

**AN EXPLORATIVE STUDY OF THE EXPERIENCES OF
SOCIAL WORKERS IN PROVIDING THERAPEUTIC
SERVICES TO CHILDREN IN CHILD AND YOUTH CARE
CENTRES IN KWAZULU-NATAL SOUTH AFRICA
BY**

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work

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Declaration of Plagiarism

DECLARATION I, Talent Ziyambi, declare that:

I can be accredited with the originality of this research, and no submission of this study has been made to any University. All the sources used in this study are accredited for in the reference section of the study.

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Acknowledgement

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ABSTRACT

Child and youth care centres (CYCCs) should be applauded for accommodating and providing services for vulnerable children who need care and protection in South Africa. The residential and statutory social workers work together in providing services to restore the well-being of the children placed in CYCCs as mandated by the Children's Act (Children's Act, 2005). Section 155 and 158 of the Act orders the investigation of the circumstances of children and their placement into CYCCs, whilst section 156 and 159 of the Act mandates the social workers to supervise and offer reunification services to these children (Children's Act, 2005). Residential social workers work to restore the well-being of the children placed under their care in child and youth care centres through providing counselling, therapy and facilitating different programmes. It is therefore important to acknowledge the importance of the provision of therapeutic services by these social workers. This qualitative study explored the experiences of social workers in providing therapeutic services to vulnerable children who are placed in CYCCs. The sample consisted of 15 participants and semi-structured interviews were used to collect data. The social support and general systems theory were the two theoretical approaches that informed this study, whilst social constructivism was the key conceptual framework. Four key themes distilled from the interviews with each group of social workers. The results revealed that statutory and residential social workers were not cooperating with each other in the provision of services. The statutory social workers failed to provide adequate assessment, supervision and reunification services due to lack of skills, high caseloads, lack of resources and resistance in communities. Residential social workers found behavioural and sexual abuse cases difficult to address due to lack of skills. This study concluded that the Department of social development should provide capacity building for social workers to improve their skills, resources and establish strong

supervisory and monitoring strategies to improve cooperation between the social workers. The Department of social development should also review the preventative strategies imbedded in the Integrated services delivery model (ISDM).

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CHAPTER 1: INTRODUCTION

The background and context of this study is presented first, the problem area, follows next to highlight the problems addressed in this study. The significance and rationale section explained the importance of the study, while the study aims are clarified through the goals and objectives section. Following is the presentation of the research question guiding this study and the assumptions of the study. The clarification of the key concepts forms the last section of this chapter to explain the key terms used in this study.

1.1 Background and Context

Many social problems plague South Africa and these problems have caused the number of vulnerable children who need of care and protection to rise. Protection and care is required in abused, abandoned, orphaned, neglected, exploited and maltreated or addicted children (Children's Act, 2005). Patel (2015) reported the alarming figures of children identified as needing protection and care by the children's court in one year to be approximately "88 600" (p.215). In explaining the mentioned figure Patel (2015) pointed out that children left without care, with dead parents and those who have been abused make up for half of the children in CYCCs, while poverty and HIV/AIDS are the aggravating factors to these social issues. Abuse of children is one of the leading problems in South Africa and the estimated the number of sexually abused children is more than 700 000 (Nxumalo & Philander, 2017).

Though South Africa's social welfare policy shifted from a remedial to a preventative focus to move away from institutionalising children, more vulnerable children in need of care and protection are encountered. These children end up in child and youth care centres such as

children's homes and places of safety. These institutions provide for their needs, help them to cope, overcome their experiences and prevent future emotional and behavioural problems.

There are many regulated CYCCs in South Africa, caring for many vulnerable children needing care and protection (UNICEF, 2018). Child and youth care centres provide nutrition, shelter, clothes, supervision, developmental programmes, rehabilitation, special needs programmes, therapeutic and educational programmes (Jamieson, 2013). The services offered in CYCCs, should match with the needs of the child according to section 150 (Children's Act, 2005).

The provision of therapeutic services by residential and statutory social workers is a process that involves investigating, assessing, recommending appropriate intervention and the placement of children into CYCCs. These social workers also provide counselling services, monitoring, supervision of the placements and reunification services. These processes all form part of the therapeutic services and are crucial in restoring the well-being of the traumatised children. Therefore, this study sought to explore the experiences of social workers in their provision of therapeutic services to children that are placed in CYCCs.

1.2 Statement of the Problem

South African and International CYCCs are battling to address the psychosocial problems manifesting as behavioural and emotional difficulties in children (Cameron & Maginn, 2009, Taylor, 2013, Thesen, 2014). Psychosocial problems are difficulties that impair the mental and social functioning of an individual and manifests in different dysfunctions such as unruly behaviours, depression, anxiety, sleep disorder and many more (Psychology dictionary, 2013). These problems disturb the well-being and functioning of the children and disrupts the

operation of CYCCs. In most cases, children put in CYCCs come from difficult backgrounds marred by abuse, neglect and violence which result in psychosocial difficulties (Cameron & Maginn, 2009, O'Hara, 2015). Therefore, therapeutic services are crucial for vulnerable children who are removed from families and communities and placed in CYCCs.

Therapeutic services restore the well-being of children in CYCCs, prevent the development of behavioural, learning, emotional problems. A study by Malatiji and Dube (2017) focusing on the experiences and challenges related to residential care in CYCCs found that therapeutic programmes provided to children in CYCCs prevented behavioural, social and emotional difficulties from developing. However, limited resources, shortage of resources and lack of diverse professionals are factors affecting the intervention processes to the vulnerable children in need of care and protection in child and youth care centres (Malatji et al., 2017). Notwithstanding these problems, the provision of therapeutic services to CYCCs should continue, as it is crucial in facilitating healing to these children. Therefore, this study sought to explore the experiences of social workers in the provision of therapeutic services to children placed in CYCCs.

1.3 Rationale and Significance of the Study

Several studies highlighted the factors impacting the provision of services to children placed in Child and youth care centres (Malatjie et al., 2017 & Dube et al., 2015). However, this study is unique as it collaboratively explores the experiences of the residential and statutory social workers involved in providing therapeutic services to children placed in CYCCs. Capturing the experiences of the two groups of social workers is essential, they are the frontline help responsible for assisting the children to overcome their trauma and flawed experiences.

Thus, preventing the development of lifelong problems in children placed in CYCCs. This study is crucial as it highlights the challenges and needs of residential and statutory social workers in the provision of therapeutic services to these children. Exposure of these compelling issues provides feedback beneficial to improving therapeutic services and service outcomes for children placed in CYCCs. The study findings also generate useful information pertaining to the gaps of the children's Act 2005, in regulating therapeutic services such as the reunification process. This can impactfully contribute to the amendment of the Children's Act, to improve the delivery of the reunification services as they are a critical element of the therapeutic services provided to children placed in child and youth care centres.

1.4 Aims and Objectives the Study

This study explored the experiences of social worker's in providing therapeutic services to children placed in child and youth care centres. The specific objectives of the study were :

- 1.4.1. Examining the needs of social workers in the provision of therapeutic services to children placed in child and youth care centre.
 - 1.4.2. Identifying the common types of problems, resulting in the placement of children in CYCC's.
 - 1.4.3. Identifying the types of programmes facilitated to children placed in child and youth care centres.
 - 1.4.4. Identifying the challenges to the provision of therapeutic services to children placed in child and youth care centres.
-

1.5 Research Question

The research question of this study is: What are the experiences of social workers in providing therapeutic services to children placed in child and youth care centres in KwaZulu-Natal South Africa. The following sub-questions answered this research question:

- 1.5.1 What are the needs of social workers in their provision of therapeutic services to children placed in child and youth care centres?
- 1.5.2 What are the common types of problems that social workers help children placed in CYCCs to solve through therapeutic services?
- 1.5.3 What are the types of programmes facilitated to children placed in child and youth care centres?
- 1.5.3 What challenges do social workers face in the provision of therapeutic services?

1.6 Assumptions

The research assumptions are:

Social workers are encountering challenges that may be hindering their provision of therapeutic services to child and youth care centres. Another assumption is that social workers may be failing to address the therapeutic needs of the children placed in CYCCs due to lack of skills. Social workers may be struggling to match the needs of children placed in CYCCs with the appropriate programmes.

1.7 Clarification of Concepts

Social worker. In South Africa, a social worker is a person who holds a bachelor's degree in social work and registered with the South African Council for Social Service

Professions (SACSSP). (SACSSP, 2018) A social worker interacts with people in their socio-political, economic and cultural environments, enabling them to achieve their duties, cope with stress and to accomplish their dreams. A social worker should have knowledge and understanding of how humans behave in their systems, competence to motivate people to solve their problems, teamwork skills and demonstrate values and principles of the profession. A social worker can practice in a range of settings, and these include adoption work, clinical, forensic, management, supervision, occupational and probation work. (Barker 1991, Barker & Branson, 2000).

Statutory social workers. These are social workers who provide statutory services as stipulated by policy and legislation to safeguard individual, families and communities. Statutory social services include probation work, adoption, rehabilitation, foster care and alternative care services such as the placement of children in CYCCs (Department of social development (DSD), 2013).

Residential social worker. A residential social worker works in a children's home, place of safety, old age home and respite homes. They ensure a safe and secure environment for people at these centres. In children's homes/child and youth care centres they provide emotional, physical and social support to children placed in these centres, reunite them with families and prepare children for discharge (Children's Bureau, 2018). The term residential social worker used in this study refers to a social worker working in a CYCC.

Therapeutic services. Therapy is the process of exploring thoughts, feelings, behaviours to solve behavioural, mental, emotional problems and enhance interpersonal functioning (Drisko & Grady, 2019 & Psychology Dictionary, 2013). The term therapeutic services used in this study refers to the steps and processes undertaken by the residential and statutory social workers to restore the well-being of vulnerable and traumatised children placed in CYCCs, thus prevent behavioural, mental and emotional problems from developing. Therapeutic services include the investigation of problems in communities, assessment process, placement into CYCCs, the provision of counselling, therapy, facilitation of programmes and reunification services. These services are all prescribed by the children's Act as measures to address the needs of the children and restore their well-being (Children's Act, 2005).

Child and youth care centre (CYCC). This is an external accommodation that provides shelter and residential programmes for six children or more, it provides nutrition, clothing, care, developmental programmes, rehabilitation, special needs, educational programmes and therapeutic programmes (Children's Act, 2005). The term child and youth care centres used in this study refers to the Children's homes and Places of safety.

Child. In South Africa, a child is as an individual below the age of 18 years (Children's Act, 2006).

1.8 Structure of the Thesis.

This research study divides into the following six chapters.

Chapter 1- Introduction of the research study

Chapter one provided an introduction of the study, which included the orientation, background and rationale of the study. The problem statement, goal, objectives and significance of the study are part of this chapter. This chapter concluded with the clarification of the key terms used in this study.

Chapter 2- The literature review

The review of literature related to this study, is the focus of this chapter. The literature on the transformation of social welfare and its impact on the provision of services to children is reviewed first, followed by the Children's Act and the White paper on families. An overview of the child and youth care centres forms part of the literature review and literature on the problems/challenges experienced children in South African communities. The study reviews literature on the difficulties experienced by the social workers in their provision of services. The chapter concludes with the programmes facilitated in CYCCs.

Chapter 3- Theoretical framework

The two theoretical frameworks applicable to this research study are the general systems theory and the social support theory. The descriptions and the discussions of the two approaches are in this chapter.

Chapter 4- Methodology

The researcher outlines the research methodology of this study in this chapter. Exhaustive explanations of the research approach, research design, population, sampling methods, data

collection tool, data analysis, ethical issues, validity, reliability and the limitation of the study are made in this chapter.

Chapter 5- Presentation and discussion of findings

This chapter presents the discussions and descriptions of the research findings gathered through the in-depth interviews

Chapter 6- Conclusions of the study

This chapter provides the conclusion and recommendations of the study.

CHAPTER 2: LITERATURE REVIEW

This literature review chapter provides the context for this study by looking at the transformation of social welfare and its impact on service provision to children in South African communities. The White paper on families is considered as the policy applicable to the study and the Children's Act is reviewed as the guiding legislation. Thereafter a general summary of the CYCCs in South Africa and other countries is provided, followed by the social problems affecting South African communities and their impact on children. Last but not least, are the challenges encountered during service provision and a description of the programmes provided in CYCCs concludes the chapter.

2.1 Transformation of Social Welfare and its Impact on the Provision of Social Work Services to Vulnerable Children in South African Communities.

Social work priorities differ from country to country due to policies and legislations of the nations (Scope of social work practice, 2018). The priority shift in social welfare services is indicative of South Africa today, the social welfare services shifted from the corrective approach to a developmentally oriented approach. This change was informed by the constitution and the White paper for social welfare.

The Developmental approach developed due to the socio-economic, political climate and criticisms of the social treatment model which was regarded as narrow and racially discriminating to communities especially the vulnerable children (Dlamini, 2014, Khanyile, 2014, Patel, 2015). The focus of the Developmental approach is on the social and economic problems affecting South African communities, namely poverty, inequality and the promotion of social and economic development(Khanyile, 2014). These problems have an effect on the lives

of many South African children. Therefore, social work services no longer focus on finding solutions and correcting situation only, but on empowering communities to sustain themselves (Gray et al., 2008). Thus, prevent the social problems of poverty, abandonment, abuse and violence that are wreaking havoc in these communities, affecting children and resulting in their placement into CYCCs. However, as the focus has shifted to development, it appears that some social workers are failing to integrate the services as stipulated by the Developmental approach (Sibanda, 2013). The integration of services is a challenging task for social workers according to White paper (1997) which indicated that social service delivery scheme "is fragmented between several fields of services, which did not always allow for a holistic approach" (p 7).

Patel (2015) acknowledged the deficiency in the new Developmental approach by explaining that it has not been able to tap into the rural communities due to lack of resources. Ntusi (as cited in Gray et al., 2008) agreed, adding that social workers struggled to interpret and apply the approach at the outset of its introduction. Gray et al., (2008) pointed out that, though the Developmental approach has had its fair share of problems, social workers have shown devotion to it.

The implication thereof is that the Developmental approach has not been grasped or interpreted clearly. As a result, remedial services such as the placement of children into CYCCs are still overshadowing preventative initiatives that reduce social problems affecting families and children in communities. The following frameworks are inherent in the Developmental approach, the "rights-based approach, integrated family-household-centred approach, community-based social welfare and the generalist approach"(Patel, 2015,p.190). The frameworks are succinctly outlined below, starting with the right-based approach.

The rights-based approach to service delivery is an essential part of the Developmental model of welfare services. Patel (2015) described it as a comprehensive method to service provision by saying that it is an "infusion of values and principles into service delivery strategies" (p 199). Patel (2015) added that the rights-based approach to service delivery revolves around safeguarding people's rights, awareness of the rights, providing a platform to claim the rights, upholding, encouraging rights and advocating against policies and social programmes that do not promote rights. This approach seeks to advocate for the rights of the weak, such as children and women in communities and avert social problems of violence, abuse and poverty that may result in the removal of a child from the family setting into a CYCC.

Equally valued, within the Developmental approach, is the integrated family-household-centred and community based social welfare services framework which has three important intertwined concepts, namely family, households and community (Patel, 2015). This framework is flexible and pays attention to family dynamics which were neglected by the previous models. (Patel, 2015). The aim of this framework is to strengthen families and prevent problems of abuse, domestic violence and poverty affecting mostly women and children. Patel (2015) said that past social policies revolved around the masculinity notion, however, family dynamics are constantly evolving, and family previously referred to people sharing the same dwelling and basic stuff, but now incorporate extended or mixed family structures. This framework is rooted in the belief that healthy, stable, empowered families and communities help to safeguard the rights of children and prevent social problems affecting them and resulting in their placement in CYCCs. Community services also form part of the family-household-centred and community-based social welfare services; the services are comprehensive, wide-spread, easily reached and speaks to people's needs (Patel, 2015). An earlier research had a parallel view to Patel, thereby pointing out that

community social work services are not all-inclusive as mentioned on paper neither, participatory, or sustainable and reaching a handful while the rest of the communities languish in poverty (Khanyile, 2014)

The generalist approach is also part of the developmental approach. Patel (2015) summarised the importance of this approach by describing it as "the guiding social development framework" (p.204). The generalist approach to service delivery is a comprehensive approach encompassing all the frameworks discussed above. The concept of empowerment is central to this approach, and social workers empower communities to utilise their strengths to address social problems through education, support and guidance (Patel, 2015). Hence, individuals are encouraged to recognise and use their capacity and abilities in resolving their problems. The integrated-service delivery model (ISDM) is also a framework enshrined within the developmental approach (Patel, 2015).

The Integrated service delivery model (ISDM). The Integrated service delivery model (ISDM) is a guideline to the delivery of social work services in an extensive manner, the model seeks to provide clarity, scope, levels, norms and standards for service delivery while specifying resources needed in the provision of these services from a developmental approach. (Patel, 2015, Sibanda & Lombard, 2015). There are three levels of intervention informed by the (ISDM), namely "prevention, early intervention, and reunification services" (Department of social development (DSD), 2013,p.24). These levels of intervention are all aligned to the developmental approach and aim to prevent the social problems affecting children in South African communities. Prevention services are an attempt at stopping social problems that affect and cause trauma to children from developing. At this stage, empowerment initiatives are

facilitated in communities and families to prevent social problems. The failure of prevention services is signified by the early intervention services, these seek to identify the crowning of social problems and address them before they cause tremendous trauma to children within the community or family setting. These services aim to reduce time and resources used when problems become complicated. When the early intervention services fail, treatment, rehabilitation and reunification services are applied to remedy the trauma suffered by children. At this stage therapeutic services are provided by the residential and statutory social workers, as the children end up in CYCCs. The three levels of intervention are further described below .

Prevention services. These services pursue to stop problems from developing into complicated, time and resource-consuming issues. These services identify factors that could cause problems as well as the methods of addressing the problems in the event of occurrence (Patel, 2015). The examples of prevention programmes are substance abuse prevention programmes, parenting, early childhood development, life skills and educational programmes. These programmes prevent child neglect, violence caused by drug abuse and provide self-sustenance programmes for income generation in communities. The premise of these programmes is that communities should be educated, informed and equipped with different skills to prevent problems from developing.

Early intervention services. They aim to identify warning signs of problems before they manifest and limiting progression thereof. The risk factors that may result in social problems are recognised early and dealt with before they progress (Patel, 2015). These services target the individuals, environment and the society (Department of social development, 2013).

Treatment, rehabilitation and reintegration services. These services are provided to populations that have succumbed to problems which have disturbed their well-being, functioning and need protection from harm or further damage (Department of social development, 2013). These rehabilitating or treatment services are aimed at individuals or families and include psychosocial support services, support, facilitation of reunification and restoring the well-being (Patel, 2015). The provision of therapeutic services in CYCCs falls into these services.

The concept of reunification is based on the notion that residential care can impose adverse effects on children. Therefore, children removed from the families and communities should be reintegrated after thorough interventions. Statutory services such as court processes, child and youth care centre placements, mental institution placements or drug abuse rehabilitation are all part of statutory services aimed at safeguarding the rights of the vulnerable population and avert further problems (Patel, 2015). The continuous demand of these services signals failed early intervention and prevention strategies. The failure of the preventative services can be noted in the unceasing placements in CYCCs; more children are still succumbing to problems of violence, abuse and neglect resulting in their placement in CYCCs. Policy and legislation pertaining to children in South Africa are the focus of the ensuing section.

2.2 Policies and legislations Pertaining to Children in South Africa

The White paper on families aims to provide guidelines on the provision of services to families, including children and to prevent socio-economic problems. In contrast, the children's Act regulates these services to vulnerable children.

White paper on families. Families are vital in a child's development, It is the belief of the researcher that strengthening families prevent a host of problems faced by children today. Families that are not stable are associated with the removal of children into alternative care; thereby placing a burden on statutory services and alternative care (Combrinck, 2015). The White paper is the blueprint for the delivery of services to families, and it acknowledges the significance of positive family well-being in fostering the social and economic development of a country. (DSD, 2013).

Combrinck (2015) pointed out that strengthening families is the government's initiative to amend the past social welfare inadequacies. The purpose of the White paper on families is to encourage a healthy and conducive environment for families to relinquish the potential of its members and thus live well and sustainably while contributing to the nation (DSD, 2013)

The vision of this policy on families is the promotion of healthy families which have a conducive environment for peace, stability, nurturing and can provide and contribute to economic development, while addressing the well-being of the members in every aspect (DSD, 2013). The maintenance of a well-functioning family can be achieved through various initiatives and guided by the principle of human rights to promote dignity, self-determination, respect and freedom for all (DSD, 2013).

According to Patel (2015) maintenance of the children's well-being, their interaction and advancement through family life is the priority of the White paper on families. Healthy families yield positive outcomes for the children and prevent many problems and placements in CYCCs.

Equally important, is the maintenance of healthy, functioning marriages and communities, therefore, the government sought to strengthen marriages, communities and rescue those at risk. (DSD, 2013). The government's national family policy was criticised as being "...

overly concerned with the classification of families than with the human development outcomes that families produce for society" (Patel, 2008, p. 200). Hence the policy, good as it may be in text, it remains non-pragmatic.

Families are important in preventing the vulnerability of its members, especially children to different social, emotional and economic problems. The emphasis of the White paper on strengthening and preserving families is indicated by the family preservation model, which inform services aimed at protecting and preserving families in South Africa (Combrinck, 2015).

According to DSD (2013) family preservation services are "services that focus on family resilience in order to strengthen families and keep them together as far as possible" (p.2). Therefore, these services aim to keep families together, prevent problems and separation of family members from the family (Combrinck, 2015). The initiatives that were formulated to preserve families are "community-based support services, family centred services and intensive crisis services"(Combrinck,2015, p.56).

Community-based support services fall under preventative services which are level one of family preservation services, resources, support and awareness services are provided to families at a community level thus prevent problems from manifesting (Strydom, 2013). These services include parenting programmes, feeding schemes, playgroups and they avoid the use of statutory services (Strydom, 2013).

Family-centred services are level two services, which are early intervention services that deal with the problems to prevent escalation into complicated time and resource-consuming issues (Strydom, 2013). These services focus on the nucleus family and include therapeutic services, educational services, skills programmes, housing and other necessities to maintain the family structure (Strydom, 2013).

The intensive family preservation services are level three services, rendered after a crisis that threatens the livelihood of family members especially children has occurred (Strydom, 2013). These services are thorough, immediate, focus on the nucleus family, include the provision of basic necessities and focus on preventing CYCC placements (Strydom, 2013).

The government has made strides in the maintenance of the family structure; however, these efforts are overshadowed by the incessant escalation of problems such as poverty, neglect, child abuse and violence. These problems are impacting families, and consequently leading to the removal of children from families into CYCCs.

Children's Act 31 of 2005. This legislation aims at safeguarding and protecting the rights of South African children. Over the years, South Africa has taken part in several conventions and legislations which seek to safeguard children worldwide. These are the "Declaration on the Rights of Children, the United Nations Declaration of the Rights of the Children, the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child" (Children's Act, 2005.p 5). Therefore, the drafting of the Children's Act 38 of 2005, was influenced by the need to rectify the gaps created by the former 1978 Act, which had shortcomings and was associated with the Apartheid regime and to fulfil the mandate of the mentioned children-oriented conventions and legislations.

The Children's Act provided guidelines for the identification children who requires care and safeguarding, these include children left without parental care, with unruly behaviour, street children, children who are habitual drug users, those who are physically and mentally mistreated and those who are oppressed (Children's Act, 2005).

A statutory social worker plays a vital role of investigating children's circumstances, assessing and making recommendations to the children's court, the court then makes the ultimate decision and gives an outcome of the child based on the recommendations of the social worker (Children's Act, 2005). Within South Africa, most, statutory social workers who investigate and make recommendations are found at the Department of social development and child welfare among other organisations and are termed "designated social workers in the Children's Act" (Children's Act, 2005,p.76).

Section 158 of the Act emphasised that when the need for protection and care arise in a child, the child should be only placed in the child and youth care centres as the last option (The Children's Act, 2005). This entails that social workers should first exhaust other means of care before considering the CYCCs. The children's court and the statutory social worker are responsible for establishing the residential care programmes appropriate for the needs of the child (Children's Act, 2005). Therefore, social workers who make placements should ascertain that their CYCC placements have "residential care programmes meeting the developmental, therapeutic, educational and other needs of children" (Children's Act, 2005, p.178). The Department of social development also funds and monitors the child and youth care centres to ensure that the needs of the vulnerable children are met.

There is need to acknowledge the value of the Children's Act 38 of 2005 to statutory social workers, residential social workers and other social service professionals who provide services to children placed in CYCCs. The strengths of the Children's Act are rooted in its "shift from the remedial to the developmental approach strategies such as the prevention and early intervention services" (Sibanda & Lombard, 2015, p.119). The goal of these services is to deal

with the children's abuse and neglect before it manifests and escalate beyond control (Sibanda et al., 2015).

There is no legislation without shortcomings, Sibanda and Lombard (2015) pointed out that the Children's Act, has been associated with problems in the temporal safe care post-removal process. The Children Act also pose difficulties in the assessment of children's needs, court system and lack of sustainable income in foster care (Sibanda et al., 2015). Dube et al., (2017) agreed with the above authors by explaining that the Children's Act is an important legislation for child and youth care centres, however lack of resources hamper its effectiveness. Nevertheless, the shortcomings of this legislation should not shadow its importance in safeguarding the rights of the children in South Africa.

2.3 An Overview of the History of Child and Youth Care Centres

The terms residential care, children's home and child and youth care centres are synonymously used influenced by the context of these institutions. A CYCC is an external accommodation that provides housing and programmes for children (Children's Act, 2005). CYCCs are a worldwide phenomenon tracing back to old times. In developed countries, rapid urbanisation and industrialisation gave birth to social ills such as women and children abuse and triggered disparities amongst populations leaving children vulnerable and in need of alternative care (Dube & Malatji, 2017). In England, the need for specialised care and therapeutic intervention to address the trauma experienced by children is the reason for the children's home placements (O' Hara, 2015). In Spain, child neglect and dysfunctional families are some of the main causes of residential care (Gonzalez-Garcia, Bravo, De Valle & Martin, 2017).

According to Dube et al., (2017) the development of CYCCs in South Africa is attributed to the migration of adults from rural areas to urban areas in search of better living prospect after apartheid. Therefore, CYCCs were established to accommodate the children left behind (Smith as cited in Dube et al., 2017). However, evidence indicates that the establishment of CYCCs dates to the early nineteenth century, way earlier than the period mentioned above. In their early writings on the history of child and youth care centres in South Africa, Beukes and Gannon (1996) indicated that by the late 19th-century registration, classification and funding of residential care such as children's homes had already started. This registration, financing and classification of the CYCCs were made possible by the 1960 Act (Vandervan, 2018).

Though the children's legislation of this time claimed to apply to everyone, there was racial discrimination, and the 1981 national data showed that fewer blacks were accommodated into the residential care as compared to the whites and coloured population (Beukes et al., 1996, Vandervan, 2018). While inequality and racial discrimination prevailed in South African black communities, the coming of HIV/AIDS in the late 80's worsened the situation, perpetuating child neglect, orphanhood, abuse and malnutrition. HIV/AIDS increased the number of children who needed protection and care as well as the placement of children into CYCCs. Today factors such as abandonment, abuse, poverty, and HIV/AIDS are causing the placement of children into child and youth care centres (Dube & Malatji, 2017).

Though CYCCs offer a safe space for vulnerable children in need of care, worldwide government policies have shifted focus from residential care to foster care, adoption, family and community services. These services are aimed at minimising the placement of children into CYCCs. South Africa imitated the western path with its deinstitutionalisation policy signified by

the White paper on families, aimed at preserving families and reducing residential care and the Integrated service delivery model (IDSM) (Department of social development, 2010).

Regardless of these measures, South Africa is overwhelmed with high numbers of child placement in child and youth care centres and as mentioned earlier this can be attributed to failed government's strategies and policies. Therefore, CYCCS are still playing a crucial role in accommodating abandoned, abused, neglected and orphaned children in South Africa and social workers play a leading role in rehabilitating these children through therapeutic services. The next section highlights the social problems affecting South African communities and their impact on the problems addressed in children.

2.4 Social Problems Resulting in the Placement of children into Child and Youth Care Centres

The social problems affecting South African communities will be the focus of this section. These problems are HIV/AIDS, child abandonment, unemployment and poverty.

HIV/AIDS. In South Africa; the consequences of HIV/AIDS are unquestionable. Chariatte (2017) reported that figures in South Africa illustrate high rates of HIV/AIDS infection in the country and infection rates are higher than deaths rates. This trend is attributed to the rollout of the anti-retroviral, which are now prolonging the life of the infected.

The impact of HIV/AIDS on children has been under-reported, the focus has been channelled to the adult population and yet children are equally affected (Chariatte, 2017). HIV/AIDS has claimed the lives of many children, orphaned them and left them vulnerable and in need of care and protection. Hall and Sambu (2018) defined an orphan as a child whose

mother or father died . Children orphaned by HIV/AIDS are more likely to suffer from depression, anxiety and behavioural problems, while children infected with HIV/AIDS will have health and neurological problems resulting in learning difficulties (Chi et al., 2018).

Some researchers also agreed that HIV/AIDS is the primary cause of child-headed homes, an aspect that threatens the children's rights (Mogotlane, Chauke, Rensburg, Human, Kgnakga, 2010). The Department of social development (2013) explained the term child-headed home, as when a child takes over the responsibility of providing all necessary needs of the other children when the parent is sick or dead. Contrary to the explanation above in South Africa child-headed homes are also a result of absent parents, a prevalent occurrence widely accepted and caused by weak family structures, intercountry migration in search for jobs and better education (Hall & Sambu, 2018).

Hall et al., (2018) claimed that headers of child-headed homes have a maturity advantage as most of them are over 15 years, can fend for themselves and collect government grants. Songca (2018) refuted this claim by pointing out that children from child-headed homes are more susceptible to abuse and violence than any other children. Songca also endorsed an earlier study by Mogotlane et al., (2010) pointing out that there is need for comprehensive policies for the child-headed homes, to curb the problems these children are experiencing. These children are more susceptible to child abuse and violence and end up in CYCCs with emotional and psychosocial problems.

There is need for comprehensive policies and strategies on HIV/AIDS that are not only bio-medically focused but also integrate the emotional and psychosocial needs of those affected and infected (Nkosi & Rosenblatt, 2019, Fry, 2013). Therefore, emotional problems and learning

difficulties are some of the problems caused by HIV/AIDS and addressed in children placed in CYCCs.

Abandonment of children. The Children's Act defined an abandoned child, as a child who is indefinitely left without care by the caregiver, parent or guardian for more than three months (Children's Act, 2005). The Act made provision for comprehensive care of abandoned children in which their needs are addressed in CYCCs (Children's Act, 2005). The United Nations Convention on the Rights of Children 1989 (CRC) and "the African Charter on the rights and welfare of children 1990 (ACRC)" agreed that children are entitled to parental care (Vadivalu, 2014,p.94). Regardless of the onus placed on parents, South Africa's rates of child abandonment continue to rise (Songca et al., 2018).

Hasselink and Dastile (2019) pointed out that in 2010, more than 3000 babies were abandoned in South Africa, and it appears that most of the abandoned children are babies below the age of comprehension. The rise in child abandonment in South Africa is due to poverty, HIV/AIDS, drug abuse, sexual abuse, reliance on provisions of government and confines in the legal frameworks governing the adoption processes (Thabane & Karisam, 2015, Blackie, 2014).

Abandonment affects children and their adult life; it influences behavioural and emotional problems such as anger, aggression, violence, abuse of partners, poor social skills and slow learning. (Thabane & Karisam, 2015, Hasselink & Dastile, 2019). Most of the abandoned children are placed in CYCCs. Other than the placement in CYCCs, abandoned children are fostered or adopted. However, there are low adoption rates in South Africa due to challenging adoption processes and limitations of the legal framework informing the adoption processes (Blackie, 2014). This challenge entails that at utmost abandoned children are either fostered or

put into CYCCs and when foster care fails, they end up in CYCCs where the social workers facilitate various programmes to help them solve their problems.

Child abandonment also exerts pressure on the government, as abandoned children become the states' responsibility (Thabane & Karisam, 2015). Though causes of abandonment are well documented the statistics on the number of abandonments in South Africa are mere predictions based on a few organisations that deal with abandoned children (Blackie, 2014). This signal, limitations on the government, as proper statistics inform good strategies. Vadivalu (2014) argued that the government is falling short of its responsibility towards abandoned children in South Africa, and it should employ drastic measures to enhance the safeguarding of these children.

Unemployment and poverty. Numerous researches have been conducted on the impact of unemployment and poverty in South Africa. Still, a handful focused on the effects of unemployment and poverty on the well-being of children. Considering that South Africa has a young population, more research must be conducted on how the welfare of children is affected by poverty. Unemployment and poverty have a direct effect on each other, and there is a link between unemployment, poverty, abuse, neglect and abandonment of children in South Africa (Songca, 2018, & Hasselink et al., 2019). Blackie (2014) pointed out that poverty, among many other factors, is the cause of high rates of child abandonment in South Africa. Child abandonment imposes negative effects on the health and development of the child and results in the placement of such children in the child and youth care centres. Buthelezi (2018) conceded to the above authors, adding that “more than 50 million children are living in poverty”, this disturbs the children’s psychological and physical developmental stature (p.66).

The three concepts, poverty, unemployment and HIV/AIDS influence one another and negatively impact the lives of children in South Africa, leaving them vulnerable and in need of care and protection. A research study conducted by Naidoo, Taylor and Mabaso (2017) on the impact of social grants among Indians in South Africa found that poverty influenced HIV/AIDS and HIV/AIDS influenced poverty as it rendered the working population redundant and dependent on social grants. This places the children in vulnerable situations, where their fundamental human rights are violated.

Violence against children. South Africa's history is tainted by violence, and this has negatively affected many children. Violence against children is physical and non-physical harm in all its manifestations, these are mental harm, causing injury, sexual abuse, emotional abuse, witnessing violence and mistreatment (Department of social development, 2012).

In South Africa violence against children is exacerbated by poverty, lack of jobs, the position of women and poor government strategies (Department of social development, 2012). Patel (2015) emphasized the magnitude of the violence against children in South Africa, by pointing out that "about 50 000 crimes of violence against children were reported to the South African Police in 2010/2011" (p.26). It is worth noting that these figures do not represent the accurate picture of violence against children; there are many unreported cases of violence against children in South Africa.

Indirect violence, in which a child witnesses acts of violence and direct violence in which acts of abuse and violence are directed towards the child, have the same repercussions on the well-being of a child (Hesselink & Dastile, 2019 & Bezuidenhout, 2013). Songca (2018) grouped the effects of violence and abuse into physical and emotional. The physical effects of violence

manifest in antagonism, aggression, lack of confidence, while the emotional effects of violence are hopelessness, anxiety, post-traumatic stress disorder and many other psychological problems (Songca, 2018). It is evident that violence and abuse have crippling effects on the well-being and livelihood of children, and therefore intervention is of paramount importance.

Violence against children also predisposes children to unhealthy behaviour, which influence their health outlook even as adults (Hsiao et al., 2017 & Department of social development, 2012). Therefore, children who have experienced violence are more likely to experience poor health as adolescents and even as adults (Hsiao et al., 2017). This shows the lasting effects of violence on children. Bezuidenhout (2013) highlighted the lifelong impact of violence in children, by arguing that there is a likelihood that the behavioural problems in children and young adults in South Africa have roots in past and present experiences of violence. Therefore, Bezuidenhout (2013) emphasised that behavioural problems in children and young adults should not be viewed in isolation. There is need for evaluations and implementation of strategies to victims of violence and children who exhibit behavioural problems.

Violence against children, is also saddling the country's economy, the social order of communities and organisations that safeguard children's rights (Department of social development, 2012, Hsiao et al., 2017, Makoe & Niekerk, 2014). The authors agreed that most of the social problems plaguing South Africa are preventable if violence against children could be reduced and effective prevention strategies are implemented (Department of social development, 2012, Hsiao et al., 2017, Makoe & Niekerk, 2014). Social workers are also experiencing problems in their efforts to address the above issues, and these are in the next section of this study.

2.5 Challenges Experienced by Social Workers in the Provision of Therapeutic Services

Residential and statutory social workers experience challenges which pose as barriers to the provision of services to children, these are lack of skills, poor adaptation of the children, high caseloads and shortage of resources.

Lack of skills. Taylor (2013) pointed out that some social workers are failing to address the complex problems in CYCCs due to lack of skills and expertise. Quality social work professionals are a product of quality training and development initiative; therefore, the Department of social development (2013) highlighted the need to improve social work education training by pointing out that "the scope of the social work curriculum be broadened"(p.27).

A study conducted in England by di Hart, La Valle and Holmes (2015) indicated that poor skills in social workers and child and youth care workers negatively impacted the children placed in CYCCs. Poorly trained caregivers are unable to provide adequate care to children, this gap in care precipitates violence and trauma amongst children placed in CYCCs (di Hart et al., 2015). An international study on structural intervention and caregivers training impact on orphans in institutions agreed with the above authors emphasising the need for theory in tackling violence and abuse in institutions (Hermenau, Goessmann, Rygaard, Landolt and Hecker, 2016).

Training equips social workers with the skills and expertise needed in service delivery. The training should be flexible, allow social workers to adapt to different circumstances and deliver quality services while adhering to the set-out service delivery strategies (Department of social development, 2013).

Poor adaption of children to child and youth care centres. Some children placed in CYCCs struggle to adapt to life at these centres. Poor adaptation of children in CYCCs results from changes in life and living due to constraints in resources, humiliation of being in these centres and victimisation by other children in these institutions (Agere, 2014). Poor adaption also interferes with the programmes and any interventions aimed at restoring the well-being of children and this is a challenge to the residential social workers who provide these services (Agere, 2014). Perumanal and Karisan (2008) applied the ecological perspective in understanding the impact of removing a child from a familiar setting into an institution; they agreed that poor adjustment to unfamiliar environment resulted in negative effects on the child. Therefore, if the child adapts well to institutional life, the negative effects could be reversed into positive ones.

High caseloads. In defining a caseload Children's bureau (2016) said that "caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual worker, all workers assigned to a specific type of case, or all workers in a specified area" (p.2). High caseloads are influenced by factors such as the rise of social problems, shortage of staff due to limited funding and change in laws and policies (Children Bureau, 2016). One study focusing on the challenges experienced by the statutory social workers in linking the Developmental approach with their service delivery found that statutory social workers were failing to incorporate the Developmental approach in their provision of services to vulnerable children due to high foster care cases (Dhludhlu & Lombard, 2017). Failure to incorporate the Developmental approach to service delivery in social work entails a remedial approach to service delivery.

Alpaslan and Schenck (2010) also found that “social workers across South Africa were struggling to cope with high caseloads”, and therefore suffered from burn out (p.45). High caseloads in administrative duties are detrimental to the delivery of quality services to intricate cases involving families; they limit the time spend addressing the cases and impact on the quality of services to children (Children's Bureau, 2016). MacNicoll (2016) added that high caseloads result in inadequate assessments and slow intervention to children at risk. High caseloads are also affecting the statutory social workers who investigates, assess, and facilitate reunification services to children in CYCCs.

Shortage of resources. The shortage of physical and human resources is a hinderance experienced by residential and statutory social workers in their provision of services. There is a relationship between shortages of social workers and poor resources (Department of social development, 2013). Scarcity of resources in social welfare organisations has a negative bearing on the provision of services to vulnerable children. In South Africa poor resourced social welfare departments, notably, the rural areas also reported shortages of social workers and poor service delivery to communities (Alpaslan & Schenk, 2010).

South Africa is a rainbow nation, hence diverse populations are admitted into CYCCs; however, this is not the case with the caregivers not only are there shortages but a deficiency of diverse staff. This shortage of caregivers is the reason why residential social workers accumulate high caseloads. Malatji and Dube (2017) pointed out that the absence of diverse staff in CYCCs entails lack of sensitivity to the distinct cultures of these children; hence the children struggle with “ the loss of identity and a sense of not belonging”(p.25). Though it seems unrealistic to expect the cultural needs of all the children in a child youth care centre to be catered for, Malatji

and Dube (2017) insisted that these centres should employ diverse staff to cater for the cultural needs of the children.

In addition to the shortage of diverse persons in CYCCs, De Waal (2015) reported that the constant change in staff and the unfriendliness of the staff robbed the children of care. The unfriendliness of staff evoked feeling of rejection and affected the children psychologically and intellectually (De Waal, 2015). De Waal (2015) also agreed with the views of an earlier study by Mavangira which emphasised the importance of constant and available caregivers, to prevent unreceptive, solitary and dependent individuals. .

However, researchers were warned against labelling all residential care facilities without comprehensively analysing the factors and problems that are negatively affecting the children (Li, Chng & Chu, 2017). Regardless of the above challenges, residential care facilities continue to play critical role in the lives of children who require protection and care by addressing the health, educational, developmental, therapeutic and spiritual needs of these children. Therefore, the next section looks at the programmes offered in CYCCs and their impact.

2.6 Intervention Programmes Implemented in Child and Youth Care Centres

The placement of a child in a CYCC is not the end, but the beginning of a new process which seeks facilitate healing through developmental, therapeutic, recreational and other programmes. These programmes are described in the following passages.

Developmental programmes. Life skills and recreation are activities that fall under this category; these activities modify behaviour through skills and help the children to become

assimilated into society (Agere, 2014). Therefore, developmental programmes foster growth and maturity in children.

Life skills programmes. According to Agere (2014) different forms of life skills are essential in the development of a child to promote growth and capability. Life skills programmes also develop skills in communication, interpreting, caring for oneself and hygiene (Agere, 2014). The researcher believes that these skills provide security and necessitate survival, and in non-institutionalised children, parents or guardians foster these skills to promote independence and schools also foster life skills in children. Agere (2014) also held that life skills help children to avoid dangerous situations and actions in life. Therefore, CYCCs should provide in-depth life skills programmes that yield positive results beneficial to children.

Income-generating programmes. Children are placed in CYCCs temporarily pending reunification with families. However, some children grow up in these institutions and are discharged at 18 or 21 years. The income-generating programmes help these children to fend for themselves upon release into society. Agere (2014) explained that income-generating programmes taught children who were not academically gifted accountability, provided security, independence, and the means to provide for themselves upon leaving the CYCCs. Therefore, income-generating programmes should be prioritised in these centres.

Recreational programmes. These are activities designed for fun and include sports, art, drama, dancing, singing and gaming; they promote good conduct and physical health (Agere, 2014). Recreational activities have additional benefits according to UNICEF (as cited in Agere,

2014) which are good mental health, anger management, advanced motor skills, creativity and brain development. Through recreational activities, children also develop and identify their gifts, which could be nurtured into professions and become their means of livelihood in their adult life.

Therapeutic programmes. Therapeutic programmes are part of the programmes provided to children in CYCCs (Children's Act, 2005). Kristin (as cited in Agere, 2014) explained that therapy aims help traumatised children cope and prevent the trauma's crippling effects on them. Therapy provides a coping mechanism, restores emotional and psychological well-being of the traumatised to avoid long-term problems and the duration of therapy varies from person to person and according to the magnitude of the trauma (S.Omar, personal communication, September 11, 2019). It is, therefore, crucial for CYCCs to assess the magnitude of trauma experienced by every child to avoid generalisation. Therapeutic work includes "psychosocial support, trauma counselling, individual or group counselling, and play therapy" (Agere, 2014, p.40). Children placed into CYCCs are either, orphaned, abandoned, abused or neglected, therefore, therapeutic programmes should be provided to help these children cope.

2.7 Conclusion

This literature chapter highlighted the changes that the social work profession has undergone and the impact of these changes on services delivered to children who require protection and care. The legislation and policy guiding and informing the provision of services to children who need care were also discussed and their influence on the shifting trends in CYCCs was highlighted briefly. A link between social problems affecting children in communities and the type of problems encountered and addressed in children in CYCCs was trailed, and the

challenges encountered by social workers are emphasised. The programmes facilitated in CYCCs concluded this literature chapter. The ensuing chapter focuses on the theoretical framework of this study.

CHAPTER 3: THEORETICAL FRAMEWORK

The social support theory and the general systems theory are the two theoretical frameworks applicable to this study. The general systems theories offers understanding of how the provision of therapeutic services can be viewed as happening within a system, and each social service professional is an input, has a function and exerts influence on the outputs and intended goal of these services. On the other hand, the social support theory highlights the importance of different forms of support in achieving the intended goal of restoring the well-being of children placed in CYCCs. These theories are discussed in the following section starting with the general systems theory.

3.1 General Systems Theory

The foundation of the general systems theory is accredited to Ludwig von Bertalanffy, a biologist between 1920 and 1956 (Bertalanffy, 1968). The general systems theory assumes that every existing organism comprises of a multifaceted system which has subsystems, Ludwig, therefore, supported the idea of wholeness when looking at a system, rather than single entities (Bertalanffy, 1968). The adaptation of the systems theory into the social work field is credited to Pincus and Minaham in 1973 ((Hutchinson & Oltedal, 2014). However, the theory gained popularity in the late 1980s when holistic thinking and knowledge from various traditions were welcomed into the social work field (Hutchinson & Oltedal, 2014). The general systems theory's belief is rooted in different entities that unify into a comprehensive unity and is dependent on inputs channelled into throughput to produce outputs Hutchinson et al., 2014 & Social work, 2018).

The six characteristics essential within the different schools in the systems theory are holism, equilibrium, boundaries and surrounding, evolution and dynamism, circular causality thinking and identification of goals (Hutchinson et al., 2014). In explaining equilibrium Hutchinson et al., (2014) pointed out that it is the state of balance in a system achieved when inputs channelled into the system are converted through throughput into outputs which are directed back into the environment to maintain a state of equilibrium (Hutchinson et al., 2014). Central to the systems theory is the characteristic of circular cause-effect which offers a different way of thinking and is a shift from the "casual" description or "linear cause-effect" rational (p 181). Hutchinson et al. (2014) pointed out that every system is goal-oriented and the least expected goals for any system is the maintenance of balance. Boundaries enable distinction of what is a system and what is not, and interactions happen between the boundaries of the systems as compared to the elements within the system (Hutchinson et al., 2014). They can be closed or open, and conflict determines how flexible boundaries can be (Hutchinson et al., 2014).

The general systems theory is useful in explaining the provision of therapeutic services by social workers from a systems perspective. Within this system, inputs are the social work skills, cooperation with stakeholders and government funding. These inputs are channelled towards the children in need of care and protection. The output is the restoration of the well-being of children and families affected, the output can be negative or positive. While the intended goal of the provision of services by social workers is always positive, the outcomes are sometimes negative. Positive results indicate effective interaction of inputs while negative outcome provides a feedback loop which informs change to the system's inputs (Forder, 1982 & Hutchinson et al., 2014). Thus, feedback from the negative outputs of the provision of

therapeutic services to children could be used to stimulate change in the intervention process, strategies, policies and legislations pertaining to children in South Africa.

Holism is a characteristic of the general systems theory, and Hutchinson et al., (2014) explained that holism is the integration of units in a system, which interact and are dependent on each other. The principle of cohesion in this study demonstrates the interrelations of different social service departments and professionals such as the statutory and residential social workers in provision of services.

Units within a system can impose negative or positive influences over the cooperative unit and individual units (Hutchinson et al., 2014). Thus, the social worker professionals may negatively or positively affect each other's roles. Hutchinson et al. (2014) also acknowledged the importance of boundaries in the system, boundaries distinguish systems interactions and are either closed or open. In the provision of therapeutic services, to children placed in CYCCs, boundaries are defined by policies and legislation such as the children's Act and the white paper on families. The Department of social development also defined the scope of practice for social workers, thereby determining the boundaries of service provision by residential and statutory social workers (Department of social development, 2013).

Every system has a goal for maintenance of balance and enhancement (Hutchinson et al., 2014). Within the provision of therapeutic services, the goal is to restore the well-being of the vulnerable children and reunify them with families. The importance of self-enhancement in an organism is also explained by Grobler, Mbedzi and Schenck (2013) who explained that every organism has a drive to self-enhance. Therefore, Maslow's idea of the self-actualising in people is consistent with the systems theory (Forder, 1982).

The circular and cause-effect are acknowledged in the different approaches, methods and models that are used by the social workers in their provision of therapeutic services. Hutchinson et al.; (2014) wrote that the systems theory offers a circular cause and effect ways of thinking, which widens the reasoning spectra to the known truths and offer assumptions. Despite the problems experienced by social workers in their service provision to children placed in CYCCs, balance is maintained by the acknowledgement of their duties, roles and expectations. This state of homeostasis was emphasised within a system to regulate the system through norms, conduct and uniformity (Hutchinson et al., 2014).

Though the general systems theory offers an understanding of the provision of therapeutic services from a systems perspective, the theory has shortcomings. Higgins et al., (2006) pointed out that the systems theory does not provide the truth or help arrive at the truth and is oblivious to problems that arise out of context. The theory offers no resolutions to problems but provide insight into the origin of problems. Social work (2018) argued that multiplicity among groups and subgroups found within a system entails high potential of non-conformity to the centralised goal of a system. Grobler, Mbedzi and Schenck (2013) explained this lack of conformity in units and groups within a system by saying that every organism aims for individual enhancement and this leads to the rise of competing goals between units in a system.

However, Social work (2018) contended that though competing goals may rise among units in a system and cause nonconformity to the goal, the systems could well exist with the differing views. Therefore, the general systems theory is valuable in explaining the provision of social welfare services to children in need of care and protection in the South African context.

3.2 Social Support Theory

University of Twente (2018) reported that Barnes is associated with the first description of social relationships other than families and workgroups in 1954. In 1976 Cassel linked the social support system to health emphasising the importance of social support on health, which is measured as a perception (University of Twente, 2018). According to Cohen, Gottlieb and Underwood (2000) strong links and networks thwart humans from stress by providing regular communication of expectations, support, task help, evaluation and rewards. Cohen et al., (2000) described social support as “social resources that are perceived to be available for support” (p.40) .

Cohen tested the social support hypothesis in 1985 and concluded that suitable support prevented stress and perception of support provision was essential to the recipient whether it was received or not (Cohen & Willis, 1985). Therefore, the belief that support would be provided was crucial in the social support theory. Early studies on social support by Cobb in 1976 focusing on risk caused by the stress of key life changes or calamities concluded that the perception of care love, motivation and value enabled coping and adaptation (Cohen et al., 2000).

According to Department of social development (2013) emotional, instrumental, informational and appraisal support are the main types of support provided by social workers. Emotional support is sharing experiences and empathy, instrumental support is physical help and informational support provides guidance and ideas, while appraisal support involves evaluation and assessment with the aim of improving circumstances.(Barnes & Farrell, 1993).

The theory of social support is useful in explaining the support systems available to the social workers in the provision of therapeutic services to children placed in CYCCs. Funds,

resources, debriefing, supervision, motivation, policy and legislation guidance are all forms of support for social workers who provide therapeutic services. The interaction and cooperation of auxiliary workers, child and youth care workers and community workers are a form of support to the social workers and help to ease the workload stress.

On the other hand, the residential and statutory social workers also provide vital support in form of intervention. This support is in the form of counselling, care, empathy, resources and information, and it helps to restore the well-being of the children and families affected.

Though the social support theory is linked to many positive benefits to the health, education and general well-being of humans. Studies in the discipline of psychology indicated that it also has negative effects, according to Cohen et al., (2000) social support acts as a buffer to stress. In simple terms, the cause of stress is simply blocked and not solved. Hobfoll (1985) shared the same sentiments in his study on the limitation of social support on the stress process concluding that social support did not offer solutions to root cause of the stress and once the buffering effect is removed stress persists.

Social interactions in the social support network had negative effects on the well-being of people; therefore, support should match the need (Lincoln, 2000 & Cohen & Willis, 1985). In their study on the impact of social support on medical patients Anthony, Roberts and Mategyck (1996) concluded that certain levels and types of social support provided without an understanding of factors causing the stress had adverse effects on the well-being of individuals. Hence, support should match the needs of individuals. Though the social support theory has negative effects, it is useful in explaining the importance of support to social workers who provide therapeutic services to children placed in CYCC's.

3.3 Conclusion

Therefore, the general systems theory and the social support theory are the two useful theoretical frameworks of this study. They provide an understanding of the system in which social worker's function in their provision of therapeutic service to vulnerable children and highlight the role of support to social workers in their intervention. Chapter four focuses on the research methods of this study.

CHAPTER 4: RESEARCH METHODOLOGY

The research methods employed in this study are the focus of this chapter. The research paradigm is presented first, followed by the research design, population and sampling techniques. The data collection approach ensues, followed by the ethical considerations and concludes with the reflexivity and limitations of the study.

4.1 Research Paradigm

According to Blanche, Durrheim and Painter (2006), the research paradigm is a comprehensive system of connected exercises and thinking that explains the researcher's nature of the investigation. The research paradigm of this study is the constructivism paradigm. This paradigm says that people construct their understanding and knowledge of the world through experiences (De Vos, Strydom, Fouche & Delport, 2011). Against the background information above the researcher is guided by the constructivism paradigm in exploring the experiences of the social workers in providing therapeutic services to children placed in child and youth care centres.

4.2 Research Design

An explorative design was followed in this study. Barbie (2014) said that social research is carried out for three main reasons, namely exploring, describing and explaining. Explorative research involves studying an untapped subject area, to fulfil the researchers need for knowledge about the subject area (Barbie, 2014). The explorative research design was feasible because it fits with the research goal namely to explore the experiences of social workers.

4.3 Population and Sampling

Social workers make up the population of this study and a sample of 15 participants is drawn from seven organisations that were selected using the purposive sampling technique. Two samples of participants were drawn, and these were seven residential social workers working within the CYCCs and the eight statutory social workers who placed children in CYCCs. In explaining population, Bhattacharjee (2011) said that population refers to all humans or objects which exhibit characteristics of the study. Leede and Ormrod (2010) claimed that a sample is a small number of elements or individuals representing the larger group which is the subject of the study. Contenting to Leedy and Ormrod's views is Lohr (2010) who also viewed a sample as portion representing the larger group to be studied, by saying "a sample is a subset of a population" (p.96).

This research study utilised a non-probability sampling technique called purposive sampling. In this sampling technique, the chances of selection cannot be predicted; participants of the study are recruited based on expediency (Bhattacharjee, 2012). The non-probability sampling technique of purposive sampling is the deliberate act of choosing a component of a study (Leedy & Ormrod, 2010), and this is due to their fitting characteristics. Barbie (2014), said "purposive sampling, which is also called judgmental sampling", involves deliberately selecting several individuals for a study with prior knowledge of their characteristics (p.65). The researcher views this sampling technique as the process of selecting the study participants with background information of the attributes that should be included in the study. Therefore, the researcher intentionally picked statutory and residential social workers who had three or more years of experience in providing therapeutic services and registered to practice.

Convenience sampling was also used in selecting the organisations from which the sample population was drawn. Leedy et al., (2010) said that convenience sampling 'make no pretence of identifying a representative subset of a population" but makes use of individuals or components that are already there (p.212). The researcher made use of the organisations that were readily available and accessible. Therefore, four CYCCs, three social welfare organisations that employed statutory and residential social workers were selected in KwaZulu-Natal areas of Newcastle, Colenso, Ladysmith and Winterton.

4.4 Data Collection Approach

Salkind (2014) views data collection as a wholesome process encompassing various aspects and steps leading to the analysis process. Therefore, data collection is not a single process, but a myriad of connected activities undertaken throughout the study.

In-depth interviews (IDI) which were guided by open-ended questions contained in a semi-structured interview schedule were the method of data collection for this study. Statutory and residential social workers were the two samples of participants. Therefore, two interview schedules relevant to the study were used (see appendix 1, for samples of the interview schedules). Semi-structured interviews enabled collection of more relevant and specific information, that was clarified by the researcher to avoid bias. The interviews were also open and flexible thus allowed for fresh ideas to be brought up during the interviews. The researcher conducted interviews in a secluded setting as per arrangement and convenience of participants. English was the medium of communication during the interviews, and the interviews lasted between 35-40 minutes. These interviews were audio-recorded using a cell phone recorder to

avoid loss of data during collection. Participants were prepared for data collection in the following ways:

- Establishing a rapport with them.
- Informing them about the importance of the study.
- Informing the participants that semi-interviews would be the data collection tool.
- Informing the participants, that only one semi-structured interview would be done unless there is a need for clarification follow up.
- Informing the participants of the ethical issues involved such as confidentiality, management of information and getting permission to record.
- Issuing of consent forms and explaining them to those who agreed to participate.

Each participant signed the consent forms before data collection (see appendix 2 for sample informed consent form). The researcher also asked for permission to use the recorder during the interviews; this eliminated bias during data analysis as all data was captured in the interview process. Communication skills were of significant importance in the interviewing process. Therefore, probing was utilised, and the researcher also applied active listening skills .

Probing. Probing is a technique used by the researcher for clarification of the participant's responses or information. Barbie (2013) pointed out that probing is a way of eliciting responses to open-ended/ closed questions to get information and helps the researcher when participants are giving inappropriate answers. The researcher probed to prompt for more responses from the participants and for clarification on vague responses; this allowed the collection of rich and relevant information for the research study.

Active listening. Grobler, Schenk and Mbedzi (2013) accentuated the importance of listening in their book *the Person-centred facilitation*. They defined active listening as the process involving three elements, receiving messages/ words, interpreting them and making sense of them. The researcher utilised the three elements of active listening mentioned above during the semi-structured interviews.

4.5 Data Management and Analysis Approach

Alpaslan (2010) described data management as, the safekeeping of any equipment or materials used in the data collection process in an inaccessible area. Anonymity is also a data management method which is guaranteed by omitting names of participants from tapes, notes and transcripts and replacing them with pseudo names or coding (Alpaslan, 2010). The researcher of this study views data management as securing the research information to avoid accessing and viewing by other people. Therefore, the researcher managed the information gathered from the interviews by keeping the transcripts and audios in a private place and by not disclosing the names of the participants.

Qualitative data analysis, according to Alpaslan, (2010), involves working with prearranged word-based data, finding meaning and classifying, blending and searching for patterns. Babbie (2014) suggested that qualitative data analysis is concerned with interpreting and attaching meaning to the perceptions and experiences of participants and not with calculations or numbers. Against the background information above the researcher analysed data collected from participants according to the following eight steps of Tesch (Tesch as cited by Alpaslan, 2010). These steps are outlined below:

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1. Audio-taped individual interviews were transcribed by the researcher and once completed, they were read for understanding.
 2. Every transcript was sensibly read, at the same time notes of ideas that popped out were made.
 3. Afterwards, the researcher selected one interview, the shortest one went through it, not thinking about the content or anything else of but its fundamental sense and used the margin to jot down ideas that came about
 4. After completing this task for several participants, all headings were listed and related ones grouped in columns headed “major topics” “unique topics”, “leftovers”.
 5. The researcher found a sifting abbreviation for each of the identified heading.
 6. Names were assigned to the headings, these headings were converted into themes.
 7. The researcher decided on the abbreviation for each theme or category, alphabetised these codes and used the cut and paste method, to assemble the data or material belonging to each theme or category in one place.
 8. Sub-themes that emanated from the themes were also listed. Thereafter the researcher recorded the existing data and started reporting the research findings and confirming/contrasting the former with appropriate information. This formed a chapter on its own in this research study.

4.6 Data Verification and Trustworthiness

Data verification and trustworthiness is concerned with the audit trail, fittingness/transferability, peer debriefing, member checking and reflexivity (Barbie, 2014).

Credibility, dependability and conformity also formed part of this section. Reflexivity was explained in section 4.9 of this paper.

Audit trail. According to Etherington (as cited by De Vos et al., 2011), an audit trail is a clear record of all the steps taken throughout the study. An audit trail was kept by providing all information about the research and documents issued to participants to enable the readers to follow the research process and establish the reliability of the study.

Fittingness/Transferability. According to Barbie (2014) fittingness/transferability is concerned with providing adequate details about the participants, scope and context of the study so that the public can establish if the study applies to the study population. Barbie (2014) said that it is not the task of the researcher to confirm transferability. However, to ensure transferability, the researcher should provide all information and details about the research (Barbie, 2014). Transferability of the research is the applicability level of the study to different contexts (De Vos et al., 2011).

Member checking. Barbie (2014) explained it as the process of verifying collected and analysed data of participants. In member, checking participants are given a chance to recheck, confirm or refute the research findings according to their views during data collection (Barbie, 2014). Member checking was employed by sending out the transcribed interviews to the participants and following up on the confirmations or changes made by the research participants.

Dependability. In qualitative research, the term dependability is often used rather than reliability due to the nature of qualitative research which focuses on subjective proponents which are continually changing and cannot produce the same result if tested (Barbie, 2016).

Dependability is concerned with whether the research makes sense, is well-structured and examined (De Vos et al., 2011). To ensure dependability, the researcher of this study asked another researcher to scrutinise all the steps and processes undertaken in this study to ensure that it is meaningful. Feedback and guidance were also provided by the supervisor.

Confirmability. Confirmability is ensuring that the research study is not influenced by the researcher's prejudice or personal perspective (Leedy et al., 2010). Confirmability is exercised by applying reflexivity which is a thorough on-going inspection of the researchers thinking, feelings, perceptions, study approach and methodology to limit biases and enhance the quality of the research (Etherington as cited by De Vos et al., 2011). In being reflexive, the researcher regularly evaluated her feelings, perceptions and thinking, making sure that they did not interfere or have influence in the research study. The research study was also evaluated.

Credibility. De Vos et al., (2011) said credibility is about establishing the trustworthiness of the research results by analysing methods used in the research study to ensure relevance and applicability. All the necessary information about the methods and steps taken in this study from chapter 1-6 were made explicit for the readers to establish the credibility of the research study. Leedy et al.; (2010) said that credibility is achieved by “triangulation and member checking” (p.56). The process of member checking involves sending the interpretations

and conclusions of the study to the participants for verification and editing (Leedy et al., 2010). The researcher was unable to do member checking with participants due to time constraints.

4.7 Ethical Considerations

Barbie (2014) pointed out that the word ethics is associated with a specific structure of values and principals of conduct agreed between two or more people. In research, ethics utter what is right or wrong when working with research participants (Barbie, 2016). The researcher defined research ethics as acknowledged truths or suggestions that guide a researcher's behaviour on what is right or wrong when working with research participants. The researcher considered the following ethical issues during the research project as proposed by some authors, gaining informed consent, ensuring anonymity/confidentiality and ensuring no harm (Barbie, 2016 & Leedy et.al., 2010). Ethical issues such as risks, and privacy also formed part of this section of the study.

Gaining informed consent. The process of gaining informed consent is concerned with providing sufficient information about the study to the participants, which include their right to pull out from participating and their choice in choosing to participate (Leedy et al., 2010). Salkind (2012) pointed out that informed consent forms with a comprehensive explanation of the research nature, purpose, potential risk, benefits, participants rights and duration of participation should be given, understood and signed by all participants. before data is collected. Barbie (2014) said participants should know the positive and negative effects of their involvement in a study, thereby referring to informed consent as " a norm in which subjects base their voluntary participation in a research project on the full understanding of the possible risks involved" (p.

66). Given the above, the researcher gained informed consent through explaining the study procedures, risks, benefits, participants rights with regards to withdrawing verbally and in writing through the informed consent form. All the participants consented through signing an informed consent form (see appendix 2 for a sample of the informed consent form).

Voluntary participation. This is the participant's liberty of choosing to be involved or not in a study (Barbie, 2013). The socio-economic circumstances of the participants must be noted as they may influence the decision to participate (Barbie, 2013). Bhattacharjee (2012) said that voluntary participation means that the research participants make an informed choice to participate and have the liberty to withdraw without fear of repercussion. The researcher allowed free will to be the determinant factor in the participant's choice to take part in this research study. There was no force, pressure or payment made to the participants.

Anonymity. Anonymity is when the researcher is not able to identify the completed report information with any participant (Barbie, 2014). Anonymity is one of the most critical aspects of the research; it safeguards the safety of the participants and protects the identity of the respondents (Barbie, 2014). Given the above, the researcher guaranteed anonymity by removing the names of the participant and using codes to avoid the linking of responses to participants.

Privacy. Privacy has much to do with anonymity, as explained above, anonymity involves protecting the privacy of participants and recording participants' conversations, and interactions invade their privacy (Salkind, 2012). Leedy et al., (2010) said that privacy is concerned with respecting the participants' behaviour and responses during the data collection

and this should be kept a secret in a research report, or codes must be used to avoid their identification. Barbie (2013) pointed out that privacy is the responsibility of the researcher, and it involves disguising the details of participants in research publications. Though a recorder was used for data collection, privacy was maintained by using code names during interviews.

Risks and benefits. Risk refers to all possible forms of injury or damage a study could cause to the participants (University of Leicester, 2018). In this study, the researcher evaluated all potential risks that could arise from the research through constant evaluation and through submitting the research proposal to the ethics committee for risk assessment and concluded that the research did not pose any risks to the participants in any way.

Confidentiality. Confidentiality, according to Barbie (2014), is being able to link the participants' response with their name, without disclosing it to the public. De Vos et al., (2011) agreed with Barbie, pointing out that confidentiality is the constant discretion, which aims at ensuring that other, people other than the agreeing party cannot access confidential information. Though confidentiality involves disguising participant's identifying information, the most effective way of maintaining confidentiality is by preventing access or handling of participants information by the public (Salkind, 2012).The researcher ensured confidentiality by not sharing the information of the participants with other people and making sure that the data recorded or collected did not contain real names.

4.8 Limitations of the Study.

Limitations refers to the challenges encountered during the study, they are a common occurrence and should be addressed by the researcher (De Vos et al., 2011). This research study was not free from limitations. The sample of the study comprised of 15 participants, this is a limitation as the study cannot be generalised to a broader context. Another limitation was that the statutory social workers who participated in the study were from non-governmental organisations, and their views cannot be generalised to statutory social workers working within the government. Since the research focused on the statutory social workers from non-governmental organisations, the sample size was small and as a result data saturation was not reached. English was used as a medium of communication during interviews and this was not the native language of the participants, though probing was used in cases of misinterpretation and for clarification, participants struggled to express themselves during interviews. Lastly during data analysis, it became evident that objective 3 and 4 of the study had overlapping outcomes, as a result there were recurrent results.

4.9. Reflexivity

Reflexivity is an especially important on-going thorough inspection of the researchers thinking, feelings and perceptions concerning the research topic as well as the approach and methodology of the study to limit biases and enhance the quality of the research (Leedy et al., 2010). Reflexivity requires, the researcher to evaluate themselves at every step of the research study to avoid bias. Barbie (2014) pointed out that reflexivity deals with the ability of the researcher to separate themselves emotionally from the research participants to prevent being attached as this causes bias to the study. The researcher lived in a Zimbabwean CYCC as a child,

this together with the researchers experience as a part-time residential social worker influenced this study. Though the researcher had knowledge about the problems of the children and state of residential social workers, the researcher had limited information about the statutory social workers who placed children in CYCCs. Hence, the researcher had prejudices with regards to the statutory social worker's provision of services. The researcher noticed that there were hardly any reunification services offered to children placed in these centres, some of the sexual abuse cases were missed during investigations and noticed when they had developed into complex emotional and behavioural problems. The researcher could tell that the main problem was rooted in the provision of services but did not understand the linking factors. Therefore, the researcher sought to understand this link by conducting this study.

However, this study has positively influenced the researcher's post-residential social work practice. The researcher now understands the issues and problems experienced by the statutory and residential social workers in their provision of services, and this eliminated the prejudices the researcher had concerning the statutory social workers. In other words, the researcher is more empathetic towards the statutory social workers and the children placed in CYCCs.

4.10. Conclusion

The methodological components applied in this research study were the focus of this chapter. These included the research approach; research design; population and sampling procedures; data analysis procedures, validity and reliability; ethical considerations; and limitations of the study. The data analysis chapter is the focus of the ensuing chapter.

CHAPTER 5: PRESENTATION AND DISCUSSION OF RESEARCH

FINDINGS

This chapter presents the research findings that emanated from the data analysis. The findings are presented in themes and sub-themes.

5.1. Socio-demographic Background of Participants

Of the 15 semi-structured interviews conducted with the social workers, 8 were from statutory social workers, and 7 were residential social workers. These participants came from 7 organisations in Ladysmith, Colenso, Newcastle and Winterton. The social workers were selected using the purposive sampling technique, and the seven organisations were selected using convenience sampling influenced by the number of organisations available in the study areas. Among the seven organisations, 4 were child and youth care centres which comprised of 2 places of safety and two children's homes and three were NGOs that employ statutory social workers. Data were analysed using the eight steps of Tesch (Alpaslan, 2010). The reporting of the findings ensued under themes and subthemes.

Twelve of the participants were female and 3 were males. The two male participants were statutory social workers, and one was a residential social worker. Thesen (2014) attributed the domination of female social workers in CYCCs to the perception that women are better at caring for children than man; therefore, more female social workers are recruited in CYCCs. Christie and Kruk (as cited in Alpaslan, 2012) also supported the view that females dominate the social work profession. This is the possible explanation for female's domination in CYCCs.

One of the selection criteria for participants for this research study was an experience level above three years. Among the 15 participants, ten had experience levels below 10 years, and four had experience levels above 10 years. The organisations involved in this study were non-governmental organisations (NGO's) that were under the directive and funding of the government and DSD. Therefore, the researcher attributed the low experience levels of the participants to the constant movement of social workers from the non-governmental organisation into the government departments in search of better salaries. Alpaslan (2012) said the movement of social workers from NGO to DSD was due to the search for better salaries and work-related benefit. Therefore, less experienced social workers will move into NGO's while experienced one move into government departments. All participants of this study were qualified social workers holding bachelor's degrees in social work and registered with the council. The themes and subthemes are the focus of the next section.

Table. 1:*Demographic details of participants*

Participant	Gender	Number of years of experience	Specialisation
Participant K	Female	3 years	Residential social worker
Participant Y	Female	15 years	Residential social worker
Participant F	Female	11 years	Residential social worker
Participant L	Female	11 years	Residential social worker
Participant E	Female	6 years	Residential social worker
Participant T	Female	8 years	Residential social worker
Participant A	Female	4 years	Statutory social worker
Participant M	Female	10 years	Statutory social worker
Participant S	Female	8 years	Statutory social worker
Participant C	Female	8 years	Statutory social worker
Participant P	Female	5 years	Statutory social worker
Participant D	Male	6 years	Statutory social worker
Participant B	Male	10 years	Statutory social worker
Participant G	Male	13 years	Residential social worker
Participant H	Female	7 years	Statutory social worker

5.2 An Overview of Themes and Sub-themes Residential and Statutory Social Workers

Table 2

Themes and sub-themes of residential and statutory social workers

Themes	Sub-themes
1. Social worker's therapeutic intervention in CYCC's	1.1 Residential social workers understanding of what therapy means. 1.2 Residential social workers awareness of the programmes that fall within therapeutic programmes. 1.3 Statutory social workers awareness of the needs of the children placed in CYCC's. 1.4 Common problems addressed in CYCCs by residential social workers. 1.5 Statutory social workers assessment tool. 1.6 Residential social workers common methods of intervention.
2. Residential/ Statutory social workers stumbling blocks to the provision of therapeutic services	2.1 Statutory social workers lack support. 2.2 Behavioural problems and sexual abuse as complex cases. 2.3 Residential social workers poor cooperation. 2.4 Resistance of families and communities during statutory social workers investigation.
3. Problems experienced by children in CYCCs	3.1 Poor adjustment to CYCC environment. 3.2 Poor life skills.
4. The needs of residential/ statutory social workers	4.1 Residential social workers need to improve skills and knowledge in therapy. 4.2 Statutory social workers need for support. 4.3 Residential social workers need for debriefing. 4.4 Residential social workers need for cooperation. 4.5 Statutory social workers need for community awareness campaigns.

Social worker's therapeutic interventions in child and youth care centres. Effective therapeutic intervention requires social workers to understand the meaning of therapy, the therapeutic methods and programmes that can be used and the therapeutic needs of the children. These needs are determined during the assessment process, therefore knowledge of the

assessment tools is also crucial. The therapeutic methods used in child and youth care centres, are influenced by the types of problems encountered by the children placed in these centres.

Residential social workers understanding of therapy. Social workers should be well acquainted with the therapeutic process due to their encounters with children from different and difficult backgrounds tainted by negative experiences. Therefore, social workers need to understand the meaning of therapy. The following quotations presents the participant's understanding of therapy.

Therapy is a process that helps every person to come to terms with their trauma [Participant K]

When I am talking about therapy, I think about the healing of the mind, body and soul; you are healing those wounds [Participant L]

I think therapy is a healing process that is provided to an adult or child in need of it [Participant E]

It is a process of helping the children to deal with their problems and other bad experiences they had [Participant G]

The above quotations indicate that residential social workers view therapy as intervention provided to help the children to overcome trauma and heal. Therefore, residential social workers understand the meaning of therapy when working with children placed in CYCCs. It is also equally crucial for the statutory social workers to identify and recognise all the therapeutic needs of the children during the investigation and assessment process so that they recommend the correct intervention to residential social workers.

Statutory social worker's understanding of therapeutic needs. The statutory social worker's understandings of therapeutic needs were as follows.

It is when you try to make sure that the needs of the child are met those who are vulnerable [Participant D]

That is when you save emotional well-being, psychological well-being, to help them heal through trauma and help them cope and heal [Participant C]

It means the emotional well-being of the child [Participant S]

Therapeutic needs is like a child who has been a victim of abuse and needs emotional counselling [Participant A].

I think it is helping the children who have been abused, neglected and had hard times to cope, for example, even after the death of a parent [Participant M].

There is need to address the therapeutic needs of the children who require of care and protection (Children's Act, 2005). It is, therefore, vital for social workers to understand the meaning of therapeutic needs. All the participants above had a clear understanding of the meaning of therapeutic needs concerning vulnerable children in need of care and protection. The assessment process has been highlighted as an essential process that enables the statutory social workers to identify the comprehensive needs of the children during the investigation process. Therefore, the assessment tools are the focus of the ensuing section.

Assessment tools. The assessment tool consolidates and scrutinises all information about an individual's life to ascertain their needs, strengths and individual holistic circumstances (Department of social development, 2013). Therefore, the assessment process is a necessary process that informs the intervention process for children placed in CYCCs. Though statutory social workers had a prescribed uniform assessment tool, there were inconsistencies in the use of the tool and value they attached to it.

For me, it is sometimes confusing; we are in cooperation with the department. Therefore, they come with their things or new structure, but it is one form. I am happy with the assessment

form it helps collect all the necessary information though there are too many changes that make it confusing... [Participant D]

I think the assessment tool is good the questions help to find all the answers and information you need to find [Participant M]

The assessment tool, at this stage we are using the circle of courage because sometimes you find that the tool is not enough, they do not allow you to gather enough information" [Participant A]

We use the South African safety tool...yes, it is very effective [Participant S]

We have a new assessment tool, in our office, I have not used it as much but being in the field. I understand the most basic things I need to identify when assessing the child, for example, is there any physical challenges or is the child on medication. [Participant C]

Participant M and S aired their satisfaction with the tool, while M and C were not satisfied with the assessment tool thus, they were flexible and innovative in employing other

assessment methods that gave them satisfactory results. Participant D seemed conflicted, indicating that she was happy with the confusing assessment tool; this can be attributed to bias caused by lack of innovation and flexibility in identifying and employing other assessment methods during investigations. Turney, Platt, Selwyn and Farmer (2011) emphasised that quality assessment of children is vital as it informs quality lasting and immediate intervention outcomes for the children in care.

Play therapy is also one of the standard supplementary assessment tools used by the statutory social workers in their assessment of young, sexually abused children. The following quotations from the participants support the use of play therapy.

We also, use play therapy with children... [Participant M]

At one point I was trying to talk to a child, and it was a case of sexual assault and she just could not talk, so I had to be a little more creative and design my assessment tool for that particular case, so I used play therapy [Participant A]

Play therapy, where you use toys and objects to allow the child to tell stories and drawings [Participant C].

The use of play-therapy is also a common phenomenon in residential social workers. The residential social workers also used play therapy and group work as intervention methods for children in CYCCs. The use of play therapy as an assessment and intervention method by the

residential and statutory social workers indicate that many cases, they dealt with were of young children who could not verbalise their emotions.

We try to include play therapy, drawings, puppets especially for younger children who cannot speak for themselves and also use group work in smaller groups and bigger groups [Participant F]

We use play therapy for the little children, support groups for the teenage girls, group work for big and smaller kids, and we also use drawings arts and craft [Participant K].

We use play therapy, group work... [Participant L].

Play therapy, sometimes its activities or drawings and sometimes even group work even though it is not working or individual counselling [Participant Y].

We use play therapy with the kids and assessments [Participant E].

Among the interviewed residential social workers, the majority are acquainted with two types of therapeutic interventions when working with children in CYCCs, namely play therapy

for small children and group work. Congruent with the use of play therapy with small children, is Burg (2016) who inferred that play therapy allowed the traumatised children to relax, overcome anxiety and express themselves in a nonverbal and non-threatening way, unlike conventional therapy. Furthermore, the artistic and playful techniques of drawing, arts, craft, painting allow the facilitator to participate in the child's world and developmental level, thereby providing a non-threatening space for the child (Burg, 2016). However, some residential social workers were confused, while others were vague and could not specify the therapeutic programmes available in their child and youth care centres.

Once the child is admitted, we run therapeutic programs, which include an orientation on the day of admission. The orientation introduces the child to life in a CYCC [Participant F]

I also do community work where we educate children on drugs, trauma events, search for talent draw with other CYCCs [Participant E]

It depends on each case and, depending on their social and developmental needs for example for sexually abused children we have therapeutic programs we run for them and on every child, we try to make every program to fit each child's needs [Participant K]

We run programs for children placed in here, but not for reunified children it becomes the responsibility of the statutory or placement social worker. It depends on why the child was removed from the family and being placed here [Participant Y].

Though the majority of participants identified the uses of therapy and named some of the methods they used in their therapeutic interventions, participant F and E confused orientation of children and community work for therapeutic programmes. While K and Y's unclear responses were an indication that there were no specific therapeutic programme models available in their CYCCs, this is attributed to the limited scope on therapeutic models imposed by social work education. This limitation is acknowledged by Allosop (as cited in Thesen, 2014) who pointed out that the development of child and youth care centres into effective residential facilities is hampered by lack of resources, poor understanding of therapeutic programs and inflexibility in meeting the needs of the children. Group work was also used as an intervention method by the residential social workers.

We also use group work in smaller groups and bigger groups"

[Participant F]

Support groups for the teenage girls, group work for big children... [Participant K].

We use play therapy, group work... [Participant L].

Group work even though it is not working or individual counselling [Participant Y].

I use group work with the older children, it is easier to get them in groups [Participant G]

The use of group work as a therapy method is validated by Toseland and Rivas (2015), who argued that therapy groups assisted members to transform their negative behaviour and rehabilitate from all types of trauma. Participant Y and E indicated that group work was not working. When participant E was probed on the reason, it was not working; the participant said the following.

The children complain that if they express their feelings in a large group, the others will tease them. So, it is not easy; they feel that one on one sessions, activities or drawings are better [Participant E].

The participant's views indicate that some children were afraid of divulging information in a large group. In affirmation with the sharing of information with other group members, Toseland and Rivas (2015) noted high-self disclosure as one of the characteristics of therapy

groups. For residential social workers, the awareness of the needs of the children placed in child and youth care centres is important and ensures correct intervention. .

Residential social workers awareness of the needs of the children. The children's Act 38 of 2005 section 150 indicated that child and youth care centres should meet the needs of the children placed in them. Therefore, the identification of these needs is vital.

Most of the time when the children are removed from the home or wherever it is not for fun there is an underlying problem such as physical abuse or emotional problems, so they need therapy whether it is recommended or not recommended we have to provide it [Participant F]

In the end, the child has to be reintegrated back with the family the worker is supposed to be doing some work with the family to prepare them when the child comes back, but it is not always the case [Participant K].

When a social worker places a child in the child and youth care centre you have to monitor you have to know what is happening to the child you have to be interested with the child even though the child is in the hands of another social worker in the child and youth care centre. Let us say if you remove the

child because of the problem of alcohol abuse you have to go back and work with the family and know what is happening with them [Participant Y]

You have to communicate more with the social worker on the inside because every six months we do the care plans together we come and say ok this is what is happening with the child and this is happening with the family where you give feedback is the child behaving, coping and what is the plan in the next two years [Participant E]

Most of the interviewed residential social workers understood the importance of intervention in meeting the needs of children placed in child and youth care centres. They understood the need to provide therapy, reunification services, monitoring services, and to plan for the children. Macdonald and Millen (2012), supported the need for therapy; by pointing out that effective therapeutic intervention in residential care starts by recognising the trauma experienced by the child and its impact. The majority of the participants were also mindful of the importance of working with families and reintegration of the children placed in CYCCs. The reintegration of children concurred with DSD's national family policy which stressed the importance of preserving families, through providing family services to uphold the family structures while protecting the vulnerable individuals within it (DSD, 2013). Reintegration services are part of the national family policy, promoting reunification of children in child and youth care centres after they receive the necessary services.

Statutory social workers awareness of their professional roles in child and youth care

centres. The statutory social workers place children in child and youth care centres and also work closely with the residential social workers to address the problems of the children.

Effective collaboration between statutory and residential social workers also requires the statutory social workers to be aware of their roles and duties towards the children they place in CYCCs.

I go and monitor the child so that they do not feel abandoned

[Participant D]

Ensure educational, health, physical and psychological needs and figure alternative placement such as foster care because we recommend the growth of the child in a family environment than the child and youth care centres. Finding the family and school is also my responsibility [Participant C].

I render counselling, and I believe that I should keep the child close because they are still dealing with trauma, adjusting into the new environment and fitting into the new school, so they need emotional support [Participant B]

I check up with the social worker to see how the child is doing and coping, and we social workers underestimate the need for

therapy we do not do therapy when we see that the child needs counselling and therapy, we just refer to psychologists [Participant S]

To supervise the placement and see if the child is adapting well and also to play the role of unifying the child with the family while the child is still in the child and youth care centre, offers therapeutic services to the family to ensure that the child can be unified back into the family [Participant A]

We check to see if the child is coping and getting better and if not, we recommend them for further help we also get updates of the child from the residential social worker [Participant M].

About 80% of the interviewed statutory social workers were mindful of their roles and duties in CYCCs. They also understood their support roles in upholding the best interest of the children they placed in child and youth care centres. The roles included supervision, providing counselling and reintegrating children with families. The understanding of their duties and roles correlates with their mandate to provide social support services such as emotional, appraisal, informational and instrumental support as part of the social support services (Department of social development, 2013).

Common problems encountered in child and youth care centres. There are numerous problems addressed in children placed in child and youth care centres. These problems are a direct result of child sexual abuse, physical abuse, domestic violence, neglect and abandonment, which exposes children to trauma.

Some of them are sexually abused, physically abused, neglected we also have those children with uncontrollable behaviour [Participant K].

The bad behaviour of the child, we also encourage good behaviour, the benefits of good behaviour and also address sexual abuse, the sexual abuse program is one of the most important therapeutic programs [Participant F].

...for sexually abused children we have therapeutic programs we run for them [Participant T].

Behavioural problems, we do individual sessions or group work, and children who were raped we do individual sessions because it is a sensitive issue [Participant L].

Most of the cases are sexual abuse [Participant G]

Of the 8 participants interviewed, 5 participants indicated that child sexual abuse and behavioural problems were the two prominent issues addressed in CYCCs. The occurrence of sexual abuse as one of the main problems addressed in CYCCs correlates with the high rates of child sexual abuse in South Africa (Bezuidenhout, 2013). Though social welfare services in South Africa deliver preventative and early interventions services to prevent problems such as child sexual abuse, the rates remain high. This high incident of child sexual abuse in the country explains why child sexual abuse is one of the main problems addressed in CYCCs. Fouche (2012) held the government responsible for the high sexual abuse cases, citing the prioritisation of other social issues over child sexual abuse as the cause. Child and youth care centres also have many cases of behavioural problems, Thesen (2014) normalised behavioural problems in child and youth care centres, by saying that they emanate from bad experiences and trauma caused by removal from their homes, and uncertainty for the future. Thus, bad behaviour is a way of taking charge of their lives and protecting themselves from trauma (Thesen, 2014). Thesen's views endorsed Vanderwoed (2010), who pointed out that the emotional problems and trauma experienced by children makes them susceptible to behavioural problems. Therefore, behaviour management in child and youth care centres should be therapeutically oriented.

Common causes for the placement of children into child and youth care centres.

Though there were many social problems affecting children and resulting in their removal from the community and placement in CYCCs, child sexual abuse and child neglect were identified as the common causes of placement.

Sometimes we find that the kids are neglected maybe the parents and violence at home... and rape cases [Participant M].

If the child is in a state of neglect or abuse... [Participant A]

Social issues such as child sexual abuse, neglect... [Participant S]

Mostly, especially from the area, I am operating from its sexual abuse, neglect... [Participant C]

There was one who was an orphan and was not safe under the care of the grandmother who was caring, but she was old and not well physically and could not take care of him, and sexual abuse [Participant D]

Child sexual abuse and neglect were the two prevalent problems instigating the removal of children from communities into child and youth care centres. It is imperative to note that sexual abuse cases were also among the complex cases addressed by residential social workers. The high incidents of child sexual abuse in South Africa are substantiated by Bezuidenhout (2015), who attributed it to poverty and weak family systems. Patel (2015) also attributed the prevalence of child neglect to poverty and HIV/AIDS, thereby indicating the need for improved early intervention and prevention strategies in communities. The Integrated service delivery

model (ISDM) was informed by the white paper on social welfare, which aimed at addressing social issues such as child abuse, poverty and enhance the well-being of communities in South Africa (Shokane, Makhubele, Shokane & Mabasa, 2017). However, the high prevalence of poverty, child abuse and neglect in South African communities today is an indication of the failure of the ISDM model and the need for improved strategies.

Stumbling blocks to the provision of therapeutic services. Residential and statutory social workers face numerous problems that hinder their provision of services to children in CYCCs. Statutory social workers lack cooperation, residential social worker's poor support, effects of statutory social workers poor cooperation, the complex nature of sexual abuse cases and behavioural problems were identified as the stumbling blocks to provision of therapeutic services.

Statutory social worker's lack of cooperation. Residential social workers and statutory social workers should work together in the provision of therapeutic services to children in child and youth care centres. The cooperation ensures effective therapeutic services to children placed in child and youth care centres. However, the residential social workers indicated that the statutory social workers were not cooperating with them.

Sometimes, the problem is you may need ten sessions with the child; then the child is reunited by the statutory social worker when you have just had three sessions. Then you find that the

child is in the CYCC because of the same problem [Participant T]

The participant indicated that premature and failed reunification services were a consequence of poor cooperation of the statutory social workers. Failure to supervise and reunify the children with their families contradicts the children's Act' stipulation which specified that supervision and reunification services should be provided to the child and their family by the designated social worker (Children's Act, 2005). The residential social workers' failure to comply in the provision of services to children in need of care could push the court to change the placement (Children's Act, 2005). Though the children's Act 38 of 2005 laid out conditions for failure of compliance in supervision for the residential social workers. There are no conditions laid out for the statutory social workers' lack of compliance. Thus, the absence of conditions could be the contributing factor in the non-compliance of statutory social workers. The following views highlight the poor cooperation of the statutory social workers.

Yes, they do cooperate, though sometimes we experience challenges where there is a lack of contact, sometimes they do not come to visit the children they place with us [Participant K]

In some cases, you find that residential social workers are very reluctant to respond, but we try to address the problem through communicating with their supervisors [Participant F]

You call the office, and they say they are not around and yet they are there. When you leave an emergency message, they do not call back. They also bring a child for admission without a complete assessment, and they will just leave the child. They are always complaining about time, yet it is their duty. [Participant G].

Statutory social workers do not even tell why the child was removed from their home they just dump the child with no recommendations [Participant E]

More than half of the interviewed residential social workers highlighted poor compliance of the statutory social workers. The latter failed to respond and to conduct sufficient assessments for children they placed in CYCCs. Insufficient assessments, inadequate supervision and monitoring of children placed in CYCCs by the statutory social workers were themes highlighted in another study (Thesen, 2013). Poor support of social workers by other social service professionals was also highlighted as a research theme in a South African study (Alpaslan & Schenck, 2010). Department of social development (2013) endorsed the importance of human resource support for social service professionals. Therefore, support of residential social workers is vital in ensuring effective service delivery. Poor support was also a stumbling block to the provision of services by the statutory social workers. The statutory social workers felt that the residential social workers were not supporting them.

Poor cooperation of the residential social workers. The participants indicated that poor support of the residential social workers was interfering with intervention. The participants were asked about their working relationship with the residential social workers and they said the following.

It is good we have a good relationship, but they somehow do not support us. I do not know if it is the fact that they do not want to admit kids anymore or what [Participant A]. When probed on what the participant meant by "they do not want to support" the participant said the following.

You send them a report to find out if they have space, they receive the report, but do not respond and you send them a message then you hear that the social worker is not around. When you finally meet the social worker for the panel assessment and realise you cannot place the child because they cannot accommodate them due to certain factors [Participant A].

I work with three child and youth care centres and it all depends on the social worker. Some social workers are accommodating and supportive, and some are just doing their things. It is very difficult to work with such. I offer behavioural

modification and it is something that should be done by residential social workers, but they just pick up the phone and say your child is misbehaving come and talk to them [Participant S]

It is hard to get hold of the residential social workers when we need space to for a child in the CYCC [Participant H]

Sometimes they are not helpful, they want us to continue with the children even after placing them into their custody and they are always saying come and get your child we cannot control them [Participant M]

Among the interviewed statutory social workers, four of them indicated that residential social workers were not cooperating with them. On the contrary, one statutory social worker admitted to not cooperating with the residential social workers.

I know their complaints, they say we just dumb the child with them [Participant B] The researcher probed participant B to explain further and this participant said the following.

When they try to find us, we are not there; the care-plans are not done, the medical report is sometimes not there, we never

bring them. They complain about the children not visiting during holidays when we place the child; they say we just dump the child and see them when they are 18 years

[Participant B]

This participant indicated that high caseloads and lack of resources were the reasons for poor cooperation on their part. Sharing the same view of the high caseload as participant B was participant A.

It is the high workload, when the ratio says 1: 50 ours is 1: 200 or 300 and we are always busy, so we try to priorities the emergency cases. Sometimes it is the resources; we share vehicles there are no cars when you want to travel...

[Participant B]

The time frame, we are given I think it is 60 days and 60 days can be a lengthy period to investigate however the high caseload we have makes it is difficult for us to finish on time because you cannot focus on one case and ignore the others

[Participant A]

Statutory social worker A and B pointed out that high caseloads were a stumbling block to the provision of services. A study by Alpaslan and Schenck (2012) also found out that social

workers practising in the rural areas of South Africa were struggling with high caseloads and lack of resources. The assertion of high caseload was also noted in Zimbabwe, where the ratio of social workers to clients was extremely high due to the brain drain (Mangena & Warria, 2017). The lack of cooperation between the two groups of social workers also had consequences for the CYCCs. The ensuing quotations from the participants support this.

It affects the child because they will not get the necessary services [Participant A]

Even with simple things like programmes there are many programmes that can be done with the teenagers to avoid behavioural problems, but they do not do that they just leave that to me [Participant P]

It affects the child because when you are neglecting the child that is the time for building relationships with the potential foster parent other people. The problems of the child are neglected, and the child may have other challenges such as academic needs which are not addressed [Participant C].

Participants A, P and C indicated that lack of cooperation between them and the residential social workers resulted in the neglect and lack of services to children placed in CYCCs. Effective provision of therapeutic services to children requires cooperation between

service providers who are units within the system. This need for cooperation is emphasised by, the general systems theory, which calls for cooperation and open interaction of the units within the system (Higgins & Smith, 2006). The effects of statutory social workers poor cooperation on the children placed in CYCCs is highlighted next.

Effects of statutory social worker's poor cooperation. The following are the views of the residential social worker on the effects of statutory social worker's poor cooperation.

When these children are brought here by statutory social workers, they are like dumped here because they do not usually come and visit. It delays their healing; they feel unwanted and sometimes the families do not come to visit them. When children have trauma, they want to be supported in all aspects. They want their family and the social worker who brought them here and when it is just me, they feel unwanted
[Participant K]

It harms their emotional well-being, bad impact on their psychological well-being they end up feeling more and more unwanted they want to be in a family setting [Participant F]

last year a social worker placed two children here and said I must not look for a school place for the children because they

would be here for a few days. That was October until now the children are not in school and there is no order. The other child needs a special school, and they come every day to the office to ask when they are going to school. Their court orders expired, they are not doing anything they do not want to do their work, and it affects the child [Participant L]

Another child was brought here, and we later realise that the child was falling all the time and was epileptic. I called the social worker to come so that we can plan. Since 2017 the child is just seating and not going to school, they just dumbbed the child [Participant T]

Participant T and L highlighted the neglect of children's educational, health and psychological needs as consequences of poor cooperation of statutory social workers. Social workers should provide follow up services according to the children's Act. The children's Act as the guiding policy to the provision of services in CYCCs was criticised for failing to stipulate post-removal services for these children. (Sibanda & Lombard, 2015). The following quotations are the consequences of poor monitoring and inadequate assessments.

The children need attention; some of them feel left out. They will tell you that they misbehaved because they wanted our

attention. They need to be checked on every day [Participant E]

Some of the social workers just remove a child without doing thorough investigations. Social workers need to investigate thoroughly before removing the child and get more information from children. They need to go deeper before removing to the child into CYCCs, because they will just remove the child without knowing that the child was sexually abused [Participant Y].

Participant Y indicated that the statutory social worker's inadequate investigations made them overlook some problems in children they placed in CYCCs. Sibanda and Lombard (2015) attested that social workers were struggling with poor judgement in the removal of children from families to CYCCs, thus causing trauma to the children and their families. The views of the residential social workers above indicate that children placed in child and youth care centres feel neglected, unwanted and dumber by the statutory social workers. The latter do not assess their progress or build relationships with the children after placing them in CYCCs. Bezuidenhout (2015) corroborated the mentioned emotions of the children, by saying that lack of support and warmth for the maltreated children led to physical, emotional and social isolation. The lack of cooperation by statutory social workers is causing the children's court orders to expire according to participant L. Participant T and L who pointed out that some children were not attending school due to statutory social worker's incompetence. Social service practitioners should not

terminate their working relationships with the clients before the intended outcome. In case of termination follow-up and additional needs should be considered (Department of social development, 2013).

Sexual abuse and behavioural problems as complex cases. In theme 1, the residential social workers indicated that they used therapy to address two main problems, namely sexual abuse and behavioural problems in CYCCs. However, the residential social workers seem to be struggling with these two cases and usually refer them to psychologists. The quotations below highlight their struggles.

Children who have been sexually abused and displaying behavioural problems we cannot understand are hard to deal with. We refer them to the psychologist or a professional therapist [Participant F]

In most cases, we usually refer the ones of sexual abuse, because we find that the trauma is too deep for them and beyond our expertise, they need more intervention [Participant K]

Some of the children are raped at a younger age, and they switch off if you try to talk to them. So, we have to send those to the psychologists. They can have a way of getting them to

open up, others have nightmares, and others are bedwetting, and they are old, they have problems [Participant L].

Sexual abuse cases are difficult...they will take time to open up we refer them to psychologist and those with learning difficulties [Participant Y].

Residential social worker L and Y had difficulties in getting sexually abused children to "open up" during therapy or counselling. Burgh (2016) argued that most children do not open up about their trauma, due to lack of skills to verbalise their trauma. Good-year Brown (2010) attributed this to the fact that children use other means other than language to communicate, and the traumatic experience may have occurred before the development of language. Residential social worker F and T also found behavioural problems challenging for them.

Children who have been sexually abused and displaying behavioural problems we cannot understand we refer them to the psychologist or a professional therapist [Participant F].

Some of the kids' behaviour is too wild, they do all bad stuff and we cannot help them or send them away we have to book them with the psychologists to check them [Participant T]

Good-year Brown (2010) attributed the failure of the intervention in children with behavioural problems to poor recognition of the deeper psychological issues causing the behaviour. Holden and Sellers (2019) suggested that there is a link between behavioural problems of children in residential care and traumatic experiences. Thus, bad behaviour is a way of expressing painful experiences. Whilst the residential social workers struggled with complex cases of sexual abuse and behavioural problems; the statutory social workers found the resistance of families and community during the investigation process to be stumbling blocks to their service provision.

Resistance of families and communities during the investigations. The statutory social workers experienced resistance from the communities and families during the investigations process. The resistance posed as a stumbling block to the therapeutic intervention process. The quotations below highlight this.

Yes, let us say the father is the cause of the problem when you go there to investigate, they deny it. The parents may fight with children for reporting the cases because they do not want them to report to social workers [Participant H]

It would be a lack of cooperation from the parents or the family of the child because they usually withhold information. They refuse to give information sometimes you get information from parents, but you need more information from the family

members because they sometimes give misleading information. The extended family also do not want to participate because they fear the information will give grounds to remove the child [Participant A].

Sometimes, you find that families resist because they do not want you to remove the child because if the child is on a grant that grant will be their source of income. They withhold information from us and do not understand the impact of abuse on the child" [Participant D].

It depends on the case I will just take an example of the child sexual abuse case. We remove the child into the child and youth care centre and continue with the investigation in the family and community, and sometimes they do not cooperate. You are seen as an enemy [Participant S].

Sometimes, neighbours are aware of the situation, but they do not want to participate in the case, or someone has reported the case anonymously, and they do not want to be involved. They fear their relationship with the perpetrator. Sometimes the perpetrators threaten us, and there was a point last year where I had to report to the court [Participant C].

The statutory social workers faced resistance during the investigation process from the families and communities. They were threatened, families withheld information, provided misleading information and refused to be involved. This resistance was caused by fear of penalties, fear of the perpetrator by community members, fear of losing the child when they are removed, and fear of losing an income when the perpetrator is the breadwinner. Bezuidenhout (2015) attributed the poor disclosure and reporting of sexual abuse to factors such as fear of the perpetrator, failure to understand the magnitude of the case and victims fear of discrimination. However, the resistance by the families and communities had consequences on the investigation and children concerned. These consequences are highlighted and discussed below.

Sometimes it takes longer to finalise the cases [Participant S].

The effect of resistance in communities is that if you cannot get the full picture of the child's life, then you miss out the areas you need to work with regards to the child. Say they report that the child is neglected, and you focus on the neglect only to miss out that the child was sexually abused previously. They report that the child has a behavioural problem and he swears or comes home late. When you do the assessment, they do not give you the underlying problem. They just want to focus on these problems but not the underlying cause [Participant A]

It delays the investigations and finalising and makes it difficult for us to find relevant information, especially on abuse cases or other issues. The children do not open-up due to threats and even scared of us because they fear us, and they do not open up because they have been promised something by the perpetrator [Participant C]

When working in rural areas, the challenges we face are that of resistance, and this delays our investigations. Resistance wastes time, resources and makes us provide inadequate intervention to the child. Sometimes it is hard to find solutions to the child's problem when the family is interfering and influencing the child to withdraw the case in cases of abuse [Participant D]

It delays the investigation, and I will have to go to the other family members and community to get the information [Participant M]

The consequences of resistance indicated by the participants above were delays in the investigation and finalisation of the case, delay in intervention, lack of understanding of the

underlying problems, wasting of time, resources and lack of adequate intervention for the children.

Problems experienced by children placed in child and youth care centres. Child and youth care centres are to provide for the needs of the children and facilitate healing from the trauma. However, some of the children placed in these centres are struggling to adjust to the CYCC environment and have poor life skills. Poor adjustment and poor life skills are the sub-themes that will be discussed next.

Poor adjustment to life in child and youth care centres. The following views came from the participant's experience in working with children placed in child and youth care centres. The views below indicate that most children placed in child and youth care centres were struggling to adjust to the environment within these centres.

A child and youth care centre is not like a normal family setting where you have the mother and father and a few children at home, so we try to maintain that so that he/she will not find it difficult to adapt [Participant Y]

The problems we are facing is they take longer to adapt to the way things are done here [Participant F]

The children have withdrawal behaviour, feel rejected, inferior and have trouble with adjusting to the CYCC place so it is hard for them and it affects them [Participant E]

Most of them want to go back home they miss their family even when they have just come. They will come in and ask when they are going home. They are not aware of the danger that could be in their homes, as much as there are broken, they want to be with their families [Participant K].

The views indicate that children placed in child and youth care centres are struggling to adjust to the environment. Participant E indicated the effects of the poor adjustment as withdrawal, feeling unwanted and inferiority. In explaining this poor adjustment Grobler, Schenck and Mbedzi (2013) claimed that threatening experiences could cause an individual to behave and feel a certain way. The new child and youth care centre environment can be a threat to the children causing them to withdraw and feel rejected.

Poor life skills. Participants F and E's views indicate that the children in child and youth care centres were struggling with daily chores due to poor life skills.

We teach them life skills because we used to have a problem when they went home, they could not do anything, so the social

workers who brought them would ask what you are teaching these children anything [Participant L]

Yes, there are mothers who do the job, so when the child goes back to the family. They are told that they should be responsible for washing their shoes, washing their clothes, socks, bathing themselves, so things like that affect them. This is because, in the child and youth care centre, you cannot force the children to do chores, we do encourage them though [Participant F]

Some of the children cannot do simple chores in the houses they struggle, and this burdens the child and youth care workers [Participant G]

Participant L and F indicated the need to prioritise life skills programmes and to find strategies to enforce the programmes in child and youth care centres. Life skills programs in child and youth care centres enable children to complete and overcome daily challenges and equip them with survival skills after discharge from CYCCs (Agere, 2014). Life skills activities include daily chores such as cleaning, cooking, washing, bathing and general hygiene.

Social worker's needs. The interviewed residential and statutory social workers specified the need to improve skills and knowledge in therapy, cooperation amongst social workers who provide services in CYCCs and debriefing support to help them cope

The residential social worker's need to improve skills and knowledge in therapy. The residential social workers specified the need for skills and knowledge to improve therapeutic interventions in child and youth care centres.

Yes, it does equip us with information, but I think more should be done in terms of knowledge and skill every two months there has to be a workshop [Participant F]

Capacity building is needed... [Participant K]

I need more skills training in therapeutic methods and the department always calls us to do the children's Act and yet we need skills. This year we had a conference where they were teaching us play therapy and it helped us. I felt empowered because we meet different children, so we need different ways of addressing them [Participant L]

I would like to improve my training through a skills workshop they help [Participant T]

The Department of Social Development (DSD) is a government social service organisation mandated with the funding, supervision of child and youth care centres and capacity building of the social service professionals in South Africa. Participant L appreciated the play therapy workshop held by DSD while highlighting DSD's shortcoming in focusing on the children's Act at the expense of other training areas. Weinbach and Taylor (2015) corroborated participant L and E by pointing out that it is the responsibility of supervisors and the administration to arrange and provide educational and skills training to all their staff.

I recommend on-going training in organisations, and I also think that social workers should also continuously educate themselves; it is their duty [Participant E].

Though social work education equipped the participants with counselling and therapeutic knowledge, and experience taught them skills. The participant E recommended continuous training and education to advance their skills and knowledge. Weinbach and Taylor (2015) agree with the participants, pointing out that social work education did not guarantee effective interventions. Continuous education which covers up to date knowledge and advancements in the social work field is required. The participants also emphasised the need for cooperation of the statutory social workers.

The need for statutory social workers to cooperate. To improve the provision of therapeutic services to children in child and youth care centres, the residential social workers cited the need for statutory social workers to cooperate.

All I can say is as a social worker at a child and youth care centre, my role is challenging. There are children needing help and they need understanding and for one to step in their shoes and would like the statutory social workers also to take their role [Participant T].

I think more awareness should be created to the social workers to make them understand how much it is impacting the children they have placed. They need to understand that it is not only about removal they should come and assist us here [Participant K]

Only if the statutory social worker can comply because the social workers of today, they just in there for money" [Participant L]

I wish outside social workers would work with us and come here often and see how they are needed here, I would like them to be part of the child's life check on their progress and challenges in the life of a child here at the child and youth care centre [Participant Y]

The views of most of the interviewed residential social workers pointed to the fact that they were deprived of support by the statutory social workers. They reiterated that the statutory social workers were not checking on the children they placed with them; their involvement ended with the placement process. The non-compliance of the statutory social workers contradicted the Children's Act 38 of 2005 section 158 which stipulated that the placement of the child should be supervised and monitored by the designated social worker (Children's Act, 2005). Thus, statutory social workers were not complying with their mandated duties. The statutory social workers also complained about the lack of support from the residential social workers and highlighted the need for support.

The need for support from the residential social workers. Support is a common need for both residential and statutory social workers. Though residential and statutory social workers acknowledged the importance of support, they were not supporting each other in the provision of therapeutic services to children placed in child and youth care centres. The statutory social workers indicated their need for support from the residential social workers. The storylines below support this.

We also need support as social workers and commitment from our colleagues the residential social workers [Participant D]

We do require the cooperation of the residential social workers [Participant S]

I think the child and youth care centres should also provide us with information on the child's progress. They should update us with reports and say we ran these programmes, with the child, we see improvements, and they are ready to be reintegrated into the community and family. If I assess and see that the child is ready and the home circumstances are conducive, then we reintegrate so that we do not keep children in CYCCs [Participant A].

They do not help us with the children we place if the child misbehaves, they pick up the phone and phone us to complain instead of dealing with the situation [Participant D]

There is a weak support system between the statutory and residential social workers who provide services in child and youth care centres. There is need for partnership and good working relationships among service providers to ensure the well-being of all people in South Africa (IDSM as cited by Khanyile, 2014). The social support theory underscored the need for a support system in safeguarding individuals against strain (Cohen et al., 2000). Support between social workers ensures efficacy, improve services to traumatised children and prevent behavioural and emotional problems in child and youth care centres. Hence, the cooperation of social service professional determines the quality and outcome of services provided to recipients. The need for debriefing was also a theme that emanated from the residential social workers.

Residential social workers need for debriefing. The high-volume of cases encountered by the residential social workers, coupled with the sensitive nature of the cases, cause burnout and cause social workers to become susceptible to posttraumatic stress disorders. Therefore, debriefing is required; 3 participants indicated their need for debriefing to help them cope.

We need support in terms of debriefing because we are dealing with stressful cases of children who are abused, neglected, and abandoned and the high caseload we end up not coping well
[Participant E]

When it comes to debriefing, we do not get that as we deal with these children and it takes an emotional toll on you, and we do not have any debriefing sessions [Participant K].

Debriefing is needed here with all these cases we are burnt out and stressed [Participant T].

Social workers offer different types of support to the children placed in child and youth care centres to meet their needs as prescribed by the children's Act 38 of 2005. They are the frontline help for the children who have experienced trauma, and this predisposes them to transferred trauma. Ashley-Binge and Cousin (2019) supported the need for debriefing in social workers who deal with traumatic cases. Participants E and T highlighted the need for debriefing to address the burnout caused by high caseloads. Alpaslan and Schenck (2010) corroborated the above participants by pointing out that social workers in South Africa experience burnout due to

high caseloads. Therefore, debriefing support is crucial for these social workers. The need for awareness campaigns in communities also came to the fore.

The need for awareness campaigns in communities. The statutory social workers indicated the need for more awareness campaigns to educate communities and families on issues affecting children and to prevent resistance during the investigation process.

Educate parents that the reason for the removal is not to punish or break the family but to safeguard the rights of the child so that the child can receive the necessary services [Participant A]

I think more awareness campaign when it comes to child abuse so that the communities become aware that when a child is abused it is ok for us to react and they must not be angry [Participant S]

I think there is a need to conduct awareness campaigns on abuse, the rights and responsibility of the parents [Participant C]

I think by approaching community leaders so that they help us to get through to resisting family members and community

members. I also think taking advantage of the social dates on the calendar, to provide awareness campaigns [Participant D].

The majority of the statutory social workers interviewed highlighted the need for awareness campaigns to educate families and communities on social issues affecting children. The social worker is among other social service professionals that educate and make communities aware of different social issues that affect them through the prevention and early intervention programmes enshrined within the developmental approach. By highlighting this need, the statutory social workers acknowledged the gap and need for better strategies in community awareness initiatives. Patel (2015) said that the gap and lack of knowledge on issues affecting communities could be countered through manipulating the budding forms of technology to educate, inform and relay prevention approaches to communities. Participant D indicated the need for cooperation between statutory social workers and community leaders in rural areas to break resistance in communities and families. The highlighted need to involve community leaders to break resistance during investigations contradicts a study finding by Alpaslan (2012) which concluded that involvement of rural community leaders limited-service provisions, thereby presenting as a hindrance force to social workers when working with communities.

5.3 Conclusion

This chapter presented the themes and sub-themes that originated from the data analysis of this study. Four main themes culminated from the data analysis process. These themes were the social workers understanding of the therapeutic intervention process, the stumbling blocks to

service provision, problems experienced by the children in CYCCs and social workers needs in service provision. The discussions on these themes were framed by supporting and contrasting literature from prior studies. The following chapter concludes this study. It further gives recommendations based on the findings of the study.

CHAPTER 6: CONCLUSION

South African government has made strides in developing policies and legislation aimed at addressing problems incapacitating children in communities, yet there is a disconnection between policy mandate and practice. Children are still being placed in CYCCs despite the Integrated service delivery model's preventative and early intervention strategies which aim to reduce placements. Residential and statutory social workers are playing a vital role in safeguarding the rights and well-being of vulnerable children in need of care and protection through therapeutic services. However, some children placed in these centres are not receiving comprehensive therapeutic interventions as prescribed by the Children's Act 38 and therefore battling with psychosocial difficulties of learning, behavioural and emotional problems. The poor intervention is due to lack of cooperation between the statutory and residential social workers, high caseloads, lack of resources and inadequate supervisory systems, poor assessments and lack of skills.

In terms of the social workers' support needs in providing therapeutic services to children placed in CYCCs. The data revealed that both residential and statutory social workers need support and cooperation from each other. Working together enhances social worker's efficacy, improves services to traumatised children in need of therapeutic interventions, enhances their well-being and prevent behavioural and emotional problems. Hence cooperation of statutory and residential social workers is essential and determines the quality and outcome of services provided to recipients.

Another need for residential social workers was to improve education and skills. Improved education and skills advance therapeutic interventions and outcomes for children placed in child and youth care centres. The statutory and residential social workers further

highlighted the need for awareness in communities to prevent problems affecting children.

Interestingly statutory social workers also provide awareness campaigns as part of the preventative measures, therefore, highlighting the need for awareness was an admission of the gap and need to improve awareness campaign strategies.

In terms, of the common problems, addressed through therapeutic interventions in child and youth care centres it can be concluded that child sexual abuse, child neglect and behavioural problems are the three common problems encountered. The rise in the behavioural problems of children placed in CYCCs was also emphasised in chapter one and failed therapeutic interventions caused behavioural problems to develop as a coping mechanism in traumatised children. Therefore, traumatised children placed in CYCCs require therapeutic interventions to prevent the development of behavioural or emotional problems.

With regards to challenges to the provision of therapeutic services, poor support system between the social workers was a stumbling block to the provision of therapeutic services. However, high caseloads, lack of resources and lack of cooperation among social workers were the identified challenges to service provision. Therefore, improved resources, manageable caseloads and strong supervisory systems are necessary to avert the challenges mentioned above. Limited knowledge and skills are also barriers to the provision of therapeutic service to CYCCs.

The resistance of families and communities caused inadequate investigation and assessment outcomes for children placed in CYCCs, another barrier to the provision of therapeutic services is the assessment tool. There is no consistency in the use of the prescribed assessment tool; by some statutory social workers due to lack of skills and flexibility. The data also revealed that inadequate assessments impacted the children placed in child and youth care centres; problems were missed during the assessment process and never addressed, thus causing

children to develop emotional and behavioural problems as a coping mechanism. Proper assessment tools provide a comprehensive picture of the needs of the child and inform correct interventions to avert problems in children placed in child and youth care centres.

Based on these findings, it is therefore recommended that residential and statutory social workers should be provided with more capacity-building workshops to improve their skills and knowledge relevant to the provision of therapeutic services. Therefore, the Department of Social Development and the different organisations that employ social workers who provide services in child and youth care centres should be mandated and held accountable for holding these workshops to equip social workers with the necessary skills.

The reviewing of the funding allocated to organisations that employ the residential and statutory social workers by the government through the Department of social development is recommended. The allocation of funds to these organisations should take cognisance of all the resource needs and shortage of professionals in these organisations. Improved funding allows for hiring of more professionals and reduce the high case ratios which are impeding cooperation between the residential and statutory social workers. Enhanced funding also ensures the availability of resources such as vehicles to enable the statutory social workers to promptly respond to the calls of residential social workers.

Further recommendations are made with regards to the assessment tool, which is an essential tool used to determine the needs of vulnerable children and informs the intervention process. Therefore, an evaluation of the assessment tool by the Department of social development is recommended. A debate involving statutory social workers views on the assessment tool should be held across the country to measure the applicability, flexibility and ways to improve the tool. It is further recommended that the Department of social development

should conduct skills workshops on assessment across the country to capacitate statutory social workers with different assessment skills. These skills promote effective assessment of the circumstances of children needing care, inform proper interventions, improve intervention outcomes for children and avert the development of emotional and behavioural problems in children placed in CYCC's.

The Children's Act 38 of 2005 is a crucial policy guiding the provision of services to children who are vulnerable and in need of care and protection. The Children's Act 38 of 2005 stipulates the removal of children from the CYCCs that fail to provide for their needs. Reunification services are also stipulated in the Act; however, there are no measures for attainment or consequences for failure of reunification services. It is, therefore, recommended that an amendment of the children's Act be made to include the measures and consequences of failed reunification services. The measures and consequences will encourage social workers to engage in effective reunification services for children placed in CYCCs.

There is need for strong supervisory, monitoring and evaluation systems to curb incompetence by some social workers who are failing to fulfil their duties and mandate to children placed in CYCC's due to negligence. Therefore, organisations that employ the residential and statutory social workers involved in the provision of therapeutic services to children placed in CYCCs, should establish strong supervisory, monitoring and evaluation strategies to curb incompetence by some social workers.

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APPENDICES

APPENDIX 1: INTERVIEW SCHEDULE 1

STUDENT NAME: TALENT ZIYAMBI

STUDENT NUMBER: 218081830

INTERVIEW SCHEDULE FOR GROUP 1: STUTORY SOCIAL WORKERS (GROUP 1)

QUESTIONS IN NO PARTICULAR ORDER

BASIC BIOGRAPHICAL/ ORGANISATIONAL DATA

- Name and Surname
- Gender
- Age
- Years of experience
- Name of organization.
- Qualification

THEME 1: PLACEMENT SOCIAL WORKERS PROCESSES AND INTERVENTION

1. What are the problems that results in the placement of children in CYCC's?
 2. What do you think about the time frame you are given to investigate and make recommendations?
 3. What problems do you face, if any in the investigation and assessment process before placing a child in CYCC?
 4. How often do you recommend for the therapeutic or counselling needs of the children you place in CYCC's in your reports, and what type of cases do you recommend?
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5. What professional role do you have in the life of a children after you have placed them in a CYCC'?

THEME 2: PROFESSIONAL COMPETENCE

6. What you understand by therapeutic needs?
7. What do you think about the assessment tool you use for assessing the needs of the child?
8. Are there any other individual methods, you use in the assessment process other than the guide on the assessment tool ?.

THEME 3: SUPPORT, NETWORK AND NEEDS OF SOCIAL WORKERS

9. How is your professional relationship with the residential social workers at the CYCC?
10. How does this affect your provision of services to the children you place in CYCC's?
11. What support do you require, if any to help you in the entire process?

THEME 4: BARRIERS

12. How are these challenges affecting the children? Question 3
 13. What do you think can be done to overcome these challenges? Question 3
 14. Is there anything you want to suggest or say, before we close the interview?
 15. The interview is finished, thank you for your input and time.
-

APPENDIX 2: INTERVIEW SCHEDULE 2

STUDENT NAME: TALENT ZIYAMBI

STUDENT NUMBER: 218081830

INTERVIEW SCHEDULE: RESIDENTIAL SOCIALWORKERS (GROUP 2)

QUESTIONS IN NO PARTICULAR ORDER.

BASIC BIOGRAPHICAL/ ORGANISATIONAL DATA

- Name and Surname
- Gender
- Organization name

THEME 1: SOCIAL WORK INTERVENTION PROCESSES IN CYCC's.

1. Do you have any residential therapeutic programs you run in the CYCC for the children after their placement?
 2. What other therapeutic methods do use?
 3. How often do you get children, placements with recommendations for therapeutic and counselling needs?
 4. What types of problems are you facing from the children in CYCC?
 5. What types of problems to you address through therapy in CYCC?
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THEME 2: SUPPORT, NETWORK AND NEEDS

6. How is your professional relationship with the social workers who place children in CYCC's?
7. Which other CYCC professionals provide counselling and therapy to children?
8. What type of cases do you refer to a psychologist?
9. How often do you refer, such cases to the psychologist?
10. What are, your support needs as a residential social worker in the CYCC.

THEME 3: BARRIERS AND CHALLENGES EXPERIENCED BY SOCIAL WORKERS.

11. What challenges do you experience in providing counselling or therapy, If any?
12. What do you think can be done to overcome these challenges?
13. What do you think can be done to help and solve these problems faced by the children in CYCC's?

THEME 4: PROFESSIONAL COMPETENCES

14. Do you feel that social work education or skills equips you enough to provide therapy and counselling?
 15. What do you understand by the word therapy?
 16. Are there any suggestions, or anything you want to say before we close the interview?
 17. The interview is finished, I appreciate your help.
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APPENDIX 3: INFORMED CONSENT FORM

Information Sheet and Consent to Participate in the Research

Dear Sir/ Madam

My name is Talent Ziyambi, my student number is 218081830 and I am currently doing my master's in social work. At the University of KwaZulu-Natal in the School of Applied Human Sciences. The school of Applied Human Sciences contact details are as follows: University of KwaZulu-Natal, Howard campus, Telephone: 03126002792, email JohnlangbaJ@ukzn.ac.za.

I am therefore kindly asking for your participation in this study. My topic is An exploration of the experiences of social workers in providing therapeutic services to child and youth care centres in KZN South Africa. The intentions of this study are to identify the support needs of social workers, identify the common problems addressed, identify the barriers to service delivery and examine the social workers competences in the provision of therapeutic services to child and youth care centres. The study is expected to enrol 15 participants from 4 different organizations in KwaZulu-Natal.

Procedure: I, Talent Ziyambi will conduct face to face individual interviews with the participants. The interviews be between 60 minutes and 90minutes. They will be private and with your permission and will take place at a time and venue that suits you.

Potential risk and Discomfort: There are no predicted risks, however if any discomfort arise you are allowed to quit without any negative consequences. If need be, I will conduct a debriefing session and if further intervention is needed, I will arrange for you to see a counsellor.

Use of recorders: This research study will make use of the phone audio recorder, to ensure that information is correctly collected. The recorded audios will be kept confidential and transferred to a USB (universal serial bus) and deleted from the phone once the data has been analysed. The USB will be kept in a safe location away from the reach of other people. This record will be used for data analysis purposes only and the information you will provide will be kept confidential, since no identifying details, contact details or personal details will be published in the final research or any publications. Only me and my research supervisor Prof J. John-Langba will be responsible for handling the information you will provide. Be advised that you can choose to give consent/ not give consent to the recording of your interview.

Potential Benefits of the Research: There is no compensation for your involvement in this study. However, your contribution in this research will provide information on the strengths and areas of improvement in the provision of therapeutic services in CYCCs and contribute towards the social work profession.

Rights of Participants: Your participation to this research will be voluntary. You also have the right to withhold any responses to questions you feel uncomfortable with, without any negative consequences for you. You have the right to contact the following people for any clarification or questions.

Researchers Details

Mrs. Talent Ziyambi

ziyambi.talent@gmail.com

Phone cell: 0719375098

Supervisors Contact Details

Prof.J. John-Langba

JohnLangbaJ@ukzn.ac.za

Tel: +27312602792

UKZN Research Office

P. Ximba

Hssrechumanities@ukz.ac.za

Tel 0312603587/4609

Confidentiality and Anonymity: The information you provide will not be shared or divulged to anyone and your identifying details will be deleted as soon as they are not needed and replaced with codes that will not trace back to you.

I (Full name of participant), hereby agree to taking part in this research. I have read and understood what the research is about and about my rights.

.....
Participant name (Print name) Participant Signature Date

.....
Researcher (Print name) Researchers Signature Date

APPENDIX 4: PERMISSION LETTER TO CONDUCT RESEARCH AT MORESTER

CYCC



MORESTER
Child and Youth Care Centre
Ladysmit



Registered as Non-Profitable Organisation: 009-231 NPO

Reg. Art 18A: RG/0022/09/04, VAT no.: 4740114303

Tel: 036 637 / 036 637 7907

Private Bag 9919, Ladysmith, 3370

www.moresterchildrenshome.co.za

morester7@moresterchildrenshome.co.za

14 May 2019

Mrs Talent Ziyambi

RE: PERMISSION TO CONDUCT RESEARCH

**Management of the Centre hereby give you permission to conduct your research at
Morester CYCC Ladysmith.**

Yours sincerely

A handwritten signature in black ink on a light yellow background, appearing to read 'Lizette van Niekerk'.

Lizette van Niekerk

Director Morester CYCC

083 306 7016

036 637 7977

**APPENDIX 5: PERMISSION LETTER TO CONDUCT RESEARCH AT CHILD
WELFARE & VICTORY HAVEN**

CHILD WELFME S.A. LADYSMITH (002-167 NPO)

P.O. BOX 210

MURCHISON STREET, LADYSMITH, 3370

TEL: 036-6314426 1036-635 3256

FAX: 036-6314806

05 July 2019

Prof. J. John-Langba

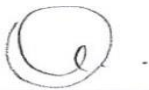
Re: Request for participation in a Research study

Your correspondence dated the 12th April 2019 refers.

The Society will be participating in the study of Mrs Talent Ziyambi and we are also prepared to make available two participants who meet the requirements of the study.

From a Child Protection Organization- Child Welfare South Africa Ladysmith.

From - Victory Haven. We thank you.



Michelle Dhlamini
Chief Social Worker

**APPENDIX 6: PERMISSION LETTER TO CONDUCT RESEARCH AT ISIPHEPHELO
CYCC**



Registered as Non-Profitable Organisation: 009-
2M NPC) Reg. Art IBA: RG/0013/02/04 in co-
operation with Kwazulu-Natal Christian Social
Services KZN CMD

Landline : 036 488 1784 E-mail:

isiphephelokzn@gmail.com

Physical address: 01 Mayors Walk , Winterton, 3340

05 August 2019

Mrs Talent Ziyambi

35 Hunter Road

Ladysmith 3370

Dear Talent

Acceptance letter to conduct your research studies at Isiphephelo place of safety NPO NUMBER 227-914.

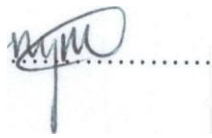
Kindly note that your request has been accepted, but you need to consider that we are a place of safety where you have to follow some internal policies. In your arrival; you will need to contact your contact person making appointment 3 days before your visit.

Your contact person is our social worker Ncedile Mdakane her contact details is 036 4881784. She will give you orientation and let you sign relevant policies. Please bring your identity document with you, which will be attached to your requisition letter.

Yours sincerely,

Miss Zanele Mchunu — Isiphephelo Director Registered as Non-Profitable Organisation: 227-914 NPO

Signature.42,



Reg. Art IBA: RG/0013/02/04



P O BOX WINTERTON 3340, KZN

TEL: 036 488 1784

EMAIL: isiphephelokzn@gmail.com

**APPENDIX 7: PERMISSION LETTER TO CONDUCT RESEARCH AT CMD AND
MORESTER NEWCASTLE CYCC**



KwaZulu-Natal
Christelike Maatskaplike Dienste
Christian Social Services
Geregistreer as NGO: 009-231 NPO

To whom it may concerned

This letter serves to confirm that I gave Mrs Talent Ziyambi permission to conduct research at CMD Ladysmith, CMD Newcastle and Morester Newcastle.

Yours Sincerely,

A handwritten signature in black ink, appearing to read "Nolundi Machi", enclosed in a circular stamp.

Nolundi Machi
Social Work Supervisor
083 269 9056

APPENDIX 8: ETHICAL APPROVAL



13 November 2019

Mrs Talent Ziyambi (218081830)

School of Applied Human Sc

Howard College

Dear Mrs Ziyambi,

Protocol reference number: HSSREC/00000695/2019

Project title: The experiences of social workers in providing therapeutic services to child and youth care centres.

Full Approval — Expedited Application

This letter serves to notify you that your application received on 21 October 2019 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted FULL APPROVAL

Any alteration/s to the approved research protocol i.e. Questionnaire/interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation, in case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid for one year from 13 November 2019.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

Yours sincerely,



Professor Urmilla Bob

University Dean of Research

Humanities & Social Sciences Research Ethics Committee Dr Rosemary Sibanda (Chair)

UKZN Research Ethics Office Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001 , Durban 4000

Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: Edgewood Nowad CoBege Medical School Pietermaritzburg

Westville

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APPENDIX 9: TITLE CHANGE APPROVAL



UNIVERSITY OF KWAZULU-NATAL

INYUVESIYAKWAZULU-NATALI

12 May 2020

Mrs Talent Ziyambi (218081830)

School Of Applied Human Sc

Howard College

Dear Mrs Ziyambi,

Protocol reference number: HSSREC/00000695/2019

New Project title: An exploration of the experiences of social workers in providing therapeutic services to children in child and youth care centre's in KwaZulu-Natal South Africa

Approval Notification — Amendment Application

This letter serves to notify you that your application and request for an amendment received on 21 April 2020 has now been approved as follows:

- Change in title

Any alterations to the approved research protocol i.e. Questionnaire/interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and

approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

Best wishes for the successful completion of your research protocol.

Yours faithfully



Professor Dipane Hlalele (Chair)

Humanities & Social Sciences Research Ethics Committee
UKZN Research Ethics Office Westville Campus, Govan Mbeki
Building
Postal Address: Private Bag X54001 , Durban 4000
Tel: +27 31 260 8350 1 455713587

Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

INSPIRING GREATNESS
