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Resilience of the socio-educational afterschool and community intervention drop-in centre

Abstract

This study seeks to describe the socio-educational afterschool intervention programme run by a drop-in centre to fight poverty, strengthen and build resilience in families and school microsystems. Indigenous psychology is used as a theoretical lens to understand the school, family and community response to contextual challenges and how resilience is conceptualised. The study took place at a drop-in centre, working with families, schools and community organisations in the Pretoria township of Mamelodi, South Africa. Methods used to collect data included a focus group with community care workers (CCWs) (n = 10) employed by the drop-in centre and a participatory reflection and action (PRA) method with caregivers (n = 18) of schoolchildren attending the drop-in centre. The focus group and PRA workshop were audio-recorded and transcribed. The community intervention programme uses a systems approach to fight poverty, build capacity and sustainability in families and school systems. Findings suggest that caregivers view the educational success and achievement of their children as an indication of their own success and accomplishment of their dreams, with the aim to uplift and dignify the family standing in society and to alleviate or eradicate poverty. Socio-educational programmes for children and families serve to strengthen resilience in families and to decolonise the social programmes and policies. Furthermore, CCWs confirmed that to ensure sustainability, three systems of child development are considered, namely the family (home visits), the school (satellite centres within the school) and the individual system (life-skills programme).

Keywords: *Child development, community care workers, drop-in centre, indigenous psychology, resilient, sustainable*

1. Introduction

The South African government inherited poorly resourced black townships and residential areas from the apartheid government. Policies and programmes on redress were introduced. These included the Constitution of the Republic of South Africa, the Social Grant Programme administered by the South African Social Security Agency (SASSA), no fee-paying schools (Quintile 4), agriculture support programmes, the municipality rebate to indigent households and the Reconstruction and Development Programme (RDP) (Aliber, 2003; The Presidency, Republic of South Africa, 2014). The post-apartheid report by the

Presidency confirms that much progress has been made towards equity and the dismantling of apartheid policies (The Presidency, Republic of South Africa, 2014). It is important to note that the policies on redress focuses on dismantling colonial and apartheid policies (decolonising) and liberating the South African population.

Many South Africans continue to experience social and economic adversity. The most recent poverty trends report by Statistics South Africa indicates poverty levels of approximately 24% of the population. A poverty trends report conducted in 2015 by Statistics South Africa shows that 13.8 million South Africans live below the food poverty line (FPL), which amounts to R441 income per person per month (Stats SA, 2017a: 14). The statistical survey conducted in 2015 showed that, 30.4 (55.5%) million South Africans live below the upper-bound poverty line (UBPL, equalling to R992 per person per month); while 21.9 (40%) million living below the lower bound poverty line (LBPL equalling to R647) (Stats SA, 2017a: 14). South Africa has a population of 56.52 million people (Stats SA, 2017a). Across racial lines, statistics show that between 2011 and 2015, the proportions of black Africans and coloureds living below the LBPL in South Africa increased from 43.4% to 47.1% for blacks and from 20.2% to 23.3% for the coloured population. The government of South Africa instituted “social wage” programmes to alleviate poverty in homes of vulnerable population groups. The social wage programme include provision of “free primary health care; no-fee paying schools; social protection (most notably old-age grants and child support grants); RDP housing; and the provision of free basic services (namely water, electricity and sanitation) to poor households” (Stats SA, 2017a: 8). The impact of the social wage over poverty reduction is seen with the reduction of poverty levels from 17.9% in 2001 to 8.0% in 2011, which then fell further to 7.0% by 2016 (Stats SA, 2017a: 9). The social grants (old age and child support grant) counted among the “social wage” programmes (Stats SA, 2017a) instituted by the government of South Africa meant to alleviate poverty, has instead turned into the only source of income for most families. Considering the above statistics, most families experience adverse poverty and require government poverty alleviation programmes to bring dignity into their lives.

Owing to the entrenched inequalities of apartheid, even with continuous investment in infrastructure, the upgrading of community resources and quality municipal service delivery, much is required to actualise equity, equality and redress. Many households still experience the impact of poverty that emanates from the apartheid years. Research about pre-apartheid South Africa attests to inequality and poverty (Aliber, 2003; Armstrong, Lekezwa & Siebrits, 2008; Leibbrandt *et al.*, 2010) and human rights violations (Kaminer *et al.*, 2001; Kagee, 2004) experienced by South African black, coloured and Indian people.

Social support programmes serve to intervene on existing risk and adversity, and build resilience in the community. Such programmes provide an impetus to address particular needs within the community, as well as to prevent risk or the escalation of risk. The Department of Social Development (DSD) uses such programmes to implement policy. Accordingly, Heaney and Israel (2008) state that social support represents the behavioural and functional aspects of a relationship, characterised by four main aspects: emotional, instrumental, informational and appraisal support. Ozbay *et al.* (2007: 37) contend that social support programmes have to develop resources and enable access for individuals, groups and larger communities. Lakey and Cohen (2000) confirm that social support is relational and amounts to the provision of actual assistance during stressful times. In accordance with the above definitions, social support hinges on interaction, the promotion of access, ensuring availability, communication, promoting a sense of control and resilience in recipients. It is fitting to view social support

programmes in correlation with intervention programmes, due to their value of being community-based, relational and interactive in assisting communities to manage adversity in their environment.

DSD oversees the social grant programme, which aims to fulfil the mandate of the government in poverty alleviation through the South African Social Security Agency. A study commissioned by South African Social Security Agency (SASSA) and the United Nations Children's Fund (UNICEF) South Africa (2013) found that 76 per cent (7.56 million) of eligible children (0-17 years) were receiving the child social grants (CSG). At the same time, another 23.7 per cent (2.35 million) of eligible children were not receiving the CSG due to a lack of access in 2011.

One other way of making social support accessible to destitute and vulnerable families is through the institution of social support programmes such as drop-in centres. The Statistician-General, Dr Pali Lehohla, confirmed that vulnerable population groups (children aged 17 years and younger; female population and 60 years and older persons) require resource allocation to improve their lives (Stats SA, 2017b). Vulnerable groups are defined as "part of the South African population that experience a higher risk of poverty and social exclusion than the general population" (Stats SA, 2017b: 1).

1.1 Theoretical lens of indigenous psychology

For the purpose of this study, the lens of indigenous psychology (IP) is used. IP proves relevant to present contextual adversities that threaten the survival of families and children in the 24% of the South African population living below the food poverty line. The role of policy (policy and culture) is core in influencing the survival of the family as a microsystem. This study does not focus on the culture of the participants, but rather predominantly on the effects of policy and its implementation to ensure the survival of the participants mostly at the family and individual system.

IP is a field of psychology that developed as a contestation against universal adoption of the Western cultural foundations of mainstream psychology. The argument forwarded in the field is that mainstream psychology is based on specific cultures of the society it investigated (Allwood, 2011). Thus, IP acknowledges that existing psychological theories are based on decontextualised aspects of human behaviour, rather than being universal, where elements of parochialism have been discounted or overlooked. Core to the field of IP is, firstly, the critique of existing psychological theories for assuming universality and secondly, the continued focus on the research towards discovering psychological universals in cultural, social and ecological contexts (Kim, Yang & Hwang, 2006). The authors concur that IP investigates the beliefs, skills and knowledge of how people function in their social, cultural, ecological and familial context. IP researchers use theoretical, conceptual and empirical descriptions to develop, test and explain ideas and observed regularities. Thus, it is conceptualised as "an evolving system of psychological knowledge based on scientific research that is sufficiently compatible with the studied phenomena and their ecological, economic, social, cultural, and historical context" (Kim *et al.*, 2006: 4).

DSD uses the drop-in centre to implement government policies on redress of inequalities in society, providing access to social development programmes, while empowering families and individuals to develop entrepreneurial and social skills to overcome unemployment and poverty in their lives. Furthermore, the drop-in centre aims to provide employment to

community care-workers who implement the policy and are instrumental in enacting the core responsibilities of the drop-in centre.

2. Context of the study: Drop-in day-care centre intervention programme

Research shows that drop-in centres are top-down community empowerment programmes (Laverack & Labonte, 2000) run by professionals with the purpose of creating equity and promoting social relations. In the case of this study, the DSD was responsible for the administration of the drop-in centre. Because of their core focus, it is important for the organisation to build sustainability into the programme, to avoid service interruption and to empower and promote employment in the community it serves. Shediac-Rizkallah and Bone (1998) confirm that community support programmes are often designed to enhance policy implementation focusing on the demonstration of social support programmes using the seed funding provided by the government.

What children do as well as where and how they spend their time after the formal school programme is significant for their development. Research has shown that afterschool programmes “provide youth with a safe and supportive environment that is supervised by adults and offers various growth-enhancing opportunities, including activities and experiences that promote young people’s academic, personal, social, recreational and cultural development”, offering more value and interest (Durlak & Weissberg, 2007: 10). Community intervention programmes, such as the afterschool drop-in centre, functions as a buffer to families that struggle to provide academic support to their children such as homework assistance; adequate food and nutrition provision and educational programmes with social and personal skill development. Most afterschool programmes assist families through organised and structured activities with child supervision, academic assistance and teaching of personal and social skills (Durlak & Weissberg, 2007; Durlak, Weissberg & Pachan, 2010).

The drop-in centres in this study play an important role in the community. However, sustainability is core to their survival. Figure 1 indicates the organisational structure, as depicted through observations and conversations with the centre social worker Ms Petunia. The centre was not able to provide an existing organogram on record. However, different forms of partnerships emerged from the organisational structure. Inter-sectoral partnerships between schools (the Department of Basic Education), the DSD and businesses (corporate citizenship) are essential to sustain service delivery.

The Matimba Sinqobile Integrated Social Development Facility was officially opened in June 2012 (South African Government, 2012), and it might be too early to know if the programme can sustain itself over an extended period. It was opened by Government in 1991 to alleviate poverty and is coordinated by the DSD (Lavela Consulting & Investment cc, 2010). According to Ms Petunia, the organisation assists 95 families and 180 orphaned and vulnerable children (on daily basis, 180 children are provided one meal on weekdays after school).

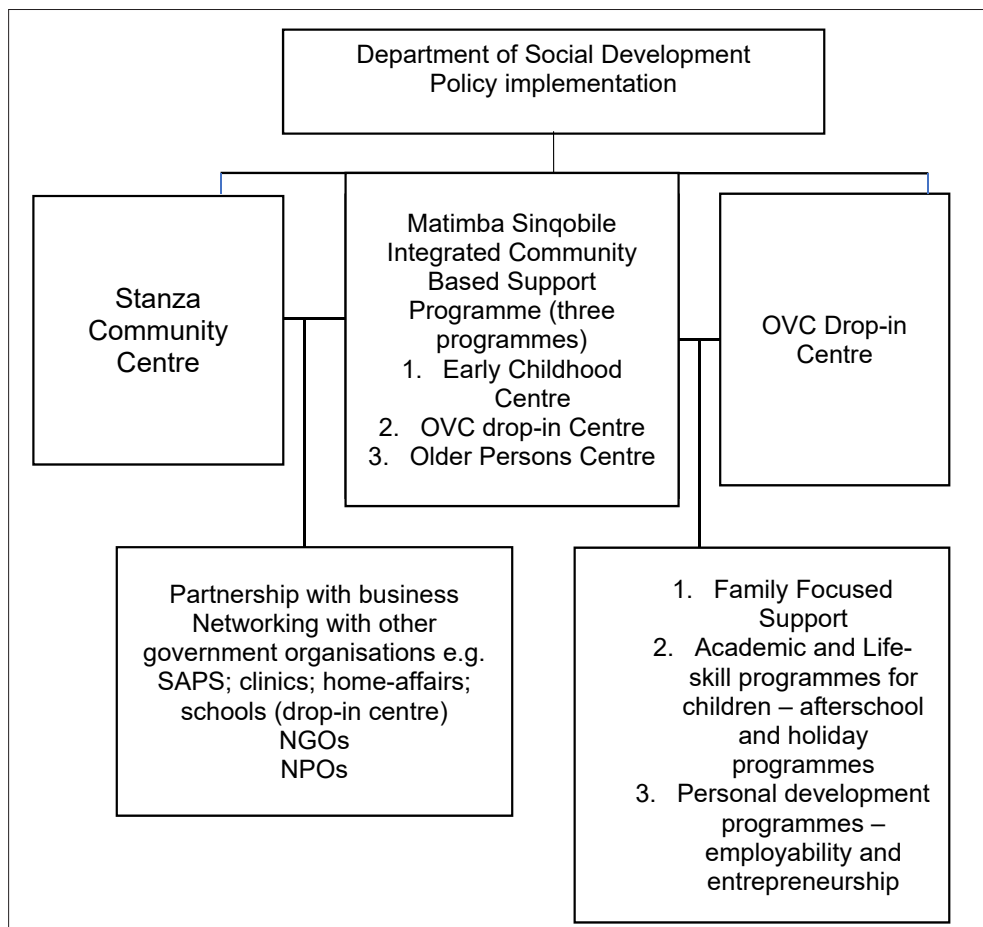


Figure 1: The operational and organisational structure of the drop-in centre

The drop-in centre has collaborates with three nearby Quintile 4 primary schools, where it has satellite stations. The schools have an open classroom and office space, where community care-workers from the drop-in centre manage the social support programmes. Children from these primary schools do not travel to Matimba Sinqobile, but receive social and academic support from community care-workers stationed at the schools. According to the social worker, Ms Petunia, (who is stationed at Matimba Sinqobile Drop-in Centre, but also visits the satellite centres), the core activities receiving focus include what is capture below in Figure 2.

Psychosocial support to families and children	Nutrition support to children and families	Academic support to children	Family/community-oriented programmes Entrepreneurial programme
<ul style="list-style-type: none"> • Profiling of the organisation beneficiaries for social services referral • Assisting clients to identify and access community resources • Providing crisis intervention, emergency shelter services • Implementing life skills workshops • Substance abuse treatment programmes • Behaviour management programmes • Youth services programmes • Rendering of emotional, social and psychological support services to orphaned and vulnerable children • Running support and counselling groups • Parental support • Networking with stakeholders, e.g. Home Affairs, SAPS, SASSA, clinics, schools 	<ul style="list-style-type: none"> • Daily meals to orphaned and vulnerable children after school (to most children it is the last meal of the day) • Provision of food parcels to the families (monthly) 	<ul style="list-style-type: none"> • Providing daily life skills programmes e.g. behaviour modifications relationship building; mathematics assistance; personal development programmes such as self-esteem; hygiene advice • Educational support (homework supervisions) • Social programmes (socialisation with peers after school; peer assistance and grouping for homework assistance and support) • Opportunity to play with friends when homework is completed • Supervision and support from care-workers during homework 	<ul style="list-style-type: none"> • Life skills development programmes for adults • Entrepreneur skills • Computer skills • Job-seeking skills

Figure 2: Synopsis of the programmes offered by the drop-in centre to orphaned and vulnerable children

3. Methodology

The research adopted a qualitative phenomenological research approach. According to Lester (1999:1), phenomenology purports to accomplish common experiences of the group by illuminating the specific, identifying phenomena of research as well as understanding and recording how participants perceive the situation. Finally, the focus is on the participants' subjective experiences, personal knowledge and interpretation of their experiences (Lester, 1999; Palmer *et al.*, 2010). Accordingly, phenomenological research relies on "participants' specific statements and experiences rather than abstracting from their statements to construct a model from the researcher's interpretation" (Creswell *et al.*, 2007: 252). Ethical approval was granted by the university and permission was granted by the organisation to conduct research. Participation was voluntary and all participants signed consent forms. Figure 3 includes the participants and the research questions guiding the research:

Participants	Questions	Data collection method
Community care-workers <i>n</i> = 10	Which afterschool programmes are offered by Matimba Sinqobile drop-in centre? What are the benefits of the programmes to the children and their families?	Focus group
Caregivers <i>n</i> =18	Which programmes does the Matimba Sinqobile drop-in centre offer? How do/did you benefit from the programmes?	Workshop discussions using semi-structured questions

Figure 3: Participants and the research questions of the study

3.1 Data analysis

Two sets of data were analysed inductively using qualitative techniques of content and thematic analysis. Inductive analysis is essential in qualitative research because it helps to eliminate researcher bias. Since it is not theory driven, but data-driven, it eliminates the researcher's preconceptions and bias during the data analysis process (Nieuwenhuis, 2007; Shaw, 2010). Data generated through workshop discussions with caregivers was conventionally analysed through content analysis (see Table 1). According to Stemler (2001: 137), content analysis is a technique that uses explicit rules of coding to systematically replicate and compress many words into fewer content categories. Conventional content analysis is inductive and focuses more on content and the contextual meaning of text. Data generated through focus groups with drop-in centre staff members (care-workers) was analysed through inductive thematic analysis.

4. Community caregivers' focus group findings

Community care-workers of Matimba Sinqobile Drop-in Centre reported that the drop-in centre's core focus is to provide service to the neighbouring community through social support programmes. The drop-in centre's core purpose is to maintain and establish relationships, provide service and assistance, communicate information, give advice to the community it

serves and to use socio-educational programmes to fight past injustices. Following a thematic analysis, three themes were identified.

4.1 Theme 1: Our job is about bringing hope to children and families

Participants indicated that their job is important, because they influence change and bring hope to the lives of the community they serve. Hope is a protective factor. There is the expectation of good outcomes and that things will be better. Hope has a future focus and brings about a positive outlook:

Without us, there won't be hope ... changing the lives of young people, or families, not that you're changing them permanently, but you are bringing hope to them. I wish you could see when we are giving them something, like when we were giving them blankets, the happy face – you understand? Or when they come and eat, that hope that one day things are going to be alright. This tells you, as an individual, that at least what I am doing gives hope to someone.

The services provided motivate children at the drop-in centre to be hopeful of their future, to have dreams and future goals, transform their social-educational status and to focus on role models.

One surprising thing about this is also that, a lot of the times when you ask the children from the drop-in centre what they would like to do when they grow up, they say they want to be a social worker ... some of those that are already older they are even able to say, "You know mamma, I want to help younger kids like the way you guys are helping us here".

4.2 Theme 2: Core afterschool programme

The afterschool programme for children focuses on adult supervision of children especially after school, creating a routine and rituals through repetitive daily activities such as meal taking rituals, planning of weekday nutrition programme (meals), teaching life skills, assistance with classwork and homework, and engaging in fun activities with the children:

On Monday I would be checking the books and on Tuesday we do Bible studies with the kids, and on Wednesday Life-skills and on Thursday we do the games and Friday we check the books again. [...] if a child comes from school after two they spend the rest of the day here then you're not going to worry about buying bread for that particular time [...] After school programme at the drop-in centre focuses around supporting children with a meal. Children's programmes include psychosocial supports. And also, with the children is a support group or educational group [...] ja, even that life skill talk with them.

4.3 Theme 3: Family integrated afterschool programme

It is not sufficient for the caregivers to focus on children only, they also visit families to find out how they cope and the form of support they might receive.

The day is structured into mornings with families and community members and afternoons are normally dedicated to children coming to the drop-in centre. The demand for home visits differs for every month, because if the family has no immediate concerns, then there is no need to visit regularly. There would be constant visits until we can do something about the issue the family has, so as to make the situation bearable. The main thing that you do when you go visit families is to ask them what their concerns are. So, if you've already been to that family and you go again, you still ask the same questions.

5. Findings from caregivers of the children's workshop

The demographic information of caregivers is captured in Table 1. The table shows that all participants are female. None has a Grade 12 certificate (the exit-level qualification for basic education). The highest qualification of the majority of the participants (44.44%) is Grade 7 (primary education level).

The participants with no formal education represent 27.78% of the sample. The highest qualification is Grade 11, which is 16.67% of the participants. Only 11.11% of the participants have Grade 9, which is the exit-level for compulsory education. Based on the age of the participants, all were born during the apartheid era (before 1994), which was characterised by a poor education system for black South Africans.

The age group ≤ 80 years makes up 33.3% (the most represented age group). A total of 16% of the participants aged ≤ 70 years have a Grade 7 education and 11% of this age group reported that the Matimba Singqobile Programme had helped them socially (relational aspects of the programme).

The participants aged ≤ 60 (16.6%) showed no trend in terms of schooling, as their answers were broadly distributed. Illiteracy (no formal education) is represented by 27.7% of the sample, whereas the majority of the sample (44.4%) represents functional illiteracy (primary school education). UNESCO (2006: 153) defines literacy as "the ability of an individual to read and write with understanding a simple short statement related to his or her everyday life". Statistics South Africa (2015) confirms that national literacy rates have improved from 91.9% in 2010 to 93.7% in 2015 in the population group ≤ 20 years. However, for the adult population, it is high in some provinces; the highest is KwaZulu-Natal (92.8%) (Statistics South Africa, 2015).

5.1 Marital status and poverty

More than sixty-one per cent (61.1%) of the sample (11 participants) are divorced, widowed or single (living in female-headed households). Six participants (33.3% of the sample) are married. Research shows that female-headed households have fewer income-earners and are consequently predisposed to higher levels of poverty (Horrell & Krishnan, 2007) when compared to other types of households (Snyder, McLaughlin & Findeis, 2006), including male-headed households (Woolard, 2002). Similarly, social grant beneficiaries in the study are reported by 61.1% of the participants, where six participants (33.33%) indicated that they have informal jobs, support from family member/s, or a formal job (viz. they do not rely on social grants for financial support). Thus, 50% of the sample participants who are divorced, widowed and single rely on social grants for their family income.

Table 1 shows that all but one participant (94.4% of the sample) (missing data) care for other family members (grandchildren, own children and relatives). Grandparents (77.7%) tend to share their homes with grandchildren and their older children. The role of grandparents as primary caregivers is highly represented in this sample of which 55.5% rely on a pension grant for their monthly income.

Intergenerational households can cause disciplinary problems between adolescents and grandparents. Literature attests to the complexity of emotional relationships (mostly conflicting ones) in intergenerational families (Silverstein & Giarrusso, 2010). Government pensions and/or grants are the primary sources of income for 62.5% of the participants, but no overall trend can be established in terms of monthly income. Research has shown that grandparents are

responsible for supporting families with their pension grants (Lunga, 2009) and have little money left for their own personal use. Similarly, Stats SA (2015) found that 46.2% of the South African population relies on government grants for their monthly income.

5.2 Programme participation

Ten participants (55.5%) identified life skills development as their chosen programme and 27.7% selected individual or group workshops and meetings as their chosen programme. Only one (5.5%) participant reports about learning about job skills and entrepreneurial skills, whilst three (16.6%) participants reported that their children benefit from attending the drop-in centre and were not able to report on their own individual benefits.

Table 1: Demographic distribution of caregivers using the drop-in centre

Participant	Age	Gender	Highest level of education	Marital status	Family member living with caregiver	Years of benefiting from the drop-in centre	Matimba/ Stanza programme family participate in?	Source of income for the family
P1	≤ 70	F	Grade 8 to 9	Divorced	Grand-children	Six months or less	Workshops	Government social grant
P2	≤ 60	F	Grade 10 to 11	Widowed	Own children	Six months or less	Life-skills	Informal job
P3	≤ 90	F	Grade 7 and below	Divorced	Grand-children and son	Stanza / Matimba ≥ 5 years	Life-skills	Government social grants
P4	≤ 80	F	Grade 7 and below	Single	Son and grand-children	18 months - 2 years	Life-skills	Government social grants
P5	≤ 80	F	Grade 7 and below	Divorced	Grand-children	Six months or less	Life-skills	Government social grants
P6	≤ 80	F	No formal schooling	Other	Grand-children; son	Six months or less	Life-skills	Government social grant
P7	≤ 70	F	Grade 7 and below	Married	Grand-children	2-3 years	Life-skills helped in getting assistance to attend school (child)	Government social grants
P8	≤ 90	F	No formal schooling	Married	Grand-children	12-18 months	Life-skills	Government social grants

Participant	Age	Gender	Highest level of education	Marital status	Family member living with caregiver	Years of benefiting from the drop-in centre	Matimba/ Stanza programme family participate in?	Source of income for the family
P9	≤ 60	F	No formal schooling	Divorced	Grand-children	2-3 years	Provision of food Security, job skills/ gardening job creation	Formal salary Contributions by adult family members' government social grants
P10	≤ 70	F	Grade 7 and below	Single	Grand-children and own children	Stanza and not Matimba ≥ 5 years	Helped to get social grant	Previously received no income just received social grant
P11	Don't know	F	No formal schooling	Married	Grand-child	12-18 months	Helped in getting assistance to attend school (child)	Government social grants
P12	≤ 80	F	Grade 7 and below	Widowed	Grand-children	2-3 years	Individual or group workshops/ meeting	Government social grant
P13	≤ 60	F	Grade 8 to 9	Married	Grand-children	18 months to two years	Individual or group workshops/ meeting	No income/ informal jobs
P14	≤ 70	F	Grade 7 and below	Widowed	Other	Stanza and not Matimba ≥ 5 years	Individual or group workshops/ meeting	Government social grant
P15	≤ 80	F	Grade 7 and below	Widowed	Grand-children	12-18 months	Life-skills	Government social grants
P16	≤ 80	F	No formal schooling	Married	Grand-children	2-3 years	Life-skills Workshop meetings	Contribution by adult family members and grant
P17	≤ 40	F	Grade 10 to 11	Single	Daughter/ sister's child	Six months or less	Homework supervision (child)	Informal jobs
P18	≤ 50	F	Grade 10 to 11	Married	Sister's son/ own child	2-3 years	Life-skills	Informal jobs

6. Discussion and conclusion

Social support programmes offered by the drop-in centre are beneficial to fight poverty and promote the socio-educational needs of children, families and other community beneficiaries. All participants in this research demonstrated a need for social support to varying degrees. The triangulation of the findings of the focus groups and workshop facilitation sessions indicate that the social support programmes are aligned with the policy of the DSD, which aims to intervene and alleviate distress in families. The Department of Social Development (2006: 3) introduced the Social Relief of Distress Grant to alleviate the needs of “persons by means of the temporary and immediate rendering of material assistance”. Programmes aligned to social relief at Matimba Sinqobile include provision of food parcels, clothes and blankets, assistance with initiating applications for social grants and frequent home visits.

The social support programmes facilitated focus on children and their families. These programmes address a need within the family, assuming a non-individualistic/non-individualised approach. Most caregivers in the research indicated that they and their children receive support from the drop-in centre and the family benefits from the following programmes: assistance with homework, life skills, help with school attendance and receiving social grants, job development skills (training) and group support meetings. Dunst (2002: 139) confirms that family-focused intervention practices are flexible and responsive information-sharing practices that treat families with dignity and respect and empower families to make informed decisions.

Caregivers in this research confirmed that children are the central link to the family and that the healthy functioning of a family is promoted by frequent home visits to assess needs and find strategies to alleviate risks in the family. This can be done through instrumental support (food parcels, winter blankets, children’s clothes and feeding children at the drop-in centre), emotional support (listening to caregivers’ concerns, referral to the centre manager for inclusion in other programmes), information support (providing information to caregivers using life skills, for example, cancer information) and appraisal support.

Research indicates that the departments of Health and Social Development frequently use home visits to intervene, prevent and address psychosocial and health-related risks in society. Home visits, as used in this research, aim to provide support to families in their own homes. A study by Smith (1995) found that home visits positively influence children’s health, family functioning and school-readiness.

They are crucial in building resilience in families. Holbrook (1983: 112) mentions that home visits are key to social work practice and aim to “collect social evidence to be used for social reform”. Two types of home visits are identified, viz. friendly and relief giving visits (Holbrook, 1983). Friendly visits are done to combat suffering, in a spirit of trust and friendliness, to influence the life of the beneficiary (psychosocial support). Relief-giving visits relate to material giving (Holbrook, 1983). Research attests to the significance of home visits as an intervention to families in their own homes for multiple purposes, such as providing support services to disadvantaged families (Leung, Tsang & Heung, 2013), ensuring the improvement of child and home safety (King *et al.*, 2001) and providing an opportunity for the holistic evaluation of the family situation (Smith, 1995).

Poverty is a concern in this study. Caregivers and staff in this research experienced financial distress. Support with accessing social grants (one of the support programmes) is highly beneficial in alleviating poverty in the home. All caregivers in the programme were female,

most of them were grandparents or of pensionable age (83%), and were on government grants or unemployed (66%). Research has shown that poverty is highest in female- and single-headed households (Dubihlela & Dubihlela, 2014; Klasen, Lechtenfeld & Povel, 2015), which can be compounded by the fact that none of the participants have Grade 12 (the exit qualification for high school).

Caregivers of children agree that support programmes for children are utilised effectively and are well supported by their children. However, staff members in this programme were not supported in the effective delivery of their services (they received no training for the services they were expected to provide to families). Ultimately, staff members have needs that are not met, such as appropriate developmental training and living wages (the stipend is insufficient). Lakey and Cohen (2000) confirm that support is realised when the supportive action meets the demand for support.

Even though their core responsibility is to provide support to beneficiaries, they do not receive support from the DSD. What can be deduced from one staff member is that even clients can see that their lives are better than those of their caregivers are (they have empathy for their living conditions).

The programmes are structured to cater for the emotional, instrumental, informational and appraisal needs of all beneficiaries. The support programmes provided for students are academic activities that are focused on the cognitive (assistance with class- and homework), emotional (life skills programme), social (peer support as children have the opportunity to interact with their peers and learn life skill programmes together) and physical (sports activities played during school holidays) development of the child. This assumes a holistic approach towards child development. Ultimately, this decolonises the support services and policies to benefit families, communities and children in poor communities.

All programmes focus on the developmental and psychosocial needs of the beneficiaries. The sustainability of the programme is aligned with government policy and the policies of the DSD. However, the quality of the services provided is compromised by a lack of training and skills development for care-workers.

References

- Aliber, M. 2003. Chronic poverty in South Africa: Incidence, causes and policies. *World Development*, 31(3), 473-490. [https://doi.org/10.1016/S0305-750X\(02\)00219-X](https://doi.org/10.1016/S0305-750X(02)00219-X)
- Allwood, C.M. 2011. On the foundation of the indigenous psychologies. *Social Epistemology*, 25(1), 3-14. <https://doi.org/10.1080/02691728.2010.534564>
- Armstrong, P., Lekezwa, B. & Siebrits, K. 2008. *Poverty in South Africa: A profile based on recent household surveys*. Stellenbosch Economic Working Papers: 04/08. Stellenbosch: Department of Economics & The Bureau for Economic Research, University of Stellenbosch. Available at <https://ideas.repec.org/p/sza/wpaper/wpapers52.html> [Accessed 28 September 2017].
- Creswell, J.W., Hanson, W.E., Clark Plano, V.L. & Morales, A. 2007. Qualitative research designs: Selection and implementation. *The Counseling Psychologist*, 35(2), 236-264. <https://doi.org/10.1177/0011000006287390>
- Department of Social Development, Republic of South Africa. 2006. *Procedure manual for social relief of distress*. Pretoria: Department of Social Development, Republic of South Africa.

- Dubihlela, J. & Dubihlela, D. 2014. Social grants impact on poverty among the female-headed households in South Africa: A case analysis. *Mediterranean Journal of Social Sciences*, 5(8), 160-167. <https://doi.org/10.5901/mjss.2014.v5n8p160>
- Dunst, C.J. 2002. Family-centered practices: Birth through high school. *The Journal of Special Education*, 36(3), 141-149. <https://doi.org/10.1177/00224669020360030401>
- Durlak, J.A. & Weissberg, R.P. 2007. *The impact of after-school programmes that promote personal and social skills*. Chicago: Collaborative for Academic, Social, and Emotional Learning (CASEL). Available at <https://www.casel.org/wp-content/uploads/2016/06/the-impact-of-after-school-programs-that-promote-personal-and-social-skills-executive-summary.pdf> [Accessed 28 September 2017].
- Durlak, J.A., Weissberg, R.P. & Pachan, M. 2010. A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, 45(3-4), 294-309. <https://doi.org/10.1007/s10464-010-9300-6>
- Heaney, C.A. & Israel, B.A. 2008. Social networks and social support. In: K Glanz, BK Rimer & K Viswanath (Eds.). *Health behaviour and health education: Theory, research, and practice* (4th ed.). San Francisco: Jossey-Bass.
- Holbrook, T. 1983. Going among them: The evolution of home visit. *Journal of Sociology and Social Welfare*, 10(1), 112-135.
- Horrell, S. & Krishnan, P. 2007. Poverty and productivity in female-headed households in Zimbabwe. *The Journal of Development Studies*, 43(8), 1351-1380. <https://doi.org/10.1080/00220380701611477>
- Kagee, A. 2004. Present concerns of survivors of human rights violations in South Africa. *Social Science & Medicine*, 59(3), 625-635. <https://doi.org/10.1016/j.socscimed.2003.11.012>
- Kaminer, D., Stein, D.J., Mbanga, I. & Zungu-Dirwayi, N. 2001. The truth and reconciliation commission in South Africa: relation to psychiatric status and forgiveness among survivors of human rights abuses. *The British Journal of Psychiatry*, 178(4), 373-377. <https://doi.org/10.1192/bjp.178.4.373>
- Kim, U., Yang, K.S. & Hwang, K.K. 2006. Contributions to indigenous and cultural psychology: Understanding people in context. In: U Kim, KS Yang & KK Hwang (Eds.). *Indigenous and cultural psychology: Understanding people in context*. New York: Springer Science+Business Media.
- King, W.J., Klassen, T.P., LeBlanc, J., Bernard-Bonnin, A.C., Robitaille, Y., Pham, B., Coyle, D., Tenenbein, M., & Pless, I.B. 2001. The effectiveness of a home visit to prevent childhood injury. *Pediatrics*, 108(2), 382-388. <https://doi.org/10.1542/peds.108.2.382>
- Klasen, S., Lechtenfeld, T. & Povel, F. 2015. A feminization of vulnerability? Female headship, poverty, and vulnerability in Thailand and Vietnam. *World Development*, 71, 36-53. <https://doi.org/10.1016/j.worlddev.2013.11.003>
- Lakey, B. & Cohen, S. 2000. Social support theory and measurement. In: S Cohen, LG Underwood & BH Gottlieb (Eds.). *Social support measurement and intervention: A guide for health and social scientists*. Oxford: Oxford University Press. <https://doi.org/10.1093/med:psy/ch/9780195126709.003.0002>
- Lavela Consulting & Investment cc. 2010. *Impact evaluation of the development centers. Phase 1: Qualitative report*. Pretoria: Gauteng Provincial Government. Available at <http://www>.

socdev.gpg.gov.za/Research%20Document/Development%20Centre%20Qualitative%20report%20Final%20draft%2022Apr%20(1).pdf [Accessed 28 September 2017].

Laverack, G. & Labonte, R. 2000. A planning framework for community empowerment goals within health promotion. *Health Policy and Planning*, 15(3), 255-262. <https://doi.org/10.1093/heapol/15.3.255>

Leibbrandt, M., Woolard, I., Finn, A. & Argent, J. 2010. *Trends in South African income distribution and poverty since the fall of apartheid*. OECD Social, Employment and Migration Working Papers No. 101. Paris: Organisation for Economic Co-operation and Development (OECD). Available at http://www.mandelainitiative.org.za/images/docs/2012/papers/152_Leibbrandt_Trends%20in%20SA%20income%20distribution%20and%20poverty%20since%20the%20fall%20of%20apartheid.pdf [Accessed 28 September 2017].

Lester, S. 1999. *An introduction to phenomenological research*. Taunton: Stan Lester Developments. Available at <http://www.rgs.org/nr/rdonlyres/f50603e0-41af-4b15-9c84-ba7e4de8cb4f/0/seaweedphenomenologyresearch.pdf> [Accessed 27 August 2017].

Leung, C., Tsang, S. & Heung, K. 2013. Pilot evaluation of a home visit parent training program in disadvantaged families. *Research on Social Work Practice*, 23(4), 397-406. <https://doi.org/10.1177/1049731513482378>

Lunga, N.R. 2009. Challenges experienced by grandparents in raising their grandchildren in Utrecht in Kwa-Zulu Natal. MA dissertation. Richards Bay: University of Zululand. Available at <http://uzspace.uzulu.ac.za/bitstream/handle/10530/960/Challenges+experienced+by+grandparents.+NR+Lunga.pdf?sequence=1> [Accessed 28 September 2017].

Nieuwenhuis, J. 2007. Analysing qualitative data. In: K Maree (Ed.). *First steps in research*. Pretoria: Van Schaik.

Ozbay, F., Johnson, D.C., Dimoulas, E., Morgan III, C.A., Charney, D. & Southwick, S. 2007. Social support and resilience to stress: From neurobiology to clinical practice. *Psychiatry*, 4(5), 35-40.

Palmer, M., Larkin, M., De Visser, R. & Fadden, G. 2010. Developing an interpretative phenomenological approach to focus group data. *Qualitative Research in Psychology*, 7(2), 99-121. <https://doi.org/10.1080/14780880802513194>

SASSA & UNICEF. 2013. *Preventing exclusion from the child support grant: A study of exclusion errors in accessing CSG benefits*. Pretoria: UNICEF South Africa. Available at https://www.unicef.org/southafrica/SAF_csgexclusion.pdf [Accessed 23 August 2017].

Shaw, R. 2010. QM3: Interpretative phenomenological analysis. In: MA Forrester (Ed.). *Doing qualitative research in psychology: A practical guide*. London: Sage.

Shediac-Rizkallah, M.C. & Bone, L.R. 1998. Planning for the sustainability of community-based health programs: conceptual frameworks and future directions for research, practice and policy. *Health Education Research*, 13(1), 87-108. <https://doi.org/10.1093/her/13.1.87>

Silverstein, M. & Giarrusso, R. 2010. Aging and family life: A decade review. *Journal of Marriage and Family*, 72(5), 1039-1058. <https://doi.org/10.1111/j.1741-3737.2010.00749.x>

Smith, L.E. 1995. *Healthy families California: A review of standards and best practices in home visiting programs across California*. Sacramento: California Consortium to Prevent Child

Abuse. Available at <http://files.eric.ed.gov/fulltext/ED411952.pdf> [Accessed 28 September 2017].

Snyder, A.R., McLaughlin, D.K. & Findeis, J. 2006. Household composition and poverty among female-headed households with children: Differences by race and residence. *Rural Sociology*, 71(4), 597-624. <https://doi.org/10.1526/003601106781262007>

South African Government. Opening of a new Integrated Social Development Facility in Mamelodi. Available at: <https://www.gov.za/opening-new-integrated-social-development-facility-mamelodi-0> [Accessed 27 August 2017]

Statistics South Africa. 2015. *General household survey*. Statistical Release P0318. Pretoria: Statistics South Africa. Available at <https://www.statssa.gov.za/publications/P0318/P03182015.pdf> [Accessed 27 August 2017].

Statistics South Africa. 2017a. *Poverty trends in South Africa: An examination of absolute poverty between 2006 and 2015*. Report No. 03-10-06. Pretoria: Statistics South Africa. Available at <http://www.statssa.gov.za/publications/Report-03-10-06/Report-03-10-062015.pdf> [Accessed 23 August 2017].

Statistics South Africa. 2017b. *Vulnerable groups indicator report 2016*. Report No. 03-19-02(2016). Pretoria: Statistics South Africa. Available at <http://www.statssa.gov.za/publications/Report-03-19-02/Report-03-19-022016.pdf> [Accessed 23 August 2017].

Stemler, S. 2001. An overview of content analysis. *Practical Assessment, Research & Evaluation*, 7(17). Available at <http://pareonline.net/getvn.asp?v=7&n=17> [Accessed 28 September 2017].

The Presidency, Republic of South Africa. 2014. *Twenty year review: South Africa 1994 - 2014*. Pretoria: The Presidency, Republic of South Africa. Available at <http://nfvf.co.za/home/22/files/20YearReview.pdf> [Accessed 27 August 2017].

UNESCO (2006). *Education for All global monitoring report: Literacy for life*.

France: United Nations Educational, Scientific and Cultural Organization

<http://unesdoc.unesco.org/images/0014/001416/141639e.pdf>

Woolard, I. 2002. *An overview of poverty and inequality in South Africa*. Working paper prepared for DFID (SA). Pretoria: Human Sciences Research Council (HSRC).