

**CHILD AND YOUTH CARE WORKERS' SUPPORT OF GRANDPARENTS
RAISING ORPHANED GRANDCHILDREN**

BY

PATRICK MZOKHONA MZIMELA

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SUPERVISOR: MRS W. HOLNESS

DECLARATION

I declare that this dissertation is my own work. Citations, references and borrowed ideas have been duly acknowledged. It is submitted for the degree of Masters in Child Care and Protection (Law and Social Work), School of Law, University of KwaZulu-Natal, Durban, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

Signed

Patrick Mzokhona Mzimela

ACRONYMS

ACRWC	African Charter on the Rights and Welfare of the Child
CRC	United Nations Convention on Rights of the Child
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CYC-net	The International Child and Youth Care Network
CYCW	Child and Youth Care Worker
CYCWS	Child and Youth Care Workers
DSD	Department of Social Development
HWSETA	Health and Welfare Sector Education and Training Authority
NACCW	National Association of Child and Youth Care Workers
NDP	National Development Plan
NQF	National Qualifications Framework
OVC	Orphans and Vulnerable Children
PBCYC	Professional Board for Child and Youth Care
SASSA	South African Social Security Agency
SACSSP	South African Council for Social Services Professions
SAQA	South African Qualifications Authority
SSSADC	Social Security in the Southern African Development Community
UNDRIP	UN Declaration on the Rights of Indigenous Peoples
UNICEF	United Nations Children's Fund
UNPOP	UN Principles for Older Persons
US	United States

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Chapter 1

INTRODUCTION

1.1 Introduction

An increasing number of grandparents in South Africa are raising their orphaned grandchildren. Many, particularly those that live in rural areas, lack the resources required to care for both their grandchildren and themselves. While support is available at various ecological levels, this is often inadequate, especially in rural communities.

For grandparents, becoming parents again can be challenging and overwhelming, but can also be a rewarding and unforgettable time if support and resources are available to the family (Bailey, 2012). In the South African context, the emerging profession of child and youth care work can close the gaps in caregiving, and child and youth care workers (CYCWs) can offer extensive support to grandparents. According to Turner (2005, cited in Lunga, 2009), grandparents often take the initiative to raise their grandchildren when their parents are not fit or are unable to care for them. Given the prevalence of diseases like HIV/AIDS and Tuberculosis (TB) in South Africa, it is likely that this trend will persist.

According to the National Development Plan (NDP) (2012), an estimated 3.6 South African children are either paternal or maternal, or double orphans. Sadly, this number is expected to grow to five million in 2020. African children are the worst affected; the NDP notes that only 27% of African children live with the biological parents, compared to 48% of Coloured children and 80% children of White and Indian children (NDP, 2012).

The NDP also highlights the five functions of social protection, namely, protective, preventative, promotive, transformative, and developmental and generative (NDP, 2012). These are explained as follows:

- “Protective function: measures introduced to save lives and reduce levels of deprivation

- Preventative function: measures that economically stabiliseses people to avoid entrenched poverty and to particularly ‘reduce vulnerability to natural disasters, crop failure, accidents and illness’
- Promotive function: measures that are aimed at enhancing the capabilities of individuals, their communities and institutions to participate in all sphere of activities
- Transformative function: changes in policies, laws, budgetary allocations and redistributive measures aimed a tackling the inequalities and vulnerabilities of persons
- Developmental and generative: consumption patterns of the poor are to be increased and this in turn would promote local economic government and enable people to access socio-economic development opportunities” (National Planning Commission, 2012: 328).

The NDP adds that all five measures should be extended to grandparents and the orphaned children they care for in order to address the challenges these families face. This study argues that, to a large extent, CYCWs can fulfil three of them within the life space of orphaned children (and their grandparents): protective, preventative and promotive.

The NDP notes that orphans are among “the most ‘at risk’ segments of the child population” (National Development Commission, 2012: 331) and recognises the role that extended kinship networks play in providing family care. It notes that the child support grant (for maternal or paternal orphans) and the foster care grant (for double orphans) are part of the protective function, but orphans are less likely to receive these grants than children that live with both their parents.

Section 28(1) of the Constitution of the Republic of South Africa states that, “every child has the right to family care or parental care”. Thus, where necessary, CYCWs should assist grandparents to raise their grandchildren. In terms of international law, article 5 of the United Nations Convention on the Rights of the Child (the CRC): states that state parties:

“shall respect the responsibilities, rights and duties of parents, the members of extended family or community as provided by the local custom, legal guardians or other persons legally responsible for the child, to provide, in manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the present convention”.

CYCWs are well trained and situated to give direction to grandparents who are raising grandchildren.

The African Charter on Human and Peoples' Rights also affirms the importance of the family and states that governments should take appropriate measures to ensure equal rights and responsibilities for spouses with regard to protection of the child during (and in the event of the dissolution of) marriage (article 18). The Charter adds that no child should be deprived of maintenance due to the parents' marital status (article 18 (3)).

This study argues that, in order to ensure that South Africa complies with these constitutional and international legal obligations, CYCWs who work in the life space of the child, and who are also experts in family preservation, should ensure that they remain in the community and are cared for by their grandparents, with their assistance.

1.2 Background

This section outlines the constitutional and international legal obligations of the state towards grandparent-headed families. This is followed by a discussion on the scope of grandparents' duty of support towards their grandchildren as set out in the law. Finally, the reasons why orphaned children require care from their grandparents are highlighted, by presenting a brief statistical overview.

1.2.1. Constitutional obligations towards families headed by grandparents

The right to access social security and social services is set out in sections 27 and 28 of the Constitution of South Africa, 1996 (the Constitution, SA). For the purposes of this study, the main provision is section 27(1)(c) which states that "everyone has a right of access to social security including if they are not able to support themselves and their dependents, appropriate social assistance". Section 27(2) goes further to state that "the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right of access to social security and social assistance".

While this section refers to social security and social assistance for all, section 28(1)(c) provides for children's right to social services and spells out the basket of rights that they are entitled to. Section 28(1)(b) provides that, "every child has the right to family care, parental care, or to appropriate alternative care when removed from the family environment". Section 28(1)(c) adds that, "every child has the right to basic nutrition, shelter, basic health care service, and social services, while section 28(1)(d) provides that "every child has the right to be protected from maltreatment, neglect, abuse or degradation". Section 28(2) states that a "child's best interest is of paramount importance in every matter concerning the child". Taken together, these rights mean that where parents or caregivers cannot provide for their children themselves (primary obligation), the state has to step in. In *The Government of the Republic of South Africa v Grootboom and Others* CCT38/100 [2000] ZACC 14 (21 September 2000), the Constitutional Court noted that section 28(1)(b) and (c) of the Constitution ensures that children are properly cared for by their parents or families, and that they receive appropriate alternative care in the absence of such.

These constitutional obligations are fortified by legislation. Section 156(1)(e) of the Children's Act 38 of 2005 lists, *inter alia*, foster care as an alternative care option in the absence of parental care. A Children's Court has the power to place a child in foster care "if it finds that a child has no parent or care-giver or has a parent or care-giver but that person is unable or unsuitable to care for the child" (*Coughlan v Road Incident Fund* (2015) 2015 (4) SA 1 (CC) para 37).

The grant that grandparents receive towards foster care of their grandchildren is intended to cater for the needs of the particular child or children. Outside of this financial safety net provided by the state, other needs must be met under the basket of children's rights set out in the Constitution.

1.2.2. International legal obligations on grandparents who are raising orphaned grandchildren

International treaties have been adopted that focus on children's rights, while others highlight older persons' rights. Together, they support the notion that older persons must be assisted when they take care of the younger generation.

Article 22 of the UN Declaration on the Rights of Indigenous Peoples states that, particular attention should be paid to the rights and needs of indigenous elders, women, youth, children and persons with disabilities. According to a UN Social Affairs Division report, older people tend to be poorer than the general population in African countries (DESA, 2013). For example, it notes that in Zambia, 80% of people aged 60 or older live below the national poverty line. Furthermore, in Africa, poverty rates are higher among older persons living in rural areas than those residing in urban areas. It is for this reason that this study focused on grandparents who are raising grandchildren in rural areas.

The UN Secretary-General's report notes that the challenges confronting older persons include "homelessness, malnutrition, unattended chronic diseases, lack of access to safe drinking water and sanitation, unaffordable medicines and treatments and income insecurity" (DESA, 2013: 5). Thus, the current study was based on the premise that older persons face many poverty-related challenges that are exacerbated when they become the main providers for the household, including caring for grandchildren.

Article 5 of the CRC stipulates that "state parties shall respect the responsibilities, rights and duties of parents or where applicable, the members of extended family or community as provided for local customs, legal guardian, or other person legal responsible for the child, to provide, in a manner consistent with evolving capacity of the child, appropriate direction and guidance in the exercise by the child of the rights recognise in the present convention." In the case of South Africa, social service practitioners like CYCWs can ensure that these obligations are met.

Article 20 of the African Charter on the Rights and Welfare of the Child places the responsibility on parents or legal guardians to provide the living conditions necessary for the development of the child. Government should offer financial and material assistance to grandparents to fulfil these responsibilities, especially in terms of nutrition, health, education, clothing and housing. Ensuring that CYCWs work with grandparents who are raising orphaned grandchildren would promote compliance with the obligations set out in the Charter.

The first principle of the United Nations Principles for Older Persons (UNPOP) is: “Older persons should have access to adequate food, water, shelter, clothing, and health care through provision of income, family and community support and self-help”. CYCWs working with grandparents who are raising orphaned grandchildren in rural communities can make this principle a reality by ensuring that grandparents’ needs are met, thereby ensuring the wellbeing of their grandchildren.

CYCWs can assist grandparents to remain in society and share their skills and knowledge with younger generations. Community living and inter-generational skills transfer are identified in principle seven of the UNPOP. Principle seven states: “Older persons should remain integrated in society, participate actively in the formulation and implementation of policies that directly affect their well-being and share their knowledge and skills with younger generations.”

CYCWs could further advocate for older persons to have access to social and legal services as spelt out in principle 12: “Older persons should have access to social and legal services to enhance their autonomy, protection and care.”

1.2.3. A grandparent’s duty of support towards grandchildren

Grandparents’ common law duty to support their grandchildren was incorporated in section 15(13)(a) of the Maintenance Act 99 of 1998, which provides as follows:

“Where a deceased parent’s estate is insufficient to cover the child’s support or if there is no estate remaining to meet the maintenance needs of the child, the duty to support will be extended to the child’s maternal and paternal grandparents jointly. The common law recognises a hierarchal duty to support requiring grandparents, and failing them, great-grandparents in that ascending order - before considering relatives in collateral line such as siblings.”

When a mother and father fail to maintain their children for whatever reason, the duty falls on grandparents and other descendants to do so. In *Barnes v Union and South West Africa Insurance Co LTD* 1997 (3) SA 502 (E) at 510, “the court affirmed that there is an order of priority and that if parents are not able to support their children, the duty to support falls on paternal and maternal grandparents”. In *Peterson v Maintenance Court and Others* 2004 (2) SA 56 (C), “the court recognised that paternal

grandparents have a duty of support toward a grandchild despite the child being born out of wedlock”.

Provision of social assistance to fostering grandparents (in the form of a foster care grant) was cemented in a ruling in 2013, in *NM v Presiding Officer, Children’s Court, Krugersdorp* 2013 (4) SA 379 (GSJ), which interpreted the duty of support in terms of section 150(1)(a) of the Children’s Act 38 of 2005. In that case, the court stated that “caregivers that do owe a legal duty of support may be appointed as a foster parent and is entitled to receive a foster care grant, including grandparents”. The court stressed that, in determining the ‘visible means of support’, “the focus needed to be on whether the children had a visible means of support and not on whether the caregiver has a visible means of support” (para 31 of the judgment).

Both common law and statutory law therefore support grandparents’ obligation to care for grandchildren. Liability for maintenance is, however, based on financial means. Considering that the cohort of grandparents in this research study is often indigent or economically insecure, this liability does not assist them or their grandchildren. Much like the foster care grant, financial support is one of the prerequisites for these grandparents to effectively care for their grandchildren.

1.2.4. A statistical overview of the main causes of the phenomenon of grandparents caring for orphans

South Africa has experienced a significant increase in the number of orphaned children, in part due to the HIV/AIDS pandemic. The 2011 Census (Statistics SA, 2015) found that 3.37 million children up to the age of 17 had lost one or both parents. There was a significant increase in the number of orphans between 2001 and 2011, with KwaZulu-Natal being home to the largest number (Statistics SA, 2015).

In 2008, the World Health Organisation (WHO, 2008) noted that, “33. 4 million people are currently living with HIV/AIDS in the world and 25 million have died of AIDS. Almost all those who are living with HIV (97%) reside in low and middle-income countries, particularly in Sub-Saharan Africa. Many families in South Africa are struggling to care for children”. South Africa has experienced one of the highest numbers of HIV/AIDS cases in the world, with more than 7 million people currently infected (Steven Lewis

Foundation, 2015). It is estimated that there are 3.7 million orphans in the country, half of whom have lost one or both parents to HIV/AIDS. It is also estimated that there are 150 000 child-headed households (Statistics SA, 2015).

UNICEF (1999:02) defines an orphan as “a child that has lost one or both parents” and categorises them as “‘maternal’ and ‘paternal’, and double and dual orphan who have lost both parents”. Tloubatla (2009) notes that the fathers of some orphaned children are unknown since their parents were not married. It thus falls to grandparents to take care of their orphaned grandchildren.

Members of communities have also extended a helping hand to orphaned and vulnerable children. In 2000, the child welfare policy was amended to legalise the placement of children with extended family members. Children constitute 34% of the total population (Statistics on Children in South Africa, 2015).

StatsSA’s report on *Grandparenthood in the Context of Ageing in South Africa* notes that, from 2010 to 2016, the average age at which people become grandparents in South Africa was 54.5 for paternal grandmothers, and 59.9 for paternal grandfathers. The age on transition to grandparenthood ranges from between 43 and 64.2 for the former and between 48.5 and 70.3 for the latter. Thus, many people become grandparents long before they are eligible for an old age pension at age 60. The report adds that “grandparents are sometimes household heads (in around 12% of households), which has a range of responsibilities attached” (StatsSA, 2018: 19). Furthermore, it notes that many grandparents raise grandchildren when the parents are “both generating livelihoods, especially when both parents are labour migrants, which is often the case for rural households” (StatsSA, 2018): 19).

Tloubatla’s (2009) study on grandparents who care for orphaned children as a result of AIDS states that “inability to cope with a stressful situation by the grandparents may consequently predispose them to reflect symptoms of stress as they are older and more vulnerable to developing health related problems”. The South African government has done little to support grandparents who find themselves in such situations by ensuring that they are attended to by social services professionals. It is submitted that CYCWs can bridge this gap.

1.2.5. Concluding remarks on background

The background to this study illustrates the scope of the orphan crisis in South Africa, the poverty and inequality suffered by grandparents that care for their orphaned grandchildren, and the lack of financial and social assistance available to them. The preliminary literature review that follows identifies CYCWs as cadres that can be deployed to fill the care gaps within these vulnerable families, as these social service professionals are now legally recognised.

1.3. Preliminary literature review

This section sets out the main argument in this thesis – that CYCWs are ideally placed to fill the care gap within the home for orphaned grandchildren and to identify and refer grandparents to relevant stakeholders to meet their needs and ensure that they are able to adequately care for themselves and their grandchildren. It also briefly highlights some of the challenges that these grandparents experience that require intervention from social service professionals such as CYCWs.

1.3.1. Child and Youth Care Workers as a resource to support these families

A CYCW is a social services practitioner who is registered with the South African Council for Social Services Professions (SACSSP). According to the Social Service Professions Act of 1998s, the purpose of the body is to “protect and promote the interests of the profession in respect of which professional boards have been registered or are to be established” and “to enhance the prestige, status, integrity and dignity of the profession” (section 3). Section 14 of the Social Service Professions Act of 110, 1978 stipulates that “the SACSSP and professional boards are required to support by regulating who can practice the profession, determining and enforcing professional codes of conduct, and regulating training and education. The Council should also provide a forum where different social professions can interact”.

Statutory and professional recognition of CYCWs was finally achieved after decades of lobbying, in the Social Service Professions Act 110 of 1978 Regulations: GNR. 838 of 31 October 2014: Regulations for Child and Youth Care Workers, Auxiliary Child

and Youth Care Workers and Student Child and Youth Care Workers (*Government Gazette* No. 38135). While regulation of child and youth care work in South Africa is fairly recent, it has existed for many years in the country as well as in many other countries. According to Freeman (2013), such work can be traced back to the development of institutions, homes, camps and clubs in the 1700s and early 1900s in North America prompted by industrialisation and migration and based on residential care and juvenile justice programmes. Freeman (2013) adds that child and youth care work adopts a holistic approach, including working in the family's life space to strengthen the family where the child belongs. Phelan (2004) also highlights that it includes the use of family's life space and shared lived moments to identify interventions to address issues confronting the family.

CYCWs are registered under two categories by the SACSSP:

- “One is Auxiliary Child and Youth Care Worker and Professional Child and Youth Care Worker. Requirements for registration as a child and youth care worker within the auxiliary category in terms of section 17(1)(a) of Social Service Professional Act 110 of 1978, a person who possesses a FET Certificate in child and youth care equivalent to an NQF level 4 qualification registered with SAQA.
- The other is Professional child and youth care worker and in terms of section 16(1)(a) of Social Service Professional Act 110 of 1978, a person who possesses a degree in child and youth care equivalent to an NQF level 8 qualification registered with SAQA.”

CYCWs are required by law to perform their duties and responsibilities in accordance with the Children's Act 38 of 2005 as amended in 2007. It is therefore important that they understand the provisions of this Act as well as other relevant legislation. In South Africa, CYCWs have primarily worked in residential settings, but their scope of work has extended to communities, especially to address the lack of parenting skills in child-headed households. This requires that they respond to the diverse needs of young people and children in different settings. From the start, “CYCWs were trained to work not only in institutional settings, but in the life space of children focusing on the growth

and development of children and youth in different contexts such as the family and community” (Jamieson, 2013:4).

Ultimately, CYCWs fulfil the need for community-based services as social workers mainly provide statutory services and are not available to work with the life space of children (and their carers). According to the Department of Social Development (DSD) (2012c), three factors informed the government’s decision to establish community development-based services:

- “the introduction of a new paradigm of social services delivery,
- the desire to reduce inequality in access to services, and
- increasing demand for services.”

The social services approaches adopted during the apartheid era have been criticised for not supporting the rights affirmed in South Africa’s new Constitution and for using the medical model of diagnosis and treatment (DSD, 2005). The democratic government’s White Paper for Social Welfare (DSD, 1997) adopted a developmental approach that emphasises empowerment of individuals, groups and communities. This shift was necessary because, with the increase in the number of people dying of HIV/AIDS, the number of maternal orphans was estimated to have risen to 1.8 million by 2010 (Dorrington, Bradshaw and Budlender, 2002, cited in Jamieson, 2013). The number of people who are living with HIV/AIDS are 7, 52 million in 2018 (StatsSA, 2014).

The family is an important group served by CYCWs. Family members are able to teach, learn from and support one another through the process of development. CYCWs are tasked with enhancing the functioning of the family so as to maximise opportunities for individual members to meet their needs. The philosophy of family preservation recognises the importance of the family in developmental work (Strydom, 2014).

CYCWs could assist orphaned grandchildren and grandparents at various preventative levels including the level of reunification. The DSD notes that prevention is “the first or primary level at which services must be delivered in order to link families

to resources, to build their capacity and reduce risk behaviour” (DSD, 2004:18-20). CYCWs are key players in preservation work since they provide direct services to children, youth and families in the community. Family preservation and support are crucial to ensure that children who are at risk remain within their families and communities (Thumbadoo, 2002). It includes counselling, education and skills training for family members to address problems that could destabilise families (Strydom, 2014). CYCWs also provide early intervention services to at-risk families, avoiding the need for official action. Such programmes/services comply with sections 143 to 149 of the Children’s Act, which requires prevention and early intervention programmes (Strydom, 2014).

Family preservation interventions by CYCWs include working with families to attain housing, provision of food and clothing, helping family members to attend life skills programmes and assisting them to access community-based services. CYCWs also assist families when the removal of the child is imminent and when the family is facing a crisis. Chapter 3 presents a detailed discussion on the duties and responsibilities of CYCWs in the community setting and how they can close the skills gap that exists in rural communities.

Whilst there is growing emphasis on CYCWs’ potential and the challenges they face in filling the social services gap, particularly for child-headed households and other vulnerable children that fall through the social welfare net, Thumbadoo (2013) and Molepe (2014) note that there is a paucity of research on the role of CYCWs in providing support to grandparents that care for their grandchildren.

1.3.2. Challenges faced by grandparents who are raising their grandchildren

While grandparents who are raising their orphaned grandchildren do so out of love, they confront multiple challenges (Mokone, 2014). These can be classified into financial constraints; their health problems as well as those of their grandchildren; mental stress; social isolation; family issues; housing issues; legal challenges and educational concerns. The factors that lead to grandparents assuming the parental role include teenage pregnancy, and their grandchildren continuing to have children despite being unemployed and not completing schooling.

Mokone (2014) found that grandparents' ability to satisfy their needs is compromised due to the needs of their grandchildren. Most grandparents depend on social grants to survive and the bulk of the grant is spent on the grandchildren (Mokone, 2014). Moreover, there is a lack of community support structures to assist them. CYCWs have the potential to fill this vacuum.

It is difficult for a grandparent to become a parent again. Apart from ill-health, the generation gap renders communication difficult. The stress of family trauma and the fact that older people are vulnerable to certain type of diseases, means that they might find it difficult to perform household chores. Grandparents need to take care of themselves, so that they are well enough to look after grandchildren. This calls for the provision of dedicated professional services, especially in rural communities. Such professionals could, for example, refer a grandparent to health care services or arrange coaching and mentoring for their grandchildren.

According to Joslin and Harrison (1998) and van Dyk (2001, cited in Tloubatla 2009:32), "elderly caregivers of AIDS patients and orphans experience physical and emotional health related illness that impact on their psychological wellbeing". They feel bad that their grandchildren are experiencing difficulties. Furthermore, some grandchildren do not understand why they do not live with their parents. This may lead to behavioural problems, causing mental stress to the grandparent. CYCWs could assist grandparents to manage stress and to access professional help.

Sumpson and Hertein (2015) state that grandparents that are raising their grandchildren often have little time for themselves and other family members and friends. They are not able to take part in church and community activities. CYCWs can encourage grandparents to make time for leisure and thus reduce their stress levels. Minkler (1999) and Burton, (1992, cited in Mudavanhu, 2008) also note that, many studies have shown that grandparents experience social isolation.

Grandparents that care for their grandchildren are expected to enroll them in school and assist them with their homework. However, the curriculum has undergone extensive changes in recent years and they may struggle to do so. The literature

review in Chapter 2 presents a more-in-depth discussion on the challenges confronting grandparents who raise grandchildren.

1.3.3. Theoretical framework

Grant & Osanloo (2014:12) define theoretical framework as:

“The function from which all knowledge is constructed (metaphorically and literally) for a research study. It serves as the structure and support for the rationale for the study, the problem statement, the purpose, the significance and provides a grounding base, or an anchor, for the literature review, and most importantly, the methods and analysis.”

Erikson’s theory has eight stages of development and this study involves the first five stages, namely birth to 12 months, toddlers, preschool stage, school age, and adolescent stage which in this case representing grandchildren from 0 to 18 years old and last stage called late adulthood represent grandparents (60-upwards). According to McLeod (2018:1), “During each stage the person experiences a psychosocial crisis which could have positive or negative outcome for personality development”.

Erikson’s theory is described as psychosocial because it attempts to explain the development of the individual in relation to person’s functioning in the social context (McLeod, 2018), in other words, development is affected by external experience and events such as interaction with others and expectation of society. According to Erikson, 1959 (cited in McLeod, 2018), the development of all human beings is marked by a predetermined series of stages which occur according to the generic plan. Erikson (cited in Crain, 1992:263) explains that the child obeys “inner laws of development, namely those laws which in (the child) prenatal period had formed one organ after another and which now create a succession of potentialities.”

Each stage in Erikson’s theory is characterised by the emergence of particular strength. This happens as a result of encounters between the developing person and the environment, including other people. Each stage is identified by means of a conflict which must be successfully resolved. The existence of CYCWs in each stage of orphaned grandchildren and grandparents can make a huge impact on their lives.

Successful resolution of conflict in later stages is only possible if the conflicts of earlier stages have been resolved satisfactory. Furthermore, in Erikson' theory a crisis is not resolved in one stage, conflict will re-emerge during later stages as they are integrated into developing aspects of the personality (MacLeod, 2018). Grandparents who are raising orphaned grandchildren have a number of challenges where conflict or potential conflict requires resolution and at times a third party, such as a CYCW could provide guidance on the way forward.

1.4. Motivation for the study

The study was motivated by the researcher's experience of growing up in rural area, and working as a CYCW with young people at Child and Youth Care Centres in deep rural areas. The researcher observed that most of the grandparents who care for their grandchildren use their old age pension to provide for these children. Some are very old, while some have lost their sight or mobility and suffer communication impairments. The researcher believes that CYCWs' training and location within the communities they serve, positions them to provide the necessary support to such families.

I was also motivated by my family history. My paternal grandmother relied on her old age pension to look after six grandchildren (three boys and three girls), and four great grandchildren. Although she was not coping, she resisted asking for help as she felt that the children were her responsibility. Her grandchildren dropped out at school at a young age, and had children themselves with unknown fathers. She then had to take care of the great-grandchildren. This led to her sickness and depression and she died at the age of 102. I believe that CYCWs could have assisted her in caring for these children and perhaps avoided some of the consequences that orphan-hood, poverty and having a single geriatric caregiver meant for their life chances.

1.5. Significance of the study

As the literature review will show, there is limited research on the role of CYCWs in supporting grandparents that are raising orphaned grandchildren. Given that statutory recognition of CYCWs is relatively recent, there is scope for further research. This

research study thus explored the potential role of CYCWs in alleviating poverty by, for example, empowering these families to access resources to fulfil their needs.

1.6. Research question

Brick and Wood (in Alpaslan, 2011: 8) note that, “the research question is an explicit query about a problem or issue that can be challenged, examined and analysed and will yield useful information”. Creswell (in Alpaslan, 2011: 10) states that “the research question serves as signposts pointing to, and explaining or informing the goal of the study.” The increase in the number of orphans in South Africa and the growing phenomenon of grandparents raising their grandchildren motivated the researcher to investigate the challenges experienced by these grandparents and to explore the role of CYCWs in responding to these problems.

The main aim of the study was thus to examine how CYCWs in rural communities, support grandparents who raise orphaned grandchildren within the framework of the law on child care and protection.

Research sub-questions

- What are the challenges faced by grandparents raising orphaned grandchildren?
- What social services support is currently available to these families and do these services meet the parenting needs of grandchildren?
- What is the statutory role of CYCWs in supporting vulnerable families?
- How can CYCWs support these families to mitigate the challenges faced by grandparents?
- What gaps in support for these families cannot be met by CYCWs, and require best practices or solutions to be developed?

1.7. Research methodology

This was a desktop based study that employed primary and secondary sources (international and domestic laws, court judgments, and research in the social sciences and law). The researcher also examined relevant government policies. The socio-

legal study (pertaining to society and law) investigated both what the law says and what its societal impact is on grandparents and their grandchildren who are orphans. According to Kok (2007:01), “Socio-legal studies as theories that have a bearing on the relationship between the ‘law’ and extent to which state law may be used in to a ‘top-down’ or instrumental fashion to steer society in a desired directions.” Both the social aspect (CYCWs working in the life space of children and their grandparents that care for them); and the legal aspect (the duties of role players such as CYCWs, social workers, grandparents and the state), particularly in relation to children, were considered.

1.8. Limitations of the study

As noted above, this was a desktop based study that relied on primary and secondary sources. It did not involve empirical research and it recommended that such studies be conducted in order to access a sample of grandparents who are raising orphaned grandchildren and to evaluate the services provided to them for optimal parenting. Such studies should also solicit the views of orphaned grandchildren on parenting and services gaps. In particular, further empirical research should be conducted to evaluate the impact of CYCWs on ‘grandparented’ households. Empirical studies conducted in South Africa that provide a baseline for future research include:

- a) Experiences of grandparents in raising their grandchildren: Damian (2017); Makgato (2010); Lunga (2009); Mia (2008); Mudavanhu (2008); Nel (2004); Tloubatla (2009); and Gwenyenyi (2016);
- b) Aspects relating to CYCWs: Molepe (2014); Thumbadoo (2013); and Scott (2009).

This study is valuable, despite not involving empirical research as it is the first study to set out the role of CYCWs, analyse this role and consider the legislative and international law obligations resting on the state to meet the needs of these children and grandparents.

1.9. Chapter Outline

Chapter 1: Introduction

This chapter introduced the study by presenting a brief background; a preliminary literature review; the motivation for the study and its significance; the research question and sub-questions; the methodology employed to conduct the study, and its limitations. The chapter concluded with an outline of the structure of the dissertation and definitions of key terms.

Chapter 2: Challenges faced by grandparents raising orphaned children in rural communities

This chapter reviews the literature on the main challenges faced by grandparents that raise orphaned grandchildren and identifies the need for assistance from CYCWs.

Chapter 3: Social services available to inter-generational families (grandparents and grandchildren)

Chapter 3 describes the social services net available to these families and examines whether or not these are adequate.

Chapter 4: The statutory role of child and youth care workers and how this role extends to inter-generational families

This chapter sets out the relevant provisions of the Social Services Act and its regulations and reviews the literature on the role of CYCWs in this context. It highlights the ways in which CYCWs could offer the necessary support to these families and identifies some of the gaps in service provision.

Chapter 5: Recommendations and Conclusion

The final chapter summarises the main findings, offers recommendations arising from the findings and provides an overall conclusion.

1.10. Definitions of key terms

1.10.1 Child and Youth Care Worker

A person who works in the life space of children and adolescents with both normal and special development needs to promote and facilitate optimum development through planned use of everyday life events and programmes to facilitate their ability to function effectively within different contexts (DSD, 2012).

1.10.2 Orphaned child

A child whose parents are deceased or have permanently abandoned the child. In common usage, only a child who has lost both parents due to death (UNICEF, 1999).

1.10.3 Grandparents

The parents of one's biological or adopted father or mother (Merriam Webster, Dictionary, 2003).

1.10.4 Family

Usually consists of two people who may be linked by birth, marriage or adoption (Belsey, 2005, 1). Families are characterised by hierarchical relationships with differential privileges and duties and are bound by a sense of togetherness. Although the nuclear family structure seems to be replacing extended families due to the demands of modernisation and urbanisation, in most societies these family types are not mutually exclusive (Ntozi, 2005).

1.10.5 Grandchild

The child of one's son or daughter (Merriam Webster, Dictionary, 2003).

1.11. Conclusion

This chapter examined the reasons why grandparents take on the role of raising grandchildren, and the challenges this entails. It noted that CYCWs working in the life space of grandparents and the children they care for, could assist in breaking down the social, educational and other barriers that these families confront. CYCWs not only fulfil children's care and protection needs, but are family care workers as caregiver support, including for grandparents, is required in order to provide the social protective functions for families set out in the NDP – protective, preventative and promotive.

Chapter 2

Literature Review

2.1. Introduction

This chapter reviews the literature on the challenges faced by grandparents who are raising orphaned grandchildren and the support provided to them by CYCWs to mitigate such challenges.

According to Delport and Fouche (2005: 79), a literature review “helps the researcher to identify how other authors approached the subject under scrutiny”. Thesen (2014) states that the aim of such a review depends on what the researcher intends to accomplish.

The chapter commences by outlining the mental health challenges faced by grandparents as portrayed in the theory of developmental stages. This is followed by a discussion on the legislative protection accorded to elderly grandparents who raise orphaned children. The third section focuses on the challenges facing the foster care system, including monitoring of placement, while the fourth provides a comparative perspective on grandparents caring for orphaned grandchildren. Section five discusses particular challenges in caring for children who abuse substances, pregnant teenagers and children with disabilities. Finally, section six presents an overview of the challenges that grandparents experience in their own lives and in caring for their grandchildren.

2.2. Grandparents in the theory of developmental stages

Erikson theory is described as psychosocial because it attempts to explain the development of the individual’s in relation to person’s functioning in the social context (McLeod, 2018) as discussed in chapter 1. Fleming (2004) notes that Erikson’s (1963) theory of developmental stages, posits that the elderly (persons aged 65 and older) confront many challenges, including retirement, the death of peers, and physical deterioration, which may cause them to focus on the past. According to McLeod

(2018, citing Erikson, 1963), retirement is a time of self-reflection, a period in which to look back on one's past and evaluate it. People who are able to view their lives with a sense of overall satisfaction are said to have developed ego integrity that makes it easier to face death. However, grandparents who assess their lives and are filled with regret or bitterness about missed opportunities or unused talents will experience despair (McLeod, 2018). Those that are unemployed may feel that they failed their children as they had to take care of their grandchildren. Such elderly people are prone to senility, depression and fear of death (Erikson, 1963). The mental and physical health of grandparents who take on a primary parenting role as elderly persons, should thus be borne in mind. This is discussed in more detail in section 2.7 below. The role change, from grandparent to parent, must be borne in mind when considering what resources (financial, physical and mental) these grandparents have at their disposal to care for orphans. Professionals are therefore required to be conversant of developmental stages not just of children but also the stages of the elderly in understanding the perspective of these grandparents. Such knowledge will assist professionals to identify appropriate interventions for effective support to these families.

2.3. Legislative recognition of the state's duty towards grandparents raising orphans

The South African Parliament has enacted legislation that promotes the rights of older persons. Section 1 of the Older Persons Amendment Act 100 of 1998 aims to:

- a) "Maintain and promote the status, well-being, safety and security of the older person,
- b) Shift the emphasis from institutional care to community-based care in order to ensure that older people remain in his or her home within the community for as long as possible,
- c) Maintain and protect the rights of older people,
- d) Regulate the registration, establishment and management of the residential facilities for older persons.
- e) Combat the abuse of older persons".

Section 11(1)(a)(i) and (ii) of the Older Persons Amendment Act 100 of 1998, states that the Minister may "develop community based programmes," such as "prevention and promotion programmes, which ensure the independent living of an older person

in the community in which the older person resides” and “home-based care, which ensures that a frail older person receives maximum care within the community through a comprehensive range of integrated services”. In terms of section 11(2)(c), these programmes aim, *inter alia*, to provide “information, education and counselling services, including HIV and AIDS, *care for orphans*, Alzheimer's, dementia and basic emergency care” (emphasis added). Parliament has therefore recognised the duty of care of grandparents towards orphaned grandchildren and therefore the state’s obligation to assist with this duty by providing programmes relating to “care for orphans”.

Recognition and regulation of CYCWs under the Social Service Professions Act 110 of 1978 and the regulations on CYCWs empower grandparents to access social services practitioners to assist them in tackling the challenges they face in raising orphaned grandchildren. Reading the obligation to provide programmes under section 11 of the Older Persons Act in conjunction with the duties of care of children under the Children’s Act 38 of 2005 which demands maximum protection of children in the family context, it is submitted that grandparents are legally entitled to assistance to care for their grandchildren. This duty of the state is also emphasised in section 28 of the Constitution, which states that “every child has the right to family care or parental care”. Grandparents that care for their orphaned grandchildren provide such family care.

2.4. Foster care grants and monitoring of foster placement of orphaned children

The 1997 White Paper for Social Welfare provided the framework for the provision of social welfare in South Africa. It aimed to ensure that the welfare system responds to the challenges of poverty, vulnerability and special needs, amongst others. Financial assistance in the form of social grants to poverty stricken grandparents is part of the welfare net.

Section 150 of the Children’s Act 85 of 2005 “allows vulnerable children to receive care and protection through various forms of alternative care, which include temporary safe care, adoption, foster care and placement in child and youth care centre”. Children can be removed from their parents if there is proof of abuse by their parents

or caregivers (DSD, 2012). On the other hand, foster care is extended to a child in need of care and protection who is legally placed in the care and safety of an adult person beside the biological parents, including grandparents (DSD, 2012). Orphaned children are also placed in foster care, which normally lasts for two years and can be renewed until the child turns 18 (the age of majority). According to the DSD (2012), foster placement should be supervised by a designated social worker and other social services professionals.

According to the 2011 South African Census, South Africa's population stood at 51,7 million, with 41.4% living in poverty. A total of 15.6 million South Africans receive government grants or pensions. In a presentation on foster care to the Portfolio Committee of Social Development on 22 November 2017, the DSD (2017) cited SOCPEN's statistics indicating that in October 2017, 478 158 children were in foster care and received the foster care grant. The department also noted the huge backlog in processing foster care grants, including lapsed orders, which stood at 39 102 in September 2017. In 2011, the Centre for Child Law took this matter to court, resulting in a court order (no judgment) requiring administrative renewal of orders that were about to lapse (Centre for Child Law, 2011).

While slow progress has been made, this matter has not been fully resolved. The Centre for Child Law returned to court in 2017, where it was argued that the Minister's failure to prepare and introduce before Parliament amending legislation to produce a comprehensive legal solution in respect of the overburdened foster care system was unconstitutional, unlawful and invalid; and the state's failure to put in place the necessary mechanisms, structures, and resources to ensure that the foster care system operates in a sustainable and effective manner was likewise unconstitutional, unlawful and invalid. The state and the Centre agreed to a court order on 28 November 2017 declaring the "situation of the overburdened foster care system to be unconstitutional. The order also ensures that children whose foster care orders have lapsed or are due to lapse are reinstated or extended" and that the "DSD [is] to put measures in place to ensure the necessary legislative amendments that will bring about a comprehensive legal solution to the foster care crisis be concluded within a period of 2 years" (News24 citing Zita Hasangule of the Centre for Child Law, 2017).

It is thus clear that the foster care grant system is in a shambles and that the current, overburdened corps of social workers cannot offer the care required by foster families.

According to the DSD (2013-2014), prior to a foster care placement, a social worker will conduct an intake interview and an investigation, develop an individual development programme (IDP), and compile the required documents such as an identity document and school reports, etc. There is followed by a Children's Court inquiry where the social worker will provide the court with a report in support of the carer's application for a foster care grant. Monitoring of foster placement and implementation is undertaken by axillary social workers and community CYCWs (DSD, 2013). The social worker's role is statutory in nature and as such, they must report to the Children's Court whether or not, under their supervision, the placement of the child in foster care is in the child's continued best interests.

However, this supervisory role is not always carried out in line with best practices. Dhludhlu and Lombard (2017, citing Hall, Woolard, Lake & Smith, 2012) and Thiele (2005) note that supervision mainly takes the form of administrative aspects such as processing applications for foster care, and the recruitment, screening and training of proposed foster care parents. The authors thus argue, that socio-economic development is missing from social workers' supervision of children in foster care. Dhludhlu and Lombard (2017: 181) add that "social workers are well situated to provide socio-economic linkages to the foster care grant recipients, including linking the children with bursaries in higher education and the private sector, and with learnerships within various government departments and with private stakeholders".

It is submitted that CYCWs are equally if not better placed to provide such support to both grandparents and grandchildren. This could include homework supervision; life space counselling; access to health and education facilities; school visits on behalf of grandparents; therapy; bereavement counselling; behaviour management; career guidance; self-development; motivation and teaching values and principles. It would also encompass programmes for grandparents like family preservation and integration; financial skills; health issues and exercise; parental skills and spiritual programmes. Importantly, CYCWs are usually resident in the communities they serve

and are therefore able to link families with community resources (Thurman et al., 2013)..

Rembuluwani (2013) found that there were no exit plans or strategies for recipients of foster care grants living in Soweto, Johannesburg. This is likely true of the country as a whole. It implies that the family depends on the foster care grant for an income even after the child reaches the age of majority. However, this grant ceases once a child turns 18. CYCWs could capacitate grandparents who are raising orphaned grandchildren as well as the children themselves to survive when the foster care grant comes to an end. This could include encouraging them to study further, self-employment, accessing an RDP house or National Student Financial Aid Scheme (NSFAS) funding for tertiary studies, or business sponsorship from government or the private sector. This role cannot be played by the overburdened social workers who are performing statutory duties.

2.5. Comparative perspective on grandparents who are raising grandchildren

The section presents a review of the literature on grandparents who are raising orphaned grandchildren in the United States (US), Spain, Vietnam, Tanzania and Botswana and compares the situation in these countries with that in South Africa. These countries were chosen for comparative purposes for the following reasons. The United States of America is one of the few countries where dedicated professionals provide home-based interventions for grandparented households. Spain was chosen because research highlights the gaps in provision for assistance to grandparented households in that country to be similar to South Africa. Vietnam and Tanzania are comparators because those countries face similar HIV epidemic related problems and employ specific programmes, including training of grandparents, and professional assistance to these families similar to the South African. Botswana is a comparator because it provides no exit plan for foster care, similar to the situation in South Africa. As a whole these countries are looked at for the variety of perspectives on what programmes work or gaps that exist in programmes for grandparented households.

2.5.1. US

It is estimated that 2.7 million grandparents are raising grandchildren in the US (Peterson, 2017). Peterson (2017) found that older grandparents who parent adolescents and become fulltime caregivers face major challenges to their personal routine at home and work, as well as health risks.

South Africa does not currently have professional practitioners dedicated to working with grandparents who are raising grandchildren in rural communities. According to Robitaille (2012), in the US, social workers and nurses provide such services. This home-based intervention programme promotes physical and mental health by improving coping skills and reducing stress levels (Robitaille, 2012). In a pilot programme run over a period of a year, social workers visited custodial grandmothers at home twice monthly. The aim was to identify their own and their families and communities' strengths that would assist the grandparents to achieve their goals and resolve any problems. A registered nurse visited the homes once a month to provide ongoing health assessment and education on health concerns and medication (Robitaille, 2012).

In a country like South Africa, such a programme might be difficult to implement and sustain as few social workers and nurses are placed within communities. In a report to Parliament, the DSD noted that it employed only 5 516 of the 9 316 graduates from its 2007 scholarship programme (DSD, 2017). It is submitted that CYCWs could fill this gap by working with grandparents who are raising orphaned grandchildren and referring cases to nurses or social workers when necessary. CYCWs are trained to work with holistically with children, including their family. They also have expertise in family preservation.

2.5.2. Spain

Fuentes, Bernado and Fernandez-Molin's (2008) study on Spanish adolescents placed in foster care with their grandparents found that grandparents are perceived as less friendly and outgoing with older adolescents than with younger children. As adolescents mature, they demand more freedom, autonomy and privacy and seek to assert their individuality, denting the relationship between grandparent and grandchild. In general, these grandparents were found to suffer more health problems, and

worries, and had more family responsibilities (Fuentes, Bernado & Fernandez-Molin, 2008). This is in line with Mia (2008) and Tloubatla's (2009) argument on the need to cater for the health needs of older grandparents in South Africa. However, despite these challenges they still provide an education and a conducive environment for positive development of their foster grandchildren (Fuentes, Bernado & Fernandez-Molin, 2008). Spain and South Africa have no programmes specific to grandparents who are raising orphaned grandchildren.

Doley et al (2015) note that grandparents who are raising grandchildren have poor access to appropriate support and services to address the children's behavioural or mental health issues. The study found that availability of social support had a negative relationship with depression, anxiety, and stress, but a positive one with improved life experiences. Doley et al (2015) thus recommended that the Spanish government should implement a coherent framework to support all grandparents who are caregivers. In South Africa, CYCWs could fill this gap.

2.5.3. Vietnam

Vietnam also confronts high rates of HIV/AIDS, which has resulted in an increase in the number of orphans, and thus, the number of grandparents caring for their grandchildren (Harris et al, 2017). It is estimated that 54 000 children have been orphaned as a result of the pandemic (UNAIDS, 2014 cited in Harris et al 2017). Stigma remains a problem in Vietnam and this has resulted in many grandparents providing informal care to their orphaned grandchildren rather than providing information on their status to the government in order to qualify for support (Harris et al, 2017).

South Africa is facing a similar problem, especially in rural communities where many people believe that bewitchment causes illness and some community members do not use Antiretrovirals (ARVs) but prefer to use remedies prescribed by traditional healers (van Staden & Badenhorst, 2009). Stigma also remain a challenge in South Africa, leading to some not disclosing their HIV/AIDS status even within the family.

With technical support from an NGO, the Vietnamese government promotes a community/family-based orphaned and vulnerable children (OVC) care model (Harris

et al, 2017). A similar model was applied in South Africa when the DSD adopted the Isibindi Programme and rolled out 10 000 CYCWs who were to be trained to deal with challenges faced by children who are orphaned, many of whom are living in child-headed households. The CYCWs are paid monthly stipends to visit these families (DSA, 2012). However, as discussed later in this chapter, little research has been conducted on the success of this programme. According to Thurman et al (2013), overall, it appears to have been successful.

2.5.4. Tanzania

The number of grandparent-headed households has increased in Tanzania, which was home to more than a million AIDS orphans in 2009 (UNICEF, 2011).

Miner and Cox (2014) highlight the importance of understanding the issues faced by grandparents in such situations across different cultures and societies. In Tanzania and the US, grandparents attend classes to empower them to deal with grandchildren in the modern world. Given that professional practitioners do not provide such services in South Africa, CYCWs could adopt a programme which offers such training to both grandparents and grandchildren and assists the former to take care of themselves.

According to Miner and Cox, (2014), children in Tanzania reported that their grandparents were aware when they failed at school. The empowerment training teaches grandparents skills like effective communication, how to cope with relationship and behavioural issues, and alternative forms of discipline (Miner & Cox, 2014). Miner and Cox (2014: 22) note that such training reduces stress and confusion and increases grandparents' sense of personal worth and self-efficacy as they are playing an important role in the community. CYCWs are well trained in behaviour management and could offer similar services.

Dawood (2015) elaborates on the unique period of adolescence characterised by rapid physical, biological, intellectual, behavioural and emotional growth. Young women are at risk of unplanned pregnancy and at particular risk of HIV infection and unhealthy sexual practices. Grandparents often lack skills to deal with these issues (Makgato, 2010). Once again, CYCWs could assist by educating grandparents and their grandchildren on these challenges and empowering them to make informed decisions.

2.5.5. Botswana

While South Africa has the highest prevalence of HIV and AIDS in the world and in sub-Saharan Africa, Botswana is ranked second, with a prevalence rate of 17.6%.

Shaibu (2013) found that grandparents in Botswana are willing to take on the responsibility of caring for their orphaned grandchildren, but encounter financial constraints as many rely on pensions to survive. The study also found that support was often not forthcoming from the extended family and that the government child support grant ceases when a child turns 18. Furthermore, citizens are only eligible for a state old age pension when they are 65 or older (Shaibu, 2013). However, the government provides school uniforms and pays for the tertiary education of such children (Shaibu, (2013)). While South Africa also provides a child support grant and a government pension when a person turns 60, no assistance is provided for school uniforms.

Similar to Rembulwani's (2013) research in Soweto, Shaibu (2013) notes that there is no exit plan for children in foster care in Botswana. These young adults thus continue to rely on their grandparent's resources. Shaibu concluded that grandparents drew on their spiritual beliefs and resilience to cope (Shaibu, 2013).

2.5.6. South Africa

In South Africa, many adolescents grow up without the presence of a responsible caregiver (Backer, 2005 cited in Van Den Westhuizen, Roux, & Strydom, 2013). Van der Westhuizen et al (2013) note that, poverty and overcrowding hamper secure attachment to their primary caregivers and many adolescents have never experienced trusting relationships. While these authors recommend that more social workers and social auxiliary workers be employed, the challenging case load carried by social workers remains a concern. It is for this reason that the researcher submits that CYCWs should provide supervision and support to grandparents in rural communities that are raising orphaned grandchildren. Children in foster care, especially those who are raised by grandparents can receive a full programme or basket of services from CYCWs, including programmes that specifically target grandparents (see Chapter 4 for more detail on such programmes).

The challenges cited by grandparents that are caring for orphaned grandchildren include parenting roles, life style changes and lack of support (Mokole, 2014). In rural communities, CYCWs could empower grandparents with parenting skills, update them on lifestyle changes and provide the support they require.

Mokole (2014) found that the few grandparents that are able to hire domestic workers, reported that they had more time to interact with their peers. Under normal circumstances, older people participate in community activities and stokvels, attend church and go shopping. Grandparents also deserve time off from their parenting responsibilities. CYCWs can make this possible by working with them and their grandchildren.

The comparison earlier on the provision of programmes and professional assistance to grandparented households in the countries reviewed, highlights the fact that while South Africa did not historically provide specific interventions to grandparented households, this is changing due to the uptake of CYCWs and the development of their role in the life space of these families. Further, that the challenges faced by grandparents in these countries are similar, but interventions differ in the countries, including which persons are tasked with implementing these interventions. The US example shows that home-based intervention is well received and this is a positive factor for considering South Africa's use of CYCWs in the life space of children.

2.6. Particularly challenging caregiving roles in relation to substance abuse, teenage pregnancy and children with disabilities

According to the World Health Organization (WHO, 2008) an adolescent can be defined as individual in the age group 10-24 years. The UN describes an adolescent as a young person aged between 10 and 19. Adolescence is a period of rapid physical and cognitive change. Many teenagers express the desire to 'fire' their parents and run their lives in their own way. Grandparents who are raising their grandchildren also encounter this type of behavior. Three adolescent challenges which are common among orphans being raised by their grandparents are discussed here.

2.6.1. Substance abuse

Substance abuse is a very difficult phenomenon to deal with, particularly by grandparents who are old and parenting for the second time. The World Health Organization (2014: 1) defines such abuse as:

“the harmful or hazardous use of psychotic substances, including alcohol, and illicit drugs, psychotic substance use that can lead to dependence syndrome - a cluster of behavioral cognitive, and physiological phenomena that develop after repeated substance use and typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a high priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state”.

Substance abuse is a growing problem worldwide that negatively affects families, individuals and communities and undermines economic growth. It is estimated that, the “[p]revalence rates for substance abuse in South Africa are more than double the world average, with the socio- economic consequences of such usage costing the country an estimated R130 billion” (Gopal, Collings, & Marimuthu, 2014: 2).

A study conducted in the Eastern Cape found that behavioural problems among children, including drug abuse, were associated with poverty (Wadesango, Chabonga, Rambe & Muhuro, 2011, cited in Gopal, Collings, & Marimuthu, undated). Research conducted in KwaZulu-Natal concluded that social support plays a vital role in reducing drug usage (Gopal, Collings, & Marimuthu, 2014). Given that it is estimated that South Africa is home to 3.4 million orphaned children (UNICEF/UNAIDS, 2010) and that 52.9% of the country’s population lives in poverty (StatsSA, 2008), these children are at high risk of substance abuse.

According to Gopal, Collings, and Marimuthu (2014), easy access, peer pressure, poor self-esteem, and distress can trigger substance abuse. Grandchildren who are raised by grandparents are more likely to be exposed to such abuse and their grandparents find it difficult to manage the situation as drug users need professional assistance. CYCWs can support grandparents before the problem gets worse.

Mental illness like depression, lack of socialisation with friends, underperforming at work or school and lack of stress management are among the psychological causes of drug addiction (Gopal, Collings, & Morimuthu, 2014). Drugs are easily accessible at

schools and in rural communities. During school holidays children should be involved in constructive activities rather than abusing alcohol and drugs, leading to risky sexual behaviour. CYCWs could run holiday programmes to engage young people in constructive activities during school holidays. This would also enable their grandparents to enjoy a respite from caring duties.

2.6.2. Teenage pregnancy

Teenage pregnancy in South Africa can be attributed to many factors, including:

“gender inequities, gendered expectations of how teenage boys and girls should act; sexual taboos for girls and sexual permissiveness for boys, poverty, poor access to contraceptives and termination of pregnancies, inaccurate and inconsistent contraceptive use, judgmental attitudes of many health care workers, high level of gender-based violence and poor sex education (Jewkes, Morrell & Christofides (2009); Bearinger (2007); Pettifor et al (2007, cited in Willan (2013: 4)).”

Grandparents whose orphaned grandchildren fall pregnant find themselves caring for great-grandchildren. CYCWs could work with families to prevent early pregnancies and, where they occur, to manage the situation by making the necessary referrals to social workers, health care workers, psychologists, and the Department of Home Affairs, etc.

Willan (2013) proposes a multi-disciplinary response to reduce the rate of teenage pregnancies and ensure that teenage mothers return to school. According to Willan (2013: 8) pregnant girls’ key areas of concern are:

- “Teenage girls’ experiences at school during pregnancy (pregnant learners)
- Teenage girls’ experiences as mothers at school (parent learners)
- Teenage motherhood at school, do schools support them as mothers, and can they parent at school?”

It is submitted that CYCWs could adopt measures to ensure that young mothers do not drop out of school while they are pregnant and that they receive full support to assist them in managing their pregnancy, while reducing the load and stress on their grandparents. After the baby is born, the transition to becoming a mother needs to be managed and a balance needs to be struck between parenting and school work. Furthermore, CYCWs should educate adolescents to abstain from sex, or failing that to use contraceptives to protect themselves from HIV/AIDS and STIs as well as early pregnancy.

While the literature on teenage pregnancy does not mention the role played by grandparents that are parenting young girls (Willan, 2013), that on the role of grandparents in the lives of OVCs does consider this issue. (Damian, 2017; Mokone (2014)). While this research generally focuses on attachment styles and the effectiveness of parenting in multi-generational families, and points to increased social support and positive relationships between grandmothers and teenage children that are associated with improved parenting competence and nurturing behaviour among teenage mothers (Oberlander, Black & Starr (2007); Sellers, Black, Boris, Oberlander & Myers (2011, cited in Wilson et al (2017))), these issues have not been investigated in rural communities in developing countries.

2.6.3. Grandparents caring for children with disabilities

Grandparents who are raising grandchildren with disabilities in South Africa's deep rural areas are generally not equipped to cater for their special needs.

The CRC prohibits discrimination against children on the basis of disability. Article 2 imposes an obligation on state parties to respect and ensure the rights afforded to children set out in the CRC without discrimination of any kind. Article 7 of the UN Convention on the Rights of Persons with Disabilities (CRPD) provides that: "States parties shall take all necessary measures to ensure that the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children". CYCWs are in a position to promote these rights by running community programmes that uplift and equip orphaned children living with disabilities with the necessary skills to cope with life.

Section 11 of the Children's Act 38 of 2005 states that a child with a disability is entitled to the same level of parental care, family care or special care as a child without disabilities. Section 11 also provides that "children with disabilities must also be offered education and participate in social, cultural and religious activities." The Act seeks to protect children with disabilities' dignity, and promote self-reliance as well as participation in the community (section 11).

The researcher has observed that many grandparents in rural communities are not educated and believe they are cursed to have grandchildren with disabilities. Some do not allow them to leave the house or to attend school or they face barriers in assisting the children to do so. They lack knowledge of the government services available for such children and some blame themselves as the cause of these disabilities. Antoineth's (2016) study found that in many African countries, it is believed that ill health is caused by evil spirits sent by one's enemies.

Caring for grandchildren with special needs can raise the level of stress experienced by grandparents (Kelley, 1993). Some disabilities require specialised health care, rendering child nurturing even more demanding. The additional burden placed on grandparents has been associated with higher level of stress as it compromises the grandparent's ability to be an effect parent (Campbell & Miles, 2008; Grant 2000).

In the US, family centred case management with intervention by social workers has yielded positive benefits for grandparents raising grandchildren with disabilities (Brown et al, 2017; Mitchell, 2007). The question is whether social workers could perform a similar service in South Africa. Again, given their high caseloads and statutory duties, this is unlikely. Previous studies have shown that social workers do not have sufficient contact with families due to their high case load (Nhedz & Mokofane, 2015). It is therefore submitted that CYCWs could assist grandparents to access appropriate schooling for their grandchildren with disabilities, including mainstream or special schools and can advocate for them and provide training on caring for them. The evidence points to the need for context-appropriate approaches to caregiver training and education interventions that are sensitive to the needs and parenting styles of caregivers of children with disabilities, particularly since complex individualised interventions are more workable in well-resourced sites (Sandy et al, 2013; Geiger, 2012, cited in Bingham, 2017). Working within the life space of these families could enable CYCWs to better assist grandparents with relevant training and education and monitoring than other professionals.

Furthermore, links with community facilities and state resources to upskill and to access information is within the remit of CYCWs. A number of studies have shown that caregivers of children with disabilities feel that they lack the skills required as well

as information on the child's disability, rehabilitation and care needs (Mathye & Eksteen, 2015), Mhaule & Ntswane-Lebang, 2009; Sandy et al, 2013).

2.7. Challenges faced by grandparents who are raising their grandchildren

Many grandparents that are raising their grandchildren face multiple challenges that are not easy to deal with. These can be classified into financial constraints; their own and their grandchildren's health problems; mental stress; social isolation; family issues; housing issues, legal challenges and educational concerns.

2.7.1 Financial constraints

Providing for their grandchildren puts grandparents under financial strain and hinders them from providing for their own needs (Mokone, 2014). Some may have to resign from their jobs or reduce their working hours in order to care for grandchildren. UNICEF (2007) notes that, in "many poor countries, elderly women are among the most vulnerable and marginalised members of the society". Tloubatla (2009, cited in Lewis, 2007) observes that "following the deaths of husbands, many elderly women manage to survive on low wages earned in physically strenuous jobs in the informal sector and grandparents try to raise grandchildren yet they strive to balance to maintain the family". Social workers do not have time to assist grandparents to budget and to access sources of income or assistance other than state grants (Nhedz & Mokofane, 2015).

The researcher submits that in communities where there are no professionals or organisations dedicated to supporting grandparents caring for their grandchildren, CYCWs can educate them on how to budget. They can also assist grandparents to create space for income generating activities by helping to monitor their grandchildren's school work and supervising their homework. That being said, a principle of child and youth care work is that CYCWs should work with families rather than doing things for them.

2.7.2. Mental health and mental stress

According to Joslin and Harrison (1998) and van Dyk (2001, cited in Tloubatla, 2009), "elderly caregivers of orphans experience physical and emotional health related

illnesses that impact on their psychological well-being. Grandparents often complain about problems such as depression, stress, and burnout, feelings of inadequacy, helplessness, guilt and loss of self-esteem and lack of confidence.” Paul (2008, cited in Tloubatla, 2009) states that, “stress is experienced when the personal and situational demands exceed resources.” Makgato (2010) concurs and adds that grandparents are still mourning the loss of their children, yet they have to take care of grandchildren.

Grandparents that care for their orphaned grandchildren confront bio-physical, socio-economic and psychological challenges (Makgato, 2010). They feel bad that their grandchildren are experiencing trauma and pain. Furthermore, some children might develop behavioural problems because they do not understand why they cannot stay with their parents. As noted in Chapter 1, this adds to their grandparents’ emotional stress. Grandparents need education about self-care because neglecting their own needs leads to exhaustion, health problems and feeling overwhelmed (Lanosch, 2012).

The literature on mental health support to grandparents by social service or other professionals show that both formal and informal support is required (Barrett, 2013). The researcher submits that CYCWs could assist grandparents raising their grandchildren to manage stress and refer them for professional help. They could also encourage them to form or join support groups.

2.7.3. Social isolation

Grandparents who are raising their orphaned grandchildren are busy with parenting and have little time for other activities. Other family members also suffer because they are deprived of time with the grandparent. A recent StatsSA report on *Grandparents and Ageing* (2018) noted that older female adults spend more time caring for others and less time on personal care and social and cultural activities than their younger counterparts.

According to Minkler (1999) and Burton (1992, cited in Mudavanhu, 2008), studies have shown that grandparents experience social isolation, and financial, physical and

emotional hardship. Statham (2011: 9) describes the situation in the United Kingdom as follows:

“[G]randparenting in these circumstances is not the ‘leisure and pleasure’ ideal but is rather a ‘rescue and repair’ model, where grandparents provide a high level of care and other support to keep families together which can impact negatively on their health, income and future plans.”

The literature on community living for the elderly emphasises the need for recreation, including social and cultural activities. It is not easy for professionals such as community health care workers and social workers to identify grandparents who are experiencing social isolation. CYCWs would be well placed to identify such individuals and provide referrals and other assistance.

2.7.4. Family issues

Grandparents are expected to support all family members equally and the grandchildren in the family expect their grandparents to carry out the traditional roles expected of them. Prioritising a particular person could thus cause conflict. Furthermore, many grandparents find it difficult to meet their own needs on their social grants (Makgato, 2010). The grandparents that Makgato (2010) surveyed indicated that they felt hopeless, frustrated and useless because they were not working, were on chronic medication and had to take care of their grandchildren despite the fact that they lacked the resources to do so.

As indicated earlier, Dhludhlu and Lombard (2017) identified challenges with regard to the family preservation services offered by social workers. The literature shows that social service professionals are often unable to devote time to building family relationships and resilience. The researcher submits that CYCWs could offer Family Group Conferencing to unite and preserve families and to explain to other grandchildren who are being raised by their own parents that their grandparents belong to all of them. Family Group Conferencing is defined “As an approach to care that allows citizens to keep responsibility over decisions on issues within the family, neighborhood, or group of people in which they operate” (Asscher, et al., 2014:4). It is explored in more detail in Chapter 4.

2.7.5. Housing issues

Many grandparents live in structures that lack the facilities required by older people and children. Mashabela (1990:18) notes that, in South Africa, the “inadequacy of housing and shack settlements are because of the legacy of the apartheid government’s policy which did not provide adequate houses”. Mashabela (1990:20) adds that, “shack settlements are today’s challenge. The challenge of inadequate housing is one of the difficult problems faced by grandparents living with orphaned grandchildren”.

Makgato (2010) observed that the limited living space provided by RDP houses is a challenge. Furthermore, registering on the waiting list for an RDP house is not simple and grandparents should be assisted in this regard.

Due to the demands on their time, grandparents that are caring for their grandchildren may not be able to attend community meetings where housing and other issues are discussed. The researcher is of the view that CYCWs who attend such meetings should represent grandparents who are raising grandchildren and are struggling to access adequate housing.

2.7.6. Legal challenges

When grandparents assume custody of the grandchildren, they need to obtain the child’s birth certificate and other relevant documents to register for state grants and to apply to foster or adopt the child. This can be a long, frustrating and expensive process.

Martin, Hall and Lake (2018) explain that where both biological parents are deceased, grandparents may apply for a birth certificate for the grandchild. Where one parent is deceased and the other’s whereabouts or identity is unknown, or the child has been abandoned, a cumbersome process is initiated. A social worker has to try and locate the remaining parent by placing an advertisement in a newspaper, for example, and the Children’s Court must make an order before the Department of Home Affairs will accept the custody application from the grandparent.

Grandparents may find it difficult to obtain legal documents from the relevant authorities due to a lack of information or ageing. Those below the age of 60 who are not working are not eligible for a pension or any other grant. It is also difficult to apply for a child support; care dependency or foster care grant for their grandchildren. Social workers might struggle to cope with the numerous follow-ups required in such cases. The role of CYCWs in this regard is vital as they have knowledge of the community and relevant structures.

Knowledge of legal rights is another area of concern. CYCWs could link grandparents caring for their orphaned grandchildren with community-based paralegals or other legal services such as Legal Aid South Africa and law clinics. The lack of legal advice and grandparents' scant awareness of their rights have not been explored in the literature. These issues are also beyond the scope of the current study and could be the subject of future research.

2.7.7. Educational concerns

Grandparents who care for their grandchildren must also enroll them in school and assist them with their school work. Not only does this involve financial and other sacrifices (Taylor et al, 2015), but many grandparents feel out of touch as the curriculum has changed since they were at school and they are not aware of the latest trends in special education and individual educational plans. This intergenerational gap could potentially be addressed by CYCWs in the community.

According to Delany and Jehoma (2016), social workers are not ensuring compliance with the requirement that children over the age of 15 that are receiving child support grants should provide proof of attendance at school and provision of support to ensure that they attend school. They do not provide this information in their reports to the Children's Court on foster care grant applications and renewals. There is clearly a gap in ensuring school attendance and addressing the barriers that children face in schooling. Again, CYCWs could step in to assist.

2.7.8. Concluding remarks

Kasiram and Hölscher (2015: 385) make a number of recommendations to address the physical, emotional and social problems faced by the elderly in South Africa, including:

“government, welfare, health and education should mainstream elderly concerns. ... such service and support could include: support groups for needs such as delayed grief or grandparenting sick and/or drug-dependent children; volunteer initiatives to supervise and support the elderly; support from the community could include formalising the mentoring of school-going children and assistance with homework. To address food insecurity and isolation, the community together with the welfare sector could also organise lunch and social programmes for the elderly.”

These recommendations do not mention the role of CYCWs and the researcher submits that they are well placed to identify needs and make the necessary referrals for grandparents facing these challenges.

2.8. The literature on the role of CYCWs

The literature on the role of CYCWs is explored in detail in Chapter 4, with some discussion in Chapter 3. CYCWs are required by law to carry out their duties and responsibilities in accordance with the Children’s Act 38 of 2005 as amended in 2007. Ultimately, CYCWs fulfil the need for community-based services considering that social workers mainly provide statutory services. Statistics show that vulnerable children are not adequately supported in South Africa (Mattias & Zaal, 2009). Mattias and Zaal (2009) note that, strengthening community-based efforts and innovation in underserved communities remain a challenge. It is against this background that CYCWs could play an important role in family preservation.

CYCWs can ensure that grandchildren who are being raised by their grandparents are enrolled in school, assisted to adjust and monitored and attend school regularly. They can also assist with homework, organise school uniforms, and accompany grandparents to visit schools and attend school meetings. CYCWs should maintain a good relationship with the schools in their area. Indeed, Kvalsving and Taylor’s (2015) study found that 96% of CYCWs had a good relationship with school teachers and principals. Preventing the removal of children who are at risk from the community and family support are critical services that should be provided by CYCWs as they are trained to promote family preservation (Thumbadoo, 2002). CYCWs could also ensure

that orphaned grandchildren receive early childhood education (ECD), special education, mainstream education, adult basic education, and tertiary education.

Child and Youth Care Work is a unique profession that can support and assist grandparents who are raising grandchildren through networking, as these workers have good relationships with stakeholders. They can assist grandchildren to obtain identity documents and grandparents to access foster grants. Truman et al (2013) add that CYCWs should ensure that families are informed of the grants that they are eligible for and that they are helped to acquire identity documents.

CYCWs are helping families to budget with the little money they receive and they are also taught to spend wisely and save. The principles of the Isibindi care projects can be effectively applied to grandparents who are raising grandchildren. This could include helping to prepare meals and cleaning the house. CYCWs can also accompany grandchildren and grandparents to the clinic and oversee the taking of medication.

Therapeutic services that could be offered by CYCWs to grandparents and their grandchildren include life skills, relationship building, problem solving, conflict resolution, dealing with stress and assessment and referral of children and families in need. Material assistance is also required in cases of food insecurity and crisis. CYCWs transfer knowledge and skills, including HIV/AIDS awareness, testing and management, safety, nutrition and educational assistance. They also offer life space counselling in situations of conflict, crisis, stress and grief.

2.9. Conclusion

The literature review in this chapter revealed that, across the globe, grandparents that are raising their grandchildren face similar challenges. These challenges include financial constraints; their own and their grandchildren's health problems; mental stress; social isolation; family issues; housing issues, legal challenges and educational concerns. In the countries surveyed, including South Africa, becoming the primary caregivers for their grandchildren may arise due to a number of reasons that include the death of their parents, incarceration, neglect, teenage pregnancy, etc. Particular

challenges around drug abuse, teenage pregnancy and the demands of caring for children with disabilities coupled with the lack of skills to deal with these categories of children were highlighted. The review shows that empowerment training and support of grandparents are both interventions sorely needed for these children.

The review showed that there are a number of gaps that social workers, community health workers and other professionals cannot meet due to the demands of their work. Different professional interventions are fashioned depending on the country specific contexts. The emerging profession of child and youth care work in South Africa could offer solutions to many of the challenges faced by families headed by grandparents, particularly in rural communities. These include enhancing family preservation and monitoring schooling, as well as referrals to other relevant stakeholders. The challenges faced by grandparents indicate that monitoring within the community is vital to enable timeous referral.

The following chapter examines social services provision in South Africa, particularly to grandparents, in terms of international law, and constitutional and legislative provisions.

Chapter 3

Social services support provision to intergenerational families

3.1. Introduction

A total of 2.7 million people in South Africa are receiving old age grants (Omilola & Kaniki, 2014), pointing to the scale of the elderly's dependence on the state for basic means of survival. Furthermore, a large number of households headed by grandparents receive foster care grants. While no statistics are available on the precise number of foster grants received by grandparents, the high number of foster care grants for 2018 (416 016) shows how many children are placed in foster care.

In April 2018, Parliament proposed an amendment to the Social Assistance Act that would provide for a 'top-up' grant that would supplement the child support grant to provide for children living with relatives (Hall & Sambu, 2018). This would represent the difference between the value of the current child support grant and the foster care grant and would remove the need to undergo foster care placement. The proposed grant is also known as the 'kinship grant' (Fortune, 2016).

StatsSA's profile on older persons from the 2011 Census notes that,

“old age is characterised by poor health due to frailty, morbidities and disabilities. This is resulted into an inability to perform certain functions such as walking, hearing, seeing, remembering, concentration and self-care. This may affect the elderly person's ability to hear, walk or climb, recall and this will become increasingly difficult with age”.

Many elderly persons rely on assistive devices and chronic medication.

This chapter outlines the legal duty of the state to provide social services (not only social security) to families headed by grandparents, including international legal obligations, constitutional obligations and legislative provisions. It also provides an overview of some social services provided to the elderly and to children in South Africa.

In the first instance, it is necessary to understand what social security means and what social services refer to, as well as the context of caring for children when an elderly person has unmet social needs.

3.2. Social services and Social assistance

The White Paper for Social Welfare (1997: 50) defines social security as:

“a wide variety of public and private measures that provide cash or in-kind benefits or both, first, in the event of an individual’s earning power permanently ceasing, being interrupted, never developing, or being exercised only at unacceptable social cost and such person being unable to avoid poverty and secondly, in order to maintain children. The domains of social security are: poverty prevention, poverty alleviation, social compensation and income distribution”.

The South African Social Security Agency (SASSA) (2017) reports that there has been a drastic increase in the number of social grants in South Africa over the past 20 years, from an estimated 4 million in 1994 to 17 million by February 2017. The amounts have increased and the age of those that qualify have also been extended. The DSD is considering extending the age of those eligible for the Child Support Grant (CSG) to 23 in order to address the large number of child-headed households (SASSA, 2017).

SASSA administrates the following grants (African Check, 2017):

- 1) The Grant for Older Persons which was received by 3 295 710 beneficiaries in 2017. The grant amounted to R1 510 per month for people over the age of 60 in 2017 and R1 530 for beneficiaries older than 75. In order to access the grant, a recipient may not earn more than R69 000 a year or have a combined household income of R138 000 per annum.
- 2) Disability Grants of R1 540 per month were received by 1 067 402 people in 2017. They are paid to those that are unable to work due to disability. Recipients must be between the ages of 18 and 59, submit a medical assessment or report no older than three months, and may not receive another social grant. Some grandparents may not be over 60 but have a disability and may receive these grants.
- 3) The Foster Care Child Grant was awarded to 428 568 beneficiaries country wide and amounted to R890 per month.

- 4) The Care Dependency grant of R1 510 per month reached 145 089 beneficiaries in 2017. It is paid to the main caregiver of a child aged 18 or younger (if single), or with a combined income if married of R79 200 per year. These grants are for the care of children with high care needs (disabilities and illness).

While state grants focus on social assistance, social services refer to programmes that CYCWs can offer, including homework supervision, life space counselling, health and education, school visits on behalf of grandparents or with grandparents, therapy, bereavement counselling, behaviour management, career guidance, self-development, guidance, motivation and teaching values and principles. They would also include programmes for grandparents like family preservation, family integration, financial skills, health issues and exercise, parental skills and spiritual programmes.

Langosch (2012) states that grandparents acknowledge the benefits that accrue from looking after their grandchildren, including the chance to nurture a family, an opportunity to continue the family legacy, a sense of purpose, a second chance in life and giving and receiving love (Strom & Strom, 2011; Doblin-MacNab & Keiley, 2009). They also perceive of themselves as effective caregivers.

However, national studies on grandparent-headed families in the US indicated that although grandparents acknowledge the benefit of raising their grandchildren, they confront real challenges, including poverty and poor health (Brabozon, 2011; Langoria, 2009). Support from social services agencies is frequently unavailable or difficult to access. Yancura (2013) found that 41% of grandparent-headed families have unmet services needs and that younger grandparents were less likely to rely on public assistance (financial and other) and appropriate social services.

Although social protection programmes in both developed and underdeveloped countries are growing in scope, only a small portion seek to address the vulnerabilities of older people (Bloom, Jimnez, & Rosenberg, 2001). These include the need for physical care, health insecurity and a lack of income (Bloom, Jimnez, & Rosenberg, 2001). Grandparents need love, physical assistance and care. It is harder for older people to find companionship as many of their partners have died and their children

may move and feel no obligation to take care of their parents. This could result in reduced mobility and limit their capacity to remain socially engaged outside the family. These factors also impact physical care and assistance (Bloom, Jimnez, & Rosenberg, 2001).

The vulnerability of older people differs from one population to another. Those with more resources are more secure than the poor. Some are in good health, while others suffer from chronic illness (Bloom, Jimnez, & Rosenberg, 2001). Those who outlive their children and those who cannot get around by themselves due to mobility challenges, tend to be more vulnerable. Widows face challenges in terms of future relationships, and financial and social constraints. In general, women are more vulnerable than men because they normally stop work earlier and have less opportunities to save (Bloom, Jimnez, & Rosenberg, 2001).

Harris and Kim (2011) state that households in which family members suffer physical and emotional impairment and intergenerational households headed by grandparents may face isolation due to the stigma attached to substance abuse, HIV/AIDS, and incarcerated or absent parents. They can also experience isolation from their peers due to their caring responsibilities (Backhouse & Grandham, 2012). This makes it more difficult to deal with physical and emotional issues (Hertlein & Sampson, 2012).

SADEC (2010) defines risk as the “threat that one will be deprived in the immediate or long-term while vulnerability refers to the risk of exposure to harm, possibly due to the lack of care and support”. According to Cluver et al (2007), children who have lost their parents to AIDS related illnesses, and who are left unattended and receive no help may be at risk of:

- “Neglect leading to a lack of access to the basic rights.
- Physical abuse
- Sexual abuse
- Exploitation (e.g. child labour)
- Ill health requiring specialised care (e.g. children living with HIV)
- Psychological stress, possibly leading to concentration difficulties, anxiety, depression, and post-traumatic stress disorder
- Emotional difficulties manifested for example in relationship problems and learning difficulties.”

A lack of support by government and community organisations for grandparents who are raising orphaned grandchildren that are prone to the above problems, can have a negative impact on the health and welfare of families.

From a different perspective, children who are expected to be cared for by grandparents, may find themselves caring for the adults in the family or their grandparents when they are sick. “Children often assume the responsibility of caring for an ill parent or caregiver” (DSD, 2015). “These children miss or drop out from school to care for sick adults, experience hunger due the household poverty, and have concentration problems due to worrying about the sick person. AIDS-related stigma also places them at risk of being bullied” (DSD, 2015).

The question is thus: On whom does the duty to provide social services fall when economically and socially vulnerable grandparents care for vulnerable orphaned grandchildren?

3.3. International legal obligations

It is forecast that, globally, there will be more than 1. 2 billion people aged 60 and above by 2025 (Rodriquez-Pinzon & Martin, 2003). Rodriquez-Pinzon and Martin (2003) add that social security apparatus is lacking in many developing counties and this will weaken the family and also hinder provision of care for the elderly.

The UNPOP (1991) states that older persons should benefit from family and community care and protection in accordance with each society’s cultural values (article 10). The Protocol to the African Charter on Human and Peoples’ Rights on the Rights of Older Persons, adopted on 31 January 2016, obliges member states to support older people taking care of vulnerable children. Article 12 requires member states to adopt measures to ensure that indigent older persons who take care of OVC are provided with financial, material and other support. It adds that they should ensure that universal social protection mechanisms exist to provide income security for older persons who did not have the opportunity to contribute to social security protection (article 7(2)). The protocol also sets out the duties of older persons, with article 20 stating that they should mentor and pass on their knowledge and experience to the

younger generation, and foster and facilitate inter-generational dialogue and solidarity within their families and communities. Finally, they should offer their services in mediation and conflict resolution.

The International Labour Organisation (ILO) Convention on Social Security (Minimum Standards) 102 of 1952 article 26 defines social security as “the protection which society provides for its members through a series of public measures against economic and social distress that would be caused by the stoppage of earnings resulting from sickness, maternity, employment injury, unemployment, invalidity, old age and death.” This might include provision of medical care and subsidies for families with children, including grandparents who are raising grandchildren.

Article 26(1) of the CRC provides that “every child has a right to benefit from social security including social insurance”. It also states that every child has the right to a standard of living adequate for his/her physical, mental, spiritual, moral and social development (article 27). General Comment no 14 of the CRC on the best interests of the child at para 59 entrenches the right of the child to “family life”, stating that it is to be interpreted broadly to include “biological, adoptive or foster parents or, where applicable, the members of the extended family or community as provided for by local custom” (article 5). The committee interprets preservation of the family environment in a broad sense as preservation of the child’s ties to the extended family, including grandparents (para 70). CYCWs could provide social services to children in the custody of their grandparents. Such services should be rendered within the context of the family. Articles 3, 8 and 20 of the CRC, as well as the UN Guidelines for Alternative Care of Children state that children should be given the opportunity to maintain their identity and that their right to family life and family ties should be protected. When children are placed in alternative care upon the death of their biological parents, including kinship care such as grandparents fostering in the South African context, there is an acute need for provision of social services by the state.

The African Charter on the Rights and Welfare of the Child also makes provision for the survival and development of the child (article 5). It emphasises that the child should be a natural unit and basis of society and should enjoy the protection and support of the state (article 18).

Article 9 of the International Covenant on Economic, Social and Cultural Rights, provides that state parties should recognise the right of everyone to social security including social insurance; this provision binds the child's economic security with that of their caregiving adults.

Article 16(8) of the Code on Social Security in the Southern African Development Community (SADC) stipulates that "member states should provide adequate support to orphans and child-headed households, especially in relation to inheritance and family integration." Furthermore, they "should put in place effective measures and provision for adequate foster-care and adoption arrangements" (article 16(9)).

Article 10(1) of the Code on Social Security in the SADC focuses on retirement and old age, and requires that "member states shall aim to create an enabling environment that provides universal coverage for old people, through social assistance, social insurance or social allowances." It further urges member states "to promote measures that would assist in maintaining human dignity, prevention of destitution and protection of the aged from abuse" (article 10(1)). The Code thus focuses on not only financial assistance (social security), but also on provision of social services.

Most of the international legal instruments focus on provision of social security, rather than appropriate social services. This could be due to the principle of reciprocity, where adult children, rather than the state, would be expected to care for the elderly (Eichner (2010)). However, where adult children are deceased, and the elderly take on the child-rearing role, the state has to step in.

There is clearly scope for CYCWs to monitor the care and protection of the elderly in the community and to provide appropriate intervention through social services programmes in rural communities, especially for elders who raise their orphaned grandchildren.

3.4. Constitutional and legislative obligations toward the elderly

The Bill of Rights in Chapter 2 of the South African Constitution sets out the following important socio-economic rights for all citizens, including older persons:

- Equality (s 9)
- Human dignity (s 10)
- Access to information (s 32)
- Access to adequate housing (s 26)
- Access to sufficient food and water (s 27)
- Access to social security (s 27)
- Access to health care services (s 27)
- Access to adult education (s 29)

The Constitution thus protects the right of elderly people to be treated equally (section 9). No one may discriminate against the elderly because of their age (section 9(3)). The Promotion of Equality and Prohibition of Unfair Discrimination Act of 2000 provided for the establishment of Equality Courts. If anyone discriminates against the elderly on any grounds, including age, these courts Court can assist. To the best of the researcher's knowledge, no unfair discrimination claims have been brought to the Equality Courts on the basis of a person's advanced age.

In term of case law, in *Grootboom and others v Government of South Africa and others*, the court found that section 28(1)(c) must be read in conjunction with section 28(1)(b) of the Constitution. These sections imply that parents have the primary responsibility to protect their children's economic and social rights. The government can only intervene where the guardian/parent fails or are is unable to provide for children as in the case of grandparents who are raising orphaned grandchildren. CYCWs could support grandparents and their grandchildren to ensure the children's growth, development and well-being.

The right to social security and social services is contained in sections 27 and 28 of the Constitution. The principal provision is section 27(1)(c) that states that "everyone has the right of access to social security including if they are not able to support themselves and their dependents, appropriate social assistance". Section 27(2) goes

further to state that, “the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right of access to social security and social assistance”. While this section pertains to social security and social assistance, section 28(1)(c) provides for children’s right to social services.

According to Makiwane (2013:1):

“Changes in social policy in South Africa have resulted in the elderly being a major resource in society. This is a result of South African government having shown its commitment to the elderly by operating a large scale non-contributory social pension system.

“The Old Person Age Grant has become one of the primary sources of income for the elderly in South Africa. The Older Persons Act 13 of 2006 defines the older person as ‘a person who, is 60 years of age or older’”.

In terms of the Social Assistance Act 13 of 2004, a registered foster parent is entitled to a grant for as long as the foster child requires care. Application must be made by the foster parent of a child of certain age, who must not earn more than a specified amount. Grandparents who are raising their orphaned grandchildren qualify to apply for foster grants. However, in rural communities in particular, they are not always aware of this. They take it as their duty to look after their orphaned grandchildren and do not expect financial assistance.

CYCWs should assist grandparents to organise the documents required to apply for foster grants. They should also refer them to local social workers to make an application. CYCWs could also assist grandparents to budget in order to make the most of the money they receive for the benefit of the grandchildren.

As social services professionals, CYCWs are well placed to combat the abuse of older persons as they work in the life space of families. The other aim of the Act is to shift the emphasis from institutional care to community-based care (section 10). CYCWs’ interventions occur within the home and community and therefore support this objective.

The rights accorded to older persons in section 7 of the Older Persons Act 13 of 2006 are to:

“Participate in community life in any position appropriate to his or her interests and capabilities.
Participate in inter-generational programmes.
Establish and participate in structures and association for older persons”.

CYCWs are children’s advocates; they fight for the rights of children and ensure that these are protected at all the times. Furthermore, they do so within the context of the family. It is for this reason that they are also well placed to fight for the rights of older people, particularly grandparents who are raising orphaned grandchildren.

3.5. Social services for the elderly in South Africa

The government of South Africa regulates residential facilities for the elderly in terms of the Older Persons Act 13 of 2006 that requires that all such services are well managed, comply with minimum standards and devise programmes that promote the well-being, safety and security of older persons (DSD, 2018). The Western Cape Social Development Department has adopted interventions to address the scourge of abuse of older persons (DSDWC, 2015). It notes that the proportion of older people that reported that they experienced hunger increased from 16% in 2008 to 24% in 2009 (DSDWC, 2015).

Social work interventions are based on counselling and therapeutic services that aim to support and strengthening the autonomy and optimal functioning of older persons. Government also provides victim empowerment services to support victims of abuse and neglect. It is working with Non-Profit Organisations (NPOs) by supporting and subsidising the services they provide. Government also provides financial assistance to residential facilities (old age homes) and services centres and clubs for older persons. The DSD partners with local municipalities and other government departments to coordinate and integrate service delivery.

The DSD in KwaZulu-Natal reported that, in the 2012-2013 financial year, 11 577 older people accessed community-based care and support services (DSDKZN, 2013). The department also introduced Active Ageing programmes such as the Golden Games.

In collaboration with municipalities, government departments and NPOs, social workers conducted training on the key provisions of the Older Persons Act. The DSD in KwaZulu-Natal introduced outreach programmes to raise awareness of elder abuse, and also launched Senior Citizens Forums.

While these are laudable interventions, many are once-off events and there is little opportunity for social workers to monitor the well-being of the elderly in the community. Furthermore, grandparents who are raising orphaned grandchildren could find it difficult to attend these events due to their caring duties. Similarly, opportunities to participate in sports and recreation such as the Golden Games are affected by the lack of respite care. Finally, these programmes are not run throughout the province, especially in underdeveloped rural communities.

If CYCWs were to be placed in rural communities to assist grandparents who are raising orphaned grandchildren, the challenges confronting grandparents would be reduced as well as the burden imposed on government. Social services programmes would also reach grandparents who are raising their orphaned grandchildren.

3.6. Social services currently provided by CYCWs to vulnerable families

This section discusses the Isibindi model of CYCW services and evaluates it in relation to social services to grandparents who are raising orphaned grandchildren.

CYCWs are recruited from within their community, primarily in disadvantaged communities. They receive training under a programme certified and accredited by the South African Qualifications Authority (SAQA). Auxiliary CYCWs and professional CYCWs with a professional qualification are registered in terms of an amendment to the Social Service Act of 1978 promulgated in October 2014 (Kvalsving & Taylor, 2015). CYCWs who work in the community have mentors who act as supervisors and support CYCWs in their work.

3.6.1. The Isibindi Model

Isibindi (courage in isiZulu) was developed by the National Association of Child and Youth Care Workers (NACCW) to support and nurture children's growth and

development (Taylor & Kvalsving, 2015). Based on a sound conceptual framework, this innovative strategy provides children with skills for daily living, and assists them to access the health and social services to which they are legally entitled (NACCW, 2017). Trained CYCWs are central to the programme.

The Isibindi programme, according to NACCW, 2017, was so well received that the model was rolled-out by the DSD with a scale up process targeting areas with the following characteristics:

- High HIV prevalence and poverty,
- High prevalence of maternal and dual orphans,
- High prevalence of child-headed households,
- Youth-headed households,
- Grandmother-headed households,
- High prevalence of substance abuse,
- Incarcerated mothers and out of school children or teenagers (school dropouts),
- Rural, historically under-serviced areas with no or few services for children.

The Isibindi model deploys trained CYCWs in communities in an innovative team outreach programme that renders services that support children and families who are vulnerable as a result of the HIV/AIDS pandemic (Kvalsvig & Taylor, 2015). The programme and services are generally cost-effective.

According to NACCW (undated), the overall goal of Isibindi “is to create safe and caring communities for vulnerable children, and youth at risk through a developmental child and youth care response”. NACCW (undated) adds that,

“The model incorporates and builds on the model of family preservation and focuses on children and youth made vulnerable through illness or death of one or both parents and which may result in their becoming part of child-headed households. It reflects on be ecological perspective of the needs of vulnerable children. Trained CYCWs work in the life space of the children and youth in the community, using a developmental strength-based approach.”

The developmental approach is expected to enable children and youth to acquire skills that increase their competency in their living environment “in which normalisation of

the living context increasingly means the absence of one or both parents” (NACCW, undated).

The NACCW (undated) explains that, “Trained CYCWs within the context of developmental assessment and promote the experience of belonging, mastery, independence and generosity as means to healthy development. All significant child and youth care methodologies and approaches are incorporated in the model, including group process, individual contacts, life space work, visits, referrals support, relevant counseling, and development assessment and planning”.

These services are provided within the context of the family, neighbourhood and community, with the state acting as a protective mechanism or service provider. The model incorporates all processes and methods relevant to community development. Any risks experienced during the first level may be addressed by a focused intervention, while promoting interconnectedness of the family, neighbourhood and community to equip children and youth with new life skills.

Their training enables CYCWs to recognise and utilise resources available within communities, including businesses, educational institutions, and social and religious organisations that can empower children and youth to deal responsibly with the emotions and the physical and environmental hazards that they experience when their parents become ill and pass away (NACCW, undated).

CYCWs identify children in need of care and provide early intervention services in accordance with the DSD’s integrated Services Delivery Plan (DSD, 2011). According to the DSD, such services are divided into “prevention, early intervention, and statutory, residential and alternative care, reconstruction and after care services”. All aim to promote optimal functioning and to integrate beneficiaries into mainstream society. Motselar et al (2015, cited in Kvalsving & Taylor, 2015) identified the three core elements of the needs-led approach that underpins the training provided to Isibindi CYCWs, namely, that clients’ needs take central position, CYCWs adopt a needs-led approach and clients participate to a high degree. CYCWs come from the community they serve; their interventions may thus serve a social organisational role.

An Isibindi project can be terminated if a monitoring and evaluation process finds that it is not sustainable. The child and youth care component is made up of interventions with individual families and/or a cluster of families by teams of trained CYCWs working under the leadership of a mentor, senior mentor and project manager doing life space work.

The Isibindi programme has had a number of excellent outcomes, including increased uptake of grants in the areas serviced, but it did not originally set out to specifically deal with orphaned children who are raised by grandparents. Training CYCWs to include social services provision to elderly caregivers would benefit the family – the vulnerable child and the vulnerable adult.

3.6.2. Evaluation of the Isibindi programme

According to the DSD (2014), the roll-out objectives of the Isibindi programme included:

- ✓ To provide technical support to expand the model nationally
- ✓ To train 10 000 new CYCWs over a five-year period
- ✓ To effectively mentor and support new and existing CYCWs
- ✓ To serve an additional 1.4 million vulnerable children

Since this programme was rolled out in 2012, little research has been conducted to evaluate its success. Kvalsving and Taylor's (2015) evaluation found that children in need of care are identified in very disadvantaged communities and connected to essential services by paraprofessionals. Recruiting and training CYCWs in local communities was found to be a sound strategy as they understand the community they serve. Work as a team with their mentors and mentors' supervisors improved service delivery. Kvalsving and Taylor (2015) noted that ongoing and expanded support would be required to accomplish even more.

In partnership with the DSD, USAID is funding various OVC programmes as outlined in the PEPFAR Partnership Framework (2012/2013-2016-2017), a bilateral agreement between the South African and US governments. NACCW is one of the primary partners that is receiving funding to scale up OVC services through working with and

developing the capacity of community-based organisations (CBOs) in various provinces (Moss, 2015).

Like other CBOs receiving capacity development support, most of the Isibindi implementation partners are small- to medium-sized entities whose annual reach is about 300 to 3 000 beneficiaries. These CBOs also typically receive support from the DSD and the Departments of Health (DOE) and Basic Education (DoBE) to implement programmes such as home-based care and support for vulnerable children and people living with HIV/AIDS (Kvalsving & Taylor, 2015). None of these programmes focus specifically on children who are raised by grandparents. As they target rural communities, CYCWs can also play a vital role by visiting families where children are being raised by grandparents and offering support.

In implementing these programmes, the role of the primary partners is to build CBOs' capacity to identify OVC and provide them with quality services. However, children who are raised by their grandparents are not classified as vulnerable or orphaned children because their grandparents are looking after them. Despite the challenges confronting these families, they are not a priority of these programmes.

The CBOs are direct service providers that work closely with communities to identify and provide support to vulnerable children (Taylor, 2015). They offer a range of services which may vary depending on their capacity and the needs identified in communities (Taylor, 2015). Key service delivery areas include facilitating access to health care/ HIV prevention, educational and psychological support, child protection, and activities to improve households' economic capacity. CBO staff range from community care workers with limited training who may volunteer their services or receive a stipend, to paraprofessional CYCWs and social auxiliary workers who are full-time salaried employees (Taylor, 2015).

A baseline evaluation of the programme by Khulisa Management (2008: 14) notes that it applies "a standardised approach for gauging the current capacity of CBOs which will be vital in guiding capacity strengthening efforts by primary partners as well as providing essential data for policy development and there is a common agenda to strengthen service delivery and improve OVC outcomes in targeted communities". The

evaluation highlighted food insufficiency among OVCs and their families and the importance of working with government departments as well as efforts to mobilise communities (Taylor, 2015).

Taylor and Kvalsving noted that CBO programmes often do not adequately cover the needs of children under the age of six and that Early Childhood Development programmes are required. There is also a lack of programmes for OVCs aged 18 and older. Taylor and Kvalsving further highlighted the need to provide child care services and that different service providers should form a network in order to support and learn from one another.

In addition to the above shortcomings of these programmes, CYCWs should support grandparents who are raising orphaned grandchildren in rural communities.

UNICEF (2015) acknowledges that extended families provide orphaned children with care and support although they struggle to meet their basic needs. Such families lack support and the situation is particularly serious when it comes to grandparents raising orphaned grandchildren. These grandparents require special care including psychosocial services due to their age, the illnesses they suffer, and the stress engendered by their lack of capacity to raise their grandchildren.

The research on CYCWs in South Africa and social services provided to grandparent households is limited to the example of the Isibindi programme as the deployment of CYCWS in communities was not supported by the state through financial and statutory resources until recently. There are therefore no other programmes to consider. The success of the non-governmental programme by the NACCW in its Isibindi programme, was the impetus for the DSD to upscale this model and roll it out. In the absence of other programmes, the literature on CYCWs in South Africa remains sparse. That being said, the limited research evaluating the impact of the Isibindi programme shows that there has been an improvement in the identified areas but that there are still gaps for child and youth care work for grandparented households.

3.7. Conclusion

The chapter revealed that there is a shortage of programmes and services for the elderly and grandparents who are raising orphaned grandchildren in South Africa. Whilst a number of international and domestic laws and instruments oblige the state to assist the indigent elderly both in financial terms and with regard to social services, few services are dedicated to assisting grandparents that are caring for grandchildren. The researcher submits that CYCWs could be part of the solution because they work in the life space of these families.

CYCWs could offer psychosocial support to both grandparents and grandchildren to maintain school attendance and access social and food security, and space to talk, listen and play, plan for the future and stay connected to family, friends and community. They could also refer grandparents with health issues to relevant health institutions and social workers.

The following chapter discusses the statutory role of CYCWs in more detail.

Chapter 4

The statutory role of child and youth care workers and how this role extends to intergenerational families

4.1. Introduction

CYCWs initially focused on providing care and support for children in residential facilities. During the apartheid era, social services were concentrated in white communities, especially in urban areas. While CYCWs have existed for many years, their activities were unregulated until recently. CYCWs are required by the law to perform their duties and responsibilities in line with the Children's Act 38 of 2005. Jamieson (2013) clarifies that from the onset, CYCWs were trained to work not only in residential settings, but in the 'life space' of children, focusing on their growth and development in different settings such as the family and community.

The International Child and Youth Care Education Consortium defines child and youth care practice as follows:

“Professional Child and Youth Care practice focuses on the infant, child and adolescent, both normal and with special needs within the context of the family, the community and the life span. The developmental-ecological perspective emphasises the interaction between persons and physical and social environments, including culture and political settings” (CYC-Net: The International Child and Youth Care Network, 1992).

CYC-Net (1992) adds that:

“Professional practitioners promote the optimal development of children, youth and their families in variety of settings, such as early care and education, community-based and family support, school based programmes, community mental health, group homes, residential centres, paediatric health care, rehabilitation programmes and juvenile programmes.”

Mattingly et al (2010: 3) state that:

“Child and Youth Care practice includes skills in assessing clients and programme needs, designing and implementing programmes, planning the environment integrating developmental, preventive and therapeutic requirements into a life space, contributing to the development of knowledge and the profession, and participating in

systems interventions through direct care, supervision, administration, teaching, research and advocacy.”

According to Jamieson (2013: 3), “a child and youth care worker is a person who works in a life space of the children and adolescents with both normal and special development through the planned use of everyday life events and programs to facilitate their ability to function effectively within different contexts”.

When the democratic government came to power in South Africa 1994, it confronted many challenges in caring for, developing and protecting children whose growth was distorted by the political, social and economic policies of apartheid and colonialism (Allsop, 2012). Political violence, forced removals, labour migration, and rapid urbanisation following the abolition of influx control had harsh impacts on the lives of children.

Children were subjected to gross human rights violations during state repression of the liberation movement during apartheid (Allsop, 2012). Violence in communities, severe poverty and a shortage of resources led to their commercial exploitation. According to Thumbadoo, 2002, some of these problems have been exacerbated as a result of South African re-joining the global economy. South Africa is the most unequal country in the world and the gap between the rich and poor is widening. The AIDS and TB pandemics have added to existing challenges (WHO, 2013).

4.2. Relevant legislative provisions

Statutory and professional recognition of CYCWs was finally achieved after decades of lobbying, in the Social Service Profession Act 110 of 1978 Regulations: GNR.838 of 31 October 2014: Regulations for Child and Youth Care Workers, Auxiliary Child and Youth Care Workers and Student Child and Youth Care Workers (*Government Gazette* No. 38135).

A CYCW is a social services practitioner who is registered with the SACSSP. According to the Social Service Professional Act of 1998, the purpose of the SACSSP is to “protect and promote the interests of the professions in respect of which professional boards have been registered or are to be established” and “to enhance

the prestige, status, integrity and dignity of the profession” (section 3). The Social Service Professions Act 110 of 1978 stipulates that “the SACSSP and professional boards are required to support professionals, by regulating who can practice the profession, determining and enforcing professional codes of conduct, and regulating training and education. The Council should also provide a forum where different social s can interact”.

Historically, CYCWs mainly worked in residential settings, but their scope of work has been extended to communities. They are thus required to respond to the diverse needs of young people and children in different settings. “At the outset, CYCWs were trained to work not only in institutional settings, but in the life space of children focusing on the growth and development of children and youth in different contexts such as the family and community” (Jamieson, 2013:4).

In summary, working in the life space of the child, considering his or her developmental requirements, and how that relates to his or her family and caregivers is the primary task of CYCWs.

The child and youth care sector has undergone a number of changes with regard to professionalisation, regulation and registration of CYCWs. As per the Regulations for Child and Youth Care Workers promulgated in 2014, CYCWs and auxiliary workers must be registered with the SACSSP/PBCYC and should be registered for or have obtained a formal CYCW qualification accredited by the HWSETA by 2017.

The regulations make provision for the registration of CYCWs in the professional category under regulation 16. The professional category of registration caters for people who obtained:

- a) “A degree in child and youth care equivalent to NQF level 8 qualification registered with SAQA;
- b) B Tech in child and youth development NQF level 7 or such other level as SAQA may determine, provided that the applicant submit a portfolio of evidence, which

must be include an assessment proving that the applicant meets the outcomes reflected in the degree (referred to in regulation 16 (1)(a));

- c) A degree in Human Science equivalent to an NQF Level 7 qualification and approved by the council, plus a combination of both theoretical and practical learning in child and youth care obtained over a period equivalent to 12 calendar months: provided that the applicant submits a portfolio of evidence, which must include an assessment proving that the applicant meets the outcomes (reflected in the degree referred to in regulation 16 (1)(a)); or
- d) A qualification in child and youth care equivalent to an NQF level 6 qualification and approved by the council plus practical learning in child and youth care obtained over a period equivalent to 24 calendar months subsequent to the completion of the qualification. Provided that the applicant meets the outcomes (reflected in the degree referred in regulation 16 (1)(a)).”

The SACSSP is a statutory body that aims to develop and protect the integrity of the social services professions as well as the public at large (SACSSP, 1978). It was established in terms of section 2 of the Social Services Profession Act 110 of 1978 (as amended).

According to the SACSSP 1978, “The council guides and regulates Social Workers and Social Auxiliary Workers and other professionals for whom a professional Board has been established in aspects pertaining to registration, education and training, professional conduct, and ethical behaviour, ensuring continuing professional development, and fostering compliance with health care standards”. The council has a professional board for CYCWs. The objectives of the child and youth care board are to ensure adherence to the regulations that govern the registration of all practitioners, register and mandate all social services professionals to practice, and to create and maintain registers of all social services practitioners for whom a professional board has been established (www.sacssp.co.za/About).

However, despite statutory recognition of CYCWs (including specialist and auxiliary workers), very few tertiary institutions offer qualifications for this profession, as indicated in Table 1 below.

Table 4. 1: Accredited qualification: Education requirements (Jamieson, 2014)

Level of operation	Entry Level Qualification	Entry Level Qualification offered by:	Duration
Specialist CYCCW	PhD	University of Pretoria	3 years
	Masters	Durban University of Technology University of South Africa offered a Masters until 2006	2 years
CYCW	Bachelor's Degree	Durban University of Technology Monash University	4 years
Auxiliary CYCW	FET	NACCW, and three private training providers	18-24 months

Furthermore, work opportunities for CYCWs are few and far between, with most offered in the public sector (the DSD, residential centres (child and youth care centres)) and a few NGOs (such as NACCW) with none in the private sector (Jamieson 2013).

The Children's Act 38 of 2005 increased the range of professionals who are legally obliged to report abuse. Section 110 requires CYCWs to report a child that shows signs of having been abused or neglected. Child & Youth Care Workers, Regulation 35 sets out guidelines and indicators to consider when deciding whether or not a child has been abused or neglected. CYCWs that offer support to grandparents who are raising grandchildren are also required to report abuse and spending time with these families could prevent such incidents.

CYCWs are also obliged in terms of the Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007 to report a sexual offence committed against a child to the police. Working with and supporting grandparents who are raising grandchildren will assist in ensuring that these children are not abused or immediately reporting such incidents.

4.3. Scope of practice for child and youth care work

Regulation 18 Child & Youth Care Workers sets out the scope of practice for child and youth care work within the professional category of registration. As such, it reads as both a job description for CYCWs and also identifies their training requirements.

The scope of practice of a CYCW, who has complied with the requirements for registration within the professional category, may include the following:

- a) "Care and development of children and youth where their - (i) physical; (ii) emotional; (iii) spiritual; (iv) cognitive; (v) social survival; and (vi) developmental, needs are protected;
- b) Behaviour management of an individual child or of groups of children;
- c) Design and implementation of programmes for children and youth on the basis of their identified developmental needs;
- d) Developmental assessment of children and youth within their life-space.
- e) Development and maintenance of planned environments in Child and Youth Care work;
- f) Implementation of life-space work,
- g) Undertaking of child and youth care work administration;
- h) Developmental play;
- i) Advocacy for the rights of children;
- j) Policy development in the field of child and youth care;
- k) Consulting, supervision management and directing of child and youth care workers;
- l) Participation in and the leading of multi-disciplinary teams; and
- m) Life-space counselling."

Some of these areas are discussed below.

4.3.1 Behaviour Management

CYCWs are involved in behaviour management of the young person with the purpose of preventing deterioration. This is an on-going intervention in work with the child and his/her grandparents. CYCWs use two methods to deal with behaviour. The first is proactive management to prevent poor behaviour, while the second is active management which deals with behaviour as it occurs. According to Kruger (1988: 11) important aspects of managing behaviour include the following:

- Commitment to caring relationships: through consistent caring relationships, young people will learn social skills and model themselves on the adults.

- Planned daily activities: where young persons are involved and have opportunities to develop competency. Planned activities help the child to learn skills which build self-confidence. If activities are planned and purposeful, these will help the young person to use time constructively and direct their energies in a positive manner.
- Family involvement is important because it is easier to manage children and young people's behaviour if they have significant relationships with others.
- Discipline (not punishment) refers to teaching children and young persons about the consequences of behaviour. It helps the child to understand what behaviour has which consequences and teaches the child that she/he has some influence on the consequences by controlling or changing her/his behaviour.
- Team decision making is important because different members of the team have different skills. Different teams have different relationships with the child and will observe different behaviour.

4.3.2. Life-space work

Life-space work requires that CYCWs work in the life space of the child. Every object or person within their home environment, child and youth care programme, school or community can affect a young person's daily living and constitutes part of his/her 'life space'. Given the challenges faced by grandparents who are raising their orphaned grandchildren, CYCWs can support these grandparents by helping them to understand their grandchildren and how to deal with them without needing to travel outside of their home and community. Furthermore, each child and grandparent's needs are unique and the programme implemented by the CYCW for a particular family can be adapted to fulfil individual needs.

4.3.3. Care and development of children and youth

This section examines care and development of children and youth in relation to their (I) physical; (ii) emotional; (iii) spiritual; (IV) cognitive; (v) social; and (VI) developmental needs. Physical development occurs throughout life, including the deterioration which usually accompanies old age (Kagan, Moore, & Bredekamp, 1995). Children or youth from backgrounds characterised by neglect and poverty are

likely to experience deficits in physical development due to malnourishment and lack of adequate resources such as medical care, water and sanitation (Burnk, 2014). CYCWs can assist orphaned grandchildren who are living with their grandparents to cope with the situation.

Social development encompasses a person's ability to interact and function with others and primarily focuses on skills linked to building relationships (Burnk, 2014). Many young people in the child and youth care system have experienced quite poor relationships within their families, and therefore, suffer delays in their social development (Kagan, Moore, & Bredekamp, 1995). Given social ills like drugs, gangsterism, abuse of alcohol by children, sexual abuse, harmful cyber activities, etc., CYCWs should assist grandchildren and grandparents to resist the temptation to engage in such activities and provide assistance if they are already involved.

Emotions can be identified by physiological responses and behaviour (Kagan, Moore, & Bredekamp, 1995). Children or youth who have grown up in environments characterised by violence, rejection and abuse are likely to harbour negative emotions which may manifest themselves in troubling behaviour, such as withdrawal, lying and aggression (Burnk, 2014). Such behaviour can be managed by CYCWs in a way that acknowledges the underlying feelings and facilitates more appropriate expression of emotions. CYCWs should teach emotional intelligence and also assist grandparents to manage and offload their feelings.

Burnk (2014: 14) defines cognition as "the faculty, power or ability to know or perceive." The author adds that, "Many young people at risk have delays in their cognitive development due to under stimulation in their early childhood and cognitive distortion". Unequal access to education, the poor quality of services offered to the majority of young people and the oppressive practices of the apartheid state affected the cognitive development of many individuals. CYCWs should identify the cognitive needs of the orphaned grandchild and address them with grandparents. Referrals can be made when the need arises.

NACCW (2013) defines "spiritual development" as "a sense of good health about oneself as a human being and as a unique individual. It occurs when people are

fulfilling their potential as individuals". Such development is important for both orphaned children and their grandparent caregivers.

4.3.4. Design and implementation of programmes for children and youth based on their identified developmental needs

Developmental programmes are designed on the basis of identified needs so as to facilitate normal development. Interventions should aim to meet the young person's needs within the family and community. This may require highly specialised forms of intervention, including therapy. Programme alternatives should be explored for grandparents and their wards in line with available resources, options offered and the young person and/or family's willingness to participate. Following the development assessment, CYCWs should implement programmes with the grandchild and his/her grandparents to address the needs of the grandchild. This could minimise the challenges confronting grandparents and facilitate the child's development.

4.3.5. Development assessment

Assessing how changes in relationships and environments may influence what is happening in the child's development, involves viewing the child in his/her ecological context (living environment). "The goal of the assessment is to determine the least restrictive, most empowering environment and programme suitable to young person's developmental needs at any given moment and/or during the next steps of development" (DSD,2012:05). This assessment is conducted by CYCWs as part of a multi-disciplinary team which includes the grandchild, grandparents and other persons who have a significant influence in the child's life.

4.3.6. Child advocacy

Advocacy for the rights of children is vital, particularly where grandparents are not mobile due to financial or health related factors. CYCWs receive training in child advocacy and are aware of the children's rights that arise from domestic legislation and policies and international and regional legal frameworks.

4.3.7. Life space interview

The life space interview is a useful technique which was developed by Redl (1959). Also known as 'therapy on the hoof', it offers emotional support to a young person

during a time of crisis. Effective use of the life space interview requires that the professional is able to work from a phenomenological perspective in the life space of the child. Communication must be skilful and self-awareness is critical (Redl, 1959). During the regular visits to their grandparents' homes, CYCWs should interview children in their life space and guide them on appropriate behaviour.

4.3.8. Stages of human development

CYCWs are well trained in human development. They need to bear in mind that such development is lacking in some of the children and their grandparents that they work with. Nsamenang (1992: 145, cited in Nsamenang, 2006) identified seven stages of human development from a West African perspective. Nsamenang (1992) states that, among younger children, developmental stages cannot be distinguished according to age but by socially recognised stages by reference to physical events like smiling, starting to walk, cutting teeth and beginning to talk. However, older children are categorised in particular stages according to their level of social behaviour which include generosity, good conduct, helpfulness and running around.

CYCWs who work with grandparents that are raising the grandchildren need to be able to identify distorted or missing human development stages. These include the stage of being new born, when the baby is considered to be purely spiritual in nature. The second stage is social preparation (Nsamenang, 2006) that occurs between the ages a one week to a year, when biological behaviours, such like smiling, crying, teething and sitting are apparent. Nsamenang (2006:148) states, that "The third stage is social apprenticing and this stage begins when the child starts walking and continues until puberty is reached. At this stage the child gains most knowledge and skills by imitation of adults and older siblings".

The fourth stage is social entrée which is marked by secondary sex characteristics such as pubic hair, menstruation and facial hair. It is at this stage that young people in some cultures take part in initiation ceremonies (Nsamenang, 2006). The fifth developmental stage is social induction/internment when young people are prepared and trained for adulthood. Nsamenang (1992: 149) states that "young people learn vocational, marital and citizenship roles under the tutelage of their parents who must

ensure that they are properly socialised into those attitudes, values, skills, expectations and aspirations necessary for effective group membership”.

The sixth stage is adulthood which is equated with marriage and parenthood and increased status each time another child is born (Nsamenang, 2006). The last stage is old age/death. Old people are expected to be grandparents and are considered to be role models and to exemplify social competence (Nsamenang, 2006). Understanding culturally accepted developmental stages is important for CYCWs who work within the context of a family’s culture to ensure that interventions are acceptable.

4.4. Community-based child and youth care work

CYCWs are required by law to carry out their duties and responsibilities in accordance with the Children’s Act 38 of 2005 as amended in 2007. It is therefore important that they understand this Act and other relevant legislation.

The Children’s Act acknowledges “the status of child-headed households in South Africa and provides protective measures for these children (section 137)”. Orphaned or abandoned children are likely to be fostered by grandparents (or other family members, or non-relatives). As discussed in Chapter 3, the Children’s Act and Social Assistance Act set out measures to protect these children. CYCWs have a responsibility to ensure that the provisions of these Acts are implemented when they work with grandchildren and grandparents. However, the Children’s Act does not specifically acknowledge the status and role of grandparents who are raising grandchildren as it is a child-focused statute.

The NACCW’s Isibindi Model, which was discussed earlier, requires that stakeholders and local community organisations collaborate to train and deploy CYCWs to work directly with children within their families and communities (NACCW, 2011). It is at this level that most interaction with child-headed households occurs.

“The core of the Isibindi model is the provision of child and youth care services to children and youth in their homes by trained and supervised child and youth care workers (CYCWs). CYCWs connect with children and build relationships with them through the use of daily life events. They help the family with basic household chores

and educate about general hygiene, gardening, health, nutrition, and household care. They cook together with children, teach basic life skills and build resilience. Using ordinary human interaction as a context and means for transcending basic care to meet the emotional needs of children - especially in child headed and parentless families” (NACCW, 2011: 1).

The laudable work performed by CYCWs with child-headed households using the Isibindi model could be extended to grandparent-headed households to support grandparents who are raising orphaned grandchildren. The role of CYCWs in family and community settings demonstrates the importance of assisting families to address issues while they are still in the community as a preventative measure.

Community-based CYCWs have developed cultural competence, where identification of cultural and human diversity are the key competencies (Mattingly, 2006, cited in Thumbadoo, 2013). Thumbadoo (2013: 25) notes that, CYCW work in community involves:

“using daily life event as focus for intervention, being with people as they live their lives, pro-activities in interventions, intentionality of action, developmentally appropriate interventions, hanging out with people, hanging in – good times and bad, doing with (not to or for), engagement and connection as a foundation, needs-based focus in planning and intervention, attention to meaning-making, attention to and use of rhythmicity.”

Phelan (2009) describes the Isibindi model as “an innovative, effective, and locally directed child care intervention that trains adults to work with child-headed households and families affected by the AIDS pandemic. The Isibindi model has been extended since it was established. It now includes other specialised models such as *inter alia* the C4C, Caring for Caregivers, and Disability Support.”

According to Thurman et al (2013: 06):

“Thirty-six Isibindi sites have CYCW serving as disability coordinator. The coordinator conducts assessment and provides support to disabled children in the community, assisting with disability grant applications, referrals for physiotherapy and coordinating acquisition of customised services and specialised therapeutic services.”

CYCWs who work in the community with grandparents who are raising grandchildren could extend the children with disabilities programme to grandparents.

The Isibindi Care for Caregivers (C4C) programme is facilitated once a month over a period of six months by a clinical psychologist and consists of group and individual counselling sessions (Thurman et al., 2013). The model could be used to debrief and support CYCWs who work with orphaned children and their grandparents and ongoing care for CYCWs could be facilitated by senior CYCWs.

CYCWs are the most suitable social service professionals to work in the community, especially with grandparents who are raising grandchildren because they are well trained in family preservation and the stages of development. The CYCWs that are part of Isibindi work five days a week. After a few weeks, “CYCWs conduct a detailed household needs assessment and after two months of engagement a development plan is in place based on initial needs assessment” (Thurman et al, 2013:06).

Kvalsving and Taylor (2015) conducted a survey that found that over a period of a month, CYCWs made 10 visits to Home Affairs and SAPS, 20 visits to clinics, and 30 to SASSA offices. The CYCWs attached to Isibindi make home visits to provide services to beneficiaries. They also ensure that families are informed of grants that they are eligible for and are helped to acquire identity documents (Thurman et al, 2013). It was also reported that 96% of the CYCWs had good relationships with school teachers and principals and 81% with health professionals, 77% with social workers, and 73% with SASSA officials (Kvalsving & Taylor, 2015). They also run Safe Parks, designated areas that provide supervised recreational activities for children. Furthermore, CYCWs work with community members and children to develop and sustain food gardens (Thurman et al, 2013).

Child and Youth Care is a unique profession that can support and assist grandparents who are raising grandchildren through networking, as they have very good relationships with stakeholders.

The Isibindi Model could be applied to grandparents who are raising orphaned grandchildren. Mentors could support CYCWs who are working with such grandparents. Jamieson (2013) notes that, from the onset, CYCWs were trained to work not only in residential settings, but in the ‘life space’ of children, focusing on their

growth and development in different settings such as the family and community. It is thus argued that their training equips them to work with geriatric caregivers.

CYCWs who work with grandparents who are raising orphaned grandchildren could use similar methods to those employed in Isibindi care projects, including the following:

Practical assistance, including:

- “Helping with preparing of meals
- Cleaning the house with grandparents and grandchildren
- Accompany family members to the clinic and overseeing the taking of medication.
- Assisting the family with the application for birth certificate
- Helping the family to budget (Thurman et al, 2013)”

Therapeutic elements including:

- “Teaching life skills - relationship building, problem solving, and conflict resolution, dealing with stress.
- Assessing and referral of children and families - health, trauma, education, need for material assistance relating to severe food insecurity and crisis.
- Transfer knowledge and skills - HIV/AIDS awareness, testing and management, safety, nutrition and educational assistance.
- Life space counselling - in the moment assistance with difficult situations of conflict, crisis, stress and grief.” (Redl & Wineman, 1952 cited Garfat et al, 2018)

A variety of role-players should be involved in planning and decision-making. They should form a multidisciplinary team that operates according to democratic principles. All members must be given opportunities to contribute their expertise. A team could consist of CYCWs, a social worker, teacher, psychologist, the child and his/her grandparents and other people who have a significant influence in the child’s or grandparent’s life (NACCW, 2018). The services are centered on each child and her/his family/caregiver. The multi-disciplinary team provides a network of support which will improve outcomes, including physical and mental health for grandparents,

compared to prior to the CYCW intervention, where the grandparent will be isolated and unconnected to services.

4.5. Conclusion

This chapter explored the actual work done by CYCWs and linked it to the support that they could offer grandparents who are raising grandchildren. It identified some of the important characteristics of effective community workers and linked these to the various roles played by CYCWs such as in community-based programmes. CYCWs can use all aspects of the self so as to develop an effective, caring relationship with a young person and his/her family.

The chapter also examined statutory regulation of CYCWs since 2014. There is much scope for the CYCW Council to monitor and evaluate the practice of CYCWs in communities and develop guidelines and best practices in line with the skeletal framework provided by the Social Services Professions Act. As the Isibindi programme shows, upscaling (and upskilling) of CYCWs to areas outside of child-headed households, to include care to caregivers such as grandparents, could fulfil the urgent need for family services currently unmet by social workers.

In conclusion, the researcher submits that CYCWs are the best suited practitioners in social services to support grandparents who are raising orphaned grandchildren within their life space.

Chapter 5

Recommendations and Conclusion

5.1. Introduction

The phenomenon of South African grandparents raising their orphaned grandchildren is here to stay for the foreseeable future. Grandparents who live in rural communities have limited resources to both care for their orphaned grandchildren and to look after themselves. Becoming a parent again can be challenging and overwhelming. At the same time, it can be rewarding and unforgettable if support and resources are available (Bailey, 1990).

The literature review in Chapter 2 identified a number of challenges faced by grandparents who are raising orphaned children and discussed the provision of social services by CYCWs who work with vulnerable families. These challenges are financial constraints; their own and their grandchildren's health problems; mental stress; social isolation; family issues; housing issues, legal challenges and educational concerns.

Chapter 3 illustrated that, while international and domestic law requires the state to provide social services to the elderly, when older persons take on a caring role for orphaned grandchildren, a greater duty rests on the state to step up. The services currently provided to the elderly by social workers in South Africa are inadequate for this task. The Isibindi model could be adopted, but challenges encountered in its roll out and its focus on children (rather than on the broader family) as the target of intervention may neglect such grandparents.

Chapter 4 outlined the statutory regulation of CYCWs and the role they play in children's lives, which could be extended to grandparent caregivers with further training. "Child and Youth Care Practice is based on helping people live their life differently as they are living it" (Garfat and Fulcher, 2012:06). The primary task of CYCWs is to work in the life space of the child, considering his or her developmental requirements, and how that relates to his or her family and caregivers.

The main conclusion of this research study is that CYCWs could address some of the challenges faced by grandparents who are raising grandchildren. The International Child and Youth Care Education Consortium defines child and youth care practice as follows:

“Professional Child and Youth Care practice focuses on the infant, child and adolescent, both normal and with special needs within the context of the family, the community and the life span. The developmental–ecological perspective emphasises the interaction between persons and physical and social environments, including culture and political settings” (CYC-Net: The International Child and Youth Care Network, 1992).

CYCWs are well suited to take on this role due to their training in family based care. According to Jamieson (2013:4), “from the onset, CYCWs were trained to work not only in residential settings, but in the ‘life space’ of children, focusing on the growth and development in different setting such as the family and community”. Thus, with further enhancement, CYCWs’ training could be used to assist grandparents who are raising grandchildren.

Given the scourge of substance abuse, CYCWs should also receive training on such abuse, management of drug and alcohol addiction and the impact of substance abuse on families. They also need to be trained on HIV/AIDS, signs and symptoms, rapid testing, anti-retroviral treatment, social networking, monitoring and evaluation, fundamental HIV prevention and public health strategies. They require First Aid courses, basic emergency skills (fire and evacuation) and training on home-based care. Importantly, they should be skilled in care of the elderly and child care.

5.2. Tailored services for grandparents raising orphaned grandchildren

The chapter 3 revealed that there is a shortage of programmes and services for the elderly and grandparents who are raising orphaned grandchildren in South Africa. The researcher submits that CYCWs could be part of the solution because they work in the life space of these families. The main areas in which ‘grandparented’ households need assistance are the following:

- Household activities;
- Assistance in meeting basic needs;

- Psychological support and guidance;
- Access to relevant government services including Home Affairs, Social Development and Health;
- Child behaviour management;
- Child specific programmes;
- Grandparent specific programmes;
- Educational assistance for the child(ren);
- Spiritual and cultural support;
- Community activities and recreation;
- Strengthening family bonds and relationships;
- Fostering healthy values and morals.

Children need time to be children and to have access to recreational activities. Those that are looking after their grandparents who are sick lose out on homework time and a fulfilling childhood.

CYCWs should render the following services to grandparents:

- Access to financial assistance to provide for the family is vital. CYCWs should assist grandparents to access grants and secure pensions by obtaining the required documents and making applications or making the necessary referrals.
- CYCWs should ensure that grandparents have access to supportive community services that will alleviate their emotional issues and equip them to take care of their bereaved grandchildren.
- CYCWs should assist grandparents to bridge the generation gap through focused training and education activities. They should be assisted to develop new skills and acquire new knowledge to nurture and care for their orphaned grandchildren.
- CYCWs should facilitate support groups which will empower grandparents to define their needs, develop strategies and take responsibility to fulfil them.
- CYCWs should facilitate education on HIV/AIDS, parenting skills, child-care, nutrition, healthy ageing, bereavement, household budgeting and children's rights.

CYCWs should provide the following poverty alleviation services to grandparents who are raising grandchildren:

- Facilitate skills training, income generation and food gardening. Link grandparents to sewing or other income generating activities or cooperatives, including government programmes through the Department of Agriculture which is playing a vital role in poverty alleviation.
- Organise transport in deep rural areas for grandparents to visits clinics, hospitals, pension pay points, etc.

CYCWs have the potential to assist in building healthy relationships between grandparents and children as well as other family members. This could be achieved by means of the following:

- Improving the social skills of the young person and other family members;
- Ensuring that barriers to communication and relationship-building between grandparent and grandchild are removed;
- Helping the young person to develop and maintain positive and realistic perceptions of the family, and vice versa;
- CYCWs could model and teach behaviour management skills to grandparents; and
- They could share relevant information about the young person with the grandparent.

This could require CYCWs to devote considerable periods of time and may involve working in the evenings or on weekends, particularly if grandparents have full-time employment.

Above all, the objective is to ensure that the family is safe, to avoid unnecessary placement of children in alternative care and to improve family functioning so that the unity and welfare of the family is maintained.

5.3. The duty of South Africa Council for Social Services Profession (SACSSP)

As per the Regulations for Child and Youth Care Workers promulgated in 2014, CYCWs and auxiliary workers must be registered with the SACSSP/PBCYC and should be registered for or have obtained a formal CYCW qualification accredited by the HWSETA by 2017. The SACSSP is a statutory body that aims to develop and protect the integrity of the social services professions as well as the public at large (SACSSP, 1978). It was established in terms of section 2 of the Social Services Profession Act 110 of 1978 (as amended). The council has a responsibility to do the following:

- To educate the public on child and youth care work as an emerging profession;
- To teach grandparents and grandchildren how to hold CYCWs accountable;
- To teach grandparents and grandchildren how to report CYCWs for unprofessional conduct;
- To ensure that CYCWs are registered with the council and display their certificate to practice.

5.4. Working conditions for child and youth care workers

CYCWs are required by the law to perform their duties and responsibilities in line with the Children's Act 38 of 2005. As the emerging profession, the Department of Social Development needs to craft a structure for CYCWs in order to address the following working conditions in this sector.

Poor working conditions such as long hours, and high staff: children ratios need to be resolved and standardisation should be ensured across the nine provinces. The transportation needs of CYCWs when visiting families should be addressed since rural areas remained underdeveloped.

Benchmarking by the government is needed to identify a funding model that will enable programmes to pay CYCWs reasonable salaries. It also recommended that the salaries of CYCWs employed in the public sector be standardised across the provinces.

Unethical or unscrupulous CYCWS can pose a risk to families, particularly vulnerable children, in relation to abuse, and to the elderly in relation to duress or other abuse.

Guidelines for their work within the life space of families need to be devised and an effective monitoring and evaluation protocol should be designed to minimise such risks.

5.5. Conclusion

This chapter presented recommendations on how CYCWs could work to improve the situation of grandparents and their orphaned grandchildren.

This study has shown that grandparents assume responsibility for orphaned grandchildren not out of choice, but because there is no alternative (other than formal alternative care that takes the child(ren) out of the kinship environment). They do so despite the fact that their state of health and financial situation are not conducive to being primary caregivers. CYCWs could offer a lifeline by guiding, leading, and assisting such grandparents and their orphaned grandchildren.

However, as the Isibindi model shows, upscaling the services provided by CYCWs will require financial commitment and careful monitoring to prevent abuse. While the South African government has shown its commitment to ‘grandparented’ households by extending the foster care grant to them, this is not sufficient. Social services need to be expanded to ensure the resilience and well-being of these families, including the protective, preventative and promotive functions set out in the NDP.

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