994). Every year, large numbers of people devote a considerable amount of their time and energy to helping others. Volunteers play a significant role in addressing many social problems facing society. A large number of these volunteers have responded to the HIV/AIDS pandemic (Miller, 2000).

Given the scale of the challenges facing numerous high prevalence HIV/AIDS communities within South Africa, intervention strategies are needed that are large scale, cost effective, and readily replicable at national, community, family and child levels (Killian, 2004b). The Vulnerable Children's Programme (VCP) aims to empower local communities to take responsibility for and assist in overcoming the psychosocial risks facing numerous children within their communities. As discussed previously, this programme is designed to utilise local community members to implement the programme and these volunteers have been found to be fundamental to the successful implementation of the project.

This chapter focuses on the concept of volunteerism, and begins by defining volunteerism. At the outset however it must be mentioned that there is a fundamental difference between the form of volunteerism described in much of the international literature and the volunteerism as practiced in sub-Sahara Africa. One fundamental difference is that in Africa many volunteers are unemployed, whereas, elsewhere volunteers are usually employed, and thus their basic livelihood and survival needs are secured before they decide to become volunteers.

After defining volunteerism, the psychological and behavioural features of volunteers are discussed, following which the importance of volunteer well-being is examined. Some of

the barriers to volunteerism are identified, and strategies which may assist in promoting volunteer welfare are given.

3.2. Defining volunteerism

Penner (2002) describes volunteerism as the "long-term, planned, prosocial behaviours that benefit strangers, and usually occur in an organisational setting" (p.447). Based on the above definition, volunteerism possesses four key attributes: longevity, planfulness, nonobligatory helping, and an organisational context (ibid.). It appears that the act of volunteering is typically a long-term behaviour that requires thoughtful consideration of the costs and benefits of the volunteer's involvement (ibid.). This is distinguished from the assistance of a bystander who may offer aid to a stranger. Penner (2002) uses the phrase "nonobligatory helping" as this suggests that the volunteer is not motivated by a sense of personal obligation to a particular individual, but rather their action benefits either a stranger or an organisation. Finally, most volunteerism occurs within the context of an organisation (ibid.).

The act of volunteering one's time and services for the benefit of others can be viewed as a type of prosocial action. The decision to volunteer one's time and services may be influenced by dispositional factors, along with other variables such as education, religious conviction, amongst others.

3.3. The psychological and behavioural features of volunteerism

When attempting to understand the psychological and behavioural features of volunteerism, one should take into account the antecedents, experiences, and consequences of volunteerism (Snyder & Omoto, 1992). Exploring these factors will assist with practical issues surrounding volunteerism, such as the recruitment and retention of volunteers.

3.3.1. The antecedents of volunteerism: what motivates a volunteer?

When examining the precursors of an individual's choice to serve as a volunteer, one would need to ask questions such as 'who volunteers?' and 'why do they volunteer?' The answers to these questions are likely to be found in the attitudes, values, and motivations that dispose people to offer their services as a volunteer, in addition to the needs and goals that may be fulfilled for individuals who volunteer (Snyder & Omoto, 1992).

Clary, Snyder, Ridge, Copeland, Stukas, Haugen and Miene (1998, in Clary & Snyder, 1999) have identified six personal and social functions served by volunteering. These include:

- *Values:* Volunteerism is an expression or act of an important value such as humanitarianism.
- *Understanding:* The individual volunteers in order to learn more about the world, or exercise skills that are often unused.
- *Enhancement:* The volunteer seeks to grow and develop psychologically through volunteer activities.
- *Career:* Volunteering serves to provide the individual with career-related experience.
- *Social:* Participation in voluntary activities allows the individual to strengthen his or her social relationships.
- *Protective:* Volunteering reduces negative feelings such as guilt. It also serves as a means of addressing or escaping personal problems.

(Clary et al., 1998, in Clary & Snyder, 1999)

Clary and Snyder (1999) report that Values, Understanding and Enhancement are generally the most important motivators, however the relative importance of these factors does vary across groups. For instance, the Career function is typically more important to younger participants. It appears that each individual may pursue more than one goal, and volunteers are motivated by different goals (Clary & Snyder, 1999).

Thus there exists individual variability in peoples' reasons or motives for volunteering, and the importance assigned to these factors (Paolicchi, 1995). Individuals will therefore engage in apparently similar activities for very different reasons. The initial motivations that prompt individuals to volunteer subsequently interact with their actual work experience as volunteers, and based on the nature of their experiences they will either continue or cease to volunteer.

A long-standing view assumes that individuals volunteer as a selfless act toward others. Some social behaviour is thus driven by altruistic motives, which arises out of concern for the community. This stance does not however deny the existence of other self-serving motives.

While volunteerism has traditionally been viewed as a type of altruistic act (Raphael, 1986), personal needs also serve to motivate volunteers. The volunteer may or may not be conscious of their desire to have their needs met through the volunteer work, especially when these needs are not met in other areas of their lives (Danoff & Kopel, 1994). There is thus some gain for their contributions, such as personal satisfaction or development, esteem enhancement, work experience, and a means of developing social contacts (Ollis, 2001; Omoto & Snyder, 1995).

People commonly report volunteering their time and services in order to obtain knowledge and skills, and to develop a greater understanding of an issue of importance to the individual, e.g. HIV/AIDS (Gillespie & King, 1985; Omoto & Snyder, 1995). Volunteering can also be an expression of personal beliefs and values. Social and political ideologies are reported to motivate volunteers, as are religious or moral values (Paolicchi, 1995). It appears that those individuals who regard themselves as religious are more likely to engage in volunteer work (Mattis, Jagers, Hatcher, Lawhon, Murphy & Murray, 2000). Mattis et al. (2000) suggest that this may be explained by a desire for self-sacrifice and compassion, and the volunteering act encourages charitable concern for community members. One's political ideology also seemed to impact on the type of organisation and particular area of involvement chosen by the volunteer (Ollis, 2001).

Research conducted by Gothan (2003) explored the motivations of eighteen individuals volunteering in the Vulnerable Children's Programme. Four factors were identified as motivating this group of participants to volunteer their services to vulnerable children. These categories included:

- *Personal Experience:* This category was defined as "a participant's cognitive understanding of an event or circumstance" (Gothan, 2003, p.76), and included positive, negative, or mixed experiences that the participants faced in their own lives.

- *Beliefs, Values and Attitudes:* This category was characterised by the feelings and attributions that the participants possessed with regards to self and others, religion, socio-cultural factors and life values (Gothan, 2003).

- *Personal Investment:* This category was defined as "the investment of the self for personal benefit" (Gothan, 2003, p.99), and included personal needs that focused on the benefit of self and others. This included: self-oriented needs such as recognition, support, self-development and the need to overcome past or current difficulties; and personal interests that help them to find meaning in personal circumstances, such as spending time with and helping children (Gothan, 2003).

- *Social Investment:* This category was defined as "both the desire and the actual investment of oneself in the community for the benefit of others" (Gothan, 2003, p.114).

The results of this study suggested that all of the participants were motivated by all four categories; however each individual appeared to differ with regards to the specific qualities of each category. These individual variations seemed to be dependent on the research participant's personal experience (Gothan, 2003).

It is important that one understands why people volunteer and who volunteers. The answers to these questions will assist in predicting the commencement of volunteer service, what keeps a volunteer satisfied, and how to encourage commitment to sustained service (Clary & Snyder, 1999).

3.3.2. The experiences of volunteers

The experiences that an individual undergoes as a volunteer must be understood when exploring the psychological and behavioural features of volunteers (Snyder & Omoto, 1992). One needs to take into account both the context in which the volunteers work and the changes that occur within the volunteers themselves (ibid.). These two primary factors and their possible outcomes are depicted below.
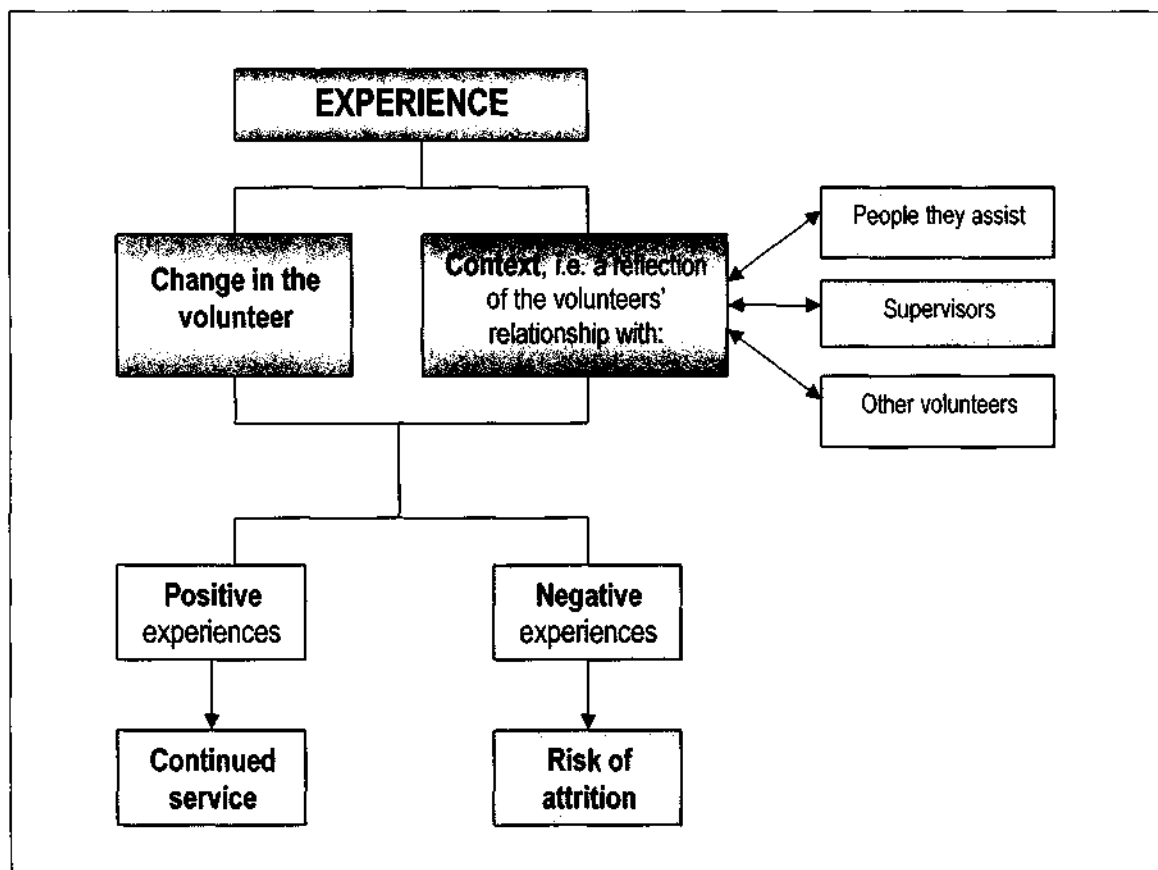
Figure 2: The experiences facing volunteers and their potential consequences

Firstly, the environment in which volunteers offer their time and services is often a reflection of the dynamics of the relationships that develop between volunteers and the people with whom they work (Snyder & Omoto, 1992). If the volunteers develop good relationships with the people that they assist, they are more likely to be encouraged to continue in their service. However if difficulties exist within these relationships, the

30

volunteers are likely to report having a negative experience of volunteering. Not only is the volunteer's relationship with the people that they assist important, but also the relationships that they develop with their supervisors and the other volunteers. When a positive relationship is established with these parties, the volunteers are more likely to report positive experiences of the programme. When a volunteer perceives that he/she is respected and his/her services are appreciated, he/she is more likely offer continued service to the project (Bennett, Ross & Sunderland, 1996).

Secondly, the experience of a volunteer is also influenced by the changes that occur within the volunteers themselves (Snyder & Omoto, 1992). When offering their services, the volunteers are likely to change in the process. This change may occur at a cognitive level, where the volunteers begin to question the world as they know it to be. If the volunteers perceive the changes that occur within themselves to be positive they are more likely to continue in their work. However, if the changes that occur are perceived to be negative, impacting on their quality of life or social relations, the volunteers may withdraw from the programme.

3.3.3. The consequences of volunteerism

Finally, when exploring the psychological and behavioural features of volunteers, one has to explore the consequences of volunteerism, that is, how the volunteer's work impacts on him/herself, his/her social networks and the greater society. It is important to take these factors into account when trying to understand the reason why some volunteers continue to donate their time and services, while others cease to do so.

The retention of volunteers is influenced by the volunteers' perceptions of the costs of their volunteer work (Snyder & Omoto, 1992). Based on a study conducted by Snyder and Omoto (1992), most volunteers that drop out of these programmes reported that in spite of the volunteer work being satisfying and rewarding, it took up too much of their time, led to embarrassment, discomfort, and stigmatisation. Evidence suggests that the individuals that were motivated to volunteer by personally gaining from their service, in

ways such as esteem enhancement and personal development, were more likely to sustain volunteerism longer-term than those individuals that volunteer out of humanitarian or community concern (Snyder & Omoto, 1992). Thus, to reduce attrition in volunteers, it may prove useful to make the volunteers aware of the costs of volunteerism from the outset of their service. In addition to this, attrition may be further reduced by reminding volunteers of the personal rewards that they are likely to gain through their work.

From a sociological perspective, sustained volunteerism appears to be influenced by the social context in which individuals volunteer (Finkelstein, Penner & Brannick, 2005). Research suggests that with continued participation, the role of the volunteer is internalised and is taken on as a component of the self. Volunteerism is thus sustained as the individual strives to behave in a way that is congruent with his/her self-concept (ibid.). It therefore appears that role identity theory provides a framework that enables one to differentiate the degree of involvement among active volunteers (ibid.). The overall findings of the research conducted by Finkelstein et al. (2005) indicate that a "volunteer role identity and perceived expectations consistent with this identity are associated with long-term and committed volunteering" (p.416).

3.4. The importance of volunteer well-being

Within helping professions, "the promise of high job satisfaction and profound personal rewards attracts it practitioners, but to keep professionals and programs thriving, attention must be paid to the identification and amelioration of burnout."
(Meier & Beresford, 2006, p.1045).

In an environment where the client's needs are so great, it is possible that the needs of the volunteers can be overlooked or disregarded. Increasing numbers of reports describe the psychological impact of working in a context of multiple loss and bereavement (Miller, 2000). Volunteers report being unable to 'escape' from work, feeling a lack of trust in their colleagues, and experiencing difficulties when moving from the supportive role to being supported (ibid.). Meeting the needs of volunteers is essential to their sustained

service as a volunteer. This highlights the need for volunteers to be provided with adequate training and clear roles, as well as support on an emotional level. Recognition should be given to what is done; its difficulty; and of those who do it (ibid.). It is assumed that if this is to be achieved, the volunteers are able to provide better quality care for the individuals they assist over the longer term.

3.4.1. Preventing burnout and attrition among volunteers

Due to the nature of their work, care workers who give themselves emotionally to those in need run a risk of burnout. This may partly explain the high turnover rate of some care-giving organisations. It is therefore important that these organisations continually explore strategies to assist their volunteers. Research suggests that the rewards of care-giving may promote psychological well-being in volunteers, and thus serve to compensate for experiences that may otherwise result in burnout (Bennett et al., 1996).

'Burnout Syndrome' has been defined by Freudenberger (1974, in Nesbitt, Ross, Sunderland, & Shelp, 1996) as the result of mental and physical exhaustion resulting from a heavy workload or burden. Maslach and Jackson (1981, in Nesbitt et al., 1996) characterise burnout as comprising of three features: (i) *emotional exhaustion*, described as feeling emotionally drained and overburdened by work; (ii) *depersonalisation*, which occurs when the volunteer possesses negative attitudes towards clients; and (iii) *lack of self-accomplishment*, the result of evaluating oneself negatively and feeling dissatisfied with ones achievements. These feelings typically arise from a variety of work demands or stressors, particularly those of an interpersonal nature (Nesbitt et al., 1996).

There is a cumulative effect of physical and emotional exhaustion, and if this continues to go unresolved, illness and susceptibility to disease increases, behavioural and social symptoms appear and social relationships become less important (Miller, 2000). Cognitive symptoms of burnout will appear, including difficulties in decision-making, impaired problem-solving and a decreased ability to listen (ibid.). The individual may experience attitudinal changes such as quickness to anger, and becoming detached from

his/her work, which may later result in depression and an overwhelming sense of personal failure (ibid.).

Much research has been conducted into the field of burnout among HIV/AIDS volunteers which is likely to be applicable to other volunteers in the field of psychosocial support. Research conducted by Guinan, McCallum, Painter, Dykes, and Gold (1991) indicates that HIV/AIDS volunteers report four primary stress factors: (i) *Emotional overload*, resulting from the overall emotional stress facing volunteers; (ii) *Client problems*, this stress results from negative interaction with one's clients; (iii) *Lack of support*, is described as the client's inability to gain support and resources; and (iv) *Lack of training* by organisations, which can leave volunteers feeling insufficiently prepared, resulting in stress. Nesbitt et al. (1996) report that volunteers who typically experienced stress as the result of emotional overload report 'feeling intense emotions', 'feelings of vulnerability', 'holding back feelings', and 'feelings of helplessness'. If these feelings are not adequately contained, these volunteers could drop out of such programmes.

Some volunteers report that difficulties began to emerge when they became too involved or attached to the individuals that they assisted (Bennett et al., 1996). Stress can also result when volunteers see similarities between the clients and themselves, when they identify with their client's situation, and form close relationships with their clients (Bennett et al., 1996). This can be extremely difficult for HIV/AIDS volunteers when the patients' situations begin to deteriorate.

It appears that volunteer work provided by survivors of HIV can be notably important, as it assists the volunteer to "objectify and externalise the illness...[while] feeling positive about contributing to society and giving to others. This may help foster a sense of pride in their identity" (Dworkin & Pincu, 1993, in Nord, 1997, p.209). Thus volunteering may serve as a distraction from the individual's own problems.

3.4.2. Promoting volunteer well-being

Since volunteers play a significant role in assisting communities, attention should be given to their experiences and the related emotions. They need to be given sufficient opportunity to ventilate problems with emotional overload and workload adjustment, and they need to be provided with emotional support.

3.4.2.1. Approaches to managing stress and burnout

"Everyone acknowledges that caring for caregivers is important – but do we really do it?" Dr David Weissman (in Meier & Beresford, 2006, p.1046)

Meier and Beresford (2006) offer a number of recommendations which may assist caregivers offering support in order to prevent burnout:

(1) Self-awareness, self-reflection, and self-monitoring are ways of paying attention to one's level of stress and personal triggers. By doing this, one can take necessary action before one begins to feel overwhelmed by one's circumstances;

(2) A supportive team provides the opportunity of sharing difficult cases and the feelings they arouse with others;

(3) Formal, scheduled support mechanisms such as support groups assist with exploring personal feelings about the work, rather than clinical problem-solving;

(4) Mentoring from a more experienced caregiver can be helpful;

(5) Team-designed rituals and other opportunities to acknowledge losses and clients that may have died or experienced tragedies;

(6) Having a personal support system, such as a supportive primary relationship, and balancing work and other aspects of one's life is very important.

It can be difficult for those offering care to others to acknowledge their personal need for care and support. Yet taking care of oneself is an essential part of having a career in volunteerism or caregiving that is psychologically sustainable (Meier & Beresford, 2006).

3.4.2.2. The rewards of volunteering

There is a paradoxical benefit of personally received help from one's efforts to help others. Nord (1997) writes, "I have gotten far more out of my volunteer work than I have given" (p.208). Research suggests that offering social support to others is more of a buffer to stress than receiving support oneself (Hays et al., 1990, in Nord, 1997).

Guinan et al. (1991) identified four reward factors of individuals volunteering with HIV/AIDS patients. These include: (i) *personal effectiveness*, that is the volunteer's perception of his/her effectiveness in their service; (ii) *emotional support*, which the volunteer receives within and outside of the organisation; (iii) *social support*, which is defined as the individual's involvement in satisfying social activities; and (iv) *empathy/self-knowing*, which refers to the volunteers' empathy for his/her clients, and his/her personal growth. Emotional support may serve as a reward to volunteers when they feel free to express their emotions, feel that they are needed and wanted, that they are fulfilling emotional needs, and when they are receiving emotional support (Nesbitt et al., 1996).

When volunteers perceive themselves to be effective in their service, the risk of attrition is reduced (Bennett et al., 1996). Management can play a powerful role in influencing the volunteers' perception of their work. Recognition and support from management can serve as reward to volunteers (ibid.). Gratitude from the individuals whom a volunteer assists can also function as a reward to the volunteer. This occurs when for instance the volunteer feels that he or she is 'making a difference,' or when he or she 'feels important to the client' (Bennett et al., 1996). These factors serve to create a positive environment in which the volunteers function, and are associated with a lower risk of burnout (Bennett et al., 1996).

There is a great need to find methods of increasing the reward and recognition given to volunteers. One way of achieving this is by recognising the psychosocial successes of care. Bennett (1994, in Bennett et al., 1996) asserts that it essential that the concept of 'success' as an HIV/AIDS volunteer is redefined, moving away from a focus on cure. This may serve to reduce the risk of attrition and burnout among volunteers, while

enhancing their psychological well being, and creating a favourable atmosphere within the work setting.

3.4.2.3. Mentorship by management

Mentorship by management must be distinguished from supervision. The latter "facilitates, guides, directs, enhances and protects the counselling process, through an interaction between supervisor and supervisee" (Lifeline Australia, as cited in Van Rooyen, Solomon, Nott, Akhurst, Meyer, Joubert, Brouard, Saloner, Moodley, Blom & van der Watt, 2004). Supervision aims at providing the client with appropriate service delivery that protects the client, enhances training and ensures effective management of the client / counsellor interaction (Van Rooyen et al., 2004). Mentoring, however, is aimed at meeting the needs of the counsellor (or volunteer) by means of a supportive relationship.

Zastrow and Kirst-Ashman (2001, in Day, 2006) describe the mentorship relationship as "a friendship which encompasses adult equality, but the mentor also performs the fatherly (and/or motherly) tasks of teaching, caring, criticising, helping, and offering constructive suggestions in both career and personal matters" (p.196). The strength of mentorship lies in providing emotional support to the volunteers, while encouraging ongoing learning and skill development (Van Rooyen et al., 2004).

Listening is a critical skill to effective mentoring (Young & Cates, 2004). When protégés feels that they are heard by management, they tend to adopt a more positive attitude toward the organisation, while trust and commitment are established (ibid.). They begin to feel that they belong to the organisation, establishing a sense of connectivity. Simultaneously, as they are listened to, the protégés feel that they are free to express their individuality. In the long term this seems to have an impact on the retention of individuals within the organisation (ibid.).

When listening to a mentee, there are generally two responses from the mentor: emotional understanding and direction (Young & Cates, 2004). Emotional understanding is conveyed to the mentee through empathy, support and sensitivity to their feelings. This

response can be extremely therapeutic to the mentee, especially when they working in a challenging environment. Directive listening then assists the mentee in giving advice, offering opinions and perspectives.

When a volunteer feels that they are listened to, literature suggests that this has a positive impact on their trust, motivation and performance within the organisation (Stine et al., 1995, in Young & Cates, 2004). Effective mentoring by management is therefore important for the long-term sustainability of effective counselling or intervention programmes (Van Rooyen et al., 2004).

3.5. Conclusion

To ensure the successful implementation of these intervention programmes, it is essential that there is regular feedback from the volunteers themselves. Volunteers have the potential not only to encourage social change, but to also communicate their new attitudes, knowledge, and behaviour to their friends, acquaintances, and society at large. It is therefore imperative that we take into account the physical, emotional, social, educational and spiritual needs of not only the children, but the volunteers themselves. In considering the volunteers' experiences and expectations of involvement in psychosocial intervention programmes, this research sets out to examine the well being of the volunteers.

Chapter 4: METHODOLOGY

4.1. Introduction

This research forms a part of one aspect of the evaluation of the VCP implemented within KwaZulu-Natal, i.e. the experiences and motivation of volunteers. Through qualitative methodology, the researcher aimed to explore the expectations and experiences of individuals volunteering in this programme. Qualitative research is a design known for its flexible guidelines when facilitating an inductive inquiry. Methods of data analysis are linked to the theory, which provides a framework for interpretation in order to understand the subjective meaning of human experience and interaction.

The results of this research were made available to the research participants and the individuals overseeing the programme in an effort to enhance the effectiveness and reliability of the intervention. The ethical issues involved in this process were carefully considered with all parties before and during all stages of the research processes.

It is assumed that as the volunteers become increasingly involved in the VCP their motivation for involvement may change. An earlier study conducted by Gothan (2003) had identified the factors that prompt individuals to offer psychosocial support to vulnerable children, yet it is hypothesised that as these volunteers have worked with the children, their expectations and initial motivation may have changed based on their experiences. The approach adopted by this research was a qualitative approach where the subject matter is interpreted and understood through meaningful relations and discussion (Kvale, 1996).

4.2. Aims of the research

The research question addressed by this project focuses on the expectations and experiences of the volunteers involved in an intervention programme offering PSS to vulnerable children living in high prevalence HIV/AIDS communities within KwaZulu-Natal.

The aims of the researcher were as follows:

- To investigate the expectations of local community facilitators[1] who participated in intervention programmes assisting vulnerable children;
- To identify the factors that serve to motivate individuals to participate in these interventions;
- To explore the experiences of current facilitators;
- To evaluate their perceptions of the resources and support available to the volunteers;
- To identify in what way the physical, emotional, social, educational and spiritual needs of the volunteers were met through their involvement in the programme;
- To evaluate some of the obstacles associated with the volunteers' involvement in psychosocial interventions with vulnerable children and high prevalent communities; and
- To compare the expectations of the local community facilitators with the experiences of the senior regional facilitators[2], i.e. to evaluate the changes that may occur in the experiences and expectations of volunteers as they engage with the programme over time.

By identifying the participants' stated reason for involvement in these intervention programmes, it was assumed that this would offer insight into what keeps these volunteers motivated and the programme sustainable. It was assumed that the volunteers' actual reasons for involvement are very difficult to assess, as they may fear that certain responses might jeopardise their participation in the programme, or reflect badly on them. The fact that the programme manager and designer would have access to the final project write-up also created a set of uniquely challenging ethical dilemmas.

---

[1] Local community facilitators are defined as those participants who were involved in implementing the SGTP only within their local communities, and were less experienced.

[2] Senior regional facilitators are those volunteers that have been involved in the SGTP for a longer duration, across all the communities in which the VCP operates, and were involved in training the new facilitators.

This research will also provide a context in which the current volunteers can reflect on the programme and their own experiences within the programme. It was expected that volunteers would face various difficulties and rewards when working with vulnerable children living in high HIV prevalent communities. It was hoped that this research would identify and investigate the needs and experiences of the volunteers, and in so doing, consider ways in which the programme could be enhanced with regards to mentoring current volunteers and training future volunteers.

4.3. Theoretical perspective

The theoretical perspective adopted by this research is a phenomenological paradigm. Phenomenology is one branch of interpretive research which takes the subjective experiences of individuals as the essence of what is real for them, while making sense of these experiences by engaging with them and carefully listening to what they say (Terre Blanche, Kelly & Durrheim, 2006). The focus of an interpretive paradigm is on "harnessing and extending the power of ordinary language and expression" (Terre Blanche et al., 2006, p.274), as the researcher attempts to understand the perceptions and experiences of individuals and the world.

During the early 1900s Edmund Husserl founded phenomenology in response to the inadequacies of positivistic, natural scientific thought that dominated the social sciences (Valle & King, 1978). Phenomenology is "a method which allows us to contact phenomena as we actually live them out and experience them" (Valle & King, 1978, p.7), and attempts to view the individual from a holistic perspective, not merely as 'objects in nature' but rather as a subject in his/her environment.

Interpretive research depends on the personal accounts of individuals as they endeavour to interpret their observations of life into ideas in as much detail as possible (Terre Blanche et al., 2006). When working in this paradigm it is important to take into account two key principles, namely understanding the context in which the research is situated, and the position of the researcher as the primary instrument through which data is collected and analysed (ibid.).

41

The interpretive researcher commits to understanding human phenomena in context, as they are lived. It is therefore important that the context in which this research is situated is taken into account when attempting to understand the meaning, words, actions and experiences of the volunteers (Terre Blanche et al., 2006). We are therefore interested not only in what the research participants specifically intended to mean, but also the socio-historical and linguistic context of the individual (ibid.). Through "empathic reliving" (Terre Blanche et al., 2006, p.275), the narratives of the individual is recontextualised.

The researcher is the primary tool used when collecting and interpreting data, and is required to interact with the research participants in an empathic way. In order to effectively execute interpretive research, the researcher has to undergo some personal change. This involves learning "to listen, to look, to question, and to interpret" (Terre Blanche et al., 2006, p.276). In addition to this, the researcher is required to describe and interpret their own presence in the research (ibid.). In doing this the researcher is able to demonstrate how she used her subjective capacity to reach her conclusions, and where she may have lacked the necessary empathic understanding to make sense of the phenomena being studied (ibid.).

Phenomenology endeavours to provide the conceptual tools necessary to understand and articulate the development of theoretical formulation from experience (Brooke, 1993, in Hough, 2001). This is achieved as the individual pieces together and expresses the phenomena they experience. In order to explain the experiences of an individual they must be described and interpreted. The narrative of the speaker provides valuable information about the individual and the outside world. Hough (2001) writes that phenomenology "assumes that there is an essence or essences to shared experience. These essences are meanings that are commonly understood by people who have had similar experiences." (p.65). Thus, in this research, the subjective experiences of the individuals are analysed and compared to identify commonalities and differences in the experiences of volunteers offering psychosocial support to vulnerable children.

4.4. Sample: Research participants

4.4.1. Sampling

Non-probability sampling was used when selecting the sample, as the aim of the research was to conduct in-depth qualitative research (Durrheim, 1999) with a small sample of people "nested within their context" (Miles & Huberman, 1994, p 27). Since one of the aims of this study was to compare the expectations of the apprentice facilitators with the experiences of those volunteers who are currently involved in the programme, purposive sampling (Miles & Huberman, 1994) of two groups of volunteers was used when selecting research participants. The two groups comprised of:

(i) *Senior regional facilitators*, defined as those volunteers that have been consistently involved across all the communities and schools in which the project is implemented. These volunteers work approximately three hours per day for four days a week during the school term. These individuals have been involved in the project for a substantially longer period of time, and are involved in training the new facilitators;

(ii) *Local community facilitators*, defined as those volunteers who have been involved their local communities for two afternoons a week for at most two school terms per year. (See section 4.4.3 below for greater elaboration on the distinction between the groups).

4.4.2. The target group

The participants were accessed and selected based on their involvement in the VCP. Permission to conduct this research was granted from the Director of the project and the NGO responsible for the implementation and training of volunteers in this programme. The coordinator of the programme then approached a number of volunteers involved in the programme and invited them to participate in the research. The limitation of this approach is that the participants may have felt compelled to participate in the research. No incentives were offered to participants for their involvement in this research. However, their transportation costs were covered by the researcher and refreshments were provided.

43

Protection of the research participants

Due to the design of this research the ethics of this project became critically important in ensuring the protection of the research participants. One of the reasons for the importance of ethical considerations was that the Director of the project was also the supervisor of this research. In addition to this, the supervisor and project coordinator would be given access to the data collected in this research. For this reason the Programme Director did not know who participated in this study.

It is also important to note that although the participants are referred to as 'volunteers', they were reimbursed for the expenses that they may have incurred, such as transportation costs. Thus although they weren't being paid for their involvement in the programme they did receive some money from the organisation. Some of the volunteers chose to walk to their destinations and keep their taxi fares so that they could spend the money on other priorities. Thus, the research participants may have felt that if they made any negative comments about their experience in the project, this may have jeopardised their position. In fact, one of the individuals that participated in this research approached the Director concerning this matter. However, on a previous occasion, the volunteers had offered negative feedback to the project coordinators which had been well-received and taken as constructive criticism to enhance the effectiveness of the project. This previous experience served to allay the concerns of the volunteers, and reiterate the value of their feedback.

By sharing their personal experiences with the group, individuals may also have felt vulnerable, exposed or judged by other members of the group. The researcher attempted to combat this potential risk to the validity by entering into a contract of confidentiality with and between members of the groups and by creating an environment in which participants felt at ease. In addition to this, the participants were informed of the research aims and procedures prior to consenting to participate in this study.

The researcher attempted to keep the interests of the participants central to the research aims and outcomes. This client-centred approach aimed to meet the ethical requirements of autonomy, beneficence and non-maleficence (Durrheim & Wassenaar, 1999). Thus,

the researcher attempted to protect her participants from any violation to their values, dignity and psychological well-being during the course of the research.

4.4.3. Biographical information

Group 1: Senior regional facilitators

The first group of research participants were those volunteers who had been involved in the programme between one and three years. This sample consisted of five isiZulu-speaking adults, between the ages of 23 and 32 years old. All five of the participants were single females, working part-time for the NGO. These individuals had been trained as volunteers in the programme and had participated in the programme at five or more schools across all of the communities in which the VCP is implemented. Three of the five participants had been involved in training new volunteers in the programme.

These individuals worked with the programme during all four school terms of the year. Although they are regarded as volunteers, they are paid a small amount of money to reimburse them for their basic expenses such as transportation costs.

Group 2: Local community facilitators

The second group of research participants consisted of local community facilitators that, and at the time of the data collection, had been trained to offer PSS to the children in their own communities only and had been involved in the programme between three months and three years. This sample of participants consisted of eight isiZulu-speaking adults representing the communities in which these programmes are operating. Four resided in rural areas, and the remaining four participants came from peri-urban areas. The participants ranged between the ages of 20 and 44 years, with two of these group members being male. The participants also received a small amount of money to cover their transportation costs. These individuals had been involved in facilitating between one and four programmes in the schools in their own geographical area. Table 1 below displays the demographic information of the research participants and groups.

	Focus Group 1					Focus Group 2							
	P1	P2	P3	P4	P5	P1	P2	P3	P4	P5	P6	P7	P8
Age	28	24	32	30	23	20	22	23	21	44	21	30	23
Gender	Female	Female	Female	Female	Female	Male	Male	Female	Female	Female	Female	Female	Female
Marital Status	Single	Single	Single	Single	Single	Single	Single	Single	Single	Married	Single	Married	Single
Number of children	1	1	1	[unknown]	0	3	0	2	0	2	0	1	1
Residential area	Peri-urban	Peri-urban	Peri-urban	Rural	Peri-urban	Peri-urban	Peri-urban	Rural	Peri-urban	Peri-urban	Rural	Rural	Rural
Religion	Christian	Christian	Christian	Christian	Zionist	Catholic	Chrisitan	Apostolic	Shembe	Methodist	Christian	Christian	Zionist
Education completed	Grade 12	Grade 11	Grade 12	Grade 12	Grade 12	Grade 12	Grade 12	[Not provided]	Grade 12	Grade 12	Grade 12	Grade 11	Grade 8
Employment status prior to project involvement	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed	Unemployed
Duration of involvement	3yr	2yr	1yr 2mths	2yr	3yr	3yr	6mths	2yr 6mths	1yr 6mths	1yr 6mths	3mths	3mths	2yr
Number of programmes involved in	24	16	10	16	24	4	3	[Not provided]	3	3	1	1	1

Table 1: Demographics of the research participants

46

4.5. Ethical considerations

A number of ethical issues needed to be taken into account prior to executing this research.

4.5.1. Confidentiality and anonymity

The participants were required to complete a pledge of confidentiality prior to participation in the focus groups (Appendix B). The researcher informed participants of the way in which data was to be recorded, stored and processed. This involved the sessions being video-recorded and listened to by the researcher. Once the session had been transcribed, the tapes were kept in a locked cabinet for further research if the need arose.

The participants were informed that their identity as participants would be concealed and quotations reported anonymously in a manner in which the project coordinator and director would not be able to identify the source of specific comments. For this reason, certain identifying details have been distorted to protect the identity of the participants.

Within the focus group, the researcher began each session by entering into a verbal contract of confidentiality, and participants were encouraged, as far as possible, to keep information heard during the focus groups confidential. By doing this the researcher attempted to put the participants at ease and encouraged them to speak openly.

To ensure confidentiality was maintained within this study, the participants were given the power to consent to the way in which confidentiality was maintained. Thus, the researcher aimed to respect the right of participants to decide what personal information was disclosed, and to whom it was disclosed. When reporting the results of the research, the names of the participants are not disclosed, and as mentioned above, certain information is distorted in order to disguise identity from their line managers.

4.5.2. Informed consent

In an attempt to respect the autonomy of participants, volunteers were invited to take part in the research, following which consent was obtained from the individuals that were willing to be involved in the study. Prior to data collection, the researcher outlined to the participants the objectives of her research - providing clear, factual information about the study, and its methods; she explained to participants their role and what was required of them; and explained to them that they had the freedom to refuse or withdraw from the study without penalties (Wassenaar, 2006). The researcher explained why the audio-visual equipment was necessary, and what would happen to the information that was collected. An opportunity was then given to the participants to ask any questions or voice any concerns that they may have had regarding the research. The researcher gave a clear, non-technical explanation of the above, which was translated into isiZulu to ensure that participants were clear about this information.

4.5.3. Beneficence and non-maleficence

It was felt that participation in this research would be beneficial to the subjects as they took time to consider their initial expectations for entering this programme and reflected on their experiences. By sharing their experiences - reflecting on both the positive and negative experiences of participation in this programme, it was hoped that the volunteers would offer support to one another in their service, while encouraging them to seek solutions to the presenting problems. Through the process of reflection and self-exploration, participants became more aware of, and might have gained deeper insight into, their inner world. It was felt that in providing feedback of the research results to the participants it would enhance the benefit of participation and empower the communities with the knowledge that was collected (Wassenaar, 2006).

The participants in this study may be viewed as vulnerable subjects, as they comprise of adults living in high risk, HIV prevalent communities. However, through participation in this study, the volunteers were given an opportunity to reflect on their experiences and expectations, and it was hoped that the participants were empowered to be proactive in their involvement within these intervention programmes and within their communities.

The researcher closed each focus group on a positive note, reflecting on the value of their work and contribution in assisting vulnerable children within their communities.

4.6. Data Collection

Two focus groups were conducted in which each group of participants discussed their experiences and expectations when offering PSS to vulnerable children (each group offered the equivalent form of PSS to vulnerable children but their specific role differed, as the more experienced group played more of a leadership and supervisory role). The open-ended nature of focus groups allowed for flexibility during data collection, and based on the participants' responses, the interviewer was able to explore any emerging themes that were relevant to the research questions. Focus groups were chosen as a means of data collection as this method accessed the intersubjective experiences of two groups of people who share similar experiences (Kelly, 2006a). This method aimed at getting the participants to reconstruct their experiences, by building upon and exploring the other participants' responses to the questions (Seidman, 1991). Since the aim of the focus groups was to capture and explore the lived experience of the participants in this programme, this approach enabled the researcher to listen and learn from the volunteers (Morgan, 1997), yielding a "rich body of data expressed in the respondent's own words and context" (Stewart & Shamdasani, 1998, p.506).

In addition to exploring the motivation and experiences of the volunteers, the researcher hoped that the focus groups would provide a supportive environment in which the volunteers could speak about their experiences during their involvement in the programme. The researcher was aware that in working with vulnerable children, their experiences would include both positive and negative encounters. It was hoped that this setting would serve as a place of containment and catharsis for the volunteers in which they would feel free to express negative encounters. Ideally a support group similar in nature should be continued on a regular basis, with the role of the facilitator being assigned to group members (Van Rooyen et al., 2004).

The researcher attempted to gain good rapport with the research participants before commencing the discussions so that they felt comfortable to talk freely about themselves and their experiences. The participants were made to feel comfortable and the video-recording equipment was shown and explained to them. Questions were invited and answered. During the focus groups each participant was given the opportunity to fully express themselves, while the researcher showed interest and remained sensitive to their experiences (Taylor & Bogdan, 1984).

Biographical information was collected from the participants in the form of a questionnaire, and a pledge of confidentiality was signed by each participant (refer to Appendix A, B, C). The participants were given the option of conducting the group in their home-language, with the assistance of a translator for the researcher. Group 1 chose to continue the discussion in English and would ask for translation from the other group members if they did not fully understand the English, or could not fully articulate themselves in English. Since the focus group proceeded in the participants' second language, this may have negatively affected the discussion as the participants may not have been able to fully express themselves in their second language, and there was a risk of misunderstanding between the researcher and the participants. In order to reduce the risk of this occurring, the researcher would often clarify with the participant what they had said and summarise their responses to check whether she had accurately understood them. Group 2 on the other hand, chose to continue with the discussion in isiZulu, which was then translated into English by a translator. The translator was taken from Group 1 and she was clearly informed of her role as a translator. By allowing the discussion to take place in the participants' mother tongue, this ensured that the richness of their discussion and experience was not lost. Nevertheless, the need to wait while each comment was translated definitely slowed proceedings and would have negatively impacted on the richness of the discussion.

The questions posed to the volunteers in the focus groups were formulated prior to the focus group by the researcher with the assistance of the coordinator of the programme, and informed by previous research in this area. A semi-structured interview format was followed that explored the following areas within each focus group: the motivation and

expectations of the volunteers for entering the programme; their personal experiences during their involvement - both positive and negative; the support systems that they access; and their personal needs (refer to Appendix D). The researcher listened for commonalities and differences in the opinions of the group, interpreting and reflecting on the participants' experiences to ensure that she understood them accurately (Kelly, 2006a). The focus groups ran for approximately 2 hours after which refreshments were offered.

The discussion and course of the focus groups were recorded by video-taping the sessions, with the consent of participants. Following the transcription of the focus groups, sections were back translated to check for accuracy. Since focus groups produce a rich amount of data and capture the respondents' own words, recording the discussion ensured that the depth of the discussion was not lost (Stewart & Shamdasani, 1998). An advantage of video-recording the discussions was that it provided valuable information about the way in which the participants said things and it allowed the researcher to observe their body language (Kelly, 2006a).

In attempting to understand the participants' experience of the world, the researcher tried to refrain from imposing her perspectives on the discussions. The researcher guided the participants in the dialogue, attempting to acquire rich descriptions of the participants' life experiences (Boyatzis, 1998). Thus, only once the data had been collected were the descriptions analysed for emerging themes in order to gain an understanding of each individual's experiences, while identifying common themes among participants.

4.7. Data Analysis
4.7.1. Transcription

The focus groups were transcribed with the assistance of the translator and an additional isiZulu speaker to enhance the reliability of the translation. Transcription assisted to ensure that the exact words of the research participants were captured in the transcription. This was a tedious and lengthy process since there was frequently much debate about the accuracy of certain translations. The reliability of the transcriptions was checked by

reading them through while listening to the recording (Kelly, 2006a). This process also assisted the researcher to obtain a good grasp of the focus groups as a whole, necessary for interpreting the text.

4.7.2. Thematic Analysis through multiple readings of the narrative

The data was analysed by means of thematic analysis, in which themes or patterns were uncovered to describe and organise possible observations, and interpret aspects of volunteerism (Boyatzis, 1998). An inductive, data-driven approach was adopted, allowing the themes to emerge from the data, while enhancing reliability (Boyatzis, 1998). In arriving at these themes, there were four readings of the data (Elliot, 2005):

(1) Reading for the plot and the researcher's own response to the narrative.

(2) Reading for the active 'I' who is telling the story.

(3) Reading for the respondent's relationship with others involved in the VCP.

(4) Reading for the broader social and cultural context of the volunteer.

4.7.2.1. Multiple readings of the transcripts

This voice-centered relational method of data analysis was developed by Mauthner and Doucet (1998, in Elliott, 2005), and operates on the principle that each of the four readings focuses on a different voice in the narrative. This technique allows one to understand the overall meaning of a narrative, in addition to the basic elements of the data.

Reading 1: The plot

During the first reading of the data, the researcher read the transcriptions with the aim of gaining a global understanding of the narratives (Hough, 2001). The first reading assists to understand the expectations and experiences of the volunteers, locating the volunteers within the context of their stories, while identifying recurrent images, metaphors, and contradictions in the volunteer's narratives. During this reading, it was important that the

researcher attended to her responses to the subjects and their narratives, while critically reflecting on her own position (Mkhize, 2005).

Reading 2: The voice of the speaking person (the self)

During the second reading the researcher aimed to identify the ways in which the subjects spoke, felt, and thought about themselves. This assisted to understand the narrator's dominant view of the self, their lives and the world they inhabit (Mauthner & Doucet, 1998, in Mkhize, 2005).

Reading 3: The self-in-relation

The third reading sought to understand the relationships that exist between the volunteers and significant others in their social network. This included the volunteers' relationships with friends, family, and those involved in the VCP. This assisted to identify issues that exist between the narrator and these other individuals, how these relationships may affect the way in which he/she thinks, feels and speaks about him/herself, and how their involvement in the VCP influenced these relationships (Mkhize, 2005).

Reading 4: The social and cultural context

The last reading of the transcripts focused on the broader social, economic, political, and cultural context in which the volunteers function (Mkhize, 2005). This highlighted the influence of family, community or religious beliefs on the decision to enter and continue to be involved in the volunteering programme.

4.7.2.2. Principles of inductive data-driven thematic analysis

No preconceived codes existed prior to the analysis of the data. Thus once the focus groups had been transcribed, the researcher read through the transcriptions in order to gain an overall understanding of the volunteers' accounts. This enabled to researcher to perceive patterns or themes in seemingly random information. The researcher attempted to remain open to all information, while being aware of the fundamental concepts that

arose from literature in the field of inquiry during her readings of the transcripts (Boyatzis, 1998).

During the readings of the data, the text was broken down into themes or coding categories. As the transcriptions were reviewed and meaningfully dissected, a process of coding was entered, through which meaning was assigned to the data (Miles & Huberman, 1994). This was done by reviewing the data line by line, and beside each paragraph, codes or labels were assigned to the text highlighting major themes and sub-themes within the data (Kvale, 1996). By using provisional codes, the researcher was able to theorise and consider comparisons that may exist within and between the domains of analysis (Terre Blanche & Kelly, 1999). This enabled the researcher to generate theoretical questions around the emerging themes. These codes or labels were then reviewed, organised and clustered into categories (Miles & Huberman, 1994), enabling the author to make meaningful reflections from the data (Boyatzis, 1998). Diagrams were then used to conceptualise patterns in the data and identify connections within and among the themes.

4.8. Validating the findings

4.8.1. Reliability and Validity

The concepts of reliability and validity have traditionally been based on the notion of an objective and measurable reality. However, the subjective nature of qualitative research makes this impossible. Instead, Kvale (1996) writes that, "the quest for absolute, certain knowledge is replaced by a conception of defensible knowledge claims" (p.242, in Kelly, 2006b, p.378). A number of checks were put in place to ensure that, as far as possible, the reliability and validity of the findings was maintained.

One way of testing the validity of the intended meaning of the research participant was to verify or confirm whether the researcher has correctly understood the speakers (Kelly, 2006b). Thus throughout the data collection process, the researcher clarified whether she

had correctly understood the volunteers, by means of questioning, reflecting, interpreting and summarising techniques.

Although the process of data analysis is subjective, this is "the very thing that makes it possible to… understand personal and social realities empathically" (Terre Blanche et al., 2006, p.277). The researcher thus remained aware of her own presence in the research. In doing this the researcher is able to demonstrate how she used her subjective capacity to reach her conclusions.

The reliability of the transcriptions was verified by reading through them while listening to the recordings (Kelly, 2006a). Reading the transcripts over and over again proved to be a valuable means of gaining the overall picture of the data, and understanding the basic elements during the content analysis. Through consultation with the research supervisor, advice was sought on interpretations made of the data and the coding framework.

There are clearly limits to the generalisability of this research since the findings are based on data collected from a particular group of individuals within a particular context. The researcher however attempted to maintain transferential validity so as to "provide answers in other contexts, and to the transferability of findings to other contexts" (Kelly, 2006b, p.381). This was achieved by providing a thorough description of the research process, explaining the choice of methods used in this research, and in providing a detailed description of the research situation and context (Smaling, 1992, in Kelly, 2006b).

Once the analysis had been completed, the researcher met with the more experienced volunteers to provide them with feedback. During this process the findings were verified, as described above.

4.8.2. Reflexivity

Since qualitative research relies to some extent on the subjectivity of the researcher, it is essential that the researcher adopt a reflexive position when conducting his/her

investigations. "Reflexivity requires researchers to operate on multiple levels: being aware in the moment of what is influencing our internal and external responses, while also being aware of what influences our relationship to our topic and our participants. Those influences inform personal, cultural or theoretical constructs that we use to guide our interactions as we engage in the research and represent our data" (Etherington, 2004, p.46). In adopting a reflexive position the researcher aimed to add validity and rigour to the research by providing information about the contexts in which data is located.

The presence of the researcher within the focus groups would have had an influence on the research participants – their actions and what they said. The participants were out of their natural environment and the focus groups were being video-taped by the researcher. This would very possibly have made the participants a little nervous when commencing the discussion. For this reason the researcher began the focus groups by introducing herself, explaining what her research was all about, and showing the participants the audio-visual equipment. During the discussion, the researcher was encouraging and empathic toward the participants, showing genuine interest in what they had to say. The researcher treated the research participants as they were the experts, as they were, in the field of which she was interested and studying. This was hoped to have lessened potential nervousness which would have impacted on the validity of the findings.

The researcher needed to take into account her life experience, and how it might have impacted on the data. For instance, during the researcher's training in psychology she had experienced some of the challenges of offering care and assistance to those in need of care. She was therefore able to use her experience to empathise with some of the demands facing the research participants, yet during the analysis, she was also careful to listen to and interpret the experiences of the participants while keeping her own experiences separate.

In order to deal with the possibility of contaminating the results by drawing conclusions from her own life experience, the researcher repeatedly examined the data from different perspectives. The researcher attempted to suspend any preconceived ideas about the nature of volunteerism and the life experiences of the study participants. In addition to this, she discussed the research and findings with colleagues and her supervisor to gain alternative viewpoints on the data.

4.8. Conclusion

To meet the aims of this research, the methodology was carefully planned and implemented. Two groups of volunteers were sampled by means of focus group discussions. The data gathered during the focus groups was analysed and conclusions were drawn. The researcher assumed a reflexive role and careful consideration was given to the ethical requirements and the reliability and validity of the study.

Chapter 5: FINDINGS

5.1. Introduction

This chapter sets out the findings of this study in order to provide a conceptual understanding of the experiences of volunteers offering psychosocial support to vulnerable children through the Vulnerable Children's Programme (VCP). The purpose of this research was to explore the motives of individuals in this particular context volunteering in the VCP, while identifying the way in which the research participants' experiences may change the motivating factors that prompt these individuals to continue volunteering in the project.

When reporting the results the following abbreviations have been used. FG1 refers to the focus group held with the senior regional facilitators (Group1), whilst FG2 refers to the local community facilitators (Group2). Each participant has been allocated a number such as P1 or P2, in order to protect their identity.

When analysing the data, the results were categorised according to four broad themes taken from the focus group questions. These areas are as follows: (i) the motivation of the volunteers working with vulnerable children; (ii) their personal experiences during their involvement - both positive and negative; (iii) the support systems that they access; and (iv) their personal needs met by the programme.

5.2. Overview of the results

Many of the local community facilitators reported that prior to the VCP they initially expected to meet the children's' need by providing for the physical needs of the children, for instance by supplying food, clothing and shelter to them. Their actual experiences were very different. Figure 2 (see p.59) represents the results of this research diagrammatically, illustrating both the positive and negative experiences of the research participants and how this may impact on their motivation to be involved in the VCP.

Knowledge of PSS grew with time, as even though they had participated in the SP, they still did not know what PSS meant.

As a result of the participant's (Group 1 and 2) initial motivation to volunteer to provide psychosocial support to vulnerable children, they entered the VCP. The participants reported both positive and negative experiences during their involvement in the programme. These negative experiences included: systemic factors - unsupportive parents and teachers; disruptive children; and personal challenges, including feelings of failure, witnessing the pain experienced by the children, and future uncertainty.

Among the positive experiences reported by the research participants were: the knowledge, experience and skills gained by the volunteers; the confidence they developed during the programme and the trust of the children; witnessing the changes that occurred in the lives of the children; and the respect that they gained in the community as a result of their involvement. The volunteers reported developing a sense of purpose in their lives; and establishing meaningful relationships with the children and within the community, which served as motivating factors to continue in their involvement in the VCP. In addition to this, based on the support structures that were put in place and having their personal needs fulfilled through programme involvement, the volunteers reported having renewed energy to continue in their involvement in the VCP.

Each of these aspects will now be discussed, focussing on the differences between the two subject groups.
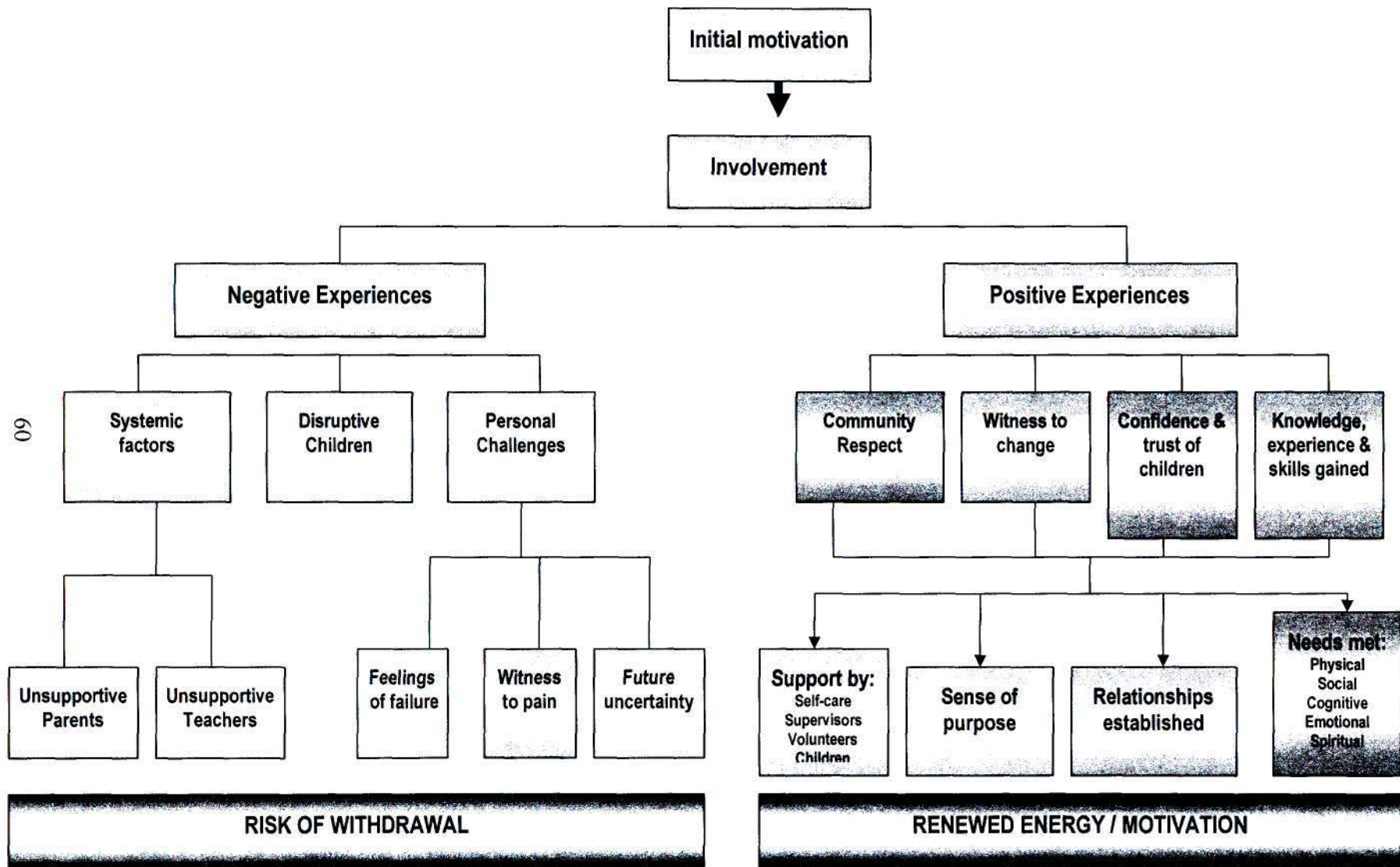
Figure 2: The experiences of volunteers and subsequent motivation

5.3. Category 1: <u>Motivation to volunteer</u>

It is important to understand what motivates an individual to volunteer their time and effort to a programme such as the VCP in order to, firstly, understand how to keep them motivated throughout their involvement, and secondly, to know how to attract future volunteers to assist in the programme.

We expected that the participants' motivation to volunteer was likely to change and evolve over time, and therefore the questions posed in the focus groups addressed the participants' initial and subsequent motivations to volunteer.

5.3.1. Initial motivation

The volunteers from the VCP reported that their initial motivation for volunteering with vulnerable children included the following: financial expectations; an opportunity to acquire knowledge, skills and career experience; and humanitarian values.

5.3.1.1. Financial expectation[3]:

The volunteers from Group 1 agreed that many of them volunteered in the programme as they expected to gain some form of remuneration for their time and services. One of the participants reported the following:

> FG1 P1: Ja, at first I was just thinking of money, I'm going to earn some money, I am going to have some money in my pocket, so why just waste time staying at home, rather go and do it. [p.1]

Three of the eight participants from Group 2 reported expecting to receive some money for their involvement in the programme. While one of the other five volunteers expected that he would receive food parcels for his efforts.

> P1: I thought that we would get paid a small amount of money, whatever they could afford to pay us. [p.3]

---

[3] The money received by the volunteers was in fact a reimbursement of their travel expenses. Some volunteers however chose to walk to the schools in which they assisted in order to keep their transport money to spend on other goods or needs, such as food or school fees for their own children or relatives' children.

5.3.1.2. Knowledge, Skills and Career Experience

The participants from both groups reported that through their involvement in the programme they believed that the skills and personal development that they would gain would provide them with career experience. This was important to the participants as all of them were unemployed before entering the project.

> FG1 P3: Ja, but for getting experience... I'm going there and I'm just gaining experience and maybe one day I'll get a job and I'll use the experience. [p.1]

> FG2 P5: For me I like children, I love them. So I sometimes want to help them, so I wanted to get some skills and experience - how to cope with their problems and to solve them. [p.4]

5.3.1.3. Humanitarian Values

One of the participants from the first group reported that her motivation to volunteer was based on a desire to help those in need, while all eight of the volunteers from Group 2 reported volunteering in the programme for reasons of humanitarian value. These individuals reported being aware of the great need in their communities, such as abuse, HIV infection, bereavement, and child-headed households. The participants expressed a desire to help the children by hearing about their problems, and building resilience in these children by offering them strategies to cope with these difficulties.

> FG1 P5: For me I was touched in the training when the trainer taught us how these vulnerable children suffer, so I wanted to take part in it. At first she told us that we are going to volunteer and there was no money involved, and then I agreed to do it and she asked me to contact P1 and then I did and then, ey, it was so difficult for the first time, because in the middle of the programme, the first programme, she told us that you are now going to earn some money, but at first I was doing it because I wanted to help those children due to the suffering... [p.1]

> FG2 P7: In our community, especially our neighbours who are close to us, the mothers have been dying and we saw the suffering of the children, and there was no-one to help the children and I saw the need to help these children, so that I can solve their problems. [p.1]

5.3.2. Subsequent motivation

As the programme progressed, the participants reported that their motivation to volunteer did in fact change. This change appears to be the result of a number of factors including: developing a sense of purpose and as a result of the relationships established with the children. These two factors have also been classified as 'positive gains' from the participants' experiences in the VCP, and will be discussed later in section 5.4.1. In addition to these two factors, the volunteers began to realise the need for such intervention programmes in their communities.

5.3.2.1. Realisation of the immense need

After their training and being involved with the children, many of the volunteers from the first group began to realise the great need for psychosocial support with vulnerable children. One of the participants from the second group, who initially had been motivated by financial gain, reported that after having spent time with the children, he then became motivated by wanting to assist the children.

> FG1 P3: ...but when I was doing it for the second time, I realised that oh, this is serious. [p.1]

> FG1 P1: Some of the children come up with a problem that you know that uhuh, it's just too big, that problem is not supposed to be faced by a child of this many years, and how are they going to solve it? [p.21]

> FG2 P1: Also with me it has changed, it's not the same as before, as I was expecting money. Now I go there with the aim of helping children because now I know their problems. [p.6]

5.3.3 Summary

From the focus groups it became evident that the volunteers' initial motivation prompted them to become involved in the VCP. Their motivation however changed and developed after some experience of offering PSS to the children. It is important to be aware of these shifts when attempting to keep volunteers motivated and also to understand what motivates new volunteers to sign up to assist in the programme.

5.4. Category 2: <u>The Experiences of the Volunteers</u>

The second broad category of questioning was around the topic of the participants'
experiences working with vulnerable children in their communities. This included both
positive and challenging circumstances that they faced during their involvement in the
programme.

5.4.1. Positive gains or opportunities

The participants reported experiencing the following personal gain or development
through their involvement in the programme: knowledge; experience; a sense of purpose;
community respect; and the relationships that were established with the children. These
positive experiences resulted in renewed energy or motivation to participate in the VCP.

5.4.1.1. Knowledge

The knowledge that the volunteers gained through their involvement in the programme
has resulted in a greater understanding of children in general. This understanding then
feeds into the way in which they raise their own children, and they report feeling
motivated to share this knowledge with the larger community.

> FG1 P5: It has like given us some ways to approach children. Now we know how to talk with them, (unclear). Because usually we tell ourselves that children don't understand, but being in this programme has taught us that children, I think children do understand more than us. Because children notice even small things, you usually hear children talking about small things that we as adults don't talk about. [p.6]

> FG2 P6: It's because I like working with children. I've been seeing children with problems, and before I got into this programme, I didn't know how to help them. This programme has helped me in knowing how to work with children and I have the skill (is qualified to) to talk with them. [p.1]

All of the volunteers from Group 1, who had children of their own, reported that the
knowledge that they had gained from their involvement in the programme, had assisted
them in raising their own children. A comment made by P1 is given to illustrate this
point.

> FG1 P1: From what I have learnt from this programme, I can say that as I have a child of my own, I now notice the things that I have never noticed before. Now I think about the things

> I do that I learnt from my parents, some of the things that we do to help the children is some of the things that we should be doing in our own home where we are living. [p.4]

The volunteers gain knowledge and this empowers them to educate the community in which they live about the emotional needs of children.

> FG1 P4: Me, I have learnt too, if children cry about, (unclear) not to punish, ... but allow the children to cry. But at the moment, Zulu culture does not allow the children to cry, if a child cries, their mother or another person, says "no, stop crying, every thing is okay" – which is wrong. [p.6]

> Researcher: So they (the children's parents) don't always understand the emotional needs of the child [everyone agrees].

> FG1 P5: They believe that children don't have any problems and that children don't understand.

> FG1 P1: Ja, ... they don't see or understand about the emotional needs of the children, so through the programme that we are doing, I can see that I can am able to help from what I have learnt. Ja, I think that they are neglecting their children, but they don't even see it that way, they think that "ou ou, the child doesn't have the need to be like, to share something with or to be able to talk openly about what he is feeling". Like, when you grow up, you grow in so many different stages, and they don't even understand that. They think "he is a child, what does he need to do? He needs to go and play, enjoy himself and everything like that". So if the child has a problem he has to suffer, because she doesn't have anyone to talk to. So I think in a way, even though I don't think they realise it, they are just neglecting their children. So when we are working with the children, I think we get the chance to do what they are not doing. Not like, it's their own fault [p.9]

> Researcher: When you first wanted to work in the community, you saw the physical needs of the children, but now its like you realise the emotional needs of the children – that they need to be loved, they need to have someone to talk to, to express their feelings – I'm feeling angry, I'm feeling sad. It's like you've come to understand the children more and how to, to meet some of their needs.

> FG2 P6: Children have feelings. Adults think that children don't have feelings, for instance when someone has died they take them away and lock them in another room and tell themselves that they are the only one's who feel that pain, not the children. Only to find that the children are watching and that is very painful for them. They are not even given the chance to say their goodbyes to their parents that have died. [p.7]

5.4.1.2. Experience

The participants from Group 1 reported having gained experience through working with the children in the programme. This experience has built a sense of confidence when working with and understanding children, while offering them potential career experience.

Although many of the research participants from both groups have children of their own, they reported developing a sense of confidence when working with the children from the programme as a result of the knowledge and experience that they have gained from their involvement.

> FG1 P5: Now, its easy, (laughs), I'm enjoying it and I think that this programme helped me in some other ways. Like now I've started to notice *any* children that I come across, I start to look at that child and , mm, to make a friendship with that child. I love children now, I really do, so it helped me in that way. [p.2]

> FG1 P2: For me, as I said, the first time I volunteered it was like I was just playing the games, but now it has changed because when I'm with the children I feel comfortable and happy. Even though sometimes they are sharing the bad stories, but when we continue doing some of the activities they feel better, and I love them very much. I like to work with children. [p.4]

> FG1 P4: At the beginning, I'm very shy to working with children, now I'm feeling happy to witness what is happening with the children. I'm feeling okay, I'm proud of my job. [p.4]

> FG2 P7: It has changed for me also because now I know how to interact with children and how to tackle their problems. [p.4]

> FG2 P4: It has changed now because if a child comes with his problem, I know how to communicate with him. [p.4]

The volunteers also report gaining potential related career experience from their involvement in the programme.

> FG1 P1: And when I worked with the children, I earned a lot of experience, there is something good about it, so that makes me feel like - this job I can do it, I know that I can. I can do it better than maybe I was going to be, I mean if I was a chartered accountant. [p.7]

> FG1 P5: That's what it did for me, but it was my choice really to be a psychologist. I wanted to be a psychologist, but I didn't really know what psychologists do. So when we did this, then I started to have another picture of a psychologist. So if like, if it happens that I pass my degree, maybe I will do the same,... that's my dream. And afterward I will be with the children. It has helped me a lot. [p.8]

5.4.1.3. Sense of purpose

The volunteers appeared to have gained a sense of purpose in their own lives as they worked with the children. Over time, the volunteers report witnessing the change in the

66

lives of the children, and began to feel that they were making a positive contribution to the lives of the children.

> FG1 P1: Even though they cry sometimes, share some bad stories about their life, but at the end of the day, they laugh all together, so they need it. [p.3]

> FG1 P5: So I've touched, I think so many lives, so that keeps me going. [p.4]

> FG1 P1: After we left we received a report that, "oh this child was shy or maybe she didn't even talk at school, but after the programme, I don't know what you did but she's talkative, she can express herself in a way that she never did before. So whatever you are doing, just keep going – it is working". [p.14]

One of the participants felt that her work with vulnerable children provided her with such meaning in her life that she reported that even if the work impacted on her health, she felt it was worth doing.

> FG1 P1: I thought maybe, even if I died or passed away from what I'm doing, it made me to just feel more than I ever before. [p.8]

The volunteers from Group 2 also appeared to gain a sense of purpose by witnessing the changes that occur within the children as a result of their participation in the programme. One of the volunteers report gaining a new respect for children after witnessing the way they have coped with difficult circumstances confronting them.

> FG2 P6: What I like about children is that they don't hold grudges. If they come to you with a problem, for instance they may say that "I won't forgive my mother or my father", but as the time goes on, and as we continue talking with the child, you'll find that the child has forgiven his mother or father because they have grown, and there were things that they didn't know before. [p.5]

> FG2 P1: Children are so brave. (Researcher queries). ...They are able to withstand the situations that they come across, and that has helped me to be able to deal with my own problems. I realise that I should be brave as well in order to withstand my own difficult situations.

5.4.1.4. Community Respect

Many of the volunteers who participated in the focus groups report having gained the respect of their communities through their participation in the programme. They report

having become role models to the children and are approached by people, even leaders in their community, for assistance with personal problems.

> FG1 P5: Me, I think in my area, most of the children, as well as the adults, they take me as a role model – I think that is important to me, because everywhere I go, it seems that everybody knows me, "oh that's sis P5, we worked with her at this school and this school." And even in town, when I'm in town, some of the children maybe from xxx [names a school] or any place that we've worked, they say to their mothers "this is sis P5, we worked with her at this school and this school" and then their mothers will come and ask, "ah it's you, how was it working with those children". So for me, ja, (laughs), I think I am a role model. So I've touched, I think so many lives, so that keeps me going. [p.4]

> FG2 P5: It's very nice, because even your neighbours, if you are trusted by a child, even your neighbour trust you. She may tell you "can you please look after my children. I'm just going somewhere else." You know it's very good, it's a very good job. [p.10]

> FG2 P1: ... I am a church goer, but I haven't been going to church lately, so the pastor came to my house to see how I was, and now he has found that I am doing something like this in the community. So if something like this happens in the church they are able to contact me, to help. So now they refer some people to me at church. [p.11]

> FG2 P4: ... most of the children there know me and they would go and tell their parents, and if the parents have problems they will come to me and they will use the knowledge that I have. [p.12]

5.4.1.5. Relationships

The relationships that are established between the children and volunteers was a positive experience for the participants, which also served as a motivating factor to the volunteers to continue in the project.

> FG1 P1: But by the second time I was doing it, actually I was doing it because I just missed those children, it was fun. [p.1]

> FG1 P2: Ja I feel comfortable. Maybe when I saw them calling me, "sisi" as P1 said earlier, and they just come and hug me. That made me feel special. [p.4]

> FG1 P3: One of the children came to me and, oh we just shared. I think we were doing the bad secret [an element of the SGTP], or we were talking about bad secrets in this session, and he spoke and he shared with me. At the end of the session he asked me to go outside with him, outdoors, and when we were out, he was asking me "aunty P3, can I please call you my mother." The mother of this child had just gone away, he didn't know where she was and he asked me to call me mummy. [p.11]

> FG2 P8: Even if we meet the children along the way, I greet them, and asked them some questions like how are you, whom are you staying with? [p.4]

> FG2 P6: It encourages me to sit around with children - just to talk with them about other things and laugh. [p.8]

The depth of this relationship is evident in the trust that was built between the members of each group. The children respected and trusted the volunteers by sharing the difficult situations that they had experienced.

> FG1 P5: Ja, it is because when you are working with them it becomes so personal, like they share with you their secrets that they have never shared with anyone. [p.11]
>
> FG1 P1: ...when they come to you and trust you, they talk about whatever they want with you because they know that you are a trustworthy person to talk with. [p.11]
>
> FG2 P2: What I've learnt is that some children are not able to speak with their parents at home. But when you sit down with the child he can tell you about things that he cannot speak to his parents about. Sometimes they can't sit down with their parents and talk, but it's easy to speak with another person who is more open or honest [or they can easily trust] [p.5]
>
> FG2 P8: What I've found, one of the good things about children, is that I talk freely with children and they speak freely with me. [p.6]

Close bonds were established between the children and the volunteers over the duration of the programme, and even when the SGTP has ended, the volunteers continue to see the children in the communities in which they reside.

> FG2 P2: If you play with them, they play - they love playing.
>
> FG2 P5: Even if you meet them, they'll run to you and greet you.
>
> FG2 P2: They come to you and greet you.
>
> FG2 P1: Children are full of love and need love.
>
> FG2 P7: Those cards that they give us at the end of the programme, they are a symbol of love. [p.6]

5.4.2. Difficulties experienced

The volunteers reported that their involvement in the programme contained some negative experiences which include: challenges with systemic factors; disruptive

children; and personal challenges. These challenges may result in a risk of withdrawal from the VCP.

5.4.2.1. Systemic factors

The participants in the first focus group reported that some of the difficulties that they experienced were due to systemic factors including unsupportive parents and the teachers of the children participating in the programme.

5.4.2.1.1. Unsupportive parents

The parents of the children selected by the school to participate in the programme were reported to at times become defensive, not allowing the children to fully benefit from the programme. Some parents did not like the children talking about what happens in their homes as they believed that it may reflect badly on them.

> FG1 P1: What I'm trying to say is that what makes it difficult in this job, and make me want to quit, is that some of the parents don't allow the children to talk about what is happening in their homes. Even though most of the children are suffering, maybe if they were able to talk and were are able to be open about it, maybe we will be able to find a solution to help those children in getting through what is bothering them, but if the parents don't allow them to talk about it... [p.10]

Some of the child participants' parents are not educated with regard to the emotional needs of children, and therefore the volunteers reported that the parents do not understand the benefit that the programme would have on their children. The participants also reported that the parents at times have financial or material expectations of the programme co-ordinators. The parents feel that the family should receive material provisions in return for their involvement in the programme.

> FG1 P5: It's difficult sometimes because people, especially adults, want something in return. They want to know what the children will get after their involvement in the programme - "what are you going to give them". And then they start to blame us, like they think there are funds, they think that there is money involved that is supposed to be give to each child, and that the money is being taken by us. So sometimes it is difficult when people are asking about this job. But we are managing because we are trying to explain everything to them. [p.9]

70

FG1 P2: Sometimes the parents when they see us visiting their house, they ask us "maybe you can come back and bring food, and clothes, and money". When we don't do that, they don't allow us to visit that house. And when we are working with children they expect that we are going to give them something. And when I told them "no, we don't have money or food, we're just here to help the children emotionally," they don't understand, they always want a material thing, that is all. [p.13]

5.4.2.1.2. Teachers

The volunteers reported that another systemic factor that served as an obstacle to the programme was the response of the teachers. As with the parents, the teachers also appeared to feel threatened by the work that the volunteers were doing with the children.

FG1 P3: Talking about difficulties, I remember the problems that the teachers gave us at that school. Ay, they gave us problems. I don't know what they thought, maybe they thought that we were just taking their jobs, um I don't know what they thought. They didn't allow us to use the classrooms, they closed the classes, locked the classes, eh. They were so difficult, we didn't know what to do, to make things run smoothly. I think that maybe if xxx [the project coordinators] went to the school and just tried to teach the teachers about the programme, maybe they might see how important it is, ja. And some of the other teachers thought that we were just playing, that we were just wasting time because we had nothing to do at our homes. [p.14]

FG1 P1: And some of the teachers thought that we were spying on them, that we had come to spy to see what they were doing so that we could report back to whomever we were spying for. [p.14]

FG1 P5: Sometimes, also, they are bad influences, the teachers. Because they tell the children that "oh, you are going to eat those sandwiches that are there", and say all these bad things. And so we find that the children do not want to come to the programme because they are fed. [p.14]

5.4.2.2. Disruptive children

A number of the participants from Group 2 reported experiencing difficulty with the children when they became disruptive during the sessions, so that sometimes it became hard to control the children. One of the volunteers explained however, the importance of understanding where the naughtiness arises from. She explained that often their behaviour is a result of the circumstances they have faced. However, it still remains a challenge to deal with this disruptive behaviour.

FG2 P4: It is bad when a child has a problem and the other children laugh at him or her. [p.5]

71

FG2 P5: And sometimes you will find in the group of those children, you find one child who is very naughty, and if you don't understand the children you'll feel like quitting.

Researcher: Because they are disruptive?

FG2 P5: You need to understand that maybe their behaviour is from, it is a consequence of the difficulties that they face.

Researcher: So it has helped you to understand the children more. And understand that their behaviour might be a result of something else.

FG2 P5: ...from the abuse. [p.5]

5.4.2.3. Personal challenges

Among the personal challenges experienced by the volunteers were: feelings of failure, witnessing the pain experienced by the children, and future uncertainty.

5.4.2.3.1. Feelings of failure

The volunteers from the first group reported experiencing feelings of failure, as they are often unable to change the situation in which the children find themselves. Some of the issues facing the children, such as community stigma, death of parents, extreme poverty are matters that the volunteers are unable to heal or remedy. These situations lead to feelings of hopelessness.

FG1 P2: And when we asked her about her friendship with other children, she told us that some of the children don't want to play with her. They say "your mother has passed away, and you are HIV positive and we can't play with you". It makes me feel very, very bad and there is nothing you can do about that, ja. [p.12]

FG1 P1: But you just can't stop thinking about the child that you wanted to help, which you were not able to help. That is when the project coordinators tell us that "okay, even if it was just one that you helped – because you can't help everyone. Even if it was just one, at least you must have some positive feelings that you can say that at least I helped this one even though I wasn't able to help that one." So I try to hold onto that, even though I have to face that child that I was not able to help. It's like I am coming to unfinished business. [p.15]

FG1 P3: But when I see this young girl, all this time in my mind I knew that I failed to help her, I didn't help her. She asked for help, and I didn't have the power to help her. Ja, sometimes it is difficult. [p.16]

72

5.4.2.3.2. *Witness to the pain*

The participants explained that their experiences in the programme were difficult as they were the ones to bear witness to the pain experienced by the children. One of the volunteers mentioned that it is particularly difficult when the child's problem is similar to personal difficulties that they had experienced.

> FG2 P1: ...The difficult thing is that if you find that the child has a problem that is similar to yours it's difficult, and sometimes you want to quit. [p.5]
>
> FG2 P3: ...it is difficult when they have lost their parents. It is hard to see them cry. [p.5]
>
> FG2 P1: (laughs) It has happened to me before [i.e. wanting to quit], for instance when a child comes with a problem that you regret hearing about it, it doesn't go away... [p.8]

One of the participants from the first focus group reported finding it difficult to stop thinking about the children that she works with once she has gone home in the evenings.

> FG1 P1: ...when it really, really comes back to me is at night - when I'm lying on my bed and everything is dark and I begin to think about what each child is going through, some terrible things... They just come back later at night, because when I am just trying to imagine – to think about it, that's really the time that I've got all of those feelings. I think "okay, if it was me in that situation I would be feeling like this and that and that. And that child is just too young to go through those kinds of difficulties, what can we do to help?" Every time I'm trying to think, what can we do? What can we do? To try to make it easier for the child, to make it through life, just to make it easier than it was before. I can say that if ever I was able to get to that kind of solution, that maybe I can try and talk to that child... at least if I am able to solve this problem. But it just eats me up if I was not able to come up with a solution to make that situation better or to make that thing just go away. [p.14]

Although some of the volunteers from the first group have had a number of years of experience working with vulnerable children, they report that it always remains difficult work. The nature of the process, specifically having to deal with the emotional hurts that the children have experienced, is never something that the volunteers are untouched by.

> FG1 P5: But another thing is, like I have experience. P1 and I have done this work for 3 years. And when we go to a new school, I always tell myself that "ugh, this thing is easy and I'm going to do it, just like that (clicks her fingers)." And when children are there sharing their stories, again that sadness comes back, oh no, it just comes back every time, even when I'm telling myself that "now I'm strong, I can do it." But then I see the children crying, (mumbles) it's not easy. [p.4]

5.4.2.3.3. Future uncertainty

Within the more experienced focus group, the volunteers report that after exploring difficult experiences with the children and working through them together, they find it difficult not knowing what will happen to these children in the future. After establishing good relationships with the children, they were often left wondering what would happen to the children in the future.

> FG1 P3: ...it is so painful when we are leaving them and you don't know what is going to happen next.
>
> FG1 P5: Ja, but I think it was last year, when we did pre- and post-data collection, xxx [the director] found that they reported that this programme does help. The responses from the schools and parents show that it helps children in some ways.
>
> FG1 P1: It is working.
>
> FG1 P5: Though we do not always see that it's working. [p.13]

This however is contradicted by other statements made by the participants which reflect that they do see changes in the children over the duration of the programme. They also report that the parents, primary caregivers or educators do at times spontaneously report positive changes.

Meaningful attachments were formed over the duration of the programme, as the volunteers witnessed the pain of the children and the children felt their support and empathy. However when the programme was completed at each successive school, the volunteers no longer had the weekly contact with the particular group of children. The volunteers are likely to come into contact with the children in their communities, however, at times they report feeling as if they are abandoning the children.

> FG1 P5: Ja, it is because when you are working with them it becomes so personal, like they share with you their secrets that they have never shared with anyone, so when it's time for you to go, you start to think - what will happen to these children when we leave, when we go, how are they going to cope? You are faced with and start to ask all those questions. Because when you talk with them, it's like they are free to talk with you - they trust you... So when you go it's not easy, it's difficult. You wished you'd work with them forever, but you'd like to help other children also.

FG1 P1: ... So, you just think that, "okay now I am leaving, is the problem going to stop? No, it's not going to stop, its going to come back another time". You feel like, I don't know, as a mother I feel like I am neglecting my child, now I am leaving my child to take care of another one.. Like, he's still maybe like a 1 or 2 year old child that needed to be looked after, in need of care. The problem is still going to come, so who is going to be there? ... So the hardest time in my life is to just leave and know that I won't be able to see them any time soon. That's usually the hardest time for me. [p.11&12]

5.4.3. Summary

The volunteers described both positive and negative experiences and circumstances that they have undergone through their involvement in the VCP. In spite of the positive experiences, overwhelming negative circumstances can result in volunteer attrition. In order to prevent this from occurring, these negative circumstances must be, where possible, timeously addressed. In addition to this, reminding the volunteers of the positive gains or opportunities that they have experienced through their involvement will encourage renewed energy to participate in the programme.

5.5. Category 3: Programme Support

An essential part of ensuring that the VCP is effective involves making certain that the volunteers themselves receive support. Since the work that the volunteers undertake can be emotionally taxing, support is essential for the long-term wellbeing of the volunteers and the sustainability of the programme.

The volunteers in both groups reported gaining support by using self-care strategies, peer support, and supervision. In addition, they received support from the children. This is depicted in Figure 3 below.
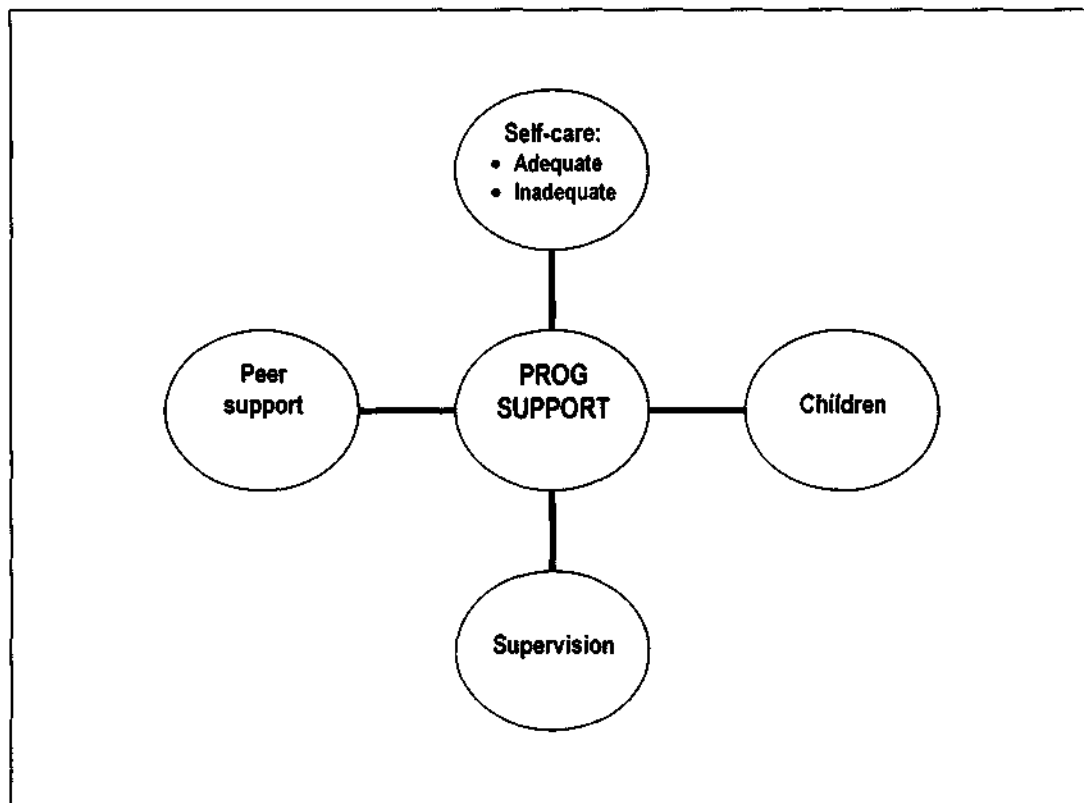

Figure 3: Programme Support

5.5.1. Self-Care

During the training of the volunteers of the VCP, and on an ongoing basis, the importance of self-care is emphasised. They are encouraged to make use of strategies that will help them to relax, and detach themselves from their work in order to cope with the emotions that they are confronted with in their work. This included activities such as playing sport, reading, singing, relaxing, praying, and watching TV.

> FG1 P3: For me what I do when I have had a stressful day, okay I live with my fiancé... then when I come back in the afternoon I just share something with him and just watch TV and do not do anything, just relax. [p.14]

> Researcher: How do you personally deal with the stress of working with these children?

> FG2 P5: With me I used to go and visit with some friends. Ja, and sometimes I just read a book to deal with stress.

> FG2 P7: To do self-care like sleeping, watching TV, relax, or I go to a workshop. [p.8]

Despite the volunteers' efforts to put these self-care strategies in place, this support structure is inadequate on its own, particularly with more challenging matters.

> FG1 P3: Even for me, I do self-care for some of the easier things. But when it comes to difficult things I don't know how to do it? Ja, I just leave it, just like that, but when I see this child, every thing just comes back. I really don't know how to take care of this. [p.14]

5.5.2. Peer support

The participants reported gaining support from each other. Although the more experienced volunteers reported receiving support from each other, the newer volunteers often required additional support. The volunteers from Group 2 expressed that they would often go to the more experienced volunteers when they needed advice, or wanted to talk about their experiences. As a result it was often the more experienced volunteers offering support without receiving assistance in return. Since, the volunteers are bound by a strict code of confidentiality this may at times impede the facilitators getting support from each other.

FG1 P1: I can say that I think that most of the new volunteers that we are working with are just volunteering in the school for the same reason as I was for the first time. So I don't think that I really, really get help from the volunteers that work with us...

Researcher: So working with the new volunteers, you are more supporting them, than they are supporting you. [agree]. And amongst yourselves, do you feel, do you speak with one another often, do you, do you see each other often?

FG1 P5: Ja, we generally see each other every day.

Researcher: Do you feel supported by one another, do you have time to talk?

FG1 P3: Ja, we have time to talk and we share some things, some little things, ja we support each other. [p.16 &17]

FG2 P5: Yes, but mostly when you speak to one of the group, it helps a lot. Like, with those that we are working with, because it's not good to tell the other people outside. So maybe if I face a problem with a child, I phone xxx [more experienced volunteer] and tell her.

Researcher: Someone that understands.

FG2 P5: You feel a little bit better after sharing.

FG2 P7: Or you share with another facilitator, but don't tell the name of the child or the name of the family, but share the story. [p.8]

5.5.3. Supervision

The volunteers reported receiving support from the project co-ordinator through formal supervision sessions after each session, as well as through informal supervision.

FG1 P5: But it was not easy, maybe sometimes I came back from a school and I was so stressed but fortunately xxx [the project co-ordinator] was there and then she helped us by supervising us. [p.2]

FG2 P1: Sometimes we are not allowed to share with other people, but I do go to xxx [the project co-ordinator] and talk with her. [p.8]

FG2 P6: Xxx [the project co-ordinator] supports us mostly, and I worked with her in the same group. If you don't understand something, she will explain it to you and support you. [p.10]

The time allocated for supervision is however limited, and since there are often newer volunteers involved in the workshop, the more experienced volunteers feel that the new volunteers are in greater need of support. As a result, little opportunity is given to the more experienced volunteers to debrief and receive assistance.

FG1 P1: For example, when we are doing the supervision with xxx [project co-ordinator], if there is maybe 5 or 10 minutes, it's not enough time to just share what you really, really want to say about what you are feeling. Because we need to give each other the time to just share whatever happened in the group... P5 has to have a turn to just say what she is feeling when she is in the group, and P3 wants to say something, P4 wants to say something, and P2 wants to say something, and I have to say something. There is not enough time. Maybe we need to meet together after a week so that we can have enough time - maybe like 2 hours or more than that if it's possible. Because during supervision there is not enough time and we need to give the volunteers the time, especially the new volunteers, because we think we are strong, we have been doing this job maybe for about 3years. We have to give the new volunteers some time to share, because some of the volunteers just come and cry when they see other children crying, so we have to try to be strong for them. So, like when it's supervision we have to give them the time to just share their feelings.

Researcher: Do you all agree with that? (all agree) [p.18]

5.5.4. Support received from the children

All of the participants reported that they were encouraged and supported by the strength and enthusiasm of the children. The volunteers reported that the children enjoyed the programme and showed them love and affection, which in turn encouraged them to continue in the work even if it was difficult at times.

Researcher: And is there anyway that the children support you?

FG1 P1: Ja, I can say that, I remember one day when I was really upset about something, I don't remember what it was, and one of the kids just came and said "okay I know that you are usually a talkative person when we are with you", and she said "today we just feel like you are miles away". And I said "haw"... She said "today you are just different, I don't know, you are just quiet, it's like there is something that is eating you inside" and when I got home I found that I had a note that they had written it for me – Please be okay, be fine, whatever's going on, just get rid of it. ...I was just upset by something and the children noticed. I could say that in that school I think they supported me in a way.

Researcher: Someone cares.

FG1 P5: Ja, they do support us. Because sometimes I miss some sessions because I have to do some school work. And when I come back they say "oo we missed you, where were you?" (unclear) Ja, they do enjoy spending time with us.

Researcher: Although they may not help you with your emotional difficulties, it is just their presence and their love and their care for you, which is supporting.

FG1 P3: Ja they do support us, although I usually work with the smaller children. They don't always understand feelings or what is happening.. But when we arrive at school they run toward me and take my bags and everything that I have, they want to help me. [p.18]

FG2 P6: And the children they supported us, because even if you were not going to come the next day, they would ask when we were going to come again, and we would tell them when we would be coming back. That shows that they were happy to be with us. [p.10]

FG2 P3: And another thing, the children loved us so much, if we arrived they would come and rush to us and they would take our manuals and when xxx [the project co-ordinator] arrives they will take out the boxes from the car and then we won't need to carry anything. [p.11]

One volunteer reported that the children also assisted them in disciplining disruptive children.

FG2 P1: Sometimes the children help us when we were disciplining their friends and you find that they don't want to be disciplined by you but they listen to their friends, and it will be better if they're disciplined by a friend instead of being disciplined by you. [p.10]

5.5.5. Summary

Four sources of support were identified by the volunteers. They included: self-care practices, peer support, supervision, and support from the children. Each of these strategies are important in promoting the support of the volunteers at different levels and in providing for different needs.

5.6. Category 4: Volunteer needs met through programme involvement

As a part of the volunteers training they are introduced to the five basic needs of children, which include their physical, emotional, cognitive, social, and spiritual needs. Although the focal point of this psychosocial support is the emotional needs of the children, the programme aims to address all five of these areas. During the focus groups the volunteers were asked to identify which of these five needs were met in their lives as a result of their involvement in the VCP.

The volunteers reported that through their involvement in the programme some of their physical, emotional, cognitive, social, and spiritual needs were met, as shown in Figure 4 below.
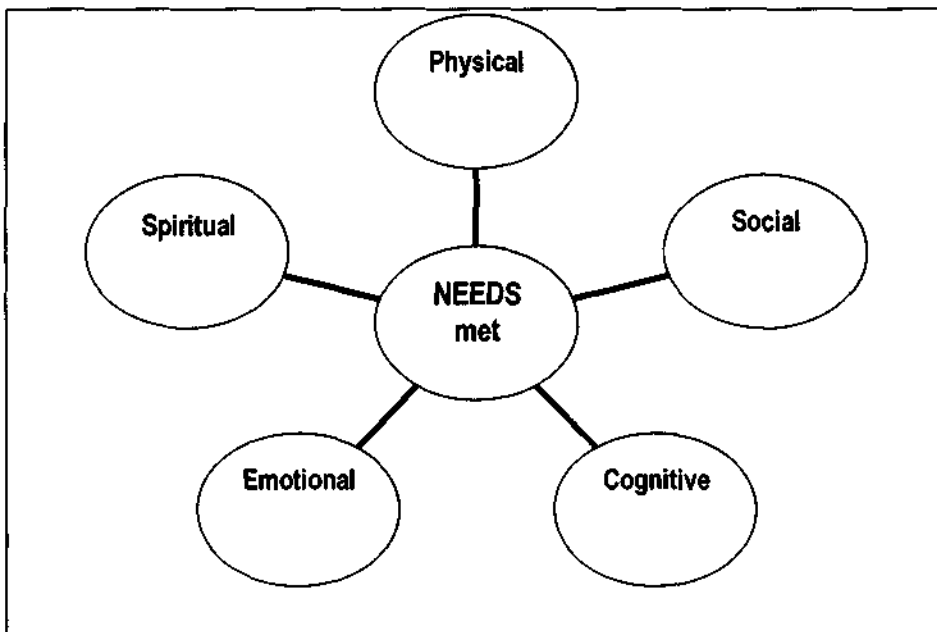

Figure 4: Volunteer needs met through programme involvement

5.6.1. Physical Needs

The volunteers within the groups reported that some of their physical needs were met by the programme as they received some money for their involvement in the programme. (Again it must be mentioned that the money received by the volunteers was a reimbursement of the money spent by them on transportation costs).

> FG1 P1: ...but I knew that as a volunteer they were going to give us that little bit of money... For me it was like a blessing, because I finished my matric in 1995, so after finishing from Msunduzi I just stayed at home, I didn't find employment, maybe for 2years. I was not working, not doing anything. So it was like, like I was going crazy. So I knew for the first time when I volunteered to do this job, I was going to get something in my pocket, even though it was not much, at least it was something. [p.2]

> FG2 P2: ...Physically, now I am able to buy food for my family. [p.12]

> FG2 P8: Physically, I used the money to buy some things that I normally could not afford. [p.13]

The volunteers also eat the sandwiches and fruit, and drink the juice provided for the participants in the VCP so that they all eat and drink together. Some of the volunteers take their share home for family members. It was therefore interesting that no-one mentioned the food and juice that they received.

5.6.2. Emotional needs

The volunteers reported that some of their own emotional needs have been met through their involvement in the programme. In becoming sensitive to the emotional needs of the children, they are now more aware of their own emotional needs and how to deal with them.

> FG1 P3: I think more emotionally. One month, I spoke with xxx [project co-ordinator] about something which has weighed heavily on my heart for a long time, and I talked with her and tried to solve it, ja. It helped a lot. [p.20]

> FG2 P2: Emotionally, I now know how to deal with other people's emotions or feelings. Now I know that if I have my own problem I need to speak with another person that will help me to deal with it more effectively. [p.12]

FG2 P3: Emotionally, I now know that if I have a problem I need to share it with someone else. [p.12]

5.6.3. Cognitive needs

The volunteers report gaining knowledge from their training and through their involvement in the programme this has helped them in understanding children and has altered their parenting patterns.

FG2 P6: Cognitively, it has helped me to gain more knowledge. [p.12]

FG2 P2: Cognitively, it has been a long time since I left school, so this programme has helped to stimulate me. [p.12]

5.6.4. Social needs

Through their involvement in the programme, the volunteers have met other people from within their community. They report that the other volunteers have been supportive as they are able to talk to each other and share their experiences with somebody who understands what it is like to be a part of the VCP. They have also become recognised within their communities, and are approached by members of their communities when they experience personal difficulties. One volunteer reports that he had been approached to speak at social functions.

FG2 P1: ... Socially, it has helped me to communicate and socialise with people, and the children know that this is a person that they can speak to. Even adults come to me. The community members have noticed me and come to my house. [p.12]

FG2 P4: ...Socially, as you know that we were teaching at xxx [names a school], most of the children there know me and they would go and tell their parents, and if the parents have problems they would come to me and they ask for the knowledge that I have. [p.13]

FG1 P2: I do socialise with these ladies and I have met some other people. [p.19]

83

However, one of the volunteers that was studying at a tertiary institution throughout her involvement in the programme, reports that her participation in the programme limits her social time with her university friends.

> P5: ...since I'm here at school I don't have enough time to go out and do the things that I like to do.
>
> Researcher: So you have enjoyed working in this programme, but it also takes up your time.
>
> P5: Because when they're running this programme, sometimes I wish that I could go and join my friends at this place. [p.19]

5.6.5. Spiritual needs

Many of the participants report being church-goers. Although the volunteers haven't directly had their spiritual needs met through their involvement in the programme, two of the volunteers from the second group however have reported that they have become recognised in their churches since they have become involved in the programme. P1 reports being given more responsibility by his pastor, and P3 reports that she has become more confident in helping or counselling people in her church.

> FG2 P1: Spiritually, I am a church goer, but I haven't been going to church lately, so the pastor came to my house to see how I was, and now he has found that I am doing something like this in the community. So if something like this happens in the church they are able to contact me, to help. So now they refer some people to me at church. [p.11]
>
> FG2 P3: Spiritually, as a Christian, now if there is someone with a problem in church, I know how to deal with them. [p.13]

There is a spiritual component in the VCP since sessions begin and end with prayers and hymns. These are frequently led by the facilitators, but could also be led by a child who volunteers to take on this role.

5.4.6. Summary

Involvement in the VCP has served to meet some of the personal needs of the volunteers themselves. These needs include the volunteers': physical, emotional, cognitive, social, and spiritual needs.

84

5.5. Concluding remarks

As expected, within both groups, the volunteers' motivation for involvement in the VCP evolved after some participation in the programme. The volunteers reported and described both positive and negative experiences from their involvement in the VCP. Both experiences impact on the volunteers' future motivation within the project. Support is necessary to assist the volunteers during their service. By facilitating an environment in which the volunteers are able to speak about their experiences, the volunteers can be reminded of their positive experiences and gains, including their personal needs that are met through their participation in the VCP, as these will also serve as motivating influences.

Chapter 6: DISCUSSION

6.1. Introduction

When attempting to explore the findings of this research, and comparing it to other literature in the area of volunteerism, it is essential to consider the context in which this research is situated. Thus when trying to understand what motivates an individual to volunteer with vulnerable children, and when exploring their experiences within the programme, it is essential that the research participant's responses are understood against the backdrop of the South African context. One must therefore keep in mind the broader social, political, and economic environment in which the research participants live.

6.2. Reviewing the aims of the research

In reviewing the aims of this study, each of the objectives is stated below and discussed in relation to the findings of this study and the literature on volunteerism.

Objective 1: To investigate the expectations of apprentice facilitators who participated in intervention programmes assisting vulnerable children.

Prior to their involvement in the programme, despite having participated in the SP, most local community facilitators reported expecting that they would meet the needs of vulnerable children in their communities, and in so doing, assist to overcome some of the challenges facing their communities, by providing for the material needs of the children. They reported expecting to be involved in caring for the children by providing them with food, clothing and shelter. Subsequent to their involvement in the programme, these volunteers recognised the need for psychosocial support with vulnerable children, however they appeared to share the view of most of the community prior to their involvement - that material needs were more necessary than meeting the emotional, psychological and social needs of the children.

These expectations may be linked to the implementation of other interventions within such communities affected by the HIV/AIDS pandemic across KwaZulu-Natal. While

these programmes offer valuable services to these communities, many of them are aimed at the basic physical and educational needs of such children while little focus is given to their emotional, social and spiritual needs. The VCP has taken up the challenge of addressing the psychosocial needs, with the aim of mobilising and strengthening communities in supportive interactions between children, families, communities, and service providers (Killian, 2004b).

Although the volunteers' initial expectations of the programme were unlike the role they actually assumed within their communities, they have become aware of the value of the function that they are currently playing. In addition to this, as they have come to understand the psychosocial needs of individuals, they feel empowered to share this knowledge with the broader community.

Objective 2: *To identify the factors that serve to motivate individuals to participate in these interventions.*

Based on the results of this study, as suspected, the initial motivation of volunteers offering PSS to vulnerable children did in fact differ from their subsequent motivation after some involvement in the programme. The reasons the research participants gave for originally entering the VCP included: financial expectations; a desire to gain knowledge, skills and career experience; and humanitarian values. Once they became involved in the programme, many of the volunteers reported realising the great need for such interventions within their communities. In addition to this, meaningful relationships were established with the children through the programme, and the volunteers began to feel that their life had meaning and a sense of purpose. All of these factors appeared to have lead to renewed energy or motivation to continue offering support in the VCP.

Based on the categories formulated by Snyder and Omoto (1992) of the antecedents of volunteerism, the volunteers in this study indicate that Values and Career functions served as their primary motivating factors. After some involvement in the programme, the Understanding, Enhancement and Social functions appeared to assume a motivating function.

All of the volunteers from Group 2 stated that their act of volunteerism was an expression of humanitarian values (Values). This response by the newer facilitators may be an attempt to create a good impression by appearing in a favourable light, as they may have felt that apparent 'self-centred' motivations may jeopardise their position in the programme (although they were assured that it would not do so). Research conducted by Snyder and Omoto (1992), suggests that involvement in volunteerism motivated by humanitarian value is not strongly associated with longer-term involvement in such programmes. Rather, when individuals are motivated by factors that result in personal gain, such as esteem enhancement or personal development, they were more likely to continue offering their services in the future.

Clary and Snyder (1999) write that the Career function is typically more important to younger participants. This may be true to this study, since the average age of the volunteers interviewed in this research was 26 years. However, since this intervention is situated in peri-urban and rural areas where all of the volunteers were unemployed prior to their involvement in the VCP, this is likely to be a more accurate explanation for the Career function serving as an important antecedent of volunteerism within this group of individuals.

The Understanding, Enhancement and Social functions appeared to be factors that subsequent to their involvement in the programme, served as motivating factors to the volunteers. The volunteers reported learning more about the world and developing skills through direct experience (understanding), developing psychologically through their training and volunteer activities in a way that makes them feel better about themselves (enhancement), and their participation in the volunteer activities allowed the individuals to strengthen his or her social relationships (social).

The importance of reflecting on these motivating factors is vital when planning, directing and managing the VCP in the future. These factors will be valuable indicators of what would serve to encourage the commencement of future volunteers in the programme, the volunteers' level of satisfaction, and their commitment to sustained service in the programme.

Objective 3: *To explore the experiences of current facilitators.*

Throughout the volunteers' involvement in the VCP, they encountered experiences that were both rewarding and challenging. In this section the positive experiences or gains will be discussed while the challenging experiences faced by the volunteers will be discussed under Objective 6 (refer to p.92).

Many of the factors discussed under Objective 2 (refer to p.86), the factors that motivate individuals when offering PSS are a result of the positive experiences that the volunteers encountered, and are a powerful means of motivating them to sustained service.

Among the positive gains that the research participants reported from their involvement in the project was their personal development through the acquisition of knowledge and skills. The knowledge that the volunteers gained appears to filter back into the way in which they raise their own children, and it appeared to empower them to share this knowledge with the community in which they reside.

The volunteers' experience of offering PSS to vulnerable children appears to build their confidence when working with and understanding children. In addition to this, it provided them with valuable career experience. The volunteers reported that their experience in the programme created a sense of purpose and meaning in their lives as they witness the positive changes that occurred in the lives of the children during the intervention. Meaningful relationships were established with the children during the programme. Even once the SGTP is completed, the volunteers continue to see the children in the communities in which they reside. The volunteers also report having gained respect in their communities through their involvement in the VCP. They generally perceived themselves as having become positive role models to the children, and gained respect from the parents and other community members.

One aspect that needs to be considered when examining the experiences of volunteers is the context in which volunteers are working, that is, the dynamics of the relationships that develops between volunteers and the people with whom they work (Snyder & Omoto,

89

1992). This would include the volunteers' relationships with the project co-ordinators, fellow facilitators, and the children. When positive relationships are established with the project co-ordinators and the other community facilitators with whom the volunteers interact, when they are respected and appreciated for their service, the volunteers are more likely to experience the programme in a positive light, which increases the probability of their continued service (Bennett et al., 1996). Although meaningful relationships are developed with the children with whom the volunteers work, it is important to recognise that these relationships are carried out against the stressful backdrop of a community facing significant adversities as a result of HIV/AIDS, abuse, bereavement, and poverty. Thus although the volunteers report that their work with vulnerable children is extremely rewarding, it can also be extremely taxing on the volunteers and their families.

Another factor that needs to be taken into account is the changes that occur within the volunteers themselves (Snyder & Omoto, 1992), as the service offered by the volunteers is likely to result in such changes. If the volunteers perceive these changes to be positive, they are more likely to continue in their work. However, if the changes that occur are perceived to be negative, impacting on their quality of life or social relations, the volunteers may withdraw from the programme (see Figure 2). As the volunteers are confronted with the significant adversities facing many of the children that they interact with, this can be emotionally demanding and may serve to challenge their beliefs and perceptions of themselves, others, and the world. Working within this environment can be a weighty task, and unless adequate support is provided, burnout and attrition is inevitable. Although the volunteers did not report facing these challenges, it is important to be aware of how they may impact on the facilitators and again reiterate the need for adequate support and mentorship throughout their involvement in the VCP.

Objective 4: To evaluate their perceptions of the resources available to the volunteers.
The volunteers all reported that they felt supported through their involvement in the VCP. The sources of support included: self-care, peer support, supervision, and support from the children.

The volunteers acknowledged that although self-care activities helped in detaching them from the emotional stress of their work, it was not sufficient to deal with the stress of the work. The volunteers thus recognised the importance of debriefing through supervision with the project co-ordinator, who was also a qualified psychologist, as well as with their peers. However the more experienced facilitators felt that there was insufficient time allocated to debriefing.

Sufficient attention needs to be given to the experiences and emotions of volunteers in order to reduce the risk of burnout or attrition. Volunteers need to be provided with adequate opportunity to ventilate problems they encounter, while being offered the emotional support necessary to overcome these challenges. Working with children in distress or adversity is demanding on the volunteers, and yet many of the volunteer are themselves affected by these adversities. This increases the stress facing many of the volunteers, and without adequate support, the volunteers are likely to be less effective in the support that they offer to the children.

Risk of attrition is associated with the volunteers' perceptions of their efficacy in their service (Bennett et al., 1996). Recognition and support from management, and appreciation from the individuals whom a volunteer assists encourages the volunteer in their work and enhances their perception of the effectiveness of their work.

The support and encouragement of the programme coordinators was recognised and received positively by the volunteers. The more experienced volunteers appeared to assume more of a leadership role in the VCP, and therefore appear to require additional support from management. The volunteers acknowledged the appreciation of the children which was evident from their enthusiasm in being a part of the project. The volunteers reported that this was a powerful means of encouraging them in their efforts.

91

When a positive, supportive environment in which the volunteers function is created, this can assist in reducing the risk of burnout and enhance the effectiveness of service (Bennett et al., 1996).

Objective 5: To identify in what way the physical, emotional, social, educational, and spiritual needs of the volunteers were met through their involvement in the programme. All of the five needs of the volunteers mentioned above were in some way met through their involvement in the VCP. With respect to their physical needs, the volunteers received a small amount of money to reimburse them for their travel expense. Some of the volunteers choose to walk to the respective schools and keep the money they receive for other personal needs, which assists them to meet some of their physical needs. Through their training the volunteers reported having become aware of their own emotional needs, and how to process and appropriately express their feelings. On a social level, the volunteers developed relationships with other members from their community, with the children, and received recognition from other community members for their involvement in the programme. The training provided the volunteers with knowledge and skills, meeting some of their educational or cognitive needs. Although the volunteer's spiritual needs were not directly met through their participation in the programme, some of the volunteers became recognised and were given increased responsibility within their churches. The volunteers also felt that they were doing things for the good or benefit of the community as a whole, as opposed to self benefit.

Literature suggests that volunteers who are motivated by personal gain, in ways such as esteem enhancement and personal development, are more likely to continue in their service in the longer-term (Snyder & Omoto, 1992). Thus, in making the volunteers aware of the ways in which programme involvement serves to fulfil their own needs, may encourage future commitment to the programme. In so doing, the volunteers assume a proactive role in their communities and are empowered to make a positive impact to the greater society, while simultaneously fulfilling their own needs.

Objective 6: *To evaluate some of the obstacles associated with volunteers' involvement in psychosocial interventions with vulnerable children and high prevalent communities.* The volunteers reported that from their experiences of offering psychosocial support to vulnerable children, they encountered some difficult circumstances and personal challenges. These challenges could result in a risk of withdrawal by the volunteers from the programme.

The more experienced volunteers reported experiencing difficulties with a number of the parents of the children involved in the programme and some of their teachers. The within-community volunteers reported that they were often tested by disruptive children. On a personal level, the volunteers were at times confronted with feelings of failure when they realised that they were powerless to intervene in certain circumstances; after forming close attachments with children that they worked with they were left uncertain of what the future may hold for these children; and caring for those facing distress or adversities appeared to place considerable demands on the volunteers.

The retention of volunteers is influenced by the individuals' perceptions of the cost of their volunteer work, specifically how their service impacts on the individual, his or her social networks, and the greater society (Snyder & Omoto, 1992). Literature suggests that most volunteers drop out of these programmes in spite of the satisfying and rewarding nature of the programme. The reasons given for leaving the programme include the time commitment required of them, the embarrassment, discomfort and stigmatisation of the work (ibid.). These challenges were however not the same as those facing the participants in this research. From the current research, many of the more experienced volunteers were faced by systemic challenges in the early stages of the programme implementation. However, as the programme has continued to operate through the communities, these factors no longer seem to cause as many problems for the volunteers. In fact, the programme appears to have gained the respect and gratuity of the communities in which it is operating.

Perhaps the important issue that needs addressing are the personal challenges facing the volunteers within the VCP. Literature suggests that volunteers can experience immense challenges in their work as they become increasingly involved or attached to the individuals that they assisted (Bennett et al., 1996). Stress can also result when the volunteer can identify with their client's situation (Bennett et al., 1996). This again supports the need for psychosocial support of the volunteers themselves.

The volunteers thus need to be supported in their work and reminded of the personal rewards of their care and the positive difference that they make in the lives of many young children, families, and the broader community. The challenges of offering psychosocial support to vulnerable children will always exist, yet they need to be viewed alongside the rewards and positive experiences of the work. Meier and Beresford (2006) write "while recognising that there are things we cannot change today, our role as change agents may compel us to come back and try tomorrow" (p.1048).

Objective 7: To compare the expectations of the local community facilitators with the experiences of the senior regional facilitators; i.e. to evaluate the changes that may occur in the experiences and expectations of volunteers as they engage with the programme over time.

The most significant change that appears to have occurred within the volunteers after some involvement in the programme was their understanding of the need for psychosocial support of vulnerable children within their communities. As the volunteers engaged with the children on an emotional level, and they heard the stories of individual children, they came to realise the need for intervention. Many of the volunteers recounted stories of how they had assumed the norms and practices of their communities without much thought. However, when they were shown an alternative approach to dealing with certain circumstances, they became aware of the value of these alternative practices or strategies. One example given in the focus groups was the way in which their communities dealt with a family death. The volunteers reported that adults did not give much consideration to the needs of the children. Thus when a member of a family died, in

an attempt to protect the children, the children were often told that the deceased family member had moved away to another city. The children were then left with the hope that the family member would one day return. Often the children are excluded from any of the rituals that were carried out after the death of a family member, never bringing closure to the death of that individual. Through their involvement in the VCP the volunteers reported developing a new respect for children. They have realised how perceptive children are, and have recognised the importance of caring for the emotional needs of these children facing adverse circumstances.

The senior regional facilitators have been involved in the VCP over a longer period of time, and as a result, they have been involved in dealing with a number of systemic issues. These volunteers had been instrumental in 'ironing out' some of the difficulties when first implementing the programme, and assumed a great deal of responsibility for the programme. They appear to hold the programme close to their hearts, as they have witnessed the birth and development of the programme. The senior regional facilitators give a great deal of themselves to the programme, as they appear to take responsibility for the effective implementation of the project. As highlighted by Finkelstein et al. (2005), this observation may be a result of the role identity that the more experienced facilitators have assumed with longer-term involvement and commitment to the programme. These volunteers appear to have internalised the role of volunteer as a component of themselves.

Related to this may be the personal challenges that the more experienced volunteers report facing. It appears that the longer a volunteer is involved in the programme, the more intense their feelings become concerning the children that they work with. One would expect however, that the work became easier with time. The feelings of uncertainty regarding the future of the children may however be explained due to the fact that the senior regional facilitators are involved in programme implementation in communities outside of their own. As a result, they do not see the children that they have worked with on a regular basis as they might within their own communities, and become

uncertain of the efficacy of their work, and whether the children are successfully coping and implementing the strategies that they taught them. This highlights the importance of ongoing feedback, and redefining the concept of success in one's work. As with many professionals working in the helping profession, clients are often treated and the professionals are left uncertain of the outcome of their treatment. These professionals may begin to question the efficacy of their treatment, and if these feelings are not contained, the professional can face self-doubt and discouragement. Again this brings attention to the importance of rewards and recognition by the project co-ordinators, in order to generate a sense of self-efficacy, and the need for emotional support and containment.

With experience, the volunteers develop confidence when working with the children, and do not appear to experience the same difficulties when dealing with disruptive children as the local community facilitators reported.

The local community facilitators all reported entering the programme as a result of their humanitarian values. As mentioned earlier, this may have been an attempt to give a favourable impression to the researcher, knowing that these findings would be fed back to the programme co-ordinators. However, it may also have been due to the fact that these facilitators had a clearer picture of what they were getting involved in, as the programme had been piloted and put in place prior to their involvement.

6.3 Limitations of the research

Qualitative research understands the social world to be complex and dynamic. Thus the findings of this research represented one of multiple ways of interpreting and understanding the expectations and experiences of the volunteers. The researcher acknowledges that these findings are open to change and reconstruction. Through consultation with the research supervisor, advice was sought on interpretations made of the data and the coding framework. However, introducing a second coder would have assisted in enhancing the validity of the results.

Since the coordinator of the programme approached a number of volunteers involved in the programme and invited them to participate in the research, the participants may have felt compelled to participate. Although the participants were assured that their opinions would not jeopardise their position in the project, they may have felt they were being evaluated by their response, and by giving a good impression, they may not have provided a true reflection of what they actually expected or experienced.

In using focus groups as a means for data collection, the researcher was aware that the research participants' opinions were not independent of each another. Group responses do not necessarily reflect individuals' opinions because some individuals in the group may dominate the discussion or may influence others' opinions. However, given the interpersonal nature of the African culture, the researcher believed that facilitating two focus groups was the most effective means of data collection as the participants were able to build on the accounts of the others, providing rich narratives from the group. As a result of this, the researcher was not able to give the frequency of the volunteers' responses. Due to the nature of focus groups and the way in which each participant builds on what the other says, the participants do not repeat what has already been said. Thus the participants often agreed with what another person had said without verbalising this.

The participants in this study were all isiZulu mother tongue speakers. The participants had the option of conducting the focus groups in English or in isiZulu (with the assistance of a translator). It is possible that the focus group conducted in English did not result in as rich narratives as the participants' vocabulary would have been limited, and some

participants did not speak as freely as others. There was therefore the risk of overemphasising the opinion of volunteers that were more vocal, even if they did not hold the same opinions and have the same experiences as the rest of the group. Within the focus group conducted in isiZulu, a translator was used. In using a translator there was however also a risk of losing the richness of the dialogue. The role of the translator was thus extremely important when it came to explaining the meaning embedded within language and culture. Since the translator was also involved in this work and had been a member of the first focus group, she had a clear understanding of the context in which the research was situated and the value that the research participants placed on confidentiality. The translator also entered into the pledge of confidentiality. During the transcription process the same translator was used with the assistance of a second translator to assist in enhancing the reliability of the translation.

Since this research was exploratory, the sample size is not large enough to make broad generalisations from these finding to the general population. The results have limited generalisation, however the study served as an evaluation of one aspect of the volunteers' experiences of the VCP.

6.4. Recommendations from the research for the VCP

Based on the results of this research, the following recommendations are made:

- A great need appears to exist to educate the teachers, families, and communities about the psychosocial needs of children. The volunteers appear to play a valuable role in achieving this, and should be encouraged to continue doing this.

- The project coordinator should be encouraged to facilitate regular feedback sessions, so that the volunteers can have an opportunity to reflect on their experiences in the programme. This will serve to:

    o Provide the volunteers with an opportunity to debrief, and empower them to identify ways in which the programme can be enhanced. This will also highlight to the volunteers the way in which they personally gain from the programme, in ways such as esteem enhancement and personal development, and in so doing encourage them to continue offering their time and services to the programme.

    o Assist the coordinators of the programme in planning, directing and managing the VCP in the future. This will provide the coordinators with valuable feedback and indicators of the commencement of future volunteers in the programme, the volunteer's level of satisfaction, and their commitment to sustained service in the programme.

- Regular feedback needs to be provided to the volunteers regarding the 'success' of the programme to encourage self-efficacy. Constant recognition and support needs to be provided by the project coordinators, this will also assist the volunteer to internalise the role of community volunteer.

- The volunteers require emotional support to address personal issues that may arise during their work and assist them in dealing with changes that may occur within themselves.

- Supervision sessions should be given adequate time, so that all of the volunteers are given the opportunity to share their experiences.

- The volunteers understanding of 'success' be redefined.

- Ongoing feedback is provided to the volunteers, or follow up consultations are organised with the children within the communities to ascertain how the children are doing and whether they are putting the strategies that they learnt in the programme into practice. This will help to reduce the volunteers' concern for the children, particularly the senior regional facilitators who are involved in programme implementation in communities outside of their own.

- A support group should be initiated and held on a weekly basis to provide a place of containment and catharsis for the volunteers. The role of the facilitator may be assigned to group members (Van Rooyen et al., 2004).

Chapter 7: CONCLUSION

In this study, an exploratory investigation was conducted into the expectations and experiences of volunteers offering psychosocial support (PSS) to vulnerable children within high prevalence HIV/AIDS communities within KwaZulu-Natal.

The context of HIV/AIDS in South Africa was briefly described followed by the consideration of some of the psychosocial issues facing children affected by the disease. The literature on risk and resilience was discussed as an effective approach toward intervening with children who face adversity. An overview was given of the Vulnerable Children's Programme as an intervention strategy which aims to mobilize the community to respond to the great need facing vulnerable children.

The VCP is implemented by programme coordinators with the assistance of community volunteers. The concept of volunteerism was explored, in an attempt to understand the behavioural and psychological features of volunteers. In exploring the possible motivation and experiences facing these individuals, issues of recruitment and retention were addressed.

An interpretive, qualitative methodology was adopted to meet the aims of this research. A phenomenological paradigm was used to gain an in-depth understanding of what motivates volunteers to offer psychosocial support to vulnerable children; to explore their experiences of the programme; to identify the support systems available to them and the adequacy of them; to identify which of the volunteers' personal needs were met through their involvement; whilst comparing the responses of the senior regional facilitators with those of the apprentice facilitators. The transcripts were analysed by means of a thematic analysis through multiple readings of the narratives.

Several noteworthy themes arose from the analysis. As hypothesised, the volunteers' motivation for involvement in the programme changed after some experience of working with the children in their communities. The volunteers reported that positive experiences

from the programme such as gaining knowledge, skills and career experience; developing a sense of purpose through witnessing the positive changes in the children; relationships being established; and gaining respect within their communities, served to renew the volunteers' energy and motivation for sustained service. The difficult experiences that the volunteers faced such as systemic issues; disruptive children; feelings of worthlessness; and feeling that they were deserting the children without knowing what the future may hold for them, led to a risk of withdrawal from the programme. The volunteers felt that they were supported in their service, through self-care, supervision, peer support and the children. The more experienced group however felt that this support was insufficient. Some of the volunteers' physical, cognitive, social, emotional and spiritual needs were fulfilled through their involvement in the programme.

There were limitations to this study and these were discussed, and suggestions for further research were put forward. Despite these limitations, it is believed that this research has been useful in exploring the expectations and experiences of the volunteers offering PSS to vulnerable children, while facilitating a supportive environment in which the volunteers could speak about their experiences. Feedback was given to the individuals coordinating the Vulnerable Children's Programme, which will assist to enhance the effectiveness of the intervention.

REFERENCES:

Benard, B. & Marshall, K. (1997). *A Framework for Practice: Tapping Innate Resilience.*
Retrieved 27 September 2004, from
http://eductation.umn.edu/CAREI/Reports/Rpractice/Spring97/framework.htm

Bennet, L., Ross, M. W. & Sunderland, R. (1996). The relationship between recognition, rewards
and burnout in AIDS caring. *AIDS Care, 8*(2), 145-154.

Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code
development.* Thousand Oaks, California: Sage.

Brown, W. K. (2004). Resiliency and the Mentoring Factor. *Reclaiming Children and Youth,
13*(2), 75-79.

Clary, E. G. & Snyder, M. (1999). The Motivations to Volunteer: Theoretical and Practical
Considerations. *Current Directions in Psychological Science, 8*(5), 156-159.

Day, A. (2006). The Power of Social support: Mentoring and Resilience. *Reclaiming children
and youth, 14*(4), 196-198.

Danoff, A. & Kopel, S. (1994). What are the motivational needs behind volunteer work? *The
Journal of Volunteer Administration, 12*(4), 13-18.

DuBois, D. L., Neville, H. A., Parra, G. R. & Pugh-Lilly, A. O. (2002). Testing a new model of
mentoring. *New Directions for Youth Development, 95,* 21-57.

Durrheim, K. (1999). Research design. In M. Terre Blanche, & K. Durrheim. (Eds). *Research in
practice.* pp 24-53. Cape Town: UCT Press.

Durrheim, K. & Wassenaar, D. (1999). Putting design into practice: Writing and evaluating research proposals. In M. Terre Blanche, & K. Durrheim. (Eds), *Research in practice.* pp 54-71. Cape Town: UCT Press.

Elliott, J. (2005). *Using Narrative in Social Research: Qualitative and Quantitative Approaches.* London: Sage Publications.

Etherington, K. (2004). Research methods: Reflexivities – roots, meanings, dilemmas. *Counselling and Psychotherapy Research, 4*(2), 46-47.

Finkelstein, M. A., Penner, L. A., & Brannick, M. T. (2005). Motive, Role Identity, and Prosocial Personality as Predictors of Volunteer Activity. *Social Behavior and Personality, 33*(4), 403-418.

Franklin, L. (2002). Children of AIDS: African's orphan crisis. *AIDS Analysis Africa, 12*, 2-3.

Garbarino, J., & Ganzel, B. (2000). The human ecology of early risk. In J. Shonkoff & S. Meisels (Eds). *Handbook of early childhood intervention* (2nd ed), p. 76-93. Cambridge University Press, Cambridge.

Gillespie, D. F., & King, A. E. (1985). Demographic understanding of volunteerism. *Journal of Sociology and Social Welfare, 12*, 798-816.

Gothan, D. L. (2003). *The Motivation to Volunteer: Factors Prompting Individuals Offering Psychosocial Support to Vulnerable Children in Peri-urban Communities in KwaZulu-Natal.* Unpublished Masters thesis, University of Natal: Pietermaritzburg.

Guinan, J. J., McCallum, L. W., Painter, L., Dykes, J. & Gold, J. (1991). Stressors and rewards of being an AIDS emotional-support volunteer: a scale for use by care-givers for people with AIDS. *AIDS Care, 3*, 137-150.

Horsley, J. (2000). *The application of the theory of empowerment to the academic development of first year students.* Unpublished Masters Thesis, University of Natal, Pietermaritzburg.

Hough, A. M. (2001). *An exploration of the intrapsychic themes in the play of children affected by HIV/AIDS using the Sceno test.* Unpublished Masters thesis: University of Natal, Pietermaritzburg.

Jacelon, C. S. (1997). The trait and process of resilience. *Journal of Advanced Nursing, 25,* 123-129.

Kalipeni, E., Craddock, C. & Ghosch, J. (2004). Mapping the AIDS pandemic in Eastern and Southern Africa. In E. Kalipeni, S. Craddock, J. R. Oppong, and J. Ghosh (Eds), *HIV & AIDS in Africa: Beyond Epidemiology. (pp.58-69).* Oxford: Blackwell Publishing.

Kelly, K. (2006a). From encounter to text: collecting data in qualitative research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds). *Research in practice: applied methods for the social sciences* (2nd ed). pp.285-319. Cape Town: UCT Press.

Kelly, K. (2006b). Calling it a day: reaching conclusions in qualitative research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds) *Research in practice: Applied methods for the social sciences.* (2nd ed). pp.371-387. Cape Town: UCT Press.

Killian, B. J., Schoeman, R. & Hough, A. (2002). *A programme to sensitise volunteers to the psychosocial needs of vulnerable children: A training manual.* School of Psychology, University of Natal, Pietermaritzburg.

Killian, B. J. (2004a). A Generation at risk? In R. Pharoah (Ed), *A Generation at Risk? HIV/AIDS, Vulnerable children and security in Southern Africa (Chapter 3).* Monograph No 109, December 2004.

Killian, B. J. (2004b). *The development and evaluation of a community-based programme offering psychosocial support to vulnerable children affected by HIV/AIDS, poverty and violence*. Unpublished PhD thesis: University of KwaZulu-Natal, Pietermaritzburg.

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks: Sage Publications.

Leach, M. M., Akhurst, J. & Basson, C. (2003). Counseling Psychology in South Africa: Current Political and Professional Challenges and Future Promise. *The Counseling Psychologist, 31*(5), 619-640.

Lindegger, G. C., & Wood, G. (1995). The AIDS crisis: Review of psychological issues and implications, with special reference to the South African situation. *South African Journal of Psychology, 25*, 1-11.

Mattis, J. S., Jagers, R. J., Hatcher, C. A., Lawhon, G. D., Murphy, E. J. & Murray, Y. F. (2000). Religiosity, volunteerism and community involvement among African American men: An exploratory analysis. *Journal of Community Psychology, 28*, 391-406.

Meier, D. E., & Beresford, L. (2006). Preventing Burnout. *Journal of Palliative Medicine, 9*(5), 1045-1048.

Miles, M. B. & Huberman, A. M. (1994). *Qualitative data analysis*. (2nd edn). Thousand Oaks, California: Sage.

Miller, D. (2000). *Dying to care? Work, Stress and Burnout in HIV/AIDS*. London: Routledge.

Mkhize, N. (2005). The context of career counselling: Lessons from social constructionism and hermeneutics. *Perspectives in Education, 23*(3), 93-105.

Morgan, D. L. (1997). *The focus group kit*. Thousand Oaks, California: Sage.

Nesbitt, W. H., Ross, M. W., Sunderland, R. H. & Shelp, E. (1996). Prediction of grief and HIV/AIDS-related burnout in volunteers. *AIDS Care, 8* (2), 137-143.

Nord, D. (1997). *Multiple AIDS-related loss: A handbook for understanding and surviving a perpetual fall.* Washington: Taylor & Francis.

Ollis, T. (2001). Volunteers, ideology and practice, towards a new century of volunteerism. *Ethos 7-12, 9,* 11-17.

Omoto, A. M. & Snyder, M. (1995). Sustained helping without obligation: Motivation, longevity of service, and perceived attitude change among AIDS volunteers. *Journal of Personality and Social Psychology, 68,* 671-686.

Page, N. & Czuba, C. E. (1999). Empowerment: What is it? *Journal of extension, 37*(5). Retrieved from http://www.joe.org/joe/1999october/comm1.html

Paolicchi, P. (1995). Narratives of volunteering. *Journal of Moral Education, 24,* 159-174.

Parra, G. R., DuBois, D. L., Neville, H. A. & Pugh-Lilly, A. O. (2002). Mentoring Relationships for Youth: Investigation of a Process-oriented Model. *Journal of Community Psychology, 30*(4), 367-388.

Penner, L. A. (2002). Dispositional and Organisational Influences on Sustained Volunteerism: An Interactionist Perspective. *Journal of Social Issues, 58*(3), 447 – 467.

Raphael, B. (1986). *When disaster strikes: How individuals and communities cope with catastrophe.* New York: Basic Books, Inc.

Rappaport, J. (1984). Studies in empowerment: Introduction to the issue. In J. Rappaport, C. Swift, & Hess. (Eds). *Studies in empowerment: Steps towards understanding and action.* New York: The Haworth Press.

Rappaport, J. (1985). The power of empowerment language. *Social Policy, 53*, 596-602.

REPSSI (n.d. a). *What is Psychosocial Care and Support?* Retrieved February 11, 2007, from http://www.repssi.org/tools

REPSSI (n.d. b). *Why Emphasise Psychosocial Care and Support?* Retrieved February 11, 2007, from http://www.repssi.org/tools

Schoepf, B. G. (2004). AIDS, History, and Struggles over Meaning. In E. Kalipeni, S. Craddock, J. R. Oppong, and J. Ghosh (Eds), *HIV & AIDS in Africa: Beyond Epidemiology. (pp.15-28)*. Oxford: Blackwell Publishing.

Seidman, I. E. (1991). *A Structure for In-Depth Phenomenological Interviewing. Interviewing as Qualitative Research: a guide for researchers in education and the social sciences.* New York: Teacher's College Press.

Sherr, L. (1995). *Grief and AIDS.* Chichester: John Wiley and Sons Ltd.

Smokowski, P. R. (1998). Prevention and Intervention Strategies for Promoting Resilience in Disadvantaged Children. *Social Service Review, 337-364.*

Snyder, M. & Omoto, A. M. (1992). Volunteerism and Society's Response to the HIV Epidemic. *Current Directions in Psychological Science, 1*(4), 113 – 116.

Stewart, D. W. & Shamdasani, P. N. (1998). Focus Group research: Exploration and discovery. In L. B. Bickman & D. J. Rog (Eds), *Handbook of Applied Social Research Methods,* (pp.473-502). Thousand Oaks: Sage Publications.

Taylor, S. J. & Bogdan, R. (1984). *Introduction to qualitative research methods: The search for meaning.* Wiley & Sons: New York.

Terre Blanche, M. & Kelly, K. (1999). Interpretive methods. In M. Terre Blanche, & K. Durrheim. (Eds). *Research in practice.* pp 123-146. Cape Town: UCT Press.

Terre Blanche, M., Kelly, K. & Durrheim, K. (2006). Why qualitative research? In M. Terre Blanche, K. Durrheim, & D. Painter (Eds) *Research in practice: Applied methods for the social sciences.* (2nd edn). pp.271-284. Cape Town: UCT Press.

Valle, R. S. & King, M. (1978). An introduction to existential-phenomenological thought in psychology. In Valle, R. S. & King, M. *Exisitential-Phenomenological Alternatives for Psychology.* pp.6-18. New York: Oxford University Press.

Van Rooyen, H., Solomon, V., Nott, V., Akhust, J., Meyer, S., Joubert, P., Brouard, P., Saloner, K, Moodley, T., Blom, S. & van der Watt, E. (2004). *Planning an HIV and AIDS Counsellor Mentorship Programme: A Resource for Programme Planners and Managers.* Electronic resources published by the HIV and AIDS Directorate of the National Department of Health, South Africa.

Warren, R. (2002). *The Purpose-Driven Life.* Grand Rapids: Zondervan.

Wassenaar, D. (2006). Ethical issues in social science research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds) *Research in practice: Applied methods for the social sciences* (2nd ed). pp.60-79. Cape Town: UCT Press.

Wekesa, E. (2000). The impact of HIV/AIDS on child survival and development in Kenya. *AIDS Analysis Africa, 10*(4), 12-14.

Werner, E. E. (1999). Risk, Resilience, and Recovery: Perspectives from the Kauai Longitudinal Study. In L. E. B. Blerk (Ed). *Landscapes of development: An anthology of readings.* Belmont: Wadsworth.

Whiteside, A. (2001). AIDS and poverty: The links. *AIDS Analysis Africa, 12*(2), 1-5.

Young, R. W., & Cates, C. M. (2004). Emotional and Directive Listening in Peer Mentoring. *International Journal of Listening, 18*, 21-33.

APPENDICES

Appendix A

The purpose of this study is to explore the experiences of those persons volunteering in programmes that work with vulnerable children in their communities. It is an interest area of mine and I am studying this topic in order to gain my Masters degree. There will be no cost to participants, and I will not be offering any services. I recognise that this research is of a personal nature, and for this reason all the information that is shared within the focus group will be treated with the strictest confidentiality. If at any stage participants feel that they cannot continue with the discussion they are free to leave the group.

Thank you for participating in this study.

Heather Simpson

(MI Counselling Psychology, UKZN)

Appendix B

PLEDGE OF CONFIDENTIALITY

I, the undersigned person, recognise the serious and personal nature of this work. I therefore promise that:

1. I will not share any personal information that I hear from other participants during the focus group with anyone who is not connected with this study, and

2. I will continue to maintain strict confidentiality regarding any personal information that I hear from others during the session.

NAME (In capitals): _____

SIGNATURE: _____

WITNESS' S NAME (In Capitals): _____

WITNESS' S SIGNATURE: _____

FACILITATOR' S SIGNATURE: _____

DATE: _____ / _____ / _____

Appendix C

Ngiyabonga ngesikhathi sakho ukugcwalisa lombuzo. Ngicela ubenesiqiniseko ukuthi uphendula yonke imibuzo uzame ukuyiphendula ngeqiniso lonke

(Thank you for taking time to fill in this questionnaire. Please make sure you answer all the questions and try to be as honest in your answers as you can.)

1. **IGAMA** *(Name)*: _____

2. **IMINYAKA** *(Age)*: _____

3. **UBULILI** *(Gender)*:
   ☐ Weslisa/ Abesilisa *(Male)*   ☐ Wesifazane/ Abesifazane *(Female)*

4. **ISIMO SOMSHADO** *(Marital Status)*:
   ☐ Angishadile *(Single)*   ☐ Ngishadile *(Married)*   ☐ Ngihlukanisile *(Divorced)*

   ☐ Ngingumfelwa *(Widowed)*   ☐ Okunye *(Other)*

5. **UNEZINGANE EZINGAKI** *(How many children do you have of your own)*? _____

6. **UHLALAPHI?** *(Where do you live?)*:
   ☐ Cato Ridge   ☐ Edendale   ☐ Sweet Waters   ☐ Table Mountain

   Other: _____

7. **UMSEBENZI OWENZAYO MANJE** *(Current Employment Status)*:
   ☐ Ngiqashwe ngokugcwele *(Employed full-time)*

   ☐ Itoho/ Unosuku noma izinsuku akhethelwe ukuzisebenza ezisemthethweni
      (Employed Part-time)

   ☐ Ulinda umqashi asho ukuthi uyosebenza nini *(Casual Employment)*

   ☐ Angisebenzi *(Unemployed)*

   ☐ Okunye *(Other)*: _____

8. **INKOLO** *(Religion)*:

□ Umkhrestu (Christian)   □ Ikhatholika (Catholic)   □ Isayoni (Zionist)

□ Enye (other): _____

9. IBANGA LEMFUNDO OLIQEDILE *(Education Completed):*

□ Alikho (None)

□ Elingaphansi kwa-std 3 *(Less than Std 3)*

□ Phakathi kwa-std 4 no 5 – nongayanga ezingeni lemfundo ephakeme
(Std 4 or 5 - did not go to High School)

□ U-std 6 noma u std 7 *(Std 6 or 7)*

□ Ibanga lesishiyagalombili *(Std 8)*

□ Ibanga lesishiyagalolunye *(Std 9)*

□ Ibanga leshumi *(Std 10)*

□ I-diploma *(Diploma)*

□ Iziqu (Degree)

10. USUNESIKHATHI ESINGAKANANI UZIMBANDAKANYE NOKUSEBENZA NABANTWANA ABASEBUCAYINI EMPHAKATHINI WAKINI? *(How long have you been involved in working with vulnerable children in your community?)*

□ Ngaqeqeshwa ukusiza kululuhlelo *(I've been trained to help in the programme)*

Ngazinikela *(I've volunteered / been involved in)*:

□ 1 uhlelo *(1 programme)*

□ 2 izinhlelo *(2 programmes)*

□ 3 izinhlelo *(3 programmes)*

□ 4 izinhlelo *(4 programmes)*

□ 5 izinhlelo nangaphezulu *(5/ more programmes)*

Okunye ukuzimbandakanya / ukubamba iqhaza *(Other involvement)*:

_____

_____

NGIYABONGA! *(Thank you!)*

114

FOCUS GROUP QUESTIONS (English version):

MOTIVATION / INCENTIVES & EXPECTATIONS:

(1) When you first started taking part in the children's programme, what made you want to work with the vulnerable children in the community?

(2) What did you expect or hope to gain from your involvement?

(3) Have these reasons and/or expectations changed over time? How?

PERSONAL EXPERIENCE:

(4) Can you tell me about your experiences in this programme?

    a. What have been some of the highlights or positive growth experiences?
- what have you gained or learnt?

    b. What have been some of the difficulties that you have faced – the things that have made you feel low, angry, scared, or want to stop doing this work?

SUPPORT (RESOURCES):

(5) How do you deal with the burden and stress of the work?

(6) Have you felt supported during your involvement in the programme?

    a. by the other volunteers

    b. by the implementers / co-ordinators of the programme

    c. by the children themselves

NEEDS:

[Remind them of 5needs of children, drawing on their knowledge draw wheel of needs]

(7) Which of these needs are being met in your own life, & which are not being met?

(8) Has being a part of the children's programme helped to meet any of your needs?

    a. Which ones and in what ways?