



The perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community

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Dissertation submitted in partial fulfilment of the requirements for the degree Masters in Social Work at the North-West University

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SOLEMN DECLARATION

I, Tebogo Bridgette Mosang, declare that the dissertation (article format) hereby submitted by me, in compliance with the requirements for the Master of Social Work at the North-West University Potchefstroom Campus, is my own independent work. I have acknowledged all material and sources used in its preparation, whether they are books, articles, reports, lecture notes, or any other kind of document, electronic or personal communication. I also certify that this assignment/report has not previously been submitted for assessment at any other unit/university/faculty and that I have not copied – in part or whole – or otherwise plagiarized the work of other students and/ or persons.

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PREFACE

This dissertation is submitted in article format as indicated in the 2018 General Academic Rules (A4.4.2 and A4.10) of the North-West University. It is submitted in fulfillment of the requirements for the Master of Social Work.

The manuscript in article style meets the requirements of the specific journals that were selected for submission. *Acta Academia* and the *Journal for Educational and Child Psychology*.

Exceptions are made for the purpose of the dissertation, for example, the length (number of words) of the two articles. This will be amended before submission to the journal. For the purpose of this dissertation, the page numbering of the dissertation as a whole is consecutive. However, for journal submission purposes, the manuscript will be numbered starting from page 1.

The dissertation is divided into three sections. Section A consists of the first stage of the research and the preparation for the main phase and manuscript (research proposal and ethics application); section B reflects the research reports for examination in article format (three research articles); and Section C contains the conclusion and reflections of the study.

Section A: Background and orientation to the research (Harvard referencing style)

Section B: Research articles

Article one: Integrated literature study (Adapted Harvard referencing style)

Article two: Empirical research (APA referencing style)

Section C: Summary, reflection, recommendations, and conclusions (Harvard referencing method)

Section D: Complete references

Section E: Appendices

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To the Provincial Department of Education, North West Province for giving me permission to use teachers as participants.

To the principals, teachers, SGB members and parents of the three schools for allowing me to use their schools in my study.

I dedicate this research to the community of Magogong.

DECLARATION OF LANGUAGE EDITOR



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To whom it may concern

This is to testify that the Master's dissertation titled

'The perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community'

by

Ms Tebogo Mosang

has been language edited to the best of the language practitioner's knowledge and ability.

The language practitioner in question is registered at the South African Translators' Institute (SATI) with membership number 1003382 and thereby fully qualified and authorised to provide said services.

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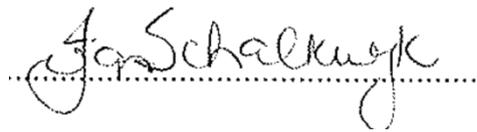
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LETTER OF PERMISSION

This candidate opted to write the dissertation in article format with the support of her supervisor and co-supervisor. The co-authors declare that the input and effort of Tebogo Mosang in writing the articles reflects the research done by her. The first author contributed to theme development, undertook most of the literature review, performed the data analysis and took the lead in the description of the data. She drafted the manuscripts and incorporated all the suggestions from the co-authors into the two manuscripts.

We hereby grant permission to the first author to submit these articles for examination purposes in fulfillment of the requirements for the degree *Master of Science in Social Work*.

A handwritten signature in cursive script that reads "Izanette van Schalkwyk". The signature is written in black ink and is positioned above a horizontal dotted line.

Dr Izanette van Schalkwyk

Supervisor

A handwritten signature in cursive script that reads "Issie Jacobs". The signature is written in black ink.

Mrs Issie Jacobs

Co-supervisor

SUMMARY

This study focuses on the perceived risk and protective factors that play a role in the psychosocial well-being of children in middle childhood in a rural high-risk community. Middle childhood can be a period of significant challenges for many children as they may struggle to adapt to the demands of this life phase and their external environment. Research has shown that negative experiences in middle childhood hold long-lasting and detrimental consequences for the child. The external environment of the child is central for positive development and quality of life. The situation is even worse for children who live in a rural high-risk community, facing many environmental risks and the impact of their parents' poverty.

The current research took place in the Magogong Village in Dr Ruth Segomotsi Mompati District, Greater Taung Local Municipality in the North-West Province of South Africa. This environment represents a blueprint of a rural high-risk environment. Many studies on risk and protective factors over decades indicate that the individual develops in continual interaction with the environment. It is reasoned that individual change is unlikely without social change in contexts where there are significant social, economic, and political challenges. Therefore, if health workers such as social workers have the information and skills to influence both individual psychological factors and the social determinants of well-being, then they have a toolbox of appropriate equipment to use and to broaden interventions beyond those focused on individuals or immediate family members.

This qualitative study used a qualitative descriptive research design and data were collected via individual interviews (parent participants) and focus group discussions (teacher participants). Thematic and content analysis were used allowing for an inductive process.

Four main themes were identified as the findings of this research. The first two themes display the negative influences of a disempowering setting. The first theme highlights that children in middle childhood are continuously being exposed to unhealthy lifestyles such as substance abuse and violence in this rural high-risk community. The second theme shows the dangers for families and family functioning associated with poverty and crime, and the many implications for daily survival within this context. The remaining themes raise the importance of all stakeholders involved to develop resources, namely a safe environment, as well as supportive adults for the optimal growth and development of children in middle childhood in this community.

Although valuable information was collected, it is a limitation of the study that individual interviews with parent participants were mainly conducted with female participants; data obtained from male participants could add even richer information.

It is recommended that future research should look at effective interventions within the South African context of high-risk communities to enhance children in middle childhood's psycho-social well-being via the strengthening of families as well as the children's psychological well-being. These efforts should include all relevant stakeholders in particular communities.

The main contribution of this research is to emphasize the urgency to think beyond mere poverty eradication towards the resilient living of South African children in the selected community.

Key words: Middle childhood, psycho-social well-being, rural high-risk community, risk and protective factors

OPSOMMING

Hierdie studie fokus op die waargenome risiko- en beskermende faktore wat 'n rol speel in die psigo-sosiale welstand van kinders in die middelkindjare in 'n landelike hoë-risiko gemeenskap. Middelkindjare kan betekenisvolle uitdagings behels vir baie kinders, want hulle mag sukkel om aan te pas by die eise van hierdie leeftase en hul eksterne omgewing. Navorsing het getoon dat negatiewe ervarings in die middelkindjare kan lei tot langtermyn en skadelike gevolge vir die kind. Die eksterne omgewing is belangrik vir positiewe ontwikkeling en lewensgehalte. Die situasie is nog erger vir kinders wat in 'n landelike hoë-risiko gemeenskap woon, vele omgewingsrisiko's en die impak van hul ouers se armoede ondervind.

Die huidige navorsing het plaasgevind in die Magogong-dorp in Dr Ruth Segomotsi Mompati-distrik, Groter Taung Plaaslike Munisipaliteit in die Noordwes Provinsie van Suid-Afrika. Hierdie omgewing verteenwoordig 'n bloudruk van 'n landelike hoë-risiko omgewing. Baie studies oor risiko- en beskermende faktore dui daarop dat die individu ontwikkel in voortdurende interaksie met die omgewing. Daar word geredeneer dat individuele verandering onwaarskynlik is sonder sosiale veranderinge in kontekste met groot sosiale, ekonomiese, en politieke uitdagings. Indien gesondheidswerkers soos maatskaplike werkers beskik oor inligting en vaardighede om beide individuele sielkundige faktore en die sosiale aanduiders/determinante van welstand ("well-being") te beïnvloed, dan het hulle 'n gereedskapskas met toepaslike toerusting om intervensies te gebruik wat verder strek as dié wat bloot op individue of die onmiddellike/naaste familielede toegespits is.

Hierdie kwalitatiewe studie het 'n kwalitatiewe beskrywende navorsingsontwerp gebruik en data is ingesamel via individuele onderhoude (ouers as deelnemers) en fokusgroepbesprekings (onderwysers as deelnemers). Tematiese- en inhoudanalise is gebruik vir 'n induktiewe proses.

Vier hooftemas is met data-analise geïdentifiseer. Die eerste twee temas toon die negatiewe invloede van 'n ontmagtigende omgewing. Die eerste tema beklemtoon dat kinders in die middelkindjare in die betrokke gemeenskap voortdurend blootgestel word aan ongesonde leefstyle, soos middel-misbruik en geweld. Die tweede tema toon die gevare vir gesinne en gesinsfunksionering wat verband hou met armoede en misdaad, en die vele implikasies vir daaglikse oorlewing binne hierdie konteks. Die oorblywende temas belig die belangrikheid van alle betrokke belanghebbendes om hulpbronne te ontwikkel, naamlik 'n veilige omgewing, asook ondersteunende volwassenes vir die optimale groei en ontwikkeling van kinders in die middelkindjare in hierdie gemeenskap.

Alhoewel waardevolle inligting ingesamel is, is dit 'n beperking van die studie dat individuele onderhoude met ouers as deelnemers hoofsaaklik gevoer is met vroulike deelnemers; nog ryker inligting sou verkry kon word van manlike deelnemers.

Dit word aanbeveel dat toekomstige navorsing effektiewe intervensies in die konteks van Suid-Afrikaanse hoë-risiko gemeenskappe ondersoek om kinders in die middelkindjare se psigo-sosiale welstand uit te bou via die versterking van gesinne asook die kinders se psigologiese welstand. Hierdie pogings behoort alle relevante belanghebbendes in die spesifieke gemeenskappe in te sluit.

Die belangrikste bydrae van hierdie navorsing is die beklemtoning van die dringendheid om te besin oor daardie faktore wat meer as die uitwissing van armoede behels sodat die veerkragtige leef van Suid-Afrikaanse kinders in die geselekteerde gemeenskap kan gebeur.

Sleutelwoorde: Middelkindjare, psigo-sosiale welstand, landelike hoë-risiko gemeenskap, risiko- en beskermende faktore

TABLE OF CONTENTS

Solemn declaration	i
Preface	ii
Acknowledgements	iii
Declaration of language editor	iv
Letter of permission	v
Summary	vi
Opsomming	viii
SECTION A: BACKGROUND AND ORIENTATION TO THE RESEARCH	1
Introduction	1
Main concepts	2
Rationale and problem statement	4
Theoretical framework	6
Research aim & objectives	11
SECTION B: ARTICLES	29
ARTICLE 1	31
A literature study: The role of risk and protective factors pertaining to the psycho-social well-being of children in middle childhood living in a South African rural high-risk community	
Abstract	33
Introduction	33
Research studies	35
Family in South Africa (Overview)	38

The school environment	42
A high-risk community (role of context)	45
Developmental timing/life phase of middle childhood: protective and risk factors	48
Summary	53
References	54
ARTICLE 2	60
The perceived role of risk and resilience factors regarding children in middle childhood's psycho-social well-being in a South African rural high-risk community	61
Abstract	64
Introduction	65
Rationale and problem statement	68
Theoretical framework	69
Research question & aims	77
Methods (research approach & design)	77
Findings and discussion	78
Summary	91
Recommendations	92
Conclusion	93
References	94
SECTION C: SUMMARY, EVALUATION, RECOMMENDATIONS AND CONCLUSION	100
Introduction	101
Summary of the research problem & literature review	101

Summary of Article 1	102
Summary of Article 2	102
General summary: Research's reflections	104
Limitations	105
Recommendations	105
Conclusion	106
Complete list of references	107
APPENDICES	111
Appendix 1: COMPRES letter of approval	119
Appendix 2: HREC approval letter (Health Research Ethics Committee)	120
Appendix 3: Letters from the three schools	121
Appendix 4: Approval from North West Province Department of Education	124
Appendix 5: Informed consent parents	125
Appendix 6: Informed consent teachers	130
Appendix 7: Recruitment flyer for parents	137
Appendix 8: Questionnaire and interview guide for semi-structured interviews and focus group discussion	138
Appendix 9: Interview schedule for personal interviews (parents)	141
Appendix 10: Focus group questions for teachers	142
Appendix 11: Example of transcripts	143

SECTION A

BACKGROUND AND ORIENTATION

1. Introduction

This study focuses on the perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community. The first part provides a general introduction and background information to the exploration of the perceived protective and risk factors that play a role in children's psycho-social well-being in a rural high-risk community.

South Africa ratified the Convention on the Rights of the Child in 1995 and the rights of children are entrenched in, and protected by, the Bill of Rights in the country's Constitution (South Africa, 1995). The Government of South Africa has set up a progressive system of laws and programs to ensure basic support for children, recognizing that the rights of children are not only central to their development and well-being but are also essential to creating the world intended by the Millennium Declaration – a world of harmony, equity, security, freedom, respect for the environment, and shared responsibility. Aida Girma (UNICEF South Africa Country Representative, 2016a) calls this, in short, “a world fit for children”. Substantial efforts have been made by many countries towards achieving the Millennium Development Goals (MDGs). However, it is increasingly evident that our progress is uneven in many key areas. Millions of the world's most underprivileged, vulnerable, and marginalized children are still left behind (UNICEF, 2016a). In other words, deficiencies of children's rights are mostly concentrated among the poorest populations within countries, and the situation is no different in South Africa.

The current research took place in the Magogong Village in Dr Ruth Segomotsi Mompati District, Greater Taung Local Municipality in the North West Province of South Africa. This environment represents a blueprint of a rural high-risk environment, seeing that it displays the typical indicators of a high-risk community (see Felner, 2006:125), for example: poor housing; high levels of crime such as murder, sexual assault, robberies, substance abuse, and addiction (mainly to home-brewed liquor, alcohol, and marijuana); violence (including domestic violence); school drop-outs; poor provision of care facilities for children; teenage pregnancies; various effects of poverty; high levels of unemployment as well as economic inactivity (including receiving grants from the government); high exposure to HIV/AIDS due to risky behavior; and child abuse and neglect (Personal conversation with Mr Mompati Gabanakgosi, Community development practitioner, Department of Social Development, 20 April 2017). South African researchers, for example, Ward and Wessels (2013) also

emphasize the various risks a in a high-risk context linked with high levels of violence for children and families.

Khumalo, Temane and Wissing (2012:422) state that the environmental setting plays a major role in “what one becomes”. Bronfenbrenner’s bio-ecological model (1979) emphasizes the key role of the environment for positive development, for example, the provision of daily needs such as water, food, housing, and sanitation (UNICEF, 2016a). The environment of children in middle childhood is also essential for determining the quality of education available, possible opportunities for formal employment, and quality of lifestyle. Therefore, human settlement is interwoven with socio-economic factors that determine living conditions and is related to differences in psycho-social well-being.

The researcher as a social worker became aware of the negative outcomes in the lives of children, especially children in middle childhood, in the particular setting of Magogong Village¹ in Dr Ruth Segomotsi Mompati District, Greater Taung Local Municipality in the North West Province of South Africa. The question arose regarding the risk and protective factors associated with children in middle childhood’s psycho-social well-being in this rural high-risk community.

The key concepts of this study will be discussed in more detail in the chapters to follow.

2. Main Concepts

Key concepts assist the reader to understand the message that the researcher is trying to put across. The following main concepts will appear frequently during the study and will be discussed briefly in this section.

2.1 Middle childhood refers to the ages six to 11, when children develop skills to develop healthy social relationships that largely impact human functioning across life spans. This life phase is critical for cognitive development and during this phase, “...children move into expanded roles and environments when they begin to spend more time away from their family”, for example, spending more time in school and other activities (Bennett, 2015:10).

2.2 Psycho-social well-being refers to the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other. This means that individuals are viewed as “being and acting” within a particular environment/or context and the combined influence of psychological factors as well as the

¹The name of the community is made known as the study concerned itself only with participants from this particular community; and, the information provided is specific to this community.

surrounding social environment are taken into account for their physical and psychological well-being and their ability to function (UNICEF, 2016).

In an article by East African Community (2017), psycho-social well-being is described as individuals, families, or communities having cognitive, emotional, and spiritual strengths combined with positive social relationships. Well-being motivates the development of life skills which enables individuals, families, and communities to understand and engage with their environment and make healthy choices which lead to hope for the future.

2.3 A high-risk community can be described in terms of "...poor to standard housing; high incidence of crimes such as murder, theft, and rape; alcohol and substance abuse and dependence; violence, such as gang violence and domestic violence; few options of after-school care; and lack of exposure to positive role models" (Felner, 2006:125).

2.4 Community can be defined as "...a number of people who have something in common with one another that connects them in some way and that distinguishes them from others. A key feature of a community is the fact that participants share some mutual characteristic, such as location, interests, identification, culture, and activities" (Kirst-Ashman, 2007:113).

2.5. Rural community is defined as "...a community that has a low population density, is located a significant distance from a large urban area, and concentrates its activity in some specialized area such as lumbering, farming, or ranching" (Kirst-Ashman, 2007:114)

2.6. Poverty is described in terms of the presence of "...low income, social exclusion, ill-being, poor daily functioning, vulnerability, unsustainable livelihood, unfulfilled basic needs, relative deprivation, and a lack of human development" (Biswas-Diener & Diener, cited by Geldenhuys, 2016:132).

2.7. Protective factors refer to those factors within the human being and the environment that contribute to his or her healthy functioning (Rutter, 2007:205). For example, individual strengths, family strengths, group strengths, organizational strengths, and community strengths are typical strengths an individual can draw upon as he or she interacts with his or her community (Zastrow & Kirst-Ashman, 2013:15).

2.8. Risk factors refer to those factors within the human being and the environment that could threaten his or her healthy functioning (Rutter, 2007:205).

2.9. Resilience is defined as "good outcomes in spite of serious threats to adaptation or development" (Underwood & Rosen, 2011:428). This adaptive capacity of humans can also be described as "...the capacity of a dynamic system to adapt successfully to significant

disturbances and continue or recover to reach healthy functioning or development” (Masten, 2015:76).

3. Rationale and problem statement

Many studies on risk and protective factors over decades indicate that the individual develops in continual interaction with the environment, including the family system, socio-cultural systems, and the physical environment (Bronfenbrenner & Morris, 1998:1993; Lerner, 2006:40; Masten, 2001; Masten, 2015:171). According to Ungar (2015:06), it is highly unlikely that individual change will happen without social change in contexts where there are significant social, economic, and political challenges. Therefore, when health workers such as social workers have the information and skills to influence both individual psychological factors and the social determinants of well-being, then they have a toolbox of appropriate equipment to use and to broaden interventions beyond those focused on individuals or immediate family members (Ungar, 2015:16).

Bronfenbrenner (1979) as well as Rosa and Tudge (2013) indicate that all children are influenced by their external environment (see Bronfenbrenner’s bio-ecological model) and it is well-documented that person and environment influence each other (Prilleltensky, Nelson & Peirson, 2001:155). Since the social functioning of children in middle childhood is becoming increasingly important (Bennett, 2015:9), the influence of their peers becomes more important during this developmental phase. Of particular importance in children in middle childhood’s psycho-social functioning is the notion that persons who are poor and living in rural high-risk communities are not only economically disadvantaged but are also facing many risks as to their psycho-social well-being (Khumalo *et al.*, 2012:423). Conversely, it is important to identify the many protective as well as risk factors regarding children in middle childhood’s psycho-social well-being to establish the ways in which they are enabled or obstructed “...to navigate their way to psychological, social, cultural, and physical resources toward sustainable well-being” (Ungar, 2015:16).

While protective factors entail those factors referring to the child’s internal and external environment, risk factors include those internal and external factors that threaten the child’s psycho-social well-being (Rutter, 2007:205). According to Davies (2011:65), conditions that create developmental risk include the following: vulnerabilities in the child, impaired parenting, and socio-economic and institutional factors, such as lack of access to medical care or chronic exposure of the family to poverty and social disadvantage. Risk factors also refer to a lack of basic necessities such as food, clothing, shelter, safety, and education needed for positive youth development.

Davies (2011:65) states that these risk factors are progressively dangerous as they increase in number, because their effects interact with and potentiate one another, compounding the level of stress and making the child and family even more vulnerable. This means that when children in middle childhood are exposed to three or more risks, they are at risk of never reaching their inherent potential; physically, emotionally, socially, and mentally. Other external factors compounding the problem were cited as "...a lack of adequate housing, poverty, high rates of unemployment, emotionally detached parents, substance abuse by a caregiver, inability to care for those with mental health issues, and risks around the problematic behavior of children" (Masten, 2015:76). Due to negative outcomes in the lives of children, especially children in middle childhood such as the children in the Magogong village who are in conflict with the law, dropping out of school, and showing at-risk behavior, the question arose about the risk factors linked to external forces of the environment.

Briefly put, the exposure to violence, disaster, loss of or separation from family members and friends, deterioration in living conditions, and lack of access to services can all have short- and long-term consequences for children, families, and communities. The incidence and accumulation of these risk factors weakens their ability to function and be fulfilled. On the other hand, research about protective factors explains that the presence of protective factors builds youth's psycho-social well-being and acts as buffers for present and/or future difficulties (Masten, 2015:148). However, we also need to take into account the interplay of the perceived risk and protective factors in a particular community. This outlook is based in Rutter's (2007:25) stance that we need to investigate the mediating mechanisms giving rise to either protective or risk factors. In other words, we should identify the protective factors of children in middle childhood, e.g., experiences of positive cultural practices encouraging a sense of belonging, and shift from risk or protective concepts to the interplay of these factors in order to move to processes or mechanisms.

Therefore, the perceived role of risk and protective factors in children in middle childhood's psycho-social well-being is of key importance in the context of a particular rural high-risk community.

Since there is a scarcity of existing literature about the perceived role of risk and protective factors in the mentioned community in the North West province of South Africa, the study entailed a general approach looking at internal and external risk and protective factors regarding the psycho-social well-being of children in middle childhood.

Lastly, social work is a helping profession and its aim is to improve society's overall well-being, especially in the most vulnerable and disadvantaged groups (Shier & Graham,

2011:32). Social workers not only consider individuals' internal struggles but look into their families, work, and community and how these impact them. This study will contribute to the social work profession as well as to scientific knowledge base by looking at the perceived role of risk and protective factors that are at play in the various levels or systems in the lives of children in middle childhood. In other words, particular systems such as the family and school contexts are viewed as key resources for the psycho-social well-being of children in this community. In this sense, the planned study could contribute by directly influencing the service delivery of social workers pertaining to the psycho-social well-being of children in middle childhood for the betterment of this particular community.

4. Theoretical framework

Theoretical perspectives directed the current research, the literature study, as well as the research process.

According to Motepe (2006:261), theories and models help people to understand how a particular phenomenon is developed or formed and how it affects other phenomena that are linked to it. Helpers who are social workers need a guiding theory to help them make sense of the complex helping process. The main value of a theory is to give direction in the research study. For the purpose of this study, systems theory, the strengths perspective, and Bronfenbrenner's bio-ecological theory were used. The significance of these theories is to encourage relationships between individuals, as one cannot function without the other. The need for an understanding on how people interact and relate to one other, for example, in families, schools, or the community, is important because all these aspects build the character and behavior of a human being.

4.1 Strengths perspective

The point of departure entails a focus is on the skills and knowledge that the individual has to assist the client in developing and using those to overcome the problems or challenges he or she might be experiencing individually. The strengths perspective was deemed important in this study (Saleeby, 2012) and was incorporated into the entire research process. This strengths-based perspective allowed the researcher to focus on the strengths while acknowledging the risks influencing the children in middle childhood's well-being. Strengths-based practice is not about merely reframing clients' thinking to find good in the situation, re-labelling weaknesses as strengths, ignoring that serious symptoms and problems exist and continue to exist, or compiling a list of strengths; it is about finding strengths alone that we hold even during critical moments and crises (Pulla, 2012:53). Strengths-based methodologies focus on what is working well, highlighting successful strategies, while issues are not ignored but defined and prioritized. This approach "focuses on identifying, mobilizing,

and honoring the resources, assets, wisdom and knowledge that every person, family, group, or community has and leads to a rediscovery of these resources” (Pulla, 2012:53). Clients have experiences, abilities, knowledge, and external support systems that assist them to move on in life. Using a strengths-based approach allows the client, supported by the social worker or diversional therapist, to identify and build on strengths so that the client can reach goals and retain or regain independence in daily life (Helmer *et al.*, 2015:298).

A strengths perspective demands a different way of seeing people, their environment, and their current situation; rather than focusing exclusively or dominantly on problems, your eye turns toward possibility (Saleebey, 2012:20). In other words, it is vital to clarify those pathways to resources that sustain, for example, children in middle childhood’s psycho-social well-being within a particular context. This viewpoint holds that people, including children in middle childhood, are enabled to individually and collectively negotiate for those resources to be provided in culturally meaningful ways (Ungar, 2015:16). Therefore, the importance of the strengths perspective in social work is to show people that they have inner abilities and capabilities that can help them deal with their predicaments. The strengths perspective was utilized to enhance children in middle childhood’s abilities to survive and thrive under adverse conditions. The support of family, self-regulation, positive self-concept, self-motivation, as well as a positive relationship with teachers can play an important role in enhancing the individual strengths of a child.

4.2 Systems theory

Systems theory holds that a system is an entity with interrelated and interdependent parts; it is defined by its boundaries, and it is more than the sum of its parts. Change in one part of the system affects other parts and the whole system (Farley *et al.*, 2006:50). Positive growth and adaptation of a system depends upon how well the system is adjusted with its environment, and systems often exist to accomplish a common purpose. In social work, systems theory attempts to understand people as a system. There are four major functional tasks in systems theory:

- 1) integration (ensuring that members fit together);
- 2) adaptation (ensuring that groups change to cope with the demands of their environment);
- 3) pattern maintenance (ensuring that groups define and sustain their basic purposes, identities, and procedures); and
- 4) goal attainment (ensuring that people meet and accomplish tasks).

What the systems theory is trying to explain is that the quality of the environment in which children grow up has a profound direct influence on their physical, psychological, intellectual,

social, spiritual, and economic development. According to Khumalo (2007:30), the systems theory is used to better understand the way in which people and the environment influence each other. People are therefore not merely a product of their environment, but through interaction with it, they are able to influence and change it.

Systems theory is important when one aims to understand the development and behavior of the child. Each environment has an indirect and direct influence on how children develop, grow, and behave. The systems interact and influence each other throughout the child's life; the child in middle childhood is of particular importance for this research.

Systems theory was complemented by Bronfenbrenner's bio-ecological model. This theory looks at a child within the context of the system of relationships that form the child's environment. Bronfenbrenner says that a child's development is affected by their social relationships and the world around them. Bronfenbrenner's ecological theory is concerned with understanding the web of social influences that form the context of human development (Bronfenbrenner, cited by Liddle & Hogue, 2000:266). The eco-systemic approach (Bronfenbrenner, 1977, 1979, 1994; Bronfenbrenner & Morris, 2006) was used as children in middle childhood form part of nested subsystems, support networks, and learning environments in their families which form part of an eco-systematic field that allows for systems in the environment (high-risk communities are viewed as a stressor) to impact on their physical and emotional growth, social functioning, and overall psycho-social well-being (Theron & Theron, 2014; Ungar, 2015).

4.3 Bronfenbrenner's bio-ecological model

The emphasis of Bronfenbrenner's bio-ecological theory is on the person in his environment, his or her interaction with various levels, and how it impacts on his or her behaviour. This point of departure can be linked to Bronfenbrenner's bio-ecological theory which entails the different levels or settings of human beings' development which are interconnected. In other words, children in middle childhood's psycho-social well-being and functioning are embedded in various levels of interacting. In this sense, Bronfenbrenner's bio-ecological model identifies risk and protective factors at five levels, starting with individual characteristics and behaviors, and moving outward to consider the influence of close relationships, the community, and the wider society. The different levels or settings in his social-ecological model show how the occurrence and co-occurrence of, for example, crime and violence across different settings from individual to societal, influence children's experience of risk for crime and violence in terms of long-term outcomes (Mathews *et al.*, 2014:30).

Bronfenbrenner explains how children develop within the context of their environment; both environmental and biological factors are believed to shape development and the type of outcome the child will have. He argued that human development is influenced by different environmental systems. The way in which one behaves in the presence of his or her family may not be the way he or she behaves at school, work, or in the community.

Bronfenbrenner's ecological systems theory says that people encounter different environments throughout their lives. He came up with the following five levels:

Level 1: Microsystem

Bronfenbrenner explained it as the direct environment in a person's life, for example, family, friends, teachers, and neighbors.

Level 2: Mesosystem

The mesosystem involves the relationships between the microsystems in one's life. The child's experience or circumstances at home might affect the way the child interacts and relates with others outside his or her home, such as in the context of school.

Level 3: Exosystem

The exosystem involves the other people and places that an individual may not interact with but that still have a large effect on them, such as the parents, workplaces, extended family members, and school.

Level 4: Macrosystem

The macrosystem entails the culture that the child lives in and includes the government and customs.

Level 5: Chronosystem

The chronosystem is the historical events that occur during the lifetime of the child, referring to significant socio-historical circumstances.

Since there is a scarcity of existing literature about the perceived role of risk and protective factors in the mentioned community in the North-West Province of South Africa, the study entails a general approach looking at internal and external risk and protective factors regarding the psycho-social well-being of children in middle childhood.

4.4 Developmental social work in South Africa

Finally, the new paradigm in social work, called Developmental Social Work is discussed briefly to assimilate the above-mentioned theories. This new paradigm in social work links micro and macro practice and utilizes strength-based and non-discriminatory models, approaches and interventions and partnerships to promote social and economic inclusion and well-being (cited by Lombard & Wairire, 2010:100). Developmental social work is defined as an integrated, holistic approach to social work that recognizes and responds to the interconnections between the person and the environment (Patel & Hochfeld, 2013,690). In other words, it emphasizes the connectedness of social work with the wider dynamics of development. Within the South African context current challenges, such as the prevalence of high levels of poverty, unemployment, inequality, social problems such as crime and violence are linked to this country's legacy of apartheid (Patel & Hochfeld, 2013: 691).

In trying to reach out to deprived communities with regards to basic resources, there has been a shift in approach from welfare to social development perspective. This perspective suggests that people are the masters of their own destiny and instead of helping the poor in the traditional way with handouts, it moves on to the development and empowerment of individuals, groups and communities by teaching them to be self-reliant. Patel (2015:129) defined developmental social welfare services as the delivery of integrated family-centred and community-based social services, facilities, social investment programmes and social protection, especially social assistance. The services are aimed at promoting social justice, building human capabilities and enhancing livelihoods and social functioning of service users to lead productive lives.

Briefly put social workers are key social partners and change agents in development and are also considered as key role-players in the national efforts to reduce inequality and eliminate poverty (Lombard & Wairire, 2010:99). However, while it is acknowledged that a lot of work is still needed to be done by the government in order to improve the lives of people in rural communities, since there remains a significant gap between the policy intentions and actual implementation (Patel & Hochfeld, 2013:693), this research aims to give the selected community a voice regarding risk and protective factors about their children's well-being.

5. Research aims and objectives

5.1 Research question

Based on the problem stated in the above-mentioned section, the research question guiding the research was formulated in the following manner: 'What is the nature of the perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community?'

5.2 Aim of the study

The research aimed to investigate via a qualitative approach the perceived role of risk and protective factors pertaining to the psycho-social well-being of children in middle childhood within the context of a rural high-risk community in the North West Province of South Africa.

5.3 Objectives of the study

According to Smith (cited by De Vos *et al.*, 2005:247), the overall goal of a research report is conveying the knowledge and findings of the research project in an intelligible and scientifically based manner.

While the general aim of research can be described as the global goal of the research study, the formulation of goals and objectives is based on the problem formulation. The following objectives are specified to attain these goals.

The objectives of the study were:

- To conduct a literature review on the risk and protective factors that play a role in the psycho-social well-being of children in middle childhood living in South African high-risk communities (article one).
- To explore and describe the perceived protective and risk factors pertaining to the psycho-social well-being of children in middle childhood who are residing in a South African rural high-risk community (article two).

6. Central theoretical statement

When children in middle childhood are exposed to a rural high-risk community in a South African context, protective and risk factors are integral to their psycho-social well-being. If these perceived protective and risk factors are explored from the point of view of various role-players in children in middle childhood's lives, namely the persons who are part of their immediate context of family and education (schools), valuable information can be obtained to allow for a better understanding of this phenomenon.

7. Research methodology

7.1 Literature review

To discover what is already known about the current study, a literature review was needed to obtain an understanding of the scholarly arrangement of the integration of knowledge and insight provided by various authors as presented in books, articles, and existing data and research on the topic of this research (Mouton, 2001). The purpose of the literature review

was to determine what information is available on this specific research topic, and to determine whether a value-adding argument and promotion of the researcher's theory could be constructed discussing the relevant theories and comparing available knowledge that could provide supportive evidence for the identified research topic (Geldenhuys, 2016:20). (Literature on the study under investigation is discussed in detail in part 2.)

7.2 Research approach

The researcher used a qualitative approach for this study. Qualitative data are represented by language, pictures, or other non-mathematical devices (Maree, 2016). A qualitative descriptive design was used and information was obtained via various qualitative methods. Various groups of participants took part to explore the role of the perceived protective and risk factors as to children in middle childhood's psycho-social well-being and the manifestations thereof within families, schools, and the wider community. There is an African proverb that says 'it takes a village to raise a child'; therefore, it is argued that parents alone cannot protect and influence the behaviour of their children. The community plays a vital role. Children reach a stage where they need to establish relationships outside of their family environment, such as when they start their school education during middle childhood. All these participants will give very valuable input on how they perceive the risk and protective factors that can affect the psycho-social well-being of children in their community.

Sandelowski (2010:83) refers to the clear description of a phenomenon (psycho-social well-being in a rural high-risk community) by those experiencing the phenomenon (children in middle childhood). The qualitative descriptive design is less interpretive and leads to results that reflect the data more accurately (Sandelowski, 2010:78). The value of qualitative description is not merely the accumulation of the knowledge it can produce, but to present and treat research methods as living entities (Sandelowski, 2010:83), as the aim of the research study is to explore and describe the psycho-social well-being of children in middle childhood who are living in a rural high-risk community.

In summary, the researcher used a qualitative descriptive design as the aim of the research study was to investigate and explore the perceived role of protective and risk factors (i.e., the research design as the 'how' of the study) pertaining to the psycho-social well-being (i.e., the 'what') of children in middle childhood (i.e., the 'who') in the context of a rural high-risk environment (i.e., the 'where').

7.3 Participants

7.3.1 Population

McBurney (2001:248) refers to the population as the sampling frame that encompasses the totality of persons, events, organization units, case records, and other sampling units with which the research problem is concerned. In the selected community, namely the Magogong village, signs of poverty are clear: there are informal dwellings, shacks, and brick houses; they still use pit toilets; there is electricity, but no running water in the yards; and the community uses communal taps, while others have boreholes in their yards. There are backyard shebeens (informal drinking places operating without a liquor license); spaza shops (informal shops run at persons' homes selling household items such as bread); and some taverns or pubs in the community. Different faith communities are active in this community; there is a community hall, but no recreational facilities or sports facilities for the youth; and the soccer grounds are self-made and not in a good condition. There are three schools in the rural high-risk community, and each school accommodates about 300 learners.

The population of this study consisted of parents and teachers who are important agents in regard to the psycho-social well-being of children in middle childhood (6 to 11 years of age) and who are residing and/or working in the selected high-risk rural community. The participant groups were referred to in the following manner:

- **Participant group 1 – parents**

A qualitative descriptive design was used to explore the role of the perceived protective and risk factors regarding children in middle childhood's psycho-social well-being and the manifestations thereof within the family. Semi-structured interviews were conducted with (thirty six) parents in the community who comply with inclusion criteria.

Inclusion criteria for parent participants:

- You are a parent in the community
- You are the biological or legal foster parent of this child
- You have a child in middle childhood (between 6-11 years old) at a primary school in the Magogong Village
- You have experience of living in this high-risk rural community (more than five years)
- You are male or female (gender)
- Your participation is voluntarily
- You are willing to be (digitally) voice recorded

- **Participant group 2 – teachers**

A qualitative descriptive design was used to explore the role of the perceived protective and risk factors regarding children in middle childhood's psycho-social well-being and the manifestations thereof as perceived by teachers who are part of the local school communities. A focus group discussion was conducted with teachers (twenty-four) who comply with the inclusion criteria.

Inclusion criteria for teacher participants:

- Participant is a teacher in the community
- Participant has experience of working with children in middle childhood (you have at least five years teaching experience, teaching learners between grade 1 and grade 6)
- Participant has experience of working in a high-risk rural community (more than two years)
- Participant is male or female (gender)
- Participant's participation is voluntarily
- Participant is willing to be (digitally) voice recorded

Socio-demographic information of participants was also obtained in order to provide a profile of the participants via a short demographical questionnaire.

7.4 Data collection

Personal one-on-one semi-structured interviews were used for collecting data from the parents and a focus group discussion was held with a group of teachers. Each of the participants (parents) was also asked to complete a demographic questionnaire of 9 demographic questions in a closed-ended format before commencement of the data collection opportunity. Arrangements were made with the assistance of the mediator (for parents) to complete the demographical questionnaires where participants were illiterate. The questionnaire was used merely to describe the participants and was not part of the data analyzed.

The semi-structured interviews were open-ended questions intended to elicit views and opinions from the participants (Creswell, 2013:239), and, since this research embraces an ecological perspective on children in middle childhood's psycho-social well-being, the semi-structured personal interviews enabled the researcher to obtain information that is context-sensitive (Ungar, 2015:60). An interview guide was used and individual interviews were

audio recorded (Rabionet, 2011:565) with the participants' permission. Communication techniques in the qualitative study included the use of various types of questions, namely main, probing, and follow-up questions. Main questions guided the conversation, and when responses from participants lacked sufficient detail, the researcher asked a probing question (Greeff, 2011:349). Probing is a technique for asking in a non-directive and unbiased manner a more complete answer to a question (Rubin & Babbie, 2016:124). The participants were requested to explain their answers further if unclear or if a more detailed answer was needed. The main questions were based primarily upon the studied literature (cf Ungar, 2015:60); these questions were followed up with various prompts requesting examples (where needed); and follow-up questions were also asked to participants to pursue the implications of answers to the main questions (Greeff, 2011:349).

Data saturation was reached when the researcher found no new information gained to be analyzed.

7.5 Data analysis

According to Maree (2016:109), qualitative data analysis is usually based on an interpretative philosophy that is aimed at examining meaningful and symbolic content of qualitative data. Phrased differently, it tries to establish how participants make meaning of a specific phenomenon by analysing their perceptions, attitudes, understanding, knowledge, values, feelings, and experiences in an attempt to approximate their construction of the phenomenon. Also, qualitative data analysis tends to be an ongoing process, implying that data collection, processing, analysis, and reporting are intertwined, and not merely a number of successive steps.

Although systems theory, with particular reference to Bronfenbrenner's bio-ecological model, was used as the theoretical framework of the study, it is not a given that the risk and protective factors are known to the researchers. Therefore, it was argued that thematic and content analyses were relevant for the purpose of this study, allowing for a more inductive process. The transcriptions of the personal interviews and focus group discussions (FGDs) present the textual data to be analysed.

Semi-structured interviews (group 1 – parents)

A thematic analysis, i.e., "a method for identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006:79) was used and key themes were identified. Data were analysed following the six steps described by Braun and Clarke (2013:122). These are: immersion in data to become familiar with the breadth of the data, developing initial codes, searching for themes, reviewing themes, naming and defining themes, and finally, writing a

report. The thematic analysis was conducted manually and not through a computer program. Briefly put, in this qualitative analysis, thematic analysis was conducted in an inductive, explorative way by means of identifying themes (cf. Braun & Clarke, 2013:122). Thematic analysis was used as it allowed a more inductive process. The transcriptions of the collected data, namely personal interviews with parent participants were the textual data to be analyzed.

For the purpose of the data analysis of the FGDs, three datasets were collected from the three different participant groups of schools, but these datasets were treated as one dataset. Content analysis was used for the analysis of the data collected via FGDs, seeing that content analysis offers the simple reporting of common issues mentioned in data. Vaismoradi *et al.* (2013:400) indicate that content analysis is well suited to analyse the multifaceted, important, and sensitive phenomena in question. Therefore, for the FGDs conventional content analysis was used, as this analysis strategy allows the researcher to stay “close” to the data to describe the phenomenon (Colorafi & Evans, 2016:24). In other words, high-inference techniques were not used.

Focus group discussion (group 2 – teachers)

Tesch’s approach to content data analysis (Creswell, 2009:186) was used and the following steps were followed in analyzing this data:

- i) First, getting a sense of the whole by reading the transcript of the FGD carefully and jotting down some ideas as they came to mind.
- ii) Going through the transcript of the FGD, concentrating on the meaning of the information and continuing to write any thoughts in the margin.
- iii) Making a list of all the topics and clustering them together. Thereafter, topics were formed into columns that might be arranged as major topics, unique topics, and leftover topics.
- iv) Taking the list back to the data where the topics were abbreviated into codes, and writing the code next to the appropriate segment. In this way a preliminary organising scheme was simplifying the process for the emerging of new categories and codes.
- v) The reducing of topics was considered as well as turning them into categories by drawing lines between categories to show interrelationships.
- vi) Putting together of the data material that fall under the one category or theme and thereafter doing a preliminary analysis.

Finally, the two sets of data, namely the identified data material of the interviews and the FGDs that fall under the one category or theme were combined and integrated to offer the findings of the study.

A co-coder, who was a trained person with the needed experience, was assigned, and the student researcher firstly did the coding and then submitted it to the co-coder in order to enhance the reliability of the initial coding. Taking into account that data analysis happens alongside data collection in qualitative research, a lot of analytical work had to be done once the researcher had left the research field. Data analysis was grounded in and supported by existing literature to guide this aspect of the research process and to answer the research question.

7.6 Ethical aspects

Ethics refer to possible risks and dangers with regard to the specific approach and design, and how specific precautions could be put in place.

A possible risk of the specific design involved the community's uncertainty regarding research and the process thereof. Therefore, the needed HREC-letter (appendix 2) was presented to the head of Department of Education, the school principals and the parents in order to obtain permission to conduct the research. It was also emphasized that the planned research was aimed at exploring the risk and protective factors pertaining to the psycho-social well-being of children of the selected community and, ultimately, to improve the service delivery of social workers toward this group.

7.6.1 Avoidance of harm

The consideration of how participants were treated in this study was of the utmost importance, and the gathered information was used without risking the status of the interviewees (Babbie & Mouton, 2001:57). Participants in this study were not exposed to harmful situations such as emotional harm, e.g., shame or guilt, when taking about risk factors related to the psycho-social well-being of children in middle childhood in their community. In this sense, the ethical concerns regarding the research process were decisive. For example, the researcher guarded against manipulating participants or treating them as objects or numbers rather than individual human beings. Also, permission from those in authority was requested through a letter in which the needed information of the research was made clear, including the days and times of the data collection opportunities. The estimated ethical risk level of this study overall was low, since no child participants were used from this population.

7.6.2 Informed consent forms (Appendix B; Appendix C)

Additional steps were taken to minimize coercion and undue influence of the vulnerable population. This was done by paying attention to matters such as the permission of a representative, namely the gate-keeper(s) and mediators. Special attention was given to the recruitment process: to conduct this in a respectful manner according to the community's cultural code of conduct; the participants knew that they would take part in research and that the research was going to be carried out only with their consent. Particular attention was also given to the content, language, and procedures used to obtain informed consent.

7.6.3 Voluntary participation

Flyers (Appendix D) were given to children to hand to their parents and others were posted at the three schools. Interested parents contacted the appointed mediators. It was explained clearly to the parents that their participation was on a voluntary basis and they were free to withdraw at any time.

7.6.4 Debriefing

The researcher informed the participants of available resources such as psychologists and social workers, should they require individual counselling and debriefing sessions. The researcher was responsible to contact the counsellors and cover costs that may have been incurred for the debriefing session.

7.6.5 Confidentiality, privacy, and anonymity

Confidentiality was ensured by not exposing participants' identity, because their names were not used and were instead linked to codes to keep it confidential, for example, Participant 1, etc. The findings in the report were also anonymous (Driscoll, 2011:156), because identification numbers were used for participants instead of their real names. The participants were informed that they were free to withdraw their participation at any time if they felt the need. This information was repeated with the commencement of the focus groups and personal interviews, and the data collection opportunities were voice recorded with the permission of the participants.

The researcher informed the participants of their right to privacy and protected them (Strydom, 2011:119) through the use of letters of consent. Only the researchers, statistician, and co-coders had access to the data. Findings were kept safe in the following manner: hard copies were locked in a cupboard in the researcher's office and electronic data (on the researcher's computer) were password protected. As soon as the qualitative data was

transcribed, it was deleted from the recorders. Data would be stored for five years after the student completed her studies.

The facilities where the interview sessions were hosted were arranged with the different gatekeepers and mediators prior to the sessions. The individual semi-structured interviews and focus groups took place at one of the school halls, also to protect privacy. Further precautions were taken to ensure participants' privacy in that a 'not to be disturbed' sign was used to prevent the entrance of uninvited persons.

7.6.6 Ethical implications for participants

Risks could include emotional discomfort for the parent participants when doing the individual interviews. The interviewer was sensitive to this and allowed enough time to build rapport and trust with the participants to address this possible emotional uneasiness. Risks regarding the teachers could involve having to abandon work in order to partake in the focus group. Therefore, the interview schedule was well planned in order not to use more time than asked for.

The participants were informed about this prior to the data collection opportunities, and during the interview, the contact details of the available services, for example, social workers, counsellors, and psychologists were provided, should the participant require them. These services were to be provided to all participants free of charge; should there have been any costs, the researcher was to be responsible for the costs.

Apart from the probable risks associated with the participants' discomfort when taking part in data collection opportunities, Seidman (2013:11) identifies further risks pertaining to interviewing, such as having to spend time and money. To minimize the impact of this, the researcher worked according to a timetable and budget set out in the protocol. Furthermore, some of the potential participants were shy and this was managed by obtaining informed consent where it is stated whether the participant would be taking part in an individual session (parents) or a group session (teachers). Lastly, there was also the risk that participants might have felt exploited to provide information (Seidman, 2013:12).

a) Risk level

The risk levels of the planned study were not equal for the different participant groups. The risk level for parents was considered high, as they are identified as a vulnerable group (parents exposed to enduring poverty and living in a rural high-risk community). The risk

level for the teachers group is viewed as low, since they are involved as a professional group with many acquired skills.

b) Benefits for participants

There were no direct benefits for participants in the planned study, but indirect benefits included that the teachers were invited to share in the knowledge gained through their contribution to the study and the researcher's report. Since this is a scientific study (conducted according to a proper scientific method), the findings of the research may encourage participants to implement the information obtained specifically regarding this community's children and their well-being.

7.6.7 Maintaining honesty and openness

The student researcher kept regular contact via email and telephone with the research supervisor. The student researcher and her supervisor signed a code of conduct along with all the people involved in the study. All of the stakeholders agreed to confidentiality. All audio recordings and field notes were stored in locked-up cabinets when the researcher was not busy working on the research.

7.6.8 Actions and competence of researcher

The researcher is a registered social worker with the South African Council for Social Service Professions and has nine years of practical experience and thus the needed experience to create and conduct personal interviews (also within the context of obtaining information for research, since this is part of her current work position), as well as to facilitate group activities. The researcher is well trained in the conducting of personal interviews and focus groups and she is aware that the data collection opportunities are not therapeutically inclined. The researcher was also supervised by the study leader as well as aided by her co-study leader, and these supervisors are knowledgeable and have vast experience in the field of research. Regular supervision by the study leaders was conducted throughout the entire research process.

The researcher treated the participants with respect and warmth, and ensured that the data were collected in an ethical manner. The researcher made field notes during and after each individual interview and FGD based on observations made. These observations included the body language of the participants. It was also an opportunity for the researcher to reflect on the research process and to be aware of her own attitude and emotions. This was important to enhance the quality of the research (Whittaker, 2012:9).

7.6.9 Trustworthiness

Trustworthiness is associated with the quality of qualitative research and specifically the truth or worthiness of the research findings (Maree 2016:123). Information will be gathered from various sources to ensure rich, detailed, and in-depth data from parents and teachers who will offer a representative sample. Lincoln and Guba (1985), in their seminal work, suggest that the presence of credibility, dependability, confirmability, and transferability offers trustworthiness to (qualitative) research. These constructs will be applicable to all groups of participants with regard to data collection methods and data analysis to establish trustworthiness of the qualitative research.

a) Credibility

Credibility refers to the process whereby the researcher ensures that what the participants have discussed is accurately described (Schurink *et al.*, 2011:397). It ensures that the results of qualitative research are true as obtained from the participants' perspective (Farrelly & Leader, 2013:149-151). The use of more than one type of analysis will strengthen the rigour and trustworthiness of the findings via methodological triangulation (i.e., consistency among qualitative analytic procedures (Denzin, cited by Leech & Onwuegbuzie, 2007:557).

Also, to enhance credibility, inclusion and exclusion criteria will be described clearly and the processes of data collection and thematic analysis will be described clearly and truthfully. In other words, the data gathered from participants will be portrayed as clearly as possible in order to ensure credibility.

b) Transferability

Although the aim of qualitative research is not to generalize, the research should be described clearly so that the reader can decide whether the findings and recommendations can be applied to his or her client populations (Farrelly & Leader, 2013:149). The researcher will ensure transferability by describing the context, participants, settings, and circumstances of the study in detail (Braun & Clarke, 2013:122).

c) Dependability

Dependability refers to the description of research methods used in order for the study to be repeated (Schurink *et al.*, 2011:400). The researcher paid attention to issues related to dependability by including her process of thematic analysis, paying attention to the coding and other processes, and using a co-coder. She will provide thick descriptions based on transcribed interviews. She will also describe the limitations of the study. This will be ensured when the research process is coherent, well developed, and reviewed.

7.7 Publication of findings and feedback to participants

This dissertation is presented in article format and is structured according to the General Academic Rules of the North-West University. In section 5.4.2, and specifically 5.4.2.7, it is stated: "Where a candidate is permitted to submit a thesis in the form of a published research article or articles or as an unpublished manuscript or manuscripts in article format and more than one such article or manuscript is used, the thesis must still be presented as a unit, supplemented with an inclusive problem statement, a focused literature review and integration and with a synoptic conclusion, and the guidelines of the journal concerned must also be included".

The results of this study will be disseminated in writing to the teachers upon completion in the form of a small booklet. Verbal feedback will be given to all parents and they will be invited to attend a workshop at one of the schools in the Magogong Village. The research report will be presented in article format. The following two journals will be considered for publication:

- i) *Acta Academia* (article one); the literature study is part of Section A, Part 1 of the dissertation.
- ii) *The Southern African Journal of Social Work and Social Development* (article two); possible title: The perceived role of risk and resilience factors regarding children in middle childhood's psycho-social well-being in a South African rural high-risk community.

Structure of the dissertation:

Section A: Part I (Orientation to the Research)

Section B: Articles

Section C: Summary and conclusions

Section D: Complete references

Section E: Appendices

The next section to follow is Section B which presents the literature review (article one) that guided this study. In this first article the researcher discusses the reviewed literature to determine what is already known about the topic so as to avoid unintentional duplication and to allow the study to make a distinctive contribution to the topic under investigation. In this study, the researcher used books, reports, journals, articles, newspapers, the internet, and magazines for gathering the information about the topic under study.

References

- Babbie, E.R. & Mouton, J. 2001. The practice of social research. Cape Town, South Africa: Oxford University Press.
- Bennett, J.R. 2015. Addressing well-being in early and middle childhood: recreation therapy interventions aimed to develop skills for a healthy life. Utah, University of Utah. (Thesis – MA).
- Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2):77-101.
- Braun, V. & Clarke, V. 2013. Successful qualitative research: a practical guide for beginners. California: SAGE.
- Bronfenbrenner, U. 1977. Toward an experimental ecology of human development. *American Psychology*, 32:513-531.
- Bronfenbrenner, U. 1979. The ecology of human development. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. 1994. Ecological models of human development. *International Encyclopaedia of Education*, 2(3):1643-1647. Oxford: Pergamon Press and Elsevier Science.
- Bronfenbrenner, U. & Morris, P.A. 1998. The ecology of development processes. (In Damon, W. & Lerner, R.M., eds. Handbook of child psychology: Vol. 1. Theoretical models of human development. New York, NY: Wiley. p. 993-1027).
- Bronfenbrenner, U. & Morris, P.A. 2006. The bio-ecological model of human development. (In Damon, W. & Lerner, R.M., eds. Handbook of child psychology. Theoretical models of human development. New Jersey, NJ: John Wiley & Sons. p. 793-828).
- Colorafi, K. J., & Evans, B. (2016). Qualitative Descriptive Methods in Health Science Research. *Health Environments Research and Design Journal*, 9(4), 16-25.
<http://doi.org/10.1177/1937586715614171>

Creswell, J.W. 2009. Research design: qualitative and quantitative and mixed methods approaches. 3rd ed. Los Angeles, CA: SAGE.

Creswell, J.W. 2013. Qualitative inquiry and research design: choosing among five approaches. 3rd ed. Thousand Oaks, CA: SAGE.

Davies, D. 2011. Child development: a practitioner's guide. 3rd ed. New York, NY: The Guilford Press.

Department of Social Development. 2013. White paper on families in South Africa. Pretoria: Government Printers.

De Vos, A.S., Strydom, H., Fouché, C.B. & Delpont, C.S.L. 2005. Research at grass roots for the social sciences and human service professions. 3rd ed. Pretoria: Van Schaik.

Driscoll, D.L. 2011. Introduction to primary research: observations, questionnaires, and interviews. *Writing Spaces: Readings on Writing*, 2:153-174.

East African Community. 2017. 2nd EAC Child Rights Conference. Retrieved from <https://www.eac.int/gender/children/84-sector/gender>

Farrelly, P. & Leader, C. 2013. Issues of trustworthiness, validity and reliability. *British Journal of School Nursing*, 8(3):2013-2015.

Farley, O.W., Smith, L.L. & Boyle, S.W. 2006. Introduction to social work. 10th ed. USA: Pearson Education Inc.

Felner, R.D. 2006. Poverty in childhood and adolescence. (*In* Goldstein, S. & Brooks, R.B., eds. Resilience in children. New York: Springer. p.125-148).

Geldenhuys, O. 2016. Relational well-being of a group of adolescents in a South African high-risk community. Potchefstroom: North-West University. (Dissertation – PhD).

Greeff, M. 2011. Information collection: interviewing. (*In* De Vos, A.S., ed. Research at grass roots: for the social sciences and human service professions. 4th ed. Pretoria: Van Schaik. p. 547).

Helmer, M., Pulla, V. & Carter, E. 2015. Social work and diversional therapy: common threads from a strengths perspective social work and diversional therapy. *International Journal of Social Work and Human Services Practice*, 6(2):297-302.

Khumalo, I.P., Temane, Q.M. & Wissing, M.P. 2012. Socio-demographic variables, general psychological well-being and the Mental Health Continuum in an African context. *Social Indicators Research*, 105(3):419-442. <http://doi.org/10.1007/s11205-010-9777-2>

Khumalo, N.O. 2007. Experiences of Zulu African mothers of adolescents who are misbehaving in urban townships in Durban. Durban: University of Kwazulu-Natal. (Unpublished Dissertation – MA).

Kirst-Ashman, K.K. 2007. Introduction to social work & social welfare critical thinking perspective. 3rd ed. New York, NY: Brooks/Cole.

Leech, N.L. & Onwuegbuzie, A.J. 2007. An array of qualitative data analysis tools: a call for data analysis triangulation. *School Psychology Quarterly*, 22(4):557-584. <http://doi.org/10.1037/1045-3830.22.4.557>

Lerner, R. 2006. Resilience as an attribute of the developmental system: comments on the papers of Professors Masten and Wachs. *Annals of the New York Academy of Sciences*, 1094:40-51.

Liddle, H.A. & Hogue, A. 2000. A family-based, developmental-ecological preventive intervention for high-risk adolescents. *Journal of Marital and Family Therapy*, 26(3):265-279. <http://doi.org/10.1111/j.1752-0606.2000.tb00297.x>

Lincoln, Y.S. & Guba, E.G. 1985. Naturalistic inquiry. Beverly Hills, CA: SAGE.

Lombard, A. & Wairire, G. 2010. Developmental Social Work in South Africa and Kenya: Some lessons for Africa. *The social work practitioner-Researcher, Special Issue, April 2010*.pp.98-111.<http://hdl.handle.net/2263/16241>

Maree, K. 2016. First steps in research. 2nd ed. Pretoria: Van Schaik.

- Masten, A.S. 2001. Ordinary magic: resilience processes in development. *American Psychologist*, 56(3):227-238.
- Masten, A.S. 2015. Ordinary magic: resilience in development. New York, NY: The Guilford Press.
- Mathews, S., Jamieson, L., Lake, L. & Smith, C. 2014. South African Child Gauge. Cape Town: Children's Institute, University of Cape Town.
- McBurney, D.H. 2001. Research methods. London: Wadsowth/Thomson Learning.
- Motepe, M.M. 2006. A life skills programme for early adolescent AIDS orphans. Pretoria: University of Pretoria. (Unpublished Thesis – PhD).
- Mouton, J. 2001. How to succeed in your master's and doctoral studies: a South African guide and resource book. Pretoria: Van Schaik.
- Patel, L. 2015. Social Welfare and Social Development. 2nd edition. Cape Town: Oxford University Press, Southern Africa
- Patel, L. & Hochfeld, T. 2013. Developmental social work in South Africa: Translating policy into practice. *International social work*.56.690-704.doi.10.1177/0020872812444481.
- Prilleltensky, I., Nelson, G. & Peirson, L. 2001. The role of power and control in children's lives: an ecological analysis of pathways toward wellness, resilience and problems. *Journal of Community and Applied Social Psychology*, 11:143-158.
- Pulla, V. 2012. What are strengths based practices all about? (In Pulla, V., Chenoweth, L., Francis, A., Bakaj, S., eds. Paper in Strengths Based Practice, New Delhi: Allied Publishers. ISBN978-81-8424-810-4).
- Rabionet, S.E. 2011. How I learned to design and conduct semi-structured interviews: an ongoing and continuous journey. *The Qualitative Report*, 16(2):563.
- Rosa, E.M. & Tudge, J. 2013. Urie Bronfenbrenner's theory of human development: its evolution from ecology to bioecology. *Journal of Family Theory & Review*, 5:243-258.

Rubin, A. & Babbie, E.R. 2016. Empowerment series: research methods for social work. Australia: Brooks/Cole Cengage Learning.

Rutter, M. 2007. Resilience, competence, and coping. *Child Abuse & Neglect*, 31(3):205-9. <http://doi.org/10.1016/j.chiabu.2007.02.001>

Saleebey, D. 2012. The strengths perspective in social work practice. Pearson Higher Ed.

Sandelowski, M. 2010. What's in a name? Qualitative description revisited. *Research in Nursing & Health*, 33(1):77-84.

Schurink, W., Fouché, C.B. & De Vos, A.S. 2011. Qualitative data analysis and interpretation. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpport, C.S.L., eds. Research at grass roots: for the social sciences and human service professions. 4th ed. Pretoria: Van Schaik. p.397-423).

Shier, M.L. & Graham, J.R. 2011. Mindfulness, subjective well-being, and social work: insight into their interconnection from social work practitioners. *Social Work Education*, 30(1):29-44. <http://doi.org/10.1080/02615471003763188>

South Africa. 1995. South African Convention on the Rights of the Child of 1995.

Strydom, H. 2011. Ethical aspects of research in the social sciences and human professions. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delpport, C.S.L. Research at grass roots: for the social sciences and human science professions. 4th ed. Pretoria: Van Schaik. p. 113-130).

Theron, L.C. & Theron, A.M.C. 2014. Meaning-making and resilience: case studies of a multifaceted process. *Journal of Psychology in Africa*, 24(1):24-32.

Underwood, M.K. & Rosen, L.H. 2011. Social development: relationships in infancy, childhood and adolescence. New York, NY: The Guilford Press.

Ungar, M. 2015. Working with children and youth with complex needs: 20 skills to build resilience. New York, NY: Routledge.

UNICEF. 2016. South Africa's children: a review of equity and child rights.

Vaismoradi, M., Turunen, H. & Bondas, T. 2013. Content analysis and thematic analysis: implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, 15(3):398-405. <http://doi.org/10.1111/nhs.12048>

Ward, C. & Wessels, I. 2013. Rising to the challenge: towards effective parenting programmes. South Africa Child Gauge, 62-65. Retrieved from www.childrencount.ci.org.za

Whittaker, A. 2012. Research skills for social work. 2nd edition. California, CA: SAGE.

Zastrow, C.H. & Kirst Ashman, K.K. 2013. Understanding human behavior and the social environment. Belmont, CA: Thomson Brooks/Cole.

SECTION B

RESEARCH ARTICLES

Article 1

A literature study: Risk and protective factors pertaining to the psycho-social well-being of children in middle childhood in a rural high-risk community

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Article 1

A literature study: Risk and protective factors pertaining to the psycho-social well-being of children in middle childhood in a rural high-risk community

Abstract

Many children in South Africa are growing up in conditions that can cause serious harm to them and have devastating problems in future. Children are the future of every nation and for positive development they require healthy parental guidance, love, and support. Middle childhood (6 to 11 years) is characterized by changes not only physically but cognitively, emotionally, and socially. It is during this period that children start developing regular contact with the environment outside of their own home. Since the impact of the external environment regarding children's development is major, the study focused on the psycho-social well-being of children in middle childhood. Children living in a high-risk community are facing many risks, such as being physically, sexually, and emotionally abused. The aim of the study was to review the literature on the perceived risks and protective factors that play a role in the psycho-social well-being of children in middle childhood living in a rural high-risk community.

Keywords: Risk factors; protective factors; children in middle childhood; psycho-social well-being; high-risk community (rural area)

1. Introduction

The South African Constitution and much of the country's legislation addressing children's needs are regarded as world class, providing eloquent, explicit, and more than satisfactory guarantees of the rights of children (South African Human Rights Commission, 2011:02). These national laws reflect the spirit of all the relevant international instruments which have been ratified by South Africa. However, the unfortunate reality is that there are still many children in South Africa whose basic rights are yet to be realized. There is an enormous gap between those children who live in poverty and those who live in affluence. Children do not choose the circumstances they find themselves in (Commissioner Lindiwe Mokate, South African Human Rights Commission, 2011). It is the point of departure of this study that the efficient service delivery of social workers is vital to close this gap. Seven years prior to this study, i.e., in 2011, there were some 49.9 million people in South Africa, with 18.6 million being children under the age of 18 years. Of these children, 85 per cent are Black African; 8

percent are Coloured; 5 percent are White; and 2 percent are Indian/Asian. If we take into account that the overall population is growing at 1.06 percent per annum, it is clear that national transformation in South Africa can happen when citizens invest in their children. Harrison (2017:43) refers to children as “a highly concentrated nucleus of power”. Clearly, children (including children in middle childhood) are the nation’s main source of human capital.

2. Research studies

Firstly, a brief discussion is given of studies investigating factors of psycho-social well-being in the context of high-risk contexts.

2.1 Study 1

According to Khumalo et al. (2012:199), the complexity of psychological well-being as a construct is rooted in its multifaceted nature, multifaceted conceptions of well-being imply that both the extent to which a person experience “feeling good and content”, as well as those indicators of functioning well in the context, are needed for psychological functioning (Khumalo et al. (2012:1999). In this sense, children in middle childhood’s functioning should be studied while taking into account matters related to sociocultural context and not merely children’s psychological capacity for human interaction.

2.1.1 Culture

Since the participants of the current study are part of a non-Western population, namely, the traditional black South African society, it is needed to mention that sociocultural contexts have been categorised as collectivistic and individualistic cultural orientations (Triandis et al., cited by Khumalo et al., 2012:201). While many Afrikaans- and English-speaking groups (a Western European cultural value system) mainly contribute to a more individualistic cultural orientation, traditional black South African societies have a more collectivistic cultural orientation wherein group norms are a priority and the self is interdependently defined (Wissing & Temane, 2008). Smith (cited by Khumalo et al., 2012:201) describes culture as “an entity that provides individuals with shared meanings, characterises groupings at all levels, and subsequently influences their experience of the world”.

As cultural practices take place in particular contexts, environmental settings are important for persons’ well-being. Khumalo et al. (2012:419) found that socio-demographic variables play a role in determining holistic psychological well-being in a South African Setswana-speaking community (of adult participants). While urban living, employment, education, and

being married were associated with higher psychological well-being, their findings suggest that the current state of African rural living is detrimental to well-being. These socio-demographic variables are key ingredients to the functioning of families and could comprise either of its members' negative or positive experiences in terms of feeling and functioning well, or not. In this sense, when children are exposed to flourishing or fractured families (Department of Social Development, 2013) living in an urban or rural high-risk community, issues related to environmental stressors or enablers are important for their psycho-social well-being.

2.2 Study 2

Newland et al. (2015) investigated children's subjective well-being in rural communities in the Midwestern states of the United States. Surveys included individual factors (age, gender, number of residences), contextual factors of home and family (home environment, family relationships, parent involvement), life and neighborhood (financial resources, life stress, neighborhood quality), school (teacher relationships, school climate, school satisfaction), and peers (peer relationships), as well as subjective well-being measures for life satisfaction, mental health, and self-image. They found that, although well-being was predicted by a number of individual, home and family, life and neighborhood, school, and peer variables, the strongest predictors of child well-being were relationships, school, and gender (males had higher scores).

Ungar (2011:12) states that "the developmental course of the child depends on the degree of environmental facilitation, with changes in outcomes varying to the extent the environment provides resources the child needs". It is noteworthy that Ungar's (2011:12) viewpoint of a social worker emphasizes that a growing body of evidence is helping to explain the processes that lead to children's positive development when facing significant amounts of adversity. In other words, he suggests, in all cultures and contexts, a more process-oriented, less child-focused understanding of children's overcoming of adversities towards positive development.

2.2.1 Protective factors

Resilience studies (Garmezy et al., 1984; Ungar, 2006, 2011, 2015; Rutter, 2007) have shown the importance of protective factors which include children's victory in spite of great adversity from a combination of personal capacities and environmental supports, such as helpful parenting practices and improved socioeconomic conditions for the family (Masten, 2001). Brodsky and Cattaneo (2014:333) state that a discussion of empowerment can easily

be linked to resilience, since these two concepts are widely employed in social sciences. According to Brodsky and Cattaneo, both concepts can inform, for example, service providers' work with marginalized populations, such as the current research's focus, i.e., children in middle childhood living in a high-need and high-risk community. Brodsky and Cattaneo (2014:335) further indicate that both resilience and empowerment are fueled by unsatisfying states, but are differentiated by, among other things, internally (resilience) versus externally (empowerment) focused change goals (goal determinants include context, power differentials, and other risks and resources). Of fundamental importance for the current research is the operationalisation of resilience as more than the mere absence of pathology. Various researchers in their seminal studies on resilience, such as Rutter (1979; 1987), Masten and Garmezy (1985), and Werner and Smith (1982) hold that resilient living comprises only surviving, but thriving – sometimes even with enhanced functioning; and as a dynamic process rather than a stable trait (Masten, 2015). In this sense, the focus on resilience and those protective factors in children in middle childhood's personal family and school functioning could be vital.

For populations such as South Africa with complex needs and who face significant levels of adversity, Ungar (2015:13) has found seven common protective factors that appear repeatedly:

1. Relationships (e.g., relationships with significant others, peers, mentors, and family members within one's home and community).
2. Identity (e.g., a personal and collective sense of who one is that fuels feelings of satisfaction and/or pride; a sense of purpose to one's life; self-appraisal strengths and weaknesses; aspirations, beliefs and values; spiritual and religious identification).
3. Power and control (e.g., experiences of being able to care for oneself and others; personal and political efficacy; the ability to effect change in one's social and physical environment in order to access resources; political power).
4. Social justice (e.g., experiences related to finding a meaningful role in one's community; social equality; the right to participate; opportunities to make a contribution).
5. Access to material resources (e.g., availability of financial and educational resources; medical services; employment opportunities; access to food, clothing, and shelter).
6. Cohesion (e.g., balancing one's personal interests with a sense of responsibility to the greater good; feeling as if one is a part of something larger than oneself socially and spiritually; one's life has meaning).
7. Cultural adherence (e.g., adherence to everyday culture-based practices; assertion of one's values and beliefs that have been transmitted between members of different

generations or between members of one generation; participation in family and community cultural practices).

Psycho-social well-being comprises many core components, and the ecology of these components (see Ungar, 2011) is important for the outcomes of persons such as children in middle childhood's positive development. Next, a South African study regarding psycho-social well-being in a non-Western population is discussed briefly.

2.3 Study 3

A valuable recent South African study by Ebersöhn et al. (2018:1) describes the traditional African psycho-social support practices used in postcolonial Southern Africa. Seven Southern African communities with high need and indigenous belief systems were part of their study, and participatory reflection and action methods were used to generate data (in other words, no qualitative methods were used). Ebersöhn et al. (2018:2) refer to psycho-social support as a process that focuses on the psychological, emotional, spiritual, and social development of individuals towards achieving positive human development. Additionally, this South African study emphasizes the need for a social science relevant to non-Western contexts by focusing on the cultural context in which psychological phenomena occur to help people promote well-being by dealing with problems in a culturally relevant and efficient manner "through the use of alternative ways of knowing" (Ebersöhn et al., 2018:4). In other words, in postcolonial Southern Africa, Africans had always believed in God and ancestors and had been profoundly spiritual. They had traditional ways or methods of ensuring that their physical, spiritual, and emotional well-being is taken care of. Africans believed and continue to believe in the eternal and ubiquitous spirit of the ancestors and the Almighty God.

A valuable recent South African study by Ebersöhn et al. (2018:1) describes the traditional African psycho-social support practices used in postcolonial Southern Africa. Seven Southern African communities with high need and indigenous belief systems were part of their study, and participatory reflection and action methods were used to generate data.

In summary, an ecological stance of children in middle childhood's psycho-social well-being holds the complex interplay of various protective and risk factors. While risks could seriously threaten children in middle childhood's psycho-social well-being, including domestic violence (UNICEF, 2014); poverty and hunger (Mathews et al., 2014); and social ills associated with high-risk communities (Felner, 2006) protective factors could mitigate these risks and

provide children in middle childhood with enabling spaces towards positive health (Jamieson & Richter, 2017:37; UNICEF 2016). In other words, children need an adequate standard of living to experience a happy childhood which includes "...having opportunities to grow, learn, and develop; receive love and care; play freely and be active; feel safe and protected; be healthy; and be listened to when they share their views on matters that are important to them" (UNICEF, 2016). Using Bronfenbrenner's bio-ecological model (1979), this article will cover risks and protective factors associated with children's microsystem, namely the family and school, in the context of a South African rural high-risk community. The family can present a major protective or buffering space towards positive outcomes for children in middle childhood (Masten, 2015:228).

3. Family in South Africa (overview)

3.1 The Family Environment

A healthy family is defined in terms of good interpersonal relations; and, a positive state of health referring to physical, mental, and social well-being among all members (Department of Social Development, 2013). The family's instrumental roles are concerned with the provision of physical resources such as food, clothing, and shelter while affective roles promote emotional support and encouragement of family members (Department of Social Development, 2013). According to The White Paper on Families in South Africa (Department of Social Development, 2013), well-functioning families represent the core of our society's wellness.

According to Jamieson and Richter (2017:92), responsive, nurturing caregivers have a protective effect and are central to reducing violence and promoting healthy, well-functioning young people and adults who can contribute meaningfully to society. Clearly, it is within the family environment that an individual's physical, emotional, and psychological development occurs. Within the family context, people learn about unconditional love, understanding right from wrong, and gaining empathy, respect, and self-regulation. These qualities enable people to engage positively at school, at work, and in society in general. However, the absence of a stable, nurturing family environment has a profoundly damaging impact on the individual, often leading to behavior which is damaging to society (Centre for Social Justice, 2010:6).

Families provide meaning and belonging (Department of Social Development, 2013). In the African culture, there is what is called 'Ubuntu' or humanity. This word refers to the essence

of being a human being; it means that *“I am what I am because of who we all are”*. Ubuntu explains that, as a human being, one does not exist on his or her own or in isolation, but people are all interconnected. Families are important for the experience of Ubuntu. The African proverb that says it takes a village to raise a child, meaning that it takes more than one person to teach a child the ways of life, echoes in this famous quote of Haile Selassie, former emperor of Ethiopia. *“We must become bigger than we have been: more courageous, greater in spirit, larger in outlook. We must become members of a new race, overcoming petty prejudice, owing our ultimate allegiance not to nations but to our fellow men within the human community”*.

3.2 Family Functioning

The family’s enabling function refers to protecting children from harm and taking care of their physical and emotional needs (Child Gauge, 2014:32). The family is also the most influential socialising environment for children to learn values and norms and what is expected of them in society. Warm, responsive relationships and consistent parenting practices increase the chances for a child to be well adjusted and resilient when faced with adversity (Mathews & Benvenuti, 2014:32). Attachment theory highlights both positive and poor parenting, for example, how poor parenting in early childhood can impact negatively on children’s ability to control their emotions and interpret the emotions of others; and how secure attachment and social support can enhance children’s resilience and ability to cope with adverse traumatic experiences (Mathews & Benvenuti, 2014:29).

Healthy attachment is integral to children’s positive connecting to self and others. These processes of interconnectedness are important mechanisms for children’s socialization (Erikson, 1977, 1968; Dakers, 2018:43). Central to these processes are parents’ practices by means of rewards and punishments, to direct children’s behavior – often referred to as parenting styles. Pioneering work in this field by Diana Baumrind (1966), practicing parent-child observations and holding interviews with parents, gave rise to three parenting typologies: authoritative, authoritarian, and permissive. Dakers (2018) explains that the goal of parenting is the socialization of the child, and parenting style is the emotional climate within which socialization is affected. Baumrind’s (1966) parenting typology refers to the need for secure attachments between children and parents as well as stable, nurturing relationships to encourage positive trait growth. Authoritative parents are warm but demanding – they are supportive, sensitive and attentive to their child, with whom they seek to establish a close connection, whereas the authoritarian parenting style refers to highly directive and controlling parenting. They display little warmth and sensitivity to the child and

may appear emotionally distant and rejecting. They set clear rules and standards for behavior and expect these to be followed without discussion or explanation (Dakers, 2018).

Parenting practices are important for the current research, since a recent South African study shows that most parents in South Africa typically face several challenges. The impact of poverty is emphasized, since the experience of enduring lack of basic needs can make competent parenting very difficult (Wessels et al., 2016:01). Living in poor neighborhoods or high-risk environments may affect parenting in various ways, for example, when parents live in poor neighborhoods, they tend to show less positive reinforcement, and use more harsh discipline towards their children. Additionally, parents living in high-risk areas with few resources are more likely to exhibit violent behavior which includes physically abusing their children when compared to parents from well-resourced areas. Parents living in such neighborhoods are usually under great stress and desperate to keep their children safe (Wessels et al., 2016:01).

Poor environment theories state that parenting practices are not solely affected by the personal beliefs of parents, but are influenced by the neighborhood environment as well (Van Den Driesschen, 2016:53). In a similar vein, Ramaekers and Suissa (cited by Dakers, 2018) find it important to point out that the quality of children's lives cannot be reduced to the upbringing skills of the parents, simply because there are many other factors that can exert a major influence, such as environmental circumstances. Kotchick and Forehand (2002) distinguish three contextual factors that can affect parenting:

- (i) Ethnicity or culture,
- (ii) The socio-economic status of families, and
- (iii) The neighborhood or community.

Kotchick and Forehand (2002) argued that living in dangerous or impoverished environments can be associated with restrictive parenting practices and, due to this context, children may experience lower levels of maternal warmth and affection. On the other hand, it is reported that children who grow up in an immediate environment where the parents or legal guardians have mastered positive parenting skills usually experience higher levels of subjective well-being than those whose parents lack these skills (Dadialla, He, & Wang, 2014:13). Seemingly, living in a healthy social environment increases the possibility that a child will develop pro-social behavior. Within the African context, it was assumed that the ability to develop positive relationships with others was traditionally regarded as skills which would develop naturally.

3.3 Structure of Families: Single-Parent Families

In South Africa, most children grow up with mothers and grandmothers (40 percent; De Goede, 2018:62). Only 35 percent of children in the country grow up with their biological father being present in the same house (Brits, Die Burger, 12 July 2018:6). According to a report presented by the Human Sciences Research Council (Van den Berg & Makusha, 2018) on the state of South African fathers:

- Children living with their mothers = 7 524 000 (more than 7 million)
- Children not living with their mothers or fathers = 4 613 000 (more than 4 million)
- Children living with both parents = 6 316 000 (more than 6 million)
- Children living with fathers = 406 000 (less than one million).

According to the Child Gauge (2016:106), 18.5 million people of the South African population are reported to be children under the age of 18 years, which means that 34 percent of the South African population are children (Child Gauge 2016:106). Only 35 percent of children live with both parents, 3 percent live with their father only and 30 percent live with their mother, while 8 percent live with grandparents. The majority of children not living with their parents are not orphans but in the care of extended family members. 90 percent of children live in households where there are two or more adults in the household of which said adults play the caregiver role in relation to the children. Forty-eight percent of children are growing up with absent but living fathers (“Save the Children South Africa”, 2015:19).

Further clarification of the above mentioned statistics entails that most children living only with their mothers or others – usually the grandmother – are black or persons of colour. Furthermore, there is a correlation between low income and absent fathers: the poorer the household, the more children are living only with the mother (Brits, 2018, Die Burger, 12 July 2018:6). While it must be acknowledged that various historical trajectories of fatherhood have shaped current fathering practices in South Africa (such as migration to the cities and mines from the homelands during the apartheid era; Rade, 2018:13) more and more fathers are neglecting to fulfil their duties as to the paying of monthly or regular support for their children, and distance themselves from the mother of the children as well as the children.

Risks as to the physical absence of fathers as well as fathers who are not emotionally present in the lives of their children are obvious. Holborn and Eddy (2011:13) state that “broken families break youth” and refer to the negative outcomes for youth growing up in fractured families. According to the report presented by the Human Sciences Research Council (Van den Berg & Makusha, 2018) on the state of South Africa’s fathers, research

indicates that males who grew up without the presence of their fathers tend to be hyper-masculine and more inclined to aggressive behavior. Clearly, the influence of the home environment of children, for example, children in middle childhood, as their immediate context (micro level of their ecology) will manifest in other contexts as well (Bronfenbrenner, 1979).

For many South African children, the learning environment becomes their second home. Schools are a powerful driving force of socialization during middle childhood (Masten, 2015:228). Schools formally transmit cultural norms and values that children will adhere to in the years to come; thus, they extend the socialization process begun by the family (Swartz et al., 2008:79).

4. The school environment

There are serious consequences when children are born into poor and socially excluded families, since they are at high risk of being caught in “a poverty trap” (Hall & Sambu, 2017:24). In South Africa, due to long-term poverty, many families still “...remain outside of the mainstream economy and society, and what they are most likely to have in common is a poor education: poor in terms of both level of attainment and quality” (UNICEF, 2014). Unfortunately, surveys have shown that attaining educational accomplishment is no guarantee of a good enough base of literacy and numeracy for full engagement in our contemporary society. This means that persons with weak education are left out from many economic opportunities as well as from full participation in society. Poor South African children (mostly black or coloured) who are situated in the “historically disadvantaged part of the basic education system, are at risk of perpetuating the poverty cycle into which they were born” (Hall & Sambu, 2017:124).

For example, if children miss out on early childhood education (01 – 6years), they may never fully catch up on their cognitive and personal development and will possibly battle to read, write, spell, or do maths competently (The Unlimited Child, 2008).

4.1 Schools and the Impact of Poverty

Despite South African education being prioritized by all of government since 1994 as the way for children to escape poverty, the Southern and Eastern African Consortium on Monitoring Education Quality (SACMEQ, 2007) survey revealed that performance differences between poor and rich South African children in reading and mathematics were much larger than between poor and rich children in other African countries (Van der Berg, 2009:35). The data support the notion of two education systems operating in South Africa:

one well-resourced and high-performing, serving mainly the richest quarter of children; and the other a low-performing system, inefficient at converting resources into academic performance, and serving the poor (Spaull, 2011). Most of the differences between these two systems can be traced back to socio-economic circumstances. Economic advantage or disadvantage determines not only which schools children end up in, but also how prepared they are physically, socially, and cognitively for school and how well they fare as they progress through the school system. Because economic advantage is still highly correlated with race, most black and coloured children, because they have less educated parents with fewer resources, enter the school system with a significant potential academic disadvantage relative to their white peers.

4.1.1 Poverty and material lack

Two decades after the dismantling of apartheid, widespread inequality still exists in South Africa (UNICEF, 2016). The country's poverty is all the more glaring because it co-exists with striking affluence and still retains strong racial dimensions. While some children in South African live in relative luxury and have access to world class education and health services, others face threats or risks to their development in the form of poor living conditions, poor nutrition, and poor access to basic services. The economy has not grown rapidly enough to draw the hoped-for numbers of unemployed into the labor market, and those excluded are typically also marginalized in other ways, as they tend to be the rural, the uneducated, the women, and the young. Therefore children born in poor and socially excluded families are at high risk of being caught in a poverty trap. In other words, when they leave school, the sluggish demand for unskilled workers means that few will find or hold a job, and those who do succeed will not be well remunerated or securely employed (UNICEF, 2014).

Furthermore, it is well-known that good nutrition is the basis for good health and the ability to learn (Child Gauge, 2017:46). However, over the past 20 years, the restricting rate of young children in South Africa has remained largely unchanged (Said-Mohamed et al., 2015:02). It was reported by the South African Commission of enquiries (2011) that some 11.9 million children (about 65 percent of all children) live in poverty (with the exception of Gauteng and the Western Cape). This report also highlighted that unemployment is a key limitation to overcoming child poverty. Overall, nearly four out of ten children live in households with no employed household members; and, among the poorest, seven of out ten children live in households where household members are unemployed (Hall & Sambu, 2017).

According to Bronfenbrenner's bio-ecological model, an ecological understanding holds that the impact of these factors associated with poverty (home environment) is complex and effects more than merely a lack of daily needs towards survival. While the encouragement of an adult and cultural connection can act as a buffer for a child in middle childhood towards functional outcomes, the accumulation of risks, such as broken relationships and limited resources associated with violence, can add to the youth's vulnerability in our communities (Sanders & Munford, 2015:90).

4.2 Impact of Violence

According to UNICEF (2014), a high percentage of South African children are being exposed to violence and most incidences of violence occur in the family, community, and schools. Many violent acts against children happen by people they know well. These acts include sexual abuse, physical abuse, corporal punishment, emotional abuse, and neglect (UNICEF, 2013, 2016). Exposure to violence during childhood impacts on children's health, well-being, and academic performance. Particular risks for children in middle childhood entail the experience of some form of violence where they do not feel safe in their schools. There are three major types of violence that children experience in schools: sexual violence, corporal punishment, and bullying (The Report on Violence against Children in South Africa, 2012:5).

- 1 in every 4 children receives some form of corporal punishment during their childhood at home;
- 1 in 5 incidents of sexual abuse happens in schools;
- 1 in 3 of the perpetrators who rape children is a teacher;
- 1 in 6 children receives corporal punishment in school;
- 1 in 5 boys is a victim of bullying; and
- 1 in 6 girls is a victim of bullying.

Moreover, the psycho-social well-being of children in middle childhood is seriously threatened when they are exposed to violence in the family or school context as well as risks linked to poverty.

In summary, literature about children in middle childhood's psycho-social well-being referring to the risk and/or protective factors which are present in their family and school environment is well documented. Former president of South Africa Mr. Nelson Mandela said that "education is the most powerful weapon which you can use to change the world". In other words, education is vital for personal development. Within the South African context, schools are important as centres of learning or education, but limitations within the context of the wider community, especially in a high-risk environment, cannot be denied.

5. A high-risk community (role of context)

According to the Human Science Research Council (2012:1), child well-being in South Africa is negatively affected by this country's income inequalities and the high incidence of unemployment, poverty, and HIV/AIDS. Apart from the serious implications of a combination of these factors in children's lives regarding their care and well-being, it may expose them to harm and hurt. Individuals' personal well-being and living conditions also influence their ability to access resources within the community. Dadialla, He and Wang (2014:17) states that the period of time individuals have lived in a community also impact in what measure they engage with resources in the community. Yet, he acknowledges that "residential stability increases an individual's sense of belonging to a community and access to resources" (Dadialla et al., 2014:17).

5.1 High-Risk Community Definition

The concept of a high-risk community is derived from the set of social and economic conditions that place individuals at risk of failure or of encountering significant problems related to employment, education, self-sufficiency, or a healthy lifestyle. As risk conditions include community characteristics, such as crime and limited employment opportunities, and individual qualities, such as poverty and low educational attainment. In South Africa, a large percentage of black people live in rural areas. Most of the rural areas do not have adequate resources such as water and sanitation, proper educational facilities, and employment opportunities (Molefe, 1996:21).

Rural areas are defined as "sparsely populated areas in which people farm or depend on natural resources, including villages and small towns that are dispersed through these areas (Integrated Rural Development Framework 1997:1). Newland et al. (2015) state the complex interplay of many factors regarding the influences of rural environments on children's well-being. According to Sanders and Munford (2015:81), rural areas are usually viewed as "a great place to raise children", but although children in rural communities appear to be well-protected on measures of connectedness to their families and communities, living in rural communities can create unique challenges for raising children due to social isolation, health disparities, cultural and social differences, economic stress, persistent poverty, limited job opportunities, transportation challenges, and poor access to goods and services (Newland et al., 2015). It is also noteworthy that Khumalo et al. (2012) have shown that rural areas in the South African context are also associated with lower levels of psycho-social well-being for adults.

Ungar (2015:6) states that the more challenges children face, the more important it is to change the environment first. Also, changing the environment towards positive communities, can “jumpstart individual processes of growth” (Ungar, 2015:6). However, Ungar (2015:14) acknowledges that change is unsustainable without access to an environment that supports children’s processes of growth. Cicchetti (cited by Ungar, 2015:6) holds that individual change is impossible without social change in contexts where there are significant social, economic and political challenges. Therefore, information and skills to influence both individual psychology factors and the social determinants of well-being can offer social workers a valuable toolbox to use intentionally to broaden interventions beyond those focused on individuals or immediate family members (Ungar, 2015:16).

5.2 Social ills

It is projected that in 2030, 9 out of 10 children in extreme poverty will live in sub-Saharan Africa (UNICEF, 2016:74). However, when a household is above the threshold of monetary poverty, it does not necessarily mean a child is out of poverty. It is well known that disadvantages overlap and reinforce one another (UNICEF, 2016:75), for example, when children experience poverty, poor health, malnutrition, or stress within the context of a high-risk community, it is highly probable that their psycho-social well-being is threatened.

For example, McFarlane (2018) suggests that background determinants such as ‘population trauma’ and context cannot be omitted when looking at social ills such as substance abuse disorders and various other social ills. According to McFarlane, people are facing high levels of trauma in our communities and the abuse of alcohol can be understood as a means to cope with chronic adversities. It is projected that the relationship between higher levels of stress and alcohol consumption will increasingly occur (thinking of an entire population being traumatized is thus not far-fetched). In this sense, post-traumatic disorder and mood disorders occurring in late adolescence could offer an explanation for the increase in ill-being in community-members.

5.2.1 The impact of violence on the high-risk rural community

Violence is defined by the World Health Organization (WHO, 2014:05) as “...the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, underdevelopment, or deprivation”.

. Violence against children has major psycho-social and health consequences. The impact of violence goes beyond the physical injuries and visible scars, and evidence has shown

lasting emotional and social consequences. Abuse and neglect in early childhood affect brain development and impact on cognitive and psycho-social adjustment, resulting in an increased risk of violent anti-social behavior (Mathews & Benvenuti, 2014:29). The Centre for the Study of Violence and Reconciliation carried out a study in February 2007. South Africa is reported to be one of the most violent countries in the world and the core of the problem with violent crime is a subculture of violence and criminality. Factors that contribute to the high rates of violent crime in the country include inequality, poverty, unemployment, and marginalization. Violence impacts far more on poor communities than it does on affluent ones (Parker, 2010). The communities that children grow up in can have profound effects on the adults they become. Millions of children grow up under conditions of adversity. This often translate into the absence of basic resources necessary for development, but adversity can also reflect heightened exposure to negative events that shape life outcomes. Exposure to community violence is among the most detrimental experiences children can have, impacting how they think, feel, and act. Community violence does not occur in a vacuum. It often co-occurs with other types of violence, (Guerra & Dierkhising, 2011:3). The WHO (2014) states that violence can have lifelong impacts on the health and well-being of children, families, communities, and nations. Violence against children can have the following effects:

- Death: homicide, which often involves weapons such as knives and firearms.
- Severe injuries: injuries sustained because of fighting and assaults.
- Impaired brain and nervous system development due to exposure to violence at an early age which can impair brain development and damage other parts of the nervous system, as well as the endocrine, circulatory, musculoskeletal, re-productive, respiratory, and immune systems, with lifelong consequences. Violence can also affect cognitive development and results in educational and vocational underachievement (WHO, 2014).

The high rate of violence that many children experience is causing lasting physical, mental, and emotional harm and jeopardizing their ability to become social, responsible, and productive members of society. Many children experience repeated and multiple forms of violence, most often by people they are close to and in places where they should feel safe, e.g., at home, in their communities, and in schools (UNICEF, 2011). Exposure to violence during childhood impacts on children's health, well-being, and academic performance. It also contributes to wider acceptance and normalization of violence in families and communities, thus reinforcing intergenerational cycles of poverty, inequality, and violence. Clearly, violence against children affects the health, social, and psychological well-being of large

numbers of children in South Africa (DSD et al., 2012). This impacts children's ability to realize their full potential throughout their life course (Ward & Wessels, 2013:62).

Other problems that the new South Africa has not yet overcome are crime, substance abuse, household violence, and abuse of women and children. Representative data are hard to come by, but the prevalence of these social pathologies is well documented in the press and official reports. According to the victims of the Crime Survey conducted by Statistics South Africa (Stats SA) in 2011, 23.2 percent of households said their children were prevented from playing in the area of their home because of crime, and 15.7 percent said that crime prevented them from allowing their children to walk to school (Stats SA, 2012). Altogether, 730 000 people (5.4 percent of all households) have been victims of burglary and 200 000 of home robberies (1.5 percent). Household structures are weak: in 2011, only 46 percent of children under fifteen lived with both their biological parents, and more than 11 per cent lived with neither biological parent.

The well-being of children in middle childhood occurs within a specific social context. Ecological theories also emphasize the role of children's interaction with their external environment. Life phase or developmental timing is crucial to this matter.

6. Developmental timing or life phase of middle childhood: Protective and risk factors

According to Bronfenbrenner's bio-ecological model (1979), all children develop in and are part of a particular context, including the wider community. Families are essential for the child in middle childhood's psycho-social well-being, because psychological and social processes are linked. This means that family members continually interact with and influence one another. The context of family interacting offers the combined influence of the psychological functioning of the child in middle childhood as well as his/her surrounding social environment (UNICEF, 2016). Yet, the life phase of middle childhood also holds many possibilities for positive development and resilient overcoming.

6.1 Middle Childhood and Capabilities

Harrison (Child Gauge, 2017:43) states that children's capabilities are rooted in the stock of "physiological capital" that accumulates before and after birth. While children in middle childhood's physical health includes their innate capabilities (or genetic endowment), the enhancing or diminishing impact of extrinsic factors (such as home and environmental conditions, nutrition, and access to healthcare) cannot be denied. Children in middle childhood are still mainly dependent on the family for this form of human capital determining

the brain's responsiveness to stimulation, the child's lifelong learning potential, and ultimately, his or her motivation to succeed. In this sense, promoting resilience and the ability to recover sufficiently from adversity can offer motivation to succeed during middle childhood, reduce adolescent risk-taking behavior, and enhance the prospects of lifelong achievement (Harrison, 2017:43). Healthy relationships protect children and can help them thrive despite adversity. The psychologist Ann Masten (2015:228) synthesized the findings of dozens of studies which confirmed that parental love and care build resilience. Further, protective factors include a child's connectedness to another significant adult in their life when they are young, and to groups of friends and classmates as they grow up.

The presence of many protective factors in the lives of children in middle childhood is vital; for example, effective schools and supportive community structures play a large part in buffering children in middle childhood from adversity. Masten (2001) calls these simple yet profound factors the "ordinary magic" that can enable a child to keep bouncing back in the face of hardship. Harrison (2017:44) refers to, all these factors as characterizing "an inclusive and innovative society" (p. 45). However, children are also important agents interacting with the various role-players of their wider community. In this sense, Bronfenbrenner's reference to the chronosystem is valuable.

6.2 Middle Childhood (Positive Outcomes)

Erikson (1968) referred to the foundational importance of the early and middle childhood stages for developing each domain of well-being for a health-related quality of life (Erikson, 1968). The early and middle childhood stages are foundational for developing each domain of health which can be done by acquiring and implementing skills that create and support health-related quality of life (Erikson, 1968). In order to attain and maintain health across the lifespan, emerging evidence suggests that early and middle child development stages set the foundation for health development (Negley, 2016:22). The WHO (2014) explains mental health as "a state of well-being in which every individuals can make happen their potential, can cope with the ordinary stresses of life, can work productively and fruitfully, and are able to make a contribution to their communities. For example, middle childhood adversity and toxic stress can create lifelong effects on mental health, and middle childhood is the most critical period for the development of self-concept and self-esteem (Louw et al., cited by Nkomo, 2008:58).

6.2.1 Developmental theory

The rationale for focusing on children in middle childhood is that during this life phase, the mastery of age-appropriate developmental tasks and particular competencies is key to positive child development. It is well known that Erikson (cited by Charlesworth et al., 2008) indicated that this developmental phase (6 to 11 years) involves many changes, and children in this life phase are entering the stage of industry versus inferiority, meaning that they develop the capacity to create and cooperate, which may lead to either incompetence or mastery. The acquisition of individual competencies in middle childhood would include psychological factors, such as the capacity to regulate emotions and behavior (self-regulation) and the child's capacity towards healthy relations and empathetic reacting (Erikson, 1968).

a) Mastering skills

At this stage, children learn to read and write, to do sums, and to do things on their own. Teachers begin to play an important role in the child's life as they teach the child specific skills. It is at this stage that the child's peer group will gain great significance and will become a major source of the child's self-esteem. The child now feels the need to win approval by demonstrating specific competencies that are valued by society and begins to develop a sense of pride in his or her accomplishments. If children are encouraged and reinforced for their initiative, they begin to feel industrious and confident in their ability to achieve goals; if this initiative is not encouraged or is restricted by parents or teachers, then the child begins to feel inferior, doubting his or her own abilities, and therefore may not reach his or her potential. The mastering of certain key competencies is important for children in middle childhood to reinforce their confidence, self-esteem, and sense of self-efficacy (Louw et al., cited by Nkomo, 2008:59). These skills are integral to their physical and emotional development.

b) Physical development

During middle childhood, children's bones broaden and lengthen dramatically and, in general they will grow an average of 1.2 meters taller at age six. Both boys and girls are building muscle and, on average, they will gain two to three kilograms per year during middle childhood. It is extremely important for children of this age to continue or start to lead a healthy lifestyle, including eating nutritious meals and getting plenty of exercise and adequate sleep every day. During middle childhood, children continue to build on and improve their fine motor skills. Fine motor skills can be distinguished from gross motor skills in that they require hand-eye coordination. Fine motor skills include skills such as buttoning

a shirt, tying shoelaces, holding a pen correctly, being able to write, and copying simple designs (Swarts et al., 2008:76).

c) Emotional functioning

The emotional functioning of children in middle childhood must be conceived or understood taking into account the fact that the body and mind are deeply interconnected. For example, sensory processes such as interoception refers to the ongoing process inside of the person recognized as simple pleasant and unpleasant feelings (Barrett, 2017:56). Interoception is the brain's representation of all sensations from the person's internal organs and tissues to hormones in his or her blood, and the immune system. According to Barrett (2017:56), this interoceptive activity produces the spectrum of basic feeling from pleasant to unpleasant, from calm to fidgety. While interoception is one the core ingredients of emotion, the feelings that come from interoception are simpler than full-blown emotional experiences, such as joy or anger. This is important information, since recent research shows that humans are not at the mercy of their emotions, but they can be the architect or designer of these experiences, because the wiring of the brain helps them to see emotional functioning in a new light (Barrett, 2017:57). In other words, when children in middle childhood have been exposed to a healthy, stable environment with positive role models and normal childhood experiences (i.e., no abuse or neglect), it is possible for them not to simply react to their emotions, but rather to intentionally construct their emotions. However, when children in middle childhood have endured traumatic experiences, their emotional functioning is affected (Furtado et al., 2016:108).

6.2.2 Middle childhood and psycho-social well-being

As family and friends play an important role in shaping children's development of self, trust is a major factor in children in middle childhood's social relationships. Violation of trust is viewed by them as a serious breach. The role of attachment to key role-players in their lives is vital in this regard.

a) Attachment (healthy relational interactions)

Attachment in middle childhood refers to the emotional and social development of the child. In early childhood, the aim of the child is to retain proximity to his parents. The child uses attachment behaviors such as crying and smiling to achieve this goal, thus ensuring physical and psychological safety. As the child gets older and moves into middle childhood, availability of parents becomes more important than proximity. Availability refers to open communication between the parent and the child, and to the parents acting as a secure base

and a safe haven to their children by providing a place of safety from which to learn about and explore the world as well as a place to return when the struggles of life inevitably arise (Parrigon et al., 2015:27).

Psycho-social development in middle childhood involves their development as to moral behavior. By the age of six years children have the ability to understand moral rules of the society more comprehensively.

b) Moral development

According to Nkomo (2008:54), moral development refers to the process whereby one learns the principles which enable one to determine which behavior is right and which is wrong, and to direct one's behavior according to these principles. Kohlberg (1981) suggested that moral development is the ability to know what is right and what is wrong; by knowing right from wrong, people learn rules about what they should and should not do. Moral development is related to the society and culture in which the child grows up. In middle childhood, most children are able to stop and think about what the right thing to do is, and to consider the potential consequences and benefits of different behaviors before they act. Children learn in part by modelling the behavior and attitude of other trusted adults and older peers with whom they interact.

c) Cognitive development

Piaget calls this period the concrete operational period, because although the child does have concrete thoughts, he or she cannot think abstractly. At this point, the child's brain has matured sufficiently and he or she has had the environmental experiences needed to understand how the world works without making the cognitive errors that are present in the earlier stages (Nkomo, 2008:57). Children's ability to consciously, thoughtfully, and pro-actively choose to pursue goals appears during this developmental stage. Children's memory capacity and the ability to use their memory also increase and improve during middle childhood.

During middle childhood, peer friendships take on a more prominent role than before. According to Barrett (2017:56), learnt behavior associated with healthy self-respect and feelings of worth is derived from competence and pro-social behavior towards others. According to McLaughlin and Clarke (2010:99), many learners in middle childhood prefer to turn to their peers rather than other adults, for example, teachers, when seeking support for emotional or traumatic events. Apparently, children's increased interest and investment in

relationships with peers and adults in middle childhood makes them sensitive to cope with self-conscious emotions of pride, guilt, and shame. While positive peer influences are viewed as powerful resources for youngsters, the negative influences of peers are linked to ineffective coping and languishing (Van Schalkwyk & Wissing, 2010:57). For example, S'lungile et al. (2014:503) investigated single parenting influences on the psychosocial development of children in Swaziland, and they found that if children experience lack of cooperation, warmth, and disconnection by one of the parents, it is highly probable that these children will face emotional resource depletion and spend even more time with their friends to cope with this want or deficiency. Seemingly, for children youngsters, socio-emotional resources are linked to the quality or nature of their coping.

d) Coping (mastering the intra- and interpersonal environments)

Coping, that is, effective as well as ineffective coping mechanisms are of increasing importance for children in middle childhood due to their cognitive and moral development (Piaget, 1957; Kohlberg, 1981). Coping, also understood by Ryff (2014) as the mastering of the intrapersonal, interpersonal, and outer environments), embraces one's own conscious effort to solve personal and interpersonal problems in order to try to master daily challenges as well as to minimize or tolerate serious stress and conflict. S'lungile et al. (2014:507) refer to the psycho-social vulnerability of Swazi children who are part of single-parent families who experience socio-emotional and material resource deprivation. They found that these youngsters reported engaging in "love affairs" to make up for lack of parental love, often resulting in teenage pregnancies (Thwala et al., 2014:507).

7. Summary

Middle childhood is a period of exploration for children, increasingly developing competencies and health habits, experiencing many physical changes, enjoying relationships, forming attitudes about their world, and taking steps towards individuality ("On My Way", 2017:5). The development of a child – also in middle childhood – does not occur along a straight line. The domains of development as discussed above (physical, emotional, social, and cognitive) are interdependent, and development in one supports development in the other.

In the context of a high-risk environment, the extension of many tasks in middle childhood, such as starting school, entails not only academic performance, but also the attainment of social skills aimed at meaningful friendships (Skinner & Zimmer-Gembeck, 2016:163). These

more extensive social relationships which become exploratory also imply an increase in interaction with others (Goleman, 2013:190). For children in middle childhood residing in a high-risk community, the introduction to wider social interaction could mean many added resources as well as risks. Furthermore, when families are living in contexts of multiple adversity and chronically harsh, distressing circumstances, then the buffering of children in middle childhood's psycho-social well-being becomes vital.

Finally, it was stressed that in agreement with the 2030 Global Agenda incorporating a set of universal goals (the Sustainable Development Goals, or SDGs), South Africa has pledged to achieve targets and indicators to achieve between 2016 and 2030. According to Jamieson and Richter (2017:92), these obligations are not new, but they call for a coordinated approach. Children are at the heart of the SDGs, and the 2030 Global Agenda recognizes that: "When children's rights are respected, protected and fulfilled dividends are returned in the form of global security, sustainability and human progress".

In the next section of the study, empirical data obtained via focus groups and semi-structured interviews are discussed, and the findings obtained are presented. Literature discussed in this manuscript was fundamental to guiding the qualitative research.

References

Baumrind D (1966) Parenting Disciplinary Patterns and Social Competence in Children. *Youth and Society*9: 239-276

Brodsky AE and Cattaneo LB (2014) A Transconceptual Model of Empowerment and Resilience: Divergence, Convergence and Interactions in Kindred Community Concepts. <http://doi.org/10.1007/s10464-013-9599x>

Bronfenbrenner U (1979) *The Ecology of Human Development*. Cambridge, MA: Harvard University Press.

Charlesworth L, Wood J and Viggiani P (2008) Middle childhood. In: Hutchinson, ED(ed.) *Essentials of Human Behaviour: Integrating Person, Environment, and the Life Course*. Thousand Oaks, CA: SAGE, pp. 501-543.

Dadialla JK, He Q and Wang W (2014) *Maintaining Psychosocial Well-Being Among Children Aged 13 to 16*. Rovaniemi, Finland: Lapland University. (Unpublished thesis).

Retrieved from <https://www.theseus.fi/bitstream/handle>

Dakers JW (2018) Parenting Style as a Predictor of Self-Compassion Among a Group of Adolescents. Johannesburg: University of Johannesburg.(Dissertation – MA).

Department of Social Development (2013) White Paper on Families in South Africa. Pretoria: Government Printers.

DSD, DWCPD and UNICEF (2012) Violence Against Children in South Africa. Department of Social Development/Department of Women, Children and People with Disabilities/UNICEF, Pretoria: Government Press.

Ebersöhn L, Loots T, Mampane R, Omidire F, Malan-Van Rooyen M, Sefotho MandNthontho M(2018) An Indigenous Psychology Perspective on Psychosocial Support in Southern Africa as Collective, Networking, and Pragmatic Support. *Journal of Community & Applied Social Psychology* April 2017:1-16. <http://doi.org/10.1002/casp.2371>

Erikson EH (1977) *Childhood and Society*. London, UK: WW Norton.

Erikson EH (1968) *Identity: Youth and Crisis*. New York, NY: Norton.

Felner RD(2006) Poverty in childhood and adolescence. In: Goldstein Sand Brooks RB(eds.) *Resilience in Children*. New York: Springer, pp.125-148.

Garnezy N, Masten ASandTellegen A(1984) The Study of Stress and Competence in Children: A Building Block for Developmental Psychopathology. *Child Development* 55:97-111.

Guerra, NG and Dierkhising C (2011) The Effects of Community Violence on Child Development. *Encyclopedia on Early Childhood Development*, pp.1-4. Retrieved from <http://www.child-encyclopedia.com/documents/Guerra-Dierkhising>

Goleman D (2013) *Focus: The Hidden Driver of Excellence*. London, UK: Bloomsbury.

Hall K and Sambu W (2017)Demography of South Africa's Children. *South African Child Guage*. Retrieved from

http://www.ci.uct.ac.za/sites/default/files/image_tool/images/367/Child_Gauge/South_African_Child_Gauge_2017/Child_Gauge_2017_lowres.pdf

Harrison D (2017) Investing in Children: The Drivers of National Transformation in South Africa, Child Gauge. Cape Town: University of Cape Town.

Holborn L and Eddy G (2011) First Steps to Healing the South African Family. Johannesburg: SAIRR.

Jamieson L and Richter L (2017) Striving for the Sustainable Development Goals: what do children need to thrive? In: Jamieson L, Berry L and Lake L(eds.) South African Child Gauge 2017: 32-42. Cape Town: Children's Institute, University of Cape Town.

Kohlberg L (1981) The Philosophy of Moral Development Moral Stages and the Idea of Justice. Retrieved from <http://psychology.Org/kohlberg-1981-the-philosophy-of-moral-development>

Khumalo IP, Temane QM and Wissing MP (2012) Socio-Demographic Variables, General Psychological Well-Being and the Mental Health Continuum in an African context. Social Indicators Research 105(3):419-442. <http://doi.org/10.1007/s11205-010-9777-2>

Masten AS (2001) Ordinary Magic: Resilience Processes in Development. American Psychologist 56(3):227-238.

Masten AS (2015) Ordinary Magic: Resilience in Development. New York, NY: The Guilford Press.

Masten AS and Garmezy N (1985) Risk, Vulnerability and Protective Factors in Development Psychopathology. In: Lahey BB and Kazdin EE (eds.) Advances in Clinical Child Psychology (Vol.8). New York, NY: Plenum Press (pp.1-52).

Mathews S and Benvenuti P (2014) Violence Against Children in South Africa: Developing a Prevention Agenda. In: Mathews S, Jamieson L, Lake Land Smith C(eds.) South African Child Gauge. Cape Town: Children's Institute, University of Cape Town.

Mathews S, Jamieson L, Lake L and Smith C (2014) South African Child Gauge. Cape Town: Children's Institute, University of Cape Town.

Molefe SP (1996) Rural Development in South Africa: Implication for Social Work Practice. *Journal of Social Development in Africa* 11(2):21-31. Retrieved from <https://pdfs.semanticscholar.org>

McFarlane A (2018) The Complexity of the Relationship Between Alcohol Consumption and Trauma Related Disorders: Unravelling the Puzzle. Key note speaker, SAAMS-AMECA Conference, Cape Town (31 August-1 September 2018).

Mclaughlin C and Clarke B (2010) Relational Matters: A Review of the Impact of School Experience on Mental Health in Early Adolescence. *Educational & Child Psychology* 27(1):91-103.

Newland LA, Lawler MJT, Roh S and Carr ER (2015) Predictors of Children's Subjective Well-being in Rural Communities of the United States. *Child Indicators Research* 8(1):177-198. <http://doi.org/10.1007/s12187-014-9287-x>

Rutter M (2007) Resilience, Competence, and Coping. *Child Abuse & Neglect* 31(3):205-9. <http://doi.org/10.1016/j.chiabu.2007.02.001>

Said-Mohamed R, Micklesfield LK, Pettifor JM and Norris SA (2015) Has the Prevalence of Stunting in South African Children Changed in 40 Years? A Systematic Review. *BMC Public Health* 5(1):1-10.

Sanders J and Munford R (2015) Fostering a Sense of Belonging at School-Five Orientations to Practice that Assist Vulnerable Youth to Create a Positive Student Identity. *School Psychology International* 37(2):155-171. doi:10.1177/01430343156

Save the Children South Africa: Strategy 2015-2019(2015) Retrieved from http://www.savethechildren.org.za/sites/savethechildren.org.za/files/resources/Save%20the%20children%20%SouthAfrica_Vision%2020

S'lungile S, Thwala K, Ntinda K and Mabuza N (2014) Single Parenting Effects: Resource Access and Coping of Children in Swaziland. *Journal of Psychology in Africa* 24(6):504-508. <http://doi.org/10.1080/14330237.2014.997040>

Skinner EA and Zimmer-Gembeck MJ (2016) Development of coping during middle childhood: cognitive reappraisal, mental modes of coping, and coordination with demands. In: *The Development of Coping*. Springer International Publishing, pp. 163-183.

Southern and Eastern African Consortium on Monitoring Education Quality (SACMEQ) (2007) Retrieved from <http://Sacmeq.org/?q=sacmeq-members/south-affrica>

Spaull N (2011) *South Africa's Education Crisis: The Quality of Education in South Africa 1994-2011*. Johannesburg: Centre for Development Enterprise.

Swarts L, De la Rey C, Duncan, N and Townsend L (2008) *Psychology: An Introduction*. 2nd ed. Southern Africa: Oxford University Press.

Ungar M (2006) Resilience Across Cultures. *British Journal of Social Work* 38(2):218-235. <http://doi.org/10.1093/bjsw/bcl343>

Ungar M (2011) The Social Ecology of Resilience: Addressing Contextual and Cultural Ambiguity of a Nascent Construct. *The American Journal of Orthopsychiatry* 81(1):1-17. <http://doi.org/10.1111/j.1939-0025.2010.01067.x>

Ungar M (2015) *Working with Children and Youth with Complex Needs: 20 Skills to Build Resilience*. New York, NY: Routledge.

UNICEF (2016) *South Africa's Children: A Review of Equity and Child Rights*.

Van den Berg W and Makusha T (2018) *State of South Africa's Fathers 2018*. Retrieved from <http://ecommons.hsra.ac.za/handle/20.500.11910/12398>

Van Schalkwyk I and Wissing MP (2010) Psychosocial Well-being in a Group of South African Adolescents. *Journal of Psychology in Africa* 20(1):53-60. <http://doi.org/10.1080/14330237.2010.10820342>

Ward C and Wessels I (2013) Rising to the Challenge: Towards Effective Parenting Programmes. *South African Child Gauge*, 62-65. Retrieved from www.childrencount.ci.org.za

Werner E and Smith R (1982) *Vulnerable but Invincible Longitudinal Study of Resilient Children and Youth*. New York: Adams, Bannister and Cox.

Wissing MP and Temane QM (2008) The Structure of Psychological Well-Being in Cultural Context: Towards a Hierarchical Model of Psychological Health. *Journal of Psychology in Africa*, 18(1).

World Health Organisation (2014) *Health for the World's Adolescents: A Second Chance in the Second Decade*. Retrieved from http://www.who.int/maternal_child_adolescent/documents/second-decade/en/

Zastrow, C.H. & Kirst Ashman, K.K. (2013). *Understanding Human behavior and the social environment*. Thomson Brooks/Cole: Belmont.

Article 2

The perceived role of risk and protective factors regarding children in middle childhood's psycho-social well-being in a South African rural high-risk community

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The perceived role of risk and protective factors regarding children in middle childhood's psycho-social well-being in a South African rural high-risk community

Abstract

Middle childhood can be a period of significant challenges for many children as they may struggle to adapt to the demands of this life phase and their external environment. Research has shown that negative experiences in middle childhood hold long-lasting and detrimental consequences for the child. The external environment of the child is central for positive development and quality of life. However, the situation is even worse for children who live in a rural high-risk community, and are faced with numerous contextual vulnerabilities and multiple stressors related to poverty. **Method:** This qualitative study used a qualitative descriptive research design and data were collected via individual interviews (parent participants) and focus group discussions (teacher participants). Thematic and content analysis were used allowing for an inductive process. **Findings:** The first theme refers to the negative influences of the disempowering high-risk setting for the psycho-social well-being of children in middle childhood. The second theme indicates the possible dangers for family functioning and perpetuating the intergenerational cycle of poverty. The third theme elucidates the role of the different stakeholders to lessen these environmental stressors and obstacles to ensure safety, stability, and children's well-being. Finally, specific components are given to intentionally protect and promote the psycho-social well-being of children in middle childhood in this community. **Limitation:** Individual interviews with parent participants were mainly conducted with female participants; data obtained from male participants could add even richer information. **Recommendation:** It is recommended that future research investigate the encouragement of the psycho-social well-being of children in middle childhood in the selected high-risk rural community by strengthening families and children's resilience.

Keywords: resilience, middle childhood, psycho-social, well-being, high-risk

Introduction

The 2030 Agenda for Sustainable Development established 17 Sustainable Development Goals (SDGs) to be achieved by all countries and stakeholders by 2030 (Hall & Sambu, 2017). Children are at the heart of the 2030 Global Agenda, and the identified SDGs impact every aspect of a child's life. This vision portrays a world in which all children not only "survive" but "thrive" to achieve their full potential (Hall & Sambu, 2017, p. 19). This vision "encompasses the unfinished business of the Millennium Development Goals (MDGs), but goes well beyond poverty eradication". These goals entail important matters for South African children, for example: focusing on health care; safe environments; child nutrition; and, creating enabling environments (taken from the Child Gauge, 2017, p. 19).

The Government of South Africa has put in place a forward-looking system of laws and programmes to ensure basic support for children. Realizing the rights of children is pivotal to create a world of peace, equity, security, freedom, respect for the environment, and shared responsibility. Aida Girma (UNICEF South Africa Country Representative, 2016) calls this, in short, "a world fit for children". In spite of significant efforts made by countries across the world towards achieving the Millennium Development Goals (MDGs), it is increasingly evident that South Africa's progress is uneven in many key areas. Prof. Thuli Madonsela (2018) urges us to ask the question within the focus of social justice: "What are we doing wrong?" (Keynote speaker, 12 September 2018, Social Impact Symposium, Stellenbosch University).

The current research took place in the Magogong² Village in Dr Ruth Segomotsi Mompati District, Greater Taung Local Municipality in the North-West Province of South Africa. This

²The name of the community is made known as the study concerned itself only with participants from this particular community; and, the information provided is specific to this community.

community represents a blueprint of a rural high-risk environment, seeing that the typical indicators are present (see Felner, 2006), for example, poor housing; high levels of crime such as murder, sexual assault, robberies, substance abuse and addiction (mainly home brewed liquor, alcohol, marijuana), and violence (including domestic violence); school drop-outs; poor provision of care facilities for children; teenage pregnancies; various effects of poverty; high levels of unemployment as well as economic inactivity (including receiving grants from government); high exposure to HIV/AIDS due to risky behaviour; and child abuse and neglect (personal conversation with Mr Mompati Gabanakgosi, community development practitioner, Department of Social Development, 20 April 2017). Clearly, the context of a rural high-risk community is associated with multiple risks for children in middle childhood's development. One of the major and direct influences is the barriers faced by children's parents in their effort to competent parenting, such as poverty which increases the stress of parents to provide for and protect their children (Ward, Makusha & Bray, 2015).

Khumalo, Temane, and Wissing (2012) state that "environmental setting plays a major role in what one becomes" (p. 422). Bronfenbrenner's (1979) bio-ecological model emphasises the key role of the environment in positive development, for example, the provision of daily needs such as water, food, housing, and sanitation. The environment of children in middle childhood is also essential for determining the accessible quality of education, possible prospects for employment, and quality of lifestyle (UNICEF, 2016). Therefore, socio-economic factors that determine living conditions cannot be omitted when discussing human settlement. Moreover, these issues are entwined with and related to differences in psycho-social well-being.

Issues of context, culture, and life phase, such as middle childhood, are all associated with children's psycho-social well-being. *Psycho-social well-being* refers to the inter-connection

between psychological and social processes and the fact that each continually interacts with and influences the other. This means that the combined influence of psychological factors and the surrounding social environment is taken into account when looking at children's physical and mental wellness and their ability to function (UNICEF, 2016). In an article by East African Community (2017), psycho-social well-being is described as when individuals, families, or communities have cognitive, emotional, and spiritual strengths combined with positive social relationships. *Middle childhood* refers to the ages 6 to 11 when children develop skills to develop healthy social relationships that largely impact human functioning across life spans. This life phase is critical for cognitive development: during this phase, children move into expanded roles and environments where they begin to spend more time away from their family, for example, spending more time in school and doing other activities (Bennett, 2015). Children grow up in a particular environment, and a *community* can be defined as a number of people who have something in common with one another that connects them in some way and that distinguishes them from others. A key feature of a community is the fact that participants share some mutual characteristics, such as location, interests, identification, culture, and activities (Kirst-Ashman, 2007). A rural community is described as a community with a low population density, being located a significant distance from large urban areas, and which concentrates its activity in some specialised area such as lumbering, farming, or ranching (Kirst-Ashman, 2007). *Poverty* can be described in terms of the presence of low income, social exclusion, ill-being, poor daily functioning, vulnerability, unsustainable livelihood, unfulfilled basic needs, relative deprivation, and a lack of human development (Biswas-Diener & Diener as cited in Geldenhuys, 2016). *Risk factors* are linked to poverty and refer to those factors within the human being as well as the environment that could threaten his or her healthy functioning (Rutter, 2007:205). In contrast, protective factors are associated with positive outcomes and resilient processes. *Resilience* is defined as

“good outcomes in spite of serious threats to adaptation or development” (Underwood & Rosen, 2011, p. 428). This adaptive capacity of humans can also be described as the capacity of a dynamic system to adapt successfully to significant disturbances and to continue or recover to healthy functioning or development (Masten, 2015). Integral to resilient outcomes are those protective that contribute to individuals’ functioning (Rutter, 2007). For example, individual strengths, family strengths, group strengths, organizational and community strengths are typical strengths an individual can draw upon as he or she interacts with his or her community (Zastrow & Kirst-Ashman, 2013).

Rationale and Problem Statement

Many studies on risk and resilience factors over decades indicate that the individual develops in continual interaction with the environment, including the family system, socio-cultural systems, and the physical environment (Bronfenbrenner & Morris, 1998; Lerner, 2006; Masten, 2001, 2015). According to Ungar (2015), if change in contexts where there are significant social, economic, and political challenges does not occur, then individual change is highly unlikely. Bronfenbrenner (1979; Rosa & Tudge, 2013) indicates that all children are influenced by their external environment (see Bronfenbrenner’s bio-ecological model), and it is well documented that person and environment influence each other (Prilleltensky, Nelson, & Peirson, 2001). Since the social functioning of children in middle childhood is becoming increasingly important (Bennett, 2015), the influence of their peers becomes more important during this developmental phase. While positive peer pressure is acknowledged, negative peer pressure in the context of a rural high-risk community could imply many risks as to the psycho-social well-being of children in middle childhood (Beets, 2018). Yet, the influence of parents and educators as primary socialization agents is of key importance (Ungar, 2011). In

this sense, an understanding of the “social ecology” of resilience as described by Michael Ungar (2011, p. 1) is significant.

Ungar (2015) emphasizes the need to uncover the many protective as well as risk factors regarding children in middle childhood’s psycho-social well-being to establish the ways in which they are enabled or obstructed to find their way to those vital psychological, social, cultural, and physical resources needed for sustainable well-being. His research highlighted the following factors as fundamental to children’s resilient living: child cognitive ability, emotional regulation, parenting, low parental discord, and safe school and community environments.

While factors indicating children’s resilience include or entail those protective factors referring to the child’s internal and external environment, risk factors include those internal and external factors that threaten the child’s psycho-social well-being (Rutter, 2007).

Although the negative outcomes in the lives of children such as the children in the Magogong Village who are in conflict with the law, dropping out of school, and showing at-risk behaviour, are specified (personal conversation with Mr Mompati Gabanakgosi, community development practitioner, Department of Social Development, 20 April 2017), the question arose regarding the risk and resilience factors linked to external forces of the environment in the selected community. Briefly put, various risk factors can all have short- and long-term consequences for children, families, and communities, wearying their ability to functioning well. On the other hand, research is also needed regarding the factors building and protecting youth’s psycho-social well-being and acting as buffers for present and/or future difficulties in the Magogong Village (Masten, 2015).

Theoretical framework

The following theoretical perspectives directed the current research, namely systems theory, the strengths perspective, and Bronfenbrenner's bio-ecological theory while taking into account developmental social work in South Africa.

Strengths perspective. The strengths perspective “focuses on identifying, mobilizing, and honoring the resources, assets, wisdom and knowledge that every person, family, group, or community has and leads to a rediscovery of these resources” (Pulla, 2012:53). Helmer, Pulla, and Carter (2015) suggest that using a strength-based approach allows the client, supported by the social worker or diversional therapist, to identify and build on strengths so that the client can reach goals and retain or regain independence in daily life. In other words, it is vital to clarify those pathways to resources that sustain, for example, children in middle childhood's psycho-social well-being within a particular context.

Systems theory. Systems theory holds that a system is an entity with interrelated and interdependent parts, is defined by its boundaries, and is more than the sum of its parts. Change in one part of the system affects other parts and the whole system (Farley et al., 2006). Systems theory offers the theoretical understanding that the quality of the environment in which children such as children in middle childhood grow up, has a profound direct influence on their physical, psychological, intellectual, social, spiritual and economic development.

Systems theory was complemented by Bronfenbrenner's bio-ecological model.

Bronfenbrenner bio-ecological theory is concerned with understanding the web of social influences that form the context of human development (Bronfenbrenner, as cited in Liddle & Hogue, 2000).

Bronfenbrenner's bio-ecological model. Bronfenbrenner's bio-ecological theory entails different levels or settings of human beings' development which are interconnected. In other words, children in middle childhood's psycho-social well-being and functioning are embedded in various levels of interacting. In this sense, Bronfenbrenner's bio-ecological model identifies risk and protective factors at five levels, starting with individual characteristics and behaviours, and moving outward to consider the influence of close relationships, the community, and wider society. The different levels or settings in his social-ecological model show how the occurrence and co-occurrence of, for example, crime and violence across different settings, from individual to societal, influence children's experience of risk for crime and violence in terms of long-term outcomes (Mathews, Jamieson, Lake, & Smith, 2014). South Africa is a multicultural country with a history of institutional marginalization and oppression; Bronfenbrenner's bioecological model offers a good fit to conceptualize the complexity of poverty, inequality and poor academic performance in the rural high-risk context. Also, this model provides a theoretical framework to analyze the different levels of the environment that influence children in middle childhood's psycho-social well-being (Rosa & Tudge, 2013). The bi-directional influence of the individual and environment is also allowed for, as these ecological systems are nested within each other and contain roles, norms, and rules that shape an individual (Visser, 2007).

Developmental social work in South Africa

This new paradigm in social work links micro and macro practice and utilizes strength-based and non-discriminatory models, approaches and interventions and partnerships to promote social and economic inclusion and well-being (cited by Lombard & Wairire, 2010:100). Developmental social work is defined as an integrated, holistic approach to social work that recognizes and responds to the interconnections between the person and the environment (Patel & Hochfeld, 2013). In other words, it emphasizes the connectedness of social work with the wider dynamics of development.

This social development perspective is vital to reach out to deprived communities with regards to basic resources. The development and empowerment of individuals, groups and communities by teaching them to be self-reliant is an important focus to integrate services aimed at promoting social justice, building human capabilities and enhancing livelihoods and social functioning of service users towards productive lives (Patel 2015:129).

Since there remains a significant gap between the policy interventions and actual implementation (Patel & Hochfeld, 2013), a lot of work is still required regarding the psycho-social well-being of children living in rural communities. This research aimed to give the selected rural high-risk community a voice regarding their children's psycho-social well-being.

Research Question and Aims

Research question

Based on the problem stated in the abovementioned section, the research question guiding the research was formulated as in the following manner 'What is the nature of the perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community?'

Aim of the study

The research aimed to investigate via a qualitative approach the perceived role of risk and protective factors pertaining to the psycho-social well-being of children in middle childhood within the context of a rural high-risk community in the North-West Province of South Africa.

Method

Research approach and design

The researcher used a qualitative approach for this study. In this qualitative study, information was obtained via various qualitative methods and various groups of participants to explore the role of the perceived protective and risk factors in children in middle childhood's psycho-social well-being and the manifestations thereof within families, schools, and the wider community.

Research approach and design

The researcher used a qualitative approach for this study. In this qualitative study, information was obtained via various qualitative methods and various groups of participants to explore the role of the perceived protective and risk factors in children in middle childhood's psycho-social well-being and the manifestations thereof within families, schools, and the wider community. There is an African proverb that says 'It takes a village to raise a child', and it is argued that parents alone cannot protect and influence the behavior of their children; the community plays a vital role. Children get to a stage where they need to establish relationships outside of their family environment, such as when they start their school education during middle childhood.

Participants

McBurney (2001) refers to the population as the sampling frame that encompasses the totality of persons, events, organization units, case records, and other sampling units with which the research problem is concerned. In the selected community, namely the Magogong Village, signs of poverty are clear: there are informal dwellings, shacks, and brick houses (they still use pit toilets); there is electricity, but no running water in the yards; the community uses communal taps, while others have boreholes in their yards. There are backyard shebeens (informal drinking places operating without a liquor license); spaza shops (informal shops run at persons' homes selling household items, such as bread); and some taverns or pubs in the

community. Different faith communities are active in this community; there is a community hall, but no recreational facilities or sports facilities for the youth; and the soccer grounds are self-made and not in a good condition. There are three schools in the rural high-risk community and each school accommodates about 300 learners.

The population of this study consisted of parents and teachers who are important agents in regard to the psycho-social well-being of children in middle childhood (6 to 11 years of age) and who are residing and/or working in the selected high-risk rural community.

Participant group 1: Parents. Semi-structured interviews were conducted with parents in the community who comply with inclusion criteria.

Participant group 2: Teachers. A focus group discussion was conducted with teachers of two schools in the selected community who comply with the inclusion criteria.

The researcher used a qualitative descriptive design as the aim of the research study was to investigate and explore the perceived role of protective and risk factors (i.e., the research design as the ‘how’ of the study’) pertaining to the psycho-social well-being (i.e., the ‘what’) of children in middle childhood (‘who’) in the context of a rural high-risk environment (‘where’).

Data collection

Personal one-on-one semi-structured interviews were used for collecting data from the parents (a total number of thirty-six parents) and a focus group discussion was held with a group of teachers (a total number of twenty-four teachers). Each participant was asked to complete a demographic questionnaire of nine demographic questions in a closed-ended format before commencement of the data collection opportunity. Arrangements were made with the assistance of the mediator for parent participants to complete the demographical questionnaires where parent participants were illiterate. The questionnaire was used to

provide a profile of the participants and was not part of the data to be analyzed. This information offered valuable information obtained from the parent participants, seeing that the psycho-social well-being of children in middle childhood would have been limited if information such as parents' income was omitted. Also, for purposes of publication, this information would be recommended.

The semi-structured interviews involved open-ended questions intended to elicit views and opinions from the participants (Creswell, 2013), and the researcher took care to obtain information that is context-sensitive (Ungar, 2015). An interview guide was used (see addendum B) and individual interviews were audio-recorded (Rabionet, 2011) with the participants' permission. Communication techniques in the qualitative study included the use of various types of questions, namely main, probing, and follow-up questions.

After data gathering had been concluded, the recordings were transcribed. The text was then translated from Tswana to English. The transcriptionist was required to sign a confidentiality contract. Throughout the process of data gathering, the researcher kept field notes as well as a reflexive diary.

Table 1. Recruitment and participant groups.

Group of participants	Gate keeper	Mediator	Data collection method and venue
Parents	One parent who is the chairperson of the school's governing body	A parent per school who is part of a school's governing body for parents	Semi-structured interviews at the schools
Teachers	The principals of the 3X schools	Head of department (gr. 1-4) per school	FGD at a venue of one of the schools

Ethical concerns

The research proposal was approved by the research focus area Community Psychosocial Research (COMPRES) of the Faculty of Health Sciences at the North-West University, thereafter ethical approval to conduct the study was obtained from the Health Research Ethics Committee (HREC) of the North-West University (ethical approval number: NWU-00006-18-S1). Written permission to conduct the study was obtained from the Department of Education of the North-West Province as well as school principals of the participating schools. The following ethical principles guided the research process: obtaining written informed consent prior to data collection; participants had the freedom to withdraw at any time; no harm was foreseen; and confidentiality and anonymity were ensured. The risk level of the participants was considered as medium risk and measures to minimize risk were in place.

Data analysis

Qualitative data analysis tries to establish how participants make meaning of a specific phenomenon by analyzing their perceptions, attitudes, understanding, knowledge, values, feelings, and experiences in an attempt to approximate their construction of the phenomenon (Maree, 2016).

Although systems theory, with particular reference to Bronfenbrenner's bio-ecological model, was used as a theoretical framework, it is not a given that the risk and protective factors are known to the researchers. Therefore, it is argued that thematic and content analyses were relevant for the purpose of this study, allowing for a more inductive process. The transcriptions of the collected data via the personal interviews and focus group discussions represented the textual data that were analyzed.

Semi-structured interviews (group 1 – parents). A thematic analysis, i.e., “a method for identifying, analyzing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79) was used and key themes were identified. Data were analysed following the six steps described by Braun and Clarke (2013). These are: immersion in data to become familiar with the breadth of the data, developing initial codes, searching for themes, reviewing themes, naming and defining themes, and finally, writing a report. The thematic analysis was conducted manually and not through a computer program. Briefly put, in this qualitative analysis, thematic analysis was conducted in an inductive, explorative way by identifying themes (cf. Braun & Clarke, 2013). Thematic analysis was used for the analysis of the data collected via semi-structured interviews.

Focus group discussions (group 2 - teachers). Content data analysis was used as described by Tesch (as cited in Creswell, 2009) as this analysis strategy allows the researcher to stay close to the data to describe the phenomenon (Colorafi & Evans, 2016), specific steps were followed and to identify categories and code. Finally, the two sets of data, namely the identified data material of the interviews and the FGDs that fall under the one category or theme; were combined and integrated to offer the findings of the study. A co-coder was assigned, namely a trained person with the needed experience, and the student researcher firstly did the coding and then submitted the data to the co-coder in order to enhance the reliability of the initial coding. Taking into account that data analysis happens alongside data collection in qualitative research, much analytical work has to be done once the researcher has left the research field. Data analysis was grounded in and supported by existing literature to guide this aspect of the research process to answer the research question.

Findings and Discussion

Demographic information (teachers and parents)

Socio-demographic information of both participant groups (parents and teachers) was obtained in order to provide a profile of the participants via a short demographical questionnaire; the information is presented in the Table 2 below.

Table 2. Socio-demographic information of participants (teachers and parents).

Category	Response	Frequency	Percentage
Gender	Male	18	30%
	Female	42	70%
Age	20-29 years	6	10%
	30-39 years	10	17%
	40-49 years	28	47%
	50-59 years	12	20%
	60 years and above	4	6%
	Relationship with the children under study (age 6-11 years)	Biological parents	22
	Foster parent/legal guardian	5	8%
	Grandparent	9	15%
	Teacher	24	40%
Highest qualification	Grade R-3	2	3%
	Grade 4-7	3	5%
	Grade 8-11	23	38%
	Grade 12	8	13%
	Diploma/ FET qualification	11	18%
	University degree	13	23%
Number of years stayed in the community	0-5 years	-	-
	5-10 years	7	12%
	10-20 years	15	25%
	30 years or more	38	63%
Home language	Setswana	55	91%
	Xhosa	3	5%
	Zulu	-	-
	Afrikaans	-	-
	Venda	1	2%
	Sotho	1	2%
Type of household in the community	Single-parent household	33	55%
	Married parents	20	33%
	Divorced	-	-
	Co-habiting	3	5%
	Grandparents	4	7%
Family's main source of income	Social grants	30	50%
	Temporary work/odd jobs	4	7%
	Permanent	26	43%

Household's monthly income	employment		
	Less than R1500	27	45%
	R1500-R3000	9	15%
	R3000-R5000	-	-
	R5000 and above	24	40%

In this section, the findings of this qualitative study are presented as the main and sub-themes which were identified. Data obtained via two participant groups (parents and teachers) were integrated.

An exploration and description of risk and protective factors (sometimes referred to as resilience factors [p.120] that play a role in the psycho-social well-being of children in middle childhood living in a south African high-risk community are presented.

Main themes and sub-themes

Table 3 below summaries the main themes and sub-themes that were identified.

Table 3. Summary of main and sub-themes.

Themes	Sub-themes
Theme 1: Negative influences of a disempowering setting (threats to the psycho-social well-being of children in middle childhood in a disempowering setting)	Risks in the community that threaten the well-being of children between 6 and 11 years Sub-theme 1.1: Safety issues of children in middle childhood in the community Sub-theme 1.2: Children in middle childhood being exposed to an unhealthy and negative lifestyle
Theme 2: Dangers for families/family functioning (threatening the psycho-social well-being of children in middle childhood)	Sub-theme 2.1: Dangers of families and unemployment Sub-theme 2.2: Dangers of poor family functioning Sub-theme 2.3: Dangers of child-parent households
Theme 3: Role of different stakeholders (parents, teachers, social workers, churches, community leaders, and government) in addressing or lessening the obstacles to ensure safety, stability, and well-being	Sub-theme 3.1: Parents' involvement in the lives of their children Sub-theme 3.2: The role of teachers and social workers in improving the psycho-social well-being of children in a high-risk community

<p>Theme 4: Intentional promotion of children in middle childhood’s psycho-social well-being</p> <p>Positive factors in the families that encourage children</p>	<p>Resources in families to be developed</p> <p>Parents should monitor their children</p> <p>Parents to instill discipline in their children</p> <p>Parents to be involved in their children’s lives</p> <p>Community needs recreational facilities</p> <p>Nothing to entertain the children in the community</p>
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Next, these main themes and sub-themes are presented with the needed verbatim quotes to illustrate the findings. Findings are also discussed in the light of existing research to show how studies support these findings, or not.

Theme 1: Negative influences of a disempowering setting. All participants emphasized the numerous negative influences in the Magogong community as disempowering. Teachers and parent participants referred to these contextual influences with despondency, since the youngsters of this community are continuously exposed to so many perils associated with crime and violence, as well as to unhealthy lifestyles such as the abuse of alcohol.

Sub-theme 1.1: Safety issues. Participants explained that there is a high rate of crime in the community, such as kidnapping, robbery, housebreaking, rape and murder. “In our community there is a high rate of house breakings and mugging, especially if you move around alone in the evenings. It is really not safe” (personal interview, school 1, participant 3, female, Tswana). “The level of crime in this community is too much. These criminals are not even scared to take your cloths in a washing line daylight” (personal interview, school 1 participant 12, female, Tswana). “I think it can be kidnapping, maybe a child would be on his or her way to school and a car would just appear and someone would jump out and take the child and run away with him or her” (personal interview, school 2, participant 1, female, Tswana).

Children in middle childhood are exposed to many risks in this rural high-risk community and these risks, for example, incidences of crime, are a real threat to their safety.

Apart from the likely possibility of being victims of crime, children are also witnessing these acts of violence frequently, with serious consequences for their psycho-social well-being (UNICEF, 2014). Consequently, the high crime rate in South Africa limits these children to achieve their potential (National Development Plan [NDP], 2030). Curtis, Waters, and Brindis (2011) indicate the possible dangers of rural environments if youth are exposed to risks such as violence and limited health services. Although violence against women and children may take many forms (e.g. physical, sexual, economic, or psychological), all of these represent a violation of human dignity and human rights (UNICEF, 2014). Moreover, UNICEF (2014) cautions about the long-term consequences both for women, children, and their communities.

Sub-theme 1.2: Children in middle childhood being exposed to an unhealthy lifestyle. All participants referred to the abuse of substance, for example, alcohol and other illegal drugs as damaging examples of an unhealthy lifestyle for children in middle childhood. In some families in this community, both parents abuse alcohol. Participants also spoke about the many taverns in the community trading with alcohol: “In these taverns, you find people that drink alcohol, men and women. So these kids see this and they view it as something that they can also do. So they also start drinking alcohol” (personal interview, school 2, participant 1, female, Tswana). One participant explained that too many taverns add to the problems related to alcohol abuse: “There are lots of taverns in the community and they are located near tuck shops. Children when they see that they think it is the way of life, seeing other older children being in the tavern drinking and smoking” (personal interview, school 1, participant 1, female, Tswana). “Alcohol abuse is really giving us sleepless nights. The problem is the number of taverns we are having in the community and they are very close to each other” (personal interview, school 2, participant 2, female, Tswana).

The visibility of many sites where substance use occurs in this rural community creates a culture of ‘it is okay’. Apart from being exposed to, for example, alcohol abuse, the impact of these unhealthy lifestyles has far-reaching consequences. Existing research indicates that when children are exposed to their parents’ substance-abusing habits, then it is highly likely that these children will have alcohol- and drug-abuse problems themselves by adolescence or in young adulthood (Solis, Shaur, Burns, & Hussong, 2012; Van Schalkwyk, 2019). Children in middle childhood are likely to have emotional, social, cognitive, and behavioral problems when they are exposed to prolonged risk factors and an unhealthy environment. The White Paper on Families in South Africa (Department of Social Development, 2013) emphasizes the importance of competent families versus the damaging impact of ‘broken families’ when children are exposed to unhealthy lifestyles. Risks for children whose parents or caregivers are substance-abusers are well-documented (Jamieson & Richter, 2017), such as the greater risk of being exposed to violence, exploitation, and neglect. Exposure to domestic violence caused by alcohol abuse (including emotional and physical abuse) is linked to children’s negative coping behavior and the portrayal thereof at school. When children in middle childhood have to deal with such familial abuse, it is highly likely that they will become school drop-outs due to these enduring dangers. According to the United Nations (2016), every child has a right to be cared for by their parents.

The first theme can be summarized as those contextual factors which are threatening the psycho-social well-being of children in middle childhood in this rural high-risk setting.

Theme 2: Dangers for families or family functioning (threatening the psycho-social well-being of children in middle childhood). ‘Families at risk’ refer to those families who – for whatever reason – may find it difficult to keep their children safe. Unemployment, poverty, substance abuse, and violence are major risk factors associated with child abuse and

neglect (World Childhood Foundation, 2018). Both groups of participants, namely parents and teachers, referred to the dangers in the high-risk community for families and the implications thereof for family functioning.

Sub-theme 2.1: Dangers of families and unemployment. Participants spoke freely about the high levels of unemployment in this community and that most families depend on social grants for survival.

There is a lot of unemployment in the families. Poverty is a problem. Parents are unable to support their children, even though they receive child support grants it is not enough. We just put everything in front of God, really our community is damaged. (Personal interview, school 1, participant 2, female, Tswana)

“There is also high unemployment in the community a lot of families only depend on grants” (personal interview, school 3, participant 2, female, Tswana).

A South African study conducted by Ferrer and Visser (2015) show that poverty; underdevelopment; ill-health; and, psychological distress are strongly associated with unemployment in rural areas. Izaks, Avenant, and van Schalkwyk (2017) found that the difficulties associated with unemployment are not only limited to financial issues, but comprise a range of physical, emotional, and psychological problems for parents and their offspring. Holborn and Eddy (2011) signpost these as ‘warning signs’ when families who experience unemployment are living in extreme poverty, since these family units are associated with dysfunctional family environments. This finding is also supported by Ward et al. (2015) who indicate the serious effects of poverty, since parents living in poverty are likely to be poorly educated (see questionnaire) and thus less able to support their children’s educational development. This also reduces the ability of parents to provide adequate nutrition and to access good educational opportunities for children on the consistent basis

necessary for healthy development. Poverty, therefore, can significantly undermine parenting, decrease the life chances of children, and thereby transmit poverty from one generation to the next (Ward et al., 2015).

Sub-theme 2.2: Dangers of poor family functioning. Apart from the harmful influences of poverty, unemployment, and parents' substance-problems, the teachers and parent participants spoke about the impact of poor family functioning on children in middle childhood. The teacher participants referred to the families of children in middle childhood as the immediate setting for their growth and development (compare microlevel, Bronfenbrenner, 1979; Rosa & Tudge, 2013). They explained that a lack of parental care and improper discipline practices cause problems for children in this life phase and interfere negatively with their functioning in future. There are many examples in this high-risk rural community of how parental practices suffer in regard to healthy discipline. "Parents are unable to control their children. There is no discipline in other families, children do as they please" (personal interview, school 2, participant 6, female, Tswana).

There are variations in how parents raise their children in this rural high-risk community. Dakers (2018) refers to parenting styles as described by Baumrind (1966), namely authoritarian, permissive, uninvolved, and authoritative styles. Many parents in the selected community are viewed as uninvolved in the lives of their children (in terms of their parenting). The social workers and the schools are trying to get parents involved in the lives of their children without producing any positive results. An assumption can be made that the reason for the parents' behavior might be because they themselves did not receive a proper upbringing or parental guidance. This means that these parents allow their children ample freedom, and little or no discipline is applied. An uninvolved parent lets a child do what they want; they are less interested in parenting or unsure of what to do. Lack of involvement of

parents is dangerous for children in middle childhood's psycho-social well-being. Many children in this rural high-risk community receive little stimulation that enhances their social, physical, cognitive, and psychological development. Children of uninvolved parents are likely to misbehave and have cognitive and emotional problems. The uninvolved parents do not attend school meetings and activities and do not respond to calls by teachers to the school to talk about the academic performance of their children. The children of uninvolved parents perform poorly in their schoolwork and in other areas of their life. These parental practices could indicate poor quality of the parental relationship with children in middle childhood and are related to low life satisfaction (Tobergte & Curtis, 2013).

Sub-theme 2.3: Dangers of child-parent households. A child-only household is defined as a household in which all members are younger than 18 years (Child Gauge, 2017). These households are also commonly referred to as 'child-headed households', and the Children's Act definition of a child-headed household includes households where there are adults who may be too sick or too old to effectively head the household, and a child over 16 years bears this responsibility. In 2015, there were approximately 58 000 children living in a total of 35 000 child-only households across South Africa. Child-headed households are a reality in many South African communities, and these households are associated with a high incidence of adult illness and deaths due to AIDS (Jamieson, Berry, & Lake, 2017).

Some of the households' parents are deceased due to HIV/AIDS and children are left on their own and relatives refuse to help to take care of these children. These children are at risk of being exploited as they do not have adult supervision. (Personal interview, school 2, participant 7, female, Tswana).

The presence of child-headed households in this community marks an increased possibility that children are exposed to sexual abuse, the effect of poverty on children, and the breaking

down of family functioning – they do not grow up in safe and secure families. The overall impact is coined by Holborn and Eddy (2011) as ‘fractured families’, where children in middle childhood do not experience quality relationships of love and nurturance, security, responsive interaction, and encouragement for exploration. System theory offers a good fit to explain the interconnectedness of all systems within the family and wider community.

The second theme shows the risks of poor family functioning for children in middle childhood living in this rural high-risk community.

Theme 3: Role of different stakeholders. The participants spoke in general about their opinions about the roles different stakeholders should play in addressing or lessening the obstacles to ensure safety, stability, and well-being for their children in middle childhood. Many of the participants believed that parents are the most important people in ensuring the safety of their children before any other people. “Parents need to play an active role in the upbringing of their children” (personal interview, school 1, female participant 3, Tswana). “Us as parents we need to be good role models of our children” (personal interview, school 3, participant 12, female, Tswana).

Existing research support the significant role of parents in the psycho-social well-being of children, for example, effective parenting practices, such as responsive parenting offering affection and high levels of warmth for optimal psycho-social well-being of the child (Laudry, 2014). Also, when children are exposed to parents who are healthy role-models, then these youngsters can develop skills toward effective coping with difficult situations, which build their resilience (Evelyn, 2016). This was echoed by the teacher-participants: As teachers we are like parents, children who are 6 to 11 years, the same as when a child is at home and when he is at school you pick up that the child is like this and that. We have an influence in the community as well, so as teachers we expect that the child who is in a certain

way is well groomed from home and more so in school because we are the ones that spend a lot of time with them and we build them up intellectually. But we still know that we have a lot of responsibility for the positive behavior of the child especially knowing that the children also have new friends in the street and next door. So with regards to such children, our expectations as teachers is that they grow in line with their age and we don't want that at some point we question how they were raised or which school they attended before. We want to teach them stuff that contributes positively towards their minds and socially that they become good community members (FGD, school 1, participant 3, male, Tswana).

The participants were in agreement that, in the past, when a person saw a child doing something wrong or getting into danger, they stepped in to intervene even before they could ask the child's parents. They practiced Ubuntu and what the African proverb said: 'it takes a village to raise a child'.

The world has changed it is not like in the past where we looked after each other. Each and every parent must look after their children. The teachers will ensure safety when children are at school but when they are home parents should play their role. (Personal interview, school 2, participant 9, female, Tswana)

The following matters were emphasized:

- The role of the government and safety matters: "The police need to raid taverns and ensure they close on time" (personal interview, school 1, participant 5, female, Tswana);
- To increase the number of social workers in high-risk community;
- To foster the meaning of the church and spiritual well-being again in this community;
- To obtain the confidence and hope in community leaders and government again;
- To ensure children's rights within the family by teaching parenting of today and tomorrow about children's rights, and to support parents more actively in the hard work of raising their children.

In South Africa, there are days set aside to raise awareness on the importance of looking after children and ensuring that children's rights are protected. There is, for example, Child Protection Week, Children's Day, and 16 days of activism of no violence against women and children. The Children's Act 38 of 2005 clearly states that it is the responsibility of everyone to report any abuse or ill-treatment done to a child by anyone (The Convention on the Rights of the Child, UNICEF). Seemingly, the participants highlighted the role of the government and its responsibility to put in place all available measures to make sure children's rights are respected, protected, and fulfilled. The government must help families protect children's rights and create an environment where they can grow and reach their potential.

The lack of assets in the community was also stipulated as a hindrance to the healthy development of children in middle childhood. For example, the Magogong Village does not have recreational facilities for children to enjoy after school. There is no sports ground and/or community hall. Seemingly, this lack of resources to encourage children's positive development in the community adds to children's curiosity to walk around in dangerous places like taverns and associated risk behavior. "Truly speaking there is nothing. Our community does not have any facility that children can go to after school. There is nothing positive our children are benefiting from our community except learn of the crimes that are taking place here" (personal interview, school 1, participant 4, female, Tswana). The third main theme concerns the role that the various stakeholders can play in addressing the obstacles in the lives of children in middle childhood, namely parents, teachers, social workers, churches/faith communities, community leaders, and the government. It is vital that all stakeholders ensure that policies and laws set by the government are in the best interest of children; the environment that children grow up in must be safe and conducive to promote their developmental well-being.

Theme 4: Intentional promotion of children in middle childhood's psycho-social well-

being. The children who attend school are in a better position than those who do not, as school offers them opportunities towards academic and social success. "Schools are the only thing that is keeping our children safe" (personal interview, school 1, participant 1, female, Tswana). The positive influence of schools in this rural high-risk community is even more important as they offer resources for learners and parents to take part in practices of well-being (Mathews et al., 2014). A practical example is that children whose parents are involved in their schooling tend to do better at school and feel that education is important. Parents' involvement in their children's schooling includes ensuring that the child does their homework, attending parent teacher meetings, and participating in school activities. "The school plays a very important role in the development of children. The school prepares children to become problem-solvers and solution-seekers. The skills that children acquire at school will assist them in their adulthood" (Faith, 2012). Apart from learning academic work, the children learn other important life skills such as good manners, sharing, and responsibility. Parents are considered the children's first teachers, while teachers are the children's second parents.

According to the Bill of Rights of South Africa's Constitution, all South Africans have the right to education, including basic education and access to further education. The government has an obligation, through reasonable measures, to progressively make this education available and accessible. The school plays a very important role in the development of children. The school prepares children to become problem-solvers and solution-seekers. The skills that children acquire at school will assist them in their adulthood (Faith, 2012). Apart from learning academic work, the children learn other important life skills such as good manners, sharing, and responsibility. Parents are considered the children's first teachers, while teachers are the children's second parents.

Involve parents in workshops, making the community to be aware that the child is not for one individual it requires the cooperation of the whole community, by so doing we are opening doors, making parents to be free to interact with all the stakeholders so that if we encounter any problems we can all work together and they should know the door to knock in (FGD, school 1, participant 3, female, Tswana).

Grimova and van Schalkwyk (2016) describe a positive school climate in terms of an enabling environment for optimal functioning, and those positive psychological markers promoting relational well-being aimed at respectful interactions. The promotion of enabling schools (see Ebersöhn et al., 2018) suggests much more than just a space of safety; schools are also areas for the encouragement of learners in middle childhood's academic and life success, as well as developing parents' positive parenting (Wessels, 2012). Teacher participants indicated such possibilities to draw on the resources and to address the obstacles to ensure better safety: "It's the dropping centers and adopt a cop, they work very well for us. The home based care workers also work well because they go around identifying children that are not well" (FGD, school 1, participant 7).

Participants give details that they have the support of the social worker, health officials, and the police. They are able to call these officials to the school whenever they have crisis and also request them to give motivational talks to the learners in the school.

The fourth theme concerns the contribution of the various stake-holders needed for children in middle childhood in this community for positive functioning.

The main themes of the current research illustrate in no uncertain terms the many risks for children in middle childhood's psycho-social well-being in the Magogong Village in Dr Ruth Segomotsi Mompati District, Greater Taung Local Municipality in the North West Province of South Africa. The first two themes display the negative or disempowering

influences of this setting, with reference to safety issues, children's exposure to substance abuse, and the dangers for families and family functioning associated with poverty and high crime. The remaining themes raise the possible resources towards protective factors in this community. A deficit mentality seems to override, seeing that resources were viewed mostly in terms of lesser risks. For example, a lack of trust in the different stakeholders to combine efforts to strengthen 'what is working well' was clear (Seligman, 2011). It is interesting that teacher participants suggested workshops for parents of learners in middle childhood, while parent participants added several recommendations for the South African government. These findings are guided by the theoretical frameworks of the qualitative study, namely that an ecological stance aided by systems theory is vital when looking at a particular life phase (children in middle childhood) and psycho-social well-being. Although rather upsetting, the uncovering of those resilient factors or strengths-in-action (compare strengths approach) in this community seems to be greatly eroded or lacking.

Summary

This study explored the perceived role of the risk and protective factors that affect the psycho-social well-being of children in middle childhood in the Magogong Village. Findings indicate that the functioning and interacting of children in this community happens in an external setting with numerous serious risk for their psycho-social well-being (compare Bronfenbrenner, 1979). The focus of the research also included protective factors guided by the strengths-based perspective allowing for the need to clarify those pathways to resources that sustain children in middle childhood's psycho-social well-being within this particular context.

The findings show that participants are struggling immensely to cope with the available resources related to their children's psycho-social well-being. While bio-ecological and

systems theories also highlight the active role of community, family and schools in the lives of the children towards positive development, the developmental social work perspective points towards the importance of human empowering and resilient managing of resources by the community members versus mere hand-outs. Although the complex dynamics in this particular community is clear in terms of high poverty, limited resources, and many social ills, locals, have a shortage on how the positives or protective factors can be mobilized towards their children in middle childhood's psycho-social well-being.

The research findings indicate that these strategies and procedures can be used to lessen or address obstacles to ensure stability and well-being of children in middle childhood:

- Aftercare services for learners, to keep them away from dangerous places after school;
- Parental skills training and workshops for parents to be empowered and taught about taking care of their children and being involved in the lives of their children; and
- The development of income-generating projects for parents.

Finally, the increasing and balancing effects of those resilience (protective) factors within and across spheres may lead to the support of the psycho-social well-being of children in middle childhood.

Recommendations

It is recommended that future research look at effective interventions within the South African context to strengthen children in middle childhood's psycho-social well-being via the empowering of South African families as well as the children's psychological well-being. Findings refer to the role of parents and teachers (participants), but strengths perspective could allow those particular strengths, for example, children in middle childhood's competencies regarding self-regulation and school success. Also, since an ecological

understanding implies children in middle childhood's development in context, these efforts should include all relevant stakeholders in the particular community.

It is recommended that evidence-based strategies to prevent child maltreatment include parenting programs that promote safe, stable, and nurturing relationships between caregivers and children at early ages (Centre for Disease Control and Prevention, 2014; World Health Organization, 2009), and that these strategies are developed and implemented in this rural high-risk community. While the importance of evidence-based interventions is highlighted, it is also needed to commend culture-specific research, since the selected community represents a non-Western context (compare Ebersöhn, et al., 2018). The parents in the community believe that it is the responsibility of each and every parent to look after their own children and see to it that their basic needs are met. Seemingly, the spirit of Ubuntu is no longer guiding a village-driven outlook.

While it is recommended for social workers to take note of success, it is also vital to acknowledge failure in the implementation of policy in order to address serious barriers. This study is a pointer that in South Africa, social work education could be a key driver of change including ongoing professional educational development. This research offers some guidelines for social workers to be used within the Developmental social work paradigm in assisting rural high-risk communities, and especially its children.

Conclusion

Children are precious and all people should ensure that they have a safe environment in which to grow to their full potential. But, the world today is confronted with a painful and irrefutable truth that millions of children are suffering, for no the reason than the country, the community, the gender, or the circumstances into which they are born (UNICEF, 2016).

There is no doubt that also this South African rural community is regarded as dangerous or a

“not-child-friendly space’ with its high-risk and high-need. Children in middle childhood in the Magogong community’s psycho-social well-being are affected in an unimaginably detrimental way. If nothing is done, it can lead to children having ever-lasting difficulties. This research contributes to the much-needed community-based studies in South Africa of the risk and protective factors that affects the psycho-social well-being of children in a high-risk rural community. Such studies are vital for policy-making and intervention design (Meinck, Cluver, & Boyes, 2013). This research was inspired by the fact that also children in middle childhood of Magogong community need to be equipped with all the resources to counter risk and to encourage their resilience strengths. While a serious lack of community assets, poor family functioning, and even limitations in schooling are clear, this investigation serves as a signpost for imminent and immediate action towards the attainment of the 2030 SDG’s in the Magogong community as ‘a world fit for children’ (Aida Girma, UNICEF South Africa, Country Representative, 2016).

References

- Baumrind, D. (1966). Parenting disciplinary patterns and social competence in children. *Youth and Society*, 9,239-276.
- Beets, S. (2018). *A well-being programme to enhance learners in middle childhood’s social Skills* (Unpublished doctoral thesis). North West University: Potchefstroom.
- Bennett, J. R. (2015). *Addressing well-being in early and middle childhood: Recreation therapy interventions aimed to develop skills for a healthy life* (Master’s thesis). University of Utah, Utah.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. California, CA: SAGE.

- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U., & Morris, P. A. (1998). The ecology of development processes. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology: Vol. 1. Theoretical models of human development* (pp. 993–1027). New York, NY: Wiley.
- Creswell, J. W. (2009). *Research design: Qualitative and quantitative and mixed methods approaches* (3rd ed.). Los Angeles, CA: SAGE.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: SAGE.
- Davies, D. (2011). *Child development: A practitioner's guide* (3rd ed.). New York, NY: The Guilford Press.
- Department of Social Development. (2013). White paper on families in South Africa. Pretoria: Government Printers.
- Ebersöhn, L., Loots, T., Mampane, R., Omidire, F., Malan-Van Rooyen, M., Sefotho, M., & Nthontho, M. (2018). An indigenous psychology perspective on psychosocial support in Southern Africa as collective, networking, and pragmatic support. *Journal of Community & Applied Social Psychology*, (April 2017), 1-16.
<http://doi.org/10.1002/casp.2371>
- Evelyn, R. (2016). *The importance of healthy parent-child relationships*. Retrieved from <http://www.ahaparenting.com/parenting-tools/connection/building-relationship>
- Faith, R. (2012). *The school's role in influencing child development*. Retrieved from <https://mom.me/kids/4978-what-school-role-influencing-child-development/> 171.
- Farley, O. W., Smith, L. L., & Boyle, S. W. (2006). *Introduction to social work* (10th ed.). USA: Pearson Education Inc.

- Felner, R. D. (2006). Poverty in childhood and adolescence. In S. Goldstein & R. B. Brooks (Eds.), *Resilience in children* (pp. 125-148). New York, NY: Springer.
- Ferrer, S. & Visser, M. (2015). Farm workers' living and working conditions in South Africa: Key trends, emergent issues, and underlying and structural problems. Institute of Development and Labour Law. University of Cape Town. Retrieved from <http://idll.uct.ac.za>
- Geldenhuys, O. (2016). Relational well-being of a group of adolescents in a South African high-risk community (Unpublished doctoral dissertation). North-West University, Potchefstroom.
- Grimova, L., & Van Schalkwyk, I. (2016). Learners' perceptions and experiences of respect in educator-learner relationship. *Journal of Psychology in Africa*, 26(3), 1-8.
<http://doi.org/10.1080/14330237.2016.1185914>
- Hall, K., & Sambu, W. (2017). Demography of South Africa's children. *South African Child Gauge*. Retrieved from http://www.ci.uct.ac.za/sites/default/files/image_tool/images/367/Child_Gauge/South_African_Child_Gauge_2017/Child_Gauge_2017_lowres.pdf
- Helmer, M., Pulla, V., & Carter, E. (2015). Social work and diversional therapy: Common threads from a strengths perspective social work and diversional therapy. *International Journal of Social Work and Human Services Practice*, 2(6), 297-302.
- Holborn, L., & Eddy, G. (2011). *First steps to healing the South African family*. Johannesburg: SAIRR.
- Jamieson, L., Berry, L., & Lake, L. (2017). *South African Child Gauge 2017*. Cape Town: Children's Institute, University of Cape Town.
- Jamieson, L., & Richter, L. (2017). Striving for the Sustainable Development Goals: What do children need to thrive? In L. Jamieson, L. Berry, & L. Lake. (Eds.), *South African*

- Child Gauge* 2017 (pp. 32-42). Cape Town: Children's Institute, University of Cape Town.
- Khumalo, I. P., Temane, Q. M., & Wissing, M. P. (2012). Socio-demographic variables, general psychological well-being and the Mental Health Continuum in an African context. *Social Indicators Research*, *105*(3), 419-442. <http://doi.org/10.1007/s11205-010-9777-2>
- Lerner, R. (2006). Resilience as an attribute of the developmental system: Comments on the papers of Professors Masten and Wachs. *Annals of the New York Academy of Sciences*, *1094*, 40-51.
- Liddle, H. A., & Hogue, A. (2000). A family-based, developmental-ecological preventive intervention for high-risk adolescents. *Journal of Marital and Family Therapy*, *26*(3), 265-279. <http://doi.org/10.1111/j.1752-0606.2000.tb00297.x>
- Maree, K. (2016). *First steps in research* (2nd ed). Pretoria: Van Schaik.
- Masten, A.S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*, *56*(3), 227-238.
- Masten, A. S. (2015). *Ordinary magic: Resilience in development*. New York, NY: The Guilford Press.
- Mathews, S., Jamieson, L., Lake, L., Smith, C. (2014). *South African Child Gauge*. Cape Town: Children's Institute, University of Cape Town.
- McBurney, D. H. (2001). *Research methods*. London: Wadsworth/Thomson Learning.
- Meinck, F., Cluver, L. D., & Boyes, M. (2013). Orphanhood and household sickness as predictors of physical, emotional & sexual child abuse. European Regional Conference on Child Abuse & Neglect. ISPCAN, Dublin.
- Prilleltensky, I., Nelson, G., & Peirson, L. (2001). The role of power and control in children's lives: An ecological analysis of pathways toward wellness, resilience and problems.

- Journal of Community and Applied Social Psychology*, 11, 143-158.
- Rabionet, S. E. (2011). How I learned to design and conduct semi-structured interviews: An ongoing and continuous journey. *The Qualitative Report*, 16(2), 563.
- Rosa, E. M. & Tudge, J. (2013). Urie Bronfenbrenner's theory of human development: Its evolution from ecology to bioecology. *Journal of Family Theory & Review*, 5, 243-258.
- Rutter, M. (2007). Resilience, competence, and coping. *Child Abuse & Neglect*, 31(3), 205-9.
<http://doi.org/10.1016/j.chiabu.2007.02.001>
- Seligman, M. E. P. (2011). *Flourish: A visionary new understanding of happiness and well-being*. New York, NY: Simon & Schuster.
- Solis, M. J., Shadur, M. J., Burn A.R., & Hussong, A. M. (2012). Understanding the diverse needs of children whose parents abuse substances. Retrieved from
<http://www.ncbi.nlm.nih.gov/pmc/articles/pmc3676900>
- Tobergte, D.R. & Curtis, S. (2013). *Handbook for positive psychology in schools*.
- Underwood, M.K. & Rosen, L.H. (2011.) *Social development: Relationships in infancy, childhood and adolescence*. New York, NY: The Guilford Press.
- Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *The American Journal of Orthopsychiatry*, 81(1), 1-17. <http://doi.org/10.1111/j.1939-0025.2010.01067.x>
- Ungar, M. (2015). *Working with children and youth with complex needs: 20 skills to build resilience*. New York, NY: Routledge.
- UNICEF. (2016). *South Africa's children: A review of equity and child rights*.
- Visser, M. (2007). The social ecological model as a theoretical framework in Community Psychology. In B. Duncan, B. Bowman, N. Naidoo, J. Pillay, V. Roos (Eds.),

Community Psychology: Analysis context and action (pp. 102-116). Cape Town, South Africa: UCT Press.

Ward, C.L., Makusha, T., & Bray, R. (2015). Parenting, poverty and young people in South Africa: What are the connections? *South African Child Gauge*, 69-74.

World Health Organization. (2009). *Violence prevention: Preventing violence by developing life skills in children & adolescents*. Geneva.

Zastrow, C.H., & Kirst-Ashman, K.K. (2013). *Understanding human behavior and the social environment*. Belmont, CA: Thomson Brooks/Cole.

SECTION C
SUMMARY, REFLECTION, RECOMMENDATIONS, AND
CONCLUSION

1. Introduction

The aim of this section is to provide a summary of the two articles as well as the methodology that was used to investigate the research problem. A summary of the research findings is given, followed by a short version of the researcher's experience which includes an evaluation of the research process. The section will be concluded with the limitations of the study, followed by recommendations and conclusion.

2. Summary of the research problem and literature review

The focus of the study was to determine the perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood living in a rural high-risk community. The study took place in the Magogong Village in Dr Ruth Segomotsi Mompati District, Greater Taung Local Municipality in the North West Province. This environment represented a blueprint of a rural high-risk community, with poor housing; high levels of crime such as murder, sexual assault, robberies, substance abuse, addiction, and violence; school drop-outs; poor provision of care facilities for children; and high levels of unemployment.

The research study was needed in the Magogong Village, because children in middle childhood are influenced by their external environment (see Bronfenbrenner's bio-ecological model); and it is important to identify the many protective as well as risk factors to establish the ways in which they are enabled or obstructed to navigate their way to psychological, social, cultural, and physical resources toward sustainable well-being (Ungar, 2015:16).

The theoretical framework fundamental to this research was the strength perspective in social work, to show people that they have inner abilities and capabilities that can help them deal with their predicaments as well as possibilities; complemented with systems theory and an ecological approach, indicating the interdependence of the various systems of children in context.

Lastly the new paradigm in social work called developmental social work which links micro, meso and macro practice, offers an integrated and holistic approach to social work. This perspective recognizes and responds to the interconnections between the person and the environment.

This study was done by conducting a comprehensive literature review of relevant existing research on the risk and protective factors that play a role in the psycho-social well-being of children in middle childhood living in a South African high-risk community. Empirical research was done by conducting individual interviews with parent participants and focus

group discussions with teachers in the three school communities. A descriptive research design was used in this qualitative study.

Thematic and content analysis were used. The purpose of the research summary is to review the findings that emanated from the literature and empirical data to discuss the conclusions drawn and to provide recommendations.

2.2 Summary of article 1: A literature study: The role of risk and protective factors pertaining to the psycho-social well-being of children in middle childhood living in a South African rural high-risk community

The communities that children grow up in can have profound effects on the adults they become. Everyday children all over South Africa are faced with adverse situations like, violence, alcoholism, drug abuse, physical, emotional and sexual abuse. Hall and Sambu (2013) stated that an ecological stance of children in middle childhood's psycho-social well-being holds the complex interplay of various protective and risk factors. Risks could seriously threaten children in middle childhood's psycho-social well-being. Protective factors could mitigate these risks and provide children in middle childhood with enabling spaces towards positive health (Felner, 2006). Literature about various risk factors, risk modifiers and particular protective factors associated with children in middle childhood's psycho-social well-being who are living in a rural high-risk community, is presented.

2.3 Summary of article 2: The perceived role of risk and protective factors regarding children in middle childhood's psycho-social well-being in a South African high-risk community

The second article explored the perceived role of the risk and protective factors that affects the psycho-social well-being of children in middle childhood in a selected rural high-risk community. The first two themes comprise the many risk factors that children face within their families and in the community; and, the other themes deal with protective factors to assist children to thrive even when they are facing adversities.

Theme 1: Negative influences of a disempowering setting

The participants spoke with great concern about the numerous negative environmental threats to the psycho-social well-being of children in middle childhood. They explained that children are exposed to numerous risks, such as crime, violence, and alcohol abuse on a daily basis in the community. Children are at risk of becoming victims and even perpetrators of crime. Exposure to such unhealthy ways of living may have detrimental consequences for the psycho-social well-being of children in middle childhood. It takes children with good

resilience and sufficient protective factors to bounce back from such adversities and succeed against all odds. The first theme is summarized as those contextual factors which are threatening the psycho-social well-being of children in middle childhood in the rural high-risk setting.

Theme 2: Dangers for families

The participants explained that unemployment, poverty, substances abuse, and violence as a problem in the community. Participants spoke freely about high levels of unemployment in the community and that most families are unable to support themselves and their only means of survival is the social grants they receive from the government. Discipline is a problem in many families as there are variations in how parents raise their children in the community; some parents are unable to reprimand their children as they focus more on alcohol than on meeting the needs of their children. Systems theory offers a good fit to explain the interconnectedness of all systems within the family and wider community. The second theme explains the risk of poor family functioning for children in middle childhood living in a high-risk rural community.

Theme 3: Role of different stakeholders

Participants emphasized the role of parents in the lives of their children. They explained that parents are the most important people to ensure the safety of their children in the community. Participants explained that parents should be key role players in the growth and development of their children. Parents must form relationships with their children in such a way that they will be able to recognize when their children have problems or difficulties. Other stakeholders such as social workers, churches, community leaders, and the government are there to offer valuable resources, support, and guidance to the parents and children.

Theme 4: Intentional promotion of children in middle childhood's psycho-social well-being

The participants spoke greatly that children who attend school are in a better position than those who do not. Clearly schools are important institutions to enhance the psycho-social well-being of children. Children can learn morals and good behavior in schools, with the assistance of supportive teachers that stimulate the children's cognitive development so that children can develop resiliency. The first two theme display the negative or disempowering influences of this setting, with reference to safety issues, children's exposure to substance abuse, and the dangers for families and family functioning associated with poverty and high

crime. The remaining themes raise the possible resources towards protective factors in the community. A deficit mentality seems to override, seeing that resources were viewed mostly in terms of lesser risks.

3. General summary: researcher's reflections

During data collection, the researcher became aware of the emotional discomfort in sharing their experiences participants of especially the parent participants. They recalled past and present traumatic events in the community. However, conducting individual interviews with parent participants as well as focus group discussions with teachers in the community was a good decision for collecting rich information.

The researcher was moved by the mostly deficit lens of parent and teacher participants of the rural high-risk community. This perspective has serious implications and revealed an attitude which could be described as defeatedness. The findings showed community-members' understanding of the particular issue in terms of their disempowering circumstances, being overwhelmed and faced with extremely negative outcomes for their children's psycho-social well-being. It was the researcher's experience that participants' ill-being perspective limits them to recognize strengths or an appreciation of available resources. It cannot be denied that this negativity coloured the research findings.

Then again, the researcher is convinced that more is needed than the mere erasing of poverty and the many social ills in the high-risk community to encourage children in middle childhood's psycho-social well-being towards hope, positivity and healthy functioning. Children can achieve so much when they have the right support. They are able to defy all odds irrespective of the environment in which they grow up. In this sense the internal environment of the children living in Magogong Village holds the key towards improved well-being.

The researcher is aware that the well-being of our children is an important focus of this country. This is made evident by the ratification of the United Nations Convention on the Rights of the Child, the Children's Act 38 of 2005, and the Constitution of the Republic of South Africa. Although the high number of social ills such as alcohol abuse, unemployment, poverty, and lack of basic services and recreational facilities for the children in the Magogong Village of the North West Province in the Dr Ruth Segomotsi Mompati District is discouraging, community-members' want to protect the well-being of its children. The responses that the researcher received give hope that parents want what is best for their children, and they need support from the government and other relevant stakeholders in making their community safe for the benefit and the psycho-social well-being of their

children. Children living in a high-risk community are at risk of having health, intellectual, behavioural, and cognitive problems. The negative influences and conditions instigating these “poverty traps” were clearly shown in this research. The possible long-term effects of the aversive environment for the children in middle childhood to have low self-esteem, learning difficulties, and challenges in forming meaningful relationships are of great concern.

4. Limitations

Although rich data were obtained, the findings of this qualitative study cannot be generalized to other rural high-risk communities in the South African context. Yet, the particular information of this rural community could offer valuable guidelines for future research. Another limitation of this research could be that individual interviews were mainly conducted with female participants; data obtained from male participants could add even richer information.

5. Recommendations

It was emphasized that in agreement with the 2030 Global Agenda incorporating a set of universal goals (the Sustainable Development Goals/SDGs), South Africa has pledged to achieve targets and indicators to achieve between 2016 and 2030. According to Jamieson and Richet (2017), these obligations are not new, but they call for a coordinated approach. Children are at the heart of the SDGs, and the 2030 Global Agenda recognizes that: “When children’s rights are respected, protected and fulfilled dividends are returned in the form of global security, sustainability and human progress” (Jamieson & Richet, 2017, p. 92).

It is recommended that future research investigate programmes or interventions to capacitate community members of rural South African communities to improve their living conditions. However, it is clear that such interventions should be fit for the non-Western context and take into account the many practicalities to ensure community members’ sustainable participation.

Such interventions could focus on the community taking responsibility for the protection of their children’s psycho-social well-being with the necessary sober honesty about the social ills of their community. Also, the role of parents and teachers in the community should be added to encourage parents to be full participants in the education of their children; social work service delivery should be improved, with more social workers to be assigned to the said community; and the government should put more focus on the psycho-social well-being of children in middle childhood within the context of rural high-risk communities.

Social workers and Social work researchers need to develop policies that can help improve and develop skills of high-risk communities in order to empower them to thrive despite their adverse circumstances. Families at risk within the high-risk community need to be identified by social workers and they be empowered and be taught skills to use in order to deal with circumstances they find themselves in.

6. Conclusion

The research uncovered the perceived risk and protective factors that affect the psycho-social well-being of children in middle childhood in the Magogong Village. Findings indicate that various risk factors are present in this rural high-risk community affecting the psycho-social well-being of these children in a negative manner. These risks are part of the daily functioning and interactions of children in middle childhood's primary settings for growth or development (cf. systems theory), such as at home, at school, and in the wider community (cf. Bronfenbrenner's bio-ecological theory). In the South African context, the negative influences of these risks are well documented, and the link to high school drop-out and various other social problems add to an accumulation of risks in that particular family or community. Finally, the cumulative and counterbalancing effects of those resilience (protective) factors within and across spheres may lead to the support of the psycho-social well-being of children in middle childhood.

COMPLETE REFERENCE LIST

- Babbie, E.R. & Mouton, J. 2001. The practice of social research. Cape Town, South Africa: Oxford University Press.
- Baumrind, D. 1966. Parenting disciplinary patterns and social competence in children. *Youth and Society*, 9:239-276.
- Beets, S. 2018. A well-being programme to enhance learners in middle childhood's social skills. Potchefstroom: North-West University. (Thesis – PhD).
- Bennett, J.R. 2015. Addressing well-being in early and middle childhood: recreation therapy interventions aimed to develop skills for a healthy life. Utah, University of Utah. (Thesis – MA).
- Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2):77-101.
- Braun, V. & Clarke, V. 2013. Successful qualitative research: a practical guide for beginners. California, CA: SAGE.
- Brodsky, A.E. & Cattaneo, L.B. 2014. A transconceptual model of empowerment and resilience: divergence, convergence and interactions in kindred community concepts, (March). <http://doi.org/10.1007/s10464-013-9599x>
- Bronfenbrenner, U. 1977. Toward an experimental ecology of human development. *American Psychology*, 32:513-531.
- Bronfenbrenner, U. 1979. The ecology of human development. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U. 1994. Ecological models of human development. *International Encyclopaedia of Education*, 2(3):1643-1647. Oxford: Pergamon Press and Elsevier Science.

Bronfenbrenner, U. & Morris, P.A. 1998. The ecology of development processes. (*In* Damon, W. & Lerner, R.M., eds. Handbook of child psychology: Vol. 1. Theoretical models of human development. New York, NY: Wiley. p. 993-1027).

Bronfenbrenner, U. & Morris, P.A. 2006. The bio-ecological model of human development. (*In* Damon, W. & Lerner, R.M., eds. Handbook of child psychology. Theoretical models of human development. New Jersey, NJ: John Wiley & Sons. p. 793-828).

Charlesworth, L., Wood, J. & Viggiani, P. 2008. Middle childhood. (*In* Hutchinson, E.D., ed. Essentials of human behaviour: integrating person, environment, and the life course. Thousand Oaks, CA: SAGE. p. 501-543.)

Colorafi, K. J. & Evans, B. 2016. Qualitative Descriptive Methods in Health Science Research. Health Environments Research and Design Journal, 9(4), 16-25.
<http://doi.org/10.1177/1937586715614171>

Creswell, J.W. 2009. Research design: qualitative and quantitative and mixed methods approaches. 3rd ed. Los Angeles, CA: SAGE.

Creswell, J.W. 2013. Qualitative inquiry and research design: choosing among five approaches. 3rd ed. Thousand Oaks, CA: SAGE.

Curtis, A.C, Waters, C.M & Brindis, S. 2011. Rural adolescent health: the importance of prevention services in the rural community. Retrieved from Doi 10.1111/j.1748-0361.2010.00319x

Dadialla, J.K., He, Q. & Wang, W. 2014. Maintaining psychosocial well-being among children aged 13 to 16. Retrieved from <https://www.theseus.fi/bitstream/handle>

Dakers, J.W. 2018. Parenting style as a predictor of self-compassion among a group of adolescents. Johannesburg: University of Johannesburg. (Dissertation – MA).

Davies, D. 2011. Child development: a practitioner's guide. 3rd ed. New York, NY: The Guilford Press.

Department of Social Development. 2013. White paper on families in South Africa. Pretoria: Government Printers.

Department of Women, Children and People with Disabilities.2012. National Plan of Action for Children in South Africa 2012-2017. Pretoria: DWCPD.

DSD, DWCPD & UNICEF.2012. Violence against children in South Africa. Department of Social Development/ Department of Women, Children and People with Disabilities/ UNICEF. Pretoria: Government Press.

De Vos, A.S., Strydom, H., Fouché, C.B. &Delpont, C.S.L. 2005. Research at grass roots for the social sciences and human service professions. 3rd ed. Pretoria: Van Schaik.

Driscoll, D.L. 2011. Introduction to primary research: observations, questionnaires, and interviews. *Writing Spaces: Readings on Writing*, 2:153-174.

East African Community. 2017. 2nd EAC Child Rights Conference. Retrieved from <https://www.eac.int/gender/children/84-sector/gender>

Ebersöhn, L., Loots, T., Mampane, R., Omidire, F., Malan-Van Rooyen, M., Sefotho, M. &Nthontho, M. 2018. An indigenous psychology perspective on psychosocial support in Southern Africa as collective, networking, and pragmatic support. *Journal of Community & Applied Social Psychology*, April 2017:1-16. <http://doi.org/10.1002/casp.2371>

Evelyn, R. 2016. The importance of healthy parent-child relationships. <http://www.ahaparenting.com/parenting-tools/connection/building-relationship>

Erikson, E.H. 1968. Identity: youth and crisis. New York, NY: Norton.

Erikson, E.H. 1977. Childhood and society. London, UK: WW Norton.

Faith, R. 2012. The school's role in influencing child development. <https://mom.me/kids/4978-what-school-role-influencing-child-development/> 171.

- Farrelly, P. & Leader, C. 2013. Issues of trustworthiness, validity and reliability. *British Journal of School Nursing*, 8(3):2013-2015.
- Farley, O.W., Smith, L.L. & Boyle, S.W. 2006. Introduction to social work. 10th ed. USA: Pearson Education Inc.
- Felner, R.D. 2006. Poverty in childhood and adolescence. (In Goldstein, S. & Brooks, R.B., eds. Resilience in children. New York: Springer. p.125-148).
- Ferrer, S. & Visser, M. 2015. Farm workers' living and working conditions in South Africa: key trends, emergent issues, and underlying and structural problems. Institute of Development and Labour Law. University of Cape Town. Retrieved from <http://idll.uct.ac.za>
- Garnezy, N., Masten, A.S. & Tellegen, A. 1984. The study of stress and competence in children: a building block for developmental psychopathology. *Child Development*, 55:97-111.
- Geldenhuys, O. 2016. Relational well-being of a group of adolescents in a South African high-risk community. Potchefstroom: North-West University. (Dissertation – PhD).
- Goleman, D. 2013. Focus: the hidden driver of excellence. London, UK: Bloomsbury.
- Greeff, M. 2011. Information collection: interviewing. (In De Vos, A.S., ed. Research at grass roots: for the social sciences and human service professions. 4th ed. Pretoria: Van Schaik. p. 547).
- Grimova, L., & Van Schalkwyk, I. 2016. Learners' perceptions and experiences of respect in educator-learner relationships. *Journal of Psychology in Africa*, 26(3):1-8. <http://doi.org/10.1080/14330237.2016.1185914>
- Guerra, N.G. & Dierkhising, C. 2011. The effects of community violence on child development. *Encyclopedia on Early Childhood Development*, pp.1-4. Retrieved from <http://www.child-encyclopedia.com/documents/Guerra-Dierkhising>
- Hall, K. & Sambu, W. 2017. Demography of South Africa's children. *South African Child Gauge*. Retrieved from

http://www.ci.uct.ac.za/sites/default/files/image_tool/images/367/Child_Gauge/South_African_Child_Gauge_2017/Child_Gauge_2017_lowres.pdf

Harrison, D. 2017. Investing in children: the drivers of national transformation in South Africa. *South African Child Gauge*. Cape Town: University of Cape Town.

Helmer, M., Pulla, V. & Carter, E. 2015. Social work and diversional therapy: common threads from a strengths perspective social work and diversional therapy. *International Journal of Social Work and Human Services Practice*, 6(2):297-302.

Holborn, L. & Eddy, G. 2011. First steps to healing the South African family. Johannesburg: SAIRR.

Jamieson, L. Berry, L. & Lake, L. 2017. *South African Child Gauge 2017:32-42*. Cape Town: Children's Institute, University of Cape Town.

Jamieson, L. & Richter, L. 2017. Striving for the Sustainable Development Goals: what do children need to thrive? (*In* Jamieson, L. Berry, L. & Lake, L., eds. *South African Child Gauge 2017*. Cape Town: Children's Institute, University of Cape Town. p. 32-42).

Khumalo, I.P., Temane, Q.M. & Wissing, M.P. 2012. Socio-demographic variables, general psychological well-being and the Mental Health Continuum in an African context. *Social Indicators Research*, 105(3):419-442. <http://doi.org/10.1007/s11205-010-9777-2>

Khumalo, N.O. 2007. Experiences of Zulu African mothers of adolescents who are misbehaving in urban townships in Durban. Durban: University of Kwazulu-Natal. (Unpublished Dissertation – MA).

Kirst-Ashman, K.K. 2007. Introduction to social work & social welfare critical thinking perspective. 3rd ed. New York, NY: Brooks/Cole.

Kohlberg, L. 1981. The philosophy of moral development moral stages and the idea of justice. Retrieved from <http://psychology.org/kohlberg-1981-the-philosophy-of-moral-development>

Kotchick, B.A. & Forehand, R. 2002. Putting parenting in perspective: a discussion of the contextual factors that shape parenting practices. *Journal of Child and Family Studies*, 11:255-269. doi:<http://doi.org/10.1023/A:1016863921662>

Leech, N.L. & Onwuegbuzie, A.J. 2007. An array of qualitative data analysis tools: a call for data analysis triangulation. *School Psychology Quarterly*, 22(4):557-584. <http://doi.org/10.1037/1045-3830.22.4.557>

Lerner, R. 2006. Resilience as an attribute of the developmental system: comments on the papers of Professors Masten and Wachs. *Annals of the New York Academy of Sciences*, 1094:40-51.

Liddle, H.A. & Hogue, A. 2000. A family-based, developmental-ecological preventive intervention for high-risk adolescents. *Journal of Marital and Family Therapy*, 26(3):265-279. <http://doi.org/10.1111/j.1752-0606.2000.tb00297.x>

Lincoln, Y.S. & Guba, E.G. 1985. *Naturalistic inquiry*. Beverly Hills, CA: SAGE.

Lombard, A. & Wairire, G. 2010. Developmental Social Work in South Africa and Kenya: Some lessons for Africa. *The social work practitioner - Researcher*, Special Issue, April 2010. pp.98-111. <http://hdl.handle.net/2263/16241>

Maree, K. 2016. *First steps in research*. 2nd ed. Pretoria: Van Schaik.

Masten, A.S. 2001. Ordinary magic: resilience processes in development. *American Psychologist*, 56(3):227-238.

Masten, A.S. 2015. *Ordinary magic: resilience in development*. The Guilford Press: New York, NY.

Masten, A.S. & Garmezy, N. 1985. Risk, vulnerability and protective factors in development psychopathology. (In Lahey, B.B. & Kazdin, A.E., eds. *Advances in clinical child psychology* (Vol.8). New York, NY: Plenum Press. p.1-52).

Mathews, S. & Benvenuti, P. 2014. Violence against children in South Africa: developing a prevention agenda. (In Mathews, S., Jamieson, L., Lake, L. & Smith, C., eds. South African Child Gauge. Cape Town: Children's Institute, University of Cape Town).

Mathews, S., Jamieson, L., Lake, L. & Smith, C. 2014. South African Child Gauge. Cape Town: Children's Institute, University of Cape Town.

McBurney, D.H. 2001. Research methods. London: Wadsworth/Thomson Learning.

Meinck, F., Cluver, L.D. & Boyes, M. 2013. Orphanhood and household sickness as predictors of physical, emotional & sexual child abuse. European Regional Conference on Child Abuse & Neglect. ISPCAN, Dublin.

McFarlane, A. 2018. The complexity of the relationship between alcohol consumption and trauma related disorders: unravelling the puzzle. Key note speaker, SAAMS-AMECA Conference, Cape Town (31 August-1 September 2018).

Mclaughlin, C. & Clarke, B. 2010. Relational matters: a review of the impact of school experience on mental health in early adolescence. *Educational & Child Psychology*, 27(1):91-103.

Molefe, S.P. 1996. Rural development in South Africa: implication for social work practice. *Journal of Social Development in Africa*, 11(2):21-31. Retrieved from <https://pdfs.semanticscholar.org>

Motepe, M.M. 2006. A life skills programme for early adolescent AIDS orphans. Pretoria: University of Pretoria. (Unpublished Thesis – PhD).

Mouton, J. 2001. How to succeed in your master's and doctoral studies: a South African guide and resource book. Pretoria: Van Schaik.

Newland, L.A., Lawler, M.J.T., Roh, S. & Carr, E.R. 2015. Predictors of children's subjective well-being in rural communities of the United States. *Child Indicators Research*, 8(1):177-198. <http://doi.org/10.1007/s12187-014-9287-x>

Patel, L. 2015. *Social Welfare and Social Development*. 2nd edition. Cape Town: Oxford University Press, Southern Africa

Patel, L. & Hochfeld, T. 2013. Developmental social work in South Africa: Translating policy into practice. *International social work*.56.690-704.doi.10.1177/0020872812444481.

Prilleltensky, I., Nelson, G. & Peirson, L. 2001. The role of power and control in children's lives: an ecological analysis of pathways toward wellness, resilience and problems. *Journal of Community and Applied Social Psychology*, 11:143-158.

Pulla, V. 2012. What are strengths based practices all about? (In Pulla, V., Chenoweth, L., Francis, A., Bakaj, S., eds. *Paper in Strengths Based Practice*, New Delhi: Allied Publishers. ISBN 978-81-8424-810-4).

Rabionet, S.E. 2011. How I learned to design and conduct semi-structured interviews: an ongoing and continuous journey. *The Qualitative Report*, 16(2):563.

Rosa, E.M. & Tudge, J. 2013. Urie Bronfenbrenner's theory of human development: its evolution from ecology to bioecology. *Journal of Family Theory & Review*, 5:243-258.

Rubin, A. & Babbie, E.R. 2016. *Empowerment series: research methods for social work*. Australia: Brooks/Cole Cengage Learning.

Rutter, M. 2007. Resilience, competence, and coping. *Child Abuse & Neglect*, 31(3):205-9. <http://doi.org/10.1016/j.chiabu.2007.02.001>

Said-Mohamed, R., Micklesfield, L.K., Pettifor, J.M. & Norris, S.A. 2015. Has the prevalence of stunting in South African children changed in 40 years? A systematic review. *BMC Public Health*, 5(1):1-10.

Saleebey, D. 2012. *The strengths perspective in social work practice*. Pearson Higher Ed.

Sandelowski, M. 2010. What's in a name? Qualitative description revisited. *Research in Nursing & Health*, 33(1):77-84.

Sanders, J. & Munford, R. 2015. Fostering a sense of belonging at school-five orientations to practice that assist vulnerable youth to create a positive student identity. *School Psychology International*, 37(2):155-171. doi:10.1177/01430343156

Save the Children South Africa: Strategy 2015-2019. 2015. Retrieved from http://www.savethechildren.org.za/sites/savethechildren.org.za/files/resources/Save%20the%20children%20%SouthAfrica_Vision%2020.

Schurink, W., Fouché, C.B. & De Vos, A.S. 2011. Qualitative data analysis and interpretation (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L., eds. Research at grass roots: for the social sciences and human service professions. 4th ed. Pretoria: Van Schaik. p.397-423).

Seligman, M.E.P. 2011. Flourish: A visionary new understanding of happiness and well-being. New York, NY: Simon & Schuster.

Shier, M.L. & Graham, J.R. 2011. Mindfulness, subjective well-being, and social work: insight into their interconnection from social work practitioners. *Social Work Education*, 30(1):29-44. <http://doi.org/10.1080/02615471003763188>

Skinner, E.A. & Zimmer-Gembeck, M.J. 2016. Development of coping during middle childhood: cognitive reappraisal, mental modes of coping, and coordination with demands. (In Skinner, E.A. & Zimmer-Gembeck, M.J., eds. The development of coping. Springer International Publishing. p. 163-183).

S'lungile, S., Thwala, K., Ntinda, K. & Mabuza, N. 2014. Single parenting effects: resource access and coping of children in Swaziland. *Journal of Psychology in Africa*, 24(6):504-508. <http://doi.org/10.1080/14330237.2014.997040>

Solis, M. J., Shadur, M. J., Burn A.R. & Hussong, A. M. 2012. Understanding the diverse needs of children whose parents abuse substances. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc3676900>

South Africa. 1995. South African Convention on the Rights of the Child of 1995.

South African Human Rights Commission. 2011. *Children's rights to an Adequate Standard of Living*. Retrieved from <http://www.sahrc.org.za>

Southern and Eastern African Consortium on Monitoring Education Quality (SACMEQ). 2007. Retrieved from <http://Sacmeq.org/?q=sacmeq-members/south-affrica>

Spaull, N. 2011. South Africa's education crisis: the quality of education in South Africa 1994-2011. Johannesburg: Centre for Development Enterprise.

Strydom, H. 2011. Ethical aspects of research in the social sciences and human professions. (In De Vos, A.S., Strydom, H., Fouché, C.B. & Delport, C.S.L. Research at grass roots: for the social sciences and human science professions. 4th ed. Pretoria: Van Schaik. p. 113-130).

Swarts, L., De la Rey, C., Duncan, N. & Townsend, L. 2008. Psychology: an introduction. 2nd ed. Southern Africa: Oxford University Press.

Theron, L.C. & Theron, A.M.C. 2014. Meaning-making and resilience: case studies of a multifaceted process. *Journal of Psychology in Africa*, 24(1):24-32.

Tobergte, D.R. & Curtis, S. 2013. Handbook for positive psychology in schools.

Underwood, M.K. & Rosen, L.H. 2011. Social development: relationships in infancy, childhood and adolescence. New York, NY: The Guilford Press.

Ungar, M. 2006. Resilience across cultures. *British Journal of Social Work*, 38(2):218-235. <http://doi.org/10.1093/bjsw/bcl343>

Ungar, M. 2011. The social ecology of resilience: addressing contextual and cultural ambiguity of a nascent construct. *The American Journal of Orthopsychiatry*, 81(1):1-17. <http://doi.org/10.1111/j.1939-0025.2010.01067.x>

Ungar, M. 2015. Working with children and youth with complex needs: 20 skills to build resilience. New York, NY: Routledge.

UNICEF. 2016. South Africa's children: a review of equity and child rights.

- Vaismoradi, M., Turunen, H. & Bondas, T. 2013. Content analysis and thematic analysis: implications for conducting a qualitative descriptive study. *Nursing and Health Sciences*, 15(3):398-405. <http://doi.org/10.1111/nhs.12048>
- Van den Berg, W. & Makusha, T. 2018. State of South Africa's fathers 2018. Retrieved from <http://ecommons.hsrc.ac.za/handle/20.500.11910/12398>
- Van Schalkwyk, I. & Wissing, M.P. 2010. Psychosocial well-being in a group of South African adolescents. *Journal of Psychology in Africa*, 20(1):53-60. <http://doi.org/10.1080/14330237.2010.10820342>
- Visser, M. (2007). The social ecological model as a theoretical framework in Community Psychology. In B. Duncan, B. Bowman, N. Naidoo, J. Pillay, & V. Roos (Eds.), *Community Psychology: Analysis context and action* (pp.102-116). Cape Town, South Africa: UCT Press.
- Ward, C.L., Makusha, T., & Bray, R. 2015. Parenting, poverty and young people in South Africa: What are the connections? *South African Child Gauge*, 69-74.
- Ward, C. & Wessels, I. 2013. Rising to the challenge: towards effective parenting programmes. *South Africa Child Gauge*, 62-65. Retrieved from www.childrencount.ci.org.za
- Werner, E. & Smith, R. 1982. *Vulnerable but invincible longitudinal study of resilient Children and Youth*. New York: Adams; Bannister and Cox.
- Whittaker, A. 2012. *Research skills for social work*. 2nd edition. California, CA: SAGE.
- Wissing, M.P. & Temane, Q.M. 2008. The structure of psychological well-being in cultural context: towards a hierarchical model of psychological health. *Journal of Psychology in Africa*, 18(1):45-56.
- World Health Organization. 2012. *Early Childhood Development and Disability: A discussion paper*: Geneva
- Zastrow, C.H. & Kirst Ashman, K.K. 2013. *Understanding human behavior and the social environment*. Belmont, CA: Thomson Brooks/Cole.

APPENDICES

APPENDIX 1: LETTER OF APPROVAL-COMPRES (SCIENTIFIC COMMITTEE)



Recommendation of the Research Proposal Committee to the Research Ethics Committee Research Using Human Participants

Scientific Committee	Name	Tebogo Bridgette Mosang	Discipline	Social Work
	Research Entity	COMPRES	Contact Person	Salomé Lubbe
	Faculty	Health Sciences	E-mail	22749969@nwu.ac.za
Title of the study:	The perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community			
Researchers involved in the study:	Dr Izanette van Schalkwyk Ms Issie Jacobs			
Potential risk level for human participants:	No risk	<input type="checkbox"/>	Motivate: Click here to enter text.	
	Minimal risk	<input checked="" type="checkbox"/>		
	Medium risk	<input type="checkbox"/>		
	High risk	<input type="checkbox"/>		
Potential risk level for children and incapacitated adults:	No risk	<input type="checkbox"/>	Motivate: Click here to enter text.	
	No more than minimal risk of harm	<input type="checkbox"/>		
	Greater than minimal risk with the prospect of direct benefit	<input type="checkbox"/>		
	Greater than minimal risk with no direct benefit	<input type="checkbox"/>		
Recommendation for the ethics committee	Expedited review	<input type="checkbox"/>	Motivate: Click here to enter text.	
	Full review	<input checked="" type="checkbox"/>		
	Exempted from review	<input type="checkbox"/>		
Any additional comments	Motivate: The proposal was approved in 2017 on a COMPRES committee. The HREC committee referred it back to COMPRES to review the methodology section. This review was done and proposal approved.			
Committee members present during the review	Members present			
	Prof Herman Grobler			
	Prof Karel Botha			
	Prof Cornelia Wessels			
	Prof Elma Ryke			
	Dr Werner de Klerk			
	Dr Roslind Mokwele			
Date of review	2018/03/22			

APPENDIX 2: APPROVAL CERTIFICATE (HEALTH RESEARCH ETHICS COMMITTEE)



Private Bag X6001, Potchefstroom,
South Africa, 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: <http://www.nwu.ac.za>

Research Ethics Regulatory Committee
Tel: +27 18 299 4849
Email : Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF STUDY

Based on approval by Health Research Ethics Committee (HREC) on 25/06/2018, the North-West University Research Ethics Regulatory Committee (NWU-RERC) hereby approves your study as indicated below. This implies that the NWU-RERC grants its permission that provided the special conditions specified below are met and pending any other authorisation that may be necessary, the study may be initiated, using the ethics number below.

Study title: The perceived risk and protective factors that play a role in the psychosocial well-being of children in middle childhood in a rural high risk community.	
Study Leader/Supervisor: Dr I van Schalkwyk	
Student: TB Mosang	
Ethics number:	N W U - 0 0 0 0 6 - 1 8 - A 1
	<small>Institution Study Number Year Status</small>
	<small>Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation</small>
Application Type: Single-study	
Commencement date: 25-06-2018	Expiry date: 30-06-2019
	Risk: Medium
Approval of the study is initially provided for a year, after which continuation of the study is dependent on receipt of a half yearly monitoring report (due at end of February and June until completion) and the concomitant issuing of a letter of continuation.	

Special conditions of the approval (if applicable):

<p>General conditions:</p> <p>While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:</p> <ul style="list-style-type: none">The study leader (principal investigator) must report in the prescribed format to the NWU-RERC via HREC:<ul style="list-style-type: none">annually (or as otherwise requested) on the monitoring of the study, and upon completion of the studywithout any delay in case of any adverse event or incident (or any matter that interrupts sound ethical principles) during the course of the study.Annually a number of studies may be randomly selected for an external audit.The approval applies strictly to the proposal as stipulated in the application form. Should any changes to the proposal be deemed necessary during the course of the study, the study leader must apply for approval of these amendments at the HREC, prior to implementation. Should there be any deviations from the study proposal without the necessary approval of such amendments, the ethics approval is immediately and automatically forfeited.The date of approval indicates the first date that the study may be started.In the interest of ethical responsibility the NWU-RERC and HREC retains the right to:<ul style="list-style-type: none">request access to any information or data at any time during the course or after completion of the study;to ask further questions, seek additional information, require further modification or monitor the conduct of your research or the informed consent process.withdraw or postpone approval if:<ul style="list-style-type: none">any unethical principles or practices of the study are revealed or suspected,it becomes apparent that any relevant information was withheld from the HREC or that information has been false or misrepresented,the required amendments, annual (or otherwise stipulated) report and reporting of adverse events or incidents was not done in a timely manner and accurately,new institutional rules, national legislation or international conventions deem it necessary.HREC can be contacted for further information or any report templates via Ethics-HRECAppl@nwu.ac.za or 018 299 1206.
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The RERC would like to remain at your service as scientist and researcher, and wishes you well with your study. Please do not hesitate to contact the RERC or HREC for any further enquiries or requests for assistance.

Yours sincerely

Prof. Wayne Towers
Chair NWU Health Research Ethics Committee

APPENDIX 3: APPROVAL LETTERS FROM THE THREE PARTICIPATING SCHOOLS

 **GALESHWE PRIMARY SCHOOL** 
P.O. BOX 136
MAGOGONG
8575
ENQ: Itumeleng O.M. (Acting Principal)
TEL: 083 4286 299 /082475 0975/081 0212 795
Email -address: galesheweps@gmail.co.za

TO : MOSANG TEBOGO

FROM : PRINCIPAL

GALESHWE PRIMARY SCHOOL

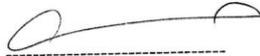
SUBJECT : APPROVAL FOR A RESEARCH CONDUCT

This serves to give Tebogo Mosang an approval to conduct a research at our school.

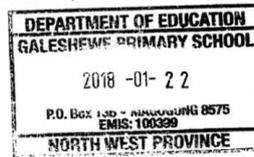
She requested the assistance of two teachers and four parents

Wishing her all the best in the research process

Sincerely yours in service,



ITUMELENG OGOLOTSE



22/1/18

DATE



P. O. Box 87
Magogong
8575
Emis No: 600101899

SEDIBATHUTO PRIMARY SCHOOL
North West Province
sedibathutops@gmail.com

Cell No:0822999212

Lefapha la Thuto
Onderwys Departement
Department of Education
Enq: Mrs Tau G.C



Dear Sir/Madam

APPROVAL FOR CONDUCTING A RESEARCH

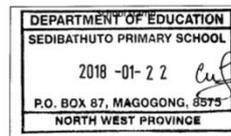
The above-mentioned school has given Tebogo Mosang an approval to conduct a research in our institution.

She has requested two educators and four parents in our school to assist her in this project.

Hope you find this in order

Yours in service


Principal



EMIS: 600100758



P.O. Box 243
Magogong
8575

KOPANANG PRIMARY SCHOOL

Enq: Mr P.R DIPHIKWE

Tel/fax:
Cell:
0820690976/0640350447



PROVINCE: NORTH WEST
AREA OFFICE: GREATER TAUNG

CLUSTER: BAGA-MOTHIBI
DISTRICT: DR. SEGOMOTSI RUTH MOMPATI

Sir/Madam

22/01/2018

Permission to Conduct Research

The School Management Term has taken a decision to grant permission to Ms Tebogo Bridgette Mosang to conduct research of members at our school in order to satisfy her master's degree requirements.

The interview may be conducted at her convenience.

I hope this will be found in order.

Yours

Diphikwe P.R.(Principal)

With the assistance of members



APPENDIX 4: LETTER OF APPROVAL - NORTH WEST PROVINCIAL DEPARTMENT OF EDUCATION



Education and Sport Development

Department of Education and Sport Development
Departement van Onderwys en Sportontwikkeling
Lefapha la Thuto le Tihabololo ya Metshameko
NORTH WEST PROVINCE

Garona Building, Mmabatho
1st Floor, East Wing,
Private Bag X2044,
Mmabatho 2735
Tel.: (018) 388-3433
Fax.: 086-514-0126
e-mail: molhabanej@nwpg.gov.za

OFFICE OF THE SUPERINTENDENT-GENERAL

Enq. : Dr TA Phorabatho
Tel. : 018 388 3429/3433/3071

To: Dr Izanette van Schalkwyk
Faculty Health Science
North West University: Potchefstroom Campus

From : Mrs. SM Semaswe
Superintendent-General

Date : 18 June 2018

PERMISSION TO CONDUCT RESEARCH: MS TEBOGO MOSANG

Permission is hereby granted to your student Ms Tebogo Mosang to conduct research in the department as requested, subject to the following conditions:

- She contacts the relevant School Principals for her target schools about her request with this letter of permission.
- Considering that your research will involve both Educators and Learners, the general functionality of the school should not be compromised by the research process.
- The participation in your project will be voluntary.
- The principles of informed consent and confidentiality will be observed in strictest terms, and
- The findings of your research should be made available to the North West Department of Education and Sport Development upon request.

Best wishes

Mrs S M Semaswe
Superintendent-General



"Towards Excellence in Education and Sport Development"

APPENDIX 5: INFORMED CONCENT FORM: PARENTS



INFORMED CONSENT DOCUMENTATION FOR PARENTS OF 6-11 YEAR OLD CHILDREN IN A RURAL HIGH-RISK COMMUNITY

TITLE OF THE RESEARCH STUDY: The perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community

ETHICS REFERENCE NUMBERS: NWU-00006-18-S1

PRINCIPAL INVESTIGATOR: Dr. Izanette Van Schalkwyk

POST GRADUATE STUDENT: Tebogo Bridgette Mosang

ADDRESS: House no 6846, Sakhile Section

Pampierstad

8566

CONTACT NUMBER: 079 879 8397/ 076 8384 989

You are being invited to take part in a **research study** that forms part of a masters degree in social work. Please take some time to read the information presented here, which will explain the details of this study. Please ask the person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00006-18-S1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- This study will be conducted in Magogong Village at the venue as agreed upon(when) and will involve a 40-50 minute semi-structured interview which has about 5 questions with experienced health researchers trained in social work and semi-structured interviews.
- We plan to
 - Explore and describe the protective (positive) and risk (negative) factors of children in middle childhood's psycho-social well-being in rural high-risk community, namely, Magogong Village (Psycho-social well-being refers to the child's functioning in the context of his or her community and all influences).
 - Look at the relational/social processes and those factors in the community related to the problems (risk factors) and protective factors that children in middle childhood are facing living in this high-risk rural community
 - Write a research report stating the findings of the research

Why have you been invited to participate?

- You have been invited to take part in the research, because you comply with the inclusion criteria:
 - You are a parent in the community
 - You are the biological or legal foster parent of this child
 - You have a child in middle childhood (between 6-11 years old) at a primary school in the Magogong Village
 - You have experience of living in this high-risk rural community (more than five years)
 - You are male or female (gender)
 - Your participation is voluntarily
 - You are willing to be (digitally) voice recorded.

What will disqualify you or exclude from participating?

- You will be excluded from taking part in the research if you do not meet the following requirements:
 - If you do not meet any of the inclusion criteria you will be excluded from taking part in the study.
 - Any person, who has been part of the researcher's case load in this community, in the past or during the conducting of the research, will be excluded from the planned study.

What will be expected of you?

- You will be expected to take part in a semi-structured interview with five questions which will take 40 – 50 minutes which will happen at your child's school building.

Will you gain anything from taking part in this research?

- There would be no direct benefit for participants; however the indirect benefits do outweigh the risks as the result of the study could be helpful for all children in middle childhood living in your community.

Are there risks involved in you taking part in this research and what will be done to prevent them?

- The risks to you in this study are that you experience some emotional discomfort, but the short and focussed discussion will limit such experience, referring to the discussion of risk and protective factors as indicated in the title of the research. In other words, the use of specific questions will help to keep to the "point under discussion" versus discussing general matters of concern.
- Precautions to ensure your welfare include the following:
 - All aspects of the gathering of information, such as conducting the semi-structured interview with you will adhere to ethical guidelines
 - The use of a gatekeeper for the parents (Chairperson of you're the school's governing body); and, a mediator appointed by this gatekeeper acting between you, namely the participant and the researcher
 - Respecting the cultural practices of this community
- There are more gains for you in joining this study than there are risks.

How will we protect your confidentiality and who will see your findings?

- Anonymity of your findings will be protected by eliminating all identifying information from transcriptions. In other words, your name will not be used in the presenting of the research findings, but numbers will be used, e.g. participant 1. All involved in the study such as the transcriber, co-coder and language editor will sign confidentiality clauses. Only the researchers will be able to look at your findings. Your privacy will be respected by conducting the interview in a room that has closed a door. Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. As soon as data has been transcribed it will be deleted from the

recorders. Data will be stored for five years, and then it will be destroyed by an appointed person via shredding.

What will happen with the findings or samples?

- The findings of this study will only be used for this study

How will you know about the results of this research?

- We will give you the results of this research when the study is completed. A special event will be organised at one of the schools in Magogong Village where the research findings will be communicated to you.
- You will be informed of any new relevant findings by the (student) researcher.

Will you be paid to take part in this study and are there any costs for you?

- You will not be paid to take part in this study, and there will thus be no costs involved for you, if you do take part in this study.
- Refreshments will be served after the semi-structured interviews.
- You will receive a thank you-token.

Is there anything else that you should know or do?

- You can contact Tebogo Mosang at 079 879 8397/ 076 8384 989 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to take part in the research study titled: The perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.

- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

**Signature of participant
participant cannot read or write)**

Signature of witness (Only if

Declaration by person obtaining consent

I,, declare that:

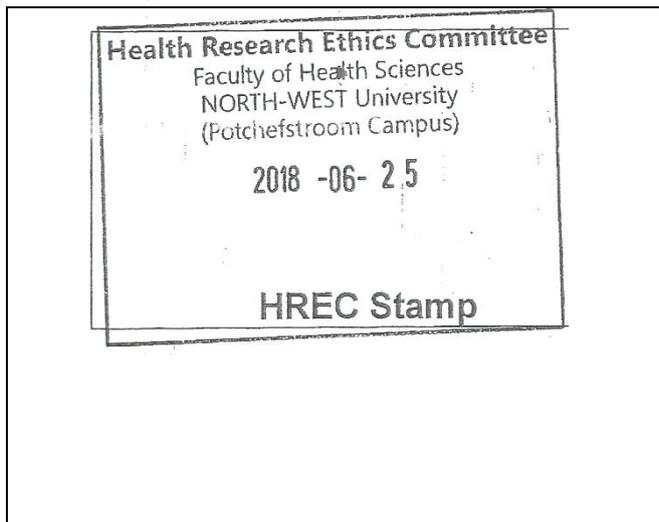
- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

Signature of person obtaining consent

Signature of witness

APPENDIX 6: INFORMED CONCENT: TEACHERS



INFORMED CONSENT DOCUMENTATION FOR TEACHERS OF 6-11 YEAR OLD CHILDREN IN A RURAL HIGH-RISK COMMUNITY

TITLE OF THE RESEARCH STUDY: The perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community

ETHICS REFERENCE NUMBERS: NWU-00006-18-S1

PRINCIPAL INVESTIGATOR: Dr. Izanette Van Schalkwyk

POST GRADUATE STUDENT: Tebogo Bridgette Mosang

ADDRESS: House no 6846, Sakhile Section

Pampierstad

8566

CONTACT NUMBER: 079 879 8397/ 076 8384 989

You are being invited to take part in a **research study** that forms part of a masters degree in social work. Please take some time to read the information presented here, which will explain the details of this study. Please ask the person explaining the research to you any questions about any part of this study that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research is about and how you might be involved. Also, your participation is **entirely voluntary** and you are free to say no to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part now.

This study has been approved by the **Health Research Ethics Committee of the Faculty of Health Sciences of the North-West University (NWU-00006-18-S1)** and will be conducted according to the ethical guidelines and principles of Ethics in Health Research: Principles, Processes and Structures (DoH, 2015) and other international ethical guidelines applicable to this study. It might be necessary for the research ethics committee members or other relevant people to inspect the research records.

What is this research study all about?

- This study will be conducted in Magogong Village at the venue as agreed upon(when) and will involve a 40-50 minute semi-structured interview which has about 5 questions with experienced health researchers trained in social work and semi-structured interviews.
- We plan to
 - Explore and describe the protective and risk factors of children in middle childhood's psycho-social well-being in rural high-risk community, i.e. Magogong Village.
 - To look at the relational/social processes and those factors in the community related to the problems (risk factors) and protective factors that play a role in the psycho-social well-being of children in middle childhood living in a high-risk community.
 - Write a research report stating the findings of the research

Why have you been invited to participate?

- You have been invited to take part in the research, because you comply with the inclusion criteria:
 - You are a teacher in the community
 - You have experience of working with children in middle childhood (you have at least five years teaching experience (teaching learners between grade 1 and grade6)
 - You have experience of working in a high-risk rural community (more than two years)
 - You are male or female (gender)
 - Your participation is voluntarily
 - You are willing to be (digitally) voice recorded.

What will disqualify you or exclude from participating?

- You will be excluded from taking part in the research if you do not meet the following requirements:

- If you do not meet any of the inclusion criteria you will be excluded from taking part in the study.
- Any person, who has been part of the researcher's case load in this community, in the past or during the conducting of the research, will be excluded from the planned study.

What will be expected of you?

- You will be expected to take part in a focus group discussion with five questions which will take 40 – 50 minutes which will happen at your school building.

Will you gain anything from taking part in this research?

- There would be no direct benefit for participants; however the indirect benefits do outweigh the risks as the result of the study could be helpful for all children in middle childhood living in your community.

Are there risks involved in you taking part in this research and what will be done to prevent them?

- The risks to you in this study are that you experience some emotional discomfort, but the short and focussed discussion will limit such experience, referring to the discussion of risk and protective factors related to the psycho-social well-being of children in middle childhood living in the Magogong village. There are more gains for you in joining this study than there are risks.
- Taking part in a focus group discussion implies that only partial confidentiality can be warranted. However, the (student) researcher will introduce certain "group rules" regarding matters of confidentiality as a cautionary measure.

How will we protect your confidentiality and who will see your findings?

- Anonymity of your findings will be protected by eliminating all identifying information from transcriptions. In other words, your name will not be used in the presenting of the research findings, but numbers will be used, e.g. participant 1. All involved in the study such as the transcriber, co-coder and language editor will sign confidentiality clauses. Only the researchers will be able to look at your findings. Your privacy will be respected by conducting the interview in a room that has closed a door. Findings will be kept safe by locking hard copies in locked cupboards in the researcher's office and for electronic data it will be password protected. As soon as data has been transcribed it will be deleted from the recorders. Data will be stored for five years, and then it will be destroyed by an appointed person via shredding.

What will happen with the findings or samples?

- The findings of this study will only be used for this study

How will you know about the results of this research?

- We will give you the results of this research when the study is completed by the researcher (student) in written format, namely a booklet.
- You will be informed of any new relevant findings by the (student) researcher.

Will you be paid to take part in this study and are there any costs for you?

- You will not be paid to take part in this study, and there will thus be no costs involved for you, if you do take part in this study.
- Refreshments will be served after the focus group discussion.
- You will receive a thank you-token.

Is there anything else that you should know or do?

- You can contact Tebogo Mosang at 079 879 8397/ 076 8384 989 if you have any further questions or have any problems.
- You can also contact the Health Research Ethics Committee via Mrs Carolien van Zyl at 018 299 1206 or carolien.vanzyl@nwu.ac.za if you have any concerns that were not answered about the research or if you have complaints about the research.
- You will receive a copy of this information and consent form for your own purposes.

Declaration by participant

By signing below, I agree to take part in the research study titled: The perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community.

I declare that:

- I have read this information/it was explained to me by a trusted person in a language with which I am fluent and comfortable.
- The research was clearly explained to me.
- I have had a chance to ask questions to both the person getting the consent from me, as well as the researcher and all my questions have been answered.

- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be handled in a negative way if I do so.
- I may be asked to leave the study before it has finished, if the researcher feels it is in the best interest, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 20....

**Signature of participant
participant cannot read or write)**

Signature of witness (Only if

Declaration by person obtaining consent

I,, declare that:

- I clearly and in detail explained the information in this document to
.....
- I did/did not use an interpreter.
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I gave him/her time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

Signature of person obtaining consent

Signature of witness

Declaration by researcher

I, Tebogo Mosang declare that:

- I explained the information in this document to
- I did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them or I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

Signature of researcher

Declaration by researcher

I, Tebogo Mosang declare that:

- I explained the information in this document to
- I did not use an interpreter
- I encouraged him/her to ask questions and took adequate time to answer them or I was available should he/she want to ask any further questions.
- The informed consent was obtained by an independent person.
- I am satisfied that he/she adequately understands all aspects of the research, as described above.
- I am satisfied that he/she had time to discuss it with others if he/she wished to do so.

Signed at (*place*) on (*date*) 20....

Signature of researcher

APPENDIX 7: RECRUITMENT FLYERS

ATTENTION PARENTS

Invitation to take part in a research study titled:

The perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community

The aim of this research is to investigate the perceived role of protective and risk factors pertaining to the psycho-social well-being of children in middle childhood within the context of a rural high-risk community. Your participation will contribute to the scientific knowledge, and also to assist in the interventions on various levels or systems, such as, the family, school and the rural high-risk community.

PLEASE NOTE: In order to participate

- You have to be a parent of the child attending primary school in the community.
- You have a child in middle childhood (between 6-11 years old).
- You have experience of living in a high-risk rural community (more than two years)
- You also have to fit the research inclusion criteria.

The study will take place at the primary school that your child is attending.

For any further information kindly contact the appointed parent (called a mediator) at your school: Mr/Ms.....

Cell

no:.....



APPENDIX 8: QUESTIONNAIRE AND INTERVIEW GUIDE FOR SEMI-STRUCTURED INTERVIEWS AND FOCUS GROUP DISCUSSIONS



QUESTIONNAIRE

North-West University (Potchefstroom Campus)
Researcher: Ms Tebogo Bridgette Mosang
Student No: 17096944
Masters in Social Work (Research)

RESEARCH TITLE:

The perceived risk and protective factors that play a role in the psycho-social well-being of children in middle childhood in a rural high-risk community

The general aim of the research is to investigate via a qualitative approach the perceived protective and risk factors that play a role in the in the psycho-social well-being of children in middle childhood in a high-risk rural community called the Magogong village in Dr Ruth Segomotsi Mompoti District, Greater Taung Local Municipality in the North-West Province.

The researcher therefore requests your assistance and participation in completing this demographical questionnaire. Your contribution will be highly appreciated.

Your participation will be kept confidential and anonymous and it is not necessary to give your personal details.

INSTRUCTIONS TO THE PARTICIPANTS

- Please do not write your name or surname on the document
- Please read the questions very carefully
- Answer all the questions
 - Please indicate your answer by marking the appropriate box with an X or write your answer in the space provided, where appropriate
- Please answer questions with total honesty

DEMOGRAPHIC INFORMATION

1. What is your gender?

Male	Female
------	--------

2. What is your age category?

20-29 years	1
30-39years	2
40-49years	3
50-59 years	4
60years and above	5

3. What is your relationship with the age group of children under study (Ages 6 – 11 years)

Biological parent	1
Foster parent /legal guardian	2
Grandparent	3
Social worker	4
Teacher	5
Community leader	6

4. What is your highest qualification

Grade R-3	1
Grade 4-7	2
Grade 8-11	3
Grade 12	4
Diploma / FET qualification	5
University degree	6

5. How long have you stayed in the community

0-5years	1
5-10years	2
10-20years	3
30 years and more	4

6. Home language

Setswana	1
Xhosa	2
Zulu	3
Afrikaans	4
Other, specify	5

7. Please indicate your type of household in the community

Single parent house household	1
Married parents	2
Divorced	3
Co-habiting	4
Grandparents	5

8. What is your family's main source of income

Social grants	1
Temporary work/ odd jobs	2
Permanent employment	3
Other, specify	4

9. Please indicate your household's monthly income

Less than R1500	1
R1500-R3000	2
R3000-R5000	3
R5000 and above	4

- The questionnaire will be translated in Setswana for the participants as it is the language that is used predominately in this community, in order to make sure all the participants understand it well.

APPENDIX 9: INTERVIEW SCHEDULE FOR PERSONAL INTERVIEWS (PARENTS)



Please note that your participation in this personal interview is voluntarily and all information discussed will be handled with absolute confidentiality. Your identity will be kept anonymous.

INTERVIEW QUESTIONS FOR PARENTS

1. Please tell me about your views – as a parent - of the risks/dangers in thecommunity that threatens the well-being of children between 06 – 11 years?
2. Tell me about your views – as a parent - of the risks/dangers in the families living in this community that threaten the well-being of children between 06 – 11 years?
3. How can this community (parents; teachers; social workers; churches; community leaders; and government) address or lessen the obstacles (risks) to ensure safety, stability and well-being for their children in middle childhood?
4. Tell me about your view – as a parent - of the protective factors (positive qualities) in the.....community that encourage children age 06 to 11 years well-being? (What is working well?)
5. How can parents, i.e. families in this community increase the protective factor/positive qualities to better support the well-being of their children aged 6 – 11 years?

APPENDIX 10: INTERVIEW SCHEDULE FOR FOCUS GROUPS



FOCUS GROUP QUESTIONS FOR TEACHERS

1. What are teachers in the.....community's expectations/hopes for their children in middle childhood (06 – 11 years)? [Vision]
2. What gets in the way for children in middle childhood's hopes for their future? (What are they worried about?) [Challenge]
3. What are the risks for children in middle childhood particularly in this community that threaten their well-being?
4. Who and what support children in middle childhood in achieving their potential? (What is working well?) [Support]
5. What needs to happen to draw on supports (resources) to address obstacles (risks) to ensure safety, permanency and well-being for children in middle childhood? [Plan]
(REFERENCE: UNGAR, 2015:62)

Thank you for your time and support.

APPENDIX 11: TRANSCRIPTS

Semi-structured interview with a parent participant

Interviewer: Ok when you are ready we can start our first question is, please tell me about your views as a parent- of the risks/dangers in the community that threatens the well-being of children between 06 – 11 years?

Respondent 1: I think it can be kidnapping, maybe a child would be on his or her way to school and a car would just appear and someone would just jump out and take the child and run away with him or her.

Interviewer: What other risks are there?

Respondent 1: They are a lot of taverns in the community and they are located near tuckshops. Children when they see that they think it is the way of life, seeing other older children being in the tavern drinking and smoking.

Interviewer: Is that all or you still what to explain further

Respondent 1: No, that is all

Interviewer: Alright our second question is, tell me about your views as a parent of the risks/dangers in the families living in this community that threaten the well-being of children between 06 – 11 years?

Respondent 1: There is a lot of unemployment in the families. Poverty is a problem. Parents are unable to support their children, even though they receive child support grants it is not enough.

Interviewer: Anything else

Respondent 1: Yes I almost forgot, there is a high crime in the community, the tsotsi's break into houses steal Tv's and sell them at a cheaper price. We are even scared to leave our houses unoccupied cause this people also break in during the day when people are at work.

Interviewer: That is terrible

Respondent 1: We just put everything in front of God, really our community is damaged

Interviewer: Can we move on to the next question?

Respondent1: Yes, you may

Interviewer: How can this community (parents; teachers; social workers; churches; community leaders; and government) address or lessen the obstacles (risks) to ensure safety, stability and well-being for their children in middle childhood?

Respondent 1: We as parents must look after our children, Social workers should be increased as the one who works in the community is not able to address all our problems as we are too many. It has been a while since I went to church as there are lot of gossipers and fights between church members, church has lost it meaning. It is not like the church we grew up attending. Community leaders and government are just looking after their own interests they don't care about the people.

Interviewer: what can ensure safety and lessen these risks

Respondents 1: The police officers are useless even when you report the matter they do nothing, they come and take a person today, tomorrow you see them in the streets. If criminals can get locked for a long time maybe crime will get reduced in our community.

Interviewer: ok, our fourth question is, tell me about your views as a parent of the protective factors (positive qualities) in the community that encourage children age 06 to 11 years well-being? (What is working well?)

Respondent 1: There is nothing in our community; there are no recreational facilities for children. The children in this community only go to school then back home there is nothing to entertain them that is why they end up spending time playing video machine games at tuckshops which is not safe.

Interviewer: Ok, so any positive quality that is there in the community

Respondent1: No there is nothing in the community

Interviewer: Our last question is, how can parents, families in this community increase the protective factor/positive qualities to better support the well-being of their children aged 6 – 11 years?

Respondent 1: Parents should look after their children, monitor them and be consent when they see that it is getting late and their child is not in the house.

Interviewer: Thank you very much for your time

Focus group discussion with teacher participants at one school

Interviewer: Our first question is what are the teacher's in the community expectations and hopes for the children in their childhood? I mean children between the ages of 6 and 11 years, what are your hopes as teachers on those children? Anyone can please answer

Respondent 1: A child that is 6 years is doing which grade by the way, so we don't talk about children who start school when they are 4 and a half.

Respondent 2: Grade R

Respondent 3: As teachers we are like parents, children who are 6 to 11 years, the same as when a child is at home and when he is at school you pick up that the child is like this and that. We have an influence in the community as well, so as teachers we expect that the child who is in a certain way is well groomed from home and more so in school because we are the ones that spend a lot of time with them and we build them up intellectually. But we still know that we have a lot of responsibility for the positive behaviour of the child especially knowing that the children also have new friends in the street and next door. So with regards to such children, our expectations as teachers is that they grow in line with their age and we don't want that at some point we question how they were raised or which school they attended before. We want to teach them stuff that contributes positively towards their minds and socially that they become good community members.

Interviewer: Anyone else who wants to add?

Respondent: Our expectations as teachers are that at that age that child should have adapted to the school environment. The child should not be forced to come to school but he or she must enjoy learning and attending to school. At the age of 6 they are in Grade R, 11 years they are in Grade 5, so such a child should adapt and get used to the school environment; they must cope. That is what we expect as teachers. You find that sometimes the parents keep them at home and they don't attend crèche/pre-school, so when they start at Grade R it's only when they get exposed to other children, and they are not yet used to meeting new people. But when they reach the age of 11 years, then they should have grown and developed to a level where they can interact with other kids. They can maybe be problematic or face a challenge from age 6 to 7 but when they reach 11 years they should have grown to a mature level of interaction with others. This also depends on where the child is coming from; the commitment of the parents at home also.

Interviewer: Ok

Respondent 4: The previous speaker has spoken well, because I also believe that when a child comes from a warm home or family and gets to school and also get that warmth; that child will definitely enjoy both environments. So the lack of parental care and lack of teacher's commitment causes problems for the child because when she/he has to come to

school he or she won't enjoy. He or she also won't enjoy going home because in most cases what I have come to realize is that when the child is enjoying being at school they become close to the teacher and they also become close to their friends; so the school and the parents should groom the child. But when the home is nicer, the child enjoys being at home and when both the school and home are nice, the child enjoys both.

Interviewer: Ok, anyone who wants to add on this point? Ok, the 2nd question is what gets in the way of children in middle childhood schools for their future? The challenges that they face? Already I have picked up on 1 that the other speaker has alluded to, that when there is no parental care, discipline and guidance at home; those are some of the things that interfere with the child's future.

Respondent 5: The other issue is the community. If the community is not good, it means the child will also be affected. Issues like alcohol abuse, the child also ends up being exposed to those things.

Respondent 6: Poverty is also another challenge. It makes the child not to see the need or importance of going to school. Maybe they end up seeing the need to go and find a job and make some money so they can be able to survive. The competition for clothes and other stuff amongst the kids is another challenge. That causes other kids to end up dropping out of school because they then want to go and work so they can provide for themselves. This does not only happen amongst friends but the child wants to feel as part of the bigger school community so if other kids are maltreating him or her, then the child will feel out of place. Sometimes you find that the older kids maybe are taking his or her lunch box by force, or bullying him. But if those things are not happening the child will be ok.

Respondent 3: The lack of resources is another challenge; if the resources are not there, there will be a hindrance to the child's growth and development.

Interviewer: What kind of resources are we talking about?

Respondent 3: An example a recreational centres [inaudible 10:00 – 10:27]

Respondent 4: When the teachers are not committed to the development of the kids, then they become loose. And also in the school, we need to understand that there is time for playing and activities such as physical education. The child enjoys coming to school when such activities are there because they know that there is time for them to participate in activities that relax them.

Respondent 5: I don't know if I'll be wrong to say that HIV is also another challenge? Because you find that in some homes HIV has affected or infected the parents and children as well. In most cases the children end up dropping out of school; they don't take the treatment as indicated; they don't feed well or healthy. So in such homes the children face such challenges

Respondent 4: Yes some are child headed homes/families and it is indeed a challenge.

Respondent 5: Yes that happens because of HIV/AIDS.

Interviewer: Ok, let's move on to the 3rd question. Even though the 3rd one, most of what we have been discussing cover it. What are the risks for children in middle childhood schools; particularly in this school, that threaten their well-being? In the past, at the office we used to get reports or cases of neglects, poverty, alcohol abuse and HIV/AIDS.

Respondent 5: Here we have children who are abusing drugs; they are being introduced by adults to such. They introduce the primary school kids to such behaviour.

Interviewer: I don't know but have you never experienced the challenge of pregnancy among the kids in the school? There was once 1 school that stunned us so much, a child of 12 years got pregnant. So the third question is covered basically, so the 4th one is who and what supports children in middle childhood in achieving their potential?

Respondent 2: We have Social Workers; health

Interviewer: Do you have adopt a cop in this school?

Respondent 2: Yes we do have adopt a cop. We have a lady social worker who works with schools and us as teachers also follow up on their programs, and when there are referrals sometimes we try to work hard to achieve them. The dropping centre as well because sometimes they help us with sanitary pads, they do come to the school.

Interviewer: What is working well for you?

Respondent 1: It's the dropping centre and adopt a cop; they work very well for us. The home based care workers also work well because they go around identifying children that are not well and such things.

Respondent 4: There is also this other one called Watch something.....they go around picking kids that dropped out and bring them back to school. I don't see them that much anymore but they also helped with the issue of absenteeism.

Interviewer: What are they called?

Respondent 2: Community watch or something....or anti-crime, they took kids that they found roaming the streets and brought them back to school.

Respondent 1: I also feel that we help a lot as educators because when we have identified a child that is suffering, teachers bring clothes and also help with food and transport. When a child is sick we take them to the clinic. I do feel that teachers do work as well because when there is a problem we come together, discuss and find a way to assist. Other teachers even use their cars to collect kids and/or parents that are supposed to come to the school.

Interviewer: Do you have a specific teacher that you talk to when a child has a problem?

Respondent 1: Yes the safety team, we do, it's both of us.

Interviewer: Alright, we have covered what works well, support also I think we have covered it. You have mentioned Drop in centres, adopt a cop.

Respondent 5: Even some parents do come when you call them, even though others who don't want to come we go and fetch them.

Respondent 3: Some parents do come to the school when there is a problem, discuss and ask for help with regards to issue and we really appreciate that because it shows that there is a good relationship and cooperation between the school and the community.

Interviewer: What needs to happen to draw on support, resources to address obstacles, risks to ensure safety, permanency and well-being for children? I think the community forum that you have referred to , the one of fighting crime. That maybe if the municipality can do something for it

Respondent 3: Activities also and where we can also involve parents in workshops, making the community to be aware that the child is not for one individual it requires the cooperation of the whole community. By so doing we are opening doors, making parents to be free to interact with all the stakeholders so that if we encounter any problems we can all work together and they should know the door to knock in.

Respondent 1: Campaigns on drugs, HIV, alcohol etc, the government should not take it for granted that people know but they should continuously talk to the children; they should talk to them about sexual abuse; alcohol abuse etc.

Interviewer: But in terms of your safety around, because in Pampierstadt we have a problem of house breaking; is it the same thing that you experience in this community?

Respondent 2: Yes, when you leave your house for a weekend and go to attend a funeral they would break in.

Respondent 3: Weonce had that but now since we had this crime forum we can leave the house or even the gate unlocked. They know that these people patrol around, even though they are not in uniform, they are around so the criminals aren't sure what could happen if they tried doing something.

Interviewer: For how long have you had the crime forum operating?

Respondent 1: It's been 6 months now.

Interviewer: How long have they stopped now?

Respondent 2: It's been a month now, since July.

Respondent 3: And you won't believe it if I can tell you that when you go to the police station you would be told that the crime rate in the community has dropped. I don't understand why they couldn't fund them and so they were taken to other villages [inaudible]

Interviewer: But what has been done to make sure that those people go back?

Respondent 3: They are busy with it now, the community wants them back.

Interviewer: So one of the plans is that the forum gets permanency? And that there should be funding made available?

Respondent 3: Yes

Respondent 4: The other challenge is that the children's grant cards are taken to money lenders. The children suffer because of this, they don't have decent clothes and other needs; it's really a problem for the kids. I don't know what can be done about the money lenders or maybe how government can make it that the cards are not with the parents. The bottom line is that the kids are suffering.

Respondent 2: In the past when Re Botsana was still active, we used to go to SASSA to stop the cards; but now I don't know why we no longer do it.

Respondent 1: Oh Re Botsana, he has aged now.

Interviewer: But you can still report such to the home based care also.

Respondent 2: But I still do help if someone comes to complain. There is one that came yesterday we helped her with the kids cards. I told her to go to the social worker because they can be able to assist in stopping the card

Interviewer: Yes and you don't have to delay it because who is looking after the kids currently when the person is in Gauteng.

Respondent 1: I also think we can ask the kids that have finished school, maybe create a team that will help remove kids from the street. Maybe that can help, even though the resources are not there, because if we had resources but I think if we can start soccer, netball team etc. I think that the kids fall into alcohol abuse etc because of the lack of resources.

Respondent 2: During the Easter break when there are tournaments, all the kids who usually roam the streets go there. This goes to show that the government needs to do something that can keep them busy, because when there is nothing they go to taverns for entertainment. This includes the young ones. There is no park of anything like that here in Magogong that can entertain the kids, when they go out it's either they go to church or tavern.

Interviewer: You don't have a community hall here?

Respondent 2: No, here in this community there is nothing. Those planks and corrugated iron is what they call community hall, and it's only one and it doesn't help the people in any way because it's also small. So really there is nowhere the kids can go for entertainment.

Interviewer: So you need some of the places where kids can go to play, know that after school they can go there. Any other point before we close? Ok if none, I would really like to thank you very much for taking your time to talk to me, and know that your efforts are not in vain. Thank you very much to all of you.