A Community-Based Approach to Improving the Quality of Life of Child-Headed Households

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Abstract

The increasing prevalence of child-headed households in South Africa presents a significant social challenge that calls for sustainable, community-driven solutions. Based on a successful pilot project in Zastron, South Africa, this research proposes a community-based intervention programme to enable children living in a child-headed household to live a quality life that will contribute to their well-being, enhance their capabilities, and allow them to achieve functionings they reasonably value. Children and the broader community are affected by the phenomenon of child-headed households. Hence, their contribution to developing an intervention programme is necessary. Participatory action research was employed as research design, with those affected by the phenomenon participating in all phases of the design, ultimately leading to the development of the community-based intervention programme. The study found that such a programme is a promising way to protect and enhance the capabilities of children living in these households by focusing on aspects related to their academic performance, career guidance, sustainable gardening, access to nutritious food, the maintenance of family relationships, prevention of diseases, emotional support, mentoring, and funding.

Keywords: capabilities; functionings; child-headed households (CHH); community-based approach; capabilities approach; participatory action research

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Introduction

In accordance with Benson (2006), I believe that children who are cared for, guided and nurtured will be able to thrive in life, but they need the energy, capacity, and commitment of communities to do so. In these communities, the spirit of *ubuntu* prevails. Ubuntu is a notion that relates to creating a caring society where communities collaborate in partnership to support each other (Mbedzi 2015; Patel 2015). However, not all children in South Africa live in caring communities, as their family circumstances often require many of them to take responsibility for the household.

In Zastron, South Africa, I discovered that opportunities need to be created to enhance the quality of life of its child-headed households (CHHs) as they are faced with constraints that impede their well-being. Opportunities to enhance the quality of life of such vulnerable children lie within the individual, the family, religious organisations, the community, as well as the state in caring for and supporting them. If opportunities are not created to enhance the well-being of these children, the CHH is undermined, and the impression is given that their situation is not worth supporting (Pillay 2016). Pillay (2016) contends that, amongst others, the financial, material, academic, and emotional needs of these households are barely met; they lack adequate functionings to live a quality life. Besides handouts like food parcels provided to them by sympathetic community members, there is no formal structure by which to provide for their needs, since Zastron does not possess any institutions, programmes, designated persons, or even supervising adults, as is required by the Department of Social Development's (2010) National Guidelines for Statutory Services to Child-Headed Households (NGSSCHH). A formal structure through which support could be given in an "organised" way (Agere and Tanga 2017; Lepheana and Alexander 2024) should be enhanced to enable CHHs to achieve their functionings.

In attending to a "formal structure," the study aimed to develop a community-based intervention programme employing participatory action research (PAR) as its research design. I was inspired by the PAR process formulated by McIntyre (2008) and the capability approach (CA) as advocated by Nussbaum (2011), and consequently developed the intervention programme accordingly. The newly developed programme aimed to enhance the well-being and capabilities of children from CHHs in Zastron by enabling them to pursue functionings that they value and which can assist them in living a quality life.

Child-Headed Households as a Phenomenon

In a CHH, a person under the age of 18 takes responsibility for the day-to-day upkeep of the household and its inhabitants, i.e., a person or a group of persons who live and eat together for at least four nights a week and share resources (Department of Social Development 2010). In these households, adult family members responsible for caring for children under 18 years, are frequently absent or unable to do so due to

circumstances such as illness, death, abandonment, long working hours, substance abuse, or elderly age (Department of Social Development 2010; Ngqushwa and Mkhomi 2024; Tsoaledi and Muruge 2022). Due to the absence of adults who perform parental duties, a CHH faces many challenges. Amongst others, Chademana and Van Wyk (2021), as well as Tsoaledi and Muruge (2022), identified that children in these households face financial challenges due to a lack of income, resulting in poverty. The lack of finances prevents them from attending school as they are not in a position to pay school fees, or to buy school uniforms or other supplies necessary for school (Chidhumo, Thondhlana, and Mtetwa 2024). Also, they cannot rely on their extended family members to support them in this regard. It could thus be deduced that these educational challenges prevent children from CHHs from escaping the poverty in which they live.

Children from CHHs are also socially isolated. Chademana and Van Wyk (2021) found that they are socially isolated from their extended families who, in some instances, will even take possession of the home and belongings of their parents. Tsoaledi and Muruge (2022) further found that they are socially isolated from members of the community, who disrespect them by referring to them as AIDS orphans instead of calling them by their names. Considering all these challenges, it is easy to see that their social isolation has a further impact on their quality of life.

Agere and Tanga (2017) identified that children from CHHs experience psychological challenges of an emotional, cognitive, mental, and spiritual nature. The social challenges are related to their relationships with others, the environment and society. Furthermore, these children experience depression-like symptoms resulting in them feeling less worthy, having an inferiority complex, and low self-esteem, as they often believe that they are second-class citizens, all of which isolate them even further (Tsoaledi and Muruge 2022).

The number of CHHs in South Africa fluctuates. In 2002, a General Household Survey determined that 0.7% or 118 000 children in South Africa lived in CHHs, while 2019 figures revealed that approximately 26 000 children lived in CHHs across South Africa, equating to 0.1% of all the country's children (Hall and Sambu 2019). However, Hall (2024) found that in 2022 approximately 44 000 children lived in CHHs, equating to 0.2% of all children in South Africa. Thus, despite the number of CHHs fluctuating, the phenomenon is a concern, as these children are considered a vulnerable population since they face difficult circumstances that could deprive them of a normal childhood and prevent them from thriving.

Theoretical Framework

The CA, as framed by Nussbaum (2011), emphasises the need for theoretical frameworks that address the struggles of those facing inequality and deprivation. This approach focuses on enhancing individual capabilities rather than solely promoting

economic growth, advocating for environments where people can live fulfilling, dignified lives. In the context of children from CHHs, a community-based intervention programme utilising the CA can improve access to essential resources, reduce vulnerabilities, and empower children to achieve a quality life by positioning them and their communities as active participants and agents for development, thereby emphasizing the importance of community engagement and responsiveness in addressing local needs.

A participatory approach grounded in the CA, fosters bottom-up development where community members are seen as change-makers. This interactive participation allows individuals to identify and address challenges related to their economic, social, political, and ecological freedoms. Ultimately, engaging children in this process can lead to greater empowerment and improved life outcomes.

Research Methodology

Considering that active participation is consistent with a CA, the phases of PAR as proposed by McIntyre (2008) were considered an appropriate research design to follow for developing the community-based intervention programme. These phases consist of questioning a particular issue, reflecting upon, and investigating the issue, and developing an action plan followed by implementing and refining said plan. Bergold and Thomas (2012) regard PAR as planning and conducting the research process with those whose lifeworld and meaningful actions are under investigation. Hence, a bottom-up approach is followed (Green and Haines 2016). In this study, the lifeworld, and actions of children from CHHs in Zastron, South Africa, were explored to develop an intervention programme aimed at enhancing their quality of life.

The practice of PAR as a research design comprises two key factors. First, the involvement of the children themselves, along with the broader community impacted by CHHs, was deemed important. Second, the children are also responsible for evaluating the outcomes of the strategies implemented in practice. In this way, stakeholders who had a holistic understanding of the local context and therefore were able to derive system solutions, were engaged (Snapp et al. 2023). Co-producing the intervention programme with the different stakeholders addressed the gaps in knowledge that usually arise from exclusion, and provided a platform through which different experiences and understandings were not only captured, but contributed to a more democratic society (Pettican et al. 2023). Through PAR, the children were actively involved in decisions that impacted their future, as they were considered competent and mature enough to contribute to the development of the programme (Pillay 2016). PAR enabled these children, together with other affected community members, to collaborate with the researcher, fostering social change by focusing on their strengths, among other factors (Minkler 2000). This collaborative approach allowed the community to engage with the researcher in a consultative and participatory intervention development process (Mokgatle-Nthabu, Van der Westhuizen, and Fritz 2011). Hence, PAR enabled the

stakeholders to co-manage the development of the programme, therefore enhancing local capacity (Snapp et al. 2023). Stakeholders thus, through their involvement in the programme, made a difference as they took responsibility for an issue affecting them, ensuring a people-centred intervention.

The study was qualitative, employing snowball sampling, which is a non-probability sampling method (Strydom 2021). The children from CHHs and professional stakeholders who were already part of the study, verbally invited other children living in CHHs in Zastron as well as individuals who had a concern related to the phenomenon, to become part of the study. To collect data during the different phases of PAR, the following methods were employed: popular theatre (Mulenga 1999); community seminars/workshops (Mulenga 1999); focus group interviews (Bergold and Thomas 2012); and community forum meetings (Strydom 2011). Through thematic analysis, the collected data were analysed (Braun and Clarke 2006; Etowa et al. 2007). All research participants were involved in the identification of themes in the different phases of PAR.

To adhere to ethical requirements, permission for their participation was granted by the children themselves and informed consent was provided by the local social worker who renders services to them. Ethical approval for the study (UFS-HSD2015/0523) was granted by the Research Ethics Committee of the University of the Free State's Faculty of the Humanities. Adherence was given to, amongst other things, the following ethical requirements: confidentiality, voluntary participation, informed consent, informed assent, as well as avoidance of harm and deception.

Findings and Discussion

The findings and discussion of the study aligns with the five phases of PAR as proposed by McIntyre (2008).

Phase 1: Questioning the Particular Issue

The research process was started by questioning the issue of CHHs in Zastron. Questioning the particular issue involves identifying the problem (Lawson 2015; McIntyre 2008), which further necessitates introducing me as the researcher to the community (Strydom 2011) and creating an opportunity to learn more about the particular issues concerning CHHs.

In this study, the questioning of the particular issue was a gradual process. I first conducted a preliminary study to determine the prevalence of CHHs. It entailed interviewing six social workers in the Free State province. Later, I met with the local social worker who confirmed the existence of a high prevalence of CHHs. This social worker, as a gatekeeper of the community, introduced me to local professionals such as teachers, other social workers, and community health workers who work closely with the children and with whom interviews were also conducted. In total, 20 professionals were interviewed.

To get a better understanding of CHHs, a survey was conducted. The aim of the survey was to get a more specific view from local professionals on their definition of CHHs, the prevalence of, and reasons for, such households in Zastron, and to identify whether adults within this area are available to supervise and take care of the children concerned, as stipulated in section 37 of the Children's Act 38 of 2005 (South Africa 2006). The survey results indicated that local professionals, in defining a CHH, considered the factors resulting in the emergence of the phenomenon. Amongst other things, they defined a CHH as a household where parents had to migrate to urban areas to earn a living and not just because they have forsaken their offspring through death from illnesses like HIV and AIDS. Some of these parents sent their children money and visited them during holidays (which could be once a year). Others, however, were not as fortunate, since their parents rarely provided for them financially, due to these parents earning too little to provide for their own and their children's needs. In either case, the child having to head the household faces challenges such as attending school, paying full attention to their studies, and taking care of their younger siblings. Hence, CHHs can thus be defined as households where parents have had to leave the home to find employment elsewhere, and where these parents may or may not provide their children remaining behind with financial and/or emotional support.

The survey also found that some parents work at and reside on the surrounding farms, but are not allowed by their employers to have their children stay with them. These parents have no choice but to let their children stay all by themselves in a shack in town and thus are unable to provide them with any means of survival. Thus, under these circumstances, a CHH could be defined as a household where children stay by themselves, with no means of survival, as their parents' work circumstances do not allow them to stay under the same roof.

Another definition of a CHH is derived from the fact that some parents are migrant labourers on farms elsewhere in the country, resulting in them deserting their children to fend for themselves. Some of these children are left in the care of their grandparents, many of whom are of advanced age or suffer from various terminal illnesses, resulting in the children taking care of their supposed caretakers. Thus, in these circumstances, a CHH could be defined as a situation where children are in the care of adults of ill health who are not in a position to take care of them. To survive, the children concerned are, in many cases, dependent on handouts and the community's goodwill, as there is no formal or organised way of assisting them to ensure their well-being. Given the numerous responsibilities placed upon them, these children face limited opportunities for academic success. They encounter significant challenges related to their education, such as irregular school attendance due to hunger, which in turn leads to poor academic performance. These hardships prevent the children from living a life they value, as receiving an inadequate education could hinder their ability to reach their full potential.

Furthermore, the survey found that the chances of children from CHHs being supervised by adults, as stipulated by the Child Care Act 38 of 2005, are slim due to the

unavailability of responsible adults to be their role models, poor financial circumstances, or the children being considered "ill-disciplined" and therefore not suitable to fit into the supervisory adult's household. Those who could be considered supervisory adults are those individuals who work closely with children and mostly occupy "caring" professions such as teachers, pastors, or social workers.

Phase 2: Reflection and Investigation

The phase of "reflection and investigation" (McIntyre 2008) coincides with aspects related to exploring, describing, and explaining the phenomenon of CHHs in Zastron. This phase was embarked on as the local professionals believed that the phenomenon of CHHs and the conditions of these children needed to be investigated further. During this phase, I followed a more direct approach in probing the community about the CHH phenomenon. I contacted children from CHHs through teachers and the local social worker. Contacting the children directly enabled me to adhere to the ethical requirements and meant that they could refrain from discussing their circumstances with teachers and medical personnel but, rather, give voice to them by sharing their experiences from their point of view. Contact with the children entailed paying attention to the constraints impeding their well-being, the functionings that enhance their well-being, and capabilities that should be enhanced for them to achieve their functionings. In reflecting on and investigating the phenomenon of CHHs in Zastron, the children identified by the teachers and the local social worker were first consulted, and members of the broader community thereafter.

I got to know the children residing in CHHs better during several contact sessions where I joined a scheduled group session between the children and the social worker. At this session, the children were merely introduced to me, who joined them in their group activities. The purpose of this session was not to get any information from the children about their circumstances, but exclusively to be introduced to them. On another occasion, I organised a day of play with the children from CHHs. On this day there was greater interaction between me and the children through play, resulting in the different parties getting to know each other better. A few weeks later the children and I spent a breakaway weekend together, where data regarding their capabilities, constraints, and functionings were collected through focus group sessions. Besides getting to know the children concerned better, the different contact sessions also created opportunities for the children to get to know me better, ultimately leading to a closer bond between them that enhanced their interest in becoming involved in the research study. Evidence of this was the committee of eight children elected to represent other children from CHHs to develop a community-based intervention programme.

Phase 3: Developing an Action Plan through the Generation of Alternatives

An action plan intends to create a better life for people and create opportunities to enable them to achieve their goals and plans, through social arrangements (Alkire and Deneulin 2009). Within the context of this research study, the action plan was the community-

based intervention programme developed. Considering the CA (Nussbaum 2011) meant that opportunities were created to ensure that children in CHHs have a life of value, a quality life in which their critical rights can be met and where they can reach their full potential. Thus, the intervention programme focused on the opportunities that should be developed and aligned with the capabilities that needed to be enhanced.

To initiate the development of the intervention programme, eight from a total of 20 children from CHHs between the ages of 12 and 18 who were identified as having leadership qualities, were elected at the breakaway weekend to serve on a committee to contribute towards the development of the intervention programme. Amongst the qualities that the eight children demonstrated was a belief in their ability to utilise their strengths to contribute and make a difference in the lives of other children from CHHs. Another inclusion criterion for being elected was that they had to be girls and boys who were taking care of a household of younger siblings, they had to look after an adult who was too old and sickly to take care of them, or they were living by themselves as their parents had passed away or were employed elsewhere and thus were not present in the hometown of their child. Hence, they fit the criteria of a CHH as defined by the local professionals during the phase of "questioning the particular issue." With me, the elected committee, now considered co-researchers, was referred to as the Research Committee. They realised that, as I was the only adult in the committee, opportunities should be created to mobilise more adults to become part of it (as per Gray 2010) and so ensure more power to bring about change. Green and Haines (2016) consider community mobilisation as important, as the phenomenon under study was also an issue of interest to the community, which is a prerequisite of PAR.

To mobilise adults to become involved in the development of the community-based intervention programme, several activities were launched, which contributed to data collection. First, a community forum meeting was conducted, which is defined as a data collection technique of PAR to generate ideas and to gain an impression of the community's perspective on the problem (Strydom 2011). Local professionals and other community members whom the Research Committee indicated as being concerned about CHHs, were invited to this meeting, which aimed to make the audience aware of the challenges that CHHs experience, but also of the strengths they possess. Children from CHHs participated actively in the agenda of this meeting. Through a drama performance, they made the meeting attendees aware of their constraints, functionings, and capabilities, their daily struggles and strengths in dealing with their challenges, and how they aspire to live a quality life. This activity was another indication of the capabilities of the children concerned, namely their ability to act and, through their performance, their ability to make stakeholders aware of their circumstances.

Using drama and especially "theatre for development productions" (Mulenga 1999) is an appropriate technique to make communities aware of the impediments in their midst, as it focuses on community development and seeking collective solutions to social problems (Sesoko 2015). Although the attendees previously indicated that they were

aware of CHHs in their midst, the play affected them positively. It made them realise that they are responsible for the children concerned. They therefore committed themselves to be further involved in playing an active role in improving the quality of life of the children concerned, who not only need finances to enhance their lives but also need to be mentored, supported, encouraged, and loved. From a people-centred community practice perspective, this emphasises collective action in addressing a problem (Nel et al. 2021), as the stakeholders' strength of being responsible and proactive in becoming involved in an issue that concerns their community is noted here. Therefore, it was concluded that the drama performance highlighted the capabilities that must be enhanced so that the children concerned could achieve their functionings. This realisation aligned with the children's aspirations, as was voiced during the breakaway weekend, forming part of the reflection and investigation phase. Thus, through the community forum meeting (Strydom 2011), credibility was given to the children's situation (as per Greenwood and Levin 2007).

To ensure support for the development of a community-based intervention programme on a higher level, I presented the survey findings (phase 1, questioning the particular issue) at a local government meeting. Due to their unavailability, no other Research Committee members could attend this meeting, but they trusted me to present their case. High-profile council members such as the mayor, the speaker, and the municipal manager, attended this meeting. Presenting the findings was a way to show respect to the local municipality as a critical stakeholder. The local municipality, which is also regarded as a gatekeeper in the town, supported the study as they realised that the research would benefit their specific rural town. They, therefore, agreed to allow the research and that the broader community could participate in it. This support from the municipality was essential, as the local government has a crucial role in assisting local citizens in their development efforts.

The Research Committee, through community workshops (as per Strydom 2011), actively started to develop an action plan by generating several alternatives that could be considered for implementation. Fifty to seventy community members attended the workshops. A community workshop involves a particular group of people interested in the identified problem and who will eventually refine the framework to address the question that will fit the community's preferences (Strydom 2011). Thus, the focus of these workshops was to identify opportunities that could be created to enhance the capabilities of the children concerned, as identified during the breakaway weekend. Such opportunities could enable the children concerned to achieve their functionings, so that they can live a life that they value doing and being, to be able to enhance their quality of life and pursue their goals.

Individuals who attended the workshops with the Research Committee and other children from CHHs showed interest in making a more focused contribution to enhance the quality of life of the children concerned. Amongst other things, it was decided during focus group sessions that children from CHHs should be supported with homework, be

guided on life issues, receive much-needed emotional support to deal with the fact that in many cases they have been deserted by their parents, and that they should have a "place" (a physical structure) where all these services could be rendered to them. The workshop attendees also decided that mentors should be appointed to give guidance to the children concerned. At this stage, they also decided that children from such households would be called "mentees." The criteria set for such mentors included that they had to be caring, trustworthy, have good self-esteem, and be good role models. Furthermore, the focus group sessions addressed aspects that would enhance a quality relationship between mentors and mentees, such as mutual unconditional love, motivation, and respect, as well as spending quality time together.

The two community workshops ended with adults also elected to join the Research Committee. The criteria set for them were that they had to be steadfast, committed, and dedicated to enhancing the quality of life of CHHs. These adults represented the broader community of the rural area where the intervention plan was developed.

Phase 4: Implementation of a Community-Based Intervention Programme

Implementation is about executing the best alternatives generated during the phase of developing an action plan (McIntyre 2008). Before implementing the action plan, the Research Committee was empowered with knowledge and skills to enable them to execute the best alternatives. Amongst others, they attended an "equine-assisted learning: self-awareness and leadership skills development" course that enabled them to become aware of themselves and develop their leadership skills further. This course contributed to the election of executive committee members whose task it was to oversee the execution of actions that were based on the best alternatives generated. The executive committee met monthly with the rest of the Research Committee and mentors, where the progress of actions to be implemented was discussed.

To ensure a positive relationship between mentors and mentees, a team-building event was organised by the Research Committee to enhance their capabilities and communication. The event also served as a training opportunity for mentors. It focused on building cohesion amongst mentors and mentees, problem-solving techniques, trust, and capacity. At the end of the team-building event, the Research Committee decided that the mentors should become part of this committee.

After the team-building weekend, definite actions were embarked on to implement the community-based intervention programme. Amongst others the Research Committee focused on obtaining a structure where mentee-related activities could be executed, including homework clubs, life skills training sessions, and entrepreneurship development initiatives as some of the mentees were involved in activities to generate an income for themselves, as well as starting vegetable gardens.

Phase 5: Refinement

To refine the implemented intervention programme, the Research Committee actively participated in reflecting on, and evaluating, it during their monthly meetings, which were used as a data collection method. These actions resulted in immediate changes to refine the programme. Overall, reflection on the implemented programme also occurred during year-end meetings, annual general meetings, and strategic planning sessions at the beginning of a year, during which all stakeholders (mentees, mentors, committee members, and community members interested in CHHs) were invited to attend. Through reflection and analysing the data collected, the following emerging themes were identified as needing more attention, namely academic performance, career guidance, sustainable gardening, access to nutritious food, maintenance of family relationships, prevention of diseases, emotional support, mentoring, and funding. To refine the programme, actions linked to the identified themes were scheduled for implementation during the re-implementation of phase 4, the designated implementation stage. Given that PAR is a recursive process (McIntyre 2008), the Research Committee revisited the implementation phase to apply their ideas.

Building on these reflections and the refinement of thematic actions, the Research Committee also turned its attention to structural and resource-related factors essential for sustaining the programme's action. To enhance the quality of life of CHHs, the Research Committee recognised the importance of securing sustainable funding to support their ability to achieve valued functionings. Such funding would be vital for enabling the participation of multi-disciplinary teams capable of addressing the diverse needs of these children. In particular, the involvement of professionals trained in trauma counselling was identified as crucial given that many children from CHHs experience unresolved emotional trauma due to the loss of parents or caregivers. Since teachers interact with these children daily, equipping them with basic trauma counselling skills would be highly beneficial. Additionally, social workers, through their legislative engagement concerning children, should advocate for greater awareness around the role of supervising adults. This could help encourage responsible adult involvement in supporting CHHs.

Recognising that CHHs often face food insecurity, the Research Committee also identified the promotion of food gardens as a viable intervention. Although initial efforts were made to establish gardens at schools and in the mentees' backyards, a lack of agricultural knowledge hindered their sustainability. Consequently, the Committee recommended multidisciplinary collaboration, particularly with the agricultural sector, to provide the necessary expertise. In parallel, the children's aspirations for a better future through education highlighted the need to enhance academic support. Engaging retired teachers to assist with studies was proposed to improve academic outcomes and expand future opportunities. To further support informed career planning, the Committee also recommended the introduction of structured career guidance by Grade 9, when subject choices critical to future educational and professional paths must be made.

To prevent children from growing up in a CHH, it was recommended that whilst parents are still alive, good relationships with other family members should be maintained. If parents then should pass away, the child will be able to stay with these extended family members rather than by themselves. Furthermore, as the survey conducted during the initial stages of PAR indicated that CHHs existed because of parents dying from certain illnesses like HIV/Aids, it was recommended that awareness of such illnesses must be raised. Therefore, the participation of medical professionals as part of the multi-disciplinary team was regarded as important.

While developing the action plan, the Research Committee appointed mentors for children from CHHs. These mentors were supposed to guide and enable the children to achieve their functionings. During the refinement phase it was found, however, that some mentors did not execute the expectations of the programme. In some cases, the relationship between the mentors and mentees was also not favourable, and the Research Community realised that constant efforts must be made to strengthen these relationships. Therefore, the appointment of mentors with the right qualities that could guide such children was considered important.

Conclusion and Recommendations

The study proved that CHHs face many constraints that impede their well-being. They experience daily challenges related to household tasks, as well as emotional difficulties. These challenges have an impact on their academic performance and are worsened by the fact that, amongst others, they do not have the financial means to meet their basic needs. To enable these households to achieve their functionings, specific capabilities should be enhanced, and therefore opportunities must be created. The implemented programme focused on the appointment of mentors to enable these children to achieve their functionings, to enhance their academic performance, and to deal with their emotional constraints. To enable the children concerned to deal with life's challenges, the programme also addressed issues related to life skills. The community-based intervention programme attended to the enhancement of these capabilities. In developing this programme, PAR as a research design was employed as the participation of all parties affected by the challenge was important.

To refine the intervention programme to better support CHHs in achieving their goals and improving their quality of life, the Research Committee's active participation in the ongoing evaluation and reflection led to meaningful adjustments. The participatory evaluation process, which involved stakeholders like mentees, mentors, committee members, and community members, highlighted several key areas for improvement, i.e., academic performance, career guidance, sustainable gardening, emotional support, and funding. Furthermore, the importance of securing sustainable funding to address the diverse needs of children from CHHs, as well as the need for multi-disciplinary collaboration involving professionals in areas like trauma counselling, agriculture, and healthcare, was also flagged. Key recommendations included early career guidance for

students, fostering strong family relationships to prevent children from becoming CHHs, as well as raising awareness about disease prevention. Finally, the importance of strengthening mentor-mentee relationships and ensuring mentors possess the right qualities to guide children effectively, was highlighted.

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