

**Towards the development of a theoretical framework to guide child and
youth care practice in South Africa**

A thesis submitted in fulfilment of the requirements for the Degree of Doctor of
Philosophy in the Faculty of Health Sciences

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DECLARATION OF ORIGINALITY

This is to certify that the work is entirely my own and not of any other person, unless explicitly acknowledged (including citation of published and unpublished sources). The work has not previously been submitted in any form to the Durban University of Technology or to any other institution for assessment or for any other purpose.

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APPROVED FOR SUBMISSION

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ETHICAL CLEARANCE

This is to certify that this study received ethical approval from the Institutional Research Ethics Committee (IREC) of the Durban University of Technology (DUT) in KwaZulu-Natal.

The Ethics Clearance number is **IREC 027/18**

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DEDICATION

This thesis is dedicated to my parents George and Monica Thumbadoo with gratitude and love, my children Marlan and Jayd for their encouragement and to my grandchildren Fúi Fān and Fúi Yāng for their future inspiration.

This thesis is dedicated with appreciation to the National Association of Child Care Workers and all South African child and youth care workers. In particular, the study pays tribute to *Isibindi* child and youth care workers who have transformed the lives of thousands of children in South Africa. It is especially dedicated to the child and youth care workers who contributed to this study.

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ABSTRACT

There has been limited scholarly research undertaken to understand child and youth care practice in South Africa. While there have been research studies undertaken on the *Isibindi* model, the focus on the actual practice of child and youth care workers has been minimal. The *Isibindi* model was developed to provide child and youth care services to vulnerable children in the context of their families and communities in South Africa. The core components of the *Isibindi* model focussed on the recruitment, training, and deployment of unemployed women and men in rural communities as paraprofessional or auxiliary level child and youth care workers. The roles of these child and youth care workers were to visit vulnerable families in local communities and provide children and families with a broad range of child and youth care services. The aim of this study was to identify the unique needs of children and their families within different community contexts across South Africa, and to develop a theoretical framework for understanding how child and youth care practice within the *Isibindi* model responded to these needs. A qualitative research inquiry was used to implement this study, with a grounded theory approach to guide the inquiry and to understand how *Isibindi* child and youth care workers practised with children and families in South African communities. The samples of child and youth care workers, children and youth, and community members who were selected as research participants came from three provinces in three specific *Isibindi* projects that demonstrated good practices according to identified criteria (Alice – Eastern Cape, Naas – Mpumalanga, and Hlabisa – KwaZulu-Natal). Three participants from each of the three research samples were interviewed through a semi-structured interviewing process. In addition, focus group discussions were held with the child and youth care workers in the *Isibindi* projects that were selected. The study presents the process of data analysis that underlies the emergence of the theoretical framework with the grounded theory concepts of theoretical sampling, memoing, coding, and constant comparison being discussed herein. The search for patterns and connections in the data through the constant comparison approach resulted in the identification of the core category and basic social processes in the child and youth care practice.

The findings are discussed with the core category of *practising intentionally* and its unique properties are presented. This is followed by a discussion of the basic social processes, viz. embedding spirit in practice and embedding love in care, encompassing their respective categories. The integrated elements of practice, namely, practising relationally, creating a child rights culture, and championing social justice and equity are also deliberated, along with their particular properties. The thesis concludes with a discussion on the research findings in relation to the weave of the core category *practising intentionally* through the theoretical framework discovered.

The theoretical framework *Inhlanguanisela*: Integrated Patterns of Practice that emerged from the study was one that in Barney Glaser's (1998: 68) words: "fits, works and is relevant" for practice, education, policy, and further research. *Inhlanguanisela* is an IsiZulu word referring to a "multi-pronged system of activities which results in a web of movements all with differing directions but all aimed at a singular outcome".

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LIST OF ACRONYMS AND ABBREVIATIONS

BQCC:	Basic Qualification in Child and Youth Care
BSP:	Basic Social Processes
CBO:	Community-based organisations
CSG:	Child Support Grant
CYCW:	Child and Youth Care Worker
DPSA:	Department of Public Social Administration
DSD:	Department of Social Development
DUT:	Durban University of Technology
FBO:	Faith Based Organisations
FETC:	Further Education and Training Certificate
FICE:	Federation Internationale des Communautés Educatives
HSRC:	Human Sciences Research Council
HWSETA:	Health & Welfare Sector Education and Training Authority
KZN	KwaZulu-Natal
NACCW:	National Association of Child Care Workers
NDP:	National Development Plan
NDSD:	National Department of Social Development
NEET:	Not in Education, Employment, or Training
NGO:	Non-Government Organisations
NPC:	National Planning Commission
NPO	Non-Profit Organisation
PBCYC:	Professional Board for Child and Youth Care workers
PDSD:	Provincial Department of Social Development
PEIP:	Prevention and Early Intervention

RDP:	Reconstruction and Development Programme
SA:	South Africa
SACSSP:	South Africa Council for Social Service Professions
SAG	South African Government
SAQA:	South African Qualifications Authority
SDG	South African Government
SGB:	Standards Generating Body
SOP	Standard Operation Procedures
UNAID	The Joint United Nations Programme on HIV/AIDS
UNCRC:	United Nations Convention on the Rights of the Child
UNHCR:	United Nations High Commission for Refugees
UNICEF	United Nations International Children's Emergency Fund
UNISA:	University of South Africa
USAID	United States Agency for International Development
WHO:	World Health Organization

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CHAPTER 1

INTRODUCTION TO THE STUDY

Our hearts grew strong when you declared:

**“Any child is my child,
Lomtwana, this child, is our child,
all children are our children”**

Dr Don Mattera (NACCW Patron)

1.1 INTRODUCTION

Chapter 1 sets the scene for this study on child and youth care work and is divided into nine sections. Following the introduction (section 1.1), the first section provides a summary of the historical journey of child and youth care development internationally and in South Africa (section 1.2). Attention is then given to an analysis of the status of children and families in South Africa (section 1.3; the rationale for this study (section 1.4); and an overview of the *Isibindi* model (section 1.5). The researcher’s interest in the study is then described (section 1.7); along with the study’s aim, objectives, and research questions (section 1.8). Key concepts used in the study are unpacked in section 1.9 to provide clarification. Lastly, the chapter ends with a delineation of the forthcoming chapters (section 1.10).

The following section provides a brief introduction to child and youth care work followed by a synopsis of the historical development of child and youth care work internationally and in South Africa.

1.2 AN INTRODUCTION TO CHILD AND YOUTH CARE WORK

This brief synopsis outlines child and youth care work (sub-section 1.2.1) and then reviews the history of child and youth care work both internationally (sub-section 1.2.2) and locally (sub-section 1.2.3).

1.2.1 An Overview of Child and Youth Care Work

“Child and youth care is the term applied to direct work with children and families across Canada, much of the US and South Africa ... in child and youth care the focus is on developmental care of children and young people” (Anglin 1999, cited in Smith, Fulcher and Doran 2013: 10).

Stuart (2013) captured the elements of child and youth care practice in the following points, which have been interspersed with additional perspectives from other child and youth care theorists and practitioners. Stuart (2013: 16) argued that child and youth care work is focussed on caring for and caring about young people and their families while working with them in their own contexts. Wrenn (1972, cited in Maier 1987: 42) added that “caring involves a process of being responsive *to* and responsible *for* someone. Maier (1987: 62) clarified that the quality of care is more than just how child and youth care workers feel about the children, it is about “how they translate their care into action”. As Ricks (1992: 49) observed, caring involves “doing” for; without the “doing”, the caring is not manifest. Stuart (2013: 10) added that “holistic caring includes the physical, emotional, symbolic, individual, relational and collective characteristics of caring”.

According to Stuart (2013: 16), the concepts of “time” and “space” are actively used to optimise opportunities for change and growth in the child’s context. In child and youth care practice, notes VanderVen (1991: 1), “[E]very moment is highly significant and has the potential to cumulatively contribute to the growth” of young people. This introduces the concept of “life-space” as the “total physical and emotional arena in which workers and young people interact” (Smith, Fulcher and Doran 2013: 11). This point is illuminated by Garfat (2002, cited in Smith, Fulcher and Doran 2013: 11) when he states that working in the life-space involves “entering into, and the caring use of daily life events as they are occurring, for the therapeutic benefit of a child, youth or family”. Stuart (2013: 16) reinforced that child and youth care practice is grounded in a commitment to the strengths-based approach and a belief in the competencies, capacities, and the potential of young people and their families. Anglin (2001: 2) added that “child and youth care workers believe that children are doing the best they can at any given moment and that we can assist the child by working towards the ‘next step’ by building on existing strengths and abilities”.

Stuart (2013: 16) affirmed the notion that although child and youth care practitioners are planned and purposeful in their work, they are primarily focussed on the present, helping young people and their families to take the next developmental steps towards longer term goals. Phelan (2003: 70) wrote that child and youth care practitioners “capture the moment before it evaporates”, and further clarified that “the use of strategically planned and spontaneous events in the life-space to support the other person to change towards a more competent and hopeful picture of him/her selves is the main tool of our profession” (Phelan 2015: 22). According to Stuart (2013: 16), self-awareness (and self-development) is important in child and youth care practice as the child and youth care worker brings their own experiences into the work, and needs to be able to assess where and how these experiences would be useful to the helping process. Phelan (2015: 48) contended that because child and youth care work is embedded in real life situations and experiences, this is especially helpful in the healing journey for both the helper and the helped. He noted that “every capable child and youth care practitioner describes the satisfaction of becoming a better person through doing life-space work” (Phelan 2015: 42).

“Without an understanding of relationships and human development and their multiple applications in the lived experience (experiences between workers and youth), we do not have child and youth care work. Everything moves between these two ideas, or phenomena” (Krueger 2008, cited in Phelan 2008: 92). Child and youth care strategies are responsive in the moment, and individualised with recognition of the importance of timing, noticing context, using and advancing the relationships (Stuart 2013: 10). Stuart (2013: 16) further elucidated that “it is an equitable, active, and engaged relationship between two individuals and the recognition of the importance of this experience to both lives that is a distinguishing feature of the field”.

The following section provides a brief overview of the historic development of child and youth care work internationally and locally in South Africa.

1.2.2 History of Child and Youth Care

Charles and Garfat (2009: 18) noted that the early definitions of child and youth care work made little distinction between child and youth care and residential care in North America. Ferguson (1993, cited in Charles and Garfat 2009: 20) asserted that child and youth care had its beginnings in residential care. Hence, literature on residential

care has dominated the early writings of child and youth care. Furthermore, literature written in English on the history of child and youth care work originates predominantly from the United Kingdom, United States, Israel, and Canada (Anglin 2002: 133).

Charles and Garfat (2009: 18) have looked at the historical roots and current challenges in North American child and youth care practice. They observed that more recent literature has focussed on the expansion of child and youth care practice to different settings, including schools and educational settings, hospital settings, juvenile justice settings, and community settings (Krueger 2002; Stuart, Carty and Dean 2007), cited in Charles and Garfat (2009: 18). The literature on the professionalisation of child and youth care work details the following aspects: definitions of the profession of child and youth care work (Beker 2001; Fox 2002; Jull 2001; Krueger 2002; Stuart 2003, Gaughan and Gharabaghi 1999; Anglin 1999; Skott-Myhre 2004); the education and training of child and youth care workers (Stuart 2001; Anglin 2002; Gaughan and Gharabaghi 1999); the certification and registration of child and youth care work (CYCAA 2000; Stuart 2001; ACYCP 2007); professional associations (MacKenna 1994; Krueger 2002; Ricks, Laliberte, Savicki and Hare 1991); conferences, journals and associated writings, and published books (Charles and Gabor 1988; Fewster 1990; Garfat 2004; Krueger 1998; Anglin 2002), cited in Charles and Garfat (2009: 18).

This history of international child and youth care professional development is important as it provided the impetus and support for the development of the South African journey of professional child and youth care work. In this regard, Anglin and Brendtro (2017: 7) asserted that “the enduring wisdom and enduring values of the professional culture needs to be passed on”.

1.2.3 A Brief South African Historical Perspective

The article by Charles and Garfat (2009: 17-28) focussed on the North America history and challenges in the child and youth care field. However, concerning the South African history of child and youth care work, Beukes and Gannon (1999: 23-25) documented the professional journey of child and youth care. The racially fragmented residential child and youth care field was the start of the South African child and youth care workers' long walk towards professionalisation. Since the formation of a politically

defiant and racially integrated professional association in 1975 as described by Allsopp in *New Beginning for Child and Youth Care Workers in South Africa* (Allsopp 2015: 29), the child and youth care profession has developed, grown, and contributed to advancing the professionalisation of the South African child and youth care sector in several ways. It began with the development of a child and youth care journal 38 years ago in 1982; the development of the first formal training programme in residential child and youth work at the University of Cape Town with 195 initial students; the holding of regular biennial conferences since the first National Association of Child Care Workers (NACCW) conference in Cape Town in 1971 (Beukes and Gannon 1999: 25); an online journal, the CYC-NET (Beukes and Gannon 1999: 34); and affiliations to other international child and youth care associations in the 1990s (including FICE [Federation Internationale des Communautés Educatives] in 1992).

The journey of training and development began with the initiation of the course on Residential Child-Care, which was run in partnership with the University of Cape Town (Vermaak 1977: 7); training of the first Basic Qualification in Child and Youth Care (BQCC) in 1988 started with 71 child and youth care workers from 18 different organisations (Newsbriefs: 1988: 6); the establishment of the first degree in child and youth care work through the University of South Africa (UNISA) (Beukes and Gannon 1999: 33); the establishment of the first statutory Professional Board for Child and Youth Care workers (PBCYC) in (2005) under the auspices of the South African Council for Social Service Professions (SACSSP); the full participation of the NACCW in the transformation of the child and youth care system in South Africa through the Inter-ministerial Committee On Youth at Risk in 1995; the ongoing participation in policy and legislative reform in the 1990s; and the advocacy for the inclusion and recognition of child and youth care work in the Children's Act (Act No. 38 of 2005), the Child Justice Act (Act No. 75 of 2008), and the amendment of The Social Work Act 1995 to the South African Council for Social Services Professions Act (Act No. 52 of 1995). Child and youth care workers are now reflected in the South African legislative framework.

The Department of Education's mandate for accredited training in South Africa resulted in the development of the Further Education and Training Certificate (FETC) in 1994; a 4-year tertiary qualification in child and youth care work through the

University of South Africa (UNISA) in 1998; the involvement of the National Association of Child Care Workers (NACCW) in the Standard Generation Body (SGB) in for Child and Youth Care Work, which resulted in the development of a 4-year degree with the Durban University of Technology (DUT) in 1999; and the eventual transition of the child and youth development degree at Monash University into the child and youth care degree.

Professional associations play a critical role in developing a profession. History has demonstrated the critical role of the NACCW in the development of the profession of child and youth care work in South Africa. An interesting observation from Gharabaghi (2018: 35) is that the NACCW “stands apart from professional associations around the world in that it shapes the agenda, drives national development, and has become locally, nationally and increasingly internationally a force to be reckoned with”.

Pivotal in the South African journey of child and youth care development was the conceptualisation and piloting of the *Isibindi* model in 2001, and the ministerial mandate to upscale the model in 2013 (National Association of Child Care Workers [NACCW] 2019b: 2). This resulted in the training and development of 6,570 child and youth care workers from mainly rural and historically disadvantaged South African communities in 5 years, ending in 2017. This introduced child and youth care workers in South Africa to the new setting of family and community work. Molepo and Delport (2015: 149-150) highlighted that “since the 1994 post-apartheid political dispensation, CYCWs [child and youth care workers] have intensified the extension of their services from residential settings to communities in order to address the diverse needs of the majority of the South African children and youth”. This research is grounded in the practice of the community child and youth care workers in the *Isibindi* model, working in families and communities.

Having briefly looked at the journey of the development of the child and youth care field in the section above, some contemporary reflections are provided next.

1.3 THE CONTEMPORARY SOUTH AFRICAN CONTEXT

In this section, a synopsis of current information on the status of children and families is presented, followed by a brief discussion of the relevance of the *Isibindi* model in this context.

1.3.1 The South African Context of Children and Families

The total population in South Africa was estimated to be 57.7 million in mid-2018, of whom 19.7 million are children under the age of 18 years (Hall 2019c: 216), representing 34% of the total population in South Africa (Hall 2019c: 216). These demographics provide the landscape for the relevance of child and youth care workers in South Africa. South Africa is a youthful country; but sadly, a large percentage of the 34% of the nation's children live under very difficult circumstances. The supporting presence of a child and youth care worker in their lives would contribute to ensuring that their basic needs are met. South Africa, through its Constitution, is committed to the realisation of the socio-economic rights of the child and ensuring that no child is without their guaranteed basic needs, including nutrition, shelter, basic health-care services, and social services (Shung-King *et al.* 2019: 214). However, government mandates need to be actualised to have any meaning for needy children. According to Shung-King *et al.* (2019: 215), statistics indicate that 14% percent of children are orphans who have lost either their mother, father, or both parents; 20% of children do not live with either of their biological parents; and 0.3% of children live in child-only households, which provides another reason for the importance of child and youth care workers in community settings and in the context of the diverse family forms that require support. Furthermore, one in 10 children (1.7 million) live in backyard dwellings and shacks in informal settlements, and one in six children (18%) live in overcrowded households (Shung-King *et al.* 2019: 215). In many cases, children live in extended family homes, and often in kinship, and sometimes, foster care families. The important supervisory role of the child and youth care workers in communities with both kinship and foster care families cannot be overemphasised in these circumstances, especially in view of the high rate of child abuse and other child protection concerns.

Child poverty is a significant blight in South Africa's "developmental agenda" (Taylor 2018: 165). The information below provides details of the challenges faced by children

and young people and their families in the context of poverty. In 2018, a little more than half of South African children (59%) lived below the “upper bound” poverty line (with a per capita income below R1,183 per month), and 30% lived in households where no adults were employed (Hall 2019d: 221). Social security is critical for the survival and protection of children in these circumstances. Social grants are therefore an important source of income for caregivers to help them meet the basic needs of children. In March 2019, nearly 12.4 million children received the Child Support Grant (CSG); 386,000 children received the Foster Child Grant; and a further 150,000 children received the Care Dependency Grant (Shung-King *et al.* 2019c: 215).

Many children suffer the effects of food insecurity. Relevant data show that over two million (11%) live in households where children are reported to experience hunger, with 27% of children younger than five years stunted (Sambu 2019: 235). Securing regular attendance at school for children ensures that all children benefit from the national school nutritional programmes that guarantee them a cooked meal every day at school. However, access to schools is often a challenge, as many children in South Africa walk long distances to school. Although South Africa has been successful in that 98% children attended school in 2018, with an increase of 98% in preschool years, one in seven children (13%) live far from their primary school, and this increases to nearly one in five children (19%) in secondary school (Shung-King *et al.* 2019: 215). The significance of this on food security, the safety of children, and the education of children must be noted.

1.3.2. The *Isibindi* Model Development in This Context

The *Isibindi* model was developed by the NACCW in response to the growing number of children made vulnerable in the country as a result of the HIV/AIDS pandemic. The *Isibindi* model was initiated to respond to vulnerable children and families, including child-headed households in the height of the HIV/AIDS pandemic. During this time, the nature of HIV/AIDS in South Africa was severe in that globally, sub-Saharan Africa was the most affected area (Human Sciences Research Council (Brooks, Shisana and Richter 2004: 1). South Africa, at the time when the *Isibindi* model was conceptualised, had a reported 3.6 million people estimated to be living with HIV (The Joint United Nations Programme on HIV/AIDS [UNAIDS] 2019). The most recent HIV national prevalence study conducted by the Human Sciences Research Council (HSRC)

(2018: 133) revealed a prevalence rate, for all ages, of 14%, which translates to over 7 million people living with HIV from the total South African population, which is the largest number of people in a country in the world.

At the start when *Isibindi* was being formalised, the HIV prevalence amongst children (up until the age of 18 years) in the first national HIV prevalence study conducted in 2002 was just over 5%; in other words, that is close to 1 million children infected with HIV out of a population of 18 million children (Brooks, Shisana and Richter 2004: 17). The study further estimated that more than 600,000 children in South Africa had become orphans due to AIDS (Brooks, Shisana and Richter 2004: 19). Trends have shifted over the years as a result of the effects of increased treatment coverage (Brooks, Shisana and Richter 2014: 124).

In addition, the children and families serviced were living in a context of poverty. The combination of HIV/AIDS and the impact of poverty left families in desperate circumstances. Forty-eight percent of all orphans reside in 20% of the poorest households (Hall 2019c: 219), 88% of children living in child-only households are also in the poorest 20% of households, with added risks linked to the absence of adults, poorer living conditions, poor access to services, less reliable income, and low levels of access to social grants (Hall 2019c: 219). These facts paint a very dismal picture of the realities of children living in child- or youth-headed households.

“Addressing child poverty and inequality is essential if children are to survive, thrive and reach their full potential” (Proudlock and Röhrs 2019: 16). These opportunities are limited for South African children, unless progress is made, ensuring access to good quality services, responding to child and family poverty, challenging inequality, and consciously addressing violence against children and women (Jamieson, Berry and Lake 2017: 16).

In the context of poverty, *Isibindi* was designed to respond to the plight of women by recruiting unemployed rural woman, providing accredited training and mentorship to them, and deploying them to work as qualified, licenced (professionally registered) child and youth care workers working at an auxiliary or paraprofessional level with

children and families. Men, too, were recruited from communities, but comprised of smaller numbers.

Having provided this background on some of the stark realities faced by South Africans, the next section elucidates the rationale for conducting this study.

1.4 RATIONALE FOR THIS STUDY

In seeking to establish why this research is important, the rationale for conducting this study is examined next.

The practice context of *Isibindi* is the South African landscape of poverty and under-resourced rural realities that is characterised by poor resources and services for children. In addition, the impact of HIV/AIDS has mirrored the stark realities of child-headed households, and the distinct vulnerabilities of South African children. In the child and youth care crafted *Isibindi* model, child and youth care workers demonstrated a unique response of a child-focused and newly recognised workforce that entered into service delivery in communities. Service delivery in the social development arena had never previously provided the space for the practice of child and youth care workers in communities to be developed and implemented. However, the inclusion of Chapter 8 in the South African Children's Act, Act 38 of 2005 (2006a; 2006b; Section 1(1)), which focused on prevention and early intervention services, provided the opportunity to demonstrate the value of child and youth care services in community and in family settings. As a result of the unprecedented crisis of the HIV/AIDS pandemic, South Africa was noted as having more infections globally (NACCW 2019a: 1). This issue is discussed further below. South Africa's legislation, the literature reviewed, as well as the emerging outcomes from the *Isibindi* scale-up, supported the key design features of the *Isibindi* model, with its focus on community-based care, Prevention and Early Intervention (PEIP) services, as well as it being a child and youth care intervention that used paraprofessionals (South Africa, Department of Social Development [DSD] 2005: ss143-149, 99-102).

South African researcher in the field of child and youth care work, Molepo (2014), focussed his doctoral study on 'The challenges and coping strategies of child and

youth care workers in the South African context'. He found a need for evidence related to how the *Isibindi* child and youth care workers practised. In his concluding remarks, Molepo (2014: 308) postulated that "it would therefore be beneficial if other studies focus on successes and the contribution of child and youth care workers such as that of Thumbadoo (2013) could be expanded". This current inquiry, therefore, expands on the master's level study undertaken by Thumbadoo (2013), with the aim of generating further evidence related to the practice of community-based child and youth care work in South Africa. The application of the grounded theory research approach was used to generate a theory that grounds the practice of *Isibindi* child and youth care workers. This refers specifically to the development of new knowledge related to the practice of child and youth care in a community context.

While there have been research studies undertaken on the *Isibindi* model, the focus on the actual practice of child and youth care workers has been sparse. The *Isibindi* model was developed to guide child and youth care services to vulnerable children in the context of their families and communities in South Africa.

Historically, and traditionally, child and youth care workers have practised in residential settings. There is little empirical evidence regarding how child and youth care work is actually practised in communities in South Africa. The *Isibindi* model that was developed, piloted, and refined was implemented as a distinct model that showcased the unique work undertaken by child and youth care workers in South African communities. The "child and youth care worker" is defined in the Children's Act, Act 38 of 2005 (South Africa, DSD 2005: ss1-5, 11), and plays a significant role in the implementation of the Children's Act. The *Isibindi* model is highlighted in the Comprehensive Report on the Review of the White Paper for Social Welfare, 1997 (2016: 146), and is aligned with the National Development Plan (NDP) (NACCW 2020a), and to other relevant South African policies and legislation that reference services to children and youth. Child and youth care workers are now recognised as a statutorily regulated workforce in the social development sector (South Africa, DSD 2014: 15-18). The accredited child and youth care training at Further Education and Training Certificate (FETC) level 4 has been the fundamental training that the child and youth care workers have undergone to embed their practice (FETC: Child and

Youth Care Work ID 49093 registered with the South African Qualifications Authority [SAQA] on 02-12-2004).

Because the practice of *Isibindi* has not been well researched, this study has the potential to significantly inform and guide the further implementation and development of child and youth care practice at the community level.

1.5 THE *ISIBINDI* MODEL

The *Isibindi* model was developed by the NACCW in 2001 (South Africa, DSD 2018 5) in response to the growing number of children made vulnerable in the country as a result of the HIV/AIDS pandemic. The section below presents the history of the development of the *Isibindi* model (sub-section 1.5.1), followed by a description of the model (sub-section 1.5.2).

1.5.1 History

The *Isibindi* model was designed in 2000 in response to the HIV/AIDS crisis in South Africa, and the first *Isibindi* project was initiated in a community called Umbumbulu in KwaZulu-Natal (NACCW 2019b: 2). There was concern from community members about a growing number of child-headed households. This resulted in the first pilot of the *Isibindi* model, with the recruitment and training of unemployed local women and men in child and youth care work to provide child and youth care services to vulnerable children and youth in the communities. The child and youth care workers were mentored and supervised by experienced child and youth care workers who focused on helping the child and youth care workers translate theory learned into practice in these communities. From this beginning, with the support from primarily donor funding, the replication of the *Isibindi* model expanded and grew exponentially into a national programme. At the time of the scale-up, the *Isibindi* model was already being implemented in 67 community sites in all provinces across South Africa. There were approximately 800 community-based child and youth care workers who were responding to children and families nationally in the context of HIV/AIDS, providing prevention, intervention, and child protection services to approximately 64,000 children annually (NACCW 2019a: 5).

In 2011, 11 years after the first *Isibindi* project was piloted in Umbumbulu KwaZulu-Natal, the then Minister of the Department of Social Development announced a five-year plan to scale-up the *Isibindi* model by training 10,000 child and youth care workers to work in 400 communities and to serve 1 million children (NACCW 2014: 5). This began a five-year partnership between the NACCW and the National Department of Social Development (NDSD). This national scale-up was the second phase of the *Isibindi* model rollout, building on the lessons learnt and the growing expertise of the already developed child and youth care workers, providing them with the platform to serve in different roles in this second phase of the *Isibindi* replication.

The two phases of the *Isibindi* model are described below.

1.5.2 Description of the *Isibindi* Model

1.5.2.1 *Isibindi*: Phase one

The NACCW developed the *Isibindi* model as a pilot programme to respond to the urgent needs of the high numbers of children orphaned and made vulnerable by the HIV/AIDS pandemic and in the absence of relevant and effective community-based child and youth care services. The NACCW was not a direct service provider but rather worked in partnership with local non-government service providers to manage the day-to-day implementation of 67 *Isibindi* projects in communities, enabling them to provide outreach services to communities and build their knowledge and skills in community-based child and youth care work. The *Isibindi* projects were, in this phase, initiated in communities with high HIV/AIDS prevalence rates; large numbers of orphaned and vulnerable children, especially children living in child-headed and youth-headed households; widespread unemployment and poverty; and poor access to social services; these included targeting communities in remote rural areas (Thumbadoo (2011: 2-3).

1.5.2.2 *Isibindi*: Phase two

During 2011, the NACCW and the NDSD collaborated in a five-year plan to expand the *Isibindi* model from the 67 sites employing approximately 800 child and youth care workers to 400 *Isibindi* sites employing 10,000 child and youth care workers in all nine provincial Departments of Social Development (PDSDs). This provincial partnership

included PDSs, the NACCW, and local non-profit organisations (NPOs), the latter who were the implementing partners for *Isibindi* under the guidance of the NACCW and Government on a social franchise basis. The NDSD committed to implementing the plan in 2012 (NACCW 2019c: 9-10). This was an ambitious plan to scale-up the child and youth care workforce nationally.

1.6 STRATEGIC DESIGN ELEMENTS IN THE *ISIBINDI* MODEL

The strategic elements in the *Isibindi* model that were embedded in the first phase of the development and design of the *Isibindi* model were mainly intact in the ministerial scale-up of the *Isibindi* model. The capturing of most of these strategic elements in the *Isibindi* Minimum Standards for Service and Practice Standard Operating Procedures allowed for a systematic operationalisation of these elements (NACCW 2018b: 6-34). These include the following that will be discussed in greater detail below: a child and youth care approach (sub-section 1.6.1); alignment to national mandates (sub-section 1.6.2); recruitment and deployment strategy (sub-section 1.6.3); theory of change (sub-section 1.6.4); a commitment to the development of rural women (sub-section 1.6.5); and safe parks (sub-section 1.6.6).

1.6.1 A Child and Youth Care Approach

The child and youth care worker was seen as the core worker in the *Isibindi* model, representing a unique child and youth care approach to working in families and communities. This section looks at the new setting (sub-section 1.6.1.1) of child and youth care work; the development of leadership in the field (sub-section 1.6.1.2); the training of child and youth care workers (sub-section 1.6.1.3); professional development of the discipline (sub-section 1.6.1.4); and supervision and mentorship (sub-section 1.6.1.5). These are discussed in more detail below.

1.6.1.1 A new setting

The intent was to demonstrate the role of child and youth in a new setting, expanding the role of child and youth care workers from residential care settings to communities and families as a new practice setting for child and youth care workers in South Africa. This provided the opportunity to strengthen the growth of the numbers of child and youth care workers as one of the key cadres representing social service professionals

in the country. One key design element of the *Isibindi* model was a commitment to community development principles in the implementation of the model, providing for a unique combination of child and youth care practice principles and community development practice principles in the model design. In essence, the implementation elements in the model ensured community consultation and the participation in all the different phases of model implementation, from initial consultations with key community leaders, community meetings, inclusion of local community organisations as key partners, and joint recruitment processes with the community, ensuring the development and deployment of local community members and the localised network meetings. This process is captured in the *Isibindi* Mentorship System, Standard Operating Procedures (SOPs) in Implementation of the *Isibindi* model (NACCW 2018b: 6).

1.6.1.2 Leadership development

Woven into the design of the *Isibindi* model was the leadership development of the child and youth care worker. The qualified and experienced child and youth care workers that emerged from the first phase of the *Isibindi* projects, were developed into accredited trainers registered with the Health & Welfare Sector Education and Training Authority (HWSETA) and provided the accredited training at FET (Further Education and Training) at Level 4 (FETC: Child and Youth Care Work ID 49093 registered with SAQA on 02-12-2004). In addition, child and youth care workers who demonstrated leadership capacity and positive child and youth care practice were selected and trained as mentors to provide oversight and supervision to the newly trained child and youth care workers. They provided supervision in the life-space, visiting families with the child and youth care workers. This both assisted them to translate child and youth care theory into practice and to operationalise the *Isibindi* SOPs (revised 2018) that were developed to ensure a standardised scale-up of the *Isibindi* model, aligned to the concept of a non-profit social franchise. Moreover, the structure of localised *Isibindi* teams included team leaders, allowing for localised leadership development opportunities. Within the *Isibindi* mentorship programme levels, leadership included mentor supervisors and senior mentors, also providing opportunities for mobility and growth in leadership opportunities. As this was a national scale-up initiative, the opportunity to develop child and youth care worker leadership in all provinces was accommodated.

1.6.1.3 Training

The training approach in the *Isibindi* model demonstrated a commitment to not just developing child and youth care workers as accredited trainers, but to ensure that the practice of child and youth care was trained by subject matter experts, child and youth care workers themselves, and this included those who had worked as *Isibindi* workers with professional practice experience. Research on the *Isibindi* model affirmed two interesting points. Firstly, that “the new cadre of trainers, hired from within the ranks of CYCWs, leverage cultural similarities and shared language and life experiences when working with trainees”, and secondly, that “the new cadre of trainers are well prepared and being supported and guided by the mentors. They adhere closely to the training guidelines and utilise a variety of teaching techniques. Their enthusiasm and commitment is obvious, and we did not view any sessions where the learners were not attending to the new material” (Kvalsvig and Taylor 2015: 22).

The design of the training was experiential, infusing a contextual integration into the training. In many rural communities where the *Isibindi* model was replicated, local training venues were supported and strengthened for accreditation by the HWSETA contributing to the development of 281 accredited local community venues (South Africa, DSD 2018: 6). This provided the opening for further accredited training in local rural communities by other accredited service training providers, creating access to further educational opportunity more broadly in the community.

1.6.1.4 Professional development

All the new child and youth care workers were introduced to the NACCW and were supported to become members of the professional association. They received child and youth care journals, and many attended the biennial conferences of the NACCW, creating the start of a sense of belonging to a broader movement of professionals. This was particularly important as the child and youth care workers were recruited from small localised, mainly rural communities, and the broader, expansive experiences and exchanges with other child and youth care workers was an important developmental opportunity. In addition, the SACSSP, through the Professional Board for Child and Youth Care Workers (PBCYC), finally provided for the statutory registration of child and youth care workers in the *Isibindi* projects and all child and

youth care workers were bound to a professional code of ethics and licensed to practice (SACSSP 2011).

1.6.1.5 Supervision and mentorship

Supervision and mentorship was not just an opportunity for leadership development in the child and youth care sector, it also provided protection over the integrity of child and youth care practice, and provided oversight and direction to both the child and youth care workers and their teams and the implementing partners, the local non-government organisations (NGOs), community-based organisations (CBOs), and faith-based organisations (FBOs) who employed and managed the team of child and youth care workers. Provincial and national mentor workshops further provided the opportunity for leadership development with input, exchange, and discussions. There was recognition that the ongoing development of the mentors would enhance the depth of supervision and support to the local child and youth care workers.

1.6.2 Alignment to National Mandates

The focus of this section is on the alignment of the *Isibindi* model to internal legislation and policies (sub-section 1.6.2.1) and the skills development of rural women (sub-section 1.6.2.2).

1.6.2.1 Policy frameworks

The *Isibindi* model was aligned to national and internal legislation and policies, particularly the Children's Act (South Africa, DSD 2005), and the SACSSP Act (Social Service Professions Act, Act No. 110 of 1978). Various documents were produced to show specific alignment of the *Isibindi* model to government policies and legislation, to ensure that the practice of the child and youth care workers in communities were advancing the mandate of South African Government (SAG), thereby contributing to the process of nation-building. These are reflected in the Children's Act Guide for child and youth care workers (Jamieson 2013), the *Isibindi* SOPs (NACCW 2018b), the NDP document (South Africa, National Planning Commission [NPC] 2012). The alignment to national mandates were further reflected in the research and evaluation reports on the *Isibindi* model.

1.6.2.2 Skills development

Key on the transformation agenda of government is the skills development of rural women, youth, and the unemployed in particularly historical disadvantaged communities (South Africa, DSD 2016: 9). The targeting of the replication of the *Isibindi* model was strategically data driven to ensure that the neediest communities were selected, representing a national selection of rural communities, informal settlements, townships, and farming communities (NACCW 2017: 24). In this case, in the replication of the *Isibindi* model, the skills development of unskilled and unemployed women and youth resulted in immediate jobs as child and youth care workers, positioning them for a career in child and youth care work in South Africa.

1.6.3 Recruitment and Deployment Strategy

Presented next is the recruitment strategy to develop the local child and youth care workforce (sub-section 1.6.3.1) and an explanation of their flexible work hours (sub-section 1.6.3.2).

1.6.3.1 The approach to recruitment

The recruitment strategy of the *Isibindi* model was a vital element in the model design. It allowed for government in partnership with local leaders to recruit potential child and youth care workers for training in their own communities according to jointly agreed upon criteria. These criteria allowed for youth, women, and unemployed local community members to secure child and youth care training and jobs. This offered the opportunity for the development of local leaders in the form of the child and youth care worker who, over the years, developed to become trainers, mentors, and project managers. This recruitment strategy promoted local expertise in the service delivery of child and youth care work. It promoted a cost-effective model in that the workers walked to families in home visitation, minimising the use of transport. In addition, aligned to government priorities, youth, women, and unemployed community members were selected for training and development, bringing services close to children and families, and at the same time, developing a localised workforce as reflected in the theory of change (NACCW 2018b: 11-12).

1.6.3.2 Flexible work scheduling

The child and youth care workers were employed with the understanding that they would need to work “children’s hours”, meaning that they would specifically be available to children before school, after school, over the weekend, and during public and school holidays as SOP (NACCW 2018b: 13). This element in the design of the *Isibindi* model is aligned to the practice of child and youth care workers who have been referred to as working the “other 23 hours” (Trieschman 1969: X11), compared to other professionals who provide office and other interviews for an hour. The life-space nature of child and youth care work demands a flexible schedule. In addition, this provided a key strength in multi-disciplinary teamwork, especially in child protection matters, family work, and in after school care activities.

Another defining characteristic of the *Isibindi* model is the theory of change that outlines the assumptions, conditions, and pre-conditions of the model. This is captured in the section below.

1.6.4 Theory of change

A theory of change (a detailed description and diagram of how and why a desired change is to happen) was developed to capture the strategic intent of the design of the *Isibindi* model. The theory of change provided an overview of the basic assumptions, conditions, and pre-conditions of the *Isibindi* model. This is included to provide context to the model as a whole and to the data results provided, and is described as follows: “The *Isibindi* roll-out had objectives related to three serious socio-economic problems that face South Africa, namely unemployment (especially high among youth, women and rural people), skills deficits, and high levels of HIV prevalence and HIV-related illness and death resulting in large numbers of children whose wellbeing is threatened by the absence of “normal” parental care” (South Africa, DSD 2018: 3).

A further defining feature of the *Isibindi* model is its commitment to developing and improving the lives of rural women, as explained next.

1.6.5 A commitment to the development of rural women

The majority (90%) of *Isibindi* child and youth care workers were women, 60% of whom came from rural areas, where they went to school and grew up as young girls. They were exposed in their daily lives to the many challenges that rural woman, young and old, face, as has been described by Thaba-Nkadimene, Molotja and Mafumo (2019: 70-86). These include poverty, vulnerability due to abuse linked to religion, family traditions and cultural customs, discrimination in land ownership, gender-based violence, and forced marriages, to mention a few. A key strategic strength in the design of the *Isibindi* model was that it responded programmatically to key government and political priorities towards the economic and social empowerment of women in contexts of rural poverty. Thaba-Nkadimene, Molotja and Mafumo (2019: 71) argued that there is a lack of programmes targeting women emancipation and development, preventing women from achieving economic participation, equity, prosperity, and growth.

The creation of safe spaces in the form of Safe Parks were also established as part of the *Isibindi* programme. These are described next.

1.6.6 Safe Parks

Additional specialised programmes, for example, the Safe Parks, were added to the core *Isibindi* programme. It promoted the opportunity, in the context of poverty and absence of recreational activities, to create a safe space for young people to gather after school, over weekends, and during school holidays. There was opportunity for children and youth to engage in a range of activities under the care and supervision of child and youth care workers. It provided a safe space for recruitment of children and follow-up on after-care services to children no longer being serviced. A range of play and sporting activities, recreational and educational activities, and access to psychosocial services was provided in the 91 Safe Parks that were developed (South Africa, DSD 2016b: 82).

The following section captures the researcher's interest in the topic under investigation.

1.7 THE RESEARCHER'S INTEREST IN THIS STUDY

In as much as the *Isibindi* model has provided a structured and thoughtful development of the child and youth care work in a community-based setting through its standard operational procedures, and repository of documentation and research on the *Isibindi* model (NACCW 2020a), there is little documented evidence as to *how* the practise of child and youth care unfolded in an African community context. In addition, none of the research studies in this repository on the *Isibindi* model were undertaken by child and youth care workers. They were all done by researchers with social work, health, and other professional backgrounds. In addition, most of the research was undertaken with specific briefs with funding sources linked to large organisations such as the United States Agency for International Development (USAID) and the United Nations International Children's Emergency Fund (UNICEF). The DSD also initiated such research. Therefore, the focus of this research was to examine how the child and youth care workers practised in their communities, and how these practices contributed to supporting South African children in community contexts. The researcher conducted a study on child and youth care practice in the *Isibindi* model from the perspective of a child and youth care researcher. While models like the *Isibindi* model provide a structured approach to the delivering of services, they do not describe the ways in which the various practices were expressed in response to the diverse needs of children and families in local communities. The researcher believed that *how* child and youth care workers actualised their child and youth care theories and expertise in practice would provide new directions for a more relevant, indigenous, community-based practice to be understood.

1.8. AIM and OBJECTIVES

There is a paucity of research on South African child and youth care practice. This provided the opportunity to discover and understand how child and youth care workers practised within the *Isibindi* model in a South African context. This research was conducted to develop a theory unique to child and youth care practice in South Africa. The next main elements of the research are described next. These include the aim (sub-section 1.7.1) and objectives (sub-section 1.7.2) of this study, as well as the research questions (sub-section 1.7.3) that guided this inquiry.

1.8.1 Research Aim

The aim of this study was to identify the unique needs of children and their families within different community contexts across South Africa, and to develop a theoretical framework for understanding how child and youth care practice within the *Isibindi* model responds to these needs.

1.8.2. Research Objectives

To achieve the above aim, the following objectives were formulated:

- To understand the needs of children and families within the context of the *Isibindi* model.
- To explore the unique practice methodologies of child and youth care workers within the *Isibindi* model.
- To understand the interventions used by child and youth care workers as part of their community-based child and youth care practice.
- To discover and articulate a theory of good practice grounded in effective *Isibindi* programmes.

1.8.3 Research Questions

The research questions formulated for this study are based on the research aim, which seeks to understand the unique needs of children and their families within the South African landscape of poverty and under-resourced rural community realities. The possibility of child and youth care workers practising within communities and providing services at prevention and early intervention levels was legislated by the Children's Act (Act No. 38 of 2005). This allowed for the development of the *Isibindi* model which demonstrated the role of child and youth care work in community settings. However, as much as there is documented evidence on the *Isibindi* model, there is little research evidence of the actual practice of child and youth care in these communities. The research questions were framed simply to allow for all the complexities in community child and youth care practice to emerge in the research process.

The research questions that were formulated for this study are:

- 1) What are the unique needs of children in communities in South Africa?
- 2) How is child and youth care practised within the *Isibindi* model and how does

it respond to the needs of children in communities?

- 3) What is the theoretical framework emerging from this child and youth care practice?

In the evolving understanding of child and youth care work and practice, it is necessary to select and define key concepts referred to in the study as these convey important and influential ideas. After defining these below, they will be unpacked and expounded on in more detail in the chapters. Some were relatively easy to define, and are shared across a number of disciplines. However, in some instances, the researcher built on the common meanings or definitions of these terms.

1.9 DEFINITIONS OF KEY OPERATIONAL CONCEPTS

According to De Vos and Strydom (2011: 29), concepts must be defined in order for all to have the same understanding of a term when used in a similar context.

Below are the operational definitions of the main concepts used throughout this study:

Children, youth and young people: The terms “children”, “youth” and “families” have been used interchangeably in the writing of this thesis, allowing for a broad understanding that child and youth care work spanned a variety of development stages, including babies, young children, children, and youth, including young adults transitioning into adulthood (NACCW 2018b: 15).

Child and youth care work: The regulations of the Social Service Professions Act (Act No. 110 of 1978) defined “child and youth care work” as referring to “acts performed” by child and youth care workers in relation to children and youth in the context of all their families and communities (South Africa, DSD 2014: 6). The definition of child and youth care work is expanded further in Chapter 2.

The *Isibindi* model: The *Isibindi* model was developed by the NACCW as a child and youth care approach to working with young people in the context of their families and communities.

Child and youth care workers: The term “child and youth care worker” refers to a person who is registered as a child and youth care worker with the SACSSP in terms of either section 18 (professional level) or section 19 (auxiliary level) of the regulations to the Social Service Professions Act (Act No. 110 of 1978) (South Africa, DSD 2014: 15-18). The term, as used in the study, therefore, encompasses child and youth care workers defined as social service practitioners. The *Isibindi* child and youth care workers were registered at an auxiliary level.

Child-headed households: The various interpretations in the definitions of child-headed households are discussed fully in the next chapter. However, in this study, the definition of “child-headed households” includes children between 18-21 years, who are caring for their siblings, or who are still in school, or who are under the age of 18 and living with dying parent/s or siblings, or living with an aged grandparent as their caregiver who also requires care (NACCW 2009).

The final section below presents the layout of the chapters of this study.

1.10 OVERVIEW OF THE THESIS

The thesis is structured as follows:

Chapter One serves as an introductory chapter, presenting the topic and main research elements of the study on child and youth care work.

Chapter Two presents a literature review aligned to the focus of this study. The literature review seeks to provide an integrated understanding of the historic and contemporary issues affecting young people and their families in South Africa. It provides insight into the key underpinning of child and youth care practice and an overview of literature on child rights and social justice, including issues facing South African children and families.

Chapter Three describes the methodology employed in this study, giving an overview of qualitative research with an in-depth discussion on the grounded theory approach as articulated by Barney Glaser. It includes a discussion on how the grounded theory

approach was applied in this research study in the approach to the research design; sampling; data collection and data analysis; and the emergence of theory. It concludes with the ethical considerations and processes taken to ensure trustworthiness in this study.

Chapter Four presents the research findings and analysis of the findings. It concludes with the presentation of the theoretical framework that emerged from the data.

Chapter Five analyses and discusses the research findings through the lens of selected literature.

Chapter Six, the final chapter, summarises the research findings, and provides conclusions and recommendations for child and youth care practice, training, advocacy, and policy.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous Chapter introduced this study on child and youth care practice. In addition to presenting the main elements of the research, which included the background and rationale for conducting the study; the aim and objectives of the research; the research questions; the methodology utilised; definitions of key concepts; and a delineation of the forthcoming chapters. The *Isibindi* model, which is central to this study, was also presented. This detailed introduction set the stage for remainder of the study.

The current Chapter presents the literature review of the study. A literature review is described by Mouton (2001: 8) as a review of existing literature or available knowledge on a topic to understand how other scholars have investigated the research problem that they are interested in. Similar sentiments are expressed by Kumar (2011: 48) who noted that a literature review enhances and consolidates the researcher's knowledge base to assist in integrating the research findings with the existing body of knowledge. The purpose of conducting a literature review, according to Henning, Van Rensburg and Smit (2004: 27), is to synthesise the literature with the research study; critically appraise it in relation to an existing body of literature; and review the scientific body of knowledge available to identify gaps in the literature (Babbie and Mouton 2011: 565-566).

This literature review was written to situate the study, and not to influence the researcher or prejudge what was discovered. In Chapter 5 of this study, the emerged theoretical framework is reviewed through a critical analysis of the findings made through the lens of a selected literature review, integrating the theoretical framework with the ideas from the literature to “determine how the proposed framework reinforces, adds to, overlooks or contradicts the findings and formulations of related studies” (Anglin 2002: 133).

However, in the current Chapter, key material selected for the literature review based on the substantive field of study is discussed. The African word “*Sankofa*” is an Akan word guiding us back to our roots to reclaim what is wholesome and best to use in our way forward (Prah 2007, cited Rukuni 2007: 13). While there is a need for current thinking and recognition of up-to-date research findings, it is equally important in child and youth care practice to appreciate the enduring wisdom emanating from seminal texts. This grounds the emerged child and youth care concepts and provides the platform for new thinking and contextual application situated in a strong foundation. The tracing of the journey of child and youth care practice into family work was contextualised within the South African *Isibindi* model in Chapter 1.

The outline of this chapter is as follows. The literature review of this study will begin with a brief overview of the South African context (section 2.2), with a particular focus on the contemporary issues faced by young people (which includes orphanhood and child-headed households, grief and loss, teenage pregnancy, substance abuse, NEETs [youth not in employment, education and training], and violence and abuse against children). This follows with a review on family work (section 2.3), child and youth care practice (section 2.4), and children’s rights (section 2.5), and concludes with a discussion on Ubuntu (section 2.6). A few final remarks are given to wrap up the chapter (section 2.7).

A reflection on the South African context follows next.

2.2 THE SOUTH AFRICAN CONTEXT

South Africa is characterised by high levels of poverty and income inequality. The poverty rate for children under 18 years of age is disproportionately high at 56%, making their future prospects grim (Taylor 2018: 165). What is alarming is that South Africa’s poverty and social fragmentation did not occur suddenly. Instead, the complex and intertwined roots of exploitation and oppression during the apartheid era contributed to the diminished development of Black people. The migrant labour system, homelands, resettlements, and the destruction of family life and traditional social support, introduced many social challenges, including interpersonal violence, substance abuse, and poverty (Taylor 2018: 166). It is among these communities,

families, and children that *Isibindi* child and youth care workers have been working. Two decades after the end of apartheid, the legacy of poverty, inequality, and structural unemployment continues unabated, exacerbated by new compounding factors, such as the global financial economic crisis of 2007, and the HIV/AIDS pandemic, according to the Comprehensive Report on the Review on the White Paper for Social Welfare 1997 (South Africa, DSD 2016a: 59). The National Development Plan (NDP) 2030 optimistically noted that national planning must take into consideration approaches to maximise this “demographic dividend” by ensuring better nutrition and health care, improved educational standards, increased access to further and higher education, easier entry into the labour market, and greater labour mobility, where people move to where jobs are on offer (NPC 2012: 19).

2.2.1 The Contemporary Contextual Realities of South African Children and Youth

In 2018, South Africa’s total population was estimated at 57.7 million people, of whom 19.7 million (34%) are children under the age of 18 years (Hall 2019c: 216). These demographics provide the landscape for the relevance of a child and youth care workforce in South Africa. South Africa is a youthful country. A large percentage of the nation’s children live under very difficult circumstances, and therefore require the presence of an adult figure in their lives, like a child and youth care worker, to help support them. South Africa, through its Constitution, is committed to the realisation of the socio-economic rights of the child to ensure that no child should be without their basic needs. This includes their right to basic nutrition, shelter, basic health-care services, and social services (Hall 2019c: 214). The NDP noted that South Africa has a growing urban and youthful population offering the opportunity to “boost economic growth, increase employment and reduce poverty” (NPC 2012: 20).

According to the Comprehensive Review on the Report on the White Paper for Social Welfare 1997 (South Africa, DSD 2016a), South Africa is one the most unequal societies in the world. Poverty and inequality are characterised by class, race, gender, age, and geographic dimensions (South Africa, DSD 2016a: 72). Unemployment rates are high, and although the social grant system contributed to the reduction of poverty and protection of the most vulnerable, it has not removed those in income poverty from below the poverty line (South Africa, DSD 2016a: 72). High youth unemployment

continues to be one of the biggest social and economic challenges in the country (Wilkinson *et al.* 2017: 17). Unemployment among young South African women increases their economic dependence on male partners, which exacerbates engagement in unsafe sexual behaviours, promoting their vulnerability to HIV (Booyesen and Summerton 2002, Shisana *et al.* 2014, cited in Wilkinson *et al.* 2017: 18). According to Pettifor *et al.* (2005, cited in Wilkinson *et al.* 2017: 18), “[Y]oung women are three or four times more likely to be HIV infected than men at their age”. With a third of young people aged 15–24 (34%) not in employment, or in any form of education or training since 2002 (Hall 2019c: 248-251), the contexts of poverty are additional fertile grounds for drug abuse and crime (Bellaire and McNulty 2009: 644, quoted in Chetty 2017: 82).

In response to the first research question which focussed on the unique problems facing South African children, it was clear that although the problems of HIV/AIDS, child protection, teenage pregnancy and young mothers, substance abuse, school drop-out, and youth unemployment were identified as direct answers to this question, the central answer lies in the underlying realities and complexities facing families and communities. These family characteristics show a dependence on external support to assist them to “break out of an escalating spiral of the interwoven complexity of problems” (Tausendfreund *et al.* 2016: 9).

The family realities of single parenthood, absent fathers, high rates of HIV, poverty, unemployment, violence, substance abuse (Richter 2018: 110), and the pressure to survive impacts dramatically on how families provide for child care. Those facing these hardships have limited choices. They experience inequities in the education system, less opportunities in health services, and have fewer chances to constructively and permanently move forward from these challenges and pressurised circumstances (Tausendfreund *et al.* 2016: 8-9). An added point on grief and loss is important in this discussion, and as articulated by Mann-Feder (2018: 472), processing grief and loss addresses the pain experienced by children and young people. In the context of HIV/AIDS, communities and families experienced many deaths. In this regard, the children and youths’ personal and unique expressions of grief need to be noticed, acknowledged, and responded to. Behaviours like substance abuse, dropping out of school, and even teenage pregnancy may have roots in unresolved grief. Mann-Feder

(2018: 472) observed that children may express grief through difficult behaviour, which should be seen as possibly an important stage of healing.

In this literature review, as we consider the problems faced by children and youth in South African communities, these must be contextualised within their family circumstances. As noted, the fundamental answer to the research question lies in the design and commitment to prevention and early intervention programmes (Children's Act, Act No. 38 of 2005, Chapter 8) that are child-centred, family-focussed, and community-based, strengthening the spaces children live in to promote their development and growth.

In the sections that follow, a literature review on HIV/AIDS, orphanhood and child-headed households (sub-section 2.2.1.1), grief and loss (sub-section 2.2.1.2), teenage pregnancy (sub-section 2.2.1.3), substance abuse (sub-section 2.2.1.4), youth unemployment (sub-section 2.2.1.5), and child protection (sub-section 2.2.1.6) will be presented and discussed as they represent the range of experiences faced by young people in their communities.

2.2.1.1 Orphanhood and child-headed households

"An "orphan" is defined as a child under the age of 18 years whose mother, father, or both biological parents have died" (Hall 2019c: 218). In 2018, there were 2.7 million orphans in South Africa. The majority (63%) of these are paternal orphans (with living mothers), pointing to the gendered nature of orphanhood (Hall 2019c: 218). The Comprehensive Review of the White Paper for Social Welfare indicated that despite South Africa's long delay, it now has the largest antiretroviral programme in the world (South Africa, DSD 2016a: 59). It also confronts the challenge of the large numbers of children who have lost parents and the large numbers of other family members caring for children, as well as other family members who are ill (South Africa, DSD 2016a: 59). Of these orphans, 14% have either lost their mother, father, or both parents; 20% do not live with either of their biological parents; and 0.3% live in child-only households (Shung-King *et al.* 2019: 215). The research specifies that it is the poorest households that carry the greatest burden of care for orphans. Almost half (48%) of all orphans live in the poorest 20% of households, with 17% of these being orphans (Hall 2019c: 219).

The *Isibindi* model initially responded to child-headed households as a key focus of service delivery, although all vulnerable families were targeted for service delivery. In 2002, a year after the *Isibindi* model was initiated in the province of KwaZulu-Natal, there were approximately 125,000 child-headed households identified nationally (Hall 2019c: 219). The demographics have since changed, and in 2018 it was estimated that about 55,000 children are living in a total of 33,000 child-only households across South Africa (Hall 2019c: 219). Furthermore, child-headed households are predominantly clustered in the poorest households; 88% of children living in child-only households are in the poorest 20% of households (Hall 2019c: 220). “In addition to the absence of adult members who may provide care and security, they are at risk of living in poorer conditions, with poor access to services, less (and less reliable) income, and low levels of access to social grants” (Hall 2019c: 220). These facts paint a very dismal picture of the realities of children living in child-headed households.

Philips (2011: 174) proposed a universal definition of “child-headed households”, namely, “a household, consisting of one or more members, in which the role of the principal caregiver has by necessity been taken over by a child under the age of 18 years”. Hall (2019c: 219) used the term “*child-only* households” to define a household where all siblings are younger than 18 years of age. Both these definitions differ from the one in the Children’s Act, Act No 38 of 2005 (South Africa, DSD, 2006: section 137(1)), where the definition of a child-headed household includes households where there are adults who may be too sick or too old to effectively head the households and that a child over 16 years bears this responsibility. Although statistics further indicated the potential concern that there would be large numbers of orphaned children living in child-only households, this has not been the case. According to Hall (2019c: 219), there has been no increase in child-only households. In 2018, there were approximately 55,000 children living in 33,000 child-only households across South Africa, representing 0.3% of all children in the country. Only 4% of the children in child-only households are under 6 years of age (Hall 2019c: 219). While this is a small number, it is nevertheless a concern that there are children living without adults in this acute situation.

As noted by Hall (2019c: 220) child-only households are often only a temporary arrangement. For instance, where rural parents leave children in charge of their household while they seek jobs in the cities, or when children live together to access education during school terms at schools. In addition, with no adult caring for them, they are at risk, and live in poor conditions with less access to social services and low levels of access to social grants.

In terms of the Children's Act, Act No 38 of 2005 (South Africa, DSD 2006: section 137(1)):

A provincial head of social development may recognize a household as child-headed if:

- (a) the parent, guardian, care-giver of the household is terminally ill, has died or has abandoned the children in the household;
- (b) no adult family member is available to provide care for the children in the household;
- (c) a child over the age of 16 years has assumed the role of caregiver in respect of the children in the household.
- (d) it is in the best interest of the children in the household.

According to the above-mentioned Act, child-headed households are to be supervised by a designated adult (Children's Act, Act No 38 of 2005) (South Africa, DSD 2006: section 137(1)).

The *Isibindi* model acknowledged the above recognition of the child-headed status of households but broadened the preceding definition. The registration forms of the *Isibindi* model in 2009 defined "child-headed households" to include services to families where young people:

- between 18-21 years require support in order to care for their siblings;
- between 18-21 years still attend school;
- under the age of 18 years care for dying parent/s or siblings; and
- live with an aged grandparent as their caregiver who him/herself requires caring (NACCW 2009).

In addition, the *Isibindi* model presented the child and youth care worker as the designated adult to supervise child-headed households.

Research has revealed some interesting strategies used by children heading households. These include: “[A]cceptance of the situation/a sense of resignation; suppression of emotions and negative experiences; exercising control and agency over one’s life through creating heroic and positive identities and stories as a way of coping with trauma and adversity; attaching to others and mobilising social support; and being proactive and creative in dealing with challenging and sensitive issues. At a family and household level, the following coping strategies were identified: remaining a family in the midst of challenges; learning to let go of what could have been; and staying connected to family history, values and principles” (Soji, Pretorius and Bak 2015: 124).

It was further confirmed that they made their homes “a good enough place of care” with good connections with their siblings, neighbours, peers, and religious and cultural affiliations and practices, creating “support, affection, acceptance and solidarity” in such a way that they were able to thrive by developing positive strategies to cope (Soji, Pretorius and Bak 2015: 124-125).

In this section, child-headed households will now be referred to as “child-only households”, introducing a new framework for defining and understanding children living without adults. The distinct definition will result in subtle variations of interpretations of needs and different nuances to programme interventions. A harmonised understanding of these different definitions will provide clarity and direction. However, the recognition that there are children, albeit a small number, living on their own, is an indictment to a country that is committed to the protection of children’s rights. It is also interesting to note that 50% of all child-only households live in the Eastern Cape and Limpopo since 2002–2017, which is helpful to inform responsive programmatic designs. However, there should be more effective systems in place for immediate identification and responsive services to these children.

Furthermore, there is a need to contextualise the status and recognition of youth-headed households. Children in South Africa can work legally from the age of 15, and from 16, they can obtain an identity document and receive grants on behalf of younger children (Hall 2019c: 219). Moreover, 58% of all children living in child-only households are aged 15 years and above, and a quarter are 17 years old (Hall 2019c: 219). These facts provide an indication of the numbers of youth-headed households where the youth are over the age of 18 years, are still youthful themselves, without maturity, and require adult support themselves. They should officially be recognised as a category called “youth-headed households” and provided with the necessary adult support and supervision to transition into this responsibility that they face. In addition, they should be able to access a youth support grant for themselves in these circumstances.

Having discussed the issues of orphanhood and child-headed households in the section above, attention now turns to the understanding and impact of grief and loss as experienced by young people, and the associated challenges.

2.2.1.2 Grief and loss

The terms “loss”, “grief”, and “mourning” refer to different aspects of bereavement. While “loss” refers to the experience of losing someone beloved, or even a place or object, it is most often associated with death and dying (Goldsworthy 2005, cited in Mann-Feder 2018: 464). However, many losses also occur through disrupted relationships with people who are still alive (Vaswani 2015, cited in Mann-Feder 2018: 464). Many children in South Africa do not live consistently with the same household as their biological parents, and daily parental absence is influenced by many factors, such as “historic population control, labour migration, poverty, housing, educational opportunities, low marriages and cohabitation as well as customary care arrangements” (Hall 2019c: 217).

It is important to note that children in the South African context experience a sequence of different caregivers, are raised without fathers, and or live in different households to their biological siblings (Hall 2019c: 217). This does not necessarily mean parental abandonment, but separation. Loss and grief for children in these circumstances must be understood in the context of children who are moved from home to home, and who are cared for by different family members after their mother or primary caregiver has

died (Hall 2019c: 217). Their grief and loss is compounded when they are separated from their siblings, homes, schools, and neighbourhood friends, and in some cases, children are removed to foster homes and residential care facilities (child care centres) some distance away from their community.

According to Lanyado (2003, cited in Mann-Feder 2018: 464), the repeated loss of key relationships can be called “traumatic loss”, as those that mourn have no space to heal and recover. Multiple deaths in a pandemic like HIV/AIDS leaves very little luxury for healing from one loss to another, as the extended family and neighbourhood losses result in regular weekend funerals and ongoing mourning, repeatedly opening healing wounds. Child and youth care workers are forced to face their own experiences of loss and grief to facilitate the critical tasks of mourning with others (Mann-Feder 2018: 474). The mourning associated with earlier processing of our losses are resuscitated by later experiences of loss (Mann-Feder 2018: 466). Grief is a personal, inner experience resulting from loss. In short, grief refers to the feeling that arises from the loss (Mann-Feder 2018: 464).

Ntshwarang and Maling-Musamba (2016: 224-225), writing from a social work perspective, introduced the importance of counselling to help children deal with grief and loss. These authors emphasised the multidimensional nature of the counselling process. In the context of poverty, they discussed the challenges faced by social workers in balancing their responses to the physical needs of children (food, clothing, and accommodation) as well as children’s psychological and emotional needs. They discussed the difficulty in integrating the short-term immediate needs with longer and paced counselling processes (Ntshwarang and Maling-Musamba 2016: 226). In child and youth care practice, life-space work, which includes the developmental and therapeutic exploitation of daily life events (Garfat, Fulcher and Digney 2013: 4), provides a responsiveness to meeting the basic physical needs of the child while responding to them therapeutically at the same time.

The introduction of memory boxes in *Isibindi* projects as a transitional object is representative of one approach to memory work and grief work undertaken with children within the *Isibindi* model. As already elucidated, when someone loses a parent or another family member as a child, their memory of them may fade over time, and

eventually they will not remember much about their parent or family member, which may exacerbate feelings of loneliness and isolation. A memory box serves as a reminder of important events and information (Sinomlando 2014, cited in NACCW 2020c: n.p.). “The memory box must be understood as a metaphor: it is a method that encourages children whose parents are deceased (or who will die soon) to preserve their memory of them in ways that will allow these children to “grow up despite all”. But the term also refers to an object: a wooden, metal or card box that holds photos, identity documents, objects belonging to the deceased family members ...” (Philippe 2014, quoted in Coullie 2018: 183).

Having reflected on grief and loss, and the memory box idea as a creative and meaningful way of keeping the memory of loved ones alive for children, the next section focuses on one of the most challenging social issues facing the youth in our South African communities, namely teenage pregnancy.

2.2.1.3 *Teenage pregnancy*

The concern about teenage pregnancy and young mothers in South Africa is worrying for many important reasons, including health issues, such as HIV/AIDS, and sexual reproductive health; and educational issues, such as poor performance, truancy, and dropping out of school. The implications of this on future job opportunities, income, and prospects for themselves as young women and their children, contributes to the cycle of child poverty, perpetuating inequities. This is discussed more fully below.

“In South Africa, despite a significant decline in total fertility rates since the 1970s, the percentage of women giving birth in their teens remains high and stable” (Ardington, Menendez and Mutevedzi 2015: 281). This point was supported by Hall, Nannan and Sambu (2019: 230) who indicated that while the percentage of teenage mothers is not increasing, prevalence rates are worryingly high. It was further highlighted that the prevalence of South African teenage pregnancy of 47 births per 1,000 girls aged 15 to 19 per annum far exceeds that of other countries (Reddy, Sewpaul and Jonas 2016: 2). For many years, the majority of deaths in young mothers were caused by HIV/AIDS. Much of the overall decline in maternal deaths since 2011 is attributed to the implementation of policies to manage and prevent HIV (Hall, Nannan and Sambu 2019: 230). Nevertheless, the concern remains that high rates of teenage pregnancy

implies high rates of unprotected sex, with the associated risks of HIV transmission and other sexually transmitted infections (Reddy, Sewpaul and Jonas 2016: 2). Teenage mothers have shown riskier sexual behaviours, including lower condom use and greater partner age gaps than other sexually active adolescents (Ardington, Menendez and Mutevedzi 2015: 311). Providing young women and men with information on the use of condoms and the transmission of HIV/AIDS through unprotected sex is important protective information and advice to share (Ardington, Menendez and Mutevedzi 2015: 311). Being an adolescent, living with HIV, and becoming an unplanned parent, shapes and influences the lives of affected individuals and their children (Adeagbo and Naidoo 2020: 22). Stigma causes misery, affects mental health and quality of life, and contributes to poor access of treatment, care, support, and prevention (Sherr *et al.* 2020: 1). Programmes addressing poverty, access to quality health services, basic mental and emotional support specifically tailored for HIV positive adolescents, are needed according to Adeagbo and Naidoo (2020: 4).

This responsibility often falls on caregivers in diverse families, such as grandmothers, who are often frustrated because of the different perceptions in values between themselves and their grandchildren, which limits their capacity to guide and communicate effectively with young people (Nilsson, Edin and Kinsman 2020: 9). An understanding of local youth and community context and cultural norms is required in order to develop appropriate interventions with relevant information that young people need and ask for (Nilsson, Edin and Kinsman 2020: 9). Thus, according to Nilsson, Edin and Kinsman (2020: 9), “[I]nterventions including sexual education have to treat young peoples’ sexuality as a multifaceted phenomenon, and to take local cultural norms, overall gender patterns, and the will of young people themselves into consideration”.

Teenage mothers have significantly worse educational outcomes than women who delay their first birth until at least age 20. In that, delaying birth until that point is evidently less disruptive to the woman’s education (Ardington, Menendez and Mutevedzi 2015: 310). Teenage mothers, as expected, lose educational opportunities around the time of the birth of their babies; however, this continues to accumulate, and within two years of giving birth, teen mothers fall significantly behind (Ardington,

Menendez and Mutevedzi 2015: 310). This is supported by Hall, Nannan and Sambu (2019: 230) who noted that early childbearing, particularly by teenagers and young women who have not completed school, has a significant impact on the education outcomes of both the mother and child, and is also associated with poorer child health and nutritional outcomes (Hall, Nannan and Sambu 2019: 230). For this reason, it is important to delay childbearing and to ensure that teenagers who do become pregnant are appropriately supported. The role of the child and youth care worker in community contexts providing services at a prevention and early intervention level is a vital resource for young women and their families. This includes ensuring that young mothers can complete their education, and that they have access to parenting support programmes and health services. Although pregnancy is a major cause of school drop-out, some research has also suggested that teenage girls who are already falling behind at school are more likely to become pregnant than those who are progressing through school at the expected rate. So efforts to provide educational support for girls who are not coping at school may also help to reduce teenage pregnancies (Hall, Nannan and Sambu 2019: 230). High levels of teenage pregnancy adversely affects the struggle of women or “women’s human capital”, negatively impacting their employment, earnings, and the well-being of their children (Ardington, Menendez and Mutevedzi 2015: 282). However, Jochim, Groves and Cluver (2020: 850) maintained that there is a mismatch between South African’s national policy recommendations and actual return patterns of young school-going mothers, indicating that a large proportion of mothers returned to school much earlier than advised. It is recommended that the needs of the young mother and child dyad and timescales on educational and health outcomes are needed to further inform policy and practice regarding adolescent mothers’ return to school (Jochim, Groves and Cluver 2020: 850).

Adeagbo and Naidoo (2020: 4) summarised the perspectives that life-changing experiences, including struggling with conflicting developmental responsibilities, concurrent shifts from girlhood to motherhood, and that by becoming a mother, being accountable for the development, nurturing, and caring of both the physical and emotional needs of a child with a limited support system, is a problem and concern for young mothers. They added, “...the adolescents’ experience of motherhood ... are not limited to their unpreparedness and traumatic childbirth but are entrenched in their entire emotional whirlpool into transitioning into motherhood while facing a multitude

of uncertainties and insecurities” (Adeagbo and Naidoo 2020: 12). Inequities in sexual and reproductive health persist in South Africa, despite the rights-based sexual and reproductive health legislation implemented since the fall of apartheid. For example, young pregnant women may not be barred from school; women, including minors, may access contraception and abortion on request up to 12 weeks of pregnancy, and thereafter, under specific conditions, youth friendly clinics have been initiated as well as a range of youth prevention programmes (Macleod and Feltham-King 2019: 2). Nevertheless, Cooper *et al.* (2016) argued that South Africa “has shown mixed successes over the past two decades in advancing measurable sexual and reproductive health social justice outcomes and in confronting and meliorating social norms that undermine sexual and reproductive health and rights” (in Macleod and Feltham-King 2019: 2).

According to Joubert (2005, cited in Hendricks and Tanga 2019: 37), adolescent mothers are generally single parents exposed to stigma by their family and in their communities, causing stress for these adolescent mothers. Due to their situation of poverty, unemployment, lack of support, and lack of parenting skills, many of these mothers abuse their children out of personal frustration and confusion.

Teenage mothers’ low uptake on the Child Support Grant (CSG) suggests that greater effort should be made to assist young mothers to obtain identity documents for themselves and birth certificates for their babies, as this will contribute to the family’s income (Hall, Nannan and Sambu 2019: 114). Providing psychosocial support and ongoing developmental opportunities to address emotional and social needs is important for young mothers, strengthening their self-development, self-esteem, communication, and interpersonal skills (Adeagbo and Naidoo 2020: 23). Building a stronger relationship and interaction between HIV positive adolescent mothers and their children is important to strengthen emotional bonds in this vulnerable dyad (Adeagbo and Naidoo 2020: 23). Interventions aimed at reducing teen pregnancies should therefore target factors associated with the phenomenon, such as reducing early sexual debut; reducing unprotected sex by promoting consistent condom and other contraceptive use; increasing access to comprehensive life skills; equipping teenagers with sexual and reproductive health education; providing teenagers with

skills to negotiate safe sex with their partners; and making them aware of the implications of being a young mother (Reddy, Sewpaul and Jonas 2016: 2).

Related to the above discussion is substance use, to which the focus of attention now turns.

2.2.1.4 Substance abuse

In 2003, the World Health Organization (WHO) ranked South Africa 47th out of 189 countries in terms of alcohol consumption per person 15 years and older (South Africa, DSD 2016a: 59). The White Paper noted the wide-ranging negative consequences of substance abuse, recognising the phenomenon “as one of the greatest health and social problems in South Africa...” (South Africa, DSD 2016a: 58).

Substance abuse can be ascribed to any continuous use of harmful substances for mood altering purposes, which subsequently gives rise to both psychological and physical dependence in this regard (Jordan 2013, cited in Bougart 2019: 52). The more risk a child is exposed to, the more likely she is to become tempted to experiment with drugs. Protection against becoming a substance abuser lies in strong parental involvement and support to minimise the influence of high-risk peers (Jordan 2013, cited in Bougart 2019: 52).

It is estimated that approximately five people close to the adult substance abuser will be directly affected by their addiction (Pons, Barrón and Guijarro 2016: 1). This is also true for families of youth substance abusers. The adverse effects include physical, mental, and social stresses, resulting in depression, anxiety, and anger (Pons, Barrón and Guijarro 2016: 1). These manifestations are similar to those experienced during prolonged periods of stress, such as war, long-term unemployment, or one’s own or another family member’s chronic illness (Pons, Barrón and Guijarro 2016: 1). The multi-pronged and interconnected nature of the issues of educational and economic and social factors that challenge youth, including poverty, expressed themselves in illiteracy, HIV/AIDS, teenage pregnancy, and alcohol and drug abuse (Hlagala and Dichaba 2018: 183). Bellaire and Mc Nulty (2009: 644, quoted in Chetty 2017: 82) added that high poverty contexts are fertile grounds for drug abuse and crime. They also attributed the increase in the frequency of violence in these communities to gang

membership and drug selling. Akers (2011, cited in Chetty 2017: 83) argued that the “integral relationship between social learning processes, adolescent delinquency, criminal attitudes, and violent behaviour at the street and home in and disadvantaged contexts”. Chetty (2017: 83) pointed out that “young people who are economically constrained in poor communities become profoundly alienated and are more likely to seek status and respect in street gangs and to become involved with drug selling to generate subsistence income”.

The Summary Report on the Review of the White Paper for Social Welfare 1997 (South Africa, DSD, 2016a: 58) stated that alcohol was still the most commonly abused drug, and was “growing in popularity, especially in informal settlements and rural areas”. Montle, Mogoboya and Modiba (2019: 162) affirmed that South Africa has experienced a dramatic increase in drug abuse in recent years, with cannabis noted as the leading drug of concern. In the context of the above evidence, the role of community child and youth care workers in communities working directly with young people as well as with their families is an important consideration.

Schools, parents, and government should jointly promote awareness campaigns for young people about the risks of drug abuse (Montle, Mogoboya and Modiba 2019: 150). School and community programmes must promote “welfare, wellness, respect, ethics, and caring for each other” as essential elements towards the well-being of poor communities (Chetty 2015, cited in Ramson 2017: 65). Negative social relationships and insecure attachments are associated with drug and alcohol abuse (Fairbairn *et al.* 2018). Individuals who abuse substances may feel isolated and lonely in their addictions, and they may have chosen drugs and alcohol to help them cope with these feelings (Levitt and Leonard 2015).

It is suggested that working with children and youth with a prevention model invests in personal care and provides a warm and loving family environment for children. (Ramson 2017: 75). For children to feel secure and safe, their basic needs for love and care must be fulfilled, and if they cannot get this at home, it is important for society to create the mechanisms by which this can be provided to children. Ramson (2017: 75) proposed that investing in personal care and recreating a warm, loving family environment for children that are denied these basic needs, may, as a prevention

strategy, help children make positive choices to reduce illicit drug use and other risky behaviour for future generations (Ramson 2017: 75). Family support during the recovery process of a person with a substance abuse disorder is also widely known (Pons, Barrón and Guijarro 2016: 1). The role of child and youth care workers in community settings allows for the expansion of their attention to the key challenges experienced by children and their families, including responding to substance abuse. There is a need for innovative and multi-pronged approaches to the prevention of substance abuse, affirming the relevance of child and youth care workers in community settings.

The above section dealt with the concern of substance abuse among South African youth and the important role of child and youth care workers in this regard. The section below unpacks and defines the concept “NEET”, focusing on youth unemployment, lack of education and training, and the impact thereof on their lives, families, and futures, another reality experienced in the nation.

2.2.1.5 Youth not in employment, education and training (NEETs)

The discussion on youth unemployment is important in this literature review as it contextualises the strategic relevance of the scale up of the *Isibindi* model, in that 63% unemployed youth, mainly rural women, were trained and deployed over 5 years (NACCW 2019b: 2). This responded directly to a government priority to train, develop, and deploy unemployed youth in specific historically disadvantaged rural communities (Hall 2019a: 246). As reflected in the NDP 2030 (South Africa, NPC 2012: 14), “[Y]oung people deserve better education and economic opportunities and focussed efforts to eliminate gender inequality”. In addition, these trained child and youth care practitioners worked directly with youth at school, assisting them to progress and access further education and jobs wherever possible, responding systemically in the *Isibindi* model to a core government and internationally acknowledged concern.

Persistent high youth unemployment is one of the biggest social and economic challenges in South Africa (Wilkinson *et al.* 2017:17). Hall (2019a: 246) argued that South Africa has made no progress to the explicit target of the Sustainable Development Goals (SDGs), namely, to reduce the proportion of youth not in employment, education, or training by 2020. In 2018, there were 9.5 million young

people aged 15–24 in South Africa, and of these, 34% (3.2 million) were neither working nor enrolled in any educational institution, including school, college, or university (Hall 2019a: 246).

“NEET” is a term used to describe young people who are not in employment, education and training. The definition includes youth aged 15–24 who are not attending any educational institution and who are not employed or self-employed (Hall 2019a: 246). At a fundamental level, the concerns are linked to two main issues, namely: (1) the perpetuation of poverty, including intergenerational poverty, and (2) the implication of a large number of youth at risk who engage in risky behaviour, and may impact on social cohesion and the safety of communities (Hall 2019a: 246). An interesting observation from a 2012 report from the International Labour Office on intergenerational poverty emphasised that employed youth in developing countries have to work in order to survive, and so, in desperation, take jobs that keep them stuck in a cycle of poverty (Wilkinson *et al.* 2017: 29). In South Africa, both this sad reality as well as youth who are not in education, employment, or training perpetuates the cycle of intergenerational poverty. This is supported by Dutta (2015, cited in Cheteni, Khamfula and Mah 2019: 14) who stated that “low education levels leads to lack of formal employment. Thus, households with low education levels are expected to be in a poverty trap”.

In the absence of income, NEET youth remain dependent on the earnings of others in the home, on the grants that are paid out to the elderly as pensions, and on the child social grants that children receive. “As they age out of the child support grant, leave school and do not connect to the labour market they become “invisible” to the existing administrative systems” (Graham *et al.* 2019: 6). They are especially vulnerable and at risk of longer term economic and social exclusion and “in danger of scarring while transitioning into adults” (Graham *et al.* 2019: 6). The research further indicated that the old age pension has been utilised in job seeking activities, showing that it is the older generation supporting the younger, and that pensions provide support not only to older persons but also to their extended households (Madhavan *et al.* 2017: 1306). However, as pointed out by Hall (2019a: 246), the education system and labour markets remain the underlying problem. Although access to education has improved in South Africa, even at the secondary school levels, there is a sharp drop in attendance in Grade 10 to Grade 12, with a worrying figure of only half of the young

people in their early twenties having successfully completed Grade 12 (Hall 2019a: 246). This has reduced their prospects for further study. Youth unemployment is rife when young people do not have appropriate skills and work-related capacities to be employable, to set up enterprises of their own, and hence, struggle to make the transition from education to jobs (Hall 2019a: 246).

Being a NEET is associated with deteriorating physical and mental health, substance abuse, uncertain job prospects, discouragement in respect of participating in the labour market or education sector, social exclusion, and increased risky behaviour (Graham *et al.* 2019: 7). At a societal level, the adverse economic consequences include lost input, diminished government revenue, and increased public spending on social services and justice, and the policing system (Graham *et al.* 2019: 7). This perspective is reinforced by Booysen and Summerton (2002) and Rankin *et al.* (2012, cited in Wilkinson *et al.* 2017: 18) who discovered that high youth unemployment in South Africa is associated with higher crime, substance use, HIV risk, and ceasing to search for jobs. The presence of the child and youth care worker in communities is a helpful resource for youth who are NEET. Child and youth care workers have demonstrated support to young people, assisting young people to remain in school, access bursaries, and further their education and skills. Child and youth care workers are able to assist in job seeking activities and provide the appropriate psychosocial support at this developmental stage of youth. This is an especially important role required by youth in the contexts of poverty and unemployment.

Beyond qualifications, it seems that youth with relatives or friends who are working have more information on job vacancies, thus increasing their chances of employment. Additionally, youth who are more confident in their entrepreneurial skills are more likely to be employed (Wilkinson *et al.* 2017: 18-19). One of the most commonly cited employment barriers for youth was a lack of skills and experience, so it makes sense that youth who reported having skills were more likely to be employed (Wilkinson *et al.* 2017: 29). Completing high school and passing matric are also likely to increase attainment of employment (Mlatsheni and Rospabe, 2002, and Lam *et al.*, 2010, cited in Ardington, Menendez and Mutevedzi 2013). “However, training certificates or diplomas may be a more important predictor of employment than education because they can signal to the employer the presence of more concrete skills” (Mlatsheni and

Rospabe, 2002, Burns and Edwards *et al.* 2010, and Rankin *et al.* 2012, cited in Wilkinson *et al.* 2017: 18). All these pieces of research information are critical in relation to the design of prevention and early intervention community youth-focussed programmes, like the *Isibindi* model, which must design multi-pronged innovative individual, group, family, and community programmes that respond to the national NEET crisis.

Having reflected on NEET in the section above, and the necessity for programmes to target this vulnerable population group in their interventions, attention now shifts to another challenge experienced by young people in South Africa, namely, violence and abuse against children. The prevalence, risks, and impact of the latter in the South African context are described below.

2.2.1.6. Violence and abuse against children

Children in South Africa are exposed to child abuse, violence, and neglect. The 2016 Optimus Study on child abuse, violence, and neglect in South Africa estimated that 42% of children had experienced some form of violence and 35.4% of South African children experience some form of sexual abuse (Ward *et al.* 2016: 791). Evidence is now clear that sexual abuse is prevalent among boys as well as girls, and that very young children experience physical violence (Jamieson, Mathews and Röhrs 2018: 90). The Optimus Study also found that boys are more likely than girls to be victims of physical violence, while girls are more likely to suffer emotional and sexual violence (Mathews and Gould 2017: 61-63). The Optimus Study also found that 34.8% of children experienced physical violence, 26.1% experienced emotional abuse and 15.1 % neglect (Mathews and Gould 2017: 61). In addition, according to Jamieson, Mathews and Rohrs (2018:81-82) the findings from the Birth to Twenty Plus (Bt20+) study conducted on a sample of 2000 children in Soweto since their birth in 1990 indicated that 99% had experienced or witnessed some form of violence; 44% had experienced multiple forms of violence; 50% of preschool children experienced physical punishment as a form of discipline.

The information below indicates that responses to child abuse needs to target communities and families in all their diverse compositions. Community violence is a prevalent form of interpersonal violence in South Africa for children living in

communities of poverty (Falconer *et al.* 2020:1). The child protection system focusses on protection services to abused and neglected children living with extended family members rather than their biological parents, and tends to overlook the potential abuse of a child by a parent (Hall and Richter 2018: 28). There is growing evidence that violence against women and children co-occur in the same households, and that the effects of witnessing violence can be as detrimental as experiencing violence in childhood (Jamieson, Mathews and Röhrs 2018: 90). “Violence in families, whether physical abuse of children or violence between other family members, is a particular concern because of both its serious developmental consequences and the possible intergenerational transmission of such violence” (Ward *et al.* 2018: 467). Redfern *et al.* (2019: 1-2) affirmed that there is evidence of “intergeneration continuity”, where the victims of abuse are at risk of becoming perpetrators in later life, continuing the cycle of violence through the generations.

Unfortunately, for too many South African children, violent experiences are not once off experiences, but regular occurrences with few protective safe spaces (Falconer *et al.* 2007, cited in Falconer *et al.* 2020: 2). Violence impeded children’s ability to thrive at school and achieve their potential; it compromised their ability to thrive; increased their risks of mental health problems as well as substance abuse; and contributed to the “intergenerational cycle of violence and poverty” (Mathews and Gould 2017: 61). Communities that experience high levels of crime, violence, unemployment, and substance abuse are likely to have a negative impact on the mental health and behaviour of children in the absence of protective factors. Unsafe school environments where corporal punishment, cruel and humiliating punishment, sexual and gender-based violence, and bullying are prevalent present additional risks for children (Mathews and Gould 2017: 62). “Bullying refers to repeated acts of aggressive behaviour intended to cause harm and is typically characterised by an imbalance in power between the perpetrator and the victim” (Rigby 2002, cited in Boyes *et al.* 2020: 419). Rigby (2003, cited in Boyes *et al.* 2020: 419) found a correlation between bullying victimisation and poor mental health, including anxiety and depression. Mathews and Gould (2017: 61-63) referred to SDG 4, namely, that “there is the need to provide safe, non-violent and inclusive education facilities, for all to promote learning and better outcomes for children”.

Abramsky *et al.* and Jennings *et al.* (cited in Falconer *et al.* 2020: 3) argued that prevention is crucial both to protect children from harm, and to prevent the ongoing damaging cycle of abuse, compounded by long-term trauma from exposure to community violence. Children and families who have undergone abuse, neglect, and exploitation are eligible to receive therapeutic support and other services (Martin, Hall and Lake 2018: 125).

Children are at greater risk of experiencing or perpetuating violence when one or both parents are absent; when they are exposed to heightened conflict, such as domestic violence in the home; when they live in poor households; and when they are exposed to alcohol, drugs, and crime (in their households or community) (Mathews and Gould (2017: 61-63). Peterman *et al.* (2017, cited in Falconer *et al.* 2020: 19) heeded the point made by Cluver *et al.* (2014) that reducing the pressure of poverty in family homes and communities may ease the stresses that provoke violence toward children. In addition, Cluver *et al.* (2014, cited in Falconer *et al.* 2020:19) observed that the stresses of poverty make vulnerable youth prone to risky behaviours and increases their exposure to violence. It is in the absence of safe, stable, nurturing relationships and environments that aggressive and anti-social behaviour may manifest (Mathews and Gould 2017: 61-63). Ward *et al.* (2018: 467) affirmed that caregivers should be supported to develop warm and caring relationships with their children to protect them against sexual abuse.

“Combined interventions of “cash and care” with the combined interventions of caregiver social support, income and economic strengthening, response and support services, along with educational and life skills, have the potential to reduce risk of both the direct experience and the witnessing of community violence” (Falconer *et al.* 2020: 20). Safety from violence is critical for children to thrive. Children’s safety is influenced by individual factors, such as intellectual ability and gender; conditions in the home; the peer group, school, and wider community. Children most at risk of abuse from their caregivers include those with chronic illness, special needs, younger children, and children living in stressed and disorganised families (Mathews and Gould 2017: 61). Sustainable violence prevention strategies require the combined effort of all key stakeholders, including government, civil society, and academia (Mathews and Gould 2017: 61-63). “The strong associations between sexual abuse and substance misuse

and high-risk sexual behaviour also indicate that sexual abuse could be a behavioural link to South Africa's HIV epidemic" (Ward *et al.* 2018: 467). Programmes are needed to support families so that the children can have the basic developmental chances. In that, children who grow up with multiple stresses in their environments are greatly limited in accessing available opportunities in life (Tausendfreund *et al.* 2016: 8). "Programmes such as the Community Health Worker Programme, Community Care and the *Isibindi* programme provide services which include screening for poverty, substance abuse, violence, abuse, neglect and exploitation; referrals for social and material support; psychosocial and parenting support where needed" (Martin, Hall and Lake 2018: 124).

This section highlighted the challenges faced by children in South Africa in response to the first research question. The issues of orphanhood, child-headed households, and grief have been discussed in a uniquely South African context. Other challenges experienced by young people discussed in the literature review included teenage pregnancy; substance abuse; the reality of youth not in employment, education, and training (NEET); and the experience of violence against children and youth. This literature review paints a dismal picture that young people in South African communities will not thrive if additional community-based support is not offered at both a prevention and early intervention level. There is a need in communities and families for multi-dimensional innovative interventions that respond holistically to the needs of the child, the family, and the community. In the following section, the focus turns to their families and family work in the context of South African communities.

2.3 FAMILY WORK

The *Isibindi* model introduced the setting of family work to child and youth care workers in South Africa in 2001 (NACCW 2019b: 1). In this chapter, the answer to the first research question is followed by the second research question, which inquired *how child and youth care workers practised within the Isibindi model and how this responded to the needs of children in communities*. This is reviewed next, with a specific focus on South African families. Pivotal to the answers is the recognition that the context of the child and youth care services was the family, and that working directly with families provided the answers searched for, as "child and youth care

practice with families begins whenever we start noticing more closely what may be going on with each child or young person in their contexts” (Fulcher and Garfat 2015b: 46).

This section on family work begins by reviewing the status of families in South Africa (sub-section 2.3.1). It then looks at the composition of South African families (sub-section 2.3.2); issues faced by South African families in caring for their children (sub-section 2.3.3); child and family poverty (sub-section 2.3.4); the gendered nature of family care (sub-section 2.3.5); and working to support families (sub-section 2.3.6). This is followed by a discussion on child and youth care practice in community contexts (sub-section 2.3.7).

The literature review now focusses on an understanding of South African families with recognition of their historic realities, as well as the present contextual circumstances that face South African families.

2.3.1 Introduction to Family Work

In introducing family work, this section sketches the status of families in the South African context. An understanding of the impact of history on South African families is an important place to start in conceptualising family work. Under apartheid rule, all black South African families were oppressed and exploited, leaving a legacy of broken and fragmented families (Sadan 2018: 8). The history of racial, gender, and class inequalities have eroded the contexts, capacities, opportunities, and resources available for caring for children (Mkhwanazi *et al.* 2018: 70). In the democratic years that followed, the post-1994 years, policies to support and strengthen families were developed and implemented with an understanding that the state has a clear compact with families (Sadan 2018: 8).

According to Hall and Richter (2018: 22), “[T]he state is an amalgamation of individuals, families, interest groups and the different tiers of government, and it relies on families to reproduce the population and the workforce. It needs families to raise and nurture children, keep them safe, provide for their necessities, send them to school and support their educational development. It also needs families to care for sick children, help them access health care services, and bring them up with a set of

values that enables them to participate fully in society, with a long view towards the development of future generations. The State also plays a role in these dimensions of care, protection, material support, education, health care and social development”.

This comprehensive description demonstrates a symbiotic relationship between South African Government and families. This “compact” refers to the holistic protection of families in all the dimensions of care, with a recognition that members of these families make up the workforce of South Africa (Sadan 2018: 8). These family members are part of the voting South Africans who are equally concerned about the future prospects of their children and youth in the country. Issues of child protection, crime and safety, job security for unemployed youth, and concerns about food security and hunger remain a concern to both families and the State (Mkhwanazi *et al.* 2018: 70-79).

Children in South Africa grow up in diverse family structures. Understanding the diversity of family structures in South Africa allows one to comprehend the challenges experienced by South African communities and the support needed by families. This is the focus of the section that follows.

2.3.2 Family Composition

Family composition in South Africa is not simply the result of biological reproduction or marriage. Historical and social processes are key to understanding how families are constituted. South African families are diverse and fluid, sometimes strong and at other times vulnerable, changing all the time, and as they change, so do the systems of care for children (Mkhwanazi *et al.* 2018: 70). Family composition is central to decision making and child care practices in families. This does not only concern the range of different family members who take responsibility for the decisions linked to children, but also means that the care and protection of children, fundamental to their development and growth, resides in the shape of the family form or structure (Mkhwanazi *et al.* 2018: 70). Family compositions are influenced by contemporary realities, such as high levels of unemployment, poverty, and inequality, impacting on the struggles and trauma experienced by so many South African families (Berry and Malik 2017: 54).

There are three noteworthy characteristics of the compositions of South African families, providing the context for understating families in South Africa.

- Children in South Africa are least likely, despite marked family changes globally, to live in two-parent families compared to 49 other countries representing a majority of the world's population (Hall and Richter 2018: 25).

Culture, religion, and other factors influence the diversity of families (South Africa, DSD 2016a: 145). At an international level, it has been observed that two-parent families are becoming less common, marriage rates are declining, and non-marital childbearing is increasing (Hall and Richter 2018: 23). However, the White Paper on Families in South Africa (South Africa, DSD 2013: 39) continues to encourage the “establishment and sustenance of stable marital unions” in the face of wide family diversity in the country. Design of family services is not directed to respond to the diverse reality of South African families, but a vision of an ideal family out of touch with “well documented fluidity of household form” (Hall and Richter 2018: 27). Programmes and services offered to families should demonstrate “fluidity” in responsiveness and design.

- South Africa persists in the unusual dual housing arrangements where families have two homes. In addition, family members move between their homes that are in both cities and rural areas (Hall and Richter 2018: 25).

As the authors explained, at one level there is a strong South African tradition of children living with grandparents (Hall and Richter 2018: 25). However, there are financial implications of this type of arrangement for earning family members who have to contribute to two homes. The concept of the “black tax”, referred to by Mangoma and Wilson- Prangle (2019: 441), described this as the emerging black middle-class making monthly financial contributions to their direct and indirect families in both urban and rural areas. The implications for the education and rearing of South African children within the context of these circumstances of two homes are important considerations. The quality of care and education in urban and rural contexts may differ, leaving children straddling to integrate two different realities. These are critical points for consideration in family work, recognising again that diverse family forms present both strengths and weaknesses that need to be considered in family work.

- History and culture have both contributed to the unusual shape of South African families. Culturally, South African children have the tradition of spending time at the home of their grandparents, which has contributed to strengthening family bonds, promoting intergenerational learning, providing both companionship for the elderly, and also drawing on the care and support from grandparents and of non-working family members. However, this family structure has at its roots the apartheid migrant labour system, which resulted in the systematic exploitation of black South Africans and their families over many decades (Hall and Richter 2018: 25).

Apartheid's homelands system separated all black South African families into those who lived in rural poverty far away from economic activity, and migrant labourers who moved into urban areas and sent money to their families left in the rural homelands (Mangoma and Wilson-Prangley 2019: 447-448). Family members, mainly men, left their homes for jobs, leaving behind the women, elderly, and children.

The reality of children growing up as their parents possibly did in present-day South Africa, alerts one to the difficult cultural and financial conflicts, and painful choices that families face. Historically, the breaking up of families for migrant labour was due to the law that was enforced by the apartheid government. However, presently, many employed family members make these decisions on their own, based on the lack of development and job opportunities in rural areas (Mkhwanazi *et al.* 2018: 70). Often parents, mothers, and/or fathers leave their homes in rural communities to seek employment in cities. This has significant implications for the caring of children.

In terms of caring for children, the issues and challenges faced by South African communities and families are discussed next.

2.3.3 The Issues Faced by South African Families in Caring for Their Children

In this section, the focus of attention is on how children are cared for in their diverse families, the caring arrangements made for children, and the complexity of the urban/rural nature of caring for children in such families.

In rural communities and communities of poverty, those who aspire for a better life with more opportunities venture off to seek work, often leaving children in the care of grandparents (Mkhwanazi *et al.* 2018: 71). They find informal or second homes in the cities close to their jobs, and this introduces the concept of “two homes”, as noted earlier, with crippling financial implications due to stretching an income to meet the needs of two-family homes (Mangoma and Wilson-Prangle 2019: 445). In these and other situations, care of children are, according to Mkhwanazi *et al.* (2018: 79), negotiated within families, between families, and between families and the State. Decisions about who should care for children is based on information such as the quality of relationships between carer and the young person, potential educational opportunities and work opportunities, and the health and well-being of the carer (Mkhwanazi *et al.* 2018: 79). Care is also highly gendered, and women, more than men, are expected to provide care (Budlender 2018: 93).

Child care arrangements are family strategies, so decisions about who provides for the care include social and economic factors in the holistic interests of household survival (Mkhwanazi *et al.* 2018: 70). When biological fathers are unavailable to meet the needs of their children, their own fathers, brothers, or maternal grandfathers and uncles may fulfil his role, exposing children to being raised by multiple adult male figures, seeing this as their collective responsibility (Budlender 2018: 72). Again, the voices of children in these decisions are unclear. So the quality of caring, educational, and other opportunities they receive, is determined for them, not necessarily with them (Mkhwanazi *et al.* 2018: 71). These decisions are based on what is in the best interests of the whole extended family, not necessarily what is in the best interest of the child. Large extended families are often overcrowded in these homes (Hall and Richter 2018: 28), making it difficult to target services and programmes effectively for children and different adult family members (Hall 2019b: 158). It is important to note that service programmes need to equally be attuned to the needs and aspirations of the children who find themselves in these care arrangements without any choice of their own. In South Africa, kinship care is historic, widespread, and is negotiated within the family, while foster care is a form of alternative care provided by the state (Mkhwanazi *et al.* 2018: 73). In both care arrangements, the families and children need to be active participants in illuminating what is their best interests in the services provided to them.

In both urban and rural settings, children are often cared for by their grandmothers. Extended families play a significant role in the care of children in South Africa, with the majority of children not living with their parents, but with their grandparents or other relatives (Mkhwanazi *et al.* 2018: 72). In 2018, there were 2.7 million orphans in South Africa. Many of these adults, parents of working ages, were victims of the HIV/AIDS pandemic, leaving the elderly to take on the responsibility of caring for their grandchildren who lived with them, oftentimes with the support of these children when they themselves could not perform the caring tasks required (Hall and Richter 2018: 71). We see here the burden of care being shifted to orphaned children, as their grandmothers' struggle with the responsibility of caring for the children on their own. These grieving grandmothers faced a future without their adult children and without any financial contribution from them for the care of their children. Often, too, at this time, their old age pension was the only source of income.

The section above reflected on the issues facing South African families in terms of child-rearing and caring for children. Poverty, AIDS, orphanhood, and two-home families were some of the issues dealt with. The topic of the next section is poverty, particularly child poverty and family poverty in the context of South African families.

2.3.4 Child Poverty and Family Poverty

In this section, the focus is on the impact of poverty on both children and the capacity of their families to care for them.

Caring for children can be both demanding and stressful, especially where child poverty dominates in extended families with 85% of the children poor, and lone-parent households where 81% of the children are poor (Budlender 2018: 94). Access to documents represents a journey towards obtaining social security grants to alleviate the financial pressures experienced by families in caring for their children. Yet, despite evidence that marriage between biological parents is not a norm in South Africa, the birth registration processes assume that this is the case, making access to birth registration and other documents a challenging process that delays the effective access of social security grants (Hall and Richter 2018: 25-28). This has far-reaching implications for access to economic security for children in the context of poverty.

However, an “accumulation of shortages” is an interesting description of the holistic poverty experienced by families (Tausendfreund *et al.* 2016: 5). Factors such as unemployment, lack of income, food insecurity, chronic health problems, gender-based violence, and absent fathers have aggregated the experience of poverty in South African families. This is a description of a multi-problem family. However, the concept of “multi-problem families” refers only to the family system, describing families that have many problems. It hides the social deprivation experienced by these families because they live in communities that have multiple problems, thereby introducing the term “multi-problem communities” (Tausendfreund *et al.* 2016: 5). However, the term “multi-problem communities” neglects the inclusion of the “compact with the state” (Sadan 2018: 8) to intervene to regulate equal opportunities. This social justice agenda and struggle for equity must be understood in family work, as multi-problem communities characterised by poverty and social exclusion have a significant impact on children and child care interventions. The role of child and youth care workers is to support families and their children with the many challenges they face. This was highlighted by Molepo and Delport (2015: 151), broadening the role of child and youth care workers from responding only to the developmental care of children to working with parents (or caregivers), strengthening their capacity to care for their children.

2.3.5 The Gendered Nature of Family Care

Now, the focus turns to the implications of gender on family care in South Africa, and the gendered care of children living in diverse family forms and in rural traditional families.

As indicated in the Comprehensive Report on the Review of White Paper for Social Welfare 1997 (South Africa, DSD 2016a: 72), the unusual social structure and diverse family set-ups place a particular burden on women. Budlender (2018: 93) raised key family income issues that need to be considered in understanding family care in the context of South Africa. She noted that the gendered nature of child care and poverty is linked to the fact that women are more likely than men to live in poverty. Children are more likely to live with women, and hence, more children will live in poverty. This corroborates with the fact that in 2017, 76% of children were living with their mother, but only 38% were living with their father (Budlender 2018: 93). There is a distinct relationship between household structure and family income level. Children living with

one parent alone or in extended households are financially worse off (Budlender 2018: 99). She further pointed out that the state does provide support for reducing the cost of raising children through various provisions, including child support grants, school fee waivers, or no-fee-paying schools, and free primary health care services through clinics (Budlender 2018: 99).

Hence, women (particularly unemployed women) are the main caregivers of children, and include mothers, sisters, and daughters who are expected to provide child care and routine care, such as cleaning and cooking (Mkhwanazi *et al.* 2018: 72). "... financial contributions by non-resident fathers are generally small, irregular, or non-existent" (Budlender 2018: 100). Reforms on marriage and succession in customary law are ongoing in South Africa (Moore and Himonga 2018: 61). However, as with the implementation of all laws, it is the active and effective implementation of these specific laws that will improve the legal rights of women and children. This adds another perspective to the understanding of the poverty of women and child poverty in South Africa. According to Moore and Himonga (2018: 68), black rural women who are married under customary law (and their children too) continue to be excluded from the rights that exist in statutory law. These authors raised issues of concern from both the vantage point of women and children, which include forced early marriage of children; the inheritance rights, which includes extra-marital partners; girls and women married in polygamous marriages; and the financial consequences for women and children following marital dissolution (Moore and Himonga 2018: 68). Child poverty is linked to the gendered nature of child care. Both government and non-government programmes should promote innovative programme designs that take cognisance of these important facts to ensure that they do indeed respond to the Government's social "development" agenda (Taylor 2018: 164).

Bearing the contextual realities of South African children and families in mind, it is not surprising that the challenges faced by families are numerous, varied, intense, and long-lasting. Clearly, these families need support, which is the focus of the next section.

2.3.6 Working to Support Families

In working with complex families in South Africa, some of the aspects contained in the sub-sections that follow may strengthen the design of innovative programmes to respond more effectively to supporting families and their caregivers. These include a commitment to social development work (sub-section 2.3.6.1), family participation sub-section 2.3.6.2), and integrated case management sub-section 2.3.6.3).

2.3.6.1 Commitment to social development work

Social development “is an outcome of protecting people who are vulnerable and at risk using both social assistance and social welfare services. It is also an outcome of processes that enable communities to overcome structural conditions such as poverty and unemployment through strategies designed to promote capabilities, social infrastructure and effective participation in local government” (South Africa, DSD 2016a: 29). The strengths-based approach is well reflected in South African social development policies. The strengths-based approach needs to consider both existing and apparent strengths and potential strengths and competencies, shifting from focussing on problems and deficits to being resource-orientated (Tausendfreund *et al.* 2016: 10). Tausendfreund *et al.* (2016: 10) argued that a “needs-led care approach and building on well integrated professional networks will assist in the prevention of the crisis patterns of relapses in families in reoccurring”. Fulcher and Garfat (cited in Garfat *et al.* 2018: 28-29) referred to one of the characteristics of a relational child and youth care approach as a “needs-based focus”. Families weighed down with multiple problems, and who are living in communities faced with multiple challenges, require help with skilful linkages to available community and professional resources. Practising within a social justice and child rights agenda may create access to the rights and opportunities that exist. Keeping the focus on the needs of service recipients, engaging their full participation, and being led by the needs of those receiving services are the characteristics of the key attitudes and skills of practitioners needed (Metselaar *et al.* 2015: 68).

Tausendfreund *et al.* (2016: 10) expressed that the “potential effectiveness of home-based, flexible, integrated and multicomponent services” has been cited in international literature. Jamieson, Berry and Lake (2017: 93) expressed that home-visiting programmes are recommended to reach the most vulnerable households and

can perform multiple functions. These functions can be with families as a whole, with children in the families, with parents or key caregivers, with individual family members, and with the broader network of forces that impinge on family functioning. Martin, Hall and Lake (2018: 124) identified the *Isibindi* programme, a home-visiting programme, as one of the programmes that provided such services, which included screening for poverty, substance abuse, violence, abuse, neglect and exploitation; referrals for social and material support; and psychosocial and parenting support where needed.

2.3.6.2 Family participation

The full participation of families in influencing the design of services to support them leads us to the concept of “family-centred models” or programmes (Dunst *et al.* 1991, cited in Metselaar *et al.* 2015: 61). Family-centred models are defined as interventions and programmes in which the families “needs and desires determine all aspects of service delivery and resource provision” (Metselaar 2015: 61). Professionals are support to the families as they engage with them in ways that promote their decision-making, capabilities, and competencies. Practice interventions should be strength-based and build competency, creating access to resources and opportunities primarily aimed at strengthening a family’s capacity to build “informal and formal networks of resources to meet needs” (Dunst *et al.* 1991, cited in Metselaar *et al.* 2015: 61). Friensen, Koren and Koroloff (1992, cited in Metselaar *et al.* 2015: 61) described the qualities or professional behaviours of the social services professions and found certain professional behaviours that most parents considered to be important. These were honesty, a non-blaming attitude, supportiveness, and interestingly enough, inclusion in decision making, and promoting the concept of family participation. “A good service provider was identified as someone who listened well, helped to establish concrete and workable goals, respected them, included them as partners, provided clear and meaningful information, and demonstrated clinical expertise in helping them solve their problems” (Solomon *et al.* 1992: 61). “Government, civil society, researchers, health, education and social service professionals, all have an essential role to play in promoting nurturing care and creating enabling environments in which children can thrive and reach their full potential, as do parents, caregivers and children themselves” (Jamieson, Berry and Lake 2017: 95). We must provide children and families with “seamless support across their life cycles”, starting with the most vulnerable, ensuring that “no child is left behind” (Jamieson, Berry and Lake 2017: 95).

2.3.6.3 Integrated case management

Integrated multi-disciplinary case management provides the opportunity for coordination between care services and different social service workers who are in contact with the family system at the same time. Family interventions should embrace the complexity of family problems. According to Tausendfreund *et al.* (2016: 9), specialised programmes and services that focus on only one of many problem areas, often overlook the interrelationship between the problems. This runs the risk of demanding too much from vulnerable families through many varied goals and plans that lack prioritisation. Too often improvements through social interventions are hard to achieve in these complex life situations when there are different interpretations of the problem and how to address them from the perspective of the family and the different social service workers (Tausendfreund *et al.* 2016: 8). Baartman (2003, cited by Metselaar *et al.* 2015: 61) contended that what is required is the full involvement of families as the experts in their lives, partnering with relevant social service workers to work in an integrated approach, blending their different technical expertise and working developmentally together with families. The multiple systemic issues in communities that impinge on the multiple challenges faced by families must be addressed in programme interventions that service children, which in turn responds directly to the developmental agenda of the state, fulfilling the “social compact” of government with communities and families in South Africa (Sadan 2018: 8).

We conclude this section on family work by discussing the role of child and youth care practitioners in community settings.

2.3.7 Child and Youth Care Practice in Community Contexts

We need to reflect more deeply on the communities that are affected by our practice (Stephen and Gharabaghi 2019: 53). The nature of child and youth care work was described by Ricks (2001: 1) as the interconnectedness of the practice of the child and youth care worker in the reality of the child, which includes the dynamics of the family, context of the community, and network of community role-players and their interactions with each other.

Ricks (2001: 1) commented, “Child and youth care practice does not occur within a vacuum isolated from the rest of the world or people’s lives. It occurs within relationships that develop between the practitioner and the client(s). It occurs in the light of multiple relationships that the practitioner and the client have with the rest of the world. The process of practice involves the practitioner, the client(s), their families, the official ministries that are involved, the community, and the organisations of all parties *ad infinitum*. It is this web of relationships that creates and adds to the complexity of practice processes and as child and youth care practitioners we are in the middle of it”.

In understanding the context further, Krueger and Stuart (1999, cited in Garfat *et al.* 2018: 28) summarised that “examining the context” is being aware of the uniqueness of the helper, the other, the specific moment of the interaction, and the history of the moment of similar interactions. National and regional policies, political environments, organisational philosophies, statutory regulations, or the physical environments may be similar (Fulcher and Garfat 2015a: 13). However, these similar contexts may be experienced differently in situations of racism, exclusion, or marginalisation. Other characteristics, including different cultural traditions, experiences of trauma, personal histories being in alternative care, previous relationships, developmental stage, and specific capacities of the individual connections between child and youth care worker and the other person (Fulcher and Garfat 2015a: 13) are all relevant in examining the context.

Ricks and Charlesworth (2003: 4) asserted that with regards to community contexts, there are many choices to make. When child and youth care workers make decisions, they are guided by both their personal and professional boundaries. Their freedom of choices may be endless; however, they are bounded as professionals by professional frameworks (Ricks and Charlesworth 2003: 4). This sense of control and boundaries are guided by their “values, beliefs, knowledge, skills, cultural, theoretical orientations, and models of care”, promoting discretion in the ways in which they function in these practice contexts (Ricks and Charlesworth 2003: 4). The practice of the worker in this context should strive towards the “promotion of professionalization and inclusion, collaboration and partnership, mutual learning, shared power and control, and the embracing of complexity” (Ricks and Charlesworth 2003: 59).

The sections above provided a review of the literature on the contextual reality of understanding young people and their families in South Africa. In the following section, attention shifts to understanding child and youth care practice.

2.4 CHILD AND YOUTH CARE PRACTICE

In this reflection, the researcher attempts to define (sub-section 2.4.1) and delineate the characteristics (sub-section 2.4.2) of child and youth care practice.

2.4.1 Definition of Child and Youth Care Practice

Over the years, numerous attempts have been made to describe and define child and youth care work. Two prominent definitions referred to in South Africa include the international definition developed in 1992 by the International Child and Youth Care Education Consortium (Stuart 2013: 5), and the more simplified definition proffered by James Anglin (2001: 2). Both definitions are presented.

“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 emphasizes the interaction between persons and the physical and social environments, including cultural and political settings. Child and youth care practice includes skills in assessing client and program needs, designing and implementing programs and planned environments, integrating developmental, preventative and therapeutic requirements into the life-space, contributing to the development of knowledge and practice, and participating in systems intervention through direct care, supervision, administration, teaching, research, consultation and advocacy” (Stuart 2013: 5).

The above definition provided both the professional boundaries essential for the journey of professionalisation of the child and youth care field in South Africa as well as the room for the development of the child and youth care profession in South Africa in different settings (other than residential care settings). It also provides a sound contextual resonance with the history, cultural, and political realities facing child and youth care workers (and children, families and communities). The practice elements described in this definition are well reflected in the scope of practice articulated in the

statutory regulations of the SACSSP (South Africa, DSD 2014: 17) for the professionalisation of child and youth care workers. Some of the key elements of this definition are now reflected proudly in the South African practice of child and youth care work within the family and community.

The emphasis in the definition on further contextualising the practice within the cultural and political settings has particular relevance to South Africa with its historic realities of both the apartheid era of political oppression and exploitation of black people, and the post-apartheid era of transforming child and youth care services in a democratic South Africa. The focus on assessment, the assessment of client and programme, is resonant with the radical shift to providing child and youth care services at a prevention and early intervention level within the new mandate of the Children's Act. The *Isibindi* model (NACCW 2019b: 1) was designed by the NACCW to demonstrate the important role of child and youth care workers in families and communities in South Africa at a prevention and early intervention service delivery level. Gharabaghi (2018: 32) expressed in his reference to the *Isibindi* model that "... few practice contexts provide as much of an opportunity to engage service sectors and professionals from as expansive a range of contexts such as for example, housing, employment, education, health care, and criminal justice".

The definition offered by Anglin (2001: 2) simplifies the International Consortium definition as follows: "Child and youth care is work with children and youth, as whole persons, in order to promote their social competence and healthy development, by participating in and using their day-to-day environments and life experiences, and through the development of therapeutic relationships, most importantly the relationship with the particular child or youth who is the focus of attention. (The word 'therapeutic' is taken to mean 'having healing or curative powers; gradually or methodically ameliorative')".

Anglin (2001: 1-2) further identified a number of characteristics of child and youth care work, including the growth and development of children; responding to all aspects of the child as an integrated person; building competence through a strengths-based approach; contextualising the different relationships of the child within the reality of their everyday environment; the development of therapeutic relationships with

children, families, and other caregivers. Moreover, Anglin (2001: 2) described “therapeutic” as embracing healing in a gradual and systematic manner. The core elements and characteristics of this definition are elaborated on and clarified in the literature review through the discussions on the key child and youth care concepts, including relational practice, life-space work, and developmental care. These core elements and characteristics articulated by Anglin are expanded on further by White (2008) who summarised what she calls the hallmark characteristics of child and youth care practice, as follows: “[E]ngaging with children, youth, families and communities in collaborative and respectful ways; taking practical action to create the conditions for young people to experience meaning, worth & connection; supporting them to imagine hopeful futures for themselves and bringing oneself fully to the therapeutic relationships are hallmark characteristics of CYC practice” (White 2008: 109).

This description of child and youth care characteristics resonates with the child and youth care work practised in South Africa.

Having reflected on the various definitions and understandings of child and youth care practice above, the section below focuses on delineating the main characteristics of child and youth care practice.

2.4.2 Defining Characteristics of Child and Youth Care Practice

The core definitions presented above leads us to a discussion on the key or defining characteristics of child and youth care practice, especially relevant in community child and youth care settings, which includes relational practice (sub-section 2.4.2.1), life-space work (sub-section 2.4.2.2), and developmental care (sub-section 2.4.2.3). These are discussed next.

2.4.2.1 Relational practice

This section unpacks the concept of “relational practice”. In this regard, Krueger (2004 :1) described that, “... relational work is a way of being with youth in the lived experience. We bring ourselves to the moment and relate with youth, family members and other workers. Our goal together is to create as many moments of connection, discovery and empowerment for ourselves with each other”.

The depth in the concepts of “relational work”, “relational practice”, and “developing relationships” is reflected by Maier (1987: 12) as the bonding, the feeling of mutual dependence that is experienced by an individual with another individual in an experience of intimacy and closeness where there is promise of the support reaching out and beyond the present. Maier (1987) introduced in this description the concept of “mutuality”, reflected and referred thereafter in child and youth care literature references on the nature of relational practice. Krueger (2004: 2) called it “moments of connection”. The perspective that relationships are formed through the process of interacting, investing energy, and struggling together from the beginning of the contact (Maier 1987, cited in Garfat 2008: 12) is further developed by Stuart (2013: 121) who stated that “the relationship is often the intervention”, and that the focus should be on the relationship and maintaining that focus (Fulcher and Garfat 2015a: 10). According to Garfat *et al.* (2018: 20), we need to engage and “be” in relationships with intention for whatever time is available.

Garfat (2008: 31-32) suggests that “relational practice is a form of helping, while being true to the characteristics of contemporary Child and Youth Care practice, attends to the co-constructed in-between of self and other”. Fewster (1991 and 2001, cited in Garfat 2008: 31) amplified this perspective by emphasising that “the gift of relational practice is the gift of constant growth of self and other”. Relationships are based on both the shared and individual context of the child and youth care workers and the young person; this is central and characterised by connection and experience. In relational practice, both people within the relationship make meaning and interpret the relationship and the actions of the other person in the relationship (Stuart 2013: 213-214).

Bellefeuille and Jamieson (2008: 38) defined “relational practice” as “a dynamic, rich, flexible and continually evolving process of co-constructed inquiry... where meaning emerges within the space between the individual, family and community”. This definition describes the key elements of relational experiences that emerge meaningfully amongst key role players in community practice, including community stakeholders, community members, families, family members, children, and youth. It allows for the relationship between two individuals as well as individuals and groups

of people (as in families) to be embraced in this co-constructed, flexible, and dynamic process of relational work.

More recently, Garfat *et al.* (2018:) described 25 characteristics of relational child and youth care work. These were initially developed by Garfat in 2004 and have since evolved into various iterations in different journals and documents. The literature review reflects the inclusion of the characteristics of a relational child and youth care approach, incorporating the most recent inclusions. Garfat, Fulcher and Digney (2013: 10) identified some of the characteristics that define a child and youth care approach to working with children, youth, and their families, including “participating with people as they live their life; rituals of encounter, meeting them where they are at; being in relationships; using daily life events to facilitate change; examining context; being with people as they live their lives; pro-activity in interventions; intentionality; developmentally appropriate interventions; hanging out with people; hanging in, in both 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 (or the ‘shared experiences of engaging in a synchronized, dynamic connection with another or others’). Garfat and Fulcher 2012 18) note that “it’s all about us” and that it is our self-awareness and who we are that has influence and impact on young people. These characteristics are focused on work with children, contextualising children at the heart of child and youth care practice. Fewster (2003: 84) wrote that the “primary concern of the practitioner is with the subjective experience of the young person”.

According to Garfat (2008: 32), “engagement” refers to being involved, doing something like playing, talking, or engaging. Connection, on the other hand, involves a willingness to “let the other in”. Garfat (2008: 32) affirmed that it is only “when we and the children we are trying to help, reach the point of connection that we might become ‘an adult I can trust’ and therefore create the possibility, as Fritz Redl might have said, to become a ‘friend of influence’”. Child and youth care workers are agents of growth and change (Brendtro, Ness and Mitchell 2001: 1). In contexts where parental love and care are not available, they build resilience through the child’s *connectedness* to other significant adults in their lives providing protection (Jamieson and Richter 2017: 45). They added that “healthy relationships protect children and can

help them thrive despite adversity” (Jamieson and Richter 2017: 45). Children with disrupted families in disrupted communities need to replace this disruption with engagement. Adults who engage with young people foster trust, build self-worth, and offer positive role models as it is essential to build positive bonds with young people and to repair ruptures in relationships (Brendtro, Ness and Mitchell 2001: 16). Relational practice fundamental to child and youth work is essential in South Africa where ruptured relations impact on the growth and protection of children.

2.4.2.2 Life-space work

This section reflects on and describes what is meant by “life-space work”. According to Redl (1966, cited in Anglin 2019: 27), “[I]t usually takes about 50-80 years for the existing conceptual and theoretical formulations of a given period to translate themselves into the taken for granted commonplace knowledge of today, accessible to the non-specialist in a given field”.

The term “life-space” was coined by Kurt Lewin (1948), and Fritz Redl in the 1950s recognised the possibility for therapeutic relationships between workers and young people, where the relationships had a different focus and different possibilities than those between the young person and the therapist (Wood 1990: 110). Perry (2006, cited in Anglin 2019: 29) has very rightly observed, “[S]ome of the most therapeutic experiences do not take place in ‘therapy’, but in naturally occurring healthy relationships”.

Life-space work is at the centre of relational practice (Gharabaghi and Stuart 2013: 11) and represents the total physical and emotional space where young people and child and youth care workers interact (Smith, Fulcher and Doran 2013: 11). According to VanderVen (1991: 2), the responsibility of child and youth care workers is to “weave the fundamental elements of time and space together in a cohesive integration that is meaningful to children in the shifting contexts of their lives”. Life-space work is reflected in the dynamic relationships of young people with their child and youth care workers, their peers, their family, their community stakeholders, other professionals and stakeholders. These are fluid spaces that, according to Gharabaghi and Stuart (2013: 14), bring in both belonging and opportunity. “Life- space work is a way of

conceptualizing work with young people and their families in the spaces where their lives unfold”.

VanderVen (1991: 2) clarified that “it is here in these fluid spaces where young peoples’ lives unfolds that the child and youth care work finds its focus, which is to work in this life-space meaningfully improving the quality of life in that space, and ensuring that the space is developmentally and holistically growth producing”. According to Garfat (2002, cited in Smith, Fulcher and Doran 2013: 11), working in the life-space involves “the caring use of daily life events as they are occurring for the therapeutic benefit of the child, youth or family”. Maier (1987: 13) reminded us that how well we care is reflected in how the meaning of the “caring” is experienced. VanderVen (1991: 1) claimed that, “[T]here is no other profession that focusses on nature of the spaces within which it services its clients and adapts these spaces to meet the needs of the client, using the spaces as the context to launch and empower the other complementary services required”.

The immediacy of life-space work also creates “in the moment” opportunities that are important for the young person as her life is unfolding. This is the intentional work of noticing opportunities and integrating them into responsive actions in the moment.

Smith, Fulcher and Doran (2013: 10) agreed that the more child and youth care workers focus on teaching and learning in the moment, the more powerful their interventions are likely to be. It is because it is in these moments, which Garfat (2015: 14) calls “meaningful moments”, that one may be able transform something in the past and create something new for the future. The power lies in the present, in the teachable moment (Smith, Fulcher and Doran 2013: 12). Child and youth care work is more than anything else about being with young people in their everyday experiences, in their life-space, in their here and now (Smith, Fulcher and Doran 2013: xiv).

Anglin (2019: 31) contributed to this discourse on life-space work by saying that “the passionate commitment to walking alongside young people in their life-space listening deeply to the perspective of the child on their own experiences as their lives unfold is what life-space work is all about”. Phelan (2015: 127) added that, “[W]hat is needed, is a professional who can physically and emotionally join with the other person’s

reality, remain safe and confident in spite of any potential danger, and display the capacity and skill to move the young person towards a better place”.

It is life-space work at this level of connection that is effectively what child and youth care practice is all about (Phelan 2015: 127). Steckley (2013: 23) claimed that the orientation to life-space work, despite diverse child and youth care contexts, is what defines child and youth care practice, and unites child and youth care workers in their different geographical (country, city and community) and practice (residential care, community, family and school) settings. Steckley (2013: 23) affirmed that life-space work can be claimed to be a threshold concept, as it introduces a new way of thinking, a new way of looking at the world. Steckley (2013: 23) aptly noted that all threshold concepts embody the following common characteristics: they are *transformative*; they are *irreversible*; it is impossible to forget them once they're understood; they are *integrative* in their capacity; they promote the connection of previously unconnected ideas; they are *bounded* in that they often help to define the scope or boundaries of a subject area; and they are *troublesome* in that they can initially be counterintuitive or hard to grasp. Steckley (2013: 24) posited that “life-space” is a threshold concept central to what it means to think like a child and youth care practitioner. Working within the life-space of young people, according to Steckley (2013: 25), has an integrative power to bring together child and youth care concepts.

Allsopp (2006: 2) explained that the concept of “life-space work” is often distorted to pass as the real thing. Allsopp (2006: 2) provided two examples of these types of distortions, namely: (1) when child and youth care workers are only available with children in their physical life-space without an awareness of the emotional space, and (2) where developmental opportunities are missed when working with children. Allsopp (2006: 2) further pointed out that the lack of capacity or interest to manage the space toward therapeutic and developmental goals and needs of the young person cannot be called life-space work. According to Allsopp (2006: 2), “[I]n this situation child and youth workers are flotsam, being moved by the tide of the life-space instead of subtly directing the flow of interactions and happenings around them”. Often child and youth care workers believe that they have to counsel a young person in an office as a more effective demonstration of professional practice that is influenced and recognised by other sister professions (Allsopp 2006: 2). Finding their expression in life-space

practice allows child and youth care workers to offer a unique and conceptually coherent intervention to children and their families.

The concept of the “life-space interview” in education settings and with a focus on behaviour management for young people was first introduced by Redl (1959), a founding father of life-space practice (Long 1990). Long (1990: 10) described the concept of the life-space interview as “... a mediating role between a child and what life holds for him”. He further described the role of the child and youth care worker as mediating “between the stress, his behaviour, the reaction of others and his private world of feelings that he seems unable to handle without help”. The life-space interview is described as a method of recognising and understanding how a young person feels about what is happening to her by talking to her skilfully to elicit personal insight into her behaviour or her circumstances to strengthen her capacity to manage herself, her behaviour, her feelings and her reactions. It is essentially a skilful strengthening of the relationship between the adult and the young person in that moment. Effectively, the life-space interview is the provision of emotional support and strength and the “clinical” or therapeutic “exploitation” of the situation or life event taking place to meet the therapeutic and developmental need and goals of the young person (Redl 1959, cited in Long 1990: 10). This opportunity arises from the child and youth care worker recognising some behaviour the young person cannot manage with her own resources by herself (Long 1990: 11). Steckley (2013: 26) succinctly stated, in life-space work “practitioners take as the theatre for their work the actual living situations as shared with and experienced by the child’.

Further exploration revealed the varied dimensions of life-space work. These were articulated by Gharabaghi and Stuart (2013: 16) as follows: (1) the *physical dimension*, which not only involves physical locations but the experience of those locations by the five senses; (2) the *mental dimension*, which involves thoughts, feelings, and how a young person constructs or makes sense of his or her life-space; (3) the *relational dimension*, which is about what young people do with and within their relationships. This dimension can have a profound impact on how the various physical locations of life-space are experienced (and constructed) by the young person; and (4) the *virtual dimension*, which includes “those environments in which we interact and relate to others, but where all the senses are not fully utilised. This might include social

networking or other mediums supported by technology, but also includes madness, imagination and the spiritual world”.

According to Redl and Wineman (1952, cited in Phelan 2003: 72), the key difference between family therapy and family work provided by a child and youth care worker is that it is life-space work. Phelan (2003: 72) argued further that family work occurs during the daily real-life activities in the living moment, in the dynamic, less structured family home in all its diversity. He said that “the real work is less talking with and more doing with” (Phelan 2003: 72). He adds that the families often need practical help and support that responds to their physical needs (Phelan 2003: 72).

The section above described and defined life-space work, its main characteristics, and what it encompasses. The next section considers the concept of “developmental care” and explores this further by reviewing the concepts of “caring”, “nurturing care”, “responsive care”, “empathetic care”, and “loving care”.

2.4.2.3 Developmental care

Anglin (1999, cited in Mark, Fulcher and Doran 2013: 10) emphasised that child and youth care work is focused on the developmental care of children and young people. “Developmental care” is a foundational and core concept in international child and youth care literature (Krueger 2015: 12). In South Africa, it is embedded in the child and youth care scope of practice, as articulated in the statutory regulations of the SACSSP (South Africa, DSD 2014: 17). Developmental care is fundamental to South African child and youth care practice and is emphasised and integrated throughout all the modules in the core accredited training offered to all child and youth care learners (NACCW 2018a).

Ricks (1992, cited in Stuart 2013: 8-9) stated that caring in child and youth care practice includes three critical factors, namely: 1) the condition of need; 2) an attitude of concern, and 3) intentional involvement in intervention. Children and child and youth care workers care about each other in an interactive relationship, as reflected in the *Isibindi* model where these elements are found to be present. This helps in the understanding of developmental care where strengths-based work supports the progressive development of a young person (Stuart 2013: 239). The application of

development theory in child and youth care practice should be based on one's integrated understanding of developmental theory and the individual needs of the child (Phelan 2008, cited in Stuart 2013: 240). It is against this broad backdrop to the contextualisation of developmental care, that the key nuanced descriptions and interpretations of developmental care in the South African context will be explored further.

- **Caring**

Ricks (1992, cited in Thumbadoo 2012: 192) pointed out that “caring is action”. The term “care” refers to different acts which bring about a sense of being cared for, and includes physical tasks and activities associated with daily life, such as cooking food for the children, homework supervision, and family routines. Maier (1987: 42) emphasised that the quality of care provided to a child is more than just how they (the child and youth care workers) feel about the child but encompasses their capacity to translate that care into actions that are meaningful to provide a personalised experience (for the child) (Maier 1987: 42). “A caring person has been described as one who values the other person and recognizes that the other person needs care; a caring person has the energy, the spirit to care and respects the legitimacy, the authenticity of the other person; she sees the caring act as an end in itself not a means to an end; is non-judgmental, and believes that the other can be helped and is herself available to help; she embraces the act of caring and is willing to adapt her own needs to meet the needs of the person being cared for when that is necessary” (Austin and Halpin 1989: 37-42). Such caring work, noted Maier (1987: 188), involves engaging in everyday individualised care activities. Caring is a core characteristic of child and youth care practice and includes the physical, emotional, individual, relational, and collective caring about children, as described by Stuart (2013: 214). This ordinary everyday care contributes to the meeting of the developmental goals for an individual child in a particular setting, including ordinary everyday care. Professional caring is embedded in caring ethics and requires “that both parties show up, be present, be engaged at a feeling level for each other. The presence of feeling(s) provided a link which connects the worker and client. Very simply put, without this connection, without the feeling(s) in the relationship, the people do not matter to each other (Ricks 1992, cited in Smith 2011: 5).

- **Nurturing care**

The elements of “nurturing care” are interconnected and mutually reinforcing. The exact nature of what support is provided, how it is provided, and who provides it changes in the different stages of the child’s development (Jamieson and Richter 2017: 34-37). Berry and Malek (2017: 51) added that nurturing care is an essential ingredient for the full development of children and youth and is integrated with the provision of practical and essential needs, such as health care, food security, and educational opportunities. Nurturing care is concrete and practical care embedded in responsive caring that both meets children’s needs and promotes acceptance and belonging. Opportunities for the child and youth care worker to express nurturing care are present all the time and are often expressed through actions rather than words, such as hugs, touches, pats, smiles, and claps, all interspersed in daily activities, strengthening the fabric of the daily routine and activities. Garfat (NACCW 2015) referred to this as “making moments meaningful” reflecting the nurturing in the care, moment by moment. Developmental care has the added distinct characteristic of being nurturing care.

- **Responsive care**

Berry and Malek (2017: 51-52) noted that responsive caregiving is demonstrated through active and stable relationships between adult and child. These relationships offer the child a sense of acceptance, belonging, and connection through all the different developmental stages, providing them with emotional stability and security. This promotes trust, strengthens their capacity for personal power, and fosters independence that motivates meaningful action. This description of responsive caring is well aligned to the concept of “relational care” articulated in child and youth care literature (Stuart 2013: 216). While focusing on the role of caregivers, one must emphasise the *experience*, as care must not only be delivered, but also experienced as caring. “It is not enough simply to deliver the elements of caring without the message being received” (Maier 1987: 13). This provides a direct connection to the understanding of responsive care, where the responding adult has to demonstrate empathy so that the experience of caring connects with the needs of the child and is experienced as responsive. The capacity to care and build responsive relationships with children and families is at the heart of child and youth care practice.

- **Empathetic care**

Developmental care resurfaces in the literature with clearly aligned descriptive qualities. Richter (2006: 10-11) asserted that empathetic care requires one to see the child as a fellow human being, with the same needs for security, love, approval, and respect as we all have. This is when a deeper and more sustainable basis for care is possible. Steckley (2007, cited in Thumbadoo 2013: 105) added that “truly *being with* someone in compassion, however means ... somehow connecting beyond these roles while still fulfilling them”. Development care purports a deeper empathetic caring response to the child in fulfilling a deeper, possible unexpressed need. This was well-articulated in Stuart (2013: 216-217).

- **Loving care**

Nurturing caring experiences are essential for the healthy development of all children, but especially children without secure and permanent roots (Ainsworth 1985; Bronfenbrenner 1979, cited in Maier 1987: 11). In the South African context, social service professionals, including child and youth care practitioners, work with grieving children, orphaned children, in informal or formal foster care arrangements. These are children who are often hungry and living in poverty (Hall 2019d: 221), reaching out for nurturing caring experiences that are responsive to their needs. Developmental progress and change cannot take place if the basic needs of children are not met. Simple physical acts of caring, like feeding children, can become nurturing experiences of caring and love as noted by Thumbadoo (2012: 194). The nurturing and loving care needed by children in communities is reflected in the timeless words of Pringle (1975: 1) on the importance of a mother’s love: “[S]uch love is extremely difficult to replace and hence it makes the child vulnerable when it is lost to him, temporarily or permanently”. In the context of children who have been orphaned, and in diverse family structures without their mother’s care, the need for loving relations with well-functioning adults is critical for the development of children. Jamieson and Richer (2017: 37) argued that *Isibindi* aims to supplement the capacities of highly vulnerable families to provide nurturing care for their children. According to Garfat and Fulcher (2011: 21), “[A]n act of love and loving is where one holds the others dear, one cherishes their being, and ultimately one acts in the context of love in a non-

exploitative manner”. Long (2007, cited in Smith *et al.* 2013: 130) expressed that when one responds with regards to feelings of compassion, this behaviour can be seen as an act of kindness. Love is bound up with the very notion of care. Lynch (2009, in Smith *et al.* 2013: 43) referred to love, care, and solidarity, interchangeably. A Canadian First Nations author, Wagamese (2009, cited in Anglin 2019:14), said: “[I]t is being ripped from love that causes the wound in the first place and it is only love in the end that heals it”. Lausten and Frederiksen (2016: 91) affirmed the famous quote from Bronfenbrenner (1991) that “every child needs at least one adult who is irrationally crazy about him or her”. They added that children’s emotional development, ability to create social relations, and hence, experienced feelings of recognition, are linked to loving care and social support (Lausten and Frederiksen 2016: 101). A South African child and youth care worker from an *Isibindi* project observed that “love draws us together, I love them and they love me; children know we will fight for them, they must tell us their stories and they know we will report abuse cases to the police” (NACCW 2011: 18).

There is an interesting array of descriptive words used to preambulate care, strengthening the understanding of care and caring in the literature. Anglin (1999: 10) and Krueger (2015: 12) articulated *developmental* care; Maier (1987: 12) mentioned *caring* care; Maier (1987: 12) and Jamieson and Richter (2017: 37) expressed the concept of *nurturing* care; Jamieson and Richter (2017: 37) introduced the concept of *responsive* care; Richter (2006) described the concept of *empathetic care*; and Thumbadoo (2013) reflected on the notion of *loving* care. While each of these are nuanced aspects of developmental care, together they provide a comprehensive understanding of the subtlety, complexity, and richness of the concept of “care”. It is very important to pay respect to the subtle variations and their contribution to the integrated and fulsome understanding of care. It is in this nuanced understanding of care that lies the understanding of its relevance and potential to open a gateway to opportunities for the development and healing of children in very different and difficult circumstances. Concepts such as “thriving” (Harrison 2017: 45) and “mothering” (Ribble 1945, cited in Weiner 1991: 87) have entered this space, providing for a rich and growing understanding of development and care in a South Africa context.

Child and youth care as a direct, practical, ethical, and relational practice is a fertile space for the blossoming of love. Love is nurtured and grows in the ordinary daily life events, in “the daily routines and basic tasks; the regular contacts, in greetings and farewells; in daily rituals and shared experiences (White 2008, cited in Smith 2011: 206). This is the expression of developmental care in a life-space approach in child and youth care practice, where the use of everyday events as they occur promote growth, the kind of growth that emerges from human connection and relationship (Smith 2011: 192).

The above section defined and described “developmental care” and all its encompassing characteristics and dimensions. Attention now turns to the matter of children’s rights as depicted in the literature.

2.5 CHILDREN’S RIGHTS

The United Nations Convention on the Rights of the Child (UNCRC), although adopted thirty years ago, still remains the leading international instrument recognising the human rights of children across all areas of their lives (United National General Assembly 1989). Kilkelly and Liefwaard (2019: 524) stated, “The Convention is based on a contemporary view of childhood, where beyond welfare and paternalism, children are considered to be fully fledged owners of human rights”. In addition, the African Charter on the Rights and Welfare of the Child adopted in 1990 has contextualised these rights for the African continent and has influence on the protection of the rights of the African child (Organisation of African Unity, Secretary General of the Organisation of African Unity 1990). The Constitution of South Africa includes the Bill of Rights for children, making children’s rights an integral part of both the Constitution and the Bill of Rights (South Africa 1996a; 1996b). The Constitution embeds a child rights perspective throughout all government departments (Kilkelly and Liefwaard 2019: 522).

South African policies (e.g. the White Paper on Social Welfare) and legislation (e.g. Children’s Act, Act No 38 of 2005; Child Justice Act, Act No 75 of 2008), as well as various other guideline documents and training programmes (e.g. Further Education and Training Certificate, NACCW 2018a) have reflected the inclusion and commitment

to the upholding of children's rights, promoting a child rights framework for working with children.

Section 28 of the Constitution on children's rights represents a unique constitutional provision, impressive in its simplicity and its scope (Kilkelly and Liefwaard 2019: 522). It recognises the child's rights to name and nationality, family and alternative care, basic nutrition and healthcare, protection from exploitation and abuse, and protection from the arbitrary detention. In line with the United Nations Convention on the Rights of the Child, Section 28(2) of the Constitution defined a "child" as a person under 18 years, and it indicated that a child's best interests are of "paramount importance in every matter concerning the child" (South Africa, 1996a; United Nations General Assembly 1989). Section 28(2) of the Constitution goes beyond the United Nations Convention on the rights which requires that a child's best interests are "a primary consideration". The provisions in Section 28(1) of the Constitution provided children the right to a legal practitioner at state expense in civil proceedings affecting the child (Kilkelly and Liefwaard 2019: 527). This is significant in that it promotes participation of children as a "legal actor" and supports their access to justice (Kilkelly and Liefwaard 2019: 527).

While the child rights legislative framework in South Africa is impressive, the actual, practical realisation of child rights remains a struggle. Models, theoretical perspectives, and legal frameworks, like the UNCRC, while indispensable to our understanding of social justice, never completely translate to what happens on the ground (Irizarry *et al.* 2016: 69). Hennessey (2011, cited in Smith, Fulcher and Doran 2013: 150) agreed that it is only relationships that can move them from being an idea in print to an experienced reality. However, maybe there is also the need for the political will of government officials at all levels, especially at localised levels, to show commitment to upholding, protecting, and promoting children's rights.

Bhardwaj, Sambu and Jamieson (2017: 22) opined, "[C]hildren are still being denied their rights; they live in extreme poverty, die from preventable causes, are subjected to abuse, and fail to learn due to poor quality education". In addition, young rural women in South Africa are still subjected to the practice of *Ukuthwala*, which is a culturally condoned community crime where young girls are abducted without consent

from parents, and the young woman is claimed as a wife after being raped (Thaba-Nkadimene, Molotja and Mafumo 2019: 81). Fortunately, in both cases of forced marriages and *Ukuthwala*, the South African legal system provides protection. The law prohibits minors to enter into customary marriage before 18, despite parent's permission (Matthee (n.p.), cited in Thaba-Nkadimene, Molotja and Mafumo 2019: 81). However, this is a child rights violation that is commonplace in communities, and one that needs enforcing.

In addition, although the reform of customary marriage aimed to harmonise culture and equality with constitutional rights in order to strengthen women's choices and children's rights, this has not necessarily been effective in practice where issues of forced early marriages, and where girls and women married in polygamous marriages continue to take place (Moore and Himonga 2018: 68). Implementation of these law reforms often do not take place consistently due to ineffective key community stakeholders, including court officials, traditional leaders, officials from government departments, and citizens who do not know about the new laws (Moore and Himonga 2018: 68). What is true is that, no matter the laws and protocols, actualising children's rights will be undertaken through people and human relationships (Hennessey 2011, cited in Smith, Fulcher and Doran 2013: 150).

Melton (2008, cited in Smith, Fulcher and Doran 2013: 151) commented that the ultimate goal of the UNCRC is towards the "establishment of communities in which children feel that they are treated like people who count and in which their functions and opportunities in community life naturally evolve and expand". The expectation is that children's interactions take place in a context in which the adults in their lives, especially their parents, are also treated like people by public authorities are strengthened, so that the institutions at the heart of society are strengthened as centres of communities (Melton 2008, cited in Smith, Fulcher and Doran 2013: 151). Recognition of children's rights within such an orientation does not imply that the rights of others become less important. Rather, an appropriate rights consciousness "both reflects and stimulates a culture of caring and reciprocity" (Melton 2008, cited in Smith, Fulcher and Doran 2013: 151). Children's rights must be strengthened in the homes of children and realised in the relationships that exist within communities where adults and children come together (Roosevelt, cited in Smith, Fulcher and Doran (2013: 153).

The inclusion of Ubuntu into the realm of justice in South Africa has helped to strengthen a child right's culture in their practice. Langa (1995, cited in Bennett 2011: 34) stated that interdependence in Ubuntu is linked to the recognition that a person is entitled to unconditional respect, dignity, value, and acceptance from its community, and reciprocally in that the person has to give the same respect, dignity, value, and acceptance to others in the community. "The community then forms the realm for the manifestation of Ubuntu or humaneness and is imbued with a deep sense of social consciousness", emphasising a sharing, co-responsibility, and the mutual enjoyment of rights by all (Bhagwan 2017: 66). These perspectives blend the values of Ubuntu with legal mandates and promote advocacy efforts in human and children's rights. Ubuntu demonstrates the capacity in African culture to express compassion, reciprocity, dignity, harmony and humanity toward mutual caring and in the interests of building and maintaining community justice (Nussbaum 2003: 2).

Nelson Mandela argued that "there can be no keener revelation of a society's soul than the way it treats its children" (Nelson Mandela Children's Fund 1915: para 3, line 1-2). This leaves South Africans with the opportunity to ensure that programme designs for children and families advocate for and facilitate the implementation of a child right's framework by facilitating productive relationships with key officials and community stakeholders.

The above section considered children's rights in the South African context as perceived in the literature on the topic. The central African concept relevant to the discussion, Ubuntu, is described next.

2.6 UBUNTU

Ubuntu is a philosophy originating from sub-Saharan Africa where the Bantu people live. *Buntu* or *bantu* refers to a human being, while Ubuntu depicts the meaning, content, and quality of being a human (Mugumbate and Chereni 2019: 28). Human excellence refers to the quality of a human being (Mugumbate and Chereni 2019: 28). The maxim "It takes a village to raise a child" refers to the meaningful interaction between the child, family members, and community stakeholders that are necessary

for children to achieve human excellence. According to Hlongwane *et al.* (2018: 61), the African proverb, “It takes the whole village to raise the child”, promotes the understanding that children belonged to the whole community. This quote epitomises the way in which Ubuntu has promoted social cohesion through showing unconditional love and caring for all (Hlongwane *et al.* 2018: 64). “Adults play a critical role to create the relational conditions that enable children to realise their personhood” (Mugumbate and Chereni 2019: 28). The use of Ubuntu “allow[s] us to shift the moral reasoning and ethics of decision-making from a field of philosophy shaped by the Global North, to the everyday values, decision-making and consequent practices of people in much of Africa” (Sambala, Cooper and Manderson 2019: 1).

Furthermore, Gluckstein (2010) provided the following description of Ubuntu: “We are set in a delicate network of interdependence with our fellow human beings and the rest of creation. In Africa the recognition of our interdependence is called Ubuntu. It is the essence of being human. I am human because I belong to the whole, to the community to the tribe, to the nation to the earth. Ubuntu is about wholeness, about compassion for life” (Gluckstein 2010: np).

It is interesting that Gluckstein (2010) included the earth in his description. Mugumbate and Chereni (2019: 28) presented a framework of Ubuntu that includes the individual, the family, the community, the environment, and the spiritual as five integrated levels. This integration of different dimensions was also acknowledged by Sambala, Cooper and Manderson (2019: 2) when they noted that “within the philosophy of Ubuntu, people exist because of their interconnections, interdependence and interrelationships”. The value of compassion is embedded in an understanding of Ubuntu which demands that the individual recognises others’ sufferings as their own. The value of concern for others is inherent in Ubuntu thinking about the needs and difficulties of others, and embracing them (Sambala, Cooper and Manderson 2019: 1). While body, mind, knowledge, inheritance, possession, and interventions may belong to the individual, they are only meaningful insofar as they contribute to the betterment of the self, together with family and community (Mugumbate and Chereni 2019: 30).

Child and youth care work is relational work and the spirit of Ubuntu in a child and youth care practice context provides “a fountain from which actions and attitudes flow”

(Nussbaum 2003: 2). Life-space work has been defined as work that takes place in the immediacy of the child's shifting environment and is aimed at optimising the child's experience of life through the presence and actions taken by the child and youth care workers (Phelan 2015: 127). The spirit of Ubuntu resonates with child and youth care theory and practice. Ubuntu is the consciousness of our natural desire to affirm each other and respond towards each other with the notion of the common good in the forefront of our minds (Nussbaum 2003: 2). Letseka (2013a, cited in Chisale 2018: 3) argued that young people who are orientated in the philosophy of Ubuntu have the potential to become citizens who treat others with justice and fairness.

When children and young people experience good adult role models, they emulate the values that they observed and experienced from these adults. The spirit of Ubuntu as captured in the expression "I am because you are", means that young people can learn from the varied adults in their community, that "we all are, therefore I am", or "I am a human because of your humanity", and in this way, we "develop community" (Metz 2007: 334).

The philosophy of Ubuntu is an African worldview of unity, respect, care, and love for fellow human beings, no matter who they are (Hlongwane *et al.* 2018: 61). It symbolises a personality that embodies sympathy, compassion, benevolence, solidarity, hospitality, generosity, sharing, openness, affirmation, availability, kindness, caring, harmony, interdependence, obedience, collectivity, and consensus (Hlongwane *et al.* 2018: 53-64). Ubuntu promotes the spirit of appreciating, valuing, and loving one another and everything that belongs to them (Hlongwane *et al.* 2018: 61).

Stephen and Garabaghi (2019: 53) argued that child and youth care practice is "explicitly and purposively constructed outside universalistic categories", providing the space and opportunity for concepts such as love and care, life-space and everyday life events, engagement, rights, and family and community to be constructed and reconstructed in accordance with uniquely positioned and ever-evolving social relationships in particular settings. Ubuntu exists in professional practice in Africa and is reflected in the code of ethics for Social Workers in Zimbabwe. In South Africa, it is the White Paper for Social Welfare that states that social development is guided by

key principles such as democracy, partnerships, Ubuntu, equity, and intersectoral collaboration, among others (South Africa, DSD 1997). The White Paper further described Ubuntu as the principle of caring for each other's well-being and fostering the spirit of mutual support. Stephen and Garabhaghi (2019: 53) encouraged the adoption of Ubuntu in practice settings: "The unique manifestations of community child and youth care practice in South Africa is encouraging because of its development in response to a context and a need. While it doesn't claim to be perfect, we consider it a great theoretical reference for the ways in which child and you care practice could unfold based on transcending current divides between orthodoxies and counter-movements".

This excerpt above concludes the section that unpacked the importance, value, and contribution of the concept of "Ubuntu" in the South African setting. Some concluding remarks are provided next.

2.7 CONCLUSION

In this Chapter, the literature review introduced the key defining child and youth care concepts and juxtaposed these with an updated literature review on key contextual realities facing children in their families and in communities in South Africa, which was relevant for situating this research study. The research review provides the background relevance to this study which is a study of community child and youth care practice in South Africa. The discussion of the historic and contemporary realities for children and families has been accessed from local literature to paint a realistic picture within which the child and youth care practice is situated. The relevance of international child and youth care literature to this localised reality has been the focus of this study.

The research findings will be presented in Chapter 4, followed by a further presentation of selected literature in Chapter 5. This is to allow the research findings to be reviewed against the lens of key and relevant literature that is aligned to the theoretical framework that emerged. In the next chapter, the research methodology undertaken in this study is discussed in detail.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

The previous Chapter presented the literature review of this study on child and youth care practice. The Chapter looked at developments and establishments in this emerging field, giving special attention to the South African context. Specific issues facing the youth in the local context were identified and discussed. Attempts were made to delineate the scope of this field, provide a working definition of child and youth care practice, and distinguish its defining characteristics. The current chapter, however, describes the methodology employed in this study. The major purpose of conducting this research was to understand the needs of children in South African communities, the practice of child and youth care workers in these communities, and how child and youth care workers responded to the needs of children. This was done in order to develop a theoretical framework to guide child and youth care practice in the South African context. A grounded theory research approach was adopted to address the research questions surrounding the phenomenon under study. To achieve this, several methods were employed in this research.

A qualitative research inquiry was used to implement this study, with grounded theory being the approach to guide the inquiry. The main instruments for data collection were semi-structured interviews and focus group discussions. These provided broader and in-depth insights into the phenomenon under study. The manner, method, and scope of collecting data are determined by the chosen methodology. All the implemented steps and processes are discussed at length under specific headings.

Thus, the outline of the current chapter is as follows. The first section introduces the chapter (section 3.1). This is followed by a description of the research approach (section 3.2). The next section explains the research design and methodology (section 3.3) with a discussion on the grounded theory approach (sub-section 3.3.1); study setting (sub-section 3.3.2); study population (sub-section 3.3.3); theoretical sampling

(sub-section 3.3.4); study sample (sub-section 3.3.5); data collection method (sub-section 3.3.6); and data collection process (sub-section 3.3.7). Following this is the data analysis (section 3.4), which includes memoing (sub-section 3.4.1); coding (sub-section 3.4.2); constant comparison method (sub-section 3.4.3); and data saturation (sub-section 3.4.4). The Chapter then looks at the emergence of theory (section 3.5). The next four sections cover the ethical considerations (section 3.6), the verification strategies, and reliability and validity (section 3.8). The last section concludes the Chapter (section 3.9).

Having introduced the Chapter and all that it encompasses in the introductory section above, attention now shifts the research approach adopted in this study, including reasons for the choice of this approach.

3.2 RESEARCH APPROACH

3.2.1 Qualitative Research

This study adopted a qualitative approach. A qualitative approach, as explained by Fossey *et al.* (2002: 717), “[A]ims to give privilege to the perspectives of the research participants and to illuminate the subjective meaning, actions and context of those being researched”. Qualitative data collection comprises three common processes, namely, interviewing individual participants, focus group interviews, and participant observation (Fossey *et al.* 2002: 726). In a qualitative approach, the researcher situates herself, collects participants’ understandings, focuses on a single concept, brings the self into the study, studies the contextual realities of the participants, validates the accuracy of the findings, interprets the data, creates a framework for change, and lastly, collaborates with the participants in this process (Creswell 2009: 17).

Adding to the above description, Ritchie and Lewis (2005: 32-33) indicate the suitability of this approach when the phenomenon being investigated portrays the following features:

- 1) *It is poorly defined or not well understood*: The qualitative approach is generative, allowing issues to be explored fully. It provides an in-depth understanding of an issue, situation, or problem.

- 2) *It is deeply rooted*: This refers to a phenomenon being deeply embedded within the participants' personal worldview and lived experience. These include traditional values or beliefs that impact on and influence behaviours, as well as responses to emotional events that are deeply distressing or joyous.
- 3) *It is of a complex nature*: There are different levels of complexity in the phenomenon that unfolds in the process. One is therefore not able to formulate an immediate position on a view or belief.
- 4) *It is sourced from local "experts"*: People are experts of their own reality, experiences, and practices. Their viewpoints on a phenomenon therefore requires questioning of an exploratory and responsive nature.
- 5) *It is delicate or intangible and of a sensitive nature*: Nuanced and sensitive phenomena present themselves in ways that are difficult to capture, such as the elusive nature of feelings, thoughts, relationships and encounters between people that are contextualised in the unfolding of time in any event or situation.

As the focus of this study represents all of the above features, the qualitative research approach was selected as the appropriate approach to utilise in this study. The characteristics of qualitative research was assessed by the researcher and found to fit in with the grounded theory approach to research. This is discussed below.

- 1) **Natural setting**: Data are collected in the settings or context where participants experience the phenomenon under study. This more intimate information is gathered by talking directly to the participants and making observations of their behaviour in their own world (Creswell 2009: 174). In this study, the research was conducted in the communities, homes, and spaces as close to the worlds of the research participants as possible.
- 2) **Researcher as key instrument**: According to Creswell (2009: 174), the tool for gathering data in qualitative research is the researcher her/himself. It is the researcher herself who observes behaviour and interviews participants. In such studies, the sensitivity and awareness of the researcher is to create safety, as a safe context is imperative for the data collection process. This offered more than just the opportunity to gather data, but also the

opportunity to encounter the community members, child and youth care workers, and the children in an intimate, human, and real way (Garfat, 1998: 155).

- 3) **Participants' meaning:** Padgett (1998: 8) talks about “capturing the ‘lived experiences’ from the perspectives of those who live it and create meaning from it”. According to Creswell (2009: 175), the research process focuses on the meanings study participants ascribe to their experiences or problems, rather than the researcher’s experience, or perspectives in the literature. In this study, the researcher focussed on the experiences of the participants and grounded her research on the evidence from the data.
- 4) **Emergent design:** In qualitative research, the initial research plans may change as the researcher enters the field and collects the data. Although there is a plan for the research, it is possible that the questions may change, the forms of data gathering may be revised, and the individuals studied and projects visited may be modified (Creswell 2009: 175-176). The grounded theory design approach described below demonstrates the commitment of grounded theory to emerging research and is reflected in this research process and the resultant findings.

In consideration of the above characteristics, the researcher concluded that the qualitative approach would be effective to achieve the aim of this study which was to identify the unique needs of children and their families within different community contexts across South Africa, and to develop a theoretical framework for understanding how child and youth care practice within the *Isibindi* model responds to these needs.

Qualitative researchers may view their qualitative studies from a particular theoretical lens (Creswell 2009: 176), as in this case, where the study was based on a grounded theory approach.

The next section looks at the research design and methodology.

3.3 RESEARCH DESIGN AND METHODOLOGY

According to Creswell (2009: 3), research designs are the plans and procedures for carrying out the research, including the decisions from broad assumptions to detailed methods of data collection and analysis. The selection of a research design is based on the nature of the research problem or issues being addressed, including the researcher's personal experiences and the target audiences for the study. The worldview assumptions of the researcher should inform the decisions regarding these procedures of inquiry (or strategies) and the specific methods of data collection, analysis, and interpretation. However, Ritchie and Lewis (2005: 74) more specifically indicated that a good research design is "clearly defined, with coherence between research questions and methods". Nevertheless, they point out that in qualitative research, the relationship between study design, theory and data collection are iterative. In addition, Kumar (2005: 84) noted that a research design is a blueprint, a plan or a strategy.

The topics discussed in this section include the grounded theory approach (sub-section 3.3.1) used in this study, followed by an explanation of the study setting (sub-section 3.3.2); study population (sub-section 3.3.3); theoretical sampling (sub-section 3.3.4); the study sample (sub-section 3.3.5); data collection method (sub-section 3.3.6); and data collection process (sub-section 3.3.7). These topics are discussed under their respective headings below.

3.3.1. A Grounded Theory Approach

According to Flick (2018: 129), "[Q]ualitative research fits the traditional, linear logic of research only in a limited way. Rather, the circular interlinking of empirical steps, as the model of Glaser and Strauss suggests does justice to the character of discovery in qualitative research". Flick discusses the notion of process in a grounded theory approach to research and clarifies that it "is not to reduce complexity by breaking it down of variables: rather it is to increase complexity by including context" (Flick 2018: 125). He further notes that the research method that is selected for a research study must be appropriate to the focus of the study and hence chosen accordingly (Flick 2018: 125). The grounded theory approach was selected for this study because the researcher wanted to generate a theory of good community-based child and youth

care practice. The grounded theory approach was a method proven effective for this task, as reflected in the study by Anglin (2002) on child and youth care workers in residential care. There are different types of qualitative approaches; however, the grounded theory approach was best suited to generate theory based on actual practice, and has proven to be effective in past studies.

The grounded approach, first introduced by Barney Glaser and Anselm Strauss (1967), was selected as the most suitable research method for this study that sought to develop *a theoretical framework to guide child and youth care practice in South Africa*. “At the heart of the grounded theory approach is a belief in the embedded nature of theory. That is, a substantive theory of practice is implicit in good practice” (Anglin 2002: 27). The term “substantive” refers to the fact that the theory developed is derived from and is applicable to a substantive and limited area of social functioning. In this research, it was the child and youth care practice in the *Isibindi* model in South African communities.

The proposed research inquiry was guided by the research approach utilised by Anglin (2002) on the nature of residential child and youth care. Anglin’s (2002) research, based on the grounded theory approach, developed a framework for analysing care and treatment for children and youth placed in residential group homes. The research findings identified core elements and dynamics for identifying good practice in residential care settings. In this study located in the South African context, the good practices from *Isibindi* child and youth care workers working in communities, as well as the experiences of the young people, their families, and community members served by the *Isibindi* child and youth care workers, was the foundation, the source of information for the development of a theoretical framework, to articulate a fuller understanding of the nature of child and youth care practice in the *Isibindi* model in South African communities, allowing access to “indigenous knowledge, and indigenous, traditional ways of knowing” (Denzin 2019: 454). The child and youth care workers for this research were selected from rural communities where traditional practices were considered and naturally integrated into their practices. In this study, opportunity was created for the voices of all the research participants to contribute fully in order for their personal cultural knowledge and indigenous wisdom to find expression where necessary in the study.

The grounded theory research method used in this study examined how child and youth care workers practised within the *Isibindi* model. Through this inquiry, a framework of good practice emerged with the potential to inform child and youth care practice in South Africa.

Grounded theory, as articulated by Glaser (1978: 2), “[I]s based on the systematic generating of theory from data, that itself is systematically obtained from social research”. According to Glaser (1978: 4), “[G]enerating theory and doing social research are two parts of the same process”. He further noted that “how the researcher enters the field to collect the data, the method of collecting, the codification of the data, the integrating of the categories and the generating of memos and constructing theory, the full continuum of both the processes of generating theory and of social research, are *all* guided by the *emerging* theory” (Glaser 1978: 2). Our daily context, our relationships, circumstances, and encounters, are based on our “beliefs, values, ethics, thoughts, intentions, purposes, feelings, actions, behaviours, and responses” (Anglin 2002: 24). Identifying and clarifying how these complex entities are systematically interconnected in human experience is a task for theory building” (Anglin 2002: 25).

However, to develop a theory of substance, one must have access to good practice. In the *Isibindi* model, many child and youth care workers demonstrated good practice. This had a positive impact on the lives of children, although the child and youth care workers were not necessarily able to clearly articulate what they actually did to achieve this. Good work, consistently done well, is generally based on good theoretical principles, “whether or not the practitioners are aware of them or can articulate them” (Anglin 2002: 25). Polanyi (1958, cited in Anglin 2002: 25) refers to this as “tacit knowledge”. The expressions of good practice from the *Isibindi* child and youth care workers described in this research study was, in part, a result of such tacit knowledge and, in part, knowledge they were able to articulate. Benner (1984, cited in Anglin 2002: 25) noted that “knowing how” and “knowing that” were two different forms of knowledge. This study was premised on the fact of *knowing that* the child and youth care workers worked within the *Isibindi* model and that there was a body of knowledge, training, and operational guidelines of practice attached to the delivery of services within this model. However, what was not apparent was *knowing how* the child and

youth care workers applied their knowledge and guidelines within the contextual realities that they faced in the communities and families, and how this ultimately impacted on the children. This study sought to illuminate the framework of unique integrated patterns in the child and youth care practices that emerged. It was concerned with *knowing how* and identifying the tentative articulations of good child and youth care practitioners. Of particular interest were the experiences and perceptions of the young people and community members, which provided the foundation for the development of the theoretical framework that accounted for a fuller understanding of the nature of the practice of community child and youth care. According to Denzin (2019: 449), the grounded theory approach to research can “help expose ideological biases in social practices, reveal social injustices, and identify new lines of action” (Mills 1959, and Charmaz, Thornberg and Keane 2017, cited in Denzin 2019: 449). There are elements of these processes that emerged in this study.

To understand the grounded theory approach further, Anglin (2002: 25-26) noted that a major difference from descriptive studies lies in the approach taken to data analysis in that “rather than merely analysing descriptive data for themes, the theorising approach required moving the analysis from a descriptive level to a theoretical level by ‘raising the data’ to categories, psychosocial processes, dynamics, and propositions that then form the elements of a theoretical framework”.

An understanding of the terms “categories” and “properties” provides clarity in the understanding of the relationship between the two concepts. Glaser and Strauss (1967: 36) observe that “making a distinction between a category and a property indicates a systematic relationship between these two elements of theory. A category stands by itself as a conceptual element of the theory. A property, in turn, is a conceptual aspect or element of a category”. Both categories and their properties have “a life apart from the evidence that gave life to them” (Glaser and Strauss 1967: 36). In this study, the relationship between the categories and its properties are captured and explained.

As noted by Anglin (2002: 26), there were multiple levels of theory involved in his research study. Similarly, in this study, different levels of theory were noted. First, there was the implicit or inherent concepts that the child and youth care workers held about

the meaning of their work. Second, there was the model of *Isibindi* that provided the explicit structure and operational procedures to guide their practice. Third, there were many types of formal theories about child and youth care practice in the literature, including in the South African context, such as theories on child-rearing practices, considerations of children's rights, and family strategies. All these formed and shaped the practice of the child and youth care workers.

However, the type of theory that is the central focus of this research is referred to as a *substantive theory* which is "grounded in research on one particular substantive area" (Glaser and Strauss 1967: 79). Glaser and Straus further remarked that the substantive theory that emerges from the substantive area "is a strategic link in the formulation and generation of formal grounded theory" (Glaser and Strauss 1967: 79). The substantive area in this study was the practice of child and youth care workers within the *Isibindi* model in South African communities with the goal to articulate a theoretical framework to help understand how child and youth care workers practised in South African communities. Glaser and Strauss (1967: 79) clarified that such a substantive theory becomes "almost automatically a springboard or stepping stone to the development of a grounded formal theory".

As articulated by Anglin (2002: 47), "[T]he development of theory is a neverending process". In terms of theory contribution, this study sought to contribute to the discovery of the unique expression of child and youth care practice in South African communities as well as contribute to the evolution of child and youth care theory. The grounded theory approach provided the opportunity to engage with people and their realities. This enabled the researcher to notice and document the meaning and patterns that emerged in their realities in an intensive and systematic manner. The work of Anglin (2002), a researcher in the field of child and youth care and grounded theory, and that of Glaser (1978), a grounded theory founder, was used in this research to guide the methodological approach of this study. Grounded theory, as articulated by Glaser (1978: 2), "[I]s based on the systematic generating of theory from data, that itself is systematically obtained from social research". According to Glaser (1978: 4), "[G]enerating theory and doing social research are two parts of the same process".

The literature review in Chapter 2 was undertaken to situate the study within existing literature. In Chapter 5 of this study, the key concepts that emerged in the theoretical framework were examined and analysed along with relevant theoretical literature on the subject to compare, clarify, and illuminate the findings and key concepts. The expectation is that when the grounded theory is nearly complete, during the sorting and writing up phases of the research, that the literature search in the substantive area is undertaken and “woven into the theory as more additional data for constant comparison” (Glaser 1998: 67). Thus, in this research, it was after the grounded theory emerged that literature was examined to ascertain newly-discovered insights and what was being re-confirmed.

The following sub-sections unpack the research setting (sub-section 3.3.2); research population (sub-section 3.3.3); theoretical sampling (sub-section 3.3.4) and study sample (sub-section 3.3.5); and data collections method sub-section 3.3.6) and process sub-section 3.3.7). These are discussed under their respective headings below.

3.3.2 Study Setting

This research study was contextualised within the *Isibindi* model, a model designed to demonstrate child and youth care practice within community settings. In this research, three communities in three provinces were selected as the research settings. These communities were under-resourced rural communities characterised by poor functioning roads and infrastructure, informal housing and Reconstruction and Development Programme (RDP) houses and scattered homesteads with long distance to walk to access resources. Teen pregnancy, negative peer pressure, drug use, and school-dropout were identified issues facing young people. Unemployment and poverty affected children, families, and households who were dependent on income from subsistence agriculture, grants, and migrant labour.

The research approach recognised the diversity of the different communities' services, the diversity of the child youth care workers, and diverse circumstances of children and youth. The research took cognisance of the unique cultural community dynamics. However, situated within this diversity, this study explored the common core issue of how the child and youth care workers practised in these different communities.

3.3.3 Study Population

A universe refers to “all potential subjects who possess the attributes in which the researcher is interested” (Strydom 2011: 223). A *population* refers to a selection of individuals from within a universe “who possess specific characteristics” (Strydom 2011: 223). In many instances, it is not feasible to study the entire research population. So instead, samples, a subset of the population, are often selected, to represent the whole population. The sub-section below describes theoretical sampling (sub-section 3.3.4) before introducing the study sample (sub-section 3.3.5) and sampling process applied in this study.

3.3.4. Theoretical Sampling

“Theoretical sampling is the process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges (Glaser and Strauss 1967: 45). This process of data collection is controlled by the emerging theory whether substantive or formal” (Glaser and Strauss 1967: 45).

The orderly, systematic process in a grounded theory approach begins with understanding that although grounded theory is an inductive methodology, there is place for deduction early in the sampling process. So, in this research, the researcher explored the practice of *Isibindi* community-based child and youth care workers in South Africa that practised in well-functioning *Isibindi* projects where good quality child and youth care practice was demonstrated in the data that they produced. How the well-functioning projects were identified will be presented later in this chapter. This made up the initial theoretical sample. Further choices in theoretical sampling was possible in a grounded theory approach (Glaser 1998: 43) but was not necessary. The researcher did not need to engage in subsequent theoretical sampling, as there was sufficient data gathered that demonstrated the emergence of concepts to the point of saturation of the data. One reason for this was that a larger number of child and youth care workers than initially planned for participated in the focus group discussions. This added significantly to the amount and variety of data collected for the *open coding* (sub-section 3.4.2) and *constant comparison* (sub-section 3.4.3) research processes described later in this section. “When engaging in theoretical sampling, the researcher seeks people, events, or information to illuminate and define the properties,

boundaries, and relevance of this category or set of categories” (Bryant and Charmaz 2019: 661). Data were collected in order to generate theory. The researcher collected, coded, and analysed the data in order to develop the theory as it emerged (Glaser 1978: 36). This process of data collection was guided by the emerging theory (Glaser 1978: 4). As the theory emerged, it was compared with the data repeatedly and in different configurations in the search for a core category, and to “lift” the analysis from descriptive to conceptual. There was sufficient and varied data collected for intense comparison, contributing to the notion of saturation which will be discussed further in section 3.4.4.

The details concerning the sample(s) of the study are described next.

3.3.5. Study Sample

This section discusses the process of selecting the study samples, which includes a description of the inclusion/exclusion criteria used to select the participants.

The *Isibindi* roll-out Year 4 Monitoring and Evaluation Report April 2016 – March 2017 (NACCW 2017) was analysed in relation to the best (top) and lower functioning projects. Criteria used in this analysis included the workloads of child and youth care workers; number of actual children serviced; attendance at the *Isibindi* Safe Park attached to the project; number of home visits provided to children and families; number of children receiving educational support; number of children receiving health services; number of children receiving economic support; number of referrals to other specialised service providers; number of children progressing from one grade to another; and number of successful matric (high school) passes. These criteria for eight provinces that had submitted data had been analysed to show the best (top) functioning and lower functioning projects in each province. Nationally, the data revealed the best functioning provinces, where the projects in these provinces had shown better results in total than the other provinces.

The analysis resulted in the following selection of research projects:

Eastern Cape, KwaZulu-Natal (KZN), and Mpumalanga showed up more sites nationally in the top 10 well-functioning *Isibindi* projects.

The three projects chosen for this study from the data were:

- 1) *Isibindi* Naas – Mpumalanga,
- 2) *Isibindi* Alice – Eastern Cape, and
- 3) *Isibindi* Hlabisa – KwaZulu-Natal

The child and youth care workers in the three projects identified had demonstrated the best delivery of services in key areas for the assessment of top functioning projects. This was an indicator of good practice and positive impacts on the lives of children.

The sample of child and youth care workers within the study population represented the actual service deliverers of child and youth care practice; they were a key source of data. The children and youth, the direct service recipients, another sample within the population, also provided invaluable data. The community members represented the third sample within the population. The latter represented a more diverse range of people in the population, including community members, family members, teachers, project managers, and coordinators of the CBOs.

The 3 samples used comprised child and youth care workers, children/youth, and community members. The data collection strategy included in-depth interviews and focus group discussions. This is depicted in the Table 3.1 below.

Table 3.1 Number of Samples and Participants

Sample Number	Population	Number of Participants	Data Collection Method	Data Collection Tools
Sample 1	Child and Youth Care Workers	9	In-depth Interviews	Interview guide: Appendix 1
Sample 2	Children and Youth	9	In-depth Interviews	Interview guide: Appendix 2
Sample 3	Community Members	9	In-depth Interviews	Interview guide: Appendix 3
Sample 4	Child and Youth Care workers	31 Focus group 1 – 12 (0) Focus group 2 – 10 (1) Focus group 3 – 9 (0)	Focus group (3 groups)	Focus group guide: Appendix 4
Total		31 (32)		

Sample 4 was made up of focus groups of all available child and youth care workers in the *Isibindi* teams that were interviewed and included all of those who were available from sample 1. However, not all of the child and youth care workers who were part of sample 1 chose to participate again. Only one did in focus group 2 and is represented by the figure in brackets.

Inclusion and exclusion criteria

Selection criteria was set for the initial inclusion of participants in the study. *Inclusion criteria* are defined as criteria which would need to be present for participants to be included in the study (Daniel 2012: 9). *Exclusion criteria* were also considered. These represent the factors identified by the researcher which if present would result in the participants being excluded from the study (Daniel 2012: 9). The earlier input on the selection of projects bears reference here. This is presented in Table 3.2 below.

Table 3.2 Inclusion and Exclusion Criteria

Sample	Inclusion and Exclusive criteria
Sample 1: Child and Youth Care Workers	<p>Inclusion:</p> <ul style="list-style-type: none"> • Trained and experienced child and youth care workers who were working in the selected <i>Isibindi</i> projects. • Child and youth care workers who were working in the 3 well-functioning <i>Isibindi</i> projects as per NACCW assessment. • Child and youth care workers who were selected by their mentors/supervisors and managers as the best functioning child and youth care workers in the project. <p>Exclusion:</p> <ul style="list-style-type: none"> • No child and youth care workers from other community projects were selected. • The poorer functioning child and youth care workers in the 3 selected <i>Isibindi</i> projects were not selected for in-depth interviews.
Sample 2: Children and Youth	<p>Inclusion:</p> <ul style="list-style-type: none"> • Only children and youth who were serviced by <i>Isibindi</i> child and youth care workers were included. • Children and youth who experienced positive impacts on their lives because of child and youth care interventions. • Children and youth (and families) who were willing to share their story. • Children who were able to express themselves in English or the vernacular, with the support of a translator chosen by them (and their family). <p>Exclusion:</p> <ul style="list-style-type: none"> • No community children not serviced by <i>Isibindi</i> child and youth care workers were interviewed in this research. • Children and youth who did not experience positive impacts on their lives as a result of child and youth care interventions. • No children and youth who were assessed by the gatekeepers with sensitivities including cultural sensitivities and other issues of confidentiality were included. • Children and youth (and families) who were unable to express themselves in English or the vernacular through a translator.
Sample 3: Community Members	<p>Inclusion:</p> <ul style="list-style-type: none"> • Community members who had an in-depth understanding of the <i>Isibindi</i> projects were interviewed. • Community members who had experienced and observed or seen the work of the child and youth care workers were interviewed. • Community members in varied positions in the community were selected (e.g. teachers, project managers, community leaders). • All project managers of the 3 <i>Isibindi</i> projects.

	Exclusion: <ul style="list-style-type: none"> • Community Members who were not familiar with the <i>Isibindi</i> programme were not included. • Community members who were not familiar with child and youth care workers were not considered.
Sample 4: Child and Youth Care Workers	Inclusion: <ul style="list-style-type: none"> • All available child and youth care workers in the <i>Isibindi</i> teams were interviewed. Exclusion: <ul style="list-style-type: none"> • Anybody not a child and youth care worker was excluded for the focus group discussion. • No child and youth care worker who was not part of the <i>Isibindi</i> team was included in the discussions.

Having delineated the study sample, consideration is now given to the data collection methods employed in this study.

3.3.6. Data Collection Method

According to Creswell (2009: 178), the data collection steps include: boundary setting for the research study; collecting information through interviews; unstructured and semi-structured observations; documents and visual material; as well as setting protocols for recording information. Data collection is effectively the process by which relevant information is obtained.

In this section, the data collection method used is discussed with a focus on the gate-keeping tools. This is followed by a discussion on the data collection process.

According to Greeff (2011: 342), in qualitative research, interviewing is the predominant approach to data collection. In order to collect data, permission had to be sought from all research participants. The study only commenced after full ethical clearance had been received from the DUT Institutional Research Ethics Committee (Appendix 14). The researcher obtained permission and consent to undertake this research from the different implementing partners who are responsible for managing the *Isibindi* projects in *Isibindi* Hlabisa (KZN), *Isibindi* Alice (Eastern Cape), *Isibindi* Naas (Mpumalanga) (Appendix 13). Initial permission to conduct the research in the three projects was secured first through the child and youth care mentors/supervisors

of the projects, who consulted with the project managers, then with the child and youth care workers, the selected community members, and the children and the parents of the children identified. This was accompanied by a letter of information and consent forms (Appendices 1, 2, 3, 4, 5, 6, 7 and 8). The mentors introduced the research study to the research participants and prepared them for their participation in the research process. All consent/assent forms were translated into the participants' vernacular (isiZulu, Xhosa). In all pre-interview processes, the relevant and pertinent details of the research were discussed by the mentors with all the research participants to create a conducive context for the process of data collection. In addition, the practical details of time, place, and setting for the interviews were also determined (Greeff 2011: 350). Attention to the conduciveness of the settings for the children's participation was given particular attention by the researcher. Interviews were conducted in the offices at *Isibindi* Safe Parks, in family homes, at schools, and in offices at both schools and at other community organisations. All the research participants, including the child and youth care workers, the children (and their parents), and the community members who participated in the research, completed consent (Appendices 5, 6, 7 and 8) after the researcher carefully explained it to them. The mentors were introduced as the translators to each participant and on their acceptance by the participants, the mentors signed oaths of confidentiality in the presence of the participants.

The researcher was not able to undertake the initial preparation of the research participants personally as the *Isibindi* projects were geographically spread-out in different provinces and in remote rural communities. In addition, the researcher also lacked the language skills to adequately prepare the research participants. Hence, the mentors were engaged to assist in this preparatory process. The researcher held discussions with the identified mentors about the ethical implications, including bias, ethical translation, and confidentiality before engaging them in the research preparation process with the study participants. The researcher also held initial telephonic conversations with all the project managers of the *Isibindi* projects that were selected, jointly with the mentors present, to maintain personal engagement with key gatekeepers. During the preparation phase, repeated discussions with the mentors assured the researcher that information on ethical processes was conveyed, and that the use of translations ensured that participants obtained a thorough understanding of

the research process. During the actual interviews, which were undertaken by the researcher personally, the issue of confidentiality received attention again, where the researcher confirmed that the oath of confidentiality was signed by all translators in the presence of the participants.

The permission letter to conduct the research (Appendix 13) stipulated that one of the considerations for ensuring the emotional safety of children and youth would be the use of a translator and that the participants were required to provide approval of the use of the selected translator. This meant that the child, youth, or community member participant approved the use of a particular translator. The researcher made certain that the *Isibindi* mentor, in the preparation phase, discussed this point of translation thoroughly with all the research participants, namely, the children and youth, child and youth care workers, and community members. The two key points noted in the preparation of the interviews were that, firstly, the participant would be assured that she/he could speak in the language she/he was comfortable in, and secondly, that the participant could use a translator of her/his choice and suggest who that should be. When the researcher undertook the interview herself, she repeated these points about translation and the choice of translator with every participant, as well as in the focus groups. Some of the children or youth participants selected their own child and youth care workers as their translators, some selected the mentors as their translators, and some spoke to the researcher on their own. For the other community research participants, a similar process was followed. For the child and youth care workers, some were interviewed on their own and some asked for their mentor to assist with translation. In the focus group discussions, the child and youth care workers in the teams assisted with the translations which was overseen by the other team members and the mentor.

All three samples of research participants – the child and youth care workers, community members, and children/youth – were jointly selected by the mentor and project manager. The joint selection was to ensure the consideration of all confidential information, cultural sensitivities, confidence, and willingness of all research participants, especially the child/youth (and family to allow the child to participate), were sensitively and jointly determined by these gatekeepers. The researcher was assured that a child and youth care approach in the preparation of the participants,

especially the children, were followed, and that a child rights approach was infused in the process right from the outset, including protecting the children's rights to consent to participation or not. The gatekeepers – the child and youth care workers, mentor, and project manager – were entrusted to make sure that the key considerations linked to the cultural and other sensitivities linked to the protection of children and families were thoughtfully considered. In all cases, stories of success and the positive impact of child and youth care practice were considered.

3.3.6.1 *Semi-structured individual interviews*

The data were collected through semi-structured individual interviews and focus group discussions. The researcher conducted face-to-face interviews with participants, consisting of open-ended questions which were included in an interview guide (Appendices 9, 10, 11). The in-depth semi-structured interviews were conducted with three of the best functioning child and youth care workers in each project. These nine child and youth care workers from the three projects were child and youth care workers jointly recommended by the implementing partner of the *Isibindi* project and the *Isibindi* mentor (supervisor) of the project. Three young people were identified by the joint agreement of the child and youth care workers, the mentors, and the implementing partners in the project. The child and youth care workers ensured that prior permission for the children to participate in this research was received from their primary caregiver, who also provided written consent. The young people selected were also requested to participate and provide informed assent, ensuring that a child rights approach to participatory research with children was observed.

Three community members, including the implementing partner responsible for managing the *Isibindi* project were interviewed from each of the three projects. The two additional community members selected were recommended by the implementing partner and the child and youth care worker, as the community members knew the work of the child and youth care workers well. The selection of these included community members, school teachers, a school principal, a staff member of another NGO, and a board member of the implementing partner.

3.3.6.2 Focus group discussions

Focus group discussions were conducted with three groups of child and youth care workers. These focus group interviews, the full team of child and youth care workers, comprised a large number of child and youth care workers who wanted to participate, which resulted in a greater yield of data. This is possibly why data saturation was reached without the need for any more theoretical sampling required. The same questions that were posed to the three child and youth care workers that were individually interviewed, were presented to the focus groups, with a few additional questions that emanated as follow-up questions from the discussions in the in-depth interviews (Appendix 12).

Having explained the data collection methods above, the data collection process is described next.

3.3.7. Data Collection Process

The data collection processes selected for this study were in depth semi-structured interviews and focus group discussions. Both these are discussed below.

3.3.7.1 Semi-structured Interviews

According to Greeff (2011: 351), in-depth semi-structured interviews assist the researcher to develop a detailed picture of a participant's beliefs or perceptions of the area of research focus. The semi-structured interviews allowed for the generation of data, rather than only the collection of data as described by Collins (1998, cited in Greeff 2011: 348). The semi-structured interviewing process was flexible and allowed for interesting and complex issues to emerge. These were explored more fully through open-ended questions (Greeff 2011: 351-352). Prior information, knowledge, experiences, and perspectives were put aside by the researcher in order to engage fully with the research participants, with a focus on understanding the meaning of the child and youth care workers' answers to the question within the wider context of the interview as a whole. The participants' perspective on the substantive area of interest unfolded through their unique views, and the flexibility in this process allowed for the rich discovery of data in the process of eliciting the participants' stories (Greeff 2011: 349). According to Rubin and Rubin (1996, cited in Greeff 2011), an interview is created around three types of questions developed before talking to the participants.

The **main questions** are a few questions discussed earlier, prepared by the researcher to begin and guide the conversations. These are followed by **probing questions** to generate more detail, depth, and clarity. These questions played a key role in generating rich data on the core themes that emerged from one interview to the next. This allowed the researcher to obtain deeper explanatory data as requests for examples and evidence helped elucidate and provide clarity as well as answers to the additional questions raised by the researcher. Lastly, the **follow-up questions** explore the implications of the answers to main questions in the substantive area of the research.

The in-depth semi-structured approach to questioning fits with the grounded theory approach, as the purpose of data collection is to generate theory. When the data are collected, it is coded and analysed immediately after the interviews have been conducted. Thereafter, decisions are taken about where and what data should be collected next. In this way, as described previously, the ongoing process of data collection is guided by emerging theory (Glaser 1978: 4). Although in this research the original samples did not change, and the original main questions remained the same for all the participants, the follow-up questions allowed for the exploration of the varied responses from the participants. The researcher was also conscious of probing recurrent common themes that emerged, keeping the focus on *how* they did what they did, and not just on *what* they did.

3.3.7.2 Focus group discussions

Focus group discussions represent an example of group interviews. What participants share in these group discussions are essentially the data that are gathered (Greeff 2011: 360). The participants selected for the focus group discussions had common characteristics connected to the topic of the focus group. They were all trained in exactly the same certificated training, they were all child and youth care workers working in the *Isibindi project*, guided by standardised SOPs and provided with regular mentorship. In this research, the focus group discussions were held with the child and youth care workers in the three selected *Isibindi* projects. With this common background they had, through the focus group discussions, the opportunity to share and contextualise their experiences, opinions, perspectives, concerns, and challenge their practice experiences. Since the focus group discussions required time to discuss

the issues identified rather than explaining them to each other in the group, it was best to only include child and youth care workers in the focus groups. Consequently, the focus group discussions were lively group interviews, where in all three projects the researcher noticed the exuberance and excitement of the child and youth care workers as they spoke enthusiastically about their work and practice and debated (agreed with and disagreed with) diverse viewpoints. In the main, the child and youth care workers built on the other child and youth care worker's points and elaborated on them with examples of their own. An environment for comfortable, easy conversations was created where participants shared their opinions, perspectives, experiences, and challenges. All the discussions were held in usual meeting rooms which of the participants which was situated in the Safe Parks. This was a safe and comfortable space for them. The researcher herself was a child and youth care worker and was skilful in facilitating a discussion on child and youth care practice and was interested in understanding the everyday experiences of the participants. Greeff (2011: 362) aptly refers to this process as the "sharing and comparing" amongst participants.

This approach promotes easy discussion, conversation, clarification, and contextualisation of the topic (Greeff 2011: 365). The researcher needed to facilitate full participation through cultivating curiosity and an interest in the topic, and being open to multiple perspectives and new ideas (Morgan and Krueger 1998, cited in Greeff 2011: 368). The researcher indeed facilitated full participation through a committed interest in the topic of their child and youth care practice, and was open to actively listening to multiple perspectives and new ideas that emerged from the different teams, as noted by Morgan and Krueger (1998, cited in Greeff 2011: 368).

While, as always in group discussions, some members were more dominant than others; all child and youth care workers participated to some degree. In that, the context was ensured to be safe and all members were encouraged to participate. The focus group discussions yielded rich and varied data and diverse angles on common themes. Asking probing question in the focus groups resulted in additional concrete information. The approach used in the focus group discussions to understand a focus area or key question is to encourage a conversation around this specific question and summarise key points at the end. This method of data gathering allowed for exploration and discovery, with both context and depth, and the interpretation of the

data gathered as was noted. Greeff (2011: 362) refers to this as the “sharing and comparing” amongst participants.

The two sections above covered the data collection methods and process. The next important component of the research process is data analysis. The data analysis process will now be described, with specific attention given to memoing (sub-section 3.4.1); coding (sub-section 3.4.2); the open coding process (sub-section 3.4.2.1); selective coding (sub-section 3.4.2.2); the usefulness of the constant comparison (sub-section 3.4.3) method as espoused by Glaser (2001); and saturation (sub-section 3.4.4).

3.4 DATA ANALYSIS

Data analysis is the process of making sense of the collected data. Barry Gibson (cited in Glaser 2001: 203) maintained that “the goal of data analysis is to arrive at one core code or variable which groups all other codes together. The process is an emergent process and involves rigorous adherence to the procedures outlined in the grounded theory” (Glaser 2001: 203). Glaser adds that rigor must be demonstrated throughout the various processes in a grounded theory approach, especially in the theoretical sampling for saturation, memoing, and careful constant comparisons to generate concepts, including the core concept (Glaser 2001: 203).

Grounded theory is inductive, meaning a theory is induced or emerges after data collection starts. However, deduction is used in grounded theory to develop conceptual directions as to where to go next from induced codes (Glaser 1978: 38). This is done in order to sample more data to generate a theory. The grounded theory approach is primarily an inductive method, although deduced processes play a significant role. Anglin (2002: 39) describes this in relation to his own research process as follows, “however this deductive analysis, was made in service of the primarily inductive method, and hypotheses so derived were continually assessed in relation to the research data” (Anglin 2002: 39). In this study, the researcher accessed data that were sourced from the research participants in a substantive area selected for the research, which was the practice of child and youth care work within the *Isibindi* projects. The analysis of the data allowed for the inductive method to be applied through the different

data analysis processes, to lift the data to a conceptual or theoretical level. Two key concepts linked to the analysis of data in the grounded theory approach include *theoretical memoing* (sub-section 3.4.1) and *theoretical coding* (sub-section 3.4.2). These are discussed next.

3.4.1 Memoing

Memo-writing is described by Bryant and Charmaz (2019: 657) as “The pivotal intermediate step in grounded theory between data collection and writing drafts of papers”. *Theoretical memoing* encourages researchers to analyse their data and develop codes into categories early in the research process (Bryant and Charmaz 2019: 657). This is the process of writing and rewriting up the ideas about the codes and their relationship with each other. In this research, the data from three different provinces were collected at three different times, and the analysis of the data through a reflection and the memoing process was undertaken in between each of the provincial interviews. While the main research questions did not change, the probing became more focussed from one interview to the next, and from one province to another, especially in the focus group discussions. For example, the reference to “love in care” became more frequent. The researcher therefore probed this more fully in subsequent interviews with all categories of research participants. Although the probing was only done after love was first articulated by them. The time demands of translating and transcribing the recorded interviews delayed the full and immediate reflection and memoing process of the transcribed data. However, the researcher spent adequate time immediately after the day of the interviews, immersing herself in the ethos of the data gathering process, reflecting on the field notes, the contextual realities, and the key memorable pieces of information gathered in the interviews. This was followed by a mind-mapping and memoing documentation of these reflections.

In the process of theoretical coding, the researcher reflected on the information generated and searched for patterns and connections in the information gathered. The researcher reflected on both the substantive codes (linked to the focus of the research, which was the child and youth care practice within the *Isibindi* model) and the theoretical codes where the relationship amongst the substantive codes were revealed. This was the phase of ongoing memoing, which included the process of sorting and integrating the data. Theoretical sorting assisted in the integrating of the

theory (Stern 2007, cited in Bryant and Charmaz 2019: 661). The researcher allowed herself the creative space for documenting, writing, mind-mapping, and diagramming in the process of connecting conceptual and theoretical insights during the analyses of the data. The researcher became energised when analysing the codes, the emerging categories, and her ideas about them “in every which way that it occurred” (Glaser 1998, cited Bryant and Charmaz 2019: 657).

All these different pieces of documents were reviewed at regular intervals and after repeated incubation periods, which provided the opportunity for additional insights (Glaser 1978: 83). Memo-writing and documentation promoted the researcher’s analytical thinking about the codes and “increased the level of abstraction of ideas” (Bryant and Charmaz 2019: 657). Hence, the researcher fragmented the data, which provided some distance between the data and herself, and reviewed the data in order to allow a “more conceptual view to prevail” (Glaser 2001: 190). Codes and categories were therefore generated right from the outset of the research process. Data gathering, data sorting, and data analysis were thus engaged in simultaneously from the outset.

In the process of theory making the researcher came up with many different theoretical concepts that were grounded in the data but not strong enough to stand on their own and embrace the other concepts. “Practising intentionally” kept resurfacing as an encompassing category that emerged as the core category over all the substantive codes or less encompassing categories. When “effective communication” or “spirited practice” or “advocating for children rights” surfaced in the analysis as contenders for core category, they were easily subsumed under “practising intentionally”. It was clear from the data that the child and youth care workers communicated with an intentionality, that they advocated for children rights with intentionality, and also often demonstrated their “spirited practice” with intentionality.

The researcher through the constant comparison process mapped out again and again the different combinations of the codes that could be merged into different configurations. The analysis at one point included counting the number of incidents that linked to a code in order to determine its dominance and capacity to embrace the

other emerging categories. However, when practising intentionally emerged as a core category, it comfortably encompassed all the “competitors”. This process took many months of intense analysis, and then there were periods when the researcher purposely distanced herself from the process of data analysis to allow her mind to work “preconsciously”. Glaser (2001) refers to another student’s experiencing of this pacing as “there were periods of intensity interspersed with respites designed to allow me to step back from the all encompassing effects of being in the thick of the action” (Glaser 2001: 119). This process allows the researcher to “fragment the data”, allow some space and distance for “a more conceptual view to prevail” (Glaser 2001: 119). On revisiting the data and the analysis that was previously undertaken after an incubation period, the pervasiveness of practising intentionally remained and the contenders, the other categories found their rightful places in the theoretical framework that emerged.

3.4.2 Coding

“The essential relationship between data and theory is a conceptual code” (Glaser 1978: 55). The code provides a conceptual understanding of the inherent patterns of the “empirical indicators within the data” (Glaser 1978: 11). Theory is developed through the causal or “hypothetical relationships between conceptual codes (categories and their properties) which have emerged from the data as indicators” (Glaser 1978: 55). This is how a grounded theory is generated. Glaser (1978: 56) noted that there are two types of codes, substantive and theoretical. *Substantive codes* conceptualise the empirical (observed) substance of the area of research, while *theoretical codes* conceptualise how the substantive codes may relate to each other as a hypothesis (causal/assumptions) to be integrated into theory Glaser (1978: 56). The two types of coding go on simultaneously and, in the experiences of the researcher, were illuminated in the mind-mapping processing and in the memos. The researcher initially focussed on substantive coding when connecting and comparing the discovered codes within the data. The focus on theoretical coding followed this process and took place during the theoretical sorting out phase, and when the mind maps and memos were reviewed, compared, and integrated.

3.4.2.1 The open coding process

Glaser (1978: 56) recommends that data should be coded in every which way possible, coding different incidents into as many different categories as possible. It is imperative in a grounded theory approach that there are no preconceived codes as one needs to focus on observing what emerged (Glaser 1978: 12). Judith Wuest (cited by Glaser 2001: 203) described this coding process exactly as the researcher experienced it in that, "data were coded line by line using the constant comparative approach of grounded theory". The constant comparative approach will be discussed more fully later in this section on data analysis. "Codes were grouped together in categories, and the constant comparison of categories continued as the different properties of each category emerged" (Judith Wuest, cited by Glaser 2001: 203). She further noted that "as comparison went on, hypotheses about the relationships among concepts were generated" (Judith Wuest, cited by Glaser 2001: 203). This process, followed by the researcher, assisted to "fine-tune by comparison", which eventually resulted in the "emergence of a core variable, clarification of properties of concepts and illumination of relationships between concepts" (Judith Wuest, cited by Glaser 2001: 203). This was an exciting process that the researcher engaged in over many months. The generous time allocated to this process allowed for reflection, and the revisiting of the data and the emerging concepts with new thinking, comparisons, and perspectives about them. The researcher reviewed the data and discovered new groupings of categories again and again.

As Glaser noted, the open coding "begins with fracturing the data into analytical pieces which then can be raised to conceptual level" (Glaser 1978: 56). He pointed out that the interesting issue at this stage is to find categories that can "handle the data theoretically" (Glaser 1978: 56). The process of open coding included the generation of many theoretical mind-maps and memos, and much saturation of data to try to generate codes that fitted and worked. The researcher became immersed in the data and at times felt overwhelmed during the analysis. It was nevertheless an exciting process, of thinking about the data, transcending the data, generating codes, and seeking relevance. As is so often reiterated in the grounded theory literature, the process of constant comparison literally forces the generation of codes.

The researcher followed closely what Glaser (1978: 57-60) referred to as the seven rules for open coding. The researcher questioned the data during the analysis, remembering that the purpose of the study was to understand the practice of the child and youth care workers in communities to discern what social and psychological processes were happening in the data and in the different incidents shared by the research participants to the yielded codes. The data were analysed line-by-line with coloured pens and highlighters to identify codes and the verification of the codes while jotting down and mind-mapping ideas as they emerged. A list of codes emerged demonstrating patterns and clusters of codes. There were too many of these, and again, with further reflection and mind-mapping, they collapsed into each other, as they saturated into clusters of codes with their attached characteristics. The researcher kept the focus of the codes on the practice of the child and youth care workers and, as recommended by Glaser (1978: 60), avoided any analytical relevance of age, sex, social class, race, and skin colour, all of which were irrelevant and did not earn their way into a theory. However, upon further reflection, one word appeared many times in the data, namely, the concept of “mothering”, which was aligned with love and care as emerged in the data. Within the context of the *Isibindi* model, where the majority (96%) of the child and youth care workers are female, the reference to the caring female is interesting evidence. However, open coding provided the opportunity for “verification, correction, and saturation” of the data (Glaser 1978: 61). For the researcher, mind-mapping in the coding process assisted dealing with the codes that needed “correction by trimming and fitting” (Glaser 1978: 61).

3.4.2.2 Selective Coding

The researcher then ceased the open coding process and focussed on the search for the core variable. However, there was an overlap in this process, as noted by Wendy Guthrie (in Glaser 2001: 203-204), in that “core emergence and selective coding can happen automatically without awareness, just based on using the GT method rigorously”. Grounded theory is based on a concept-indicator model, which directs the conceptual coding of a set of empirical indicators, the link between data and concept, resulting in a theory generated from data (Glaser 1978: 61).

As guided by this approach, the researcher immersed herself in the comparisons between indicator to indicator. The similarities, differences, degrees of consistency of

meaning between indicators and their underlying uniformity were scrutinised (Glaser 1978: 62). This was repeatedly and thoroughly done, which did, in turn, result in coded categories with their associated properties or characteristics (Glaser 1978: 62). When a conceptual code is generated, indicators are compared to emerging concepts. “From the comparisons of further indicators to conceptual codes, the code is sharpened to achieve its best while further properties are generated until the code is verified and saturated” (Glaser 1978: 62). This process was undertaken by the researcher in the analysis. There was a constant comparison of the indicators, demonstrating a systematic build up to the key concepts and its properties.

This model of concept-indicator generation for grounded theory ensures that concepts and their dimensions have “earned their way into theory by systematic generation from the data” (Glaser 1978: 61). The researcher was careful to ensure that the concepts and their dimensions came directly from the data. According to Glaser (1978: 64), “[D]ata determined distinctions prevent the fracturing of a concept into too many dimensions or developing too many properties of it”. It is important in the development of a theory of ‘parsimony’ [simplest scientific explanation that fits the evidence] and scope (Glaser 2001: 205) of concepts while at the same time densifying the theory”. This distilling of the data into dense concepts was experienced by the researcher as the data, the codes, and the categories collapsed into the emerging theory as the core category and other categories. The core category that emerged in this research, ‘*practising intentionally*’, is a good example of a core category that has been fractured into key conceptualisations in order to bring clarity to the different elements and characteristics of its nature.

To further compare and categorise the data for the purpose of analysis, “the constant comparative method” was employed. This is described in more detail below.

3.4.3 Constant Comparison Method

The constant comparative method was described by Bryant and Charmaz (2019: 655) as a “method of analysis that generates successively more abstract concepts and theories through inductive processes of comparing data with data, data with code, code with category, category with category, and category with concept. In the last stage of analysis, researchers compare each stage of analytic development.

Grounded theorists use this method to reveal the properties and range of the emergent categories and to raise the level of abstraction of their developing analyses”.

A discussion on constant comparison is useful to understand the rigour to this grounded theory process that resulted in the core concept that emerged in the process of theory building. “All science compares”, according to Glaser (2001: 186), and “comparing is the basic methodological process in all approaches to any type of data”. This was an important point held by the researcher to ensure that there was rigour in the constant comparison process, so that the conceptual codes that emerged were indeed conceptual and not descriptive. This required not just the constant comparison of many incidents that emerged (Glaser 2001: 193), but comparing "all data" that emerged (Glaser 2001: 186) through the careful line-by-line comparisons and conceptualising of each comparison (Glaser 2001: 189), keeping the distinction between conceptualisation and description clearly in mind (Glaser 2001: 186).

Without constant comparative analysis of data, as noted by Glaser (2001: 189), “descriptive capture takes over”. This process of comparing incident to incident and then incident to concept in order to generate categories and saturate their properties (Glaser 2001: 185) was followed by the researcher through memos, diagrams and mind-maps, making charts to track or keep count of common words and categories. The researcher was alert to patterns and connections, clustering categories and splitting them, and then re-clustering them. This process of fitting and re-fitting went on for many months while looking for the true patterns (Glaser 2001: 194) that fit and are relevant whenever they emerged (Glaser 2001: 194). Every category named by the researcher was submitted to a constant comparative analysis.

According to Glaser (1992: 197), it is “through this process of constant comparison the emergent theories and categories develop an independence from the observed incidents”. This advancing of an observed incident into a conceptual category was experienced by the researcher. The ideas of separate incidents eventually came together and gave birth to something bigger and more conceptually advanced to the individual incidents and ideas, demonstrating new and advanced conceptual explanations for its “existence”. This was the core category *practising intentionally* and the other categories *practising relationally*, *creating a child rights culture*, and

championing social justice and equity. The two basic social process that emerged were *embedding spirit in practice* and *embedding love in care*.

The importance of *data saturation* cannot be overstated. Data saturation ensures that the emerged theory is balanced, complete, and trustworthy. So, in other words, the data collection process can only be complete when data saturation has been reached. This is the focus of the next section.

3.4.4 Saturation

“Theoretical saturation refers to the point at which gathering more data about a theoretical category reveals no new properties nor yields any further theoretical insights about the emerging grounded theory” (Bryant and Charmaz 2019: 661).

The process of constantly coding incidents continues “unrelenting until such time as the incorporation of more incidents reveals no new categories” (Glaser 2001: 191). Saturation is when one does not see the same pattern occurring again and again because “it is the conceptualization of comparisons of these incidents which yield different properties of the pattern, until no new properties of the pattern emerge” Glaser (2001: 191). This yields what Glaser (2001: 191) calls “a conceptual density” leading to “theoretical completeness” which he tributes to a commitment to constant comparisons. Glaser (2001: 191) observes that “those who do not do constant comparisons, those who do not do it correctly, that is do it descriptively, or those who cannot stand the tedium” do not see intense property developments of a category. The researcher demonstrated tenacity in the process of constant comparison, immersing herself for months in the data and in this process, despite the repeated moments of confusion and anxiety due to no forthcoming theory emerging.

Saturation in this way prevents the collection of excess of data (Glaser 2001: 192). Once a category is saturated, theoretical sampling ends as no more data are required and theoretical completeness has been achieved for the particular research (Glaser 2001: 192). In the case of this research, additional samples were not required, as the vast amount of data collected yielded sufficient evidence. The amount and variety in the data collected yielded sufficient opportunity for constant comparison. Additional sources of data from the last interview held produced no new concepts or properties,

but rather reinforced and densified the existing emerged constructs. For example, concepts such as *love*, *practising relationally*, and *practising intentionally*, and all other key concepts were already present, but were strengthened through the final set of interviews in the last project.

From the title of the next section the importance of theory construction and development in this study can be understood. Below is a description of the core category and other categories that emerged during this research, and the process this entailed.

3.5 THE EMERGENCE OF THEORY

3.5.1 Emergence of the Core Category

In developing categories, “theoretical sensitivity” provides the ability to “see relevant data” and to reflect upon empirical data material with the help of theoretical terms (Kelle 2007, cited in Bryant and Charmaz 2019: 661).

A grounded theory is a theory of a core category, not a description of the core category (Glaser 2001: 206). Glaser advised that the researcher should tolerate the confusion in the open coding phase and during the constant activity of making comparisons, for however long it takes, in order to select the core category (Glaser 2001: 200). He, however, assured that the core would finally emerge. He applauded Anglin’s words as inspirational in that “the core can come quickly but sometimes delays should be tolerated” (Glaser 2001: 205). The constant comparison phase of this research was found to be a huge challenge, where numerous possible core categories were examined again and again, against the other codes and categories that emerged. Practising relationally, creating a child rights culture, and championing social justice and equity, in that specific order, came up again and again in the process of constant comparison, with the properties of teaching children and families, advocacy, and networking, repeatedly showing up. The researcher searched for the category that would subsume all other categories, and that, in fact, would infuse and pervade all the other categories. Thus, the core category was selected because it dominated all the other categories; it consumed all the other categories, in that it was bigger and bolder in its presence and integrative power in relation to all the other categories, as it

embraced the diversity of the different categories that emerged. Choosing the core category provided the researcher with the confidence to stop any further data collection or theoretical sampling, as all the information in the memos and mind-maps created were all fully integrated into the categories and their properties.

As Glaser noted, scrutiny of the raw data would reveal whether there was any mismatching in the process. The researcher undertook this scrutiny as it is true that “fit” can be assured through the comparison of the excerpts of raw data that lead the pathway through the data to the emergent theory (Glaser 2001: 191). The challenging search for new and fundamental categories that previously consumed the researcher ended when the core category and three other categories, called “elements of practice”, along with their unique properties were identified. The relationship between the core category and three elements of practice and their properties demonstrated clear patterns of integration of practice. Integration of categories and their properties begins what Glaser calls “substantive theory” (Glaser 2001: 199). In addition, the two basic social processes with their own respective properties that emerged demonstrated their capacity to embed their qualities into the core category and elements of practice articulating an integrated pattern of child and youth care practice in a substantive theory.

Substantive grounded theory is described as a “theoretical interpretation or explanation of a delimited problem in a particular area ...” (Bryant and Charmaz 2019: 660). In this research, the area of focus was the practice of child and youth care work in the *Isibindi* model, and the theoretical framework that emerged responded to this in that “the final outcome of the constant comparative process is a generated grounded theory that fits and works and is relevant in explaining how a main concern is continually resolved” (Glaser 2001: 190-191). The core category that emerged in this research study was *practising intentionally* (with the properties *integrating practice wisdom, appreciating context, and applying discretionary judgement*); and the three elements of practice were *practising relationally* (with the *child, the family, and community stakeholders*), *creating a child rights culture* (through *advocacy and teaching rights*), and *championing social justice and equity* (through *access, social education, and resource networking*). The key basic social processes that emerged were *embedding spirit in practice* (*self-transformation, the intentional practitioner, and*

Ubuntu as a guiding construct) and *embedding love in care* (acts of kindness, gestures of caring, and creating loving experiences).

The core category is the one, according to Anglin (2002: 61-62), that is a “connecting and resonating thread”. The theme that emerged as the “best fit” in this study was *practising intentionally* as it represented the thread that was running through the patterns of child and youth care practice in the *Isibindi* model. Glaser (1978: 95-96) identified key criteria to demonstrate the process in the judgement of the core theme, earning its way into this position of main theme. These were reflected in Anglin (2002:62-64) and are discussed below:

- 1) *It must be central*, in that it must be related to as many of the other categories and properties as possible, and it must account for the variations in the patterns of behaviour. *Practising intentionally* emerged in the data as the central category, reflected in all the element of practice and their properties, and demonstrated that its presence flowed throughout the patterns of practice as well.
- 2) *It must recur frequently in the data*, in that is can be seen to be a stable reoccurring pattern that is related to all the different variables. *Practising intentionally* showed up repeatedly in the data from the different categories of participants, where the behaviours explain how the problems were processed and/or resolved (Glaser 1978: 70). The phrases that emerged in the data right from the outset were “intentional practice”, “intentionality”, and “intentionality in practice”. Glaser (1976: 108) refers to the tacit rule of identifying the core category in grounded theory by using a “gerund”(“ing”) (which is the turning of substantive nouns or verbs into a gerund). Gerunds provided a fluidity, influencing the core theme being called *practising intentionally*, and eventually superseding the other options as the core theme.
- 3) *It takes more time to saturate than other categories*. *Practising intentionally* was woven throughout all the sub-themes and the properties. It repeatedly showed up in a persistent and pervasive manner, like a dominant thread of

colour ensuring its presence and pattern, and most importantly, its explanatory power in all the variables.

- 4) *It relates meaningfully and easily with other categories.* This refers to a fit that was easy to see and easy to explain. In fact, *practising intentionally* added meaning to the other categories and to the basic social processes and in their relationship with each other that can be described as symbiotic.
- 5) *It has clear and grabbing qualities for formal theory.* As Anglin (2002: 63) noted, the core category captures the imagination beyond its immediate use and meaning. *Practising intentionally* as the core theme has far reaching implications for child and youth care development in the areas of training, supervision, practice, policy, and research. What is interesting is its relevance (or grabbing qualities) for a uniquely South African expression of a child and youth care theory.
- 6) *It has “carry-through”.* Its relevance can be seen in the way it runs through and permeates the data and the other variables, making them more understandable and easier to explain. *Practising intentionally* weaves all the threads together into an integrated pattern of practice.
- 7) *It is highly variable due to its dependence on related categories.* *Practising intentionally* brings life to the interwoven patterns of practice interventions, without which their relevance might have little meaning. The infusion of intentionality in practice interventions provided meaning to the practice.
- 8) While accounting for variation in the problematic behaviour, the core category is also the dimension of the problem. It explains itself and its variation. *Practising intentionally* as the core category was essential to the effective expression of the other elements of practice and their properties, and the basic social processes, as it provided the purpose and meaning to each one of them. Not only did it link them to each other, it also provided purpose and meaning to the whole.

- 9) *A core category should prevent ungrounded sources from dominating the analysis.* The category of *practising intentionally* was, as articulated by Anglin (2002: 63), considered core “through its pervasive presence, integrative power and explanatory relevance”. It was grounded in the data and was not influenced by any preconceived social development interest or with a hypothesis to prove.
- 10) Because of its “grab” and explanatory power, it can tempt the researcher to see its presence in all relations, whether grounded or not. This was a challenge to the researcher who re-examined the data through constant comparison with other competing core themes again and again, to ensure its robustness and groundedness.
- 11) *A core category may be any kind of theoretical code (i.e. concept).* The core category can be a process, a condition, a consequence. The core category *practising intentionally* is a process based on a consequence. The consequence is the fact that *practising intentionally* is based on or a consequence of structural foundational knowledge embedded in the *Isibindi* implementation model for service delivery. However, the fluid expressions of *practising intentionally* were crafted in the process of change and movement over time. Irrespective of whether the problem was fully solved, it was processed, and the patterns in practice were brought about by conscious intention.

This concludes the discussion on the criteria identified by Glaser (1978: 95-96) to judge a core in the search to generate “a new distinct theory” rather than “advancing an existing one” (Glaser 2001: 189).

3.5.2 Emergence of the Integrated Elements of Practice

The openness to emergence, which is one of the key principles of grounded theory, resulted in the inclusion of the integrated elements of practice, *practising relationally*, *creating a child rights culture* and *championing social justice and equity*. These three additional elements of practice were confirmed as essential to the theoretical framework in that they provided the context for the expression of the core category

practising intentionally. The integrated elements of practice with their properties are: *practising relationally with children, with families, and with community stakeholders; creating a child rights context through advocacy and teaching children their rights; and championing social justice and equity through creating access, social education, and networking of resources*.

3.5.3 Basic Social Processes (BSPs)

As noted by Glaser (1978: 109), “BSPs can generate properties of a process”. The core category that emerged in this research *practising intentionally* was densified and strengthened by the integration of the basic social processes of *expressing the spirit of Ubuntu* through *embedding spirit in practice* and *embedding love in care* that emerged from the research data. Glaser (1978) described the basic social processes in his book, *Advances in the Methodology of Grounded Theory: Theoretical Sensitivity*. The key characteristics of these are presented below, as they have direct bearing on the basic social processes *embedding spirit in practice* and *embedding love in care* and their properties that emerged in this research.

The first noteworthy point to mention is that basic social processes “are **pervasive** as they are fundamental, patterned processes in the organisation of social behaviours which occur over time and go on irrespective of the conditional variation of place. It is the pervasiveness of such core processes that gave rise to the word BSPs” (Glaser 1978: 100).

Secondly, a basic social process intimates a **process** of change and movement over time. Irrespective of whether it solves a problem or not, it processes it (Glaser 1978: 97). A process is something that occurs over time and involves change over time. These changes have breaking points and often stages can be perceived (Glaser 1978: 97).

Thirdly, basic social processes are processes that are **free from the bounds of time and space**. They show applicability in different situations and conditions, can be processed in different situations with ongoing movement, implying a past and a future that are not restricted to time (Glaser 1978: 109, 112).

Fourthly, basic social processes are often implicit and are taken for granted in the data (Glaser 1978: 108). However, they go on, despite bias and analysis. They are **durable** and keep up with changes (Glaser 1978: 110).

Fifthly, basic social processes have a, what Glaser calls “**relationability**”, in that they cut across and transcend the boundaries of separate social structural units and provide a way of relating them to each other (Glaser 1978: 109, 112, 113).

Sixthly, basic social processes are able to be **generalised** into different situations and have a transferability, allowing for application to new conditions (Glaser 1978: 110).

Seventh, basic social processes have what Glaser called “grab” because they have significant impact in meaning, are **easily understandable**, with general ideas that are easy to remember (Glaser 1978: 111).

Finally, basic social processes are generally labelled as a “**gerund**” (“ing”) which both stimulates their generation and the tendency not to overgeneralise them (Glaser 1978: 97).

The basic social processes *embedding spirit in practice* and *embedding love in care* were indeed pervasive in the data. In *embedding spirit in practice*, the properties of *self-transformation*, the *intentional practitioner*, and *Ubuntu as a guiding construct* are noted in the process of the transformation of the child and youth care worker, from unemployed community rural women into competent social service workers in their communities. The basic social process of *embedding love in care* along with its properties, namely, *acts of kindness*, *gestures of caring*, and *creating loving experiences* for children were expressed by all the research participants in a diversity of contexts, demonstrating their durability and, more importantly, how they were woven into the core category *practising intentionally*. The basic social processes *expressing spirit in practice* and *expressing love in care* and its properties have surpassed all boundaries and found meaning in different situations, offering a significant and sometimes a transcended impact.

A number of ethical considerations need to be adhered to when conducting research. The following sections explain the ethical procedures adhered to in this study.

3.6 ETHICAL CONSIDERATIONS

Research ethics considers the questions that are ethically relevant to the interventions of a research that is expected to impact on the research participants. It is concerned with the steps taken to protect those who participate in the research. Murphy and Dingwall (2001, cited in Flick 2015: 32) propose the following four ethical principles for research in the social sciences:

- **Non-maleficence** – researchers should avoid harming participants;
- **Benefice** – the research should not be carried out for its own sake but to produce some positive and identifiable benefit;
- **Autonomy or self-determination** – the values and decisions of research participants should be respected;
- **Justice** – all people should be treated equally.

In this study, the participants were not exposed to any harm, and the ethical considerations applied in this research project were voluntary participation (sub-section 3.6.1); informed consent (sub-section 3.6.2); confidentiality and anonymity (sub-section 3.6.3); emotional safety (sub-section 3.6.4); and reciprocity (sub-section 3.6.5). These are unpacked in more detail below.

3.6.1 Voluntary Participation

Some of the research participants, particularly the child and youth care workers, would have known about the researcher due to the position she holds in the NACCW. With the support of their mentors (their supervisors), they were made aware that the researcher's role was different to that of the position held in the NACCW. They were assured that they did not have to participate in the research simply because they were invited to. The researcher ensured that at the beginning of all the interviews, this point was reiterated. According to Marshall and Rossman (cited by Shaw 2009: 46), the implied power relationships from previous or current personal or professional interactions may impact on participant engagement and sharing. The researcher

followed this process to eliminate any sense of power that her position could bring into the decision of the research participants, especially the child and youth care workers to participate in the research. The community members, the children, and their parents, were willing to participate in the research study. In addition, all the research participants were informed that they had the right to withdraw their participation at any time, with no repercussions; to refuse to share any information at any time in the research process; and had the right to ask questions (Polit and Beck 2012: 154). Additionally, the implicit power issues linked to the researcher's position in the replication of the *Isibindi* model was addressed by the research design of purposeful sampling of the best functioning *Isibindi* projects and the best functioning child and youth care workers. Official documented assessments of the projects selected ensured that the projects elected were based on clearly identified criteria. This focus on best practices allowed for open feedback from the child and youth care workers and other research participants. There was an openness to reveal good practices and this approach created a safe space for full participation. The focus on good practices only was not a limitation in this research study but encouraged voluntary participation and was aligned to the grounded theory approach to ensure the emergence of a theoretical framework based on good practice.

As the researcher's role in the development and replication of the *Isibindi* model was both a strength and a challenge, the researcher engaged with her supervisors on ethical research practice in the context of this, so that instances of ethical dilemmas, personal and professional conflict to the researcher or the supervisors were reflected on, discussed, and clarified. The researcher entered the research process open to honest input to the research questions raised, despite the research design seeking for positive practices. The use of DUT templates on letters of information and consent further ensured rigour to counter any procedural bias from the researcher. Finally, the validation committee played a valuable role in providing boundaries to the hidden biases of the researcher, specifically in their input to the data analysed by the researcher. In this regard, biases in the cultural interpretations were open to scrutiny. Furthermore, the analysis of the theoretical framework underwent rigorous scrutiny.

3.6.2 Informed Consent

The study only commenced after full ethical clearance had been received from the DUT Institutional Research Ethics Committee. Consent forms were signed by all who participated in the research. Adults filled in the prescribed DUT (Durban University of Technology) consent forms and the children signed the prescribed DUT assent forms in keeping with a child rights culture inherent in child and youth care practice. The child and youth care worker who assisted with translations had also signed an oath of confidentiality, as was the case too with the translator/transcribers of the taped interviews. Neuman (2011: 149) cautions that the misleading of research participants can occur through written or verbal communication, the actions of others, or in any aspect of the setting for the research. Taking heed of this caution, the research participants were made aware that the research findings would be shared and published. The informed consent statement signed by research participants reinforced this.

3.6.3 Confidentiality/Anonymity

The credibility of a research study is associated with confidentiality. Research participants are unlikely to willingly share private, confidential information and authentic feelings in public documents that reveal their identifying details (Tolich and Davidson 1999: 70). According to Streubert-Speziale and Carpenter (2007: 66), confidentiality and anonymity in qualitative studies pose challenges as rich in-depth descriptions, focus group discussions, face-to-face interviews, and the natural setting in themselves, may make the identification of participants inevitable. Maintaining confidentiality of the research participants may require changing identifying information where necessary, ensuring that these changes do not distort the authenticity of the research report (Oka and Shaw 2000: 15). A letter of information (Appendices 1, 2, 3, 4) accompanied the consent form, outlining full details of the study to ensure transparency. Issues of confidentiality and anonymity were addressed by using pseudonyms. In the writing-up of the research, participants were referred to by their initials. An oath of confidentiality was signed by the child and youth care worker who was the translator. There was no need to change the information provided by the participants to ensure confidentiality, as no identifying information, other than the *Isibindi* project they belonged to, was provided in the research. All recorded and written

transcripts will be kept under lock and key, accessible only to the researcher, and will be destroyed after five years in an appropriate manner.

3.6.4 Emotional Safety

Qualitative research creates opportunities to engage research participants emotionally about sensitive issues, such as stigma, abuse, death, and loneliness. A researcher with good listening skills may provide participants with opportunities to express feelings and emotions, demonstrating a resemblance between the research interview and therapeutic interviewing (Oka and Shaw 2000). This raises the need for self-awareness and the ethical dilemma to be carefully assessed (Oka and Shaw 2000). As the children and youth that were interviewed were vulnerable and orphaned, the researcher was extremely careful about ensuring their emotional safety during the interview. As discussed earlier, but specifically during the interviews, the researcher was very careful to assure all interviewees that they did not have to disclose any information that they did not want to. They also were informed that they could stop the interview at any point, and that there would be no consequence or penalty for doing so. The mentors who assisted with translations were trained, qualified, and registered child and youth care workers, to ensure that besides assisting with translations, they were available to be supportive if the sharing of deep and painful information raised the need for additional emotional support from someone familiar to them and with appropriate language skills.

3.6.5 Reciprocity

Reciprocity refers to the relationship between the methodology of qualitative research and professional practice. Research involves obligations and responsibilities. Ethical considerations in qualitative research should not be used as an excuse to prevent researchers from publishing research and providing social advocacy and learning if necessary (Oka and Shaw 2000: 16). Included in the informed consent was the permission for the information from the research study to be available for study and social justice advocacy purposes. There was a general sense of understanding from the children and the child and youth care workers that the research information should be used to promote the interests of children, the role of child and youth care workers in communities, and the *Isibindi* model. In this, the African spirit of Ubuntu was demonstrated.

The trustworthiness of the study is discussed next.

3.7 TRUSTWORTHINESS

Trustworthiness in a research study ensures that the research findings are worth paying attention to because of the “rigour” applied to the research process in all the phases of the research study, from the data collection phase, to the content analysis and reporting of the results. Shenton (2004: 63-64) cited Guba who identified four strategies to ensure trustworthiness in qualitative research studies. These are credibility, transferability, dependability, and confirmability. To the knowledge of the researcher, all four of these were included in the research design of this study. These are described in more detail below.

Credibility refers to presenting a true picture that is congruent with the reality, where the research participants are clearly identified and described accurately. The elements of credibility include, according to Shenton (2004: 63), adopting an established research methodology (the grounded theory approach in this research); familiarity with the culture of the context and participants was also demonstrated through the researcher’s background in child and youth care work, which is the focus of this research, as well as the researcher’s experience in the national management of the *Isibindi* model and engagements in the broader social development sector. The approach of iterative questioning, critical to credibility, is embedded in the grounded theory approach to gathering authentic information. Continuous reflection is expected in a grounded theory approach. This, with the support of supervision, contributed to ensuring credibility in the strategies used by the researcher and in the phases of the research process.

The research design was sensitive to the **transferability** of the research findings in that the sampling selection allowed for a variety of key research participants from different contexts to be detailed in the data collection strategy, to ensure the extrapolation of research finding to other contexts. The ability to make appropriate generalisations from the research findings was embedded in the data collection plan. However, as the selected *Isibindi* projects were the best functioning projects, identified through specified inclusion criteria, the three projects were situated in rural areas and

not representative of other community settings, including informal settlements, farming communities, and urban townships.

The strategy of **dependability** in trustworthiness refers to the reliability of a research design which allows the study to be repeated under different conditions and over time. The applicability of the grounded theory approach in further child and youth care studies, even in different settings, is possible. It would be important to make sure that the choice of the research methodology of grounded theory suits the personality of the researcher. The research was guided by the previous research design in a residential setting in the child and youth care field. This allowed the researcher to be guided by an existing research design applied to a community context, proving the dependability construct of trustworthiness.

Confirmability confirms that the research findings are objective and emerge from the data and not the predispositions of the researcher (Miles and Huberman, cited in Shenton 2004: 72). Reflective processes are solidly built into the research design in the grounded theory approach to ensure the confirmability of the research findings. Data collection is controlled by the emerging theory, and through the memoing process, the analysis ensures that there is conceptual, not logical, elaboration of the data. Logical elaboration, according to Glaser (1978: 41), is based on deductions linked to one's own pet ideas, suppositions, and "logical" possibilities or borrowed interpretations. Glaser's approach of constant comparison was applied with rigour and ensured protection from the researchers own bias and predispositions. In addition, the research design included an expert committee as discussed next.

3.8 RELIABILITY AND VALIDITY

All authentic research needs to be valid and reliable. Morse *et al.* (2002: 18) list the following activities as essential for maintaining the reliability and validity of the data collected: methodological coherence; a sufficient sampling; managing the dynamic relationship between sampling, data collection, and analysis; thinking theoretically and theory development. Attention now shifts to appropriate sampling (sub-section 3.8.1); methodological coherence (sub-section 3.8.2); and collection and analysis of data (sub-section 3.8.3).

3.8.1 Appropriate Sampling

Appropriate sampling was evident in the selection of participants (child and youth care workers, children/youth, community members) who best represent the research topic: “Towards the development of a theoretical framework to guide child and youth care practice in South Africa”. This was an adequate sample that yielded sufficient data. This fulfils the observation of Morse *et al.* (2002: 18) that “replication in categories verifies, and ensures comprehension and completeness”. One concern is that the research was conducted only in rural communities, as the process of sampling linked to best functioning projects eliminated the selection of other community settings.

3.8.2 Methodological Coherence

Methodological coherence refers to the congruence between the research question and the different components of the research methodology. As in any qualitative research study, the research questions may need revising, the research methods may need to be modified, and sampling plans may change as the research unfolds. This is where the expert committee was useful in that they safeguarded the “fit” of these different components with the data, making sure that the analytical components were coherent. As expressed by Morse *et al.* (2002: 18), “[T]here is an interdependence in qualitative research that demands that the question matches the method and that the method which matches the data and the analytical procedures”. The researcher is confident that the research method resulted in the emergence of a theoretical framework that will guide child and youth care practice in South Africa. The validation committee provided useful insights into the strengthening of the theoretical framework and the “fit” of the data to the core theme, core sub-themes, and basic social processes.

3.8.3 Collection and Analysis of Data

The *collection and analysis of data* concurrently results in the mutual interaction between what is known and what one needs to know. (This iterative interaction contributes to the attaining of reliability and validity. Ideas emerging from data are reconfirmed in new data, giving birth to new ideas, and they in turn must be verified by the data collected. This process of theoretical thinking allows one, according to Morse *et al.* (2002: 18), “to inch forward”, allowing for constant checking and rechecking to build a strong theoretical foundation. The expert committee, discussed

next, assisted in validating the theory development. Theory development is a deliberate process of the movement of the detailed data to theoretical conceptualisation. This is referred to by Morse *et al.* (2002: 18) as “deliberation between the micro perspective of the data to the macro conceptualization/theoretical understanding”.

In addition, the research design included an expert committee who reviewed excerpts of the research data and the researcher’s interpretation as well as the theoretical framework with the integration of the core themes, sub-themes, and basic social processes, to eliminate researcher bias and confirm that the theoretical codes developed were indeed parsimonious (simple, essential, distinctive codes that “fit” the evidence). The expert committee comprised: (1) selected academics, (2) senior child and youth care workers with a background of practice in the *Isibindi* model, (3) trainers with a background in child and youth care training, (4) representatives from the Professional Board for Child and Youth Care (PBCYC) from the Professional Association of Child and Youth Care Workers (NACCW), and (5) a private consultant and member of the South African Council for Social Service Professions (SACSSP). The expert committee met five times. During these verification sessions, members were provided with documentation for reading, supported by PowerPoint presentations to contextualise the discussion. Participation and attendance was excellent. The discussions were recorded. The valuable contributions of the committee members assisted the researcher to rethink her approach to presenting the concepts in the original model design as there was an unexpected misunderstanding in the way concepts were diagrammatically presented. However, the committee strongly validated the interpretation of the data from their varied experiences and perspectives. They were equally supportive of the revision of the diagrammatic presentation of the model, and, in fact, commented positively on the selection of the name and meaning of theoretical framework.

In this section, the overall validity and reliability of this study was assessed by looking at the appropriateness of the sample; methodological coherence; and verification and validation of the data collection and analysis process applied in this study. The guidance of the research supervisors and expert committee members supported the researcher in the process of the research inquiry.

A few concluding remarks are provided below.

3.9 CONCLUSION OF THE CHAPTER

This chapter detailed the qualitative research process followed in this study, demonstrating the fit of the methodology and design for the research. The grounded theory approach has been articulated in this chapter with a description as to the different strategies have been applied in this a qualitative research study. The movement between the data and the efforts to conceptualise to conceptualise them thought the various grounded theory strategies has been described.

The data analysis and findings are presented and discussed next in Chapter 4.

CHAPTER 4

RESEARCH FINDINGS AND THE EMERGENCE OF THE THEORETICAL FRAMEWORK

4.1 INTRODUCTION

This Chapter discusses the data, data analysis, and findings of the study. A qualitative research approach was utilised along with the grounded theory methodology to guide the inquiry and understand how *Isibindi* child and youth care workers practice in South African communities. As discussed in Chapter 3, the theoretical framework that evolved was grounded in the data from the interviews and focus group discussions that took place with the child and youth care workers, community members, and children. A grounded theory method results in the construction of a theory for the abstract understanding of the research focus, and the core category or theme that emerged in this study is presented.

In this Chapter, the data and data analysis are presented under the core category *practising intentionally* (section 4.2) with its encompassing properties, namely, integrating practice wisdom (sub-section 4.2.1), appreciating context (sub-section 4.2.2) and applying discretionary judgement (sub-section 4.2.3). The Basic Social Processes (BSPs) (section 4.3) of embedding spirit in practice (sub-section 4.3.1) and embedding love in care (sub-section 4.3.2) are also considered. This is followed by the integrated elements of practice (section 4.4), and the elements of practising relationally (sub-section 4.4.1), creating a child rights culture (sub-section 4.4.2), and championing social justice and equity (sub-section 4.4.3). A presentation of the *theoretical framework to guide child and youth care practice in South Africa* (section 4.5) follows next. The chapter closes with a few concluding remarks (section 4.7).

Having introduced this chapter above, the next section presents the core category “practising intentionally”, followed by a discussion of its related properties.

4.2 CORE CATEGORY: PRACTISING INTENTIONALLY

Central to a grounded theory approach is the search for the core category. Glaser (1978: 93) stated that “the goal of grounded theory is to generate a theory that accounts for a pattern of behaviour that is relevant and problematic for those involved”. The quest for the core category in a grounded theory approach is the search for the central and all-embracing category that is able to integrate all the others into a conceptually coherent framework. The overarching theme that emerged in this research was *practising intentionally*, and the data supporting this is presented in this chapter. The pervasive category, *practising intentionally*, embedded the two basic social processes that emerged, along with their related properties, and the core category of *practising intentionally* intertwined through the three other categories called the integrated elements of practice.

Practising intentionally has three main properties, viz. integrating practice wisdom (sub-section 4.2.1), appreciating context (sub-section 4.2.2) and applying discretionary judgements (sub-section 4.2.3). These are described next.

4.2.1 Integrating Practice Wisdom

Rooney (2013, cited in Dalal and Pauleen 2019: 227) noted that “social practice wisdom is a form of practical wisdom with applications in everyday life”. The excerpts below demonstrate a few varying expressions of practice wisdom that was reflected in the practice of the child and youth care workers.

In the following quotations, cultural sensitivity as part of practice wisdom was evident in the intentional engagement with families and children.

“It’s important to be cultural[ly] competent as the families’ cultures sometimes differ from mine. I must respect their culture. Some families belong to the Shembe religion and Saturdays are resting days for them. They would request that I don’t visit on a Saturday. I respect that and do not impose my work on them. I respect their space”. (Interviewed CYCW 3)

“Before ... becoming a CYCW, I was wearing high heels, using the big earrings, wearing ... small skirt[s], or small short[s], but ... I was [now] supposed to know the dress code when I'm going to the family. Be cultural[ly] competent. The way I sit ..., the way I enter(ing) ... not ... just knock and go [in] ... or haaaaaa, shouting. You are not laughing too loud, you just know how to communicate with the family”. (Interviewed FG 2)

Sensitivity to religious tradition was respectfully planned for. Also evident in the above excerpts was that the child and youth care workers gave their dress code and approach to engaging with the family thoughtful consideration with an awareness that it could influence the family's confidence and trust in sharing information with them. Such sensitivity towards families in rural contexts further reflects practice wisdom to a South African reality.

In the next excerpt, the presence of the child and youth care worker in networking stakeholders to families to ensure accountable service delivery was observed by a community member.

“They like their work ... have passion in their work. ... If they go to Social Development and the people are delaying on the cases, they just bring the families right in front of the social workers. ... The child care workers will bring the families in front of them and say look at this situation I was talking about, so the granny will explain everything in front of them”. (Interviewed CM 4)

Child and youth care workers bring energy and spirit to their work, injecting passion and solution-focussed responsiveness to immediate needs. They present the problems directly to those responsible to assist. They know the government institutions as they come from the community and they know when and how to approach them. The management of power and accountability was evident in the actions of the child and youth care workers, showing an intentionality in practice.

4.2.2 Appreciating Context

Child and youth care workers recognised the complex contexts in which they worked and integrated these multidimensional issues into thoughtful practice interventions. The two excerpts below reflect examples the varying integrated complexities.

“When they don’t get ... jobs or schooling, they have the problem of poverty in the family. Lack of care, lack of love, that warmth Parents or guardians ... neglect children. They ... abuse alcohol too much. Then children go and find Blessers, you know, to get money and then they take advantage of them and rape them. We are facing that sexual assault, sexual abuse”.

(Interviewed FG 2)

In this quote, the child and youth care worker reflects her understanding of the impact of poverty and its multi-pronged ramifications on both families and young people. Blessers are older men who sexually exploit young women for payment in money or in other ways.

“You find that families fail to disclose cases of child abuse. The families sit on the cases. Families tend to discuss cases of child abuse amongst themselves and resolve such cases within the family context”.

(Interviewed CM 2)

In this excerpt, traditional family and cultural approaches to addressing abuses, including sexual abuses of children was observed by a community member. It is with the appreciation of this complex context that the child and youth care worker needed to provide services to the child, the family, and the community within a child rights context.

4.2.3 Discretionary Judgements

Discretionary judgements and decision-making require making choices from a range of possibilities, choosing with knowledge and wisdom, the most effective response to the contextual reality faced.

In the excerpts below, the child and youth care workers voice their consideration in making discretionary decisions.

“We give ourselves time to the families and to listen to the family because if you listen you can know what to do...” (Interviewed CYCW 7)

In the above quotation, the child and youth care worker demonstrated her commitment to family participation, strengthening her capacity to make thoughtful decisions with the family.

It depends if there are any burning issues in the families I work with. The family dynamics and challenge will guide me if I should service the family once, twice or three times a week. The family will need to be visited more than that if for example the family has a child who has a disability or if the family has a child who is on treatment. Those families need more visits than the others”. (Interviewed CYCW 3)

In this more direct excerpt of the decisions that are made by the child and youth care worker in planning her work, we see considered assessment guiding her choices, priorities, and the management of her time.

Having discussed the core category *practising intentionally* and its properties, the next section focusses on the basic social processes that emerged in the study that has infused and densified the core category *practising intentionally*.

4.3. BASIC SOCIAL PROCESSES (BSPs)

According to Glaser 1978: 100), basic social processes are “pervasive”, and in this section, the influence of the basic social processes in *embedding of spirit in practice* (sub-section 4.3.1) and *embedding of love in care* (sub-section 4.3.2) are key threads running through the core category *practising intentionally*.

4.3.1 Embedding Spirit in Practice

The term “*spirited*” has been used to describe the child and youth care workers’ approach to their work, which includes characteristics such as energy, enthusiasm, determination, vibrancy, vitality, animation, and courage. The building of community and making the community a better place was a task that was viewed seriously and with passion by child and youth care workers. This was reflected in the attitudes and their values of child and youth care practice demonstrated. Whatever the level of the “spiritedness”, some were more passionate than others, some were more energetic about certain issues, some demonstrated more courage than others. They also appeared proud to build and develop children and families in their community. The impact of their spirited practice was expressed in the following five quotations:

“Child and youth care workers ... have passion and ... take our work serious[ly] because if we develop a lot of children in our community it make[s] us proud ... [and] the community is in a better place”. (Interviewed CYCW 7)

“You can see the progress and enthusiasm ... with the kids [in] the hands of child and youth care workers”. (Interviewed CM 9)

“The child and youth care workers are caring and very attentive to the kids. They make the children happy”. (Interviewed CM 5)

“They like what they are doing. They value it and they like it ... It's in their blood now. They like child care and they are going far... if they are given a chance. It's what they like now, deep inside their blood, they like it”. (Interviewed CM 4)

“I have [a] love for children ... Before I was trained, I did not understand how I was supposed to work with children, but training helped me develop a passion to work with young people and children who are in need”. (Interviewed CYCW 1)

The spirited practice demonstrated by child and youth care workers is captured under the following three sub-headings: *self-transformation* (sub-section 4.3.1.1); *the intentional practitioner* (sub-section 4.3.1.2) and *Ubuntu as a guiding construct* (sub-section 4.3.1.3).

4.3.1.1 Self-transformation

The personal and professional transformation of child and youth care workers, which is part of the process of new learning, developing, and growing is captured in this section. Child and youth care workers not only “know” child and youth care work, but “do” child and youth care work. Their personal journeys of transformation are reflected below, along with the ensuing impact on their work, and how this is perceived by others. Child and youth care practice can be described as a transformative experience.

The comments below are excerpts from community members on the quality of child and youth care work.

“They like this work. I also like it now”. (Interviewed CM 4)

“As I see them now, they are dedicated to their work”. (Interviewed CM 4)

In addition, the two excerpts below reflect transformation through team cohesiveness.

“I didn’t know that working as a team was important ... A great[er] productivity when working together is achieved, you know. ... but now it has helped me personally and professionally”. (Interviewed CYCW 9)

“We work(ing) as a team, but we must have a chance to take care of the child and youth care workers ... even on their personal issues, even on the [family challenges. So this child care practice develops me inside to take care of [an]other person. It makes me to share”. (Interviewed CYCW 4)

The value of teamwork at both a professional and personal level is evident. Child and youth care workers who were more knowledgeable and experienced were able to assist each other as team members. Even at a personal level, the team was able to

provide support to those who are going through a personal crisis. This reflects the importance of “caring”, particularly in a professional context.

The excerpt below shows the impact of training on the child and youth care workers development, both personally and professionally.

“So this child care practice develops me inside to take care of other person. So that training helps me a lot because when I was starting this job, I was not strong enough to work with these children that have losses. When we attend that training, I came back and feeling that I am strong enough to work with these children. Because in that training, we were sharing our own personal issues, we were sharing about our background, what are our losses. So, this profession of a child [and youth] care helps me a lot. I’ve got more skills to work with”. (Interviewed CYCW 4)

The opportunity to speak about their own personal losses and challenges in the training context assisted the child and youth care worker to become aware of herself and the needs of young people and their families in similar circumstances, strengthening her capacities.

In the excerpts below, the impact of child and youth care training on the personal development, growth, and transformation of the child and youth care workers is further captured in their own voices as follows:

“Those training helped me spiritually”. (Interviewed YP 5)

“It helped me a lot. It grows me, myself, to be a role model, even to my kids, even to my family”. (Interviewed CYCW 5)

“We absorbed the teachings of child and youth care practice”. (Interviewed CYCW 3)

“We manage to build our own families. Ja, we know how to understand our own children, even our families because ... we are coming from different

backgrounds, but here, now, we know how to resolve issues. We know how to take care of our children, we know how to take care if there is ... conflict, even to budget". (Interviewed FG 3)

"I'm not a sharing person. I take all my personal issues inside and [am] not trusting anyone but as we attended these trainings, I learnt ... that when you share with others ... your baggage ... become[s] lower". (Interviewed CYCW 4)

"My self-esteem was very low when I was starting at child care but there are some activities that we get in this trainings and I found myself ... developing ... even to sing. I am a singer ... now... [at]church ...". (Interviewed CYCW 4)

"Before I joined the Isibindi project, I was a very shy and quiet person. I couldn't share ... my feelings with anyone, I had low self-esteem. I could not stand up for myself and only put others needs first before mine ... Now, after doing my modules, I am very confident, and do not let my emotions get the better of me. I focus on my work and I am very thorough. No child will be left unattended or not get help on my watch". (Interviewed FG 2)

Training within the *Isibindi* model brought about significant personal transformation in the lives of the child and youth care workers, as can be seen in the quotations above. Not only were they able to translate the training into practice wisdom, they were also able to apply it to their "personal" self to strengthen their confidence as practitioners. Moreover, they were able to use it to the benefit of their own family needs.

In the next section, the impact of the transformative growth of the child and youth care worker can be seen in the emergence of the intentional practitioner.

4.3.1.2 The intentional practitioner

In this section, the thoughtful, purposeful practices of the child and youth care worker are illuminated.

In the excerpt below, the child and youth care worker describes the considered approach taken when visiting a family.

“My first approach when I'm coming and knocking at the door I would say “please B open up the door, it's me, it's Auntie” the tone of voice I use has magic, it brings hope to the child and the family. They start thinking here comes our assistance and supporter. It brings love to the child”.
(Interviewed CYCW 3)

She further adds to this in the next quote by recalling the responses from the children.

“Just by knocking at the door and saying it's me, open up it's me, they then say oh, it's you Auntie, then their faces start to light up, their facial expressions change. The expressions tells me that I'm giving them love. I know I'm giving them love”. (Interviewed CYCW 3)

The child and youth care worker has demonstrated in these two quotations that she practised with intention, which she observed in facial expressions of the children and in the lighting up of their faces. She had indeed approached them with love, and they had in turn experienced her approach and presence as loving.

In the next quote, a community member observes that the intentional presence of the child and youth care practitioner is known to the varied stakeholders.

“Everybody knows them, and they know the community very well and the protocols. They know the police, the indunas, the chief and the councillors”.
(Interviewed CM 2)

The relationship between the child and youth care worker and the community stakeholder's, and their joint understanding of the protocols that guided their practices, strengthened accountability. This is reinforced by the follow excerpt

“They encourage others to work better. So they work with these Departments, even police and all of these (others) ...” (Interviewed CM 4)

This affirms the important observation of the child and youth care worker influencing others to work more effectively

In the excerpt that follows, the child and youth care practitioner was observed to bring in her own contextual wisdom to assist.

“They use their own knowledge when I don’t know about certain things, they help me and ... my father also. They help us a lot”. (Interviewed YP 1)

Practising intentionally, incorporating their own practice wisdom and knowledge, was noticed by the young person who comments on the impact of the support, indicating that “they helped a ‘lot’”.

The excerpts below point to the growing confidence of the intentional practitioner.

“The theory is helpful but also we [have] other ideas, which are not in the theories”. (Interviewed FG 3)

“Sometimes we see that they do more than what the book has taught them”.
(Interviewed CM 4)

The child and youth care workers above demonstrated that they were able to make practice decisions that were contextually relevant and appropriate. This was also observed by a community member.

The next quote reflects the spirit demonstrated by the child and youth care worker.

“I do this with passion, dedication and love for my work”.
(Interviewed CYCW 3)

Infusing passion, dedication, and love in child and youth care practice provides opportunity for a greater depth and quality in everyday practice. Understanding that you are doing this transforms this spirit into an intentionality in practice.

The intentional practitioner again speaks of how she engages with her work:

“We must speak nicely to a child, we must use appropriate and good language when we talk to children, that’s used by a professional CYCW. We must ensure we listen carefully when children tell us about their issues. We must listen when the children talk and maintain eye contact with them. We must gain the child's trust, they shouldn't be scared to speak to us”.
(Interviewed CYCW 1)

This is further elaborated on, expanding the understanding of *intentionality in practice*, including cultural competence.

“We must speak the language the child understands or use their mother tongue. When the child is communicating it is good to give the child your time. If the child is talking, we can't interrupt. We can also nod to show that we are listening. Even if the child continues talking, I must pause and allow them to”.
(Interviewed CYCW 5)

The diverse spirited practice of the child and youth care worker has been demonstrated in the selection of excerpts above. The growth and transformation of the child and youth care worker into a practitioner practising with intentionality will now be taken further in an understanding of how the spirit of Ubuntu was embedded in their practice.

4.3.1.3 Ubuntu as a guiding construct

In this section, the African philosophy of Ubuntu is used as a guiding construct to reflect the spirit of practice of the child and youth care workers. This is succinctly articulated by Tutu (2000 para. 1 line 1-4) as follows:

Africans have this thing called Ubuntu. It is about the essence of being human, it is part of the gift that Africa will give the world. It embraces hospitality, caring about others, being able to go the extra mile for the sake of others. We believe that a person is a person through another person, that my humanity is caught up, bound up, inextricably, with yours. When I

dehumanise you, I inexorably dehumanise myself. The solitary human being is a contradiction in terms and therefore you seek to work for the common good because your humanity comes into its own in belonging.

Ubuntu was captured in the caring and positive contribution child and youth care workers made, as follows:

“When I look back to the families [and] ... when I look at them now, it make us as child and youth care workers feel proud ... because if we find [found] children want[ing] to drop out of school[s] and [today] we build[built] them up. Now they are teachers, nurses, police[s]. It makes us proud because now we see that God has a purpose with [this] profession to [for] us because now we can make the world a better future”. (Interviewed FG 3)

Child and youth care workers endeavour to ensure the rebuilding and developing of children and the reality of their contexts. This type of “deep care” is reflected in the transformation of children who would have dropped out of school. They see their work as a “spirited calling” which is aligned with the philosophy of Ubuntu. This is evident in the excerpt above.

The excerpts below speak to the mutually beneficial relationships that emerged between the child and youth care worker and the community.

“It is easy to because we are respected in our community, we are respected like we introduce Isibindi to the community. They respect us, they respect our work. So even if I come to any house, I say ... I'm a child and youth care worker, I work from Isibindi. They trust me”. (Interviewed CYCW 9)

“Like even now, the children, they call me ‘Uncle’ ... I'm included in that family. They'll say, no[w] we have Uncle B. Uncle B is part of our family. Today, we are what we are, because of him”. (Interviewed CYCW 9)

The reciprocity in the relationship between the child and youth care worker and the community is evident through the respectful building of relationships in the community.

Furthermore, child and youth care workers also became embedded in the family life of the community they worked in. The definition of Ubuntu, '*I am because you are*', manifests in the words, '*today we are what we are because of him*'. To elucidate this relationship further, the child and youth care worker was perceived as an "uncle" by the children and was consequently invited to all significant family functions. He was embraced in the spirit of Ubuntu and his role was understood within the context of the philosophy of Ubuntu. It is this spirit that is embedded in the child and youth care practice.

In the excerpts below, community members affirmed the transformational impact made by the child and youth care worker.

"What I said is that we need them. They are very important. We need them a lot. They have changed the life of the community. If you can give them a chance and develop their capacity. You should expose them to new learning opportunities so their skills develop further, and they can be more confident in what they do". (Interviewed CM 2)

"As you may have heard yesterday, the community praises CYCWs, they need them". (Interviewed CM 2)

"We see the change in the community since they started in the area". (Interviewed CM 8)

"And that alone makes us as parents to be thrilled and happy about the work they [are] doing; it shows us that they're committed to helping the kids around the community". (Interviewed CM 9)

It is clear from the above comments that child and youth care practice is deeply embedded in community life; there is also a high expectation placed on child and youth care workers to transform the community. Community life and development is, unequivocally, strengthened by their presence.

In the quotes that follow we vividly see their deep caring for families, even in the remotest areas of the community, further supporting the expression of Ubuntu in child and youth care practice.

“I see CYCWs visiting families. They clean [the homes] with the families. Most of the time, they are hardly at their own homes – they are always serving the community. I might not know everything they do, but I believe they are working very hard”. (Interviewed CM 9)

“They walk an extra mile”. (Interviewed CM 4)

“They come to check on me. They live very far, but always make sure to come and check on us. They struggle with transport but will make sure to come to us regardless”. (Interviewed CM 8)

“They sometimes struggle with going [to] other areas because some of the homes are far and it’s hard to reach them”. (Interviewed CM 5)

“It’s easy to work with them. We can call them any time when we have a problem and they will come”. (Interviewed CM 1)

“... because they work even on Sundays, if I’m sick, on a weekend [they are available]”. (Interviewed CM 8)

Ubuntu is about walking the extra mile for another person; this was directly expressed as evidenced. This spirit of caring was clearly seen in their connection to families. Their deep commitment to families, regardless of physical constraints in the provision of services, exemplifies Ubuntu.

The notion of “care” as reflected in Ubuntu is exemplified in the following quotes:

“To me it’s like they are giving a chance to those who doesn’t have a chance and they are being a parent to those who doesn’t have parents. They are taking care of our children. I’m at work, my child is coming from school; at

home, there is no one, but at the park, there's the one who can take care of my child". (Interviewed CM 7)

"They seem to care a lot about other people, they pay so much attention and are very helpful ..." (Interviewed CM 7)

"We want them to always be around. These child care workers are taking care of us. Ever since they started working here in the community, they've always been around. When I'm sick, they are the first people to come to my house" (Interviewed CM 8)

The spirit of Ubuntu was expressed here in relation to care for children without parents and children with working parents who can be assured of care and safety. Moreover, there was community support, providing a permanent presence in the community.

In the excerpt that follows, a community member observes the interest of another organisation in relation to supporting the work of child and youth care workers.

"... I was asked by one organisation how I got into Isibindi because they want to get involved too. They've asked to join us or get invited with one of our projects or any event ... because they want to see how we work ... give support ..." (Interviewed CM 9)

As is evident in the quotation above, child and youth care workers inspired the active participation of others in the community. Both the community members and other organisations wanted to be part of helping the community.

The following excerpts are examples of the transformation of young people who currently seek to demonstrate the spirit of Ubuntu.

"I imagine myself as a youth leader, to make them comfortable, and not involve themselves in the drugs; to encourage young girls to attend something like reed dancing and keep themselves busy so they don't get pregnant. For young men, I would open a rehab centre to assist them with

drug addiction, even those who have dropped out of school, I would encourage them and tell them about the importance of education".
(Interviewed YP 1)

"I see people with challenges here so that I wish I could do something about it ... I wish I could talk with the girls. I wish I could tell them what [how] I got there". (Interviewed YP 5)

"I want to help my community especially ... I'm doing economics ... I want to be a CA, internal accountant, so I can start budgeting some money ... for my community because I see grannies suffering with ... poverty and children". (Interviewed CM 9)

The support offered by child and youth care workers to young people inspired them to care for others and give back to their community.

Child and youth care workers also expressed their personal gratification from their commitment to their work as follows:

"I feel so good because I like to be a CYCW. I like my job because I am committed. I like to take care of children and support them with their families. I like to build on their strengths and develop their weaknesses. I like to make sure that their needs are met, that their rights are upheld".
(Interviewed CYCW 2)

Ubuntu enhances the understanding of "*I am because you are*". This notion reinforces the interconnectedness between the carer and those cared for. In the quotation above, the child and youth care worker expressed her positive feelings about her work.

In conclusion, in this section the three properties of *self-transformation*, *the intentional practitioner* and *Ubuntu* as a guiding construct have melded together in presenting an understanding of the basic social process, *embedding spirit in practice*.

The next section explores the basic social process of *embedding love in care*.

4.3.2 Embedding Love in Care

In South Africa, concepts such as “love”, “loving care”, “caring”, and “courage” are better understood within the broader context of the nation’s apartheid past, its legacy of oppression and exploitation, and the current context of poverty and inequity for children, families, and communities. In these situations, acts of kindness, gestures of care, and creating loving experiences are noticed and deeply valued, as described in this section.

The next few excerpts describe these experiences of connection in the loving care, echoed in the young voices as follows:

“She was showing herself that she loves me, and I was knowing that ... [she] loves me very, very much. And ... [she] was honest to me and ... she was very caring for me”. (Interviewed YP 6)

“I feel very comfortable, and happy”. (Interviewed YP 2)

“She cares for me”. (Interviewed YP 2)

“I felt happy. I was happy that she was teaching us important things ...” (Interviewed YP 3)

“She give [gave] me a kiss”. (Interviewed YP 4)

“I remember the good things. I think that she has a good heart”. (Interviewed YP 4)

“Our bond was very strong ...” (Interviewed YP 6)

“My burden was shared. I ... [knew] that I have someone who support[s] me ...” (Interviewed YP 6)

4.3.2.1 Acts of kindness

The quotations below are expressions and experiences of kindness. Some of them thoughtful and planned, others random and spontaneous. Acts of kindness can uplift one's mood and shift one's energy. They also help people "feel" better about themselves and their situations. The examples below provide a description of acts of kindness from the data.

"They treat us in the same way. They treat us equal because don't see them have[ing] a bad attitude. I don't see them [having a bad attitude] even a single day. Every time they always positive, every time they show positi[vity]". (Interviewed YP 6)

"Yes, I do this with a smile. Although there are challenges, I still do this with a smile". (Interviewed CYCW 3)

"Sometimes you just put a hand on the child and brush it or brush the child on his or her shoulders, but you as a CYCW you must make sure that your communication between you and the child has[ve] a happy ending". (Interviewed CYCW 6)

"Yes. They come to us and say ... I'm mothering that learner because the situation is bad I'm mothering that learner because of A,B,C". (Interviewed CM 6)

"We must speak nicely to a child, we must use appropriate and good language when we talk to children that's used by a professional CYCW. We must ensure we listen carefully when children tell us about their issues. We must listen when the children talk and maintain eye contact with them. We must gain the child's trust. They shouldn't be scared to speak to us". (Interviewed CYCW 5)

"The way she was polite, and she was never harsh when she was talking with me. She [was] always positive when she was talking to me, and she was always supportive to me. And they [the child care workers] always

wished me all the best. They always wished me all the best". (Interviewed YP 6)

"On my way here, there was a child crying on the streets, and I called him to hear his story and he told me that he didn't have shoes. So I took him back to his home and the grandmother told me that they [had] just moved here ... it's only been 3 days. So I told the granny that I would go advocate for [shoes for] the child tomorrow, she was so thankful and I told her that it's all Isibindi". (Interviewed FG 2)

"They say I'm so kind". (Interviewed CYCW 6)

Being treated well with respect and equality is important to all children but was especially important to the children in the *Isibindi* project. The gestures of kindness from the child and youth care worker in the community demonstrate attentiveness, responsiveness, understanding and caring. They reflect the respect and positivity brought by the child and youth care worker into the lives of the children by making moments meaningful through kindness in a smile at the right time, a touch to shift the mood and to demonstrate empathy, a positive attitude, and bringing hope. Acts of kindness are noticed and experienced as caring and often as expressions of love.

4.3.2.2 Gestures of care

The excerpts below provide additional descriptions of "care" as experienced by the children.

"I think the way she spoke with me made me comfortable. She didn't say something specifically, like the way she spoke with me. At that time, I needed somebody to comfort me, so she was, so then I spoke with her". (Interviewed YP 5).

"She's easy to talk to. I don't know most of them, but I can refer to her. She's the nice person. It is easy to talk to her". (Interviewed YP 7)

“I would long been a dropout, from primary school. Long time ago. They gave me a warm shoulder to cry on”. (Interviewed YP 9)

“Yes. Ok, they helped me through talking. Trying to help my emotional being. Ja, so they motivated me not to give up ... When I needed someone to talk to, they were always there”. (Interviewed YP 9)

“It was a good feeling because she was with us through thick and thin. The time my mother was sick with TB, she was always here, every day. Give mama the medication, helping her, cooking for her because we were at school sometimes. Yes ... she is God sender”. (Interviewed YP 7)

“I think they help ... through support and also with food”. (Interviewed YP 7)

“We were taught about how to give care and love to the children because we need to take time to sit down and talk to them. That's how I would show my love and support”. (Interviewed CYCW 1)

An analysis of the words experienced as “love” and “care” in the quotation above adds to the rich description of care provided by the child and youth care workers. Furthermore, the children and youth also experienced this care and love in non-verbal ways. Although the child and youth care worker didn't explicitly say the words: “*I love you*”, it was expressed in the way she did things for the young person.

4.3.2.3 Creating loving experiences

The child and youth care worker blended their knowledge and skills with their practice wisdom to create loving experiences for children and families. This completes the understanding of how the basic social process of embedding love in care is expressed in the *Isibindi* model. In this section, the data were presented from the voices of the child and youth care workers, the young people, and the community members

These four quotes below are powerful examples of the varied approaches from the child and youth care workers to contribute to loving experiences for young people.

“To show love and you need to be passionate with [about] the child. You must be calm and ... flexible. Anytime the child needs us we are always available. That makes the child feel loved and cared for”. (Interviewed CYCW 1)

“Speak with the child in a calm and polite manner, allowing the child to talk about what she's thinking about regarding her life, involving the family members so that they can have discussions so that the child can not feel left alone. They should feel loved and cared for”. (Interviewed CYCW 1)

“When I talk to the child I sit down and be on their level. If the child is close to me, I might brush their hands and listen attentively. Even if I see that something doesn't make sense I will still listen and show them I love them. I will not make decisions for the child or judge her”. (Interviewed CYCW 1)

“You give a child that time to talk freely and make [sure] the child ...[is] heard and sometimes when he is crying, you don't stop the child ... but you just to show the child that I'm here to give you a support, to give you a love”. (Interviewed CYCW 5)

Depicted in the above excerpts are manifestations of sensitive child and youth care practice captured in the expressions of the child and youth care workers who brought themselves fully into the experience with the children. They thoughtfully managed to create a loving experience. They were aware that they were bringing themselves into this process of creating an experience of connection with the children. They described and demonstrated their verbal and non-verbal communication with the minutiae of details reflecting both professional presence and professional practice.

In the three quotes below, we are shown the thoughtful approach to assist a child in kinship or the foster care family to bond with the child and to create a loving home for the child.

“It might be that the child didn't get love when his or her parents passed away. In order to get love from the extended family that she is left with I

could speak to the family and ask them to celebrate the child's birthday and buy a cake. They can even tell the child they love them, so they feel that they are still part of the family even if the child doesn't have parents anymore". (Interviewed CYCW 1)

"At the family when I visit, after finding that the child has attachment issues I will work with all the children in the family to play games that will make the child feel welcome and comfortable, understanding that they can play with their cousins so that she can attach to her family members". (Interviewed CYCW 1)

"I must speak to the parent or care giver who can get closer to the child and give them the love they need. I will explain to them that according to my training I have seen that the child needs attachment. As a CYCW, I can love the child but it's not enough. They need a family member who will love them". (Interviewed CYCW 1)

The reflection on the above three quotations illuminates the thoughtful integration of the child into their new families. The attention to small details demonstrates an awareness of the diverse nuances in the various homes, assisting the different families to weave the new thread into the family.

The young people

The excerpts below are expressions of how young people have understood and reflected on the loving experience created by the child and youth care worker for them and their families.

"Auntie's loving me because she is always available. When I'm feeling hurt, she is always available. When I'm feeling happy, she's available. When I've got a challenge, when I talk with aunty, aunty is listening to me". (Interviewed YP 6)

"Yes, regarding to our CYCW, she's easy to talk to. She's the nice person. It is easy to talk to her. She's always laughing, so even if I have a problem, it's [easy] for me to tell her". (Interviewed YP 7)

"I've noticed that the CYCWs are very much a like the second mothers to some of the children". (Interviewed YP 9)

"She is like a friend, she was everything even now I am old but when I cry with her, she will support me". (Interviewed YP 9)

"She was like a mother to me ... If I am to say ... today I am not feeling well, but she will take me and put in her chest. So it means a lot to me because I didn't bond enough with my mother". (Interviewed YP 9)

"In a sense ... even when she doesn't tell someone 'I love you', ... the way she is doing it describe[s] her [self] ... that this one is a loving person". (Interviewed YP 6)

"I feel a sense of warmth and care in their hands". (Interviewed YP 8)

These excerpts display the presence of a kind, caring, and loving adult in the lives of the children. Creating any loving experience comes from feeling loving towards others to the extent that they experience this loving. The child and youth care workers have fitted into the role of a loving adult, and the experience and expressing of their mothering qualities are acknowledged by the young people.

The community members

The excerpts below are from community members. They reflect on the loving experience shown towards the children through their observations of child and youth care workers in the communities.

"They are excited about their work. They are giving hope to the community, even to the youth and the children. Sometimes they find children who are neglected and work with them on a daily basis – the children then begin to have hope as the CYCWs

becomes the parent figure to the child, acting as a parent to the child". (Interviewed CM 2)

"... to those who don't have parents, ja they give hope. They give hope to them". (Interviewed CM 7)

We love them a lot, and think that we should have more child and youth care workers to come continue with their support to us, be with us, they must not go. (Interviewed CM 7)

"They seem to get along when talking, and they love the kids because they play and come sit here with the kids". (Interviewed CM 6)

Hope emerges as an important experience by the community members and the children themselves, and is an important aspect in the data, particularly as to how it is experienced by the community and the children themselves. The love, care, and kindness experienced by the children and families was returned to the child and youth care worker in this symbiotic expression of love for the child and youth care workers by the community member in the last quotation above.

This section on the basic social process of *embedding love in care* now concludes after demonstrating the melding of kindness, care, and love in child and youth care practice.

Both the basic social processes of *embedding spirit in practice* and *embedding love in care* have strengthened and intensified the core category of *practising intentionally*, adding to its descriptive complexity.

The attention now shifts to a discussion on the *integrated element of practice*.

4.4 INTEGRATED ELEMENTS OF PRACTICE

In this section, the focus turns to the three *integrated elements of practice*, namely, practising relationally (sub-section 4.4.1), creating a child rights culture (sub-section 4.4.2), and championing social justice and equity (sub-section 4.4.3). The core category, *practising intentionally*, densified with the basic social processes, is the overarching construct that is woven into these *integrated elements of practice* as discussed below.

4.4.1. Practising Relationally

The research data revealed a number of key concepts showing how child and youth care workers consciously, thoughtfully, and purposefully build relationships with children, families, and key community stakeholders. Child and youth care practice is a relational practice (Garfat, Fulcher and Digney 2013: 10). The findings of this study indicate the extent of this relational practice with children, families, and community stakeholders in the South African context. This relational approach to working with children, families, and community stakeholders is intentional in its nature. Relational practice can be defined as “a dynamic, rich, flexible and continually evolving process of co-constructed inquiry ... where meaning emerges within the space between the individual, family and community” (Bellefeuille and Jamieson 2008: 38). The evidence of practising intentionally to build relationships with children and families that follows, was expressed by the child and youth care workers, young people, and community stakeholders that were interviewed.

In the sub-section that follows, the focus is on practising intentionally to build relationships with children

4.4.1.1 *Practising intentionally to build relationships with children*

This section describes the manner in which the child and youth care workers intentionally built relationships with children. The examples show embedding of the characteristics of a relational approach in a range of basic, routine caring activities, responding to a variety of children’s needs.

The quotations below demonstrate the attention the child and youth care workers provided as they engaged and connected with young people.

“So you must always listen to them. Listen to them and support them. Give them that bond, that relationship. Allow them to ask some questions. And you must answer those questions. Also, you must support them at all means”. (Interviewed CYCW 4)

“If you develop trust and empathy with the family, you are able to work with the family and identify the strengths of the child in order to see the developmental area of the child ... so that you can focus on the strengths of the child while you work on the development area”. (Interviewed CYCW 9)

“Be with them. And then, when he's washing his socks, as a child and youth care worker you must wash with the child ... at that time, we were talking, What was your day? What are doing at school today? Is there any challenge? ... Are [you] happy at school today? And then the child is free to talk to you”. (Interviewed CYCW 4)

“As a child and youth care worker my role is [to] attend [to] the child at [in the] community, not Isibindi child but any child that ... [is] at risk ... I attend fast and engage [with] that family fast. Maybe abused children [are affected by] violence ... I attend fast, even at school ... Working in the moment, working in the moment ... straight away”. (Interviewed FG 3)

In practising intentionally, the small but incremental steps that contribute to the building of a trusting relationship are noted in the first quote, as well as the caring that is evident in the communication skills of listening, questioning, and supporting. These child and youth care workers understood that in building a bond with the family, they could intentionally assist to reframe the family's understanding of the child to include a strengths-based approach. The child and youth care worker assisted the family to see the strengths of a young person and their developmental needs in the light of these strengths. Relational work includes the creation of safe spaces and the developmental

use of daily activities, such as washing school socks together to facilitate connection and communication. The child and youth care worker who worked in the moment and engaged with the child allowed for free and easy communication while asking important questions to assess the well-being of the child. Two of the elements of building a relationship with children is being present and being responsive. Assessing the risks for the child and responding immediately is demonstrated in the last quotation by the child and youth care worker who understood her role in responding to emergencies.

As confirmed below, child and youth care workers play an important role with regards to providing educational support to young people.

“I found a young child; he was eight or nine years. He was also having a physical disability and then at school he was struggling ... no one was helping him to study. He didn't understand why he was going to school ... after my intervention started ... I go to school to do awareness – disability awareness ... he also gained friends. I go to school to do his book viewing and I come back and I tell him ... It was very difficult, but as I'm speaking now, he is turning eighteen years ... and now he is doing Grade 11. Since I was there, he never failed school”. (Interviewed CYCW 7)

“We help children with schoolwork and homework supervision. If the child is struggling in a specific subject, I try to find another child at school who is a bit older and who can help. I do regular school visits, so the teachers know me. I ask the teacher regarding recommendations on which children can tutor the child who is struggling. I will then link the two children together so that the child who is struggling can learn from the child who is smart”. (Interviewed CYCW 1)

“She checks which subjects we struggle with at school then she tells us that we must ask the older girls to help us with the difficult subjects. She also tells us that we must look after ourselves and that we shouldn't rush to do grown up things. She encourages us to be good children who respect adults”. (Interviewed YP 3)

Believing in children's capacity and providing reassurance of one's belief in their ability to succeed is important, and contributes to building relationships, as expressed in the first quotation. The support detailed in the first quote resulted in a young person, identified as disabled, growing up confidently and achieving success at school. Child and youth care workers created awareness about stigma attached to living with disability and promoted acceptance and support. They undertook school visits to support children and prevent risky behaviour. They also engaged the teacher and peers in an effort to assist a young person by establishing a network of support and resources to build capacity and establish additional community supports promoting the young person's independence. This connection to other support is reinforced by a young person who is encouraged and taught how to find positive role models. They also provided the children with a broader social education on different matters that are relevant to them making good decisions. The issues raised in the last quotation exhibits a holistic approach to supporting both academic and social education and protecting a young girl growing up in her community.

The child and youth care workers also demonstrated their support and encouragement to a young mother, as is evident in the quotation that follows.

"Through my pregnancy they advised me, saying that I must not quit school ... They did encourage me that after I am giving birth, I must go back to school. Because education is important ... staying at home is not going to help me ... but saying that 'you have passed well ... there is no need for you to stay here. Go and further your studies'. ... She was the one who helped me by filling the forms and posting them. She also helped me with my NSFAS bursary ... I am studying, it will be a diploma in accounting, but I'm planning on being a CA one day". (Interviewed YP 7)

In this case, the child and youth care worker provided encouragement and hope. She demonstrated her tenacity in assisting a young mother transitioning from being on the brink of becoming a school drop-out and an unemployed single mother to becoming a successful diploma level student. The relationship of the child and youth care worker with this young person was built on concrete emotional support.

The excerpts below are examples of support provided by child and youth care workers to young people who may have potentially dropped-out of school.

“Then, when I was growing up, [the child and youth care worker] gave me advice at school that I should not give up, cos sometimes I had thoughts of giving up on my career, giving up school, but they kept on pushing. They helped a lot ... when I was at tertiary, they even opened a WhatsApp group for the people who are at the university ... The links they gave us through WhatsApp, the bursaries, they helped a lot financially. So I'm a final year student. No one support [ed] me but this group”. (Interviewed YP 9)

“It's the child care workers who go with police to those places that [the children have gone to so that] they must send children to school”. (Interviewed CM 2)

“They even took my father to the clinic and they took him to hospital because he was sick, and I was the one who use to take care of him, so they helped me with that. During that time at school, I was not participating ... but they helped me. They encouraged me on the importance of school and education”. (Interviewed YP 1)

The first quote reflects how a child and youth care worker assisted a young person to find the courage to remain at school and continue studying. At a certain point in the relationship, she set up a peer support system (a WhatsApp group) promoting the young person's connectedness with others. The child and youth care worker remained supportive, but in a more independent and less engaged relationship. The setting up of a WhatsApp group demonstrated the creativity and skill of the child and youth care worker in strengthening purposeful peer communication. The use of technology showed an awareness of how young people of this age communicate and support one another. The community member in the second quote relates how child and youth care workers courageously go to unsafe places, sometimes accompanied by the police to find and fetch the children and bring them back to safety and to school. The last quotation above, from a young person, details the journey of a child and youth care worker's help to his family. There was a sick father, and an overburdened youth

struggling with the responsibility of care, who needed to focus on his schoolwork. The child and youth care worker took over some of the responsibilities to support the family and the youth, and also assisted the youth to re-focus on his schoolwork. This was a good example of supporting another child to remain in school. Both young people referred to above would potentially have otherwise dropped out of school.

The excerpts below provide examples of support to young people who are HIV positive.

“I also accompany them to the clinic and [to] get tested ... and in that time I sit to [at] the clinic until the process was done. The child gets treatment and I also visit to see every time that the child is carrying on taking treatment. So the child now is healed”. (Interviewed FG 3)

“Some of the children are on ART treatment. They are now adhering to their treatment because of the work done by child and youth care workers. They are not defaulting on their treatment. They teach the kids about life and they teach them about dating, HIV and AIDS, and how one gets it, [and] the importance of taking care of yourself. Even kids on treatment, they taught my son about the dangers of engaging in sex when you [are] HIV positive and I've noticed that it has helped him a lot because he comes and asks me questions about dating, what he needs to do, or how he [can] prevent infecting another person or what he is supposed to do when he wants to have kids. They've told him to always use a condom. They [are] teaching him a lot”. (Interviewed CM 1)

In the quotations, the child and youth care worker provided a supportive presence to the child, ensured she received her treatment, and thereafter encouraged her adherence to treatment. These were individually small but essential intentional steps in the child's healing. Implicit in the words of the child and youth care worker is the evolving of a trusting and dependable relationship between the child and the child and youth care worker. In the second quotation below, the child and youth care worker, because of her own respectful and trusting relationship with a young person, assisted a mother in turn to build a trusting respectful relationship with her teenage son. The

child and youth care worker provided the necessary sexual reproductive health education to a young person, empowering him with knowledge and confidence. She gave him the confidence to discuss these sensitive issues with his mother, which strengthened the bond between mother and son. The child and youth care worker demonstrated a good example of providing parenting support to the mother.

The excerpts below describe the encouragement and support provided by children who were caring for a sick parent.

“When I met her, I was in a very difficult time because my father was very sick. They came at that time and they came and encouraged me ... they encouraged me, and they gave me power. They helped us as a family and assisted me with my homework. They facilitated family conferencing and allowed us to talk to them and tell them the problems that we had as a family”. (Interviewed YP 1)

“It was a good feeling because she was with us through thick and thin ... the time my mother was sick with TB, she was always here, every day. Give mama the medication, helping her, cook for her because we were at school sometimes. Yes, cos she is [a] God sender”. (Interviewed YP 7)

The above quotation reflects how giving courage to children in difficult circumstances and providing adult support was experienced by a young person. The child and youth care workers created a safe space for the children to express their feelings and relay how they were coping as a family. In the second quote, a young person experienced the tenacity and presence of the child and youth care worker. The support from the latter assisted the young person to attend school and focus on her schoolwork as her mother was taken care of. Throughout the illness, the child and youth care worker was a constant source of comfort through her caregiving role.

In the excerpt below, the child and youth care worker provided support to a grieving young person.

“With the situation of my father ... not knowing him. That's [what] I grieve about, so I tell her about that every day, and she is the one who is comforting me”. (Interviewed YP 7)

Providing care to young people with deep emotional wounds also demands emotional presence. This is especially true when one is not able to materially change the situation. Grief work requires listening, comforting, and emotional presence.

The quotation below demonstrates the effort in supporting disclosure and response to disclosure of child abuse.

“I also play with the children at the informal Safe Park; there, when you are playing, you still observe the children, meanwhile they are playing ... some ... are withdrawn. Its whereby you, as a child and youth care worker, do have some activities to do [with] those that are withdrawn ... have some discussion ... when you are talking with (about) drug abuse [or] rape, when you are doing that topic, you observe the children. Others, when you are still talking, they will do something, like ... not listening; some others are crying when you finished; others, when you finished the topic, they would go aside and tell you that this has happened to me. Its whereby you act ... [on] what the child has said ...” (Interviewed CYCW 5)

Safe Parks provide the space and the opportunities for the child and youth care workers to develop programmes that allow them to engage in developmental and therapeutic activities with young people. The child and youth care worker demonstrated how she transitioned her intervention from observation to more focussed structured activities which she thought would provide further opportunities for deeper observation, and then followed up with individual work with the different children. This was an intentional approach towards disclosure followed by the provision of additional individualised services.

4.4.1.2 Practising intentionally to build relationships with families

The quotations below reflect practice in building relationships with families of different forms and compositions. They also demonstrated their skills in working with a variety of family issues.

The excerpt below shows that the child and youth care workers understood their role and responsibility in supporting and building families:

“A cement is something that connects something that breaks, they too (try) by all means to make those families to be able, in fact, to ... to build a house ... You start from the ground and the house goes up a little, bit by bit. That’s what they are doing in these families”. (Interviewed CM 6)

The community member described the work of the child and youth care worker with a family using a metaphor of building a house, where one lays the foundation and then incrementally builds the house. She metaphorically described the use of pacing in the building of a relationship. The other concept described was one of “fixing”, cementing something that breaks, as reflected in the words “... to make those families to be able”. In other words, to move them from being unable to being able.

The quotations below demonstrate the child and youth care workers’ approach in engaging and working with families.

“Oh, I would introduce my intervention ways [approach] to the family I’m working with. And I also introduce Isibindi and explain how Isibindi works. Also, how the child and youth care workers work with the children, together with the whole family. I observe what problem I need to assist the child and family with. I look for ways of how we can solve the problem or see if it needs to be referred to any other stakeholders”. (Interviewed FG 1)

“Yes, all families are different. Some families are easy to work with and some are difficult. Some families are easy to interact with and some are not. Those that are difficult, I would usually give them time to think about whether [or not] they need my services”. (Interviewed CYCW 2)

“After some time, I’d visit them again and see if they are comfortable in working with me. When they first see them, I am a stranger to them, so I understand why it is difficult for them to interact. That’s why I believe that if they see me again after some time, it becomes easy, as my face will be familiar to them. The interaction and relationship we try to build becomes easy and they learn to trust me and share critical information with me”. (Interviewed CYCW 2)

“Each and every time, CYCW must be there to each and every family he’s working with. It’s about being there. Every time”. (Interviewed CYCW 8)

“You can’t do it without passion. Ja, some of the day(s) when you (go) to the family, you found out that yesterday they tell you this, and today they change. When they change, you know you have to be calm and sit down with them and be patient and come again tomorrow”. (Interviewed CYCW 1)

“Sometimes you can spend a week going to one family. Monday, Tuesday, because due (to) the work you need to be do(ne) to the family, so you can go every day until the thing that you want to do is successful”. (Interviewed CYCW 1)

In every *Isibindi* project, the child and youth care workers spoke of their first engagement with the family and children. This approach described the child and youth care worker professionally introducing herself and the *Isibindi* project, demonstrating respectful engagement, clear information sharing, and thus setting the foundation for the building of a trusting relationship. This was a considered approach to engaging with family and children which entailed being respectful, informative, and observant. This intentional approach with the careful and persistent approach taken by a child and youth care worker to work with a “reluctant to relate to” family is demonstrated in the second and third quotations. Slowly building familiarity and then trust with the family required a subtle approach towards building connectedness with this family. The child and youth care worker reinforced, in the fourth quote, her support for the family through her regular presence and passion for her work. The last two quotations

above demonstrated relational practice that required the patience and flexibility to “be with the family”. She also demonstrated a non-judgemental attitude, qualities of calmness, tenacity, and determination to achieve success.

The excerpt below showed intentional, skilful practise in the stitching up of a fraying family, which, in this case, included a grandmother and her grandchildren. This excerpt captures the multi-dimensional issues in this family.

“... this family was a granny-headed family, so the children were not respecting granny ... the granny was not able to do hygiene, was not able to go to school. And they didn't receive any grant, although the documents were there. So, first of all, I teach them about respect because respect is the key to ... everything, even me. They respect me when I am in the family. I talk to the granny and tell her that she must start respecting the children, not calling them by their mother's faults Also [not refer to the children] by things that their mother has done, but all in all, she must call the children by their names. 'Because if they see you doing good things, they are able to learn from them'. So, after that, I told her because we know that you don't receive any grant, we must go to a social worker ... to know what made the grant to stop. So the social worker was able to assist us. We went to SASSA to register for the grant. After that, I was able to do hygiene, [introduce] routines. Now ... they are doing great. In even at school. ... there was lot of dropouts in a family. But I encourage them, I teach them the importance of going to school. Because in South Africa now when you don't go to school, you are nobody. But when I continued to encourage them, some were able to go back to school and now they are in Grade nine and Grade ten. Now one of them is in Grade eleven. And I teach them the memory box was there, the budgeting, they were able to do budgeting, and they were able to build a three-room house now. They are no more staying in a shack”.
(Interviewed CYCW 8)

There are multi-dimensional issues in this family; the child and youth care worker was focussed and deliberate in responding to the needs of this family. Firstly, the children were not respecting their grandmother, and the grandmother was disrespectful toward

the children. The child and youth care worker in this instance educated both parties about the importance of a respectful relationship. She encouraged and guided the grandmother not to speak negatively to the children about their mother or point out her faults. She prompted the grandmother to engage politely with the children through appropriate use of their names. She reminded the grandmother to look for the positives in the children, encouraging a strengths-based view of the children. As an initial intervention, she addressed the creation of mutual respect and then followed up with other practical and purposeful activities.

The excerpt below reflects work with a child-headed household.

“There comes HIV and AIDS take them [parents] away, then children stay alone at home. They don't know how to cook; they don't know how to do the house chores ... the young person, maybe seventeen and ten, eleven, eight, they don't know what to do and ... you teach them how to do their house chores, how to take care of each other, how to wash, how to cook. During that time, I teach them about daily routine and then I show them how to have a daily routine in place. When we have the daily routine in place, they know when I come from school, I do this. Early in the morning, I'm usually doing home visits, early in the morning to those who are staying alone. ... I usually ask for food parcel[s] because ... [they] don't have any(thing) [food]. They don't have money, they don't have salary, they don't have even a grant. And they don't have documents to receive a grant. So if they do receive a grant ... we teach them about budget[ing]. Ja, so we have a book, so every month we sit down with them. I teach them about how to do budgeting and then I teach them maybe three months; and then, after four months, I wait a little bit longer to see that they understand what to do with the budget, and then I come to make a follow up. I found out, they do their budget, and then we take it from there. Before they receive their money – the grant –even for two children they must do a budget because if they get the money without ... budget[ing], the money will not help them”.
(Interviewed CYCW 7)

Practising intentionally is evident in the response above where the child and youth care worker made a conscious effort to set up daily routines in a chaotic world of poverty and disorganisation. Doing household chores with young people, especially those who are in child-headed households, was a way to bond with them. This is key to relational work as expressed in this quote. The child and youth care worker guided the family on how to care for each other and to manage their money in the absence of their parents. She undertook regular home visits and ensured food security, initially through obtaining food parcels, and later through facilitating access to social security grants. Upon receipt of the grant, she assisted this family of young people to budget for their needs and manage the funds they received. The pacing of her assistance is noteworthy, “I teach them, then I wait to see that they understand, then I make a follow up”. This attention to pausing and then following up with the next development goal is a demonstration of teaching incrementally and layering the teaching in a logical way so as to embed the learning in the children’s consciousness.

The excerpt below identifies the complexities of work with families abusing alcohol and living in poverty.

“If there is someone in the family who ... use[s] the money of the child ... we sort it out ... We involve the supervisor and manager if need be, or the social worker, so that the family cannot continue to do that to the child so that [they] can know that the money for that child is the money [for] the good things for the child not for alcohol”. (Interviewed FG 2)

Child and youth care workers arranged family meetings and included other members of the multi-disciplinary team, where necessary, to work through selected family matters. Taking active steps to ensure that the social security grant funding is protected from exploitation and used in the best interests of the child is described in the quotation above.

In the excerpt below, a child and youth care worker’s contribution to building and strengthening the relationship between a mother and her children is described.

“They are familiar with their mother? Is the mother in love with their children? Or is the mother taking care of the children? By looking that[s] when you want to observe that the care and love, when do we visit[s] after school. You ... check that the clothes are there for the children to wear after school. And also, [if] the mother [has] prepare[d] food in order for them to eat after school, is the mother playing with her [children], or is the mother interacting with her children?” (Interviewed CYCW 5)

The child and youth care worker made important observations about the relationship between the mother and the children to assist in developing a bond between them. She selected key questions to assist her search for the answers that would demonstrate particular qualities of attachment and bonding as well as practical expressions of care and caring from the mother. These observations assisted the child and youth care worker to plan her intervention with the mother and child.

In the excerpt below, the community members speak about the effort made by the child and youth care workers to involve the grandmothers in the Safe Parks.

“They’ll invite us and prepare coffee/tea for us grannies, we [are] always welcomed at the Safe Parks. I even play at the swings. There’s a photo of me at the swings”. (Interviewed CM 5)

“They’ll even invite us to go to the Safe Parks and they always prepare very nice refreshments for us”. (Interviewed CM 6)

There are many children living in granny-headed families. These grannies are key role players in the parenting and care of their grandchildren and the children serviced by the child and youth care workers. The concept of “Safe Parks” within the *Isibindi* model was developed to create a safe space for children to play under the supervision and care of a child and youth care worker. The child and youth care worker in these two quotations encouraged grandmothers to attend the Safe Parks during the day when the children were at school. In this, the grannies were recognised by the child and youth care workers and provided with care and entertainment. By connecting the grannies with each other, an opportunity for the sharing of a common experience,

namely, being granny-headed households, was created. One grandmother expressed feeling special through the action of the child and youth care worker who welcomed her and took a photograph of her, reinforcing a memory of a happy occasion.

In the quotation below, the child and youth care worker comments on the disengagement with families.

“It is also to encourage their sense of independence because ... we will not stay there forever, so when you leave that family ... developmental areas have to change. When they change, even if you already disengaged with the family, they must always do those things that we taught them as child and youth care workers to continue, even when you are no longer there”.

(Interviewed FG 2)

This quotation is an example of planning intentionally to empower families and guide them towards independence. Transitioning from the beginning phase to the end phase as reflected in this quotation, where from the onset of engagement the child and youth care worker was aware of her intention to prepare the family for independence and disengagement of her services. Skills transfer is a key characteristic of family work. The child and youth care workers were aware that when they disengaged from a family, they should leave a capacitated, empowered family, capable of functioning independently of them.

4.4.1.3 Practising intentionally to build relationships with community stakeholders

Key community stakeholders were pivotal in ensuring effective outcomes for children and families. In recognising this, the child and youth care workers used their child and youth care skills to build relationships with a very diverse range of community stakeholders. Some of their approaches, successes, and challenges are presented in the quotations in this section.

“According to my observation, the work of the child and youth care workers is very good because [they work] collaboratively with the clients and they work in a very good way with the relevant stakeholders, like the Department

of Health, Social Development, surrounding clinics, local municipality, and all the staff. They seem to be working really well, even the lives of community members have been changed". (Interviewed CM 2)

Everybody knows them and they know the community very well and the protocols. They know the police, the indunas, the chief, and the councillors (Interviewed CM 2)

"Even in meetings, in community meetings ... they call the child care workers. Even at schools, they give us a stand with the meetings. That we must do awareness. There are children who are misbehaving in the school, they call the child care workers". (Interviewed CYCW 4)

"The community members trust CYCWs, they refer cases to them, and CYCWs escalate it to the relevant stakeholders". (Interviewed CM 2)

The capacity of the child and youth care workers to understand who the key community stakeholders are, build relationships to work with these diverse stakeholders, and ensure that they are all working effectively together and in the best interest of the community, is expressed in the excerpts above. Inherent in this collaboration is an understanding of the community dynamics, community culture, and community protocols. Child and youth care workers were themselves seen as important community stakeholders. They built their relationship with other community stakeholders, and were accepted as partners in community education and in supporting children. Building a relationship of trust with communities and community stakeholders towards positive outcomes for children is a key responsibility of community child and youth care workers.

Disclosures and referrals require trust, given that community members are aware that one referral may result in further referrals and networking. The last quotation is an affirmation by a community member of the relationship between the child and youth care workers and the community. Hence, forging partnerships and building and strengthening relationships with community stakeholders emerged powerfully in the data.

The following excerpt refers to how professionalism in relationships with stakeholders is needed.

“Other than [that] I think they are very good. They’ve been trained well. They are easy to talk to. They do respect our time and the school time. When we ask them to please come at this specific time, they do that. They don’t just come anyhow, they make appointments”. (Interviewed CM 7)

The above quotation is from a teacher in the community who recognised the professionalism of the child and youth care workers. In multi-disciplinary teamwork, all team members need to respect the responsibilities of the other team members. In this regard, the child and youth care workers respected the educators.

The excerpts below are observations by community members of the child and youth care workers’ capacity to work hard and impactfully.

“The Isibindi child and youth care workers ... they don’t leave any families hanging, and they will support you all the way. They go to schools, speak to principals, they go to hospitals, and speak to matrons”. (Interviewed CM 9)

“They don’t count the time of going in at work, all they care for is getting the job done and done well”. (Interviewed CM 9)

“They have made good impact of high quality ... if the child and youth care worker identifies a case in a family they refer to the relevant stakeholders and do follow ups until the case has been closed successfully. Even with a case of child abuse, they do advocacy for [the] perpetrator to be removed from the community. They work with the police to ensure that the perpetrator is dealt with. They have made very good impact”. (Interviewed CM 1)

The determination expressed in the words “not leaving any families hanging” and “supporting you all the way” speaks to the level of commitment experienced by a community member in the work undertaken by the child and youth care workers.

As reflected in the excerpt, child and youth care workers are strong advocates for children in child protection matters and work with other stakeholders to bring successful closure to cases.

The excerpt below highlights the crucial role that the child and youth care workers play in community foster care placements.

“The community knows that when you take your child to one of the Isibindi foster care homes they are happy and know that the child will be well taken care of”. (Interviewed CM 9)

The quality of supervision provided by the child and youth care worker to children in foster homes in the community has strengthened the community members’ confidence in these foster homes. Child and youth care workers visit foster families and offer support to social workers in providing oversight and supervision in community foster placements. This direct support through home visits to the foster homes strengthened the community’s trust in the overall foster care system.

The excerpt below reveals that the interconnectedness between the community members and the *Isibindi* project is strong.

“They even call me Isibindi and that makes us look like a community that is doing everything together. We get to be called by community members to deal with young persons”. (Interviewed CM 9)

The community members are proud to be identified as part of the *Isibindi* project and partnering with *Isibindi* in supporting young people. The child and youth care workers demonstrated effective role modelling and built the confidence of the community members in their child and youth care approach. This empowered community members to engage with community issues affecting children. This is turn

strengthened the impact of the services to young people where there is growing community support for their issues. In this, we see the spirit of Ubuntu emerging.

4.4.2 Creating a Child Rights Culture

This section is introduced with a direct quote from one of the child and youth care worker interviewees.

“Our work is linked to the children's rights. If you can clarify clearly our work, it is only upholding our children's rights. All the other roles are only connected to the children's rights. So if you want to help the family better, you have to know better the children's rights”. (Interviewed FGD 3)

Introduced here is the integration of a child rights culture into the child and youth care approach adopted in the *Isibindi* model. The child and youth care worker, as a member of civil society, was guided by Article 4 in the United Nations Convention on the Rights of the Child (United Nations General Assembly 1989: para. 18 line 72) which notes that “the State must do all it can do to implement the rights contained in the Convention”.

4.4.2.1 Teaching children and families their rights

This section focusses on how child and youth care workers protect and teach children, families, and community members the rights of children.

The excerpts below demonstrate how a child rights environment is created in school and community settings.

“At schools, we also tell them that if they don't know about the rights of the child ... they must open the Constitution, use the Children's Act, Section 28 [of the Constitution] where they can find the children's rights”. (Interviewed FG 3)

“It's just to say that as a CYCW, you [do your] work in the best interest of the child. That's why we are [promoting] the whole day, the rights of the

children, so that the best interest of the child can happen". (Interviewed FG 3)

The child and youth care workers' commitment to the promotion of children's rights, with special reference to the best interest of the child, is demonstrated in these quotes. The worker and the team are familiar with the language of the UNCRC, showing its embeddedness in the language of the child and youth care workers.

In the excerpt below, there is specific reference to the protection of children's rights in cases of sexual abuse.

"We have a challenge; fathers, they rape their biological daughters, and ... as we explained about the culture that ... family, they don't understand ... the rights of young people. When you come as a child and youth care worker in the family and ... you observed that the child is or maybe was involved in any abuse ... the mother is say[ing] no child and youth care worker let's keep quiet [about] this issue because no one will come with the income to the family. We can't survive if we report this and the father go[es] to jail. How can we survive? But the rights of the child is violat[ed], so we as child and youth care workers need to give them more information so that we can prevent the situation and protect the children... [from] sexual abuse". (Interviewed FG 3)

In upholding children's rights in the context of sexual abuse, the child and youth care worker takes cognisance of the reasons why the perpetrator is protected by the family. The issues raised in the quotation are financial in nature (in this case, the father is the breadwinner); there is also evidence of gender and power dynamics (mother vs father, woman vs man); and cultural reasons (acceptance of abuses in families vs child rights). However, despite this understanding of the issues that may have impacted on the decisions made by the family, the child and youth care worker is unequivocal and provides clear information on how to protect the child and direct the management of child abuse matters.

In the excerpt below, the child and youth care worker promotes the child's right to participate in a family meeting and to express themselves.

"Yes. Ok, knowing children's rights, it also helps us as CYCWs during family conference, where we uphold children's rights. It's where we give the child an opportunity to share her or his feelings about how he can be affected ... how her or his rights [are] being violated, and the family become clear that these are rights of the child – when you give the child an opportunity to share during family conferences". (Interviewed FG 3)

The presence of the child and youth care worker in family conferences contributed to making these safe spaces for children/youth to participate. Children need this safety offered by the presence of the child and youth care worker to voice their experiences and feelings on any child rights violations they might have experienced within or outside of the family. Such family meetings are excellent opportunities within which to role model and embed a child rights education and culture to family members.

In the excerpts below, we see child and youth care workers teaching families about children's rights, protecting children's rights to health and health care, teaching children about their rights, and supporting their right to play.

"I can teach or tell the family I'm working with about children's rights and how it's important to take care of the children's rights, and I can explain the importance of upholding the children's rights and how to work with the children". (Interviewed FG 1)

"Then, we start to educate about HIV and AIDS, and how important it is to get tested every now and then. Why it is important to take their treatment. And to teach them and know their rights, even when they go to the clinic; it is their right to take medication [the child] and it is their right [the clinic] to be given medication, and it is their responsibility [the child] to take their medication properly". (Interviewed CYCW 7)

“She [is] teaching us about our rights as children. She tells us that if someone disturbs us, we must report it; we must tell the teachers also”.
(Interviewed YP 3)

“She tells that as children we have the right to play. After we do our chores, she tells us that we must play. When she has free time, she goes and she plays with us”. (Interviewed YP 3)

Inherent in health education is education on the rights that children have to health care as enshrined in the UNCRC and Bill of Rights (South Africa, 1996b). The child and youth care worker encouraged children to know their right to receive medication and the responsibility of taking it.

A young person affirmed that the child and youth care worker not only taught the children and youth their rights, but also taught them to report violations of their rights to the right people, providing examples of people who are mandated to assist them. In addition, the child and youth care workers taught the children that their rights come with responsibilities. Furthermore, they were taught that they have a right to play, but are to complete their household chores first. By playing with them herself, she reinforced the value of the “right to play” and role modelled this to other adults in their lives and in the community. This right to leisure, play, and culture is referred to in the UNCRC.

4.2.2.2. Advocacy

In the realisation of children’s rights, child and youth care workers have been actively engaged in a variety of advocacy activities. These activities and efforts have been with families, with community stakeholders, and with government institutions, such as schools, clinics, hospitals, and the Department of Home Affairs. In the discussion that follows, child and youth care workers demonstrate their activism with regards to child rights issues.

“We advocate for the family ... when the family has a need and does not have full information (about) where to start in order to meet their needs ... we refer them. We go with them, advocate for them, we explain their need

so that they can get easily help. We come with all the relevant resources?”

(Interviewed FG 3)

In the quotation above, the child and youth care worker plays an important indirect advocacy role in teaching families about their rights, and creating access to information and resources to meet their needs as a family by providing appropriate referrals. Her direct advocacy in accompanying families and speaking up for them demonstrates the additional support and strength provided to families by the child and youth care workers.

The excerpts below express the different elements of child rights violations experienced by children with respect to their right to education. They received advocacy efforts from child and youth care workers, described in more detail below.

“If ... the child has no money for school fees, we go there at school and explain ... that the child has the right to learn although they don't have money for school fees but he or her have a right to be educated. So we help in that way”. (Interviewed FG 2)

As we already said, we do advocacy with schools ... or the magistrate if need be. [for the] birth certificate because we are working with the child. We put the child at the centre, and we check if the needs of the child are met”. (Interviewed FG 2)

“For instance, the child is not at school, he is a drop-out ... but she or he told you that I'm going [to school] next year or next month. Can you please assist me and advocate at school for me?”. (Interviewed FG 2)

“We go and advocate for children so that they must attend the school. ... they must have education, even if it is in the middle of the year. They [the school] accepts them, even if they are not going to write exams at the end of the year ... the principals, they understand because of the child care workers – they go and advocate”. (Interviewed CM 4)

The right of the child to attend school, even without the payment of their school fees, is framed within a child rights approach and is referenced in the UNCRC and the Bill of Rights (South Africa, 1996). The child and youth care workers advocated for this right to be protected, as is indicated in the quotes above.

Advocacy efforts sometimes require efforts from the child and youth care workers to meet school requirements for admission to school, for example, creating access to birth documents for children. The child and youth care workers were aware that identity documents are vital for access to a range of rights including education (admittance at school and for writing the final exam), receiving social grants and social security, and other legal rights. Child and youth care workers supported the attendance of children at school and consequently advocated for the re-admission of children who had dropped out of school. There are many protective and social benefits to being in school besides the obvious core educational focus. These include connecting with peers, embracing the school rhythms and routines, being safe and off the streets. All these motivate the child and youth care worker to ensure the readmittance of out of school children and protecting their right to an education.

“Previously, children who had disability were hidden by their families. Now that CYCWs are present, parents are starting to be free to show their children to the community. Even the people with the disability are more free. The child and youth care worker also go to the special school to work with the children”. (Interviewed CM 2)

The child and youth care worker in this quotation contributed to promoting a non-judgemental attitude and embracing a child rights culture for people and children living with disability in the community. By working with children in schools, they assisted children to access their right to education despite their disability, and contributed to promoting a child rights culture for disabled children in the community.

4.4.3 Championing Social Justice and Equity

Child and youth care workers, in the context of a social justice agenda, promote the progressive realisation (Taylor 2018: 163-164) of equity for children and families. They advocate for fair treatment, eliminate barriers to access, and create opportunities for

progress and full participation of children and families in the community. They have demonstrated, as indicated in the sub-sections that follow, that they have practised creatively, thoughtfully, and intentionally in this work.

4.4.3.1 Networking with resources

Child and youth care workers demonstrate in the section below how they have contributed to networking with resources and provided protection to both children and families. The excerpt below illustrates how the child and youth care workers showcased their work and services in order to access referrals of children and families in need.

“We could get families through local meetings – community meetings; when you are attending community meetings and there is someone who could tell you about families that we working criteria of Isibindi – we are working with children with need. We can go to community meetings, also do school visit; the teachers also give us children that need to be”. (Interviewed FG 2)

Child and youth care workers from local communities revealed an inherent understanding of their communities, and how they function and use this knowledge to introduce child and youth care practice to them. Child and youth care workers exhibited the forging of relationships and partnerships with the community members, the families, and the child and youth care workers in a productive social compact. In the above quotation, the child and youth care worker provided evidence of knowing how to recruit children requiring their services, and understanding which community meetings and community stakeholders would assist them in this process.

The excerpt that follows shows that child and youth care workers organise educational community events.

“During their campaigns they organise and mobilise the community properly. They ensure people attend and participate ... They engage with the community leaders and introduce their work”. (Interviewed CM 2)

The above further reflects the careful arrangements that were made in well organised community events to ensure that community members did not only attend but also participated in these events. Child and youth care workers engaged with community leaders to help them understand their work and encouraged them to focus their interest on children and youth.

4.2.3.2 Creating access

Child and youth care workers have worked actively to create opportunities for children and families to know and access their rights. Opportunities, resources, and legal rights were accessed through the intentional efforts of the child and youth care worker as indicated in the discussion that follows.

“The family ...want to apply for a grant, maybe a disability grant, so they don't [know] that they have to go to the clinic first and they get a letter to transfer them to the hospital. They don't know where to start at the hospital”.

(Interviewed FG 3)

Child and youth care workers assisted families through what was a long process to access their rights in relation to social security. Navigating one's way through the different processes and stakeholders is potentially overwhelming and time consuming for families. This support from the child and youth care worker facilitated access to resources and rights.

“Sometimes they don't know how to start”. (Interviewed FG 3)

“That steps, we help the family with that steps that they don't know”.

(Interviewed FG 3)

The first quotation above displays how families are potentially overwhelmed, whilst the second quotation exemplifies practising intentionally in an informed step-by-step manner to help them cope. It shows the role of child and youth care workers in assisting the families to follow the correct steps to access the services and resources they need. They did this by clarifying the correct sequencing of activities required to access resources and the correct channels to follow; they assisted them to fill in the

correct forms accurately, and they connected them with appropriate stakeholders who could assist them. This confirmed the intentional, thoughtful, informed practice of child and youth care workers that provided direction and leadership.

The following excerpt shows how a child and youth care worker can give direction with regards to where community resources can be found.

“CYCWs are able to open the eyes of the community and tell them where they can get help”. (Interviewed CM 1)

Although community members know the community that they live in, child and youth care workers can alert them to the resources available that exist in the community which may be unknown to them.

The following excerpt shows how a child and youth care worker can practice intentionally to help children access tuition support.

“It helps because she would ask which subjects I struggle with. She then spoke to my teacher and asked the teacher to give me extra support. The teacher did and my marks improved”. (Interviewed YP 3)

Approaching adults, and especially those in positions of authority, like teachers, for instance, for extra help, may be intimidating for a child. This example shows the success of the support provided by the child and youth care worker in creating access to her teacher.

The following excerpt shows the significance of child and youth care workers being readily accessible in community spaces.

“It’s because CYCWs are people ... reachable to the community, they live in the community. They are an excellent part of the stakeholders. They are very quick and flexible. They are a good linkage to the departments”. (Interviewed CM 1)

“CYCWs advocated for us to have RDP houses and electricity, now we have those”. (Interviewed CM 3)

Isibindi projects intentionally recruit child and youth care workers from the community so that they are accessible to children, their families, and community members. This approach to recruitment worked for different reasons: the child and youth care workers were able to respond to issues immediately; they knew the official stakeholders in the community, and they became a positive part of the existing network of community stakeholders. It was also cost effective as child and youth care workers could walk to families without incurring transport costs.

In the second quotation, their presence in community spaces enabled them to advocate for homes for families. The rights of a family were realised through the networking and advocacy skills of the child and youth care workers by creating access to a government sponsored house for a family.

4.4.3.3 Social education

The research evidence displayed that a broader, holistic social education was part of the efforts of child and youth care workers in working with young people and families. This included the teaching of life skills, and the provision and promotion of access to information on the issues affecting the young people and their families.

The following excerpts show that the child and youth care worker focussed on educating and supporting young people with regards to the issue of substance abuse.

“The child and youth care workers ... engage more in the family, they build, strengthen their ... relationship with the youth so that the youth they can know ... what are the dangerous of drugs in their bodies, what are [the] dangers of the alcohol for their health?” (Interviewed FG 3)

“We try each and everything in our power to make them stop the habit of smoking ... we were doing a campaign at the community – drug and alcohol abuse, [and] child trafficking – the challenge of drug abuse is the main factor in our community”. (Interviewed CYCW 9)

Concerns about substance abuse were addressed first through creating a relationship with the young person and then educating him. The context of the relationship was key to the influence that the child and youth care worker had on the young person. Education was facilitated through the relationship. The second quotation demonstrated another way of assisting larger numbers of youth by having awareness campaigns to prevent substance abuse by children.

The following excerpt highlights their role in terms of teenage pregnancy and supporting young mothers.

“For teenage pregnancy we do awareness where we empower and alert young girls that it’s not easy for a young girl to become a mother ... but as CYCWs, we are here to support them ... this is what we have and this is what will help ... we encourage them [teenage mothers] to go to school in order to become the people they want to become”. (Interviewed CYCW 3)

“Teenage pregnancy, but it is not too high because of CYCWs, they talk about it. They do awareness and talk about it at homes with teenagers. Yes, even in the Safe Parks when they are doing ADP and other programmes”. (Interviewed CM 4)

Practising intentionally with regards to teenage pregnancy and focussing on the plight of young mothers was reflected in the three key focus areas. Firstly, discussions were held to create awareness about the implications of teenage pregnancy. Secondly, pregnant young women were provided with assistance and support, and thirdly, young mothers were encouraged to go back to school. There is affirmation from a community member that the preventative education on teenage pregnancy offered by the child and youth care workers had a positive impact.

The excerpt below reflects the diversity in terms of programmes offered by the team of child and youth care workers.

“There are programmes we do with ... all the children. We have a tuition programme ... we assist Grade 12 learners to make career choices, fill in

the CAO forms, we do school visits, and assist them in whatever way we can. We advise ... all young women ... to focus on their studies and avoid using drugs and engaging in unsafe sex. We also have a child protection programme where we help young people who have been sexually abused ... We support them through their pain. The team has various coordinators who oversee the different programmes, we also have the disability programme". (Interviewed CYCW 3)

The quotation above reflects a team of child and youth care workers who have diverse capacities and knowledge, and who coordinate various social education programmes for the children, the youth, and families. Inherent in these different programmes is the inclusion of other expert stakeholders to support both the young people and/or families, and also to strengthen the services provided by the child and youth care workers.

The three integrated elements of practice, viz. *practising relationally, creating a child rights culture and championing social justice and equity*, including their properties, were evidenced, demonstrating that the core category *practising intentionally* strengthened when the basic social processes had woven its way through them, demonstrating an intentionality in their practice expressions.

In the section below, we conclude this chapter with a discussion and diagrammatic presentation of the integrated patterns of practice within the theoretical framework.

4.5 INTEGRATED PATTERNS OF PRACTICE

The data presented uncovered the patterns of practice in child and youth care work within the *Isibindi* model in South Africa. The aim of this study was to develop a theoretical framework to guide child and youth care practice in South Africa. "Grounded theory is based on the systematic generation of theory from data that is systematically obtained from social research" (Glaser 1978: 2). The grounded theory research method was considered most suitable for this study because the answers generated from the research questions were rooted in the actual practices of child and

youth care workers, resulting in the theoretical framework *Inhlanganisela*: Integrated patterns of practice.

The integrated patterns of practice are presented in Table 4.1 below, followed by a discussion. Thereafter, the *Inhlanganisela* framework is presented in Figure 4.2, also followed by a few complementary remarks.

Table 4.1 Integrated Patterns of Practice

INHLANGANISELA	
INTEGRATED PATTERNS OF PRACTICE	
Core Category	
Practising Intentionally	
<ul style="list-style-type: none"> • Integrating practice wisdom • Appreciating context • Applying discretionary judgements 	
Basic Social Processes	
Embedding Spirit in Practice	Embedding love in Care
<ul style="list-style-type: none"> • Self-transformation • The intentional practitioner • Ubuntu as a guiding construct 	<ul style="list-style-type: none"> • Acts of kindness • Gestures of caring • Creating a loving experience
Integrated Elements of Practice	
Practising relationally	
<ul style="list-style-type: none"> • with children • with families • with community stakeholders 	
Creating a child rights culture	
<ul style="list-style-type: none"> • teaching children and family their rights • advocating for children's rights 	
Championing social justice and equity	
<ul style="list-style-type: none"> • in creating access • in resource networking • in social education 	

The core category, *practising intentionally*, and its three related properties, have been densified with the two basic social processes, namely, *embedding spirit in practice* and *embedding love in care*, with their respective properties. This strengthened version of *practising intentionally* has transfused the three integrated *elements of practice* and its concomitant properties. These have all been presented in Figure 4.1 as *integrated patterns of practice*. Together, they represent the South African child and youth care *integrated patterns of practice* that emerged from this research. The patterns demonstrate child and youth care practices that are relevant to the contextual realities of South Africa, responding to issues such as poverty, hunger, child rights and human rights violations, and the struggle for equity and social justice, and the fundamental need of young people and families for care in these despairing contexts. The patterns in child and youth care practice that emerged in this research showed an interweaving of child and youth care theory within the South African contextual reality, resulting in a practice that is relevant to children, families, and their communities.

***Inhlanguanisela*: Integrated for an intended outcome**

“... we have to be creative and do the theory ... our way ... we have to do it in our South African way”. (Interview FGD 3)

The child and youth care worker who made the above statement expressed her approach of integrating her cultural sensitivity, her practice wisdom with her child and youth care practices, to contextualise these within a South African child and youth care reality.

Inhlanguanisela is an isiZulu word referring to a “multi-pronged system of activities which results in a web of movements all with differing directions, but all aimed at a singular outcome (Manyoni 2020, pers. comm. 26 May). The word “*Inhlanguanisela*” was chosen by the researcher after much deliberation and consultation with key isiZulu child and youth care colleagues and language translation experts, because it conceptually reflected the integration of South African child and youth care practices aimed to “intentionally” respond and achieve specific goals with children and families. The isiZulu word was specifically chosen as it represented the isiZulu origins of the

Isibindi model. The first *Isibindi* project was initiated in 2002 in a community in *Umbumbulu* in KwaZulu Natal (NACCW 2019b: 2).

African culture abounds with craftwork in basketry and beadwork. Both these crafts represent key expressions of the creativity of the isiZulu culture. These have profound meaning for this research as they conjure images of weaving and blending patterns and colours for both practical use and for communication. The crafts produced are creative and beautiful. The element of self-expression is inherent within the concept of crafting. African basket weavers and bead-makers thoughtfully and creatively select and combine grass and beads to create unique patterns in the crafting of a basket or a piece of jewellery. Hence, the finished product is always unique, permeated by the integration of resources available and the skill and personal talent of each craftsperson. The object created is always more than the sum of the individual parts that went into the making of the object. This is because the craftsperson immersed herself into the creation, bringing her unique talents, skills, experience, nuances, cultural background, and technical detail into the creation of the product - the final product.

Child and youth care workers, like true African artisans, exhibited intentionality in the weaving of the different threads of child and youth care practice into patterns of practice that are contextualised and synthesised into a unique response for the individual child and family. This was reflected in the findings of this research with grounded examples of interventions provided by the child and youth care workers. Just as the final product of a basket or a woven article is more than just the individual threads of which they are constructed and reflect the presence of the crafter, so the sum of the individual practice interventions of each worker is more than a simple collection of the individual interventions.

The integrated elements of practice reflect the core category “practising intentionally” woven through them. This has positioned the child and youth care workers to craft the most appropriate and relevant intervention, contextually responsive to the needs of the individual, child, and family. These patterns of practice were reflected in the concept of *Inhlanguanisela*.

The theoretical framework that emerged from this grounded theory study for understanding the development of child and youth care practice through the *Isibindi* model in South Africa is presented in Figure 4.2 below.

4.6. INHLANGANISELA: INTEGRATED PATTERNS OF PRACTICE

The graphic description of the integrated patterns of practice within the *Inhlanguaniselela* framework is present below as Figure 4.1 and described in detail thereafter.

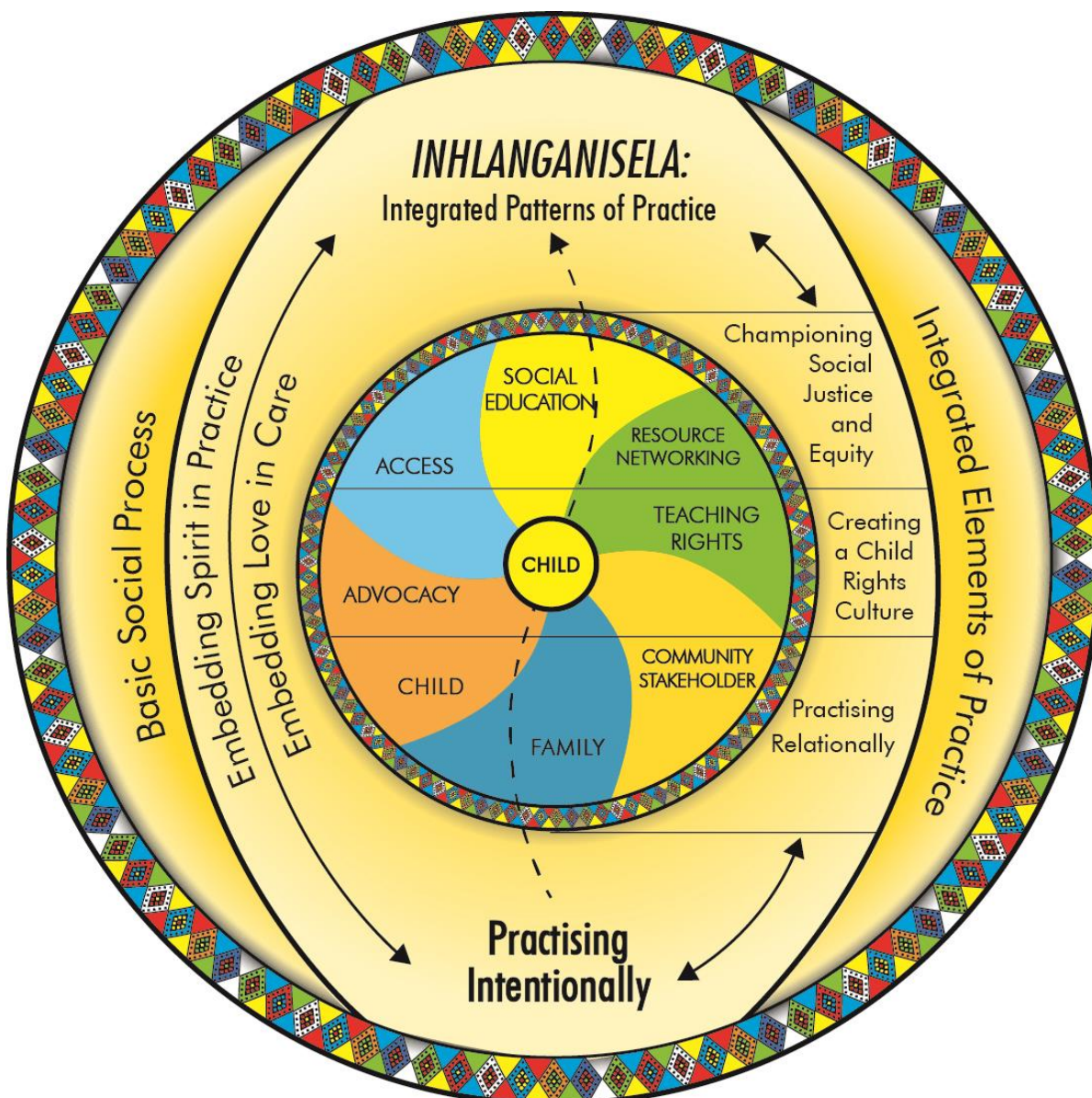


Figure 4.1 *Inhlanguaniselela*: Integrated Patterns of Practice

Figure 4.1 is presented in a circular diagram weaving in the two basic social processes, the core category, the three elements of practice and all their eight properties represented in the diagram. The diagram positions the child at the centre of the framework, at the centre of all services. At the left of the diagram the basic social processes, namely, *embedding spirit in practice* and *embedding love in care* are presented. The arrows between these two basic social processes demonstrate their pervasiveness throughout the framework but with a specific integration into the core category *practising intentionally* at the end of bottom centre of the diagram. The arrow that leads from *practising intentionally* to the *integrated elements of practice* shows the infusion of the core category *practising intentionally* into *practising relationally* (with the properties of *children, families, and community stakeholders*), followed by the elements *creating a child rights culture* (with the properties of *teaching rights and advocacy*), and lastly the element *championing social justice and equity* (and the properties *resource networking, social education and access*). These integrated elements of practice are presented in different colours in the centre of the diagram, with a focus on the child. This is presented in a design to demonstrate integration and movement between the three *integrated elements of practice* and all their eight properties. The bi-directional arrows at the top and end of the integrated elements of practice is presented to show a coterminous link to the *Inhlanguanisela* framework. This completes the flow of arrows forming a circle, demonstrating movement throughout the framework.

The core category *practising intentionally* (that has integrated within it the two social processes and its own three properties) is depicted with a dotted arrow starting from where it is at the bottom of the circle and weaving its way through the inner circle in the diagram (which represents the integrated elements of practice and its properties around the child) to the *Inhlanguanisela*: Integrated patterns of practice framework noted at the top of the circle. This has been done to graphically present the weaving of the core theme *practising intentionally* throughout the model depicting an integrated practice where all the different elements and processes are available for access by the child and youth care worker, who in turn selects the most relevant practice responses for the child. These are then synthesised in unique combinations, symbolically woven together. This approach of weaving together distinct yet integrated interventions to respond to *this* child, bringing in one's unique crafting skills as

individual child and youth care worker, is the *Inhlanganisela* framework, meaning integrated for an intended outcome. The *Inhlanganisela* integrated patterns of practice represents a theoretical framework emerging directly from the research evidence, using a grounded theory approach.

Figure 4.1 graphically encapsulates the theoretical framework: The *Inhlanganisela*: Integrated Patterns of Practice to guide child and youth care practice in South Africa.

4.7 CONCLUSION

This chapter presented the research findings and theoretical framework *Inhlanganisela*. Minimum literature references were utilised in this chapter to ensure that the data were illuminated by the different components of the theoretical framework, as articulated directly by the research participants in the study. The core category *practising intentionally* was presented with its properties *integrating practice wisdom, appreciating context, and applying discretionary judgements*; the basic social processes of *embedding spirit in practice* and *embedding love in care* with their encompassing properties were also reviewed. The *integrated elements of practice*, viz. *practising relationally, creating a child rights culture, and championing social justice and equity*, along with their concomitant properties were also presented, showcasing the overarching core category, *practising intentionally*, infusing them together. Finally, the integrated patterns of practice within the *Inhlanganisela* framework were described and presented diagrammatically to illustrate how the researcher visualises the links between the concepts.

In the next Chapter, the different components of the *Inhlanganisela* framework will be critically analysed through the lens of relevant contemporary and child and youth care literature.

CHAPTER 5

ANALYSIS AND DISCUSSION OF RESEARCH

5.1. INTRODUCTION

The theoretical framework, *Inhlanganisela*, for understanding how the child and youth care workers practise in implementing community-based child and youth care work, which emerged during the exploration of their practices within this context, was presented and discussed at the end of Chapter 4. However, in the current Chapter, attention shifts to a discussion of the research findings, particularly within the context of the theoretical framework that emerged from the analysis of the data. Selected literature is presented to support the theoretical framework that emerged. Such a literature review, according to Anglin (2002: 133), serves to either reinforce, add value to, and/or contradict the research. The key concepts that came to the fore in this research are analysed and examined through the lens of child and youth care and contemporary South African literature to explicate the findings.

The outline of this Chapter is as follows. The Chapter begins with a discussion of the core category of *practising intentionally* and its unique properties (section 5.2). This is followed by a discussion of its basic social processes (section 5.3), viz. embedding spirit in practice (sub-section 5.3.1) and embedding love in care (sub-section 5.3.2) encompassing their respective categories. The integrated elements of practice (section 5.4), namely, practising relationally (sub-section 5.4.1), creating a child a rights culture (sub-section 5.4.2) and championing social justice and equity (sub-section 5.4.3), are also deliberated, along with their particular properties. This chapter concludes with a discussion on the research findings in relation to the weave of the integrated patterns of practice through the theoretical framework *Inhlanganisela* (section 5.5). A few concluding remarks round off the chapter (section 5.6).

5.2. CORE CATEGORY: PRACTISING INTENTIONALLY

Grounded theory aims to generate a theory that “accounts for a pattern of behaviour” (Glaser 1978: 93). The theory that emerges, according to Glaser (1978: 93) is generated around a core category. “Grounded theory is a theory of a core concept” (Glaser 2001: 206). The core category that emerged to account for the patterns in the behaviour of the child and youth care workers was *practising intentionally*. This was the best fit label for the core category. It met the criteria for the determination of a core category, and also provided the researcher with a sound grasp of its relationship with the basic social processes, the elements of practice, and the theoretical framework *Inhlanguanisela*. This was achieved in the research by analysing the ordinary everyday practices and actions of child and youth care workers within the *Isibindi* model as well as the experiences of young people and community members. The experiences communicated by various participants during interviews and focus group discussions from a selection of well-functioning *Isibindi* programmes across South Africa were examined through the lens of a grounded theory approach, revealing that *practising intentionally* was fundamental to the way child and youth care was practised in the *Isibindi* model.

The use of gerunds in identifying the core category was a specifically chosen form of expression. Gerunds indicate the active nature of the practice and are very much present in grounded theories because they encapsulate the flow of action (Anglin 2020: personal communication). This study presents a flow, a series of integrated processes that develop and change over time in response to the changing contexts. Hence, the way the categories are described, that is, in the case of the core category, *practising intentionally*.

The core category (*practising intentionally*) is made up of three characteristics/dimensions or *properties* as used in grounded theory research. These include *integrating practice wisdom* (sub-section 5.2.1), *appreciating context* (sub-section 5.2.2), and *applying discretionary judgments* (sub-section 5.2.3). Each of these will be discussed further below. The elements of integrated practice (section 5.4), which include *practising relationally* (sub-section 5.4.1), *creating a child rights culture* (sub-section 5.4.2), and *championing social justice and equity* (sub-section 5.4.3) will

be described further below after the next section. But first, the basic social processes of *embedding spirit in practice* (sub-section 5.3.1) and *embedding love in care* (sub-section 5.3.2) are reflected on next.

5.2.1. Integrating Practice Wisdom

The nature of practice wisdom, a property of practising intentionally, will be discussed in this section to understand how it has been reflected in the intentional practices of child and youth care workers.

5.2.1.1. Practice wisdom

Social practice wisdom represents the capacity to use one's own knowledge, skills, ethics, insight, and judgment, while still being open to new ideas, experiences, and opinions in responding to the unique situation faced (Pauleen *et al.* 2015, cited in Dalal and Pauleen 2019: 227). The data referenced a child and youth care approach of working in the life-space of children and families, where mutual learning was embedded in cultural and contextual sensitivities and wisdom. This practice demonstrated that the child and youth care workers were able to do exactly what the authors referred to, which was to be open to new learning and diverse thinking. They integrated the theory in their own South African contextually appropriate manner and were culturally competent. This was expressed not only through sensitivity to cultural codes of dress and the use of appropriate vernacular when speaking to young people and their families and community members, but also in their skilful advocacy in the context of cultural practices that violated children's rights and opportunities. Higgs (2019: 174) referred to the perspective of Schwartz and Sharp (2010), "[T]hat without this missing ingredient of practice wisdom ... neither rules, however detailed and well monitored, nor incentives, no matter how clever will be enough to solve the challenges faced".

- **Practice wisdom is intuitive, tacit and spontaneous**

Practice wisdom was described by Cheung (2017: 619) as "intuitive, tacit, and spontaneous in nature". Polanyi (1966, cited in Cheung 2017: 621) indicated that tacit knowing has been defined as "commonplace acts that one is able to do but unable to explain how". The data comprises examples of child and youth care workers who acted

spontaneously in skilfully negotiating with key stakeholders. In one instance they persuaded the stakeholder to listen and respond to the family member who was in need of support. In another, they ensured a child was accepted back to school, even though it was not school practice to accept children so late in the year, and in yet another instance, they saw to it that the child received her chronic medication before she left the clinic. These were spontaneous, spirited responses that resulted in successful outcomes for children and families. These were commonplace acts, reflecting a determined spirit. Oftentimes, the spirited action infused practice interventions in the moment with the energy that allowed the child and youth care workers to commit accountable practice from the varied community stakeholders. The data reflect many such examples, including the police, educators, and social workers. However, the child and youth care workers were not always able to describe what they did or explain how they worked. The words were not available in their vocabulary, either in English or in their vernacular, to describe the power of the wisdom of their action in that moment.

- **Practice wisdom demonstrates the right action at the right time**

Tsang (2008, cited in Cheung 2017: 622) noted that “practice wisdom” means that “the right action has to be taken in the right place, and at the right time”. The data demonstrated that there was an awareness of timing, pacing work, sequential layering of services, and effective working in the moment. Many examples are present in the data of child and youth care workers pacing their visits to reluctant families, making themselves known, and building trust with the families in order to provide engagement and support. They undertook daily visits to a family to unravel the real issues they were facing in order to complete their work successfully. The “right action at the right time” also refers to working in the moment and providing immediate responsive action as reflected in speedy responses in child protection matters.

- **Practice wisdom is knowledge gained through reflection**

Chu and Tsui (2008, cited in Samson 2015: 124) described practice wisdom as knowledge that is gained through personal reflection and consideration. In this, wisdom is the entrenched information, assumptions, and judgements gathered through “embodied reasoning” which it is “not always possible to validate empirically”

(Chu and Tsui 2008, cited in Samson 2015: 124). The child and youth care workers demonstrated this with their patterns of practice that allowed them to focus on the key aspects of successful outcomes for children and families and their capacity to navigate this skilfully. The return of the young mother to school, who is now pursuing a career, promotes hope for the mother, her child, and her family, as the community pattern of hopelessness for women is broken. Supportive visits to sick family members made the family feel safe, supported, and comforted; strengthened safety in the home for the children; and supported the children with the burden of care for the sick family member. As noted by Brenda (2013, cited in Higgs 2016: 200), it is by doing good practice that one is able to understand better. By reflecting on their practice, successful or not, child and youth care workers were able to learn more and grow in their confidence and skill.

5.2.2. Appreciating Context

Appreciating context, a property of *practising intentionally*, is the focus of this subsection.

The “potential effectiveness of home-based, flexible, integrated and multicomponent services” has been cited in international literature (Tausendfreund *et al.* 2016: 10). The research question focussed on how such services are successful, that is, how child and youth care workers responded to the needs of children in the communities in which they worked. The data revealed that the child and youth care workers were finely attuned to and cognisant of the complex contexts in which they operated and brought this knowledge to bear in their interventions. In South African communities, especially rural communities, the features of abject poverty are present. According to Thaba-Nkadimene, Molotja and Mafumo (2019: 71), “[P]overty contravenes the human right to dignity”. The features of impoverished communities include the absence of (or poor quality and non-functional) infrastructure, such as housing, piped water, and lack of electricity; food insecurity and hunger (and resultant malnutrition and stunted growth); health challenges (including high HIV/AIDS prevalence); and unemployment. In addition, communities were characterised by the presence of drug lords, taverns, and gang activity, and social challenges of substance abuse, teenage pregnancy, gender-based violence, and high school dropout rates.

Research also has established the connection between poverty and women living in rural areas, indicating that women are most likely to be in poverty compared to their male counterparts, pointing to the significance of culture in shaping the geographic location of gender in relation to poverty prevalence (Cheteni, Khamfula and Mah 2019: 1). The appreciation of this fact of the context was reflected in the data where the protocols for responding to disclosure of abuse required the integrated understanding of family dynamics. Power linked to gender and economic status of the abuser in the family home impacted on a mother's capacity to protect her child. She needed the complexities and layered dynamics of her situation to be understood by the child and youth care worker in order to confidently take the appropriate actions. Embracing practice protocols with contextual appreciation and practice wisdom was essential for the protection of the child.

The data revealed many examples of cultural awareness and sensitivities being woven into intentional practice in communities with families and young people. As Brokenleg (1998, cited in Garfat *et al.* 2018: 27) reflected, "[O]ur worldviews are shaped by our cultural and family attachments. Each of us drags around our cultural tail, a thousand years long as well as our more personal family tale". With this we bring our "rituals, traditions, views and beliefs of our culture and families which frame our perceptions and interactions" (Krueger 2006, cited in Garfat *et al.* 2018: 20). The data provided examples of cultural sensitivity. These included consciously adopting acceptable dress codes and behaviours in order to gain the trust of family members. Appreciation for the role of culture also meant that the child and youth care workers were able to behave with culturally appropriate demeanours reflecting respect and humility, which were also pivotal in trust-building, as in the case of the child and youth care workers respecting the *Shembe* religious protocol of no visiting on Saturdays.

The question of *how* child and youth care workers practised was further answered by another level of understanding linked to the multiple challenges experienced by families where "multi-dimensional child poverty is rife" (Omotoso and Koch 2018: 431). The child and youth care workers, practising intentionally, blended their knowledge with their practice wisdom, and their intimate understanding of the "complex and multi-layered contexts" (Gharabaghi and Anderson-Nathe 2017: 95) to enable them to make the necessary discretionary judgements. The child and youth care workers were

perceived to “know the community very well”. Their appreciation of the context led to the child and youth care workers being perceived to be cognisant of the protocols to use in working with community members.

5.2.3. Applying Discretionary Judgements

In addition, *applying discretionary judgements*, also a property of *practising intentionally*, is unpacked in this sub-section.

The concept of “discretionary judgements” added to the growing understanding of the core category *practising intentionally*. *Discretionary decision-making* has been described as follows by Hills (1989: 2): “In any situation there are a multitude of possible responses. Child and youth care workers need to choose one response from all these possibilities. The response they select is based on their judgement about what would be most effective in the situation. The ability to make decisions with discretion is what constitutes an intelligent action”.

The data showed that within the planned interventions by the child and youth care workers, there were a myriad of minute and “in the moment” considerations and decisions that, in themselves, required discretionary judgements and choices. The understanding and implementation of discretionary judgements in complex practice contexts contributed to densifying the understanding of the concept *practising intentionally*. The child and youth care workers sometimes paced their interventions, taught youth budgeting skills, stayed with the process for a few months, and then left the youth to work independently for a while before returning to assess the level of success; this was the same process of pacing used in building relationships with reluctant families. In sensitive discussions with children, like grief work, they demonstrated many discretionary communication skills, including listening attentively with presence, allowing the child enough space to cry, choosing the appropriate moment to touch the child, sometime giving hugs, or a light touch on the arm. These discretionary choices are considered in the moment, reflecting intent observations of the emotions of the child.

Discretionary judgements as depicted by Ricks and Charlesworth (2003: 4) were demonstrated in the study where complex choices were made in planned

interventions, such as who to include in a family meeting; whether to challenge a key member of the multidisciplinary team to be immediately accountable or whether to continue negotiations; or whether a young mother should return to school and leave her baby in her grandmother's care. They were also evident in "in the moment" interventions, such as discernment in the choice of words or whether to speak in the vernacular; which information to share or not to share with others; whether to advise or allow for independent decision-making; or as previously noted, whether to hug a child in that particular moment.

Ricks and Charlesworth (2003: 4) further described the making of discretionary judgements as a process that is enhanced through reflection and self-awareness, but is based on a fundamental understanding of the foundational frameworks, models, and interventions. Reflection promotes the development of insight, and hence, learning, through the exploration of one's own thoughts, values, beliefs, and attitudes, as well as that of others (Samson 2015: 123). Through these processes, a greater depth of understanding develops, resulting in a broader range of alternative options becoming apparent in practice. The data provided evidence of *Isibindi Safe Parks*, which were originally developed for children to play at due to the absence of recreational spaces for children in the community, being used for a programme with grannies during the day when the children were at school. In most rural communities there are no other community parks, no restaurants, no libraries. Creative programme designs, like the effective use of the safe parks, are examples of creatively responding to the varied needs of various family members.

An aspect of good child and youth care practice is honouring the voices of young people, and the stories of families and their struggles with their systems (Fulcher 2006, cited in Stuart 2013: 110). This was also highlighted in this study. At the heart of carefully considered wise decisions was the capacity to listen to the sometimes discordant and differing voices within families. The data provided evidence of a poor and troubled granny-headed household where the orphaned children, hurt by their granny's negation of their mother, were in turn disrespectful towards and unsupportive of their granny who was their adult caregiver. Listening to all perspectives and also hearing what was unsaid, the child and youth care workers planned a sequence of interventions, demonstrating discretionary judgement which emanated from listening

to everybody in the family. The data described a fraying intergenerational family being stitched together by the child and youth care worker.

5.2.4. The Integration of Practice Wisdom, Appreciation of Context and Discretionary Judgements in the Core Category of Practising Intentionally

The core category is a “connecting and resonating thread” running through the practice intervention of the child and youth care workers (Anglin 2002: 62-63). The category that emerged as the best fit in this study was *practising intentionally*, since it represented the thread that ran through the patterns of child and youth care practice. This category emerged as a meld of the properties of *integrating practice wisdom* and *appreciating context*, which led to the child and youth care workers *applying discretionary judgements*. The data revealed that child and youth care workers exemplified practice wisdom and a complex understanding of community dynamics in order to make good judgements in varying situations of uncertainty in both planned and “in the moment” responses. *Practising intentionally* is bringing wisdom to bear in the complexity of the moment and considering subtle contextual realities in making sound practice decisions on action or inaction. The challenges encountered by child and youth care workers were frequently complex and often demanded swift responses as reflected in child protection matters and responding to the health needs of chronically ill children and family members. Refined practice interventions should include diverse approaches to interventions that are relevant to the contextual realities and challenges. *Practising intentionally* is a synthesis of internalised integrated theory, practice wisdom, and contextual appreciation into sound, agile interventions.

5.2.5. Practising intentionally within the *Inhlanguanisela* framework

The *Inhlanguanisela* framework comprises a unique combination of child and youth care practices that are integrated within community-based practice to achieve intended outcomes. The synthesis in the selection and combination of different practices allowed for a unique response to each child or family in a specific moment. Ricks and Charlesworth (2003: 15) maintained that there are often multiple frameworks densifying the patterns of accountability in practice. The *Inhlanguanisela* framework is such an example. The core category of *practising intentionally* was woven into child and youth care interventions, along with the integrated elements of practice, and intertwined with the basic social processes of *embedding spirit in practice* and *love in*

care into the *Inhlanganisela*: Integrated patterns of practice framework. *Practising intentionally* emerged as the integration of localised practice wisdom and the recognition of the local context, resulting in discretionary judgements. This understanding of *practising intentionally* is illustrated in Figure 5.1 below.

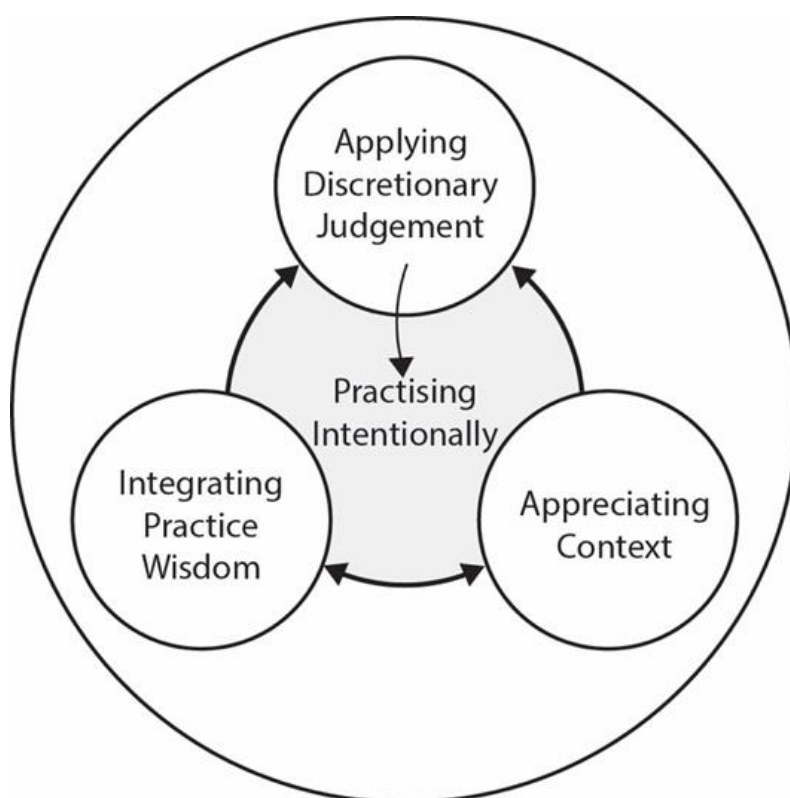


Figure 5.1 Practising Intentionally

5.3. BASIC SOCIAL PROCESSES (BSPs)

In this section, the research question, *how child and youth care workers practised within the Isibindi model and how they responded to the needs of children in communities* is examined through the basic social processes *embedding spirit in practice* and *embedding love in care* that emerged from the research data. Spirit in practice includes *self-transformation*, the *intentional practitioner* and *Ubuntu as a guiding construct*. The basic social process of *embedding love in care* includes *acts of kindness*, *gestures of caring* and *creating a loving experience*. The basic social processes are woven into the *Inhlanganisela* framework of integrated patterns of child

and youth care practice and densifies the understanding of the integrated nature of child and youth care practice.

Basic social processes “are pervasive as they are fundamental, patterned processes in the organisation of social behaviours which occur over time and go on irrespective of the conditional variation of place” (Glaser 1978: 100). They can infuse the other categories or elements of practice and densify their meaning and influence. The presentation of the two basic social processes have integrated the core category *practising intentionally* and the integrated elements of practice.

The basic social processes *embedding spirit in practice* and *embedding love in care* are discussed next.

5.3.1 Embedding Spirit in Practice

The spirited practice of child and youth care workers is described below under the following three properties: *self-transformation* (sub-section 5.3.1.1), *the intentional practitioner* (sub-section 5.3.1.2) and *Ubuntu as a guiding construct* (sub-section 5.3.1.1).

5.3.1.1 Self-transformation

The notion of “journeying into self” (Fewster 1990, cited in White 2008: 125) was intertwined with the child and youth care workers’ relationship with the children and families they served. They found within themselves the awakening of compassion and caring in response to the circumstances of the children and families. In this, their own journey into self, and growing and advancing sense of self, was discovered. Fewster (1991, cited in Garfat 2008: 10) affirmed that “our own sense of self is our primary professional resource”. The child and youth care workers used this advancing self as their core resource in providing services to children and families. In this reciprocal relationship, we see the “co-constructed in-between of self and other”, as described by Garfat (2008: 32).

In this understanding of caring, the problems, interests, and circumstances of others are given a higher level of attention (Thumbadoo 2013: 70), creating an opportunity to reclaim a bounded humanity. These perspectives added to the expanded understanding of giving and receiving in the spirit of Ubuntu. In receiving, you share

the joys of the person you have cared for and their successes become your achievements too. The data from the study reflected that the workers found their own joys and achievements in the happiness and successes of those they served, thus growing patterns of practice in a child and youth care approach that embodied the spirit of Ubuntu.

The parallel process of personal growth and development while advancing professionally was supported by a training approach that allowed child and youth care workers to acknowledge their wounds and understand that they had both the capacity to heal themselves and help others at the same time. They commented that the training helped them share their own personal issues, including their losses making them stronger to support children and their families with their losses. They noted that they were developed inside to prepare them to care for others. According to Sinclair (2004: 58), this is a journey of personal healing to help others and represents the walking of the talk towards wellness and healing. This contributed to a process of translating the theory acquired into practical expressions of child and youth care interventions and of service rendering, which then promoted personal development. The data indicated that the qualities of dedication, empathy, and teamwork were shaped by the workers' passionate investment in their professional practice. The data showed the appreciation of teamwork and the acknowledgement of greater productivity achieved both personally and professionally. The integration of child and youth care practice with personal values, previous practice experiences, and other ways of knowing into professional action with children and families was demonstrated in the data (Klein and Bloom 1995, cited in Samson 2015: 123).

Concrete examples were provided with reference to the dimensions of care learned and applied to the work with children and families. They had applied these dimensions of development to themselves, personally promoting an evolving integration of self in all the dimensions of care (physical, cognitive, emotional, and spiritual) in spirited practice. Higgs (2016: 201) emphasised that practice wisdom is not just somebody practicing with more technique, but somebody who is able to look at what they are doing from the perspectives of the cognitive, the emotional, the moral, the spiritual, and the aesthetic. The child and youth care workers applied knowledge and skills learned with their own children and families. The application of skills in managing

conflict, as well as practical skills, such as budgeting, were concrete examples of bringing about parallel growth in their own families. Personal transformation through training and practice therefore had an impact on their personal families. This bears out the assertion by Higgs (2016: 192) that “education is not merely formative, it is transformative”, and can allow for the exploring of new ways of doing things, beyond what we presently know. The expressions of self-transformation expressed by the child and youth care workers in the parallel process of personal growth and development reflects being emergent (Ricks and Charlesworth 2003: 38). The data reflects the self-expressions of growth as the workers spoke about letting go of baggage; of trusting and sharing; of growing self-esteem and confidence; and of growing into role-models, even to their own children.

5.3.1.2 *The intentional practitioner*

An *intentional practitioner* is one who “projects the self in practice and deliberately uses the self in practice” (Ricks and Charlesworth 2003: 25). It was through a process of a growing understanding of themselves that child and youth care workers were able to integrate the professional and the personal in complex practice work environments, where the enduring qualities of resilience, tenacity, and courage were required. The data from the study showed examples of child and youth care workers absorbing new information into their personal experiences. One child and youth care worker expressed her integration of theory learnt into a South African contextual relevance, another noted that she had other ideas that were not in the theories learnt. The gaps in their understanding and knowledge were filled with new information, broadening their understanding of themselves and child and youth care practice. The data demonstrated that child and youth care workers observed the impact of their words, gestures and tone, which guided and strengthened their ongoing professional practices. The capacity to integrate and reintegrate is a critical aspect to being emergent (Ricks and Charlesworth 2003: 38). This process was undertaken repeatedly, as new information (from both practice experiences and formal teaching) was connected with, and assimilated into, existing frameworks of thought and understanding, resulting in a more integrated and gradually advancing practice. The importance of effective communication with children, including listening with presence thoughtful use of non-verbal affirmations and of the vernacular is reflected in the data.

Child and youth care workers expressed that when they started work, they liked to work with children but through training and experience they developed an enhanced a passion to service children in need. The numerous examples of the acts of kindness and love expressed by child and youth care workers provided further examples of how child and youth care workers used themselves to respond to children's needs and to "project" themselves intentionally into their work (Ricks and Charlesworth 2003: 25). This was reinforced by community members who noted that the child and youth care workers both liked and valued what they were doing. They were able to see the workers progress in their enthusiasm for their work.

"A practitioner who emerges is taking new pieces, placing them alongside old pieces, and reconfiguring her frameworks and models. In this process, the integration of the old and the new becomes something different" (Ricks and Charlesworth 2003: 39). As expressed by the child and youth care workers, they "absorbed the teachings in child and youth care practice" as the child care practice developed them "inside out" both "professionally and personally" where "difficulties became opportunities for growth (Strother *et al.* 2018: 21), and "daily life experiences became teachable moments to develop personal responsibility and self-discipline" (Strother *et al.* 2018: 21). The child and youth care workers demonstrated that they were directing their own learning and critically assessing their own practice, choices, decisions, and actions, as described by Higgs (2016: 197), and of "deliberately owning practice" (Higgs 2016: 196). There was also evidence that workers proudly acknowledged their African way of doing things, "confirming the need for local relevance" (Ibrahima and Mattaini 2019: 808) in the way they practiced.

In concluding the section on embedding spirit in practice, the data demonstrated that the children, families, and communities benefited from the self-transformed and purposeful child and youth care practitioner that emerged. This spiralling of personal growth and strengthened practices has been expressed by Cooper and Lousada (2005, cited in Samson 2015: 123) as "a process of learning from the lived experience".

In the next section, the discussion focusses on the third property of *practising intentionally*, which is the African spirit of Ubuntu.

5.3.1.3 Ubuntu as a guiding construct

Informal theories of child and youth care practice are grounded in the understanding of what child and youth care workers think and feel about their practice. Embedding child and youth care practice in the African spirit of Ubuntu reflected the creation of new knowledge contextualised in a South African reality, as reflected in the theoretical framework which emerged from the research. According to Panse (2006, cited in Thumbadoo 2013: 72), Ubuntu provides an understanding of ourselves in relation to the world. This resonates with the concepts of “being” and “ways of being” articulated in child and youth care theory (White 2008: 118). Ubuntu represents the essence of human ‘being-ness’, and this relational essence is reflected by embedding oneself in community, forming meaningful relationships, and showcasing virtues (Etieyibo 2017: 318).

The African spirit of Ubuntu was identified as the third property of the basic social process *embedding spirit in practice* in the *Inhlanguanisela* framework where the integrated patterns of child and youth care practice reflected the spirit of Ubuntu, giving expression to an African, spirited practice. The voices of the children and community members harmonised with the voices of the child and youth care workers in articulating many of the characteristics of Ubuntu expressed in the practice of the child and youth care workers. In this way, Ubuntu provided a gateway for African ideas to infuse child and youth care theory in the *Inhlanguanisela* framework.

- **I am because you are**

Panse (2006, cited in Thumbadoo 2013: 72) emphasised a common bond between us, through which, in our interaction with others, we discover our own human qualities. This is expressed in isiZulu as “*Umntu Ngumuntu Ngabantu*” (meaning, “a person is a person through other persons”). There was evidence from the data that the child and youth care workers reflected the characteristic of Ubuntu in their practice, and modelled this to young people and community members. In one family, a youth-headed household, the child and youth care worker was accepted as the “uncle” in the family. He was welcomed as such because they claimed that “we are what we are because of him”. In this family, the young people were provided with a variety of services that transformed them into a socially and economically stable family respected in the community.

Young people and community members demonstrated their emulation of these values of Ubuntu and also made their personal contributions in the community. As noted by Woolfolk (2001, cited in Etieyibo 2017: 317), young people tend “to be more concerned for the rights and feelings of others” by being “consistently exposed to caring, generous adult models”. The data provided examples of young people expressing how they intended to assist others in the community as youth leaders when they qualified as professionals. Young people indicated that they wanted to share their own personal stories to assist other young people to learn lessons from them. For instance, a young accounting student wanted to teach grannies in the community how to budget their social security grants more effectively. The intentional child and youth care practitioner in role modelling the spirit of Ubuntu to child and families in the way she serviced them provided the opportunity for young people, as in this case, to emulate her. The personal transformative growth of the child and youth care worker, embedding the qualities of Ubuntu, was inspiring to young people and, in this case, we see the young person expressing here her understanding of compassion of “my humanity is bound up in yours” (Tutu 2000: para 1 line 5).

The data regarding the growth of the child and youth care workers revealed that they found their own joys and achievements in the happiness and successes of those they served, thus showing patterns of practice in a child and youth care approach that embodied the spirit of Ubuntu. The achievements and success of those serviced nurtured the spirit of the child and youth care workers. The reciprocal nature of gratification in interaction with others can lead to stronger relationships, deeper attachments, and a greater desire to continue serving (Weiner 1991: 87). This inspired the workers to continue the work.

- **Ubuntu and social cohesion**

The South African Government promotes the concept of “social cohesion” (Hlongwane *et al.* 2018). The popular African saying “It takes the whole village to raise a child” explores the notion that children do not only belong to the family they are born into, but to the whole community (Hlongwane *et al.* 2018: 61). Child and youth care workers therefore appropriately care for the children of the community in this spirit. However, Desai (2015, cited in Hlongwane *et al.* 2018: 53) noted that while the concepts of “Ubuntu” and “social cohesion” are of key importance in nation-building, high levels of

poverty and inequality and mounting social protests have diluted its impact, making the implementation of these concepts ineffective. However, the data revealed many examples of the qualities of Ubuntu in the practice of child and youth care workers despite the contextual realities of poverty and inequality. Child and youth care workers earned the respect of community members because they held key community stakeholders accountable and promoted children's rights in communities and families, and also helped children to achieve successful careers. The child and youth care workers contributed to the notion of social cohesion in communities by undertaking intergenerational work, by upholding children's rights, and by working effectively with key community stakeholders and promoting equity.

The characteristics of Ubuntu which follow contribute to social cohesion: the goodness of the human heart; kindness of the human spirit; selflessness of humankind; togetherness in spirit, mind and soul; the speaking of truth; the showing and sharing of love and compassion; caring for others; having consideration for the feelings of others; communicating genuineness in words and actions; love; compassion; caring; consideration; promotion of respect, trustworthiness, harmony and peace for future generations; unity; sympathy; compassion; benevolence; solidarity; hospitality; generosity; sharing; openness, affirmation; availability; kindness; harmony; interdependence; obedience; collectively; consensus; and the spirit of appreciating, valuing, and loving one another, as well as everything that belongs to them (Hlongwane *et al.* 2018: 53-65).

The above characteristics were evident in the data, confirming that the child and youth care workers contributed to the building of social cohesion and families. The child and youth care workers "walked the extra mile" and community members indicated that they wanted them in their communities, and that they needed them. The example of the child and youth care worker who walked a long distance on a Saturday to assist a young person care for a chronically sick family member is just one example of literally and figuratively walking the extra mile. In this case, the family trusted that the child and youth care workers would come to help them and ease the burden of care placed on the young people in that rural home. The community members commented that: it was easy to work with them; they worked hard; they served the community; they were flexible; and they were available. Hlongwane *et al.* (2018: 59) asserted that South

Africa would be a better and safer place to live in if communities worked together in raising their children and instilled within them the values of Ubuntu. In this regard, the data showed the child and youth care workers contributing to community cohesion through the expression of the spirit of Ubuntu in their work. In the *Inhlanguanisela* framework that emerged in this study, the child and youth care practice is embedded in spirit, and central to this, is the spirit of Ubuntu. The spirit of Ubuntu provides “a fountain from which actions and attitudes flow” (Nussbaum 2003: 2), and child and youth care practice is fed by the bedrock of Ubuntu.

In the next section, the second category of the basic social process of *embedding love in care* is presented

5.3.2 Embedding Love in Care

Thumbadoo (2013: 70) articulated that “care and love intermingle in the expressions of child and youth care encounters”. She further recognised the co-existence between love and professional child and youth care practice where care provided the context for love to be shared between child and youth care workers and the children they served. In the *Inhlanguanisela* framework, spirit was embedded in practice, and love was embedded in care. Concepts of “loving” care and “mothering” care also emerged, providing a broader and more nuanced contextual understanding of the meaning of care and developmental care for children in South Africa. Stephen and Garabaghi (2019: 42) observed that there was a need to contextualise concepts such as love, engagement, care, and relationships within the complex histories of de-humanisation, dispossession, disembodiment, and systemic oppression. This legacy of systemic oppression and exploitation continues to impact the lives of young people, their families, and communities (Taylor 2018: 168). In addition, the South African present reality, which includes a commitment to a social justice agenda, is still only a mirage of “progressive realisation” for many South Africans (Taylor 2018: 163). In the context of South African history of oppression and exploitation, love in care is characterised by *acts of kindness* (sub-section 5.3.2.1) *gestures of caring* (sub-section 5.3.2.2) and *creating loving experiences* (sub-section 5.3.2.3).

5.3.2.1 Acts of kindness

The construct of kindness, often understood as love, links the person to their social world and satisfies the need for relatedness (Canter, Young and Yaneva 2017: 20). Acts of kindness in the data included examples such as a smile, a touch of acknowledgement, and concluding a conversation on a positive note. Young people mentioned they found kindness in the communication from child and youth care workers, and in being treated as equals. The data provided an example of the child and youth care worker taking time to stop and talk to a little boy who was crying on the street because he had no shoes. She walked back home with him, spoke to his granny, and offered to assist the next day. The compassion extended to an unknown child crying on the street was a spontaneous act of kindness. This reflects the spirit of Ubuntu as an African worldview of unity, respect, care, and love for fellow human beings, no matter who they are (Hlongwane *et al.* 2018: 61).

Children and families have experienced what has been termed by Nilsson, Edin and Kinsman (2020: 7) as the “morality of despair”, reflecting feelings of inadequacy, despair, and powerlessness in contexts of poverty and hopelessness. Acts of kindness, as reflected in the data, created hope, well-being, and a positive spirit in difficult circumstances. As observed by Rowland and Curry (2018: 30), kindness keeps one positive and hopeful.

5.3.2.2. Gestures of caring

“Care is a central element in building helping relationships” (Krueger 2015: 12). The child and youth care workers gave attention to basic needs that included food security, housing and shelter, social security and grants, health care, and school attendance. Ainsworth (1985: 62-70) referred to development taking place around everyday life events. Ordinary routine life events, such as mealtimes, bath times, and homework supervision times are the simple things that need the attention of the child and youth care worker because they are important to children. In his hierarchy of human needs, Maslow (1954: 35-46) recognised that basic care, such as food, warmth, and clothing need to be met for ongoing developmental progress to occur. This was evident in the data which demonstrated a child and youth care practice that responded to meeting the basic needs of children. However, the practice embedded this care with spirit, love,

and courage, transcending the acts of basic care with “nurturing care”, “caring” care, and sometimes, “loving” care.

The data further showed that this developmental care was experienced as “loving care” by the young people. Maier (1987: 12) referred to this care as “caring care”, and he further described “nurturing” care experiences (Ainsworth 1972; Bronfenbrenner 1979, cited in Maier 1987: 12). The data reflected many acts of caring demonstrated by the child and youth care workers through basic concrete tasks that integrated care, concern, and nurturing. Care emerged more precisely in the research data as “loving” care. Maier (1987: 56) acknowledged that acts of physical care are experienced as “caring care” through the involvement of another person in caring. This was expressed in the data in the gestures of caring that accompanied these caring acts, such as providing a shoulder to cry on, a kiss on the cheek, and the full emotional presence of the worker in conversations.

Opportunities to express “nurturing care” are present throughout the day. More often than not, such expressions are communicated through gestures rather than words, in hugs, physical contact, pats, and smiles, interspersed in daily activities, deepening the experience of daily life. Examples of such gestures permeated the data. Garfat (2015: 2-3) referred to this as “making moments meaningful”, reflecting the quality of nurturing in care, moment-by-moment.

Research participants introduced a description of not just “loving” care, but also “mothering” care, thus broadening the description of “loving” care. The word “mothering” in reference to the child and youth care workers emerged many times in the data. Ribble (1943, cited in Weiner 1991: 87) described *mothering* as the inclusion of “the whole gamut of small acts by which an emotionally healthy mother may consistently show her love for her child, thus intuitively stimulating emotional responses in him”. According to Weiner (1991: 87), by the 1980s the concept of *caring* had replaced *mothering*. The choice of the words “loving” and “mothering” used directly by children and community members amplifies the understanding of “caring” in a South African expression of child and youth care practice.

5.3.2.3 Creating loving experiences

“Caring involves both love and labour, and it is precisely this combination that underlines its conceptual complexity” (Finch and Groves 1983, cited in Ricks 1992: n.p.). Creating loving experiences for children as described in the data were thoughtful and deliberate efforts on the part of the child and youth care workers. They articulated examples of how they created loving experiences for children, which included being available and flexible; paying attention to tone when greeting and talking to children; being non-judgemental; listening with emotional presence; involving them in decisions; and providing safe spaces for them to grieve and cry. According to Hobbs (1974, cited in Brendtro 2019: 11), children live in a real world that too often fails to give them the affection, support, and guidance. The expressions by young people in the data regarding their need for love was often neglected, yet this need was met by the child and youth care workers. Child and youth care workers reported that they also supported families to develop the capacity to love the children. One practitioner recognised that her love for the child was not enough as the child needed a family member to love him/her. She recognised that love is a “prerequisite of healthy development” (Smith 2011, cited in Garfat *et al.* 2018: 20).

Every child is “a person with individual needs, goals and dreams” (Holden 2019: 23). Hence, child and youth care workers have the responsibility to create experiences with them and their families that contribute to meeting needs, fulfilling goals, and actualising dreams. There is evidence that they taught other family members, especially foster family members, how to create a sense of belonging for the child in the family; how to engage with the child; and how to encourage the siblings in the family to include the foster child in family activities. They helped families to “create a safe place for children to practice new ways of being” (Holden 2019: 23-24). Examples of such stories are reflected in the data. These include a young adolescent talking freely with his mother about his HIV status and anxieties about dating, and foster family members who were encouraged to say “I love you” to a child in their care. “Helping children feel lovable, worthwhile, and capable, as well as ‘normal’ gives them hope” (Holden 2019: 24). The example of the child and youth care worker encouraging the foster family to bake a cake and celebrate the foster child’s birthday, is a practical expression of creating a loving experience for the child. At another level this contributed to creating a sense of belonging for the foster child in the family.

Child and youth care workers undertook the complex and demanding responsibility of creating “a milieu that provided a healing and enriching environment as well as opportunities for reparative and normalizing experiences” (Holden 2019: 23). Loving experiences were provided and role-modelled by the child and youth care workers and described in the data by words such as warmth, hope, non-judgemental attitudes, attentiveness, and love. For Smith (2011, cited in Garfat *et al.* 2018: 20), “[C]hild and youth care work is irredeemably a practical, moral and relational endeavour. As such, it is fertile ground for the growth of love”. Creating loving, safe contexts in families is comforting and therapeutic for children. As observed by Hobbs (1994: 285), “[E]xperiences of happiness and joy are immensely important in that they are immediately therapeutic for young people. To know some joy in each day and look forward with eagerness to at least some joyous event planned for tomorrow is healing and therapeutic”.

5.3.3 Densifying the core category with the basic social processes

Figure 5.2 is presented to demonstrate the integration of the basic social processes into the core category *practising intentionally*.

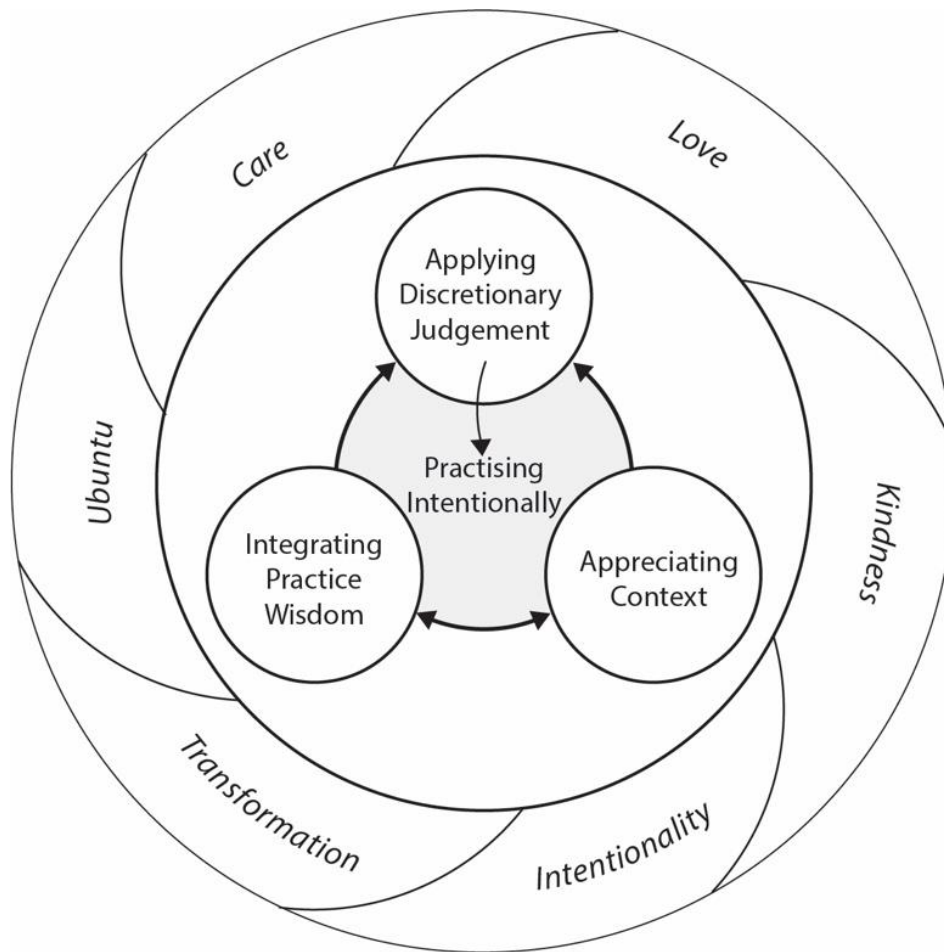


Figure 5.2 Practising Intentionally Densified

Embedding spirit in practice and *embedding love in care*, with their respective properties, emerged from the research data as the two basic social processes that pervaded the core category *practising intentionally*. They densified and strengthened *practising intentionally* with *spirited practice* and *love in care*. These basic social processes are not to be taken for granted as they deepened the richness of *practising intentionally*, and hence, the *integrated elements of practice* (that will be discussed next). The basic social processes have, in this way, actively contributed to the theory building reflected within the *Inhlanganisela* framework guiding child and youth care practice. In *embedding spirit in practice*, the transformation of child and youth care workers, from unemployed community rural women into competent social service practitioners in their communities can be observed. The data showed the emergence of the intentional child and youth care practitioner. The guiding construct of Ubuntu pervaded the practice of the child and youth care workers who demonstrated the spirit of Ubuntu in different contexts and with different stakeholders. The basic social

process, *embedding love in care*, was expressed in acts of kindness, gestures of caring, and by creating loving experiences for children. These were experienced by the research participants in a diversity of contexts, demonstrating their perineal spirit in the child and youth care practice in the *Inhlanganisela* framework.

This densified core category, *practising intentionally*, embedded with the basic social processes, is now woven into the *integrated elements of practice* (section 5.4) that are discussed next.

5.4. INTEGRATED ELEMENTS OF PRACTICE

The framework *Inhlanganisela* reflects three integrated elements of child and youth care practice. The core category of *practicing intentionally* infused the three integrated elements of practice, namely, *practising relationally* (sub-section 5.4.1), *creating a child rights culture* (sub-section 5.4.2) and *championing of for social justice and equity* (sub-section 5.4.3). These are now discussed fully.

5.4.1 Practising Relationally

This first element, *relational practice*, describes intentional efforts to build relationships with three distinct service recipient groups, namely, children, families, and community stakeholders. The inclusion of community stakeholders as the third category with whom the child and youth care workers practised relationally was an interesting finding. Working relationally with the community stakeholders was found to be vital to ensuring effective outcomes for children and families. The access to social security, access to chronic medication, and access to education are a few examples of how child and youth care workers demonstrated building relationships with different community stakeholders in order to acquire and network key resources to children and their families. The family represents the “milieu” for the practice of child and youth care work in the community, where children and their families are living and developing together (Stuart 2013: 10). The key focus for the child and youth care workers was to service the child in the context of family and community, understanding that services are provided also to families *and* communities. Stuart (2013: 13) mentioned that as child and youth care workers advance into new settings, their work will not be restricted to just children and youth, as a relational way of working will be practiced in other roles and functions as well.

A relational approach to key community stakeholders brought about noticeable improvements in service delivery which directly impacted on children and their families. Government services delivered in the community, such as the Department of Home Affairs (DOH), South African Social Security Agency (SASSA), Department of Health (DOH), Department of Housing, Department of Education (DOE), Department of Social Development (DSD), as well as an array of diverse non-government organisations (NGOs) were some of the partners with whom productive working relationships were built. Multi-disciplinary work with social workers, educators, health workers, and other government officials provided rich opportunities for mutual exchange and learning between team members. Fulcher (2006, cited in Stuart 2013: 110) spoke about children, youth, and families, and their “struggles with the service systems”. Issues of competency, poor attitude, capacity, and efficiency of many of these stakeholders have been referenced (Richter 2018: 110). According to Munroe (2017, cited in Garfat *et al.* 2018: 28), relational practice must include “an awareness of the specific context of the multi-layered, lived experiences of others”. The relational

approach reflected in child and youth care practice was observed to take into account such context specifics, which resulted in more effective service delivery from community stakeholders and positive outcomes for children and families. The growing confidence in the discretionary judgements of the child and youth care workers resulted in referrals from community members to them. This created a stronger circle of protection around children in the community.

Practising relationally with children and families deepened trust and advanced the growth of relationships, resulting in the sharing of new and more complex disclosures and challenges. As evidenced in the data, the child and youth care workers created activities in the Safe Parks to raise awareness of child abuse. This resulted in disclosures that were then addressed. The data showed that when playing with children, child and youth care workers connected with them, made astute observations, and followed up with appropriate child protection protocols.

The characteristics of a relational child and youth care approach, as articulated by Garfat *et al.* (2018: 13), were discussed in Chapter 2. A noteworthy point is that *intentionality*, one of the 25 characteristics of a relational child and youth care approach, emerged powerfully in the research as *practising intentionally*. This has been fully explained with all its properties in this chapter. The unique South African expression of child and youth care practice that emerged in the *Inhlanganisela* framework, as evidenced in the data, reflected the presence of all 25 characteristics. However, a selected few of these characteristics, as discussed below, have particular relevance to the theoretical framework that emerged.

5.4.1.1 Selected characteristics of relational practice

- **Being emotionally present**

Garfat *et al.* (2018: 37-38) noted that “intentional presence” is a core element of practising relationally, as it is through emotional presence that the space between two people develops, is recognised, and acknowledged as a safe space. Krueger (1999, cited in Garfat *et al.* 2018: 34) referred to this safe emotional space as “being present”. This nuanced understanding of how to use emotional presence to create a safe space was evidenced in the data. Numerous examples were provided of safe emotional

spaces being created with young people and families in grief work activities, in activities promoting disclosure of abuses by children, in play activities, family meetings, individual discussions, and in mediation with other stakeholders (teachers, health workers, and police officials).

- **Working in the moment**

Relational child and youth care practice involves using ordinary, simple, everyday experiences, and making them meaningful for the young person or the family (Garfat *et al.* 2018: 38). These are powerful opportunities for change. In addition, such transformational moments assist in reframing the way young people experience themselves in the world. According to Garfat (2015: 14), child and youth care workers are specialists in making moments meaningful and helping young people connect the moment to their future goals. Young mothers who expected to have no prospects in life became hopeful about completing high school and following their dream careers; HIV-positive youth understood that they could have a future partner despite being HIV-positive; and budgeting processes allowed for planning towards building a more spacious home. Recognising and responding to behaviours as they were happening in the moment “in the now” (Freeman 2014, cited in Garfat *et al.* 2018: 24-25), child and youth care workers linked the present despairing moment to a future hopeful possibility.

- **Meaning-making**

“Meaning-making” refers to the process a person goes through in making sense of their experiences (Garfat 2004b, and Steckley and Smart 2005, cited in Garfat *et al.* 2018: 27). Meaning-making was demonstrated in practice where unhelpful behavioural patterns were understood in the context of the grief experienced; where the burden of care for younger siblings, sick parents, and aging grandmothers was named and reframed; where child abuse was contextualised within a child rights advocacy framework; and where subtle power issues were illuminated and addressed. A good example of this was that the positive relationships developed with key community stakeholders allowed for a growing, integrated, multi-stakeholder and multi-disciplinary team effort to address challenges. This illuminated and addressed ineffective practices and power issues from different key stakeholders, held them

accountable and united stakeholders within a child rights framework. Different interventions are integrated to create moments of meaning for the young person and/or family in the *Inhlanganisela* framework. Factors influencing meaning-making include the young person, the family, and the workers' processes of meaning-making (Garfat *et al.* 2018: 27). The patterns of practice that emerged in the *Inhlanganisela* framework included "meaning-making" (Garfat *et al.* 2018: 27). This was evidenced as follows: The young person struggling at school was connected with her teacher and peer for additional support; the aspiring youth who wanted to study further was connected with bursary options, as were their peers who were in a similar situation; a family meeting with grieving siblings in a youth-headed household helped them talk to and find comfort with each other about coping with the loss of their mother.

- **A needs-based focus**

The needs of children and families in the *Isibindi* model were often linked to basic needs and rights, including food security, shelter, adults to care for children, and safety from abuse and exploitation. Demonstrating an understanding of this and providing concrete support for these basic needs resulted in positive outcomes. The data showed that child and youth care workers understood the sequencing of immediate needs followed by long-term planning. Hungry children needed food through immediate access to food parcels. Support was then provided to help them access social security grants to secure a stable income for food provision in the family. On receipt of the grants, budgeting support assisted the family to manage their grants wisely. As noted by Lin and Julian (2012, cited in Brendtro 2019: 14), "[C]hildren, thrive when their needs are met in the ecology of family, school, peers and community". The needs-based focus was used to engage with the community stakeholders, helping them deliver accountable services to uphold children's rights to their basic needs (Garfat *et al.* 2018: 28-29). These basic needs in South African communities included food and shelter.

The focus of the discussion now shifts to practising relationally with families.

5.4.1.2 Practising relationally with families

Practising relationally with children, families, and community stakeholders was a core outcome of the research. The research questions sought to answer *how child and*

youth care workers from the Isibindi model practised in communities and how they responded to the needs of children from a given community. Strengthening the families that the children grew up in was found to be key to meeting children's needs. The child and youth care workers demonstrated in their practice that even in family work, "relationships are the most powerful agents of change" (Li and Julian 2012, cited in Brendtro 2019: 11). This section on family work reinforces how practising relationally with families has contributed to an integrated child and youth care approach to working with diverse families, deepening the understanding of child and youth care practice within South African communities. As noted by Li and Julian (2012, in Brendtro 2019: 14), "[D]evelopmental relationships are key to positive outcomes in any settings". Mkhwanazi *et al.* (2018: 74) affirms that children who receive consistent, sensitive, responsive care will develop confidence, relational skills and empathy for others.

The data showed that building relationships with children, families, and communities may be complex. Child and youth care workers enter the intimate living space of a family. Life-space work in families allowed for direct engagement with families in their homes "where their lives unfolded" (Gharabaghi and Stuart 2013: 11). Families in communities are the core contexts within which children grow and thrive. Strengthening the fabric of families is key to ensuring quality services to children. In relational family work, the caregiver/parents' interaction patterns with the child provided an opportunity for the child and youth care worker to offer support to children along with their families in "real time" (Fulcher and Garfat 2015a: 18). Family-strengthening work extended the child and youth care roles of nurturing, caring, role-modelling, life-space counselling, and teaching into direct work with families. Krueger (2000: n.p.) noted that the "holistic mix of teaching, counselling, and nurturing approaches rather than any single approach is what makes child and youth care unique from other helping roles". This is evident in the current study where the integration of these roles in family contexts resulted in learning that took place through the lived experience where, according to Small (2019: 19), the "heart of the teaching occurs in deeply personal human relationships".

- **Understanding and responding to family diversity**

The study found that child and youth care workers described their services as "family work". The concept of "parents" was defined more broadly to include caregivers,

grannies (*gogos*), single mothers, older siblings, and youth-headed households. This echoes the definition below which indicates that family forms in South Africa deviate from the traditional pattern of the nuclear family. The White Paper on Families in South Africa defined a “family” broadly as “a societal group that is related by blood (kinship), adoption, foster care or the ties of marriage (civil, customary or religious), civil union or cohabitation, and goes beyond a particular physical residence” (South Africa, DSD 2013: 11). This definition acknowledges the diversity of South African families, and underpinning this diversity is the need for diversified initiatives that address their plight (Hall and Richter 2018: 27).

Programmes and practice initiatives should be developed to respond to this reality, strengthening diverse family structures. A holistic approach to family work allowed the child and youth care workers to successfully direct families, whatever their forms, to their rightful opportunities and resources. The data revealed that life-space work in granny-and youth-headed households allowed family members to guide processes, demonstrating a commitment to family participation and respect for families to be acknowledged as the experts to guide service delivery. In foster families, the child and youth care workers taught foster families, including foster parents, and foster siblings, how to create a sense of connectedness and belonging for the foster child in their homes.

Hall and Richter (2018: 27) further observed that the Family Policy (South Africa, DSD 2013) had both ignored the developmental role of the family and the range of support services required to help realise this potential, leading to a fragmentation in the design of service delivery, and the exclusion of many vulnerable families. However, the data in the study revealed a child and youth care approach that included all family members and contextualised children’s development in families. The data showed an openness to in-depth discussions with families, advancing the process of mutual learning. The collaboration between service providers and service recipients, according to Baartman (2003, cited in Metselaar *et al.* 2015: 61), should facilitate reciprocal action where everybody brings their unique expertise into the caring process. The full participation of families in the design of services aimed to support them, leading to the actualising of the concept “family-centred models or programmes” as described by Dunst *et al.* (1991, cited in Metselaar 2015: 61).

The range of practice interventions provided by the child and youth care workers included advocacy for children and human rights; building strategic partnerships with key community stakeholders; engaging in grief work activities with families and children both individually and together as families; making effective referrals and providing updates on progress of these; working in multi-disciplinary teams; assisting children with educational outcomes; providing concrete support, like cooking and cleaning the home with the family; and playing with children. In this it can be seen that child and youth care practice revealed a myriad of interventions to support these diverse families.

Another disconnect in the White Paper on Families (South Africa, DSD 2013: 16) was that although fluid and diverse families were acknowledged, it contained an underlying contradiction in that the vision it put forward was of the ideal stable family unit that was built on the foundation of marriage and that children and biological parents who lived together (Hall and Richter 2018: 27). This disconnect in the family policy diminished its capacity to inspire the design of programmes and practice initiatives that responded to diverse family forms. Integrating localised, indigenous knowledge is necessary to promote meaningful communication to avoid the replication of futile programmes inspired by poorly harmonising national policies and guidelines (Ibrahima and Mattaini 2019: 805-806). The child and youth care practice demonstrated a non-judgemental and spirited embracing of all families. Workers engaged with diverse families to deepen their own understanding of their needs and solutions and contribute to what is described in the White Paper on Families (South Africa, DSD 2013: 9), as “well-functioning and resilient families that are able to nurture and promote care to their family members”.

The data also showed that in the context of families’ multiple struggles, including poverty, illnesses, overcrowding, and sometimes apathy and exhaustion, child and youth care interventions provided a positive, energetic spirit. Practical, hands-on, concrete support in logical step-by-step processes contributed to a rapid movement towards transformation. These interventions required varied skills and responses, and included securing shelter for families, cooking for them, tending to sick family members, facilitating young mothers’ return to school, and demonstrating love through tender mothering care.

- **Creating access to resources in family work**

The data showed that access to existing resources and opportunities was dependent on the cooperation of community stakeholders in doing things differently. According to Richter (2018: 110), chronic levels of unemployment, poverty, violence, and substance abuse result in stresses that spiral into health services, educational institutions, and families. She added that broken families, poorly functioning institutions and officials, absence of services, and corruption in service are factors that fail children (Richter 2018: 110). “The fight for survival in these ruthless realities ... can only begin to be addressed if we are able to address the structural issues shaping lives and communities, and take culturally appropriate measures to respond” (Ibrahima and Mattaini 2019: 808).

Through the caring, culturally appropriate approach adopted in child and youth care practice, which was extended also to community stakeholders (who also observed the commitment of the workers to children and families and their determination to achieve successful outcomes), many community stakeholders overcame uncaring and officiousness in service provision. In addition, through skilful sharing of information, the workers educated and guided stakeholders towards greater competency. Through determined advocacy, they ensured accountability in service delivery. This was done together with the families and children to strengthen their capacity to engage independently and productively with these stakeholders in the future. This ensured that services were delivered and, in this way, addressed structural issues.

The existence of diverse interpretations of families’ rights and the necessary processes to access these rights was common among key government and traditional community stakeholders. The data demonstrated clarity and confidence in the practice of the child and youth care workers, grounded in the practice frameworks that provided them with the authority to navigate these contradictions boldly. Hall and Richter (2018: 27) noted that different government departments provide services directly or indirectly to children to meet their various needs for nutrition, health care, education, protection, shelter, and material support. While the State recognises the diverse, multi-generational, and fluid nature of many families, the different government departments have conflicting definitions and opinions on family forms, and hence, provide confused, unsynchronised services (Hall and Richter 2018: 27-28). Data provided evidence of

the child and youth care workers' resilience in collaborating professionally with key stakeholders to do what Van Breda (2019: 5) referred to as getting the job done or change the odds. Hart *et al.* (2016, cited in Van Breda 2019: 5) defined resilience as "overcoming diversity whilst potentially changing, even dramatically transforming, (aspects of) that adversity".

Family interventions should embrace the complexity of family problems. Services that focus on only one of several problem areas often overlook the interrelationship between the problems that occur in other domains of life (Tausendfreund *et al.* 2016: 9). At the same time, there is the risk of demanding too much of vulnerable families through varied goals and plans without clear priorities (Tausendfreund *et al.* 2016: 9). This study found that a child and youth care workers' understanding of family problems was embedded in their understanding of community problems. However, they were also aware that the interrelatedness of these made the burden on families insurmountable at times as many of their problems were connected to the community context, making change inconceivable for them. "Multi-problem families" are actually "families in multi-problem situations" (Tausendfreund *et al.* 2016: 5). The need to engage in more systemic work was expressed by Richter and Hall (2018: 88) who recommended that family interventions should in a more integrated way address structural issues, such as poverty, alcohol abuse, and social attitudes that condone violence in and perpetuate gender-based violence against both women and children.

Key community stakeholders supported families and children more effectively after collaborating with the child and youth care workers. Children's experience of care is inextricably woven into the social fabric (Mkhwanazi *et al.* 2018: 70) and the transformative work undertaken by the child and youth care workers in communities and families also strengthened the social fabric of communities and the care provided to children. The data provided many examples of passionate and dedicated practice interventions that were inspirational to other key stakeholders, such as social workers and community leaders, motivating these stakeholders to address bigger community systemic issues and abuse. In this regard, the data provided evidence of community campaigns organised and mobilised by the child and youth care workers, ensuring community engagement and participation in child protection issues.

- **Life-space work with families**

The data further confirmed that the child and youth care approach contributed to the strengthening of the family, creating a supportive environment for children. Their work was in line with the assertion by Richter (2018: 110) that “children’s receipt of the five components of nurturing care, health, nutrition, responsive caregiving, security and safety, and opportunities for early learning depends on their families being nested in a supportive environment where enabling policies and supportive services are designed to empower communities and strengthen caregivers’ capabilities”. The child and youth care workers demonstrated tenacity in regularly reaching out to families in their endeavours to be effective in service provision. They also provided services in response to crises. In this regard, researchers Martin, Hall and Lake (2018: 126) maintained that in South Africa “responsive services such as emergency and child protection services need to be strengthened to ensure that they are able to respond immediately and efficiently in times of crisis”. The responsiveness and immediate presence of the child and youth care workers evident in the data as in the example of the child and youth care workers rescuing children from unsafe places with the support of the police and returning them to school. This bears testimony to the significance of child and youth care workers in child protection services in South African communities. Practising relationally with families contributed to deepening the understanding of child and youth care practice within families in South Africa, reinforcing the point made by Nilsson, Edin and Kinsman (2020: 9) that young people sometimes need additional adult support to complement their parents. The child and youth care workers lent strength to parents, caregivers, and families in their caring responsibilities, and also directly supported children within their families.

Strengthening families in the context of complex community struggles and dynamics led to the child and youth care workers taking on broader macro systemic issues of children rights and social justice. These emerged from the research as the next two key sub-categories of integrated practice in the *Inhlanguanisela* framework. Family work cannot be provided in the absence of addressing child right abuses and social justice violations. This is affirmed by Irizarry *et al.* (2016: 67) who stated that “a commitment to social justice work points to strong interpersonal practice coupled with an ability, awareness and desire to advocate and challenge the concerns”. These two macro

issues emerged as key elements of practice in the research study. These are discussed in more detail in the next two sections.

5.4.2 Creating a Child Rights Culture

In this sub-section, the focus shifts from *practising relationally* with families to the broader macro issues of *creating a child right's culture* which formed the next sub-category. The following sub-section (sub-section 5.5.3) will thus deal with *championing social justice and equity*. These are two systemic elements which are included in the integrated elements of practice of the child and youth care workers. One of the elements of child and youth care practice that emerged in answer to the research questions of *how child and youth care workers from the Isibindi model practised in communities and how they responded to the needs of community children* was *creating a child rights culture*. This emerged as a key element in the integrated elements of practice in the theoretical framework *Inhlanganisela*.

Child and youth care workers created a children's rights culture by teaching children, families, and community members to uphold children's rights and become child rights activists themselves. The Convention on the Rights of the Child (UNCRC), United National General Assembly 1989 is one of the frameworks that supported the child and youth care workers practising intentionally. The Convention is a framework that provided the background for the child rights education and advocacy undertaken by child and youth care workers. It provided the parameters for a child and youth care approach to intervening in child rights violations, including sexual abuse, discrimination of children living with disability, violation of educational and health rights, and food insecurity. Using this framework, child and youth care workers became child rights activists within communities.

According to Bhardwaj, Sambu and Jamieson (2017: 22), "[C]hildren are still being denied their rights: they live in extreme poverty, die from preventable causes, are subjected to abuse, and fail to learn due to poor quality education". However, in 2020, 30 years after the adoption of the United Nations Convention on the Rights of the Child; 29 years after the adoption of the African Charter on the Rights and Welfare of the Child; and 24 years after the South African Government included section 28 of the Bill of Rights in the South African Constitution (South Africa, 1996b), the data showed

that the way children are treated and the legal protection of their rights continues to be a concern in South Africa. The *Inhlanguanisela* framework includes creating a child rights culture in communities and families. This emerged as one of the key elements of practice. The data revealed numerous examples of education and advocacy in the practical implementation of children's rights that were reflective of numerous articles of the Convention. The child and youth care workers were committed to upholding the rights of children, and to teaching family members and other stakeholders to do the same.

Kilkelly and Liefwaard (2019: 525) noted that training and capacity building on children's rights is a critical requirement for those who work with children to ensure that knowledge and understanding of the rights enshrined in the Convention are integrated in practice. Child and youth care workers were equipped with the knowledge and skills to understand children's rights, and how to protect and advocate for children's rights where they were found to be absent or violated. The right of children to development and survival also surfaced in this study as one of the core foci of the child and youth care workers.

Child and youth care workers demonstrated that they were active in teaching children about their rights and teaching families and communities to uphold and protect children's rights. Smith, Fulcher and Doran (2013: 53) noted that while, on the one hand, children's rights should be grounded in the home, they are realised through the relationships that exist within communities. This was supported by the data where advocacy efforts towards a child rights culture brought adults and children together to demand protection and the upholding of rights in the best interests of the child. The data further confirmed the strong advocacy role of child and youth care workers in ensuring the protection of children's rights in the family and community, and revealed the efforts made to ensure that justice prevailed. As one community member commented, "*they left no stone unturned*" in relation to child protection matters. Oftentimes, the consequences of advocacy efforts not only impacted the child, family, and key community stakeholders, but also the creation of a child rights culture.

According to O'Mahony (2019, cited in Kilkelly and Liefwaard 2019: 529), the effectiveness of the implementation of international and national mandates can only

ever be measured by the extent to which children enjoy their rights. However, the study revealed that the progressive realisation of constitutional rights was brought about by intentional, spirited education and advocacy undertaken by the child and youth care workers. Promoting, upholding, and protecting children's rights was found to be an aspect of the core business of the child and youth care workers. This demonstrated that creating a child rights culture is an integrated element of practice in the *Inhlanguanisela* framework. In the microcosm of child and youth care practice, in the *Inhlanguanisela* framework lies the potential for the progressive realisation of children's rights in South Africa. The creation of a child rights culture is one of two of the macro elements of integrated practice that emerged from the data. Attention now turns to the final element, *championing social justice and equity*.

5.4.3. Championing Social Justice and Equity

The championing of social justice and the struggle towards equity was one of the key integrated elements of practice that emerged from the data. Taylor (2018: 158) argued that one of the major concerns in South Africa is that poverty, inequalities, and social exclusion have not fundamentally changed in the democratic era. The translation of policies into programmes and practices that redress inequality have not been effective (Taylor 2018: 167). This means that, as with the previous discussion on the realisation of children's rights, the policy and legal mandates of South African Government have not translated into meaningful experiences of equality or equity in access to resources and opportunities. In this section, the research question of *how child and youth care workers practised within the Isibindi model? and how does it respond to the needs of children in communities?* will be examined through the lens of social justice and the struggle towards equity. The layers of social injustice which result in child poverty and suffering in families and communities were understood by child and youth care workers as they championed the individual needs of children in the South African social justice reality. In responding to the research question, *What are the unique needs of children in South Africa?* the answer reflects the impact of social injustices and inequities on the lives of children. In 2018, 11.6 million children lived in poverty (Hall 2019d: 221). Child poverty is a social justice issue that was addressed through integrated interventions from the child and youth care workers. In addition to the child rights focus, the commitment to championing social justice through resource networking, social education on human and constitutional rights, and ensuring access

to services were core child and youth care work undertakings that emerged in the *Inhlanganisela* framework of integrated patterns of practice.

5.4.3.1. Understanding structural inequities in social justice work

Taylor (2018: 164) opined that an understanding of social justice must include the consideration of structural inequities and how efforts have been made to address the unequal needs of those who begin from a position of social disadvantage. The complex and intertwined roots of exploitation and oppression in the apartheid era diminished the developmental opportunities for Black people. The migrant labour system, homelands, resettlements, destruction of family life and traditional social support, introduced many social challenges, including interpersonal violence, substance abuse, and poverty (Taylor 2018: 166). These are the children, families, and communities within which child and youth care workers were deployed. As reflected in the data, the child and youth care workers demonstrated impact on multidimensional and intergenerational levels. A noteworthy point is that the child and youth care workers are themselves victims of the legacy of apartheid and live in the very disadvantaged communities where they provide services.

5.4.3.2 Accessing social security in social justice work

According to Budlender (2018: 98), “[S]ection 27 of the Constitution explicitly states that when people are unable to support themselves and their dependents, the state must provide appropriate social assistance”. The data highlighted the active role played by child and youth care workers in accessing social security that was their fundamental right as South African citizens. Accessing social grants, as indicated in the research evidence, was not always a simple or easy process. The data revealed that in many cases the families did not know where or how to initiate the process. Access to official identification documents was a necessary key first step in the application for social security, and also realised the fundamental right to a name and nationality. All of these very practical tasks were undertaken through practising relationally with relevant stakeholders and a strong commitment to a social justice agenda. Access to other fundamental rights embedded in South African policies, like free basic education, primary health care, and free housing for income-poor households (Budlender 2018: 99) were demonstrated in the research as key work undertaken by the child and youth care workers in promoting equity. In the following

section, the element of practising relationally in social justice work within the *Inhlanguanisela* framework is further described.

5.4.3.3 Practising relationally in social justice work

Social justice examines how power is created, produced, legitimised, and used, as this allows for a greater understanding of the impact of power relations on work (Finn and Jacobson 2003: 71). Child and youth care workers challenged social injustices within legitimate legal frameworks through applying professional practices. They were able to navigate the power dynamics that existed in communities through practising relationally with people in powerful positions and bureaucrats who abused their power. In this way, they facilitated progressive access to rights, resources, and opportunities.

Social justice practice at ground level contributes to the creation of a decent society where the social institutions that are created “do not humiliate those it aims to protect” (Irizarry *et al.* 2016: 1858). The quality of social services received and the attitudes of public service officials and other community stakeholders who offered these services were understood as key contextual factors that impinged on the experience of services being received. Data showed that the child and youth care workers not only built positive relationships with key stakeholders, but simultaneously challenged them while advocating for families, thereby demonstrating support to families in shifting power dynamics while accessing services.

The child and youth care practice addressed the unjust policies and practices that are described as “so often indiscernible because they are so embedded in the fabric of society” (Haebich 2007: 21). Child and youth care workers who had grown up in the communities they serviced could identify embedded injustices and corrupt practices. The integrated patterns in the practice of child and youth care workers within the *Inhlanguanisela* framework, which included the combination of practising intentionally and relationally with community stakeholders, championed a social justice agenda.

5.4.3.4 South Africa’s transformational agenda in social justice work

A noteworthy point is that in the emerged model, two of the core elements of practice, *the creation of a child rights culture* and *the championing social justice and equity*, fit directly into the transformational agenda of the South African Government. The White

Paper for Social Welfare set out principles, guidelines, proposed policies and programmes for developmental social welfare in a democratic South Africa (South Africa, DSD 1997). This included the promotion of a social welfare state that entrenched values and principles such as equity, justice, protection of human rights and freedom of all South Africans. This transformational agenda implies that all programmes and workers providing social services should include social justice issues and equity in the core of their service designs (Taylor 2018: 168). The *Inhlanguanisela* framework includes integrated elements of practice and social processes that champion the progressive realisation of child and families rights in historically disadvantaged communities, and these are aligned to the government's transformational agenda (Taylor 2018: 168). The *Inhlanguanisela* framework of practice that emerged therefore promotes this transformational agenda.

5.4.4 Summation the Integrated Elements of Practice

In this section, the research question of *how child and youth care workers practised within the Isibindi model and how they responded to the needs of children in communities* led to the understanding that responding to the needs of South Africa's children is rooted in the micro processes associated with practising relationally, and the macro processes related to child rights and social justice and equity. Child and youth care workers exhibited a complicated practice, interweaving unique individual needs with a broader systemic advocacy. Their championing work resulted in the emergence of all three of these elements as *integrated elements of practice* in the *Inhlanguanisela* framework.

5.5. DISCUSSION OF THE RESEARCH FINDINGS IN RELATION TO KEY CONCEPTS IN THE THEORETICAL FRAMEWORK INHLANGANISELA

The core category *practising intentionally* was described against the lens of existing literature and is represented diagrammatically in Figure 5.1. The integrated elements of practice were likewise analysed in terms of existing literature. The basic social processes, *embedding spirit in practice* and *embedding love in care*, along with their distinctive properties, have been described. The basic social processes surpass all boundaries and find meaning in different situations, offering a significant, sometimes transcending impact (Glaser 1978: 110). The basic social processes were woven into

the theme *practising intentionally* and threaded into the integrated patterns of practice in the *Inhlanganisela* theoretical framework. This has been diagrammatically represented in Figure 5.2. The basic social processes in densifying the core category, provided a deeper and richer understanding of *practising intentionally*. Glaser (1978: 7) referred to this emergence as providing “a more dense integrated theory of greater scope”. This enriched practising intentionally is woven into the integrated elements of practice represented in the sub-categories *practising relationally with children, with families, and with community stakeholders; creating a child rights context; and championing social justice and equity*. *Inhlanganisela*, the theoretical framework, describes the multi-directional and multi-threaded web of crafted interventions focussed on the unifying outcome of effective child and youth care practice for children and families.

The key concepts identified in the *Inhlanganisela* framework have been analysed and discussed. According to a grounded theory approach, the emerging story is “fractured descriptively” and then “put together conceptually” (Glaser 1998: 194). Although the different categories and social processes in this theory were presented separately, they were fragmented in this way to illuminate their distinct elements and, in any given moment, they merge into a cohesive practice response. The *practice of the child and youth care workers*, the specific focus of this study, highlighted a myriad of diverse contextually relevant, practice interventions. These practices revealed an integration of practice wisdom and contextual appreciation that brought about discretionary judgements within a South African reality.

Practising intentionally was evident in the implementation of the other elements of integrated practice. Child and youth care workers practised intentionally as they practised relationally with children, families, and community stakeholders. This intentionality provided depth and perspective to this relational practise. Practising intentionally was reflected in the conscious and deliberate creation of a child rights culture in families and communities. Practising intentionally was further evident in the championing of social justice and equity.

The aim of this research was to identify the unique needs of children and their families within different community contexts across South Africa and to create a theoretical

framework for understanding how child and youth care workers responded to these needs. The *Inhlanganisela* framework deepens and theorises the understanding of child and youth care practice in communities in South Africa. It also illustrates the integrated weave by the child and youth care worker responding to the needs of *this child* in the context of *this family* facing complex realities in *this community*. In practising intentionally, child and youth care workers craft responses and interventions for individual children and families in the emerged *Inhlanganisela* theoretical framework. Grounded in the research data, the *Inhlanganisela* framework “fits, works and is relevant” in answering the research question (Glaser 1978: 13). “Professional practice and knowledge-building feed one another in ongoing and dynamic ways. Our practices should rest on solid understanding, and our research is most applicable and useful when it draws from practice knowledge as well” (Gharabaghi and Anderson-Nathe 2017: 271). Implicit and informal theories reside within us (Stuart 2013: 110). They are integrated into the formal theories learnt and may generate new ways of practising and theorising about our practice. “Theory is simply an articulated and systemic way of thinking and is most effective when grounded in actual experience” (Anglin 2002, Hunt 1987, and Schon 1987, cited in Stuart 2013: 110). The emerged theoretical framework of practice - *Inhlanganisela*: Integrated patterns of practice - is an example of this.

Some concluding remarks follow below.

5.6 CONCLUSION

In this chapter on the analysis and discussion of the research, the following main points were discussed:

- The core category practising intentionally with its three properties, *integrating practice wisdom*, *appreciating context*, and *applying discretionary judgments*.
- The two basic social processes, *embedding spirit in practice* and *embedding love in care*, and their related properties.
- The integrated elements of practice, *practising relationally*, *creating a child*

rights culture, and championing social justice and equity.

- Discussion of the research findings in relation to key concepts in the theoretical framework *Inhlanguanisela*: Integrated patterns of practice.

In the next chapter, a discussion of the research findings, the limitation of the study, and recommendations are presented, concluding the dissertation.

CHAPTER 6

SUMMARY OF FINDINGS, RECOMMENDATIONS & CONCLUSION

6.1 INTRODUCTION

This final chapter wraps up the study on child and youth care practice in communities, by presenting a discussion of the main research findings (section 6.2), aligned with the objectives of this study. Included are recommendations (section 6.3), targeted at six specific areas, including: policy (sub-section 6.3.1); programmes (sub-section 6.3.2); education and training (sub-section 6.3.3); practice (sub-section 6.3.4); advocacy (sub-section 6.3.5); and research (sub-section 6.3.6). The limitation of the study is also provided (section 6.4), along with a final conclusion (section 6.5).

The aim of this study as indicated in Chapter 1 was to “identify the unique needs of children and their families within different community contexts across South Africa, and to develop a theoretical framework for understanding how child and youth care practice within the *Isibindi* model responds to these needs”. To achieve this aim, a grounded theory approach was adopted.

“Grounded theory is a theory of a core concept” (Glaser 2001: 206). The goal of grounded theory research is to produce a theory from data that in Barney Glaser’s (1998: 68) words “truly fit, are relevant and work”. The core category *practising intentionally* is fundamental to the theoretical framework *Inhlanguanisela*, which is intended to guide child and youth care practice in South Africa. The *Inhlanguanisela* framework that emerged in this research study has articulated the integrated patterns of child and youth care practice in communities. It has further demonstrated the intentionality of weaving together these practices into an intended outcome, unique to an individual child and family situation. The *Inhlanguanisela* framework provides direction and implications for policy development, programme design, and implementation, practice, education, training, advocacy, and research. *Inhlanguanisela* is an isiZulu word referring to a “multi-pronged system of activities which results in a

web of movements all with differing directions, but all aimed at a singular outcome” (Manyoni 2020, pers. comm. 26 May).

The *Inhlanganisela*: integrated patterns of practice framework identified the basic social processes *embedding spirit in practice* and *embedding love in care*, each with their respective unique properties. These basic social processes are processes woven throughout the *Inhlanganisela* framework. They are woven into in the core category *practising intentionally* and its properties *integrating practice wisdom*, *recognising context*, and *applying discretionary judgement*. This densified core category *practising intentionally* is threaded through the integrated elements of practice *practising relationally*, *creating a child rights culture*, and *championing social justice and equity*, and each of their respective properties. Identifying these elements and dynamics has facilitated the illumination of an intentional child and youth care practice that is woven together, synthesising an appropriate and unique blend of services and actions for each child and family. This has been reflected earlier in the *Inhlanganisela*: Integrated patterns of practice framework (see Chapter 4, Table 4.1).

This *Inhlanganisela* framework is presented again here as a visual summary in support of the presentation of the key findings from the research and research recommendations.

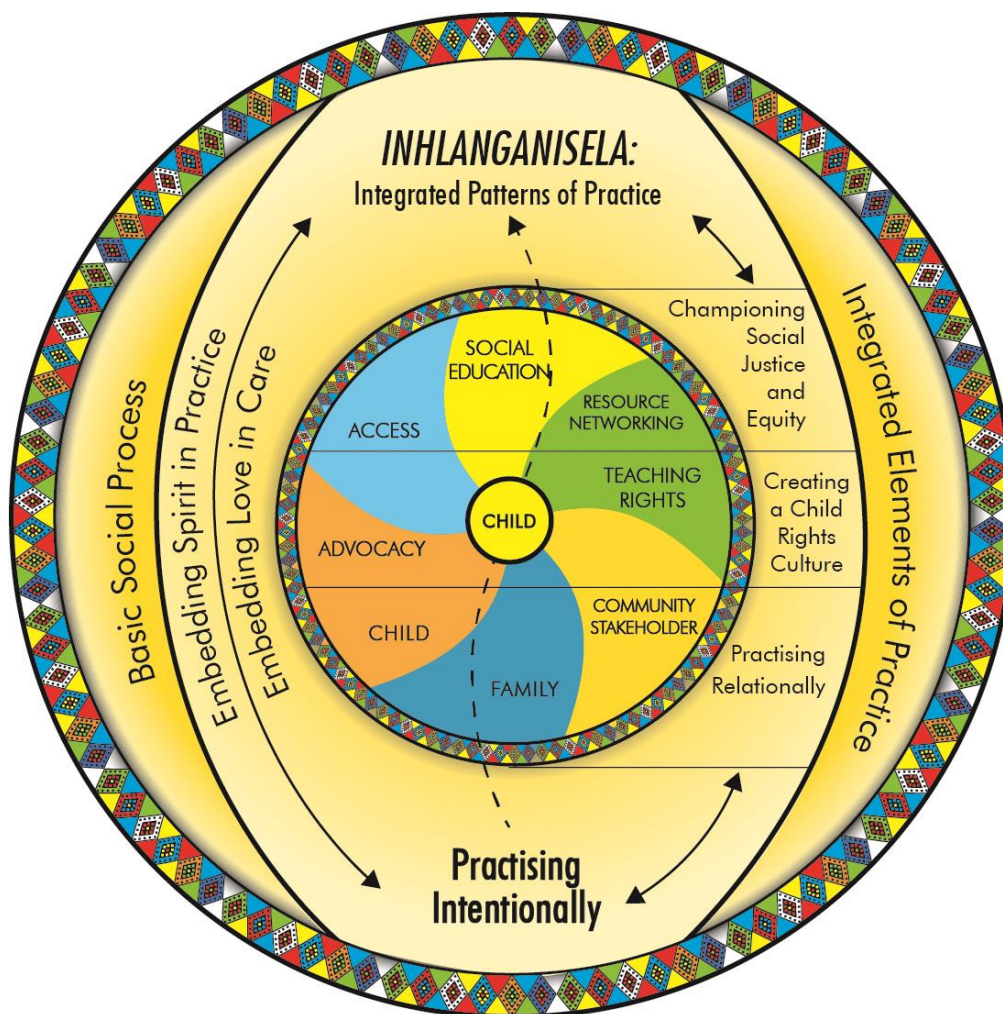


Figure 6.1 *Inhlanguanisele*: Integrated Patterns of Practice

The major research findings from this study are summarised below, followed by the recommendations linked to the findings. The *Inhlanguanisele* framework suggests implications for some new directions in terms of policy development; programme design and implementation; education and training; and practice, advocacy, and research.

6.2 DISCUSSION OF MAJOR RESEARCH FINDINGS

The major findings of this study are presented below under sub-headings aligned to the objectives of the study.

6.2.1 The Needs of Children and Families Within the Context of the *Isibindi* Model

The needs of children and their families which emerged from the study were diverse and complex, requiring responses that were individualised, multi-pronged, and layered. On the one hand, the challenges manifested by the young people were consistent with other research evidence, namely: dropping out of school, substance abuse, and teenage pregnancy. Many young people had experienced child abuse and were affected by HIV/AIDS. On the other hand, the data provided evidence that poverty, a failed social development agenda, the violation of children's rights, and historic and contemporary multi-dimensional challenges faced by families in communities have contributed to creating the circumstances in which young people find themselves seriously at risk. Varying dimensions of these multiple challenges experienced by families residing in complex communities included both the history of apartheid's legacy of oppression and exploitation, as well contemporary challenges of inadequate service delivery by incompetent officials in the context of patriarchy, child poverty, and rural poverty. This has provided an overview of the needs of young people and their families.

Children and families required flexibly available supportive workers and responsive services. In addition, the presence of a worker from the local community was required for the provision of a contextually appropriate approach to decision making and intervention. Such nuanced service rendering required the full participation of children and families in order to understand their needs and to provide them with the experience of shared problem solving and empowerment. Children and families required layered and paced service provision. This allowed for incremental growth, and education and skills development to be delivered in a step-by-step manner responsive to the developmental goals of children and families.

6.2.2 The Unique Practice Methodologies of Child and Youth Care Workers Within the *Isibindi* Model

The research inquired into *how* the child and youth care workers actually practiced, and the study integrated the key methods into the *Inhlanganisela* theoretical framework.

The child and youth care workers demonstrated *practising intentionally* by weaving together the elements of practice and forming an individualised “integrated pattern of practice” relevant for each individual child and family. This finding was significant in that it demonstrated a creative responsiveness that was “crafted” by the child and youth care workers in individualised responses. This approach was not taught to the child and youth care workers in their training courses, nor captured in the *Isibindi* SOPs. The child and youth care workers integrated their practice wisdom with a reading of the complex community realities to make discretionary decisions and judgments to manifest this intentionality in practice. This was the major finding that emanated from the research, and hence, *practising intentionally* emerged as the core category in the *Inhlanguanisela* framework. This method of intentionally weaving together a selection of interventions guided by practice wisdom with the appreciation of contextual realities was responsive to the diverse and layered needs of children and families that were evident in the findings of the study. Hence, the choice of the isiZulu word *Inhlanguanisela* to name and describe the theoretical framework developed.

The personal transformation and growth of the child and youth care practitioner was also a core finding, demonstrating a parallel process of personal healing amongst child and youth care workers in the process of servicing others. Child and youth care workers projected themselves into their work; they were active, energetic, and spirited. In addition, the infusion of love, care, and kindness was the cement solidifying their practice inventions. It was this that facilitated the child and youth care workers, building positive relationships with children, families, and community stakeholders.

6.2.3 To Understand the Interventions Used by Child and Youth Care Workers as Part of their Community-based Child and Youth Care Practice Activities

In the context of an intentional focus on relationship-building with children, families, and community stakeholders, the child and youth care workers provided a combination of interventions. These included social education and teaching, as well as advocacy and resource networking. In this way, they ensured access to rights and opportunities for the families and key stakeholders. They role modelled their confidence in this knowledge through their advocacy efforts, using the information with power and energy to shift apathy, inefficiency, and arrogance, which was sometimes encountered in officialdom. Simultaneously, they built the children and families’ courage and

confidence while educating them. Networking resources required having knowledge of the resources that existed and creating resources that did not exist. They also matched, layered, and combined resources in ways that were responsive to the needs of children and families. The methodology of *practising intentionally* was woven into the practice interventions, ensuring the selection of relevant practices that matched the needs.

This study provides strong evidence to support the presence of child and youth care workers in the lives of young people in the context of their diverse family and community forms. Furthermore, the study affirmed the importance of serving children in their homes. The important role of child and youth care workers in prevention and early intervention services in South Africa, especially in family work, was a finding reflected in the *Inhlanguanisela* framework. The study discovered that child and youth care workers engaged fully with families in order to service children. They integrated child and youth care practices into services with families.

The commitment of the child and youth care workers to advance a child rights culture in communities was reflected in their advocacy and educational roles. This was another key finding integrated into the *Inhlanguanisela* theoretical framework where child and youth care workers actively contributed to the progressive realisation of equity and social justice. They assisted families and young people to access their rightful opportunities and resources.

6.2.4 To Discover and Articulate a Theory of Good Practice Grounded in Effective *Isibindi* Programmes

The *Inhlanguanisela* theoretical framework that was discovered and articulated was grounded in the substantial evidence of the good practice of the child and youth care workers in the *Isibindi* model. The writing up of the core findings that culminated in the *Inhlanguanisela* framework represents only “a slice of a growing theory” (Glaser 1978: 140). This provides the opportunity for the *Inhlanguanisela* framework not only to be applied, but to grow with further research endeavours.

The recommendations of this study are addressed next.

6.3. RECOMMENDATIONS

This section presents the recommendations of this study. These are targeted at specific areas, including: policy (sub-section 6.3.1); programmes (sub-section 6.3.2); education and training (sub-section 6.3.3); practice (sub-section 6.3.4); advocacy (sub-section 6.3.5); and research (sub-section 6.3.6).

6.3.1. Policy Recommendations

There was strong evidence in this research study that the role of child and youth care workers in family work in communities provided a key opportunity to respond to the needs of children in communities at a prevention and early intervention level. The study showed that children's problems emanate from problems in the family and the community. The study further demonstrated that child and youth care workers were able to respond to the needs of children by responding to the needs of their troubled families, in troubled communities, in an integrated and holistic manner.

It is therefore recommended that:

- The Prevention and Early intervention chapter (Chapter Eight) of the Children's Act (Act No. 38 of 2005) be reviewed to integrate the key role of child and youth care workers in family strengthening work in communities at both prevention and early intervention levels and in reunification services in communities (to promote de-institutionalisation of children from child and youth care centres).
- The scope of practice in the regulations for child and youth care workers be revised to include family strengthening work as one of the elements of practice for child and youth care workers at both auxiliary and professional levels.
- Auxiliary specialisations for child and youth care workers be developed to promote the ongoing advancement of the relevant capacities of child and youth care workers to work in different contexts (including family work), in order to respond to the needs of South African children. This will also support the ongoing professional development of the child and youth care workforce.

- The Professional Board for Child and Youth Care (PBCYC) promote the effective conditions for deployment of child and youth care workers in community settings, to promote the role of child and youth care workers in the prevention and early intervention services aligned to the Children's Act.
- Training, opportunities, and working conditions be modified to support the expanded role of child and youth care workers in different settings within communities, including municipal parks (local government); child justice settings (including sexual offences; family and children's courts); education settings (schools and tertiary institutions); health settings (clinics and children's hospitals/children's wards).

6.3.2 Programme Recommendations

- Ensure that models and programmes developed in the child and youth care field respond to the needs of children in families and communities facing multi-pronged challenges, are conceptually coherent and aligned to the development agenda of government; are responsive to the needs of children and families; and fall within the scope of practice of child and youth care workers regulated by the Professional Board of Child and Youth Care (PBCYC).

Support best practice, evidence-based child and youth care models, such as the *Isibindi* model, *Isibindi Ezikoleni* model, and the *Isibindi Impilo* model, with the potential for scale-up and replication.

6.3.3 Education and Training Recommendations

The theoretical framework *Inhlanguanisela* demonstrated integrated patterns of practice that emerged from the best practices of child and youth care workers in communities. These have the potential to guide the training of child and youth care workers in family and community-based practice settings.

The training curriculum for child and youth care workers at both auxiliary and professional levels should include training on:

- **Practising Intentionally**

Student child and youth care workers must be prepared to practice in ways that are relevant to different: (i) community contexts, for instance, deep rural, rural, peri-rural, informal communities, township, and farming communities; (ii) settings, for instance, residential care; community; families; schools and other educational programmes; hospitals, clinics, and health care programmes; and justice-related programmes, including police, courts, sexual offences courts, and family courts; and in diversion programmes for children in trouble with the law. The training of child and youth care workers must promote their capacity to *practice intentionally* in these different contexts in which they may find themselves working, grounded in a training that capacitates them to *practice intentionally*. Promoting an in-depth understanding of the concept of *discretionary judgement* through theory as well as experiential and self-reflective methodologies is required in the training curriculum.

- **Social Justice**

The personal and historic experiences of the child and youth care workers should be integrated into the curriculum, so that they experience personal transformation and a confidence in their practice wisdom. They must be taught and encouraged to infuse this intentionally in their child and youth care practice. Understanding South African history, current social realities, as well as the transformational constitutional agenda with a commitment to a rights-based approach, will not only sharpen the critical consciousness of the child and youth care worker, but also strengthen their advocacy role as well as capacity in social justice and rights-based work. In addition, the influences of 1) the science of the logistic positive tradition, 2) neoliberal capitalism, and 3) new public management on social services broadly, and child and youth care work more specifically, should be integrated within a social justice training curriculum. The inclusion of this triad will serve to deepen child and youth care workers' critical understanding of the contextual realities that shape and influence their practice.

- **Family Work**

Understanding the contextual realities of diverse families in South Africa and strengthening families in their homes has been a key finding of this research study. No matter the different alternate care settings that children are placed in, it is the family

that is the enduring establishment that children come from and will go back to or create for themselves (Hall and Richter 2018: 22). Child and youth care workers must be trained to work with diverse families facing multi-dimensional challenges in complex communities. Child and youth care workers should be trained in family strengthening work at prevention and early intervention levels, and for the reunification of children placed in alternative care.

- **Love and Care**

The natural intermingling of care with love that emerged from the practices of the child and youth care workers should contribute to approaches and knowledge that promotes the importance for love in child and youth care practice. Understanding how to infuse love and care in practices with families and young people in South Africa, cognisant of the historical context, and within the boundaries of professional frameworks, is in need of exploration in the training curriculum for child and youth care workers. The concept of love in care must be taught in order to infuse a South African child and youth care practice embodying Ubuntu and love in care.

- **Integrated Case Management**

The engagement with other key stakeholders and other social service professionals, such as social workers, is evidenced in the research as essential in the provision of services to children and families in complex community contexts. As noted by Molepo (2014: 154), “[T]he collaboration of all stakeholders is critical if the success of child and youth care workers efforts is to be realised”. Child and youth care workers should be taught how to build effective and powerful relationships with other stakeholders in order to deliver effective and holistic services to children and families. It would be invaluable for a training programme in multi-disciplinary case management to be undertaken with social workers and other social service professionals, for the clarification of roles, and for respectful professional relationships to be built at the student training level, if at all possible. This will provide educational institutions with the opportunity to directly impact on integrated practice and integrated case management in practice setting, contributing to transformative practice in the social service sector.

6.3.4 Practice Recommendations

- It is recommended that the *Inhlanganisela* framework of integrated patterns of practice be adopted to guide child and youth care practice in community and family settings. This will require adjustment to the training curriculum at both auxiliary certificate and professional degree levels.

Child and youth care learners and students continue to be placed in complex community settings, specifically in family settings, with a popular education approach to their practice. Experienced practitioners can offer supervision, specifically life-space supervision. *Practising intentionally* in the life-space must be supported through effective life-space supervision.

6.3.5 Recommendations for Advocacy

Evidence from this study has noted the importance of a flexible workforce in communities, and has further provided indication that the role of the child and youth care worker can be expanded to different children's settings. Therefore, it is recommended that:

- DSD and the Department of Public Social Administration (DPSA) in partnership with the Professional Board for Child and Youth Care Work and the SACSSP expand the role of child and youth care workers into different child and youth care settings with the appropriate working conditions, professional development, and career opportunities, aligned to the South African Government's developmental agenda. This advocacy must include the deployment of a flexible workforce, as the evidence in the research has indicated that this was valued by children, families, and community members. Child and you care workers must be deployed close to children, when and where they need them the most. The strategy for the recruitment and development of child and youth care workers in the *Isibindi* model should guide the ongoing development of unemployed youth from communities into skilful child and youth care workers, deployed respectfully in their communities, in different settings, contributing to the transformation agenda of government.

6.3.6 Research Recommendations

Recommendations for further research include:

- Further research utilising the grounded theory methodology in child and youth care research studies should be encouraged in order to add to the theory base for this developing profession.
- The concept of “love” in child and youth care practice is an important concept requiring contextual understanding and resonance. It is recommended that an African understanding of expressions of love in child and youth care practice be explored further, in different settings (residential care, family work), with professional boundaries (code of ethics aligned to registration of child and youth care workers), and different contextual realities (refugees work; geographic, national and cultural diversity) to contribute to an internationally growing body of knowledge on the concept of “love in care”.
- Integrated case management should be promoted to understand the benefits and challenges in multi-disciplinary and intra-disciplinary case management. In South Africa, child and youth care workers, as well as social workers, are both statutorily regulated at both professional and auxiliary levels. Research in integrated case management should advance an understanding of how these two key professions can work together in different settings (community and residential) and at different levels (professional and auxiliary). In addition, research ought to explore priority practice settings in South Africa for effective integrated case management, including child protection, substance-abuse rehab programmes, family reunification work, to mention a few examples.
- Research that demonstrates and supports the deployment of child and youth care workers in different practice contexts, including educational settings (schools, hostels, special schools), sexual offences courts and family courts, and health care facilities (including hospitals, clinics, and hospices).

6.4 LIMITATIONS OF THE STUDY

The researcher's personal involvement in the development and replication of the *Isibindi* model was both a strength and a limitation in this research study. The researcher was aware of this limitation and took steps to mitigate against this factor.

A limited number of projects and provinces were involved in the study. The projects from the townships, informal settlements, farming communities, and mining communities were not selected, as they did not meet the criteria for the best well-functioning projects in the country. More attention to *Isibindi* projects in the other community settings would broaden the understand how child and youth care workers within the *Isibindi* project practise within these communities, and what can be done in order to enhance their practice. The fact that the more rural projects were identified as the best functioning projects suggests an interesting focus for additional research.

It was not always possible to locate the original sources of authors referred to in the research study and, in these cases, secondary sources were utilised.

6.5 CONCLUSION

This study has offered a gateway into the understanding of how child and youth care workers practise in communities in South Africa. The integrated patterns of practice reflected in the research data paint the picture of a thoughtful African craftsperson weaving together selected practice interventions and processes into a meaningful, unique pattern, or basket of service delivery to *this* child.

The unfolding of how this practice within the *Isibindi* model responded to the needs and problems faced by children in communities provided a deeper understanding of child and youth care practice through the emerged theoretical framework *Inhlanguanisela*. It is advanced that the *Inhlanguanisela* framework provides a meaningful contribution to deepening the understanding of child and youth care theory and practice in communities in South Africa.

I close with these final words of a young person who participated in this study, in tribute to the *Isibindi* child and youth care workers:

*“The way she talks to me shows me that she loves me.
The way she protects me shows me that she loves me.
Everything that she was doing tells me that this ‘mother’ is loving me.
Even if she doesn’t say she loves me,
the way she does things describes that she loves me,
that is this is one loving person”.*

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APPENDICES

Appendix 1: CYCW letter of information



LETTER OF INFORMATION

Title of the Research Study:

Towards the development of a theoretical framework to guide child and youth care practice in South Africa.

Principal Investigator/s/researcher: (Name, qualifications)

Zenuella Sugantha Thumbadoo (MA)

Co-Investigator/s/supervisor/s: (Name, qualifications)

Prof Raisuyah Bhagwan (PhD)

Prof James Anglin (PhD)

Brief Introduction and Purpose of the Study:

There is limited research on the practice of child and youth care workers in communities in South Africa. While there has been various research studies undertaken on the Isibindi model, there is limited research on the actual *practice* of the child and youth care workers. This study aims to identify the unique needs of children and their families within different community contexts across South Africa and to create a theoretical framework for understanding how child and youth care *practice*, within the Isibindi model, responds to these needs.

This research is focused on the needs of children and youth in the community and how child and youth care workers help them.

Outline of the Procedures: (Responsibilities of the participant, consultation/interview/survey details, venue details, inclusion/exclusion criteria, explanation of tools and measurement outcomes, any follow-ups, any placebo or no treatment, how much time required of participant, what is expected of participants, randomization/ group allocation)

The research participants will be required to:

- Be available for an interview (1-2 hours each).
- Give consent for the information gathered from the interviews to be used in the research study.
- Give consent for the interview to be taped.

Rights of research participants

- The interviews will be conducted at a specific date and time and venue convenient to them.
- Confidentiality will be ensured by changing the name, address and identifying details so that the views and information provided will not traced back to them.
- Participants will have access to documents resulting from the research.
- Participants are allowed to change their minds about participating in the research in the process of the research despite the consent given.
- Participants have permission to refuse to share any information and refuse to answer any question.
- Traditions, customs and culture will be respected in the research process.
- Participants may make use of a translator and provide approval for the use of the selected translator

Risks or Discomforts to the Participant: (Description of foreseeable risks or discomforts to for participants if applicable e.g. Transient muscle pain, VBAI, post-needle soreness, other adverse reactions, etc.)

The participants will not experience any physical risk or discomfort.

Benefits: (To the participant and to the researcher/s e.g. publications)

The research will result in the opportunity to strengthen competencies for child and youth care training and practice, promote the auxiliary child and youth care worker and showcase the work of South African child and youth care workers both national and internationally. Ultimately this will research will promote better services to children.

Reason/s why the Participant May Be Withdrawn from the Study: (Non-compliance, illness, adverse reactions, etc. Need to state that there will be no adverse consequences for the participant should they choose to withdraw)

The involvement in the research study is voluntary and there is no adverse consequence for participants should they choose to withdraw from the research.

Remuneration: (Will the participant receive any monetary or other types of remuneration?)
Participants will receive no remuneration, monetary or otherwise for participation in the research.

Costs of the Study: (Will the participant be expected to cover any costs towards the study?)

There is no costs to be incurred by participants for participating in the research..

Confidentiality: (Description of the extent to which confidentiality will be maintained and how will this be maintained)

Confidentiality will be ensured by changing the name, address and identifying details so that the views and information provided will not traced back to the participant.

Research-related Injury: (What will happen should there be a research-related injury or adverse reaction? Will there be any compensation?)

There is no anticipated risks related to this research, hence no compensation planned.

Persons to Contact in the Event of Any Problems or Queries:

Zenuella Sugantha Thumbadoo (researcher) – 0824187915; zeni@naccw.org.za
Prof Raisuyah Bhagwan (supervisor) - bhagwanr@dut.ac.za
Institutional Research Ethics Administrator on 031 373 2375.

Complaints can be reported to Prof C E Napier, Acting Director: Research and Postgraduate Support. Contact number- 031 373 2577, carinn@dut.ac.za

Appendix 2: Letter of information children and youth



LETTER OF INFORMATION

Title of the Research Study:

Towards the development of a theoretical framework to guide child and youth care practice in South Africa.

Principal Investigator/s/researcher:

Zenuella Sugantha Thumbadoo (MA)

Co-Investigator/s/supervisor/s:

Prof Raisuyah Bhagwan (PhD)

Prof James Anglin (PhD)

Brief Introduction and Purpose of the Study:

There is limited research on the practice of child and youth care workers in communities in South Africa. While there has been various research studies undertaken on the Isibindi model, there is limited research on the actual practice of the child and youth care workers. This study aims to identify the unique needs of children and their families within different community contexts across South Africa and to create a theoretical framework for understanding how child and youth care practice, within the Isibindi model, responds to these needs.

This research is focused on the needs of children and youth the community and how child and youth care workers help them.

Outline of the Procedures:

You will be required to:

- Be available for an interview (1-2 hours each).
- Give consent for the information gathered from the interviews to be used in the research study.
- Give consent for the interview to be taped. Rights of research participants
- The interviews will be conducted at a specific date and time and venue convenient to you.

- Confidentiality will be ensured by changing your name, address and identifying details so that the views and information provided will not traced back to you.
- You will have access to documents resulting from the research.
- You are allowed to change your mind about participating in the research in the process of the research despite the consent given.
- You have permission to refuse to share any information and refuse to answer any question.
- Traditions, customs and culture will be respected in the research process.
- You may make use of a translator and provide approval for the use of the selected translator

Risks or Discomforts to the Participant:

You will not experience any physical risk or discomfort.

Benefits:

The research will result in the opportunity to strengthen competencies for child and youth care training and practice, promote the auxiliary child and youth care worker and showcase the work of South African child and youth care workers both national and internationally. Ultimately this will research will promote better services to children.

Reason/s why the Participant May Be Withdrawn from the Study

The involvement in the research study is voluntary and there is no adverse consequence for you should you choose to withdraw from the research.

Remuneration:

You will receive no remuneration, monetary or otherwise for participation in the research.

Costs of the Study:

There is no costs to be incurred by you for participating in the research.

Confidentiality:

Confidentiality will be ensured by changing your name, address and identifying details so that the views and information provided will not traced back to you.

Research-related Injury:

There is no anticipated risks related to this research, hence no compensation planned.

Persons to Contact in the Event of Any Problems or Queries:

Zenuella Sugantha Thumbadoo (researcher) – 0824187915; zen@naccw.org.za

Prof Raisuyah Bhagwan (supervisor) - bhagwanr@dut.ac.za

Institutional Research Ethics Administrator on 031 373 2375.

Complaints can be reported to Prof C E Napier, Acting Director: Research and Postgraduate Support. Contact number- 031 373 2577, carinn@dut.ac.za

Appendix 3: Letter of information community members



LETTER OF INFORMATION

Title of the Research Study:

Towards the development of a theoretical framework to guide child and youth care practice in South Africa.

Principal Investigator/s/researcher: (Name, qualifications)

Zenuella Sugantha Thumbadoo (MA)

Co-Investigator/s/supervisor/s: (Name, qualifications)

Prof Raisuyah Bhagwan (PhD)

Prof James Anglin (PhD)

Brief Introduction and Purpose of the Study:

There is limited research on the practice of child and youth care workers in communities in South Africa. While there has been various research studies undertaken on the Isibindi model, there is limited research on the actual *practice* of the child and youth care workers. This study aims to identify the unique needs of children and their families within different community contexts across South Africa and to create a theoretical framework for understanding how child and youth care *practice*, within the Isibindi model, responds to these needs.

This research is focused on the needs of children and youth in the community and how child and youth care workers help them.

Outline of the Procedures: (Responsibilities of the participant, consultation/interview/survey details, venue details, inclusion/exclusion criteria, explanation of tools and measurement outcomes, any follow-ups, any placebo or no treatment, how much time required of participant, what is expected of participants, randomization/ group allocation)

The research participants will be required to:

- Be available for an interview (1-2 hours each).
- Give consent for the information gathered from the interviews to be used in the research study.
- Give consent for the interview to be taped.

Rights of research participants

- The interviews will be conducted at a specific date and time and venue convenient to them.
- Confidentiality will be ensured by changing the name, address and identifying details so that the views and information provided will not traced back to them.
- Participants will have access to documents resulting from the research.
- Participants are allowed to change their minds about participating in the research in the process of the research despite the consent given.
- Participants have permission to refuse to share any information and refuse to answer any question.
- Traditions, customs and culture will be respected in the research process.
- Participants may make use of a translator and provide approval for the use of the selected translator

Risks or Discomforts to the Participant: (Description of foreseeable risks or discomforts to for participants if applicable e.g. Transient muscle pain, VBAI, post-needle soreness, other adverse reactions, etc.)

The participants will not experience any physical risk or discomfort.

Benefits: (To the participant and to the researcher/s e.g. publications)

The research will result in the opportunity to strengthen competencies for child and youth care training and practice, promote the auxiliary child and youth care worker and showcase the work of South African child and youth care workers both national and internationally. Ultimately this will research will promote better services to children.

Reason/s why the Participant May Be Withdrawn from the Study: (Non-compliance, illness, adverse reactions, etc. Need to state that there will be no adverse consequences for the participant should they choose to withdraw)

The involvement in the research study is voluntary and there is no adverse consequence for participants should they choose to withdraw from the research.

Remuneration: (Will the participant receive any monetary or other types of remuneration?)

Participants will receive no remuneration, monetary or otherwise for participation in the research.

Costs of the Study: (Will the participant be expected to cover any costs towards the study?)

There is no costs to be incurred by participants for participating in the research.

Confidentiality: (Description of the extent to which confidentiality will be maintained and how will this be maintained)

Confidentiality will be ensured by changing the name, address and identifying details so that the views and information provided will not traced back to the participant.

Certain facts can be changed where necessary (as long as these changes do not distort the authenticity of the research report)

Research-related Injury: (What will happen should there be a research-related injury or adverse reaction? Will there be any compensation?)

There is no anticipated risks related to this research, hence no compensation planned.

Persons to Contact in the Event of Any Problems or Queries:

Zenuella Sugantha Thumbadoo (researcher) – 0824187915; zeni@naccw.org.za

Prof Raisuyah Bhagwan (supervisor) - bhagwanr@dut.ac.za

Institutional Research Ethics Administrator on 031 373 2375.

Complaints can be reported to Prof C E Napier, Acting Director: Research and Postgraduate Support. Contact number- 031 373 2577, carinn@dut.ac.za

Appendix 4: FGD Letter of information



LETTER OF INFORMATION

Title of the Research Study:

Towards the development of a theoretical framework to guide child and youth care practice in South Africa.

Principal Investigator/s/researcher: (Name, qualifications)

Zenuella Sugantha Thumbadoo (MA)

Co-Investigator/s/supervisor/s: (Name, qualifications)

Prof Raisuyah Bhagwan (PhD)

Prof James Anglin (PhD)

Brief Introduction and Purpose of the Study:

There is limited research on the practice of child and youth care workers in communities in South Africa. While there has been various research studies undertaken on the Isibindi model, there is limited research on the actual *practice* of the child and youth care workers. This study aims to identify the unique needs of children and their families within different community contexts across South Africa and to create a theoretical framework for understanding how child and youth care *practice*, within the Isibindi model, responds to these needs.

This research is focused on the needs of children and youth in the community and how child and youth care workers help them

Outline of the Procedures: (Responsibilities of the participant, consultation/interview/survey details, venue details, inclusion/exclusion criteria, explanation of tools and measurement outcomes, any follow-ups, any placebo or no treatment, how much time required of participant, what is expected of participants, randomization/ group allocation)

The research participants will be required to:

- Be available for an interview (1-2 hours each).
- Give consent for the information gathered from the interviews to be used in the research study.

- Give consent for the interview to be taped.

Rights of research participants

- The interviews will be conducted at a specific date and time and venue convenient to them.
- Confidentiality will be ensured by changing the name, address and identifying details so that the views and information provided will not traced back to them.
- Participants will have access to documents resulting from the research.
- They are allowed to change their minds about participating in the research in the process of the research despite the consent given.
- Participants have permission to refuse to share any information and refuse to answer any question.
- Traditions, customs and culture will be respected in the research process.
- Participants may make use of a translator and provide approval for the use of the selected translator

Risks or Discomforts to the Participant: (Description of foreseeable risks or discomforts to for participants if applicable e.g. Transient muscle pain, VBAI, post-needle soreness, other adverse reactions, etc.)

The participants will not experience any physical risk or discomfort.

Benefits: (To the participant and to the researcher/s e.g. publications)

The research will result in the opportunity to strengthen competencies for child and youth care training and practice, promote the auxiliary child and youth care worker and showcase the work of South African child and youth care workers both national and internationally. Ultimately this will research will promote better services to children.

Reason/s why the Participant May Be Withdrawn from the Study: (Non-compliance, illness, adverse reactions, etc. Need to state that there will be no adverse consequences for the participant should they choose to withdraw)

The involvement in the research study is voluntary and there is no adverse consequence for participants should they choose to withdraw from the research.

Remuneration: (Will the participant receive any monetary or other types of remuneration?)

Participants will receive no remuneration, monetary or otherwise for participation in the research.

Costs of the Study: (Will the participant be expected to cover any costs towards the study?)

There is no costs to be incurred by participants for participating in the research..

Confidentiality: (Description of the extent to which confidentiality will be maintained and how will this be maintained)

Confidentiality will be ensured by changing the name, address and identifying details so that the views and information provided will not traced back to the participant.

Research-related Injury: (What will happen should there be a research-related injury or adverse reaction? Will there be any compensation?)

There is no anticipated risks related to this research, hence no compensation planned.

Persons to Contact in the Event of Any Problems or Queries:

Zenuella Sugantha Thumbadoo (researcher) – 0824187915; zeni@naccw.org.za

Prof Raisuyah Bhagwan (supervisor) - bhagwanr@dut.ac.za

Institutional Research Ethics Administrator on 031 373 2375.

Complaints can be reported to Prof C E Napier, Acting Director: Research and Postgraduate Support. Contact number- 031 373 2577, carinn@dut.ac.za

Appendix 5: CYCW consent form



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher Zenuella Sugantha Thumbadoo about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: IREC 027/18.
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- I am aware that the interview will be taped.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant	Date	Time	Signature/Right Thumbprint
--------------------------	------	------	----------------------------

I, Zenuella Sugantha Thumbadoo herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher	Date	Signature
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Full Name of Witness (If applicable)	Date	Signature
--------------------------------------	------	-----------

Appendix 6: Consent form children/youth



CONSENT

Statement of Agreement to Participate in the Research Study:

This process will be explained in child friendly language

- I hereby confirm that I have been informed by the researcher Zenuella Sugantha Thumbadoo about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: REC 027/18.
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- I am aware that the interview will be taped.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	Date	Time	Signature/Right Thumbprint
_____	_____	_____	_____
Full Name of Participant caregiver	Date	Time	Signature/Right Thumbprint

I, **Zenuella Sugantha Thumbadoo** hereby confirm that the above participant has been informed about the nature, conduct and risks of the above study. In addition the primary caregiver of the Child/Youth has also given permission for her/his participation in the research.

_____ Full Name of Researcher	_____ Date	_____ Signature
_____ Full Name of Witness (If applicable)	_____ Date	_____ Signature
_____ Full Name of Legal Guardian (If applicable)	_____ Date	_____ Signature

Appendix 7: Community members consent



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher Zenuella Sugantha Thumbadoo about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: REC 027/18,
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- I am aware that the interview will be taped.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

Full Name of Participant

Date

Time

**Signature/Right
Thumbprint**

I **Zenuella Sugantha Thumbadoo** herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

Date

Signature

Full Name of Witness (If applicable)

Date

Signature

Appendix 8: FGD Consent Form



CONSENT

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher Zenuella Sugantha Thumbadoo about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: REC 027/18.
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- I am aware that the interview will be taped.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

_____	_____	_____	_____
Full Name of Participant	Date	Time	Signature/Right Thumbprint

I, **Zenuella Sugantha Thumbadoo** herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

_____	_____	_____
Full Name of Researcher	Date	Signature

_____	_____	_____
Full Name of Witness (If applicable)	Date	Signature

Appendix 9 - CYCW Interview Schedule



Interview schedule for Child and Youth Care Worker

Initial questions

- a) How long have you been involved with the Isibindi project as a child and youth care worker?
- b) Please tell me about what you do when you first have contact with a family (or a child/children)?
- c) What is your role in the life of a family (or a child/children)?
- d) How do you decide what the family (or child/children) needs from you?
- e) What are the specific challenges facing children/youth in the community you work in?
- f) How have you as a child and youth care worker responded to these challenges?
- g) Can you identify a few key elements of your training in CYCW that you have used in your practice?
- h) Give me an example or two of situations where you have applied your child and youth care training in response to a problem?

Follow up/probing questions

- a) Can you tell me more about ...?
- b) Can you share more?
- c) Why do you think that is the case?

Appendix 10: Interview schedule children/youth



INTERVIEW SCHEDULE FOR CHILDREN/YOUTH

Although the approach to the questioning will be similar to the other interviews held as described below, the researcher's approach to the interview will be child and youth friendly. The language used will be simple and appropriate to the age and capacity of the child. The approach to the questioning will be to listen and only ask for clarification after the child/youth has shared fully. The interviews will be translated by the selected translator present, however as the child/youth will not be interrupted as they speak for translation purposes, the interviews will be taped fully and translated immediately afterwards. Depending on what has been shared I may ask probing questions. If I am not clear on what has been said I might ask clarification questions. My approach is to ask general questions to access the experiences and perceptions of those interviewed in order not be overly directive and to allow them to select and share what is important for them.

Initial questions

- a) How long have you known Aunty/Uncle -----?
- b) What did Aunty/Uncle do when she first met you, what did she say, what did she do?
- c) What did Aunty/Uncle do when she first came into your home?
- d) How did you feel about what Aunty/Uncle did with you and your family?
- e) What are some of the problems children/youth experience in your community?
- f) What are some of the problem you have personally experienced?
- g) Who are the people who help children and youth with their problems in the community?
- h) How has Aunty/Uncle helped you or other children with any of these problems?

Follow up/probing questions

- a) Can you tell me more about ...?
- b) Can you share more?
- c) Why do you think that is the case?

Appendix 11: Interview schedule Community members



INTERVIEW QUESTIONS TO THE COMMUNITY MEMBERS

Initial questions

- a) How long have you been involved with the Isibindi project and the Isibindi child and youth care workers?
- b) Please tell me about what are your observations of the work of the child and youth care workers?
- c) Please tell me what are your observations about the impact of the child and youth care workers on the children/youth and families they service?
- d) What are the challenges faced by children and youth in your community?
- e) What are the challenges faced by child and youth care workers in the community?
- f) What exactly do you observe child and youth care workers doing in response to the problems children and youth face in the community?
- g) What do others in the community say about the work of the child and youth care workers?

Follow up/probing questions

- a) Can you tell me more about ...?
- b) Can you share more?
- c) Why do you think that is the case?

Appendix 12: FGD Interview schedule



Focus Group Interview questions to the Child and Youth Care Workers

The approach to the questioning will be to listen and only ask for clarification after child and youth care workers have shared fully. Interviews will be taped and transcribed afterwards. Depending on what has been shared I may ask probing questions. If I am not clear on what has been said I might ask clarification questions. My approach is to ask general questions to access the experiences and perceptions of those interviewed in order not be overly directive and to allow them to select and share what is important for them.

Initial questions

- a) How long have you been involved with the Isibindi project as child and youth care workers?
- b) Please tell me about what you do when you first have contact with a family (or a child/children)?
- c) How would you describe your role in the life of a family (or a child/children)
- d) How do you decide what the family (or child/children) needs from you?
- e) What are the specific challenges facing children/youth in the community you work in?
- f) How have you as a child and youth care workers responded to these challenges?
- g) How much of the theory you learnt as a child and youth care worker were you were able to put into practice?
- h) How much of the theory you learnt as a child and youth care worker were you not able to put into practice?
- i) Can you give some clear examples in both cases?

Follow up/probing questions

- a) Can you tell me more about ...?
- b) Can you share more?
- c) Why do you think that is the case?

Appendix 13: Permission Letter to Conduct Research



(Project Coordinators Name)

The Project Coordinator
Alice Child and Youth Care Centre
9 Mallock Street
Alice
Eastern Cape
5700

24 April 2018

Dear Ms (Surname)

Application to conduct PHD Research

Your permission is requested to conduct research on the following topic: *Towards the development of a theoretical framework to guide child and youth care practice in South Africa.* The research aims to explore what are the unique needs of children within South African communities. In addition the research will look at how child and youth care practice in the Isibindi model responds to the needs of children in communities. The research approach to be used is the grounded theory research method.

Samples of community members, child and youth care workers and children/youth from your Isibindi project will be drawn on as research participants. Review of the documentation of child and youth care practice will be part of the research information gathering tools. Other tools will include interviews and focus group discussions in order to identify community needs and understand child and youth care practices in caring for vulnerable children and families within communities.

The selection of your project was a result of the NACCW Isibindi roll-out Year 4 Monitoring and Evaluation Report (April 2016- March 2017) which was analyzed in relation to the best (top) functioning projects. Criteria used in this analysis included the caseloads of child care workers, number of actual children serviced, attendance at the Isibindi Safe Park attached to the project, number of home visits provided to children and families, number of children receiving educational support (homework supervision, visits to school, career assessments etc.), number of children receiving health services, number of children receiving economic support (grant application, job placements, bursaries), number of referrals to other specialized service providers, number of children progressing from one grade to another, number of successful matric (high school) passes. The data has also shown that your project in Eastern Cape, Isibindi Alice is one of the top three (best) functioning projects nationally.

Your Isibindi project has been selected for the reason that it has indicated good practice and

positive impacts on the lives of children. This research, as explained above, aims to answer the question as to exactly *how* is child and youth care practice demonstrated by the child and youth care worker within the context of the Isibindi model is responding to the needs of these children/youth in the identified communities.

The protocols for consent will include the following:

- Consent to participate from each child and youth care worker involved in the research
- Consent to participate from each child/youth involved in the research
- Consent to participate from each community member involved in the research
- Consent from primary caregiver for child/youth participation
- Consent for the interview to be taped.
- Permission to use information gathered from the interviews
- Opportunity for re-negotiation of consent within the research process

The following considerations will ensure emotional safety for the children/youth:

- Presence of a selected secure adult for support if necessary
- Permission will be given to refuse to share any information and refuse to answer any questions
- Participation in the choice of the venue for the interviews/discussions
- Preparation for the provision of emotional care of participants after interviews/discussion if necessary
- Respect for the traditions, customs and culture of the participants
- Use of a translator if necessary and approval for the use of a selected translator

The following ethical principles and protocols will be ensure confidentiality:

- Maintenance of confidentiality – changing of name, address and identifying details
- Ensuring oaths of confidentiality signed by translators

I will contact you to negotiate the dates for the research interviews, possibly to take place mid-2018.

This research is undertaken through Durban University of Technology and my supervisors are Prof Raisuyah Bhagwan and Prof Jim Anglin (University of Victoria, Canada).

If you agree to grant consent to participate in this research please complete and sign the attached consent statement and forward it to me.

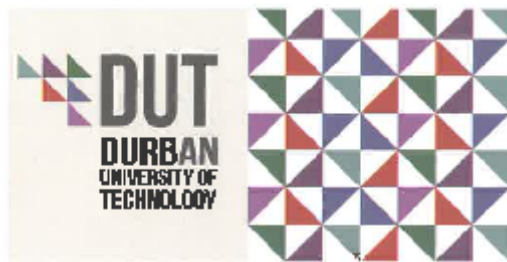
I am available to discuss any concerns or questions you have about the research telephonically or in a face to face meeting with you. Your cooperation is appreciated.

Yours Faithfully

Zenuella Thumbadoo

Ethical Clearance Number: **IREC 027/18**

Appendix 14: Final Ethics Clearance Certificate



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Bursary Court
Gate 1, South Ebor Campus
Durban University of Technology
PO Box 1604, Durban, South Africa, 4021
Tel: 031 373 1575
Email: ethics@dut.ac.za
<http://www.dut.ac.za/research/ethics.html>
www.dut.ac.za

4 March 2020

Ms Z S Thumbadoo
16 Glade Road
Roseton
Morningside

Dear Ms Thumbadoo

Towards the development of a theoretical framework to guide child and youth care practice in South Africa
Ethics Clearance Number: IREC 027/18

The Institutional Research Ethics Committee acknowledges receipt of your Safety Monitoring and Annual Recertification report.

I am pleased to inform you that the study has been approved to continue.

Please note that ethical approval has been extended till **17 April 2021**, if the research is not complete within this time, you will be required to apply for recertification three months before the expiry date.

Yours Sincerely

Professor J K Adam
Chairperson: IREC



Appendix 15: Editor's Letter

Lee-Anne Roux

PROFESSIONAL EDITING SERVICES

BTH (Honors) Practical Theology UNISA 2006 • BA Honors (Psychology) UNISA 2009 • MTH (Practical Theology) Stellenbosch University 2013
PHD (Practical Theology) Stellenbosch University 2019

28 October 2020

TO WHOM IT MAY CONCERN

RE: LANGUAGE EDITING

This letter serves to confirm that I have edited the thesis titled:

**Towards the development of a theoretical framework to guide child and youth
care practice in South Africa
by**

ZENUELLA SUGANTHA THUMBADOO
Student No. 21557361

Please feel free to contact me if you need any further information.

Yours sincerely,

Dr Lee-Anne Roux

Email: leeanne@proof-reading.co.za
Cell: 082 825 7325
www.proof-reading.co.za