

## ORIGINAL ARTICLE OPEN ACCESS

# Children's Homes: Building or Threatening the Resilience and Rights of Black Orphans and Vulnerable Children

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## ABSTRACT

Orphans and vulnerable children (OVC) go through adverse experiences which may lead to them being placed in children's homes. Such experiences can threaten their resilience and rights. As such, children's homes should provide conducive environments to facilitate OVC's resilience and promote their rights. This study used a qualitative approach which was informed by a phenomenological design. Semi-structured interviews were used to collect data by purposively sampling 20 participants from one children's home in Johannesburg, South Africa. Using conceptual content analysis, findings showed that for some children, the children's home enabled their resilience and promoted their rights while for some it threatened both. Based on the study's findings, the implications, future research possibilities and recommendations are presented.

Children's homes, also known as orphanages, residential homes, care homes or foster homes, have come a long way in housing orphans and vulnerable children (OVC). These institutions aim to provide OVC with diverse needs that they may be lacking, including physical, psychosocial, physiological, spiritual and financial. Children's homes are spaces which should foster children's learning and holistic development (Virginia Commonwealth University 2022). In doing so, children's homes can facilitate the development of resilience and protection of rights for OVC. Resilience, defined as the ability to bounce back from adversities (Skalski et al. 2022) is an important virtue for OVC to have as they are exposed to numerous risks which they need to persevere through to live a happy childhood. Bounce back means the ability to cope well after setbacks in life. Hiebel et al. (2021) refer to resilience as the process of adjusting well in the face of hardships such as stress, trauma, abuse, or threats. Masten and Barnes (2018) highlight that the above hardships can be minimised by the availability of positive contextual resources in the environment in which individuals develop. These contextual resources include relationships with families and access to school, health and social services.

Despite building resilience for OVC being one of the goals of children's homes, in some cases, they have not met this goal (Frimpong-Manso and Bugyei 2019) resulting in their failure to enable the resilience of OVC. Although research has been done on sources of resilience for OVC in schools (Lawrence, Makhonza, and Mngomezulu 2022), little has been conducted on the views of OVC on how children's homes either build or threaten their resilience and rights, especially in township contexts in South Africa. In this study, children's homes refer to institutions which care for children without parents and those who are abandoned, destitute or who cannot live with their parents for various reasons. The term OVC includes orphans and any child who is described as vulnerable by authors like Salomao (2008) who explained vulnerable children as susceptible to harm and abuse due to their physical, social, economic, political, and environmental positions. Despite their difficult positions, OVC have rights and needs that must be fulfilled and safeguarded. The immediate environment may provide adequate care for some orphans, however, in some cases, some OVC may need external support if their immediate support systems cannot care for them. Failure to meet

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these needs and protect their rights violates their fundamental rights which are provided for in different legal documents such as the United Nations Convention on the Rights of a Child (UNCRC) (1989). Thus, children's homes were created with this goal in mind. Since there is a dearth of literature on the views of OVC on whether children's homes build or threaten their resilience and rights, this study attempted to close the gap in this field by adding to the limited literature. Therefore, the study aimed to explore Black female OVC's views on how their children's home was either building or threatening their resilience and rights. The focus of the study was to find out whether OVC felt the children's home was beneficial (or not) in building their resilience and promoting their rights. Insights on the views of OVC are critical in informing the development of support programmes targeted to address any identified challenges or promoting areas of strengths. The findings of the study revealed conflicting views among OVC depending on how they experienced their stay at the children's home.

## 1 | Orphans and Vulnerable Children in Children's Homes

The prevalence of OVC in South Africa is extremely high. According to Hall (2021), about 2.9 million children in South Africa are orphans. The United Nations Children's Fund (UNICEF 2016) defines an orphan as a child under 18 whose parents are deceased. Sandhiya and Maya (2021) elucidate that orphans refer to children and adolescents who have either lost their parents or were abandoned by them. A child is considered vulnerable if they are under 18 and at risk of lacking acceptable safety, protection and care (Munongi and Mawila 2023). Sandhiya and Maya (2021) state that social orphans are vulnerable children whose parents are still alive but struggling to meet their parental duties. Due to several adversities that OVC face, such as abuse and neglect, in South Africa they are often removed by relevant authorities such as social workers from their original biological families and moved to places of safety such as children's homes. Goldberg et al. (2021) note that generally, OVC's overall wellbeing is adversely influenced by factors such as, but not limited to, neglect, poverty, lack of resources, abuse and malnutrition. Goldman et al. (2020) report that globally, about 5–6 million children between the ages of 0 and 18 are placed in an institution of care. Although this placement is supposed to be initiated with the best interest of the OVC being prioritised, there is evidence in some countries that the OVC are trafficked for orphanage tourism (Richter and Norman 2010). In contrast to the African proverb that says, 'it takes a village to raise a child', it is noted that several Black children are becoming OVC—this is not common in the history of African communities where 'parentless children were cared for within the kin system' (Mafumbate 2019, p. 7). Many Black children are placed in children's homes due to family and contextual adversities that put them at risk and have resulted in them being classified as vulnerable. Hall (2021) argues that many Black children in South Africa reside in poverty-stricken households, making them even more vulnerable. Most of the townships populated by Black people in South Africa have increasingly high levels of crime, unemployment rates, abuse, poverty and violence (Fouché, Truter, and Fouché 2019). This makes the immediate environments

of children high risk. These adversities place Black children in adverse situations, leading to them being classified as OVC and subsequently placed in children's homes.

Prior to the establishment of children's homes, it was the responsibility of the extended family members, schools or churches to care for OVC. In South Africa, the high prevalence of OVC motivated different health and religious practitioners to develop children's homes (Smith, Fulcher, and Doran 2013), with the first one being established in 1808 (Van Den Heever 2005). Children's homes are non-profit making organisations run by government or private organisations. All children's homes must be registered with the Department of Social Development (DSD) under the Non-Profit Organisation (NGO) Act of 1997. The children's homes are regulated by the government through the DSD. The DSD is the major funder of children's homes in South Africa (Dutschke 2006). Children's homes accommodate children from birth to the age of 18 years unless under special circumstances. The children's homes can be in the form of dormitory style where many children are housed in a dormitory under the care of several carers. In some cases, cottage style is adopted where few children are taken care of by one or two carers which provides a less institutionalised environment (Smith, Fulcher, and Doran 2013).

The OVC are cared for by trained personnel, who are usually females. This is because of the common belief that women are better carers than males (Mahomva 2021). The carers are required to possess a basic qualification in child and youth care (BQCC) from the National Association of Child and Youth Care Workers (NACCW) to be employed by a children's homes (De Vos 1997). In South Africa these children's homes are regulated by a number of local laws such as the Constitution of South Africa, Act No. 108 of 1996, the Children's Act, No. 38 of 2005, and the Child Justice Act, No. 75 of 2008 (Richter and Dawes 2008). These laws provide the norms and standards used for childcare in children's homes such as placement procedures of OVC, protection of children rights and programmes to be offered. Even though being placed in a children's home is for the safety of the OVC, several studies reveal that it can lead to exacerbated vulnerability and long-term repercussions. A study by Frimpong-Manso and Bugyei (2019) found that OVC placed in institutional care, such as children's homes, often exacerbated vulnerability as they faced difficulties in readjusting to society. In addition, van IJzendoorn et al. (2011) state that children exposed to care institutions do not obtain the stimulating and nurturing atmosphere necessary for their normal growth. van IJzendoorn et al. (2011) argue that children's psychosocial needs are not catered for in such homes. Therefore, the OVC's experiences in children's homes could either promote or threaten their resilience and rights.

## 2 | Resilience Enablers

Globally, interest in the field of resilience has been growing significantly. However, resilience remains a complex concept to conceptualise due to its multifaceted nature which varies from one context to another. Even though earlier studies (Joseph 2018; Fraser, Richman, and Galinsky 1999) viewed resilience as intrinsic to the individual, in this study,

we conceptualised resilience as dependent on the social-ecological factors as theorised by Ungar (2011). This stance aligns with the study's focus on contextual factors within the children's home that either build or threaten their resilience and rights. Hiebel et al. (2021) note that resilience is enabled by social-ecological systems, which include the interrelation between individual traits, relationships and contextual factors. Individual traits include emotional stability, cognitive skills and temperament, while relationships include family members, peers and community members; contextual factors include accessibility to community opportunities encompassing access to educational, health, spiritual and social services (Masten 2014). When people face adversity, resilience is evident when they use available resources to flourish.

These OVC face several adversities that impact their overall functioning. Sandhiya and Maya (2021) stress that to overcome the problems OVC face their resilience needs to be fostered, enabling them to cope by helping them effectively bounce back despite unfavourable adversities. Resilience is thus viewed as a process that could make OVC less vulnerable and be resilient despite their challenges. For OVC to be resilient, Berejena-Mhongera and Lombard (2020) affirm that they need opportunities to freely share their views on things that affect them and that they should be provided with the necessary resources to support their developmental needs. Berejena-Mhongera and Lombard (2020) found that OVC validate their competence to accomplish better-than-expected outcomes with family members, school stakeholders, peers and those within the community regardless of socio-economic difficulties. Van Breda (2018) states that resilience relies not only on individual attributes or contextual factors but on how these interact. Nonetheless, this study focused only on contextual factors as aligned to the aim of the study.

### 3 | Risk Factors Affecting Resilience

Undoubtedly, developing resilience is critical for individuals so they can rise above the adversities they face. However, several factors can negatively affect a person's resilience. Yoleri (2020) reports that factors that impede resilience include abuse, death of family members and parental attitudes. Pahwa and Khan (2022) add that psychological factors such as burnout, negative thinking and stress impact an individual's resilience. In addition, Panzeri et al. (2021) report that during the COVID-19 pandemic, factors hindering individuals' resilience included trauma, anxiety, fear and depression. As Ungar (2011) reports, resilience is influenced by the availability or absence of social-ecological resources. Thus, the resilience of OVC in a children's home depends on the resources available and accessible to them. Makhonza (2018) found that a lack of support for OVC among community members was a risk factor for their resilience. A study conducted in Zimbabwe by Oyedele, Chikwature, and Manyange (2016) found that insufficient food, uniforms, love and other adversities remained the main problems of OVC, threatening their resilience. Therefore, it can be argued that providing OVC with the necessary resources in a children's home promotes their resilience while the absence of resources impedes their resilience and exacerbates factors that initially affected their

wellbeing. It was thus pivotal to study the role of a children's home, especially one in a township setting, in promoting or hampering OVC's resilience and rights.

## 4 | Children's Rights

The Office of the High Commissioner for Human Rights (2019) delineated that children's rights are entitlements they are born with which cannot be revoked by anyone. These rights can be classified as provision, protection and participation rights. Provision rights include those rights that cater for a child's physical needs (Warner 2022), for example, the right to food, shelter, education and health care. Protection rights focus on the security of a child which includes the right to be protected from abuse and any form of inhumane treatment (Mehmet 2022). According to Alderson (2016), participation rights mean that children's voices should be heard and their opinions should be included in decision-making in matters that affect them. This includes the right to freedom of association, freedom of speech and the right to play. For many OVC, these rights are just an illusion in their lives as they do not enjoy them due to their vulnerability. This calls for adults and the state to ensure that all children enjoy these rights.

Even though children are rights holders, adults are responsible for fulfilling children's rights and ensuring that they enjoy their childhood (Abrahams and Matthews 2011). It can be challenging for OVC to enjoy their rights if they are not well cared for. This calls for their placement into the care of knowledgeable adults who are obliged to provide an environment that promotes, protects and fulfils their rights. Such places may include but are not limited to children's homes. Children's homes can facilitate the promotion of children's rights by implementing all categories of children's rights.

## 5 | Purpose of the Present Study

The experience of OVC living in children's homes has been researched globally, but not the OVC's experiences of resilience and rights when living in children's homes located in townships. There are assumptions that children's homes facilitate resilience and promote the rights of OVC. To confirm or disprove this assumption, this study set out to address the following research objectives:

- a. To explore the experiences of OVC in a children's home relating to the building or threat to their resilience.
- b. To investigate the experiences of OVC in a children's home relating to the promotion or violation of their rights.

## 6 | Methodology

### 6.1 | Participants

Twenty participants from one children's home were purposefully selected to participate in the study. Their age ranged between 13 and 17 years. The children's home is one of the

university's community engagement sites<sup>1</sup> used for research. This study selected this site with an aim to do research and provide support where required. Therefore, the findings were authentically reported without any bias. This was achieved by documenting and critically reflecting on the research processes, such as the researchers' assumptions, choices of methodology, possible power relations between the researchers and participants, as well as data interpretation and analysis. Although we had a personal interest in the children's home since it was a community engagement site linked to the university where we were employed, we remained objective by defining our role as researchers to guard against any biases. Since the participants are considered vulnerable, we were cognisant that the research process could possibly become emotional due to the nature of the narratives expressed by the participants. Hence, we sought the services of an educational psychologist to offer support to OVC during and after data collection so that we could focus on the research process. In South Africa, an educational psychologist is a professional with a masters qualification in educational psychology. This professional must be registered and regulated by the Health Professional Council of South Africa (HPCSA).

The children's home was in a Johannesburg township in South Africa. Participants were all Black females because the children's home only houses Black African female OVC. The site was ideal as our study focused on Black girls living in a children's home. The participants were all conversant in English. The children had been brought to the children's home for various reasons such as being orphaned, abused or abandoned by their primary caregivers.

The criteria for inclusion were as follows:

- A resident of the children's home for at least a year for enough experience in the children's home environment.
- Black African females as the study focused on this population.
- Aged between 13 and 17 as they were deemed to have more lived experiences.
- Conversant in English.

In addition, we considered the participants' availability and willingness to participate and articulate their experiences expressively and reflectively (Bernard 2002). The 20 participants were recruited after three visits to the children's home to familiarise and create rapport with them. The first visit was to meet the social workers and administrators responsible for the children's home to introduce ourselves, explain the purpose of our study and seek permission to conduct the study. On our second visit, the social workers assisted in gathering all the children to a venue where we explained the purpose of the study and afforded children an opportunity to ask any questions they had. Thereafter, on the third visit, we invited children who were willing to participate in the study. There was no coercion from the gatekeepers as participation depended on participants' willingness to participate. To ensure that there was no coercion to participate in this study, the staff members from the children's home were not present during the recruitment of participants and were not involved in the data collection process. The safety

of the participants in research is critical, especially with vulnerable populations. Thus, we explained to participants issues pertaining to the purpose of the study, the risks and benefits of the study, confidentiality and anonymity when reporting findings.

## 7 | Data Collection

An interview schedule designed by both researchers was used to collect data. The schedule was designed in line with the aims of the study. The interviews were semi-structured with open-ended questions as this is a data collection method associated with descriptive qualitative research (Neergaard et al. 2009). The interviews were done to the point of data saturation until no new information was emerging (Miles and Huberman 1994). The interviews lasted not more than 30 min. The participants were asked three main questions followed by probing questions to seek clarity where necessary. The interview schedule had the following questions:

- a. What factors in the children's home help you cope with challenges?
- b. Can you tell me some of the things that make it challenging for you to cope with problems?
- c. In which ways do you think your experiences at the home have promoted or violated your rights?

## 8 | Research Design

The study used a generic qualitative research design, specifically the descriptive qualitative approach. A generic qualitative study was suitable for this study as the aim was to get rich descriptions of the phenomenon under examination (Lim 2011), which was the experiences of living in a children's home. According to Merriam and Tisdell (2015, p. 4), generic designs focus on 'how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences.' This study was concerned about how OVC construed their experiences of living in a children's home and what meaning they attached to those experiences; hence, this design was a perfect fit for this study.

Social constructivism was a suitable paradigm as it acknowledges that people construct knowledge from how they interact with others, their culture and society at large (Schreiber and Valle 2013). Thus, the experiences of OVC in interacting with their peers and caregivers in the children's home would inform the authors of whether being in the children's home built or threatened their resilience and rights. Although interactions with external systems such as peers and adults in the local community could threaten their resilience, this was beyond the scope of the study.

### 8.1 | Ethical Consideration

The study was approved by University of Johannesburg Ethics Committee (Ethics number: Sem 2-2021-003). Individual

interviews were conducted privately in rooms allocated by the social workers where participants would feel comfortable to ensure privacy. Participants were informed of their right to refuse to answer some or all the questions if they were uncomfortable doing so. The purpose of the study was also explained in detail to participants so that they would participate with informed consent. Furthermore, they were informed that they could withdraw from the study at any time without any negative repercussions. While the social workers and the children's home administrators gave consent on behalf of the children as they were all minors, the participants also signed assent forms to indicate their voluntary participation. A psychologist was on standby during and after data collection to offer psychological services if needed. Nonetheless, no negative effects were reported because of participating in this study.

To maintain an authentic record of the responses the authors confirmed them before moving to the next question during the interviews (Birt et al. 2016). In some cases, probing was done to seek clarity on what was implied by the participants to avoid making assumptions. Member checking was also done by taking the transcripts to the participants to confirm the accuracy of the data. To our knowledge, none of the participants reported any negative effects due to the study procedures. Data were audio recorded and later transcribed by two trained research assistants. Both researchers checked the transcriptions for accuracy against the recordings.

## 9 | Data Analysis

Twenty interviews were transcribed and analysed to identify themes from the data. Data were analysed using content analysis, specifically, conceptual content analysis. This process started during data collection (Neergaard et al. 2009). According to Petocz and Newberyon (2010), conceptual analysis determines the presence and occurrence of concepts in each text. Content analysis was used to determine the presence and frequency of certain phrases or sentences in the data transcripts, indicating whether different elements in the children's home were promoting or threatening participants' resilience and rights. This enabled the use of open codes and the creation of categories when analysing data which Lim (2011) indicates is common with generic qualitative approaches. Codes were generated from the data to stay 'close to the data' (Sandelowski 2000). A pre-defined set of categories were developed by both researchers which were used to categorise data that were examined for specific concepts. Coding was done based on the frequency at which concepts appeared in the data (Petocz and Newberyon 2010). The text was coded the same if it appeared in different forms; for example, if the phrases carried the same idea but were put in different words, they were categorised together. Manual coding was done, helping the authors easily identify errors and discard irrelevant data. Themes were developed by combining similar codes and maintaining those that could stand as themes in their own right. Finally, the authors carefully interpreted the findings and made inferences about the messages in the participants' responses. The themes were supported by participants' direct quotes, presented verbatim to maintain the data's original meaning (Neergaard et al. 2009).

## 10 | Discussion of Findings

The findings of this study are presented according to the themes that emerged from the data. Two main themes with several sub-themes emerged from interviews and reflected participants' reflections on the children's home and whether it built or threatened their resilience and rights. Theme one was Children's Homes: Building Resilience and Promotion of Rights, with three subthemes, namely (a) good friendships, (b) affirmations and encouragements from social workers and caregivers and (c) provision of basic needs. Theme two was Children's Homes as a Threat to Resilience and Rights, with four subthemes, namely violation of the (a) right to non-discrimination, (b) right to privacy, (c) the right to be treated with dignity and (d) right to participation.

## 11 | Children's Homes: Building Resilience and the Promotion of Rights

Our findings showed that the children's home built the resilience of most participants. Some children reported the children's home as a haven from the precarious conditions they had endured in their families. These children had experienced difficulties in various forms such as abandonment, violence and conflict with caregivers. Coming to the children's home was thus seen as building their resilience and promoting their rights. This was evident as participants expressed that they had positive experiences compared to their experiences before coming to the children's home. Good friendships, affirmations and encouragements from social workers and caregivers, and providing basic needs were cited as factors within the children's home that built their resilience.

### 11.1 | Good Friendships

Our findings showed that participants were allowed to choose their friends which promoted their right to freedom of association. Good friendships facilitated resilience as the friends acted as support systems in difficult times. Participants spoke about how their friends supported and comforted them. For example, Girl 19 said: 'My friend is like my everything. She helps me with everything I need. She supports me, cares for me and comforts me'. Girl 7 added:

'When I have something, I tell Tembi. She always gives me good advice, does not judge me, and always make me feel welcomed and comfortable around her.'

Furthermore, Girl 11 mentioned: 'I have my friend the other one, yoo [exclamation] every day when I am crying, she comes to me and she comforts me. It's like we see each other as sisters.'

Good friendships which sustained the OVC when they needed support implied that they were accorded the right to freedom of association and could be resilient in the face of hardships. It is evident that the right to associate with good friends acted as a source of resilience. Correspondingly, a study by Putri, Mansoer, and Nesi (2023) reported that good relationships with peers

predicted resilience among adolescents in orphanages. Theron and Van Breda (2021) also affirm that relationships with friends are critical in promoting resilience in children and adolescents who have been maltreated. In addition, the present study also revealed that OVC's friends in a children's home were supportive and non-judgemental. Yendork and Somhlaba (2016) also found that friends' social support and non-judgement were predictors of resilience among orphanage adolescents. A study conducted in a care institution in Kerala, India, by Thomas et al. (2022) noted that children's resilience was anchored in encouraging relationships among peers at the shelter. In alignment with this study, Nelson, Homer, and Martin (2020) illustrate that children and adolescents become happy when there is sufficient support from their friends. Therefore, such positive relationships with friends are critical to decrease OVC's vulnerability to future adversities. This emphasises the need to encourage healthy friendships among OVC.

### 11.2 | Affirmations and Encouragements From Social Workers and Caregivers

Our findings also highlighted that the positive comments participants received from social workers and caregivers enabled them to be resilient and upheld their right to education. This study found that affirmations and encouragements promoted the OVC's right to freedom of expression as they could freely express their thoughts and feelings, knowing they are valued. For example, Girl 20 highlighted the following:

'The social workers are good because they see me as a bright child and always encourage me to work hard at school. Social workers and care mothers make sure that I go to school every day.'

Girl 1 also added: 'The social workers say that I'm a friendly child, this makes me feel motivated to do good things in school and here at home'. In addition, Girl 15 pointed out:

'Caregivers think I am good girl... even social workers like me. It keeps me going and motivates me to improve myself. I like the fact that they always tell us that we should go to school.'

Participants reported that the affirmations and encouragements they received from caregivers motivated them to persevere and improve themselves enhancing their resilience. Thus, OVC in children's homes should be affirmed and encouraged to increase their chances of resilience. This finding is similar to that of Yendork and Somhlaba (2016) who found that affirmations and encouragements were critical in building OVC's resilience. A study by Jaramillo and Kothari (2022) found that youth's positive development and resilience in care institutions result from positive relationships with caseworkers. This shows the importance of supportive caregivers in building the resilience of OVC in children's homes. Thus, emotionally supportive contexts and networks are critical in championing resilience among OVC in children's homes. Children thrive when they feel emotionally safe and secure which can be facilitated by a supportive environment, as a result, this can facilitate resilience. Ongoing

emotional support enables children to recognise their ability to rely on others for support to face challenges. Therefore, when OVC experience positive emotional support from caregivers, they are more inclined to explore new opportunities and persist despite challenges.

The affirmations and encouragements were also meant to promote the right to education. Caregivers in the children's home valued the significance of education. Caregivers constantly encouraged the children to be resilient and excel in education. This finding is consistent with Wambiri's (2014) study, which stresses the role of caregivers in ensuring that children are educated. Unsurprisingly, the caregivers stressed the right to education for OVC in the children's home as it fulfils other basic rights.

### 11.3 | Provision of Basic Needs

Providing basic needs was another factor that built the resilience and rights of participants. Participants indicated that the availability of basic needs made them feel protected and afforded opportunities to develop themselves. These basic needs included school transport, protection from harmful situations, food and clothes. Girl 2 mentioned: 'I like going to school with a transport, it's nice here everything is made available.' Girl 18 supported this notion:

'The centre protects us against gender-based violence and other things that may derail us. I also feel safe at this home.'

Girl 12 said:

'What you want you get and the opportunities we get here are exciting like meeting celebrities who motivates us and getting learning support from university students.'

Girl 8 added: 'I like it when visitors come because they bring us things like food and clothing.'

The provision of basic needs also played an imperative role in building resilience and fulfilling basic rights such as food and clothes. Participants stated that the children's home was a haven and highlighted that they were protected from harmful situations. The availability of basic needs promotes children's resilience, providing a sense of stability and security and reducing stress and anxiety. We argue that if children's basic needs are met, they feel better equipped to cope with challenges and setbacks as Ungar (2011) reported that the provision of resources such as basic needs is a protective factor which enables resilience. Therefore, it is critical to provide them with their basic needs. The provision of basic needs is in line with the mandates of the UNCRC (1989), which emphasises that children should be provided with basic needs to enjoy their childhood. Thus, adults are obligated to fulfil such provisions. Furthermore, Van Breda (2018) reports that for one to be resilient, it is imperative to have access to resources such as fundamental basic needs. Notably, increasing the availability of resources for OVC plays a critical role in fostering their resilience and fulfilling their basic rights.

## 12 | Children's Homes as a Threat to Resilience and Rights

Contrary to the widespread belief that all children find children's homes a haven, some participants in this study expressed that being in the children's home threatened their resilience and promotion of their rights. These participants preferred to be returned to their homes of origin where they felt the situation was better than the current one. The findings of this study further highlighted that some participants felt that some of their rights were being violated, such as the right to non-discrimination, the right to privacy, the right to be treated with dignity and the right to participation.

### 12.1 | Right to Equality and Non-discrimination

The findings revealed that the situation in the children's home violated the children's right to equality and non-discrimination which ultimately threatened their resilience. This was attributed to the way caregivers unequally treated them, which reflected a violation of their right to equality and non-discrimination. For example, Girl 16 pointed out: 'The other thing I do not like is that the care workers have favourites and we see it that sometimes we are not treated equally. I feel like I am worthless and can't do anything good.' Girl 5 added: 'I wish for caregivers to treat us well without discrimination and see us as human beings just like them or their children. This makes me struggle to cope with schoolwork.' Girl 19 agreed: 'They [caregivers] don't treat me as equal because their actions seem to judge me and this makes me feel sad and don't want to be here.'

The above finding shows that the OVC in this study probably felt they could not stand up for their rights, considering that the perpetrators of the violations were their primary caregivers. Thus, in this study, violation of rights threatened the resilience and rights of OVC in a children's home. This finding aligns with Burnett (2021) who found that OVC's rights were not respected as they were easily taken advantage of due to their vulnerability. A concerning aspect of this finding was that the OVC's violation of rights was done by their caregivers who were supposed to protect them and respect their rights. This finding is, however, not novel as it has been documented in a previous study by Pereda and Diaz-Faes (2020). This means that if caregivers do not promote OVC's rights, their resilience will also be compromised. Hence, there is a need to monitor caregivers' work with OVC. Following the completion of the study, we shared the findings of the study with the administrators, social workers and caregivers from the children's home. We thereafter facilitated workshops on different issues of concerns identified from the study.

### 12.2 | The Right to Privacy and the Right to Be Treated With Dignity

Our findings also revealed that participants' right to privacy and the right to be treated with dignity were violated which in turn threatened their resilience. It is evident from the study that participants felt vulnerable, devalued, ashamed and not

respected when their privacy and dignity was not upheld. Girl 14 said: 'The other thing I do not like is that the care workers are not secretive when we share our problems with them'. Girl 12 corroborated: 'I once opened to one of the caregivers and she told people my problems, so I feel they don't care about us.' Girl 1 also added:

'...and the fact that the people in position don't know how to keep our confidential stuff to themselves. ... just after telling them your problems you will hear them from someone else.'

On the right to be treated with dignity, Girl 11 expressed: 'The caregivers and social workers always make us to feel bad about our backgrounds and the reason of why we came here to the centre. As I result, I feel ashamed, and my life will always be a mess.' Girl 18 added:

'... they [care workers] always remind us why we are at this home and things like that. I feel devalued and not respected.'

Resilience can also be promoted by respecting the child's rights to dignity and privacy. The Phiri (2023) elucidate that the right to privacy is fundamental to the protection of human dignity. In this study, both rights seemed to have been violated for most participants, which could have resulted in their loss of respect. This meant that their resilience was threatened as they felt humiliated and betrayed by caregivers when reminded of their adverse backgrounds and the exposure of their confidential information. The violation of OVC's rights contradicts South African policies such as the Children's Act and Bill of Rights, which condemn the violation of children's rights. Hence, as pointed out by Da Costa (2014), it is imperative to promote children's rights and enhance their resilience.

### 12.3 | Right to Participation

As noted from our findings, some participants' responses reflected that their resilience was affected by violating their right to participate. Participants highlighted that they were not involved in making decisions that affected their lives. Their views show that the decisions were made by adults without consulting them. This is evident in the words of Girl 3: 'I just hate the fact that they always make decisions for me. I feel like I don't have a brain of my own.' Girl 13 also stated: 'I don't know why they brought me here... I did not choose to be here.' Similarly, Girl 7 agreed: 'I don't like anything about the centre, I was forced to come here.' Furthermore, Girl 20 added: 'I don't like the way they don't take care of us, and they don't consult us.' Girl 10 also said: 'The environment here feels like jail. We don't have freedom to say or choose what we want.'

The child's right to participation allows the child to be involved in decision-making on matters that affect them (UNCRC 1989). In this study, this right was violated given that participants mentioned that they were not consulted when decisions were taken on matters that concerned them. This implies that their resilience was threatened as some of the decisions made resulted in

children feeling distressed. The decisions made on behalf of the OVC resulted in some of them wanting to return to their original families as they reported that these decisions made their situation unfavourable. Caregivers probably view involving children in decision-making as unacceptable as children are seen as immature and prone to making uninformed decisions (Jansen Van Rensburg and Jansen Van Rensburg 2020). Denying OVC the opportunity to co-decide with adults could be linked to their vulnerability, which Levinson (2012) argues is a measure to exclude children from participation. This means that their voices can be ignored as they are viewed as incapable of making sound decisions due to their vulnerable nature. Thus, all children need to be accorded this right without discrimination.

### 13 | Limitations

The study had some limitations that need to be considered. The study was conducted in one children's home and only with Black female participants which limits generalising the findings to other contexts. The narratives shared from this study excluded the voices of Black male participants and other children's homes in South Africa. This needs to be considered in future studies. As the study adopted a qualitative approach, data collected from interviews could have yielded socially desirable results. Therefore, the findings of the study are not representative of the views of all Black female orphans in children's homes. Regardless of the above-mentioned limitations, the study still provides valuable insights into whether children's homes build or threaten the resilience and rights of Black OVC.

### 14 | Implications and Future Research

Although our study had some limitations, it provided crucial insights into how children's homes benefit (or not) the resilience and rights of OVC. It lays the groundwork for further investigation into how children are treated in children's homes. Although limited to a small sample of children, it provides insights into experiences of OVC in a children's home which can be similar to other children's homes in South Africa and globally. Thus, more research on this phenomenon could assist in providing a broader picture of OVC's experiences in other contexts.

The findings of this study can be used as guidelines for developing intervention programmes to build resilience and promotion of rights. The identified areas of strengths and needs as revealed by this study can be used to inform target areas when designing such programmes. Workshops and awareness campaigns teaching about children's rights and resilience can be implemented drawing from the findings of this study. These can be targeted at both caregivers and OVC.

Further research could look at how factors that hinder the development of resilience and promotion of children's rights in children's homes can be minimised, as this study only focused on how children's homes either build or threaten the OVC's resilience and rights. Bigger studies using quantitative methods that include other genders and age groups can also be done to get a picture of what is happening in other children's homes. Such

studies could also assist in developing relevant instruments that can be used to assess the functionality of children's homes in building and promoting OVC's resilience and rights.

## 15 | Conclusion

This study investigated whether a children's home in a Johannesburg township was building or threatening OVC's resilience and rights by focusing on the experiences of Black OVC in a children's home. This study amplified the voices of Black OVC in a children's home as not enough research has been done on their experiences. Our findings revealed that both elements of building and threatening their resilience and rights were evident. On the one hand, building resilience was facilitated by supportive friends, positive affirmations and encouragements from social workers and caregivers, and the provision of basic needs by those who cared for them. On the other hand, our findings showed that some participants' resilience and rights were threatened by violations of their right to equality and non-discrimination, the right to privacy, the right to be treated with dignity and the right to participation. The findings of the study are being used to inform support programmes and workshops for OVC, caregivers and the other staff at the children's home. Since this study was based on OVC's experiences, this study can inform future studies with caregivers and social workers in the children's homes. The focus of such studies could be on their perspectives on how children's homes enable the resilience and promote the rights of OVC.

Ideally, children's homes should promote OVC's resilience and rights. However, from the findings of this study, the authors conclude that children's homes can be either a haven or a threat for OVC development depending on how they are treated by those who co-exist with them and/or care for them. Supportive peers and adults can build resilience while failure to treat the children properly can lead to violation of their rights. Both adults and peers can influence how OVC experience their stay in children's homes. A conducive environment can positively facilitate OVC's optimal development of resilience and promotion of their rights.

#### Author Contributions

The co-authors confirm the full responsibility and authority of the manuscript.

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#### Consent

All participants signed assent form to be part of this study and their guardians signed their consent forms.

#### Conflicts of Interest

The authors declare no conflicts of interest.



## Data Availability Statement

Data of the study is readily available on request from the authors.

## Endnotes

<sup>1</sup>A community engagement site refers to an institution where academics offer support to members of the community according to their needs. Research is conducted only to identify the needed supports.<sup>7</sup>

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