



A home away from home for adolescents: narratives on residential

care life in eThekwini.

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DECLARATION

I, Xolani Shabangu, hereby declare that except where acknowledged this thesis is entirely my own work, that all sources used or quoted have been acknowledged and that this study has not been previously submitted for any other degree to any other institution.

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ABSTRACT

In South Africa, the escalating necessity to place young people in residential care facilities is a response to the growing population of vulnerable and orphaned children. The breakdown of traditional family dynamics and various social issues that they are faced with contribute to this situation. Research exploring the experiences and support that adolescents in residential care encounter is sparse. This highlights the significance of the current research study, especially as it seeks to explore the perspectives of the adolescents regarding their residential care life experiences without a narrow focus on specific aspects of residential care. A qualitative approach was used to explore adolescents' experiences of twenty-six adolescents in a residential care facility within the eThekweni region. Semi-structured interviews were conducted to gain insight into participants' experiences of residential care, including the reasons behind their placement, their daily lives and challenges within residential care, and their experiences of formal and informal support. The study was guided by the Maslow Hierarchy theoretical framework.

The participants included thirteen males and thirteen females of different racial backgrounds. Using thematic analysis, six themes and fifteen sub-themes emerged from the data. The findings revealed that the primary reasons for children's placement in residential care were found to be parental alcohol and substance use, destitution, the need for safety and protection, the challenges of education and abandonment. The participants had mixed experiences of the residential care facility, as both positive and negative experiences were reported by the child and youth care workers and social workers. The participants who had positive experiences with the child and youth care workers felt supported and cared for, while those with negative experiences felt victimised and not liked by the child and youth care workers. Some participants felt abandoned by their families while in residential care, as they did not visit them and did not receive phone

calls from their families. However, some did receive support from their families, such as weekend visits or phone calls to check how they were coping at the residential care facility. Lastly, the study findings revealed that some participants had negative experiences of peer support in the form of victimisation by their peers while at the residential care facility.

In order to improve residential care life, the study recommends that child and youth care workers based in residential care facilities receive training on how to improve adolescents' experiences of residential care life through building effective, protective and caring relationships. Furthermore, child and youth care workers should encourage family contact to sustain family support while their children are in residential care facilities. Lastly, child and youth care workers and social workers must maintain equal treatment among the children and young people.

Keywords: Adolescents, Residential care, child and youth care workers, positive experiences, and negative experiences.

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DEDICATION

This work is dedicated to all those who work with vulnerable children in residential care facilities, including residential care managers, social workers, child and youth care workers and policy makers.

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ACRONYMS

C/YP - children and young people

CPO- Child Protection organisation

CYCW – Child and Youth Care Worker

DSD – Department of Social Development

NACCW- National Association of Child and Youth Care Work

NGO- Non-Governmental Organisation

PBCYC- Professional Board of Child and Youth Care

SACSSP – South African Council for Social Service Professions

IDP- Individual Development Plan

CoC- Circle of courage

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CHAPTER ONE: INTRODUCTION

“Home is a place that ideally provides security, freedom, tranquillity and privacy, and supports the achievement of important life goals” (Hellberg *et al.* 2011: 3).

1.1 INTRODUCTION

Chapter one introduces the current study, *“A home away from home for adolescents: Narratives on residential care life in eThekweni.”*

Regardless of nationwide efforts to avoid child institutionalisation, a large number of young people continue to be looked after in residential care facilities due to persisting adversities at their original homes (van Ijzendoorn *et al.* 2020: 705). Two commonly cited proverbs suggest that “a child is a responsibility shared by the entire community and “it takes a village to nurture a child” (Nsabimana *et al.* 2021: 1). However, due to social dynamics, some families struggle to keep up with support mechanisms for their young ones, and as a result, they are admitted to residential care facilities (Frimpong-Manso 2013: 402).

Child protection services serve an important task across societies in South Africa, irrespective of the socio-economic status of a society, to enforce equality and the development of all young people (Hendricks and Tanga 2019: 33). Residential care facilities were established to cater for children who cannot be supported by their biological parents or raised in the environments of their origin (Foster *et al.* 1995: 10). As a result of adverse circumstances, which include the misuse of substances, poverty, abandonment, domestic violence and parents who have passed on children are moved from their actual home environment to residential facilities for care and safety reasons (Chimange and Bond 2020: 5; Santos *et al.* 2023: 1). Some children are placed in residential care facilities as a result of behavioural problems. Residential care facilities have been described as “environments where children from various challenging family backgrounds reside, such as children's homes, and institutional care” (Roche 2019: 1).

This chapter intends to provide background information about the study, followed by the problem statement, aim, objectives, research questions, and significance of the study. Furthermore, key concepts will be defined, the theoretical framework that guides the study will be described in detail, and a summary of the methodology applied and structure of the dissertation will be included.

1.2 BACKGROUND OF THE RESEARCH

Millions of children and adolescents globally are placed in residential care facilities, with rates ranging from approximately 0.5–1% across different countries (Desmond *et al.* 2020: 370). In the South African context, over 21 000 children are placed in residential care facilities (Jamieson 2017: 89). The General Household Survey that was conducted between 2017 and 2018 revealed that KwaZulu-Natal had the highest number of orphaned children in the country (Hall *et al.* 2018: 134; Stats SA 2018: 7), as a result of social ills, which include transmitted diseases, domestic violence, misuse of drugs and alcohol which result to the death of parents.

This next section details the background to the study and focuses on exploring the experiences of young people growing up in residential care facilities and the support required in order to improve their residential care experiences. A child's family brings stability into a child's life, and it is the primary source of identity as well as their physical, emotional and social well-being (van Rensburg and Reyneke 2019: 2). Residential care facilities are commonly used in numerous countries, despite being regarded as a last resort for placing children. Statistics reveal that in Spain, 40.2% of the children were admitted to residential care facilities, and 97% of the children in Portugal were placed in residential care facilities (Montserrat *et al.* 2021). An estimated 44 000 children are admitted to childcare facilities in the United States of America (US Department of Health and Human Services 2020: 5).

In the South African context, child and youth care workers are duty-bound to provide holistic care to young individuals placed in residential care facilities in collaboration with social workers, offering basic therapeutic services (Nurcombe-Thorne, Nadesan and van Breda 2018: 2). Residential care facilities are widely trusted for improving children's lives and enhancing all aspects of a child's development including assisting them to heal from past traumatic experiences (Izzo *et al.* 2022: 1). Children and adolescents placed in residential care facilities come from challenging backgrounds characterised by economic and social constraints that consequently pose a barrier to their development (CameronMathiassen *et al.* 2022: 1). These children come into residential care facilities with ample challenges, including poor academic performance, poor self-esteem, failureorientedness, a lack of trust and a loss of hope (Shavit and Attar 2020: 46). It appears that children placed in a residential care facility also endure the trauma of being separated from their biological families (van Rensburg and Reyneke 2019: 2). The children coming to the residential care facilities exhibit behavioural problems learned from their painful past encounters. These learned behaviours need to be managed to avoid affecting other children placed in the residential care facility for other reasons.

A residential care facility is well known for providing structure and supervision to keep children safe, along with a range of clinical, recreational, and educational services (Izzo *et al.* 2022: 1). Child protection services play a very essential role in all communities across South Africa, regardless of the socio-economic stance of a community, to ensure equality and the development of all young people (Hendricks and Tanga 2019: 31). However, in the South African context, very limited information is narrated about whether the adolescents entering residential care find the setting as safe, therapeutic and caring as it is expected to be.

1.3 PROBLEM STATEMENT

The current study's introduction and background set a backdrop that shows the necessary yet complex nature of residential care placement. It underscores that, despite its necessity, the children's experiences of being in care are not given much attention.

Research studies related to the experiences of young people in residential care facilities are relatively scant (Montserrat *et al.* 2021: 1). The current study seeks to fill this gap. No prior study related to this research problem has been conducted in the province of KwaZulu-Natal, South Africa. There have, however, been studies conducted in other countries.

The studies that were done focused on the experiences of adolescents growing up in residential care facilities (Montserrat *et al.* 2021: 1; Cameron-Mathiassen *et al.* 2022: 1). However, they were systematic reviews. The qualitative systematic review that was done by Cameron-Mathiassen *et al.* (2022: 1) generally located the literature in countries abroad with western values; thus, the findings did not reflect all cultures. Therefore, this study is significant as it focuses on children admitted to residential care facilities. The researcher believed that there is very limited information on the experiences of adolescents placed in residential care facilities, especially in the South African context.

The body of research indicates a great improvement in research studies related to this area of study in developing countries. Therefore, the researcher endeavours to explore the adolescents' experiences within residential care facilities in the South African context. Additionally, the aim is to provide recommendations to improve the experiences and respond to the holistic needs of adolescents placed in residential care facilities. This demonstrates the need for more research to be done in order to uncover a broader and richer understanding of adolescents' experiences of staying in a residential care facility.

1.4 AIM OF THE STUDY

- To understand and narrate the residential care experience among adolescents and its challenges in the eThekweni region.

1.5 OBJECTIVES OF THE STUDY

1.5.1. To inquire about the reasons behind adolescents' placement in residential care.

1.5.2. To understand the daily lives of adolescents within residential care and explore the challenges they experience.

1.5.3. To explore their level of support from child and youth care workers and social workers.

1.5.4. To inquire about peer and family support within residential care.

1.5.5. To provide recommendations to improve the residential care experience.

1.6 RESEARCH QUESTIONS

1.6.1 What are the reasons behind the placement of adolescents in care facilities?

1.6.2 What are the daily challenges experienced by adolescents confined to residential care facilities?

1.6.3 What are the adolescents' experiences about the level of care they receive from child and youth care workers and social workers?

1.6.4 What are the adolescents' experiences of peer and family support within the residential care facility?

1.6.5 What can be recommended to ameliorate the residential care experience?

1.7 SIGNIFICANCE OF THE STUDY

There appears to be very limited information and publications about children's experiences of residential care life (Roche 2019: 2). This research addresses the gap, especially in the South African context. This study contributes to advancing the publications, recognition and understanding of adolescents' experiences, and it could provide a different perspective of living in a residential care facility in the South African context. Cameron-Mathiassen *et al.* (2022: 7) in their study, concurred that understanding children's experiences of residential care facilities will assist in improving adolescents' experiences of growing up in residential care facilities. Furthermore, considering adolescents' voices of their encounters in residential care is important, as they are the

direct consumers of the care system and may provide the most relevant insight on such encounters (Gill *et al.* 2008: 371).

In addition, the study will inform policy makers and stakeholders who are interested in advancing the experiences, care and protection of children placed in residential care facilities in the South African context. These stakeholders include government sectors such as the Department of Social Development (DSD), Social Welfare, Professional Board for CYC Workers (PBCYC), the National Association of Child and Youth Care Workers (NACCW) and the South African Council for Social Service Profession (SACSSP). The study is significant as it aims to improve the children's residential care experiences and the effectiveness of services provided by giving the children a voice while simultaneously upholding their rights.

1.8 DEFINITIONS

This section provides definitions of residential care-related concepts used in this study.

1.8.1 **Adolescence**, according to Orben, Tomova and Blakemore (2020: 634) is defined as “a period of life characterised by heightened sensitivity to social stimuli and the increased need for peer interaction”. The adolescent stage represents a critical period in each and every individual's life, as it is characterised by significant biological, physical, psychological and emotional changes (Al Makadma 2016: 1).

1.8.2 **Residential care facilities** have been described as environments where children from various dire family backgrounds reside, such as children's homes, and institutional care” (Roche 2019: 1). A residential care facility accommodates children who stay in one setting and share similar spaces and activities (Mazzone, Nocentini and Menesini 2019: 103).

The residential care facility provides academic support, treatment, rehabilitation programmes and ensures the protection of children and youth, including those at-risk and others, to protect and/or make a positive change in their lives with the aim of reuniting them with their families (Aharoni 2018: 25).

1.8.3 Child and Youth Care Centres are known for their significant role in accommodating children who are victims of abuse, neglect and abandonment in South Africa, they ensure a nurturing environment for the children (Malatji and Dube 2017: 1).

1.8.4 **Child and youth care workers** (CYCWs) are employed to supervise children in a residential care facility. They provide care, plan and implement programmes that are relevant to the holistic developmental aspects of young people including emotional, physical, spiritual, cognitive and social aspects (Chimange 2019: 2; Mkhize, Sibiya and Hlengwa 2020: 2). In addition, a child and youth care worker based in a residential care facility can also be defined as an individual who incorporates in his/her work principles, pedagogical methods and approaches from education, social work and care therapy with children and adolescents in at-risk situations who are admitted to residential care facilities (Aharoni 2011). Molepo and Delport (2015: 115) described child and youth care workers as professionals who render care service and ensure the wellbeing of young people on a daily basis in a residential care facility.

1.8.5 Social worker Banks (2022: 2) defined social work as “a practice-based profession and an academic discipline that promotes social changes and development, social cohesion and the empowerment and liberation of people”. A social worker, for the purpose of this study, is a professional who is registered with the South African Counsel for Social Service Professions (SACSSP) to render social work services to children and adolescents in residential care facilities. Social workers interact with people and stakeholders to deal with life circumstances faced by young people within communities and promote their welfare (Banks 2022: 3). Designated social workers operate at Child Protection Organisations (CPOs) and utilise Form 36 to remove young people from harmful family situations and place them in a residential care facility for care and safety reasons.

1.8.6 A residential social worker can be defined as a professional employed at the residential care facility, responsible for the provision of therapy and the management of

residential care programmes within the facility (Brannen, Statham, Mooney and Brockmann, 2007: 115).

1.8.7 Child maltreatment is defined as “any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act that presents an imminent risk of serious harm”.

1.8.8 Child neglect is described as “deliberately not providing for a child’s physical needs such as food, shelter, or protection from danger; failure to seek and follow through with medical care; failure to make provision for the child’s education; and leaving children unattended at home” (Hendricks and Tanga 2019: 34).

1.8.9 Caring refers to support provided to the children in the in residential care facilities by social services professionals, such as the provision of basic needs that families cannot manage to adequately provide (Nsabimana *et al.* 2021: 6).

1.8.10 A Parent is described as “a legal guardian who holds the primary responsibility for the upbringing and development of the child” (United Nations General Assembly cited in Petrowski and Gross 2017: 388).

1.9 THEORETICAL FRAMEWORK

Collins and Stockton (2018: 2) described a theoretical framework as “the application of a theory (or theories) in a study that simultaneously conveys the deepest values of the researcher(s) and gives a clearly articulated indication or lens for how the study will process new knowledge”. Thus, Maslow’s Hierarchy of Needs theory was used as the conceptual framework to guide the current research study. According to Bozyiğit (2021: 51), Maslow’s Hierarchy of Needs theory was founded in 1943 by psychologist Abraham Maslow. The theory emphasises that a person’s fundamental needs must be understood within a specific environment. Noltemeyer *et al.* (2021: 24) and Hopper (2020: 1) stated that Maslow categorised the five basic needs in a hierarchy from lower order to higher order; all of these five needs are important for effective human development. Many of the

helping professions use Maslow's Hierarchy of Needs theory as a cornerstone to their practice, which involves improving the well-being and thriving of individuals and families (Noltemeyer *et al.* 2021: 24).

Maslow's Hierarchy of Needs theory relates to the current study because the ultimate goal of placing young people in residential care facilities is to meet their fundamental needs that cannot be met in their family environment. This will allow young people to reach their highest pinnacle and positively contribute to society. Maslow's Hierarchy of Needs theory highlights that it is important that the needs at the bottom phase are met before moving on to the needs at the top phase in order for an individual to reach the self-actualisation stage (Hopper 2020: 1). The theory revealed that people's motivation is based on needs rather than external aspects. Maslow posited that people's needs are unlimited, and after meeting one's needs, another need arises. As stated, I opted for this framework because the primary purpose of admitting children to residential care facilities is to address their unmet basic needs. When children's developmental needs are met, they develop a sense of satisfaction (Bozyigit 2020: 51). Maslow's theory has received great attention in social service practice and has been widely incorporated into the practices of many social service practitioners (Noltemeyer *et al.* 2021: 30).

The pyramid encompasses specific needs at each level. These levels include the physiological needs that are necessary for bodily survival (shelter, clothing, food, drinks, air and sleep); safety needs (protection from bullying, maltreatment, sexual abuse, emotional abuse and child exploitation); love and belonging (feeling loved, attached to care workers, being accepted by others and the establishment of friendships); self-esteem needs (independence, self-confidence, success and talent); and self-actualization (being innovative, maximising capacity, living independently, and positively contributing to the community) (Crandall *et al.* 2020: 24).

Maslow related his theory to the development of children by stating that the ability of children to be achievers must be established upon the satisfaction of "deficiency needs

such as physiological needs, safety needs and love/belonging needs (Noltemeyer *et al.* 2021: 24). Figure 1.1 below shows the original structure of Maslow's Hierarchy of Needs.

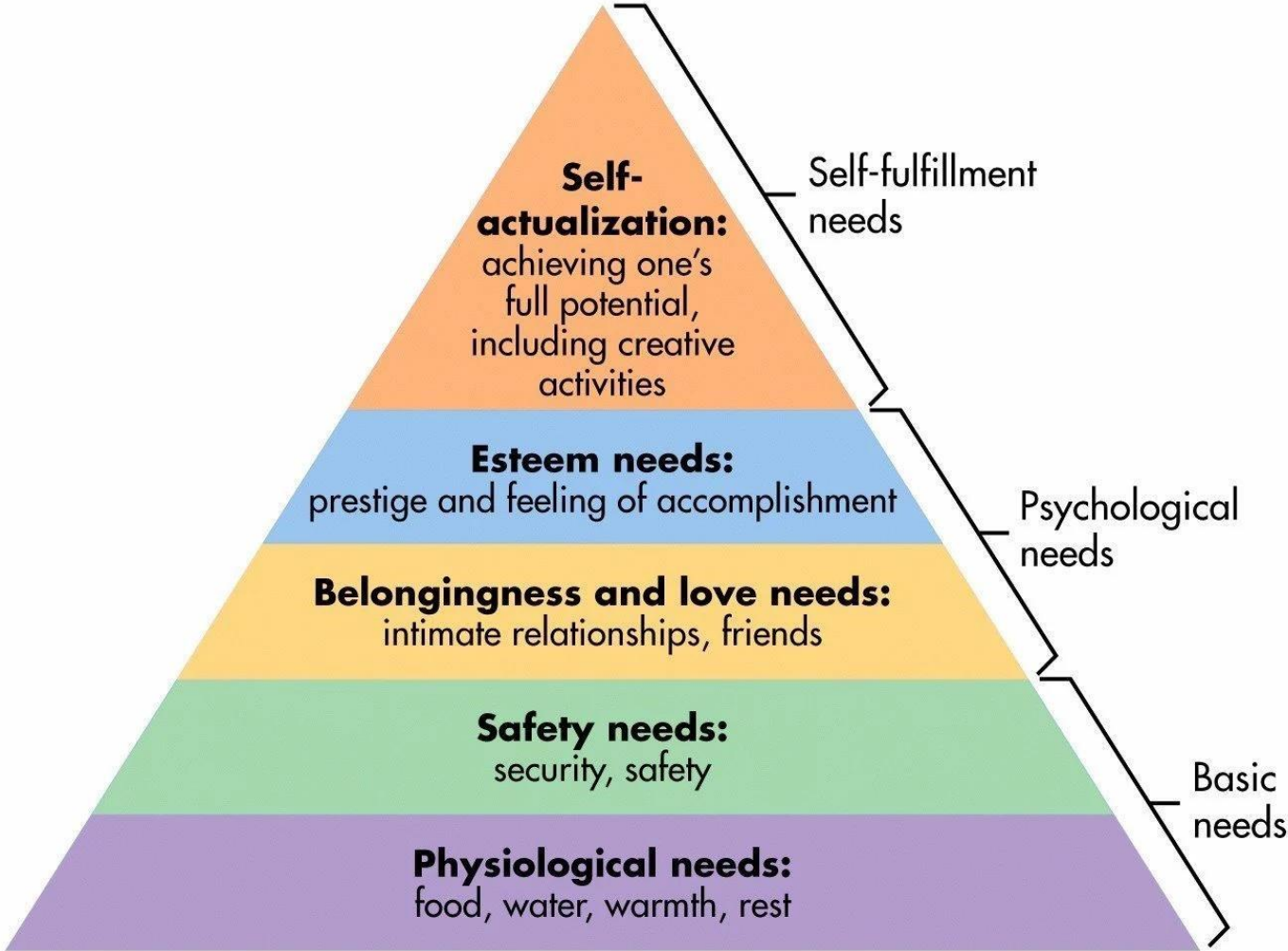


Figure 1. 1 Maslow's original Hierarchy of needs structure (Hopper 2020: 1)

1.10 OVERVIEW OF RESEARCH METHODOLOGY

Qualitative research methodology, with an exploratory, descriptive design, was used to guide the current study. Non-probability methods of purposive sampling were used to recruit participants. An initial sample of thirteen boys, who live in a residential care facility in the eThekweni region, was recruited to participate, and a further thirteen girls from the

same institution were recruited to ensure data saturation was met. Data were collected through semi-structured interviews using an interview schedule as the data collection instrument. Face-to-face interviews were conducted. The collected data were analysed using a process of thematic analysis. Throughout the research, ethical considerations were upheld, and ethical clearance was obtained.

1.11 STRUCTURE OF THE RESEARCH

Table 1. 1 Structure of the research

<p>Chapter 1</p>	<p>Introduced the study and its purpose and rationale. The context and background of the study were discussed. The research problem, aim and objectives were also listed. The theoretical framework underpinning the study was also discussed.</p>
<p>Chapter 2</p>	<p>Literature review: This chapter presents an overview of the existing literature on the research topic.</p>
<p>Chapter 3</p>	<p>Study design and research methodology: This chapter provides detailed description of the methods used, including the research design, population, sample, data collection process and analysis, rigour and trustworthiness, ethical considerations, and limitations of the study.</p>

Chapter 4	Data analysis and findings: This chapter presents the findings of the data collected and an analysis thereof.
Chapter 5	Discussion: The final chapter presents the major findings, conclusions reached and recommendations for practice and further research.

1.12 CONCLUSION

This introductory chapter provided a synopsis of the study being undertaken. The background of the study, the problem statement and the aim of the study were conferred. Furthermore, this chapter comprises the objectives of the thesis, dissertation questions, the significance of the study and key concepts. An overview of the methodology employed and the conceptual framework that guides this thesis were presented consecutively. The following chapter-chapter two-presents an in-depth review of the literature that mirrors the objectives of this study.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

A literature review can be explained as an evaluative report of findings of prior studies, related to the researcher's field of study. It provides a description, summary, evaluation and clarity of the relevant literature. It provides a theoretical basis for the study and assists the researcher in understanding what prior related studies have found and what still needs to be discovered in the selected area of inquiry. A literature review does not only focus on searching for information; but it also identifies and articulates the accordance of the literature with the researcher's area of study. The form of a literature review may differ depending on the type of study, but its fundamental purpose remains consistent. This includes specifying why it is necessary for the study to be done and emphasising that it is not a replication of another study. Furthermore, it involves justifying the study and demonstrating its relevance within the existing body of knowledge and identifying the gaps of knowledge that previous studies did not bridge. Bolderston (2008: 87) stated that a good literature review is comprehensive, properly referenced, selective and relevant, has main ideas and themes, and is balanced, critical and analytical.

Another pertinent aspect of the literature review is its contribution to comprehending the limitations of prior studies and trying to go beyond those limitations. The aim of a literature

review is to ensure that the work adds to the existing knowledge and does not repeat the knowledge that has already been discovered in the field; it assists the researcher to refine, refocus and review the study topic to ensure the research findings make a difference in the lives of others. A search was done utilising the following databases: ProQuest social science journals; Taylor and Francis online; Google; Google Scholar; DUT databases; the ejournal portal and accredited publications.

A combination of the following key words were used during the searches: reasons behind placement in a residential care facility; residential care facilities; childcare facilities; daily experiences in a residential care facility; child and youth care workers; social workers; role of a child and youth care workers; role of a social workers; programmes; experiences of cultural diversity in the residential care facility; stigma attached to residing in a residential care facility; troubling behaviour and participation in decision-making.

Headings were also used for order, context and continuity.

McCombes (2019: 1) defined a literature review as “a survey of academic sources on a topic, which gives a synopsis of existing knowledge that permits the researcher to identify suitable theories, methods and gaps in the current research”. Cofta (2020: 1) concurred that a literature review is a complete overview of past research on a related topic. Bolderston (2008: 86) argued that a literature review is a critical, useful and informative basis for a topic as it identifies what is already known and what is undiscovered information. In this study, the focal point of the literature review was the experiences of adolescents at a residential care facility. In positioning this study within the context of current scholarship, the researcher was able to draw on knowledge about adolescents’ experiences of being placed at a residential care facility in eThekweni, KwaZulu-Natal. This chapter also focuses on past research on the experiences of adolescents in residential care facilities. The establishment of residential care facilities will be briefly explained, including the primary motivation for the establishment of residential care facilities; the description of a residential care facility and the reasons for children being placed a residential care facility. The daily experiences of adolescents in residential care

facilities will be scrutinised. Furthermore, this study will highlight the stigma attached to living in a residential care facility.

In this chapter, the researcher further scrutinises the experiences of the adolescents based on the programmes offered in residential care facilities, including recreational, physical, social, educational and spiritual, and the CYCWs' role in engaging with adolescents in their life space. In addition, understanding and respecting one's tradition, culture, religious beliefs and practices towards improving the holistic development of adolescents and children's experiences of contact with their family and community while in the residential care facility is discussed. Lastly, recommendations to improve the adolescents' experiences in a residential care facility is discussed.

2.2 ESTABLISHMENT OF RESIDENTIAL CARE FACILITIES

Agere (2014: 8) stated that apartheid resulted in many young people living on the streets and engaging in criminal activities in many cities. Agere (2014: 29) highlighted that during 1979, the organisation of African unity in partnership with the assembly of heads of state, deemed it necessary to uphold the rights and well-being of young people in accordance with the Declaration of the Rights and Well-being of the African Child. From 1994 to 2005, South Africa presented numerous policies and legislative frameworks meant to mitigate child maltreatment (Malatji and Dube 2017: 109). One of these frameworks was the establishment of residential care facilities by nongovernmental organisations (NGOs) to provide care and protection to young people who were vulnerable due to numerous family adversities (Agere 2014: 8). Jacobs (2022: 13) affirmed that some of the residential care facilities are owned by the government and some are owned by nongovernmental institutions. Investigations showed that there are a 345 registered government and nongovernment residential care facilities in the South African context (Yorke 2015: 1). It is incumbent on the government to render social welfare services to young people. Hence, the government cooperated with NGOs and non-profit organisations s to ensure that social services were delivered and funded the social welfare institutions through subsidies

(Agere 2014: 12).

Statistics show that the population of children in South Africa is more than 18.6 million and more than 100 000 of them are being cared for out-of-home throughout the country (Malatji and Dube 2017: 101). However, the total number of young people in residential care may not be accurate (Agere 2014: 1). Chimange and Bond (2020: 1), in their study, reported that an estimated 21 000 young people were placed in out-of-home care in the South African context as a result of destitution. The study done by Bollinger (2017: 2) reported that countries with high estimated rates of children in residential care settings are Armenia (95%), Israel (80%), Japan (92%), and the Czech Republic (72%).

Additionally, the study mentioned that the countries with low rates were Australia (6%), Ireland (8%), England (14%) and the USA (15%).

2.3 A RESIDENTIAL CARE FACILITY

Out-of-home care takes place in a home-like environment where a group of more than six children are cared for by trained child and youth care workers away from their families in accordance with Section 191(1) of the Children's Act No. 38 of 2005 (Mavagira and Raniga 2015: 422; Jacobs 2022: 13). The purpose of a residential care facility is to provide a place like a home for disadvantaged children, where care workers are paid to provide holistic care to the children placed in the facility (Bollinger 2017: 2). Mhizha (2020: 177) explained that residential care facilities aim to establish a home like setting for young people, as the family is considered to be an environment that enables socialisation and provides a conducive space for a child's growth. Prior studies confirmed that residential care facilities are more welcoming, and young people placed in residential care facilities experience more unconditional love than children placed in any other institutions (Modlin 2018: 1). Chimange (2019: 9) concurred that a residential care facility is different from any other institution as it is more concerned with holistic development and provides treatment to young people with various physical and psychological needs (Chimange 2021: 9). However, Desmond *et al.* (2020: 370) stated that the children placed in residential care facilities are subjected to the danger of physical and emotional abuse and might have unmet medical needs.

The young people placed in residential care facilities were removed from their families by means of a court order (Jacobs 2022: 13; Republic of South Africa 2005). Social workers and the children's court use the Children's Act to determine which children require care and protection, and residential care facilities are one of the alternatives for placement (Glove 2018: 20; Johannisen, van Wyke and Yates 2021: 377). If a child is deemed to be in need of care and security, after assessment, the court orders that the child be moved to a residential care facility in accordance with the children's court inquiry (Bovu 2021: 1). Jamieson (2014: 215) stated that it is imperative for residential care facilities to have a care plan and strategies on hand in order for children to be admitted to residential care facilities, ensuring they address their developmental needs, and that this will provide relevant and specialised intervention.

The Children's Act 38 of 2005 was established after the recognition that the previous Children's Act 74 of 1983 did not cover all the aspects of child development and failed to adjust to the living standards of the contemporary South African context (Sibanda and Lombard 2015: 332). Three fundamental majors are emphasised throughout legislation and policies and are regarded as paramount, which include the wellbeing of a child; secondly, that children are placed according to their developmental needs, which specify preferences for the placement of the young person; and thirdly, that children and youth are able to voice their views freely (AIFS 2014).

Agere (2014: 3) stated that a residential care facility is recommended for its potential to advance any concern related to a child's well-being and its provision of genuine social services to vulnerable children in South Africa. A residential care facility affords young people an environment where they can reclaim their positive sense of identity (Chimange and Bond 2020: 5). In order to protect children from abuse or neglect, residential care facilities offer therapeutic programmes that cover the intake and growth of adolescents, as well as the care of young people while they wait to be placed. The residential care facility offers care, assessment, counselling and reintegration with families and communities, to children who have been trafficked or exploited for commercial gain

(Varaden 2016: 13). A positive influencing environment also positively influences the development of young people's treatment motivation (Heynen, Van der Helm and Stams 2018: 49).

Desmond *et al.* (2020: 370) stated that the children placed in residential care settings have been exposed to various adversities, including physical and emotional abuse, and might also endure medical problems. The residential care facility strives to enforce engagements based on positive psychology, offered in a manner that supports and enhances impactful growth among young people (Teodurczuk, Guse and du Plessis 2019: 234). Residential care facilities adopt the notion that developing a child's social skills will positively impact the child's behaviour and improve the child's everyday psychosocial well-being (Mmusi and van Breda 2017: 357). Pro-social skills are important as they enable a sense of resilience in young people (Mmusi and van Breda 2017: 350). Developmental activities offered in a residential care facility are aimed at inculcating the acquired pro-social skills and reclaiming positive children's behaviour as they will eventually integrate with their communities (Agere 2014: 30), as some of the children placed in care expressed their desires to be with their families of origin (Glove 2018: 12).

2.4 REASONS BEHIND PLACEMENT OF CHILDREN IN RESIDENTIAL CARE FACILITIES

2.4.1 Poverty

Many children and adolescents who are admitted to residential care facilities have been removed from their family environments due to dire, harmful and traumatic circumstances (Jacobs 2022: 87; Bollinger 2017: 9; Van Ijzendoorn *et al.* 2020: 703). Varaden (2016: 31) stated that in the South African context, 40% of young people live in destitute households. Malatji and Dube (2017: 101) concurred that roughly 14.1% of children in South Africa grow up in disadvantaged households. As a result, they are vulnerable to numerous types of abuse, including neglect, parental substance abuse and diseases. Varaden (2016: 31) reported that 64% of young people experience poverty and that 21.5% live below the poverty line.

Destitution has a major effect on many family dynamics, as it hinders parenting and causes stressful life events for young people. Additionally, it contributes to substance abuse and violence (Varaden 2016: 32). Children's socio-economic rights are embedded in the Bill of Rights and in other relevant legislation. However, the high level of poverty in the South African context adversely affects these rights (van der Merwe 2020: 1322).

2.4.2 Legacy of apartheid

Raising a child is not only the responsibility of the original parents but remains the responsibility of every adult and a circle of significant others within a community. (Brendtro, Brokenleg and Van Bockern 2019: 16). In traditional African societies raising children was everyone's responsibility (Petrowski and Gross 2017: 388). Thumbadoo (2013: 87) points out that colonisation and westernisation shifted the notion of raising a child as a joint community. As a result, the responsibility was given to the state, local government and nongovernment facilities.

Agere (2014: 8) and Hendricks and Tanga (2019: 31) highlighted that South African history is commonly characterised by discrimination and racial prejudice. Most South Africans were deprived of education and other important life skills during the apartheid era. The scars of apartheid left many people without decent jobs to care for and feed their families. Consequently, their children were admitted to residential care facilities for proper care (Malatji and Dube 2017: 110). Violence, inequality and dislocation were other issues brought about by apartheid. Thus, the welfare of children was inevitably affected by the level of violence, substance misuse, sexual molestation and neglect, and most of the children had to grow up in residential care facilities (Agere 2014: 17).

2.4.3 Violence

Residential care facilities often provide services that children cannot acquire in their original family environments (van der Merwe 2020: 1322). A family environment is known

as a safe and caring space, but for some children, their family environments consist of abuse, trauma and instability (Chimange and Bond 2020: 1). In addition, some of these children are abandoned, neglected and sexually abused. These adversities subject them to vulnerability and needing of care and safety (Agere 2014: 1). A child requiring care and protection, according to the Children's Act 38 of 2005 (Republic of South Africa 2005), is a child who "has been abandoned, orphaned, displays uncontrollable behaviour, lives or works on the street, is addicted to a substance, has been exploited, lives in harmful circumstances, is at risk in his or her family placement, is in a state of neglect, is being maltreated, abused or degraded by his or her caregivers".

The South African police service reported a 37% increase in gender-based violence and Childline South Africa reported a 62% increase in child abuse and neglect during the COVID-19 national shutdown (Haffejee and Levine 2020: 3). Morantz *et al.* (2013: 778) suggested that destitution accounted for 36% of children were placed in residential care facilities, abandonment 22%; neglect 21%; physical or sexual abuse 8%; a lack of available or able caregivers 8%; and maltreatment-related reasons accounted for approximately 52% of the children and adolescents placed.

2.4.4 Impact of HIV and AIDS

A research study that was done in the South African context indicated that unanticipated circumstances such as sexual abuse and the human immune virus (HIV) epidemic increased the number of orphans and resulted in more than 21 000 young people being placed in residential care facilities between 2011 and 2012 (Jamieson 2017: 89). The HIV and AIDS pandemic has left a vast number of children without parents in South Africa (Agere 2014: 21) and has increased the vulnerability of children (Varaden 2016: 31).

2.4.5 Child abandonment

The high number of unplanned pregnancies among teenage mothers resulted in them experiencing social, financial and psychological anxieties and distress before and after

the infants were born (Agere 2014: 16). Contemporary society is thus creating a growing number of children at risk for relational trauma (Brendtro, Brokenleg and Van Bockern 2019: 19). As a result, these abandoned children are placed in various residential care facilities, where caregivers are deemed reliable resources to take over the parenting responsibility, which includes rearing these young people and ensuring their educational rights are met (Malatji and Dube 2017: 101). Varaden (2016: 41) concurred that the residential care facility is the most typical option for children and teenagers who require care and protection in South Africa and other countries across the world. Section 28 of the Children's Act clearly states that it is every child's right to family care, parental care, or appropriate alternative care (Sibanda and Lombard 2015: 332).

According to Chimange (2019: 9), a vulnerable child can be described as a child who lives under dangerous family circumstances that can eventually put the child's life in danger and cause psychological, emotional or physical harm. A residential care facility plays an important role in responding to young people's welfare challenges and ensuring the provision of social services to young people (Agere 2014: 12). Residential care facilities also address various challenges experienced by young people because of malfunctioning family dynamics (Malatji and Dube 2017: 101).

The traumatic experiences of the children manifest themselves with psychosocial challenges at a later stage (Bovu 2021: 1). Evidence points out that 76% of adolescents placed in residential care facilities are diagnosed with psychiatric disorders in comparison with 8% of children in their original family environment (Lou, Taylor and Di Falco 2018: 83). In a residential care facility, psychosocial support is given to young people with the aim of inculcating resilience and enabling them to meet their physical, educational, economic, social and health needs (Agere 2014: 32).

Bovu (2012: 1) reported that foster care is commonly preferable in South Africa, but due to the failure of foster care placement, residential care facilities remain a last resort, as mandated in the South African Children's Act 38 of 2005. Children can be placed in

residential care facilities for a maximum period of two years, and thereafter they are subjected to judicial review (Jamieson 2017: 89). The Children's Act provides guidelines for the requirements of residential care facilities in the form of minimum standards (Glove 2018: 20). Chimange (2019: 1) stated that placement child and youth care workers are duty-bound to inculcate healthy relationships with the young people under their care, as healthy relationships with reliable adult figures may help to eradicate childhood trauma.

2.4.6 Child neglect

Child neglect is an act or a failure to exercise parental responsibilities, such as providing for the basic physical, intellectual, emotional or social needs of a child (Hilarilal 2016: 24). Child neglect is not given much attention as opposed to other abuses, such as physical abuse or sexual exploitation (van der Merwe 2020: 1323). Child neglect can be explained as the absence of child supervision, the failure to attend to necessary emotional or psychological needs and the failure to offer basic education, medical care and nourishment. The study done by Nsabimana *et al.* (2021: 6) explained that some children placed in residential care facilities understood that their biological parents are experiencing psychological or physical challenges, which propelled them to resort to placing their children in residential care facilities.

According to Stats South Africa, an estimated 45% of children are admitted into residential care facilities because of abandonment or neglect (Varaden 2016: 39). Destitution, parents' divorce and the death of parents are some of the causes of child neglect (Van der Merwe 2020: 1322). Annual crime statistics from the South African Police Services indicated that 17.4% of child neglect between 2019 and 2020 occurred in the Gauteng Province (South African Police Services Annual Crime Stats 2019/2020 cited in van der Merwe 2020: 1322).

2.5 CHILDREN'S PERCEPTIONS OF THEIR FAMILY BACKGROUNDS

A study conducted in Rwanda found that some of the children placed in residential care facilities did not know anything about their lives before residential care because they were admitted to residential care facilities at a young age. No information was provided to them regarding the circumstances leading to their placement in the residential care facilities (Nsabimana *et al.* 2021: 6).

2.6 FIRST DAY EXPERIENCE IN THE RESIDENTIAL CARE FACILITY

Children admitted to a residential care facility for the first time experience the setting as a strange environment. The children are expected to build new relationships with the other children and staff members within that setting and adapt to the environment (Chimange and Bond 2020: 5). The children entering the residential care system are fraught with childhood traumatic experiences, which propel them to perceive adults with deep distrust and resist their attachment to the child and youth care workers (Mhizha 2020: 183). Varaden (2016: 35) emphasised the importance of relationships among young people and child and youth care workers within a residential care facility. As much as it is difficult for some children to form attachments with adults, when the caregiver is truly caring it becomes possible to establish relationships with the children.

Chimange and Bond (2020: 5) argued that children entering residential care facilities typically do not have the attachment experience of a safe foundation to build their identities on. The children feel isolated and they long to have contact with the outside community (Malatji and Dube 2017: 106). Glove (2018: 12) stated in her study that a poor sense of belonging at the residential care facility was identified, with adolescents expressing the desire to live with their actual families; thus, their thirst to live with their families caused them to feel as though they did not belong at the residential care facility.

2.7 DAILY EXPERIENCES OF CHILDREN WITHIN RESIDENTIAL CARE FACILITIES

Young people who reside in residential care facilities have vital chances for personal and social development (Nurcombe-Thorne, Nadesan and van Breda 2018: 1). Malatji and

Dube (2017: 113) highlighted that while some adolescents had positive experiences of a residential care facility, others had negative experiences of being in the residential care facility. The young people's experiences of being in the residential care facility are distinct from child to child. Some have positive experiences while others have negative experiences, which include the provision of fundamental needs, feeling that they belong to a caring group, and being prepared for the transition to young adulthood. Negative experiences were related to staff incompetence, bullying, sexual abuse, stigma and favouritism (Nurcombe-Thorne, Nadesan and van Breda 2018: 1).

Furthermore, a study done by Nurcombe-Thorne *et al.* (2018: 643) discovered that young people in residential care facilities feel like they are being controlled and have a limited sense of autonomy. Kelly *et al.* (2019: 260) posited that in a residential care setting, the children are deprived of the chance to go outside the facility without adult supervision, which is a problem for some of the children as they want their own independence. Sithole (2022) affirmed that children in a residential care facility, do not experience going to a shop to buy something on their own, as they get everything they need within the facility.

A study by Agere (2014: 96) found that the young people placed in residential care facilities felt safe and loved and that there were individuals who were always eager to listen to them and offer a shoulder whenever they needed someone to lean on for support. Khumalo (2022) concurred that living in a children's home makes you feel like you are at your actual home according to the way it is designed. The residential care context provided the young people with opportunities that supported their holistic development (Cameron-Mathiassen *et al.* 2022: 8).

Additionally, the staff members in a residential care setting were relational in a way that it became easy for young people to build relationships with any staff member, regardless of the cottage they were supervising. The study done by Cameron-Mathiassen *et al.* (2022: 7) discovered that when young people are satisfied with the residential care context they are placed in, they become mature individuals who can make decisions that

will positively impact their lives and their future prospects. Another study conducted by Malatji and Dube (2017: 116) revealed that adolescent boys' experiences of living at a residential care facility were centred on the staff members' love and care for them, the nurturing environment and being given the chance to live somewhere where they could make friends.

2.8 EXPERIENCES OF CARE AND SUPPORT WITHIN THE RESIDENTIAL CARE FACILITY

The children were elated to be raised in a residential care facility; they highlighted the love and attention they got from care workers (Malatji and Dube 2017: 116). In the study by Nsabimana *et al.* (2021: 7), the children expressed their satisfaction with the residential care facility, which ensured that their basic needs were met. These included access to quality basic education, food security, shelter, clothing, water, moral education, and the supportive involvement of care workers in their academic success through active participation in school parents' meetings. However, in South Africa, Child and Youth Care Workers (CYCWs) are required to implement the Circle of Courage (CoC) model in Child and Youth Care Centres (CYCC's) to assess the individual developmental needs of children and adolescents (Brendtro, Brockenleg and van Bockern 2014). The CoC serves as the framework for developmental planning. The CoC is comprised of four principles: belonging, mastery, independence and generosity. After the CYCWs have assessed the areas of development using the CoC they construct an individual development plan (IDP) and use it as a guide to meet the assessed developmental needs of children and adolescents.

Dozier and Bernard (2017: 111) confirmed that nurturing, sensitive, responsive and caring parenting fosters orderly, secure attachments that help children develop to their full potential. Children that require protection and care must receive sufficient and sincere assistance from specialists in order to achieve positive results (Hope and van Wyk 2018: 421). The study done by Nurcombe-Thorne, Nadesan and van Breda (2018: 640) reported that the children in a residential care facility felt supported in many spheres as they were given opportunities for growth that were affirming and empowering. For

example, they had opportunities to see the psychiatrist, and the child and youth care workers and social workers were supportive.

2.8.1 Communication within the residential care facility

Mhizha (2020: 123) stated that communication is important in residential care as it serves as a fundamental tool for interaction between young people and child and youth care workers. Studies have shown that communication has advantages for children across a range of outcomes (Stein *et al.* 2019: 1150). Wahler (2019: 251) confirmed that “communication, relationship forming, and rapport building are core skills for initiating services and retaining clients in social work services”. Communication between the child and youth care workers and the children is very restricted in certain residential care facilities to avoid reminding the children of their past traumas. The residential care facilities prefer not to talk about children’s personal life stories to them (Nsabimana 2021: 6).

2.8.2 Belonging

Some children in residential care facilities lack social connectedness and become withdrawn (Mhizha 2020: 181). Glove (2018: 13) highlighted that some of the children placed in residential care facilities are so eager to be with their actual families; therefore, their eagerness hinders them from experiencing a sense of belonging within the residential care facility. Children in residential care facilities are distrustful and suspicious of those around them due to a lack of attachment in their childhood (Varaden 2016: 35; Bollinger 2017: 9). Residential care can be experienced as a place with violence and a lack of empathy among peers placed within the facility (Glove 2018: 12). Empathy can be shown by understanding how young people feel about their situations and by understanding and valuing their ideas regarding their situations (Kostouros and Briegel 2018: 56). Most of the children in residential care facilities have experienced numerous interpersonal traumas and have never experienced being emotionally comforted. As a result, they do not feel safe or trust the people around them (Bollinger 2017: 9).

2.8.3 Bullying within the residential care facility

Victimisation of young people by other young people is common in residential care facilities (Mkhiza, Sibiya and Hlengwa 2022: 10; Sekol 2016: 409). Khumalo (2022) alluded that to the fact that bullying is a major issue in residential care facilities, and consequently, they are not comfortable places for most children. Witnessing painful behaviour and other forms of violence within the care facility provoked past traumas for some of the young people, as they perceived the residential care setting as a safe and caring space (Moore *et al.* 2017: 215). The bullying and peer violence in the residential care facilities shifted other children's perceptions of safety from positive to in the facility (Cameron-Mathiassen *et al.* 2022: 7). Some of the children felt entitled to be elder sisters and brothers to other children and started to control them, like choosing clothes for them or even taking their clothes that they thought would suit them better than the actual owners (Khumalo 2022).

Prior studies discovered that the majority of children in residential care are violent and hostile (Birneanu 2014: 88). In the accounts of the young people receiving alternative care, anger particularly stood out for those who had previously experienced sexual abuse (Steenbakkers, van der Steen and Grietens 2019: 45). Residential care facilities have the ability to contribute significantly to the promotion of recovery and the enhancement of their functioning in a variety of domains (Izzo *et al.* 2022: 1). Teenage relationships frequently involve victimisation, which can take the form of shoving, slapping, smacking, or holding someone down, as well as punching, strangling, beating up and hitting someone with an item (Fox *et al.* 2014: 512). A study conducted by Mkhize, Sibiya and Hlengwa (2022: 10) concurred that being bullied by other young people because of their health state is a serious worry for some children in residential care facilities. Bullies can easily access the private personal information of victims in residential care facilities, which makes it easy for them to use that information for future victimisation, such as intimidating and controlling them (Sekol 2016: 519). Young individuals with learning disabilities may not only be seen as different but also as weak, making them easy prey for bullying

(Mazzone, Nocentini and Manesini 2019: 451).

In another study done by Rus *et al.* (2018: 58) it was found that 28.5% of children reported that they endured various forms of peer victimisation within the residential care facilities. Specifically, 21.3% were coerced to complete various chores for older peers, 8.3% had to steal, 6.1% were coerced to beg and 20.4 percent were forced to give away their valuable belongings for the benefit of older peers of whom they were afraid. Due to the many roles the CYCWs execute in the residential care facilities, they tend to elect some children as house leaders and most of the time they look for the bigger and more powerful ones in the cottages. A systematic review done by Cameron-Mathiassen *et al.* (2022: 7) discovered that some studies had found that the staff members were using the older children in their dormitory to handle the children who were displaying defiant behaviours, and when a fight occurred, the staff would wait before intervening. Such acts from the staff further exacerbated the children's anxiety.

Rus *et al.* (2018: 58) indicated that the elected house leaders used their roles negatively, for example, victimising others who did not complete their chores. Most of the children who were victims of bullying were those who were deemed enough weak to stand up for themselves (Moore *et al.*, 2017: 215). The study done by Mazzone, Nocentini and Manesini (2019: 454) concurred that peer hierarchies are very common in residential care facilities. For example, the group leader determines who among the other children will bully and who will be bullied. Rus *et al.* (2018: 59) stated that children in residential care are not aware of the abuse that they endure, due to the abuse being perceived as normal and part of the setting culture. Bullying defeats the effort to care for, protect, and promote the holistic development of young people in residential care facilities (Mkhize, Sibiya and Hlengwa 2022: 11).

A study done by Leipoldt *et al.* (2019: 435), found that the support from child and youth care workers in combination with the support from peers plays a critical role in mitigating bullying and yielding positive outcomes in terms of improving the youths' cognitive

development and lower the odd ratio of being labelled a bully or victim of bullying within the residential care facility. However, the study that was done by Mazzone, Nocentini, and Manesini (2019: 451) discovered that CYCWs in residential care facilities, especially in the European countries have poor strategies and they lack training on how to deal with bullying within residential care facilities. Young people who are bullied may experience long-term effects (Mkhize, Sibiyana and Hlengwa 2020: 11).

2.9 STIGMA ASSOCIATED WITH STAYING AT RESIDENTIAL CARE FACILITY

The study Villagrana *et al.* (2018: 26) reported that 70% of the youth in residential care experienced self-stigma. Know (2020: 153) highlighted that the children who perceive themselves as stigmatised often experience psychological distress, and most of them view themselves contemptuously. Children who live in residential care facilities are perceived as deficient and abnormal because they do not live in a general family structure (An, Lee and Chung 2020: 3). They are at risk of developing low self-esteem and related psychological problems stemming from their experiences of being separated from their actual parents (An, Lee and Chung 2020: 2). The study done by Nsabimana (2021: 6) reported that before children were placed in residential care facilities, they were referred to as children, but once placed in residential care facilities, they were labelled 'orphans' regardless of their biological parents' living status. The stigma of misunderstanding, negative labelling and stereotypes is formed while the children live in residential care facilities and tends to continue after the care (An, Lee and Chung 2020: 5).

2.10 PROGRAMMES AT THE RESIDENTIAL CARE FACILITY

To provide the most efficient combination of services, it is crucial to evaluate the degree of children's needs across all sectors (Jozefiak *et al.* 2016: 34). The residential social workers and the child and youth care workers work closely with each young person to develop the pertinent skills they need once the child has been placed in a residential care facility. Several skills development programmes are chosen to address the child's specific referral issues, and these are incorporated into the individualised development plan (Mmusi and van Breda 2017: 355). It is generally accepted that the individual

development plan (IDP) for the child in question will take these particular demands into account, and if necessary, schedule the times for the children to be taken outside the residential care facility in order to receive other specific services provided outside the residential care facility if deemed necessary (Agere 2014: 35).

Agere (2014: 30) stated that the residential care facilities provide programmes to enhance the social functioning of the children in their care. Positive psychology-based interventions present a way to enable and empower young people by supporting and enhancing positive growth through the identification and nurturing of strengths (Teodurczuk, Guse and du Plessis 2019: 233). Recreational activities are crucial because they give youngsters a chance to experience healthy physical, mental, emotional and social development all in one setting (Agere 2014: 32). Mmusi and van Breda (2017: 354) further detailed that the developed skills are intended to address and respond to the challenges in young people's lives, including anger management, aggression, defiance of authority, inability to make age-appropriate decisions, resistance to follow or accept educational structure, giving in to peer pressure, issues with family relationships and drug experimentation. Agere (2014: 30) stressed that in order to ensure that life skills programmes are effective in helping young people acquire the desired knowledge, attitude and skills, residential care facilities should assess their ability to do so before implementing them.

Section 191 of the Children's Act 38 of 2005 states that therapy services should be available in all residential care facilities (Republic of South Africa 2005). Section 75(1) of the Children's Act 38 of 2005 makes it clear that residential care facilities must establish programmes that address the educational, therapeutic and recreational needs of children (Agere 2014: 30). Therefore, "residential care facilities are characterised by the organisation of daily activities, routines, systems of rules and sub-cultures such as informal norms shared within the group" (Rus *et al.* 2018: 59). Residential care facilities offer recreational, developmental and therapeutic programmes to promote the wellbeing of the children and support their integration into their communities (Malatji and Dube 20117: 116). Mhizha (2020: 132) concurred that the

“availability of programmes can aid the recovery of children who suffer from attachment difficulties”.

The programmes run by residential care facilities are in keeping with the needs that have been identified as being unique to the children residing there (Jacobs 2022: 14). They aim to create a network of specialised alternative childcare programmes with governance structures and standards that adhere to the requirements of the Children’s Act (Agere, Tanga and Kang’ethe 2017: 77). Programmes including life skills, independent living for children leaving care, family preservation and income-generating skills are offered by residential care facilities (Agere 2014: 30). Child and youth care practice includes skills in assessing client and programme needs and designing and implementing programmes (Thumbadoo 2013: 23). Participation in livelihood programmes should be encouraged and more livelihood programmes should be made available (Adesina, Oladele and Olufadewa 2020: 21). Interactions among adolescents are considered to be an important aspect of the social climate in residential youth care (Sonderman 2020: 240).

2.10.1 Daily routine

The Children’s Act mandates residential care facilities to provide specific developmental programmes for children (Agere 2014: 30). Jacobs (2022: 13) highlighted that residential care facilities also provided specific therapeutic programmes according to the needs of the children in the facility. The future of any society depends on its ability to foster the healthy development of the next generation (van der Merwe 2020: 1322). Thus, child and youth care workers provide children in residential care with daily routines and structures; and they are taught social skills and other necessary skills to master their daily lives (Varaden 2016: 14). Daily activities can promote and enhance the connection among the children and their child and youth care workers (Mhizha 2020: 177).

Many of the children came from impoverished or vulnerable family circumstances, which may not have allowed them to develop skills such as practising good hygiene or having and maintaining good relationships with their peers. In this light, the residential care

facility has provided them with an opportunity to go back and to reclaim this lost ground in their lives (Agere 2014: 97). Developing relationships and creating environments that engage young people and promote the optimal development of their capacity as human beings is at the centre of child and youth care practice (Freeman 2013: 100). According to a children's rights law review, there are minimal programmes for young people with conduct-related challenges (Jamieson 2013: 239).

2.10.2 Therapy programmes

According to the Children's Amendment Act, 41 of 2007, residential care facilities must provide therapeutic programmes that are in line with the children's developmental needs. Residential care facilities are to ensure a therapeutic milieu for all children and young people in care (Cahill, Holt and Kirwan 2016: 216). The residential therapeutic child protection programme provides children who are victims of sexual abuse with the opportunity to start a process of healing, recovery and re-integration into society (Hendricks and Tanga 2019: 40). Grobbelaar, Napier and Oldewage-Theron (2013: 29) indicated that the intervention of residential care facilities should be the one that addresses the holistic needs of children. Child and youth care practice defines the term reclaim as the process where an aspect of the life and experience of a person is recovered and redeemed in order to assist the person to function more holistically and more fully in themselves (Thumbadoo 2013: 31).

In order for the children to adapt well to the residential care facility and ultimately improve their positive and healthy development, it is important to provide services that the children are satisfied with (Lee, An and Chung 2019: 1217). When the children asked which of the programmes offered at the residential care facilities were of most interest and benefit to them, the children replied that therapy with the social workers was of great help and that they had learned a lot from the sessions in which they had participated (Agere 2014: 86). Ainsworth and Thunburn (2014: 5) highlighted that children in residential care facilities have access to educational, therapeutic and upbringing services provided by professional staff, including child and youth care workers, social workers and psychologists.

2.11 EXPRESSION OF CULTURAL DIVERSITY

According to Malatji and Dube (2017: 111), South African residential care facilities are characterised by diversity, meaning that they accommodate children from all walks of life, even children from other countries. Kostouros and Briegel (2018: 3) indicated that it is imperative that child and youth care workers become more aware of the cultural and traditional beliefs of the children before working with them. Hope and van Wyk (2019: 94) stated that, according to the Children's Act 38 of 2005, Section 7(1) (g), it is in the best interests of a child to be placed in a residential care facility that accommodates the child's language, religion and culture.

Malatji and Dube (2017: 111) discovered that children in residential care facilities complained that their culture, especially their language, had not been taken into account. Cameron-Mathiassen *et al.* (2020: 4) alluded that some of the children placed in residential care facilities felt like the system deprived them of the power to voice their views and only the authorities had control over everything. To ensure adequate opportunities for self-development and growth among children placed in residential care facilities, the facility needs to ensure that spiritual and cultural expression are supported (Nurcombe-Thorne, Nadesan and van Breda 2018: 8). Cultural practices supported within the residential facility must allow communal and extended living (Adesina, Oladele and Olufadewa 2020: 21).

When providing child and youth care services, child and youth care workers need to be sensitive to cultural diversity (Thumbadoo 2013: 24). Children in residential care facilities face cultural challenges such as the deprivation of practicing their culture or being forced to practice the culture practiced within the residential care facility (Malatji and Dube 2017: 123). In a study Thumbadoo (2013: 25), children were treated with respect and dignity, and they were actively encouraged to participate in decision-making alongside service providers, according to the concept of cultural safety.

2.12 ROLE OF A CHILD AND YOUTH CARE WORKER AT THE RESIDENTIAL CARE FACILITY

Agere (2014: 8) highlighted that in South Africa, the field of child and youth care is still developing. It involves the provision of services related to the growth and psychological and emotional well-being of the young person. Chimange and Bond (2020: 6) stated that several tactics are used by child and youth care workers to foster a sense of belonging, which may aid in the development of new healthy attachments among young people in care. Children desperately pursue artificial belongings as a result of ecological systems that do not meet their need to belong (Brendtro, Brokenleg and Van Bockern 2019: 16). Thumbadoo (2013: 82) posited that one of the effective ways in which child and youth care workers were able to recover a feeling of belonging, teach skills, foster independence, and encourage sharing was through the basic caregiving activity of preparing food for the children. Furthermore, when a young person in a residential care facility is acting inappropriately, the child and youth care worker promptly pulls the child aside and starts a reflective conversation that results in the teaching and practice of acceptable social skills (Mmusi and van Breda 2017: 350).

A trusting relationship among children and CYCWs allows the issues faced by children to be discussed (Mhizha 2020: 177). Positive relationships help enhance the young person's sense of self (Nurcombe-Thorne, Nadesan and van Breda 2018: 8). Whenever the children feel supported within the residential care facility, they adapt successfully and form secure attachments, which permit positive behaviour (Mathys 2017: 322).

The strength-based approach is used by child and youth care professionals to discover strengths and build on them to raise the children's self-esteem. Other researchers go on to describe the children in residential care facilities as destructive, defiant, oppositional and aggressive (Varaden 2016: 38). For child and youth care workers, such challenging behaviours make it difficult to work in residential care facilities (Eenshuistra, Harder and Knorth 2019: 135).

2.13 ROLE OF A SOCIAL WORKER AT THE RESIDENTIAL CARE FACILITY

Swanzen (2011: 341) described the unique role of the residential social worker as a selfless and devoted person in a way that may seem odd to other professionals. Bland, Drake and Drayton (2021: 7) posited that social workers' unique skills are extremely important and play a crucial role in supporting children and families. The client and social workers work together in partnerships that are tailored to the client's needs (Jacobs 2022: 25). Social workers utilise their skills to establish relationships with the children admitted to residential care settings in order to ensure that the young people feel safe (Cossar *et al.* 2016: 103). Social workers play a key role in residential care facilities; nonetheless, they appear to face a variety of difficulties, some of which go unreported due to a lack of research (Jacobs 2022: 2).

The social worker interacts with individuals experiencing extreme pain stemming from a range of life adversities (Dimba-Ndalen, Motloug and Kasiram 2022: 61). Jacobs (2022: 87) explained that "many children who were exposed to traumatic experiences needed support and counselling and it was social workers who provided these services in the residential care facility". Social workers use both individual and group counselling to assist children in residential care facilities to emerge from the shells made by traumatic experiences in their past, reinforce positive behaviour and ultimately aid them to overcome pressing obstacles (Agere 2014: 32). These past experiences involved traumatic events such as loss (death of loved ones), abandonment and being placed in foster care (Glove 2018: 12). Jacobs (2022: 26) stated that the social workers closely interact with youngsters who are taken from their families and placed in residential care facilities for a variety of reasons.

When a residential care facility lacks social workers to provide psychosocial support, the children suffer catastrophic consequences. Additionally, some of the youngsters relapse into behaviours that therapy has helped them break free from; some become unmanageable; and some even abscond (Agere 2014: 32). This is the result of a lack of continuity of staff due to frequent staff turnover, low personal involvement by staff and

administrative processes that hinder the interaction between the social worker and the young person (Moore and Roche 2018: 69). A study conducted by Nurcombe-Thorne, Nadesan and van Breda (2018: 640) reported that the staff turnover in residential care facilities left the children feeling disoriented and resulted in their withdrawal from interpersonal connections. Not enough information is published about the experiences of children due to staff leaving organisations.

Molepo and Delpont (2015: 157), identified the following issues as challenges for social workers in residential care facilities: managing challenging behaviours of children; lack of collaboration and support from outside sources; unfavourable workplace conditions; lack of opportunities for professional growth; and a sense of being undervalued and underappreciated by others. The youngsters who grew up in residential care facilities hoped that the same social worker would be present in all meetings scheduled and that they would remember their names, birthdays and favourite locations for meetings (Gal 2017: 57). Johnson and Menna (2017: 93) concurred that adolescents in residential care facilities who need mental health support do not receive it. “Consequently, residential care facilities that are not providing these vulnerable children with the necessary mental health support and resources are putting them at further risk” (Jacobs 2022: 4).

2.14 THE CHILDREN’S EXPERIENCES OF CONTACT WITH THEIR FAMILY AND COMMUNITY WHILE IN THE RESIDENTIAL CARE FACILITY

The findings of studies done by Malatji and Dube (2017: 123) and Cameron-Mathiassen *et al.* (2022: 7), evidenced the fact that the majority of care facilities are situated away from the children’s original communities. Hope and van Wyk (2019: 94) indicated that according to Section 7(1)(f) of the Children’s Act of 2005, placing children in residential care facilities located far from their family’s place of residence has a significant detrimental influence on the ability of the children and families to maintain contact. None of the reviewed literature addressed the experiences of young people and their relationships with the world outside of residential care (Cameron-Mathiassen *et al.* 2022: 7).

The need to maintain relationships with actual family was deemed necessary for the children placed in residential care setting and contact with actual family away from the residential care setting was important as it encouraged family preservation (CameronMathiassen *et al.* 2022: 7). Residential care facilities must promote continuous partnerships and support for out-of-home care, especially with the children's communities and extended families (Nurcombe-Thorne, Nadesan, and van Breda 2018: 8; Lepoidt *et al.* 2022: 7). Family connectedness plays a monumental role in reducing levels of adolescents' anxiety (Jozefiak 2015: 33). Thus, it is important to promote harmony between the family and the child (Garfat *et al.* 2018: 31). Because it is preferred that children remain connected to family life and the community while at the care facility, designated social workers are required to find host parents who help with weekend and holiday placement (Agere 2014: 89). Placing children far from the family creates numerous problems for future family reunification services; the more time the child spends in the residential care facility far away from the family, the risk of family contact become very scant (Hope and van Wyk 2019: 94).

Foster *et al.* (2017: 321) stated that having connections to the larger community can help prevent adolescent suicidal thoughts. The study done by Agere (2014: 90) reported that some of the children in residential care facilities were denied opportunities to visit their families; as a result, they responded with feelings of frustration and sadness, and some absconded in order to interact with the outside community. The study conducted by Kelly (2019: 255) concurred that children in residential care could not connect with a wider society and could not maintain contact with their family due to barriers and limitations. Some of the aspects that limited children's opportunities to connect with their families included challenging behaviour, children's cell phone confiscation and being placed far from their family environment (Kelly *et al.* 2019: 260; Kooijmans, Langdon and Moonen 2022: 7).

Not being able to connect with family and society resulted in the children experiencing the residential care setting as a mini jail (Nurcombe-Thorne *et al.* 2018: 643). The children

could only interact with the outside world when they attended mainstream schools (Kelly *et al.* 2019: 260). Studies done by Nurcombe-Thorne, Nadesan and van Breda (2018: 640) reported that the children placed in residential care facilities experienced family holidays as negative when the other children would go home to their families, and some could not. According to Hope and van Wyk (2019: 94), if children have to be placed in a residential care facility as a result of minimal risks, the children must be allowed to maintain direct contact with their families. Children and youth can only be denied a chance to maintain direct contact with family and friends if a court order forbids contact (van der Merwe 2020: 1322).

Agere (2014: 90) stated that not being allowed to visit is another issue that contributes to behavioural challenges. The children are monitored by their case managers, and if they display challenging behaviours, the case manager decides that the child must not go home (Kelly 2019: 255). Glove (2018: 7) concurred that “children who need the most love ask for it in the most unloving ways”. Teenagers who remain connected to their parents and extended families experience greater parental love, concern, and respect. Thumbadoo (2013: 87) highlighted that connectedness with others in the family context can impact a child’s growth into young adulthood. For some of the children in residential care facilities, contact with family remained a problem, which resulted in feelings of rejection and loneliness (Cameron-Mathiassen *et al.* 2022: 7).

It is crucial that the children maintain contact with their parents, family members and friends during school breaks in residential care facilities (Agere 2014: 89). Being connected to one’s family and community promotes pro-social behaviours, a strong social network, active participation in one’s community, a better sense of closeness and support, and the availability of practical resources and health information (Jozefiak *et al.* 2015: 33). The study done by Agere (2018: 14) found that some of the children in residential care facilities had good rapport with friends, family and child and youth care professionals. Brendtro, Brokenleg and Van Bockern (2019: 48) highlighted that human relationships

heal troubled and traumatised lives. However, Hope and van Wyk (2019: 96) discovered that due to the lack of resources in South Africa, the child protection service providers fail to integrate the notion of the best interests of a child, as the lack of resources propels them to place the children far from their families.

2.15 CONTACT WITH EXTERNAL SOCIAL WORKER

External social workers, who are referred to as case managers, arrange for the children to be placed in the childcare facilities (Agere 2014: 90). Jacobs (2022: 1) also stated that to make sure that these children get the support and care they require, social workers communicate with other specialists and stakeholders. Once the child is admitted to a residential care facility, the goal of a social worker is to reunite the child with the family and therefore works closely with the child's family (Johannisen, van Wyk and Yates 2021: 388). According to the Children's Act 38 of 2005, Section 7(1) (f), when the child is removed to a residential care setting, the focus must be on family reunification.

In order to clarify matters relevant to long-term plans for reunification and other alternative care arrangements for the children, the designated social worker should connect with the child. This serves to reassure the youngster that he or she has not been forgotten and serves as a reminder of the child's best interests. (Agere 2014: 19). The study done by Cameron-Mathiassen *et al.* (2022: 4) alluded that there are other external authorities who monitor children's development within the residential care facility and assess their progress. In the study done by Kelly *et al.* (2020: 260), a participant affirmed that an external social worker monitors their behaviours and determine whether they can go home or not. Most children and adolescents were aware that their behaviours impacted their chances of staying in the residential care facility and being reunited with their actual families (Kooijmans, Langdon and Moonen 2022: 7).

2.16 PSYCHOSOCIAL SUPPORT WHILE IN THE RESIDENTIAL CARE FACILITY

Agere (2014: 90) indicated that numerous young people in residential care facilities exhibit behavioural issues that may be caused by psychological, sociological, or

environmental reasons. Jozefiak (2016: 33) concurred that adolescents are placed in residential care facilities because of severe psychosocial strains and child maltreatment. Some young people entering the residential care system after experiencing some element of maltreatment may endure mental health issues during their early childhood, which continue until adulthood if ignored (Powell, Huxley and Townsend 2021: 1). Agere (2014: 32) suggested that all residential care facilities include therapy among the various types of support given to children as one of their core mandates. Being admitted to a residential care facility on its own presents various psychological issues (Powell, Huxley and Townsend 2021: 1). Varaden (2016: 2) stressed that social service providers who work with children in South Africa should continuously seek to provide a secure and healing environment for those children who have experienced trauma.

However, in the South African context, children in residential care face the challenge of being integrated with various children who have mental health concerns. The presence of diverse personalities and social factors in such an environment makes it challenging for children with typical health profile to adapt and thrive. (Heyns and Roesterburg 2017: 21). Additionally, there is restricted literature about the help-seeking behaviours of adolescents who suffer mental health issues in residential care facilities (Powell, Huxley and Townsend 2021: 2). Cameron-Mathiassen *et al.* (2022: 9) affirmed that there appears to be a lack of information about psychosocial support. This could be perhaps because the young people in a residential care facility have no experience with it or the study the young people participated in overlooked this form of help, or that the participants did not wish to share their experiences on this aspect.

The adults who work with vulnerable children on a daily basis in residential care facilities are child and youth care workers who comprehend, manage and intervene in a compassionate yet effective manner as a protective and resilience factor for the children in care (Varaden 2016: 40). Agere (2014: 33) stated that psychological support is offered in a residential care facility as a way of fostering resilience in order to help the children achieve their physical, economic, educational, social, and health needs in response to

past trauma. However, the concern in previous studies was that the social service providers in residential care facilities are not well equipped with skills to address various challenging behaviours that compromise the best interests of children (Hope and van Wyk

2019: 94; Heyns and Roesterburg 2017: 21).

2.17 RELATIONSHIPS WITH CHILD AND YOUTH CARE WORKERS IN RESIDENTIAL CARE FACILITIES

2.17.1 Positive aspect

The care worker's fundamental role is to assist children and youth to mediate the effects of their childhood traumas and heal through developing attachments and belongings (Chimange 2018: 14). Prior studies discovered that staff in residential care facilities are always interactive and show interest in young people, which makes it easier for them to establish relationships with staff members as they find it easy to talk to them because of their reliability and willingness to provide social support to the young people (Lanctot 2016: 274; Sulimani-Aidan 2016: 862; Sulimani-Aidan 2016: 43; Chimange 2019: 1). Child and youth care workers (CYCWs) spend the most amount of time with the children (Varaden 2016: 2). A study done by Cahill, Holt and Kirwan (2016: 220) discovered that the adolescents placed in residential care facilities deemed the relationships with care workers to be very important.

Bland, Drake and Drayton (2021: 6) stated that therapeutic relationships are healing and allow for many interventions to happen successfully. A good relationship with clear structure and boundaries among staff and children in a residential care setting promotes a positive social environment for both staff and young people (Van Yperen, Van der Steege, Addink and Boendermaker 2010: 3; Bollinger 2017: 6). The young people who successfully managed to build relationships with CYCWs in residential care facilities experienced warmth and a sense of safety and were able to use the available opportunities for their own development (Kooijmans, Langdon and Moonen 2022: 8). Harder, Eenshuistra and Knorth (2021: 620) posited that having one-on-one talks with

care workers played a big role in modifying the children's risky behaviours. Childcare workers play a parent-figure role within a residential care facility; they ensure that the holistic development of youngsters is covered in the services that they offer to children (Chimange 2019: 1). Mhizha (2020: 176) highlighted that "CYCWs clearly demonstrated that love and care for the children are part of their role and that they feel attached to the children".

Varaden (2016: 14) stated that relationships among care workers and children placed in a residential care facility come first, as the relationships assist the care workers to be able to identify the child's needs and effectively respond to them in a manner that will make the child feel respected, protected and that their rights are being considered. Schofield *et al.* (2017: 786) discovered that the relationships with staff members were experienced as positive by the children within residential care facilities as they felt supported and understood by the care workers. Child and youth care workers in residential care facilities execute the role of mentoring the young people placed there; therefore, it is essential that they establish meaningful developmental relationships with the young people during their first day of admission (Harder, Eenshuistra and Knorth 2021: 613). Children placed in residential care facilities expressed their happiness about the care experienced and the approaches utilised by the child and youth care workers when interacting with them. (Thumbadoo 2013: 98). Social roles and social relationships provide a foundation for adult functioning for adolescents (Al Mekadma 2017: 1). Social support in the context of residential care is enormously important, as the young people placed there are from vulnerable family backgrounds (Sciaraffa, Zeanah and Zeanah 2018: 782).

Chimange and Bond (2020: 6) concurred that building relationships with children and youth is an occupational responsibility of caregivers. When young people's needs are met through respectful relationships, children thrive (Brendtro, Brokenleg and Van Bockern 2019: 33). Trusting relationships between young people and care workers enable the children to establish effective relationships with others; these trusting relationships between the two parties also assist the care workers in understanding the children's thoughts, interpreting their behaviours and redirecting them to acceptable ones

(Chimange 2019: 14; Thumbadoo 2013: 98).

A climate of trust is a crucial factor that caregivers can utilise to meet the needs of children (Brendtro, Brokenleg and Van Bockern 2019: 49). According to the study conducted by Van der Helm et al. (2011: 248), the residential care context is experienced as a safe space when there are supportive relationships, fair rules that allow the children to feel in control over their own lives, stability and predictability.

2.17.2 Negative aspect

Leipoldt *et al.* (2022: 7) stated that the establishment of a positive relationship with child and youth care workers was not always easy for children placed in residential care facilities; some of the children experienced rejection from the CYCWs when trying to build relationships with them. Moore *et al.* (2017: 212) reported that the children found it challenging to establish relationships with the CYCWs as they had past experiences of rejection by adults, and they were sceptical that they might be rejected, moved, or the CYCW might even move to another job. Therefore, the children avoided further commitment to relationships with care workers in order to avoid repeated rejection (Moore *et al.* 2017: 212).

It is fundamental that CYCWs ensure that they first meet the basic needs of children who enter the care system, as children with unmet basic needs typically perceive caring adults as unreliable (Brendtro, Brokenleg and Van Bockern 2019: 34). The study conducted by Nsabimana *et al.* (2021: 7) in Rwanda concurred that the children in residential care facilities reported that they were consistently angry with all adults. This sentiment stemmed from their perception that these adults were responsible for abandoning them and placing them in residential care facilities. When children feel powerless, they develop distorted ways of thinking (Brendtro, Brokenleg and Van Bockern 2019: 49). Varaden (2016: 34) stated that lack of parental attachment manifests itself through poor self-esteem, poor social skills and seeking unnecessary attention. Some of the children with poor attachment figures usually reject caring adults who are trying to care for them

(Mhizha 2020: 117). Nurcombe-Thorne, Nadesan and van Breda (2018: 640) reported that the turnover of staff members hinders relationship-building at residential care facilities.

2.18 ATTACHMENT FORMATION WITH CHILD AND YOUTH CARE WORKERS IN RESIDENTIAL CARE FACILITIES

Attachment between the children and the caregiver within a residential care facility develops as a result of caregivers showing unconditional love and care to young people, including ensuring that their basic needs are met (Mhizha 2020: 176). Chimange and Bond (2020: 6) explained that therapeutic relationships with young people enable secure attachments, provide a chance for children to experience caring and supportive adult figures, and positively influence the development of the children in the long term. Varaden (2016: 34) stated that once secure attachments are formed, the children feel supported and comfortable, and they develop the strength to manage their trauma and become independent in terms of seeking help when needed. Bowlby's theory of attachment and separation yielded results that indicate that attachment is an important motivation in human behaviour (Chimange 2018: 15). Child and youth care workers work directly with the young people in their life space and tap into opportunities for the young, vulnerable children to establish attachments with them and others within the residential care facility (Barford and Whelton 2010: 274). Young people who have experienced betrayal trauma at the hands of their caregivers at home tend to have insecurities that hinder their perception of adults as sources of safety and assurance (Varaden 2016: 34).

Chen and Santo (2016: 242) highlighted that young people with attachment challenges perceive themselves as not worthy of being loved, lack the trust of adults within the residential care facility and may "turn from exploring the social world to exploring the physical object-oriented world". Hornor (2019: 617) posited that young people who are reluctant to form attachments hardly establish quality relationships with others, and this behaviour can last until adulthood. The study conducted by Cameron-Mathiassen *et al.* (2022: 7) stated that some of the children who were not closely attached to the staff

members within the residential care facility felt worthless, and consequently, they isolated themselves. Mhizha (2020: 179) concurred that most of the young people in residential care facilities display emotional challenges due to difficulties in forming attachments with others. Young people who have been neglected or placed in residential care or foster care display significant developmental setbacks, including insecure future attachments (Baxter 2001: 281; Doubell 2014: 84; Bollinger 2017: 9).

Poor attachments negatively impact a young person's sense of belonging, mastery, generosity, independence and self-esteem (Brendtro, Brokenleg and Van Bocken 2019: 10). Child and youth care workers and social workers within residential care facilities are incumbent on eradicating the children's feelings of guilt and distrust during the establishment of attachments with foster parents (Coleman *et al.* 2016: 10). Attachment therapy aims at changing the notion that children perceive adults with deep distrust, and children learn to trust adults and realise that not all adults are distrustful. Additionally, they also learn that adults can ensure their care and safety (Mhizha 2020: 132).

Children who have lost attachment figures at an early stage usually display attachment reluctance behaviour, which results in an absence of positive social interactions with other children and child and youth care workers within the residential care facilities and therefore a loss of a sense of belonging (Mhizha 2020: 182). Erozkhan (2016: 1071) asserted that young people who experienced trauma in their childhood most of the time display challenges linked to developmental domains, such as poor formation of companionship with others, and they display rebellious behaviours, and it becomes difficult for them to trust easily. The behaviour of being relationship-reluctant persists, and they isolate themselves, and feel lonely and rejected (Mhizha 2020: 181). Published information about the experiences of attachment formation in residential care facilities among adolescents and caregivers is scanty.

2.19 CHILD MALTREATMENT IN THE RESIDENTIAL CARE FACILITY

Child maltreatment involves neglect, physical, sexual and psychological victimisation. Young people who have endured such victimisation present themselves with a numerous health challenges and social outcomes from childhood to adulthood (Kim *et al.* 2017: 276). The residential care facility is known for its important role in prioritising safety as an important factor in the setting (Cameron-Mathiassen *et al.* 2022: 7).

Cameron *et al.* (2020: 7) stated that prior studies indicated that the young people in residential care facilities were being physically abused by staff. The study conducted by Dhludhluh (2017: 1322) concurred that in 2017, the Gauteng Department of Social Development investigated allegations that caregivers at a residential care facility in Johannesburg had been verbally, and physically abusive citing examples of hitting and dragging them by their hair.

Such treatment towards children should be avoided at all costs by child and youth care workers, as it triggers past traumatic experiences and is against Section 76(2) (B) of the Children's Act 38 of 2005, which states that no threats should be made against the children placed in residential care facilities. (Agere 2014: 66). The Children's Act 38 of 2005 advises all care workers to ensure the best interests of the young person at all times when rendering services (Hendricks and Tanga 2019: 49). Cameron-Mathiassen *et al.* (2020: 7) concurred that the safety of young people in residential care facilities should be prioritised.

De Valk *et al.* (2015: 3) found that victimisation of young people by caregivers is common in residential care facilities, especially when the young people exhibit challenging behaviours. Studies done by Mazzone, Nocentini and Manesini (2019: 451; Mkhize, Sibiya and Hlengwa 2022: 11) found that punishment was utilised by caregivers to mitigate children's challenging behaviours. Due to insufficient resources to detect and measure child abuse, the extent of maltreatment by CYCWs could not be determined, and, therefore, could not properly addressed. Child and youth care workers lack formal

training on some aspects of child development (Mkhize, Sibiya and Hlengwa 2022: 11). A lack of training and supervision skills among child and youth care workers in residential care facilities contributes to the victimisation of young people (Mazzon, Nocentini and Menesini 2019: 451). According to Hendricks and Tangs (2019: 37), it is essential for child and youth care workers to have holistic child development knowledge because a lack of knowledge might result in unrealistic expectations followed by unnecessary punishment. Mazzon, Nocentini, and Menesini (2019: 455) stated that punishment can never be a solution for dealing with challenging behaviours as it can only be effective for a short period of time.

A complementary alternative explanation is that victimisation by CYCWs served to legitimise the behaviour against certain young people, and their peers exploited them through the process of social learning (Rus *et al.* 2018: 60). Some of the children end up being victimised by other children in the presence of CYCWs, who do nothing to help the victim (Khumalo 2022). Moore *et al.* (2017: 215) stated that the older participants in their study witnessed varied incidents of violence among peers and what traumatised them the most was that all the violence occurred under the watch of child and youth care workers and they did nothing. However, literature related to the protective roles of residential care workers is very limited (Moore and Roche 2018: 68).

2.20 PEER SUPPORT WHILE IN THE RESIDENTIAL CARE FACILITY

Adolescents admitted to residential care facilities spend their quality time in the company of their peers (Sonderman *et al.* 2022: 239). Typically, the children in residential care facilities collectively shape their peer cultures that are perpetuated by different social circumstances (Varaden 2016: 14). Most of the children placed in residential care facilities experienced the negative aspect of peer support, as the study done by CameronMathiassen *et al.* (2022: 7) discovered that most of the children were fraught with feelings of loneliness and exclusion within the residential care. Young people living in residential care facilities show little empathy for one another, and this lack of healthy caring manifests in behaviours such as verbally abusing each other (Glove 2018: 14;

Cameron-Mathiassen *et al.* 2020: 7). Varaden (2016: 33) explained empathy as being able to notice when others are in pain or stressed and effectively respond to the pain or stress of those people in a consoling manner. Past encounters with hostility, rejection, and punishment may hinder young individuals from reciprocating feelings of care towards their peers and caregivers in residential care facilities (Mhizha 2020: 182). Agere (2014: 66) reported that the absence of support within the residential care facility adversely affected the purpose of the residential care setting of rendering care and protection to children.

However, Agere (2017: 66) highlighted the positive aspects of the adolescents' experiences of living at the residential care facility, including socialisation, interacting with peers and being grateful that their physical and safety needs are being considered. These aspects promote coping strategies, resilience and social problem-solving skills and minimise aggression and bullying behaviours among young people (Leipoldt, *et al.* 2019: 438). Mathys (2017: 319) affirmed that peer support plays a critical role in ensuring positive relationships, enhancing the youth's solidarity, lowering their stress levels and ensuring that their behaviour is not contagious.

2.21 ADOLESCENTS' EXPERIENCES OF PARTICIPATING IN DECISION-MAKING

Kosher and Ben-Arieh (2020: 6) stated that children above the age of 12 should be given a chance to voice their opinions with regard to their placement in residential care facilities, and their voices must be taken seriously. Affording children the chance to be heard can make them feel valued and respected and can also assist in empowering the young people through the healing process of telling their stories (Jansen and Haavind 2011: 68). Gal (2017: 57) stressed that the inclusion of children and young people in decisionmaking processes is acknowledged in national, regional and international human rights documents. Equit and Purtell (2022: 55) concurred that it is set out in Article 12 of the UN Convention on the Rights of the Child (UN-CRC) that child participation in residential care facilities is a global requirement for all children placed in alternative care. The implementation of participation rights could help identify, prevent and overcome the

effects of abuse and neglect (Kosher and Ben-Arieh 2020: 2). Pert, Diaz and Thomas (2017: 5) reported that the young people in residential care facilities are often not adequately included as real partners in their case reviews. They are perceived as vulnerable individuals who are in need of care and protection; therefore, they are deprived of their right to take part in decisions concerning their care plan (Cudjoe, Uggerhøj and Abdullah 2020: 1).

Studies done by Kelly *et al.* (2019: 260) and Cameron-Mathiassen *et al.* (2020: 4) affirmed that young people placed in residential care facilities continue to experience a lack of control and feel like they have no power over their lives. Previous studies confirmed that cooperative decision-making in a residential care facility is not something that is experienced as normative by the children (Cameron-Mathiassen *et al.* 2020: 4; Cudjoe, Abdullah and Chua 2019: 4; Abdullah, Cudjoe and Frederico 2018: 267-275). Regardless of the adversities that children may be exposed to by various circumstances, current literature suggests that young people need to be fully recognised as members in decisionmaking about things that affect them (Balsells, Fuentes-Peláez and Pastor 2017: 418; Inchaurredo, *et al.* 2018: 574; Cudjoe and Abdullah 2019: 693; Inchaurredo *et al.* 2018: 575). In residential care facilities, a participatory approach should be prioritised and supported, as it is in accordance with the social welfare practice framework for social and child and youth care services in the South African context (Allsopp and Thumbadoo 2002). Cudjoe, Uggerhøj and Abdullah (2020: 2) posited that exploring the young people's experiences could help the staff understand children's roles or positions in residential care facilities in order to develop advanced measures for promoting their participation in matters affecting them.

Seeking out the children's unique opinions can assist child and youth care workers in understanding things from the child's perspective. Children can distinguish between right and wrong, and there is a general understanding between both parties about what is expected from each other (Moore and Roche 2018: 68). The implementation of

participation rights fosters better child protection as it provides a platform for the children to voice their stressors (Kosher and Ben-Arieh 2020: 2).

Johannisen, van Wyke and Yates (2021: 388) stated that young people should be afforded chances to be part of decisions that are made in all matters that impact their lives. The legislation necessitates that children be included at all times when discussing matters that affect their lives, as it is their right embedded within the children's rights framework. In the absence of this regulation, the participation of young people is not taken into consideration (Gail 2017: 57). Sweden, Australia, the United Kingdom and Norway are taking the involvement of children when making decisions seriously as it is their fundamental right (Heimer, Näsman and Palme, 2018; 316; Križ and Skivenes, 2017: 11; Woodman *et al.* 2018: 475). Young people develop the ability to be independent when they are provided chances to make their own decisions, become responsible and feel ownership of whatever decision is made (Thumbadoo: 2013: 89). Johnson and Menna (2017: 92) indicated that decisions being made by caregivers regarding service provision may not effectively address adolescents' needs. Thus, adolescents' need to be fully engaged in order to experience a sense of autonomy and the pleasure of having a voice in their developmental programme (Moore *et al.* 2018: 5).

Listening to adolescents' views promotes inclusion in the social processes of their contexts and assists in rendering services that support their psychosocial development (Brummelaar *et al.* 2017: 1175). Nonetheless, it appears that in most cases, the children's voices are not regarded as important in the child protection system Gail 2017: 5; Balsells, Fuentes-Pelaez and Pastor 2017: 418). Sometimes children in residential care facilities are denied a chance to be part of discussions in their case review meetings (Johannisen, van Wyke and Yates 2021: 388). The current studies reported that children placed in residential care facilities did not experience a chance to partake in decision-making; they felt constrained in terms of raising their views (NurcombeThorne, Nadesan and van Breda 2018: 640; Kelly *et al.* 2019: 260).

When children are deprived of opportunities to participate, they come to believe that their lives are less important in the world (Brendtro, Brokenleg and Van Bockern 2019: 48). Thumbadoo (2013: 98) stated that the care workers demonstrated their commitment to the rights of the young person to participate in decision-making as they allowed them to have a voice about their meal menu and other small but important decisions. The inclusion of young people in decision-making is a complex task and it requires that they be prepared (Balsells, Fuentes-Pelaez and Pastor 2017: 418). Brummelaar *et al.* (2017: 1175) emphasised that including the children's views in decision-making that affects their present and future living conditions is necessary. A child's right to participate in discussions that impact his/her life is enshrined in the Convention on the Rights of the Child, which stipulates that young people who are mature enough to make their own decisions must be offered a chance to voice those decisions freely in all matters affecting them (Baltag, *et al.* 2022: 10; Johannisen, van Wyke and Yates 2021: 388). Every right spelled out in the Convention needs to be respected, as it impacts the child's dignity and their harmonious development (Agere 2014: 28). Kosher and Ben-Arieh (2020: 2) stated that research on the child's perspective in residential care is very limited, but their numbers are increasing, and they give significant support for the need for child participation.

2.22 INAPPROPRIATE BEHAVIOURS OF CHILDREN AT THE RESIDENTIAL CARE FACILITY

Sochos and Aljasa (2021: 228) reported that situations of troubling behaviour in residential care facilities are frequent, personal and intense. The children placed in residential care facilities experienced stressors more than children growing up in their original family homes, as a result of their past adversities and maladaptive ecological system (Teodurczuk, Guse and du Plessis 2019: 234). Sochos and Aljasa (2021: 228) also stated that children endure significant trauma prior to being admitted to residential care. As a result, they fail to properly regulate themselves and are insecurely attached to their care workers and peers. Glove (2018: 21) stated that the adolescent stage is the most challenging stage for institutionalised children compared to those living in their

family environments with respect to Bronfenbrenner's ecological theory and the effect of the environment and related experiences that resulted in admission to a residential care facility in the first place.

Adolescents who have been victimised are most likely to be depressed and display suicidal ideation, self-harm, anxiety, challenges with studies and deviant behaviour (Foster 2017: 321; Suarez-Soto, Guilera and Pereda 2018: 383). Brendtro, Brokenleg and Van Bockern (2019: 19) postulated that children who were deprived of opportunities by their past experiences express their frustration through troubled behaviours or by retreating into helplessness and inferiority. Multiple placements also contribute to feelings of hopelessness and poor confidence in the programme (Bollinger 2017: 5). Those difficulties experienced at an early stage of life manifest themselves with mental illness, suicidal tendencies, depression and post-traumatic stress disorder (Lou, Taylor and Di Folco 2018: 83; Cordell and Snowden, 2015: 2699). These children are deemed to be in need of care and at risk to themselves or others (Dimba-Ndalen, Motloun and Kasiram 2022: 61). Adolescents within a residential care facility who display challenging behaviours that are more than what is regarded as part of healthy growth pose a risk to themselves as well as others (Glove 2018: 13).

Agere (2014: 90) mentioned that children in residential care facilities exude antisocial behaviours and one of the main causes is that the routine at the residential care facility is boring which results in some seeking excitement outside. According to Varaden (2016: 38), manifestations of challenging behaviours such as aggression, impulsivity, poor selfconduct and difficulty complying with codes of conducts remain a big challenge for children placed in residential care facilities. The study by Nsabinama *et al.* (2021: 7) in Rwanda explained that children in residential care settings exhibit challenging behaviours as a retaliation response. They attempt to stop the authority of adults by making them "feel sick" and include rebelliousness, manipulation, taking other people's belonging without permission, engagement in prostitution, aggression, substance abuse, truancy from school and engagement in criminal activities.

Varaden (2016: 23) reported that children in residential care facilities may emulate violent behaviours learned from their violent backgrounds leading to the manifestation of abusive behaviours towards others and engaging in inappropriate or risky sexual behaviours. The majority of the children's behaviours are driven by psychological, sociological, or environmental factors (Agere 2014: 90). Jacobs (2022: 26) concurred that the majority of young people in residential care facilities display various social challenges, including mental health, emotional and behavioural issues. Varaden (2016: 32) stated that young people who grew up in aggressive environments are more likely to normalise it and perceive aggression and violence as part of life; they either become perpetrators or victims of violence at a later stage of life due to emotional and nervous breakdown. Most of the time, adolescents exude challenging behaviours as a form of survival strategy (Glove 2018: 21).

Children who experience rejection and a traumatic background from caregivers employ protective behaviours learned from prior circumstances (Brendtro, Brokenleg and Van Bockern 2019: 34). Young people in residential care facilities were observed to lack the skill of forming attachments with others resulting behavioural challenges related to attachment reluctance (Lionetti *et al.* 2015: 3). "Potential adverse consequences include delays in physical growth, cognitive attention, socioemotional development and difficulties with mental health" (Van Ijzendoorn *et al.* 2020: 703).

Foster *et al.* (2017: 323) reported that youth with strong connectedness with their parents exuded low levels of depression symptoms, suicidal ideation and self-harm. The relationships between peers and staff create an overall atmosphere in the residential care facility, which either encourages personal growth and development or contributes to the problem behaviour of the children in the care facility, such as bullying (Sekol 2016: 410). For some of the children placed in residential care, good mental health develops as they approach the young adult stage (Holmes *et al.* 2018: 211).

Most of the children at the residential care facility believe that in order for them to get attention they are in need of, they must display inappropriate behaviours (Agere 2014: 90). The study done by Mclean *et al.* (2012: 75) discovered that “attention seeking’ behaviour was sometimes described as intentional (to attract the proximity of the child and youth care worker or gain the approval of other children) and sometimes subconscious (because the child did not know a better way to gain attention).” Varaden (2016: 35) reported that over 80% of children from abusive backgrounds were not developing attachments with others; the children were fraught with stress; they lacked the ability to master their emotions; and they were also reluctant to seek help from others. Many adolescents struggle with social skills challenges due to numerous reasons, which encompass temperaments, poor social skills, and psychopathology (Foster 2017: 321, Hanson *et al.* 2016: 53). Young people who are self-defensive and disrespect the child and youth care workers within the residential care facility need to be handled in a skilled and professional manner (Molepo and Delport 2015: 150). The CYCWs need to involve the young people in programmes so that they feel in charge and important; they must also show the young people support with the aim of promoting a good social environment (Leipoldt 2019: 437).

External social workers intervened when the children behaved badly, and this provided the young people with an opportunity to voice their frustrations that were related to not being allowed to visit their families (Agere 2014: 90). Some children in residential care facilities endure maltreatment by other children, such as sexual molestation, and even participation in inappropriate sexual acts (Varaden 2016: 2). A study done by Mhizha (2020: 111) stated that the children who had difficulties in forming attachments with adult figures presented themselves with inappropriate behaviours, including bullying, drugs misuse, absconion, rebelliousness and self-defensive behaviour.

2.23 CONCLUSION

This chapter presented literature from local and international studies that highlighted the different forms of adolescent experiences within residential care facilities. Residential

care facilities are entrusted with the monumental role of taking care of vulnerable individuals in a homelike environment. However, some studies indicate that some of the children are experiencing challenges while in residential care facility. This chapter also discussed effective ways to help improve the experiences of adolescents in residential care facilities. The following chapter (Chapter Three) presents the design and methods that guided the study.

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 INTRODUCTION

Chapter three details the research methodology used in this study. This chapter focuses particularly on the design, the study setting and sampling approach, the gathering and analysis of information, considerations of reliability as well as ethical issues (Johannisen van Wyk and Yates 2021: 379). It provides an in-depth justification of the research paradigm that guided the study. Moreover, the ethical principles that have been applied are covered in this chapter. Attention is also given to the inclusion and exclusion criteria of the sample selected for the study and issues of trustworthiness.

3.2 RESEARCH DESIGN

The research plan focuses on the entire strategy of a research study, which evolves at the time of formulating the study problem and ends when the researcher publicises the findings (Grinnell and Unrau 2018: 661). Jacobs (2022: 38) further highlighted that the research design describes the goals of the research study, the investigator's role in the entire process, the steps of the research and the technique of information analysis. In simple terms, a research design is the "roadmap" that guides the entire study. This study utilised a qualitative research design as it sought to understand the subjective perception of reality from the viewpoint of adolescents. The next section will describe the qualitative methodology.

3.3 RESEARCH PARADIGM

The decision of which research method to utilise is determined by the nature of the study problem (Noor 2008: 1602). The researcher employed a qualitative approach in this study. Qualitative methodology is defined as “the decision and production of linguistic (or visual) material for analysing and comprehending phenomena, social fields, subjects, collective experiences and the related meaning-making processes” (Flick 2018: 7). Qualitative research is a method of social inquiry that emphasises the way humans understand and make sense of their experiences to understand the social facts of a specific group of individuals in their natural environment (Mohajan 2018: 23). Qualitative studies are inductive in nature, and the researcher commonly searches for understanding and insights in a given setting (Levitt *et al.* 2017: 2). The qualitative method is applicable for collecting small, in-depth details on a specific topic (Rahi 2017: 2).

A qualitative method enables the researcher to understand the individual’s viewpoint on their personal lived experiences (Clarke and Braun 2013: 20). Mohajan (2018: 23) described qualitative studies as a form of social action that seeks to understand how specific people, in a specific context, interpret and make sense of their own experiences to understand the social reality of individuals. Clarke and Vealé (2018: 483) stated that qualitative methodology is utilised to report findings that are not in the form of numbers but consists of opinions, feelings, and experiences. Hennink *et al.* (2011: 64) added that a qualitative study focuses on gaining more insights into society’s perceptions, beliefs and feelings through direct interviews. Qualitative techniques are regarded as the most person-centred ways of discovering and uncovering the thoughts and movements of human beings (Renjith *et al.* 2021: 6).

Qualitative studies are rooted in daily lifestyle events. They use an open, flexible, and unstructured strategy of inquiry with the goal of exploring diversity (Kumar 2014: 14). A qualitative approach plays a huge role in enabling the researcher to discover meaning grounded in human experience (Gill 2020: 580). In qualitative methods, the study participants’ social settings are key to gaining knowledge of their experiences (Mmusi and

van Breda 2017: 350). It can also be described as a method of gathering and analysing data that utilises purposive sampling and a semi-structured, open-ended interview schedule (Gopaldas 2016: 115).

Qualitative studies place an emphasis on describing and exploring phenomena using categorical and subjective measurement strategies (Kumar 2014: 106). The qualitative method is used to reply to questions about the complex nature of phenomena with the motive of describing and appreciating the phenomena from the participants' perceptions (de Vos, Strydom, Fouche and Delport 2011: 64). An exploratory design also guided the study. Exploratory studies provide new explanations for specific contexts or phenomena that have not been previously discovered (Reiter 2017: 129). Qualitative research is described as a field of research that is, for the most part, investigative and can apply specified and descriptive methods (Akman and Mishra 2017: 358). The researcher wanted to explore adolescents' experiences of growing up in a residential care facility in the eThekweni region. This study is particularly aimed at gathering information about the adolescents' experiences of residential care facilities and for this reason, a qualitative approach was considered most appropriate for the study and the paradigm selected was constructivism as the researchers was concerned with identifying how the adolescents describe their own experiences and what meaning they attribute to their experiences.

3.4 RESEARCHER'S ROLE AND FLEXIBILITY

The researcher is trained in child and youth care and has knowledge and experience in the field of child and youth care. Therefore, the researcher understood that it was his position to establish rapport and have faith and friendship with the research participants because, without a trusting relationship, it is rare for adolescents to volunteer personal information. Isaacs (2014: 320) argued that the more comfortable young people feel around an older person, the more they become honest about personal matters. Part of the CYCW's obligation is to set up therapeutic relationships with children at residential care facilities. In the context of this study, rapport and trust involved "honesty and clarity,

and not ‘faking friendship’ with research contributors or exploiting their goodwill or compliance” (Mitchels 2019: 49).

3.5 STUDY SETTING

The context in which a study is conducted may have an impact on the proceedings of the study (Majid 2018: 5). As discussed in the research paradigm, qualitative studies are conducted in a participant’s natural context (Creswell 2014: 234). The researcher was able to gain a deeper understanding of how the participants’ experiences and behaviours are influenced by the context of their lives and their surroundings (Rubin and Babbie 2011: 435). This was achieved by conducting the interview in a private room, which was organised by the director of the facility. The researcher had indicated in the gatekeeper’s letter that he required a quiet and well-ventilated venue where he could conduct the interviews.

There are numerous residential care facilities around eThekweni and all the facilities render care and protection to children and teenagers in accordance with the Children’s Act 38 of 2005. The study participants were selected from one of the several residential care facilities in Malvern in Durban, KwaZulu-Natal. The residential care facility is a nonprofit organisation in Malvern. The care facility consists of 11 separate houses on the premises. It has two dedicated social workers, 18 CYCWs and 86 children of all races, ranging in age from 3 to 18 years. The care centre strives to create a homelike environment for the children who come from different psychosocial situations. The ultimate purpose is for each child to experience love and belonging. The organisation’s developmental programmes consist of providing spiritual, physical, psychological, educational and social assistance to all adolescents placed in the care facility.

This organisation was chosen based on its close proximity to the researcher; for its convenience and to avoid logistical and monetary challenges.

3.6 STUDY POPULATION

Majid (2018: 3) defined a population as the focal group of interest that the researcher intends to study, examine or address. Asiamah, Mensah and Oteng-Abayie (2017: 1611) described a population as a group of people with at least one similar attribute that differentiates that team from different individuals. A population can additionally be explained as the entire team that the researcher wants to draw conclusions about (Bhandarri 2020: 5). Jacobs (2022: 42) concurred that a population is the appropriate crew of human beings or humans from whom the researcher acquired the information in order to explore and describe the chosen phenomenon. A population can additionally be described as any set of people or occasions from which the sample is selected (Agere, Tanga and Kang'ethe 2017: 77). In this study, the population is the adolescents admitted to one of the residential care facilities in the eThekweni region. The researcher selected this particular populace because the facility is familiar to him, as he volunteered there as a CYCW during the countrywide lockdown.

3.7 STUDY SAMPLE

In a study, there is a need for the researcher to select a sample in order to answer the research questions. It is challenging for a researcher to collect data from an entire populace due to the measurement or inaccessibility and different associated limitations of the population (Taherdoost 2016: 18). In qualitative research, a representative sample pattern is arguably needed, involving representatives of every one of the subsegments of the whole populace to be researched (Boddy 2016: 426). Joshi (2019: 97) explained that the populace is divided into small groups and then the samples should be selected based totally on the researcher's judgements.

Jain (2019: 102) defined a sample as "a small crew of items that are used by researchers to study a phenomenon". Gerring (2017: 15) explained that qualitative techniques utilise natural language, employ small samples, draw on cases chosen in a purposive fashion and focus on specific individuals, events and contexts. Bhandarri (2020: 7) described a sample as the specific group that the researcher will acquire data from. In other words,

the researcher chooses a small component of eligible members that will provide rich facts from the larger population. De Vos *et al.* (2011: 64) similarly described a sample as a small representation of a total population. Erba *et al.* (2018: 43) stated that a sample population denotes the crew that the research participants represent. Hornberger and Rangu (2020: 2) highlighted that “the more participants, the greater the chance of obtaining significant results.”

As this study was conducted at the Malvern residential care facility, all the adolescents within the facility were referred to as the population. When deciding on the sample, the researcher particularly chose children who have been in the centre for more than two years. The researcher met each participant at the residential care facility to conduct the interviews. The size of the sample was enough to collect rich and in-depth data and to provide a rich understanding of the experience (Sandelowski 1995, cited in Gill 2020: 579). If the pool of individuals is too small, the researcher will have fewer facts and therefore the results will be challenging to generalise (Hornberger and Rangu 2020: 4). This was considered in the recruitment of the participants.

The director of the residential care facility selected the individuals who met the criteria for sampling. In order to ensure the privacy of every adolescent, the researcher assigned a pseudonym to each participant. The actual sample size of the study was 26 (13 girls and 13 boys). The sampling strategy that was utilised in this study will be discussed in the section below.

3.8 SAMPLING STRATEGY

Sampling involves the choice of a range of research participants from a described study population. The selection of a sampling approach depends on the nature and desires of the study (Renjith *et al.* 2021: 4). Before commencing the sampling process, the researcher first had to acquire permission from the relevant authorities and gatekeeper (director) in order to have access to the sample population (Jacobs 2022: 44). Owing to time, financial, and geographical constraints, as well as the chosen data collection

method, the researcher drew a small sample from the entire population. There are two sampling approaches, namely, non-probability and probability sampling (Jacobs 2022: 43).

A non-probability sampling strategy was utilised to guide this research study. Renjith *et al.* (2021: 4) asserted that qualitative researchers largely use non-probability sampling techniques such as purposive sampling, convenient sampling, quota sampling, snowball sampling, homogeneous sampling, maximum variant sampling, extreme (deviant) case sampling, standard case sampling, and intensity sampling. Purposive sampling was utilised in this study, as the judgement of the researcher was used. Purposive sampling is a form of non-probability sampling in which the researcher can rely on their own judgement when deciding on participants of the population to take part in their study (Alchemer 2021: 2; Rahi 2017: 5). The sampling design is based on the judgement of the researcher as to who will provide rich data with regards to the objectives of the research study (Ebeto 2017: 1). Kumar (2011: 189) concurred that purposive sampling refers to an approach employed when researchers use their very own judgement to determine who is the most appropriate and has the requisite expertise. Therefore, the researcher selected individuals who could guide him in reaching the desired study objectives. Purposive sampling includes identifying a populace based totally on already established sampling standards or criteria and then selecting topics that fulfil those standards to increase the credibility of the findings (Renjith *et al.* 2021: 4).

The director was requested to assist in the recruitment of the children who had been in the residential care facility for more than two years and could provide rich data for the study. Etikan and Bala (2017: 1) stated that researchers need to pay attention to participants with identical opinions and who could provide the required information and be inclined to share it. Rahi (2017: 3) explained that the purposive sampling method is also convenience sampling and cost-effective. Therefore, the researcher found this sampling technique suitable for the study. Sharma (2017: 749) argued that “purposive sampling gives the researcher the justification to make generalisations from the sample

that is being studied, and the generalisations are hypothetical, analytic and logical in nature”.

3.8.1 Inclusion and exclusion criteria

Establishing inclusion and exclusion criteria is an essential step in the development of the protocol and the researcher needs to develop it according to the goals of the study and the type of data the researcher hopes to accumulate (Hornberger and Rangu 2020: 5). Campbell *et al.* (2017: 5) posited that the relevant research participants are a supply of rich data.

3.8.2 Inclusion criteria

The inclusion standards stipulate the exclusive traits someone must possess in order to take part in a research study (Hornberger and Rangu 2020: 4). Inclusion criteria are specific characteristics that the character or populace must possess, inclusive of a certain age range or gender. Individuals who were between the ages of 14 and 18 were considered eligible to participate in the study. Moreover, only participants who had been in the care facility for more than two years were included. Additionally, the study included participants of all races and males and females placed in Malvern residential care facility.

3.8.3 Exclusion criteria

The exclusion standards consist of traits about a character or the external factors around them that would go against the intention of the study or interfere with it (Hornberger and Rangu 2020: 5). Participants below the age of 14 and above the age of 18 were excluded from the study. Furthermore, participants who had been in the care facility for less than two years and were not staying at the Malvern residential care facility were excluded from the study.

Participants for the study were chosen based on meeting the sampling standards. An initial sample of 8 to 13 boys and 8 to 13 girls, ranging in age from 14 to 18, representing all races, was chosen from the total population of eighty-two (82) teenagers in the

residential care facility. After interviewing the 26 participants saturation had been reached. In purposive sampling, the researcher needs to first think about the parameters of the populace and then choose the sample case efficiently (Hilarilal 2016: 62). The researcher used the information in the information letter to identify the criteria required for one to take part in this study. Those who did not meet the inclusion criteria were excluded from participating in the study.

3.9 SAMPLING PROCESS

After ethical approval was obtained from the Institutional Research Ethics Committee of the Durban University of Technology, the researcher sought permission to recruit young people who had the experience of being in the child and youth care facility for more than two years. Permission was obtained from the director of the residential care facility through the submission of gatekeeper's letter (Appendix A) requesting permission to collect data at the facility and for help with recruiting participants. The recruitment process followed is discussed in the following section.

3.9.1 Recruitment process

Step 1: The researcher drafted a gatekeeper's letter (Appendix A) seeking permission to interview the children placed in the residential care facility from the director of the facility. King and Horrocks (2010: 31) described a gatekeeper as the person with the authority to approve or deny contact with prospective participants.

This was completed to make the executive members mindful of the research study to be performed and the process involved. They were given comprehensive information about the goal of the research study and its benefits. They were additionally informed of the type of participants needed.

Step 2: After receiving the gatekeeper's permission, the director of the facility assigned a residential social worker to assist in recruiting participants. The social worker identified

adolescents who had experienced being in the care facility for protection, care and other related purposes for more than two years. The researcher stipulated in the letter of information that he would recruit the participants via the gatekeeper (director) of the residential care facility. The social worker gave the researcher a list of the eligible participants and then the researcher selected the participants from the given list. The social worker chose the adolescents she believed would provide adequate facts to answer the research questions.

Step 3: After suitable adolescents were selected, the researcher visited the research site to introduce himself to the young people. The young people were then respectfully informed of the reason and purpose behind conducting the study. A respectful approach allowed participants the chance to decide if they wanted to participate in the study or not. Following this initial approach, an informal screening interview was carried out with each young person who agreed to contribute to the research study.

By conducting the informal screening, the researcher was able to determine whether or not the selected participants were willing to participate in the study. Each potential participant was given a letter of information (Appendix B), which similarly informed her or him of the purpose of the study. The letter emphasised the importance of voluntary participation and the right to withdraw from the study.

The study participants were assured of confidentiality and anonymity and were repeatedly informed throughout the process that they would be given pseudonyms to defend their identities. After this initial stage, every participant was informed that the interview would be performed at the institution. Participants were additionally informed that if they were not comfortable with the scheduled time of the interview, the interview would be rescheduled.

3.10 DATA COLLECTION

The researcher determined that the most relevant technique for data collection was indepth interviewing. Kumar (2014: 122) defined data collection as a method with a sequence of organised activities aimed at gathering facts from study participants to provide solutions to the study question. The collection of data is regarded as the activities and methods utilised by the researcher to accumulate data from the research participants (Grinnell and Unrau 2018: 648). In qualitative research, the researcher is the main instrument for the collection and analysis of data. This methodology is commonly used in fieldwork activities. The researchers must visit the geographical setting of people/participants to examine behaviour in its original context (Harilal 2017: 63). Mohajan (2018: 37) agreed that the research study is a tool utilised for data collection, which encompasses going into the context and getting the facts from the participants as they relate to their natural setting. Steinberg (2015: 110) defined data collection as an investigation or analysis of participants' narratives.

Before the collection of facts from the study participants, the researcher prepared an interview schedule (Appendix C). An interview schedule can be described as a list of questions the researcher asks the participants during the research interviews (Clarke and Braun 2013: 60). An interview schedule or interview guide is a set of questions that the researcher prepares before the study commences. Harilal (2017: 62) concurred that a qualitative study utilises open-ended interview guides. These open-ended questions enable probing with the aim of the research question.

A semi-structured interview schedule with a sequence of open-ended questions that directed the dialogue with the participants was used to collect data from the study participants (Creswell and Poth 2018:165). Prior the interview process researcher pretested the interview schedule with two adolescents who were not chosen as the study participants to check if all the questions are clear and relevant. The interview schedule assisted the researcher in maintaining consistency. It also assisted the researcher in

asking only relevant questions. The participants had a choice of which question he or she wanted to answer first (Groge 2021: 79).

The semi-structured interviews assisted in ensuring that the inquiries followed the same line with every participant while enabling a degree of flexibility in the interviews (Creswell and Poth 2018: 166; Groge 2021: 80). The interviews were conducted in English in the boardroom of the residential care facility. For participants who did not understand English, the researcher translated the questions into Zulu for better understanding. The interviews lasted between 40 and 60 minutes. Some of the interview questions asked were: What are the reasons behind your placement in residential care? Can you tell me more about your family? Tell more about your daily life experiences while in residential care, and what are the challenges you experienced? What is the nature of the support you receive from child and youth care workers and social workers? Could you please explain a scenario where you felt supported and when you felt unsupported while in residential care? Do you receive any support from peers and family while you are at the facility? Describe how your spiritual beliefs act as a support system for you. How do you feel the facility has promoted its mission of improving your life and development? How are you intending to use the opportunities provided by the residential care facility to improve your life? What are your recommendations to improve the residential care facility experience?

3.10.1 Data collection technique: semi-structured interviews

Dejonckheere and Vaughn (2019) concurred that semi-structured interviews consist of a dialogue between the researcher and participants. They are guided by a flexible interview protocol. Semi-structured interviews implicate both open- and closed-ended questions and necessitate follow-up probing to allow for clarification or greater in-depth records and understanding (Adams 2015: 493). Semi-structured interviews are beneficial tools when the researcher desires to employ a flexible structure and attain greater data from interactive communication with participants (Pathak and intrat 2016:4). In semi-structured interviews, the participants have the chance to choose which questions they wish to reply to at a specific stage (de Vos *et al.* 2011: 353).

An interview guide (Appendix E) allows the study participants to communicate freely. The semi-structured questions are used as they allow for flexibility and the gathering of rich data (Creswell and Poth 2017: 165). Semi-structured interviews are mostly used in qualitative studies, and the correct use of the interview guide provides excellent outcomes for the study (Kallio *et al.* 2016: 2954).

Semi-structured interviews take a considerable amount of time and can become extreme and involved, depending on a particular research question (de Vos *et al.* 2011: 353). Semi-structured interviews are more relevant for getting facts directly from the participants being interviewed. In this study, the researcher utilised open-ended questions that were regulated by an interview guide for each participant.

3.10.2 The Interview Setting

The interviews were carried out at the organisation. The director provided an interview room, which afforded the researcher and participants privacy to proceed with the interviews. On arrival, each participant was welcomed and made to feel comfortable in the room. Each participant was given an opportunity to ask questions and clarify any concerns.

It was the researcher's role to ensure that the participants felt safe and comfortable during the proceedings of the interviews. He additionally ensured that there was enough light, suitable air flow and water to drink in the interview room prior to the commencement of the interviews. The seating arrangement allowed the researcher and the participant to maintain eye contact.

3.10.3 Interview process

Kumar (2014: 176) defined an interview as a person-to-person interaction, both face-to-face and otherwise, between two or more people with a specific purpose in mind. An interview is a method utilised to obtain verbal information to gain certain precise objectives (Budianto 2020: 1339). Interview strategies were employed to make certain

that ample information was collected and recorded (Jacobs 2022: 45). An interview guide was used to guide the individual interviews and discussions (Glove 2018: 28). The interview guide used was checked by the researcher's supervisor for any inconsistencies.

It was the researcher's role to make the study participants understand what their role in the study was, including the advantages and risks associated with the study, before signing the assent letter (Mhizha 2021: 86). At the beginning of every interview, the researcher reviewed the letter of information and letter of assent with every participant in order to give them special information regarding the research proceedings. Participants had been informed that the interview would be approximately 60 minutes or less and would be audio-recorded. Additionally, participants were notified that the recordings would later be transcribed. Participants were assured that their recordings would be stored secretly for five years, and thereafter, the documents would be shredded and recordings would be deleted.

The participants who consented to an interview were given a date and time during the recruitment phase for the interviews. Prior to the commencement of the interviews, the researcher ensured that there was water on the interview table to avoid any disruption (Groe 2021: 79). Furthermore, the researcher ensured that the recording device was always fully charged, and the writing materials were also available to take field notes (Creswell 2007: 27; Fouche and Delport 2011: 65). Permission to record the interviews was sought prior to the commencement of the interview. Both the recorded and field notes were important for the accuracy of all the recorded data (Groe 2021: 79). Field notes are explained as a "written account of the things the researcher hears, sees experiences and thinks about in the course of interviewing" (Greeff 2011: 359).

According to Groe (2021: 80), recording the interview assists the researcher in paying attention to what the participants are sharing instead of jotting down every word shared. Recordings also enable the researcher to record the expressed thoughts and feelings of the participants during the interview session (Greeff 2011: 359).

The researcher ensured that he understood the interview guide (Appendix E) well prior to the interview process. The aim was to keep the dialogue flowing and on track between the participants and the researcher, and probe for more data (Greeff 2011: 351). Study participants were also given the interview schedule to peruse at the beginning of the interview. The researcher provided the study participants with the opportunity to decide how they wished to answer the research questions, including the sequence and the freedom to decide which question they wished to answer and not answer. The researcher listened very attentively, showed interest in what was shared, and acknowledged the participants' views. Additionally, the participants were free to express themselves at their own pace (Greeff 2011: 351).

At the end of the interview, the important points were summarised, the participants were given time to ask questions and most of the questions posed were answered. The researcher's contact details were shared with the participants, and thanks and gratitude were offered for their availability and participation (Greeff 2011: 351).

3.10.4 Data saturation

According to Morse (2004: 1123), data saturation refers to “the phase of qualitative data analysis in which the researcher has continued sampling and analysing data until no new data appears and all concepts of the theory are well developed and their linkages to other concepts are clearly described”. The idea of data saturation means that the researcher collected the data until no new information was found. Member checking was done on an ongoing basis through probing facts until there was data saturation and participants' meanings were understood. Member checking plays a critical role in maintaining validity in qualitative research. This involved ongoing engagement and building a trusting relationship and rapport with participants during the data collection process. An ongoing assessment of the emerging themes, coding procedure and interpretation of the data was carried out by the researcher and supervisor until a general consensus was reached on the data and no new themes emerged.

After the interview, the researcher transcribed the data (Greeff 2011: 359). Thereafter, a copy of all the raw data was made immediately and stored securely before moving to the data analysis phase (Struwig and Stead 2001: 169; Schurink, Foucher and de Vos 2011: 408). The data analysis phase is discussed in the following section.

3.11 DATA CAPTURE AND ANALYSIS

Data analysis is described as a technique to extract relevant information from the data through consolidating and condensing the information collected in order to answer the research questions (Grinnell and Unrau 2018: 648). Creswell and Poth (2018: 183) defined data analysis as the process of preparing and bringing order, structure and sense to the study participants' perceptions and opinions of settings, themes, categories and incidences of similarity from the mass of data collected. Data analysis is a dynamic process that collectively weaves important themes and identifies key ideas, units of meaning and material attained from the literature (Mohajan 2018: 37). The researcher transcribed verbatim what had been recorded in the interviews and analysed the data (Struwig and Stead 2001: 169; Greeff 2011: 360).

Creswell and Poth (2018: 183) argued that data evaluation involves preparing and organising the collected data for analysis, coding and condensing codes to decrease the information into themes, and representing the data in figures, tables and narratives. The ultimate intention of qualitative information analysis is to understand the value that members attach to their experiences and the language they use to describe them (Campbell *et al.* 2017: 4). An intensive information evaluation starts when all the data has been amassed and organised (Mohajan 2018: 23).

All the interviews were audio-recorded and later by the researcher (Chimange and Bond 2020: 3). After the completion of all transcripts, a list of similar topics was compiled to understand the emerging topics and their sub-themes using thematic analysis. Nowell (2017: 2) described thematic analysis as an approach to identifying, analysing,

organising, describing, and reporting issues discovered within the collected information. The researcher read the transcriptions multiple times in order to ensure familiarity with the content (Chimange and Bond 2020: 3; (Ramakulukusha, Babalola and Mashau 2021: 571). Each transcript was then examined carefully for phrases, sentences, paragraphs, or participant quotes that stood out as central to the broader area of interest (Mohajan 2018: 23). The collected information was analysed qualitatively with the use of thematic coding techniques. The field notes had been coded and categorised. Thematic evaluation consists of the organisation and clarification of field notes, interview transcriptions, audio recordings or documents to make meaning of the material (Creswell and Poth 2018: 183). Finally, a literature review was done to contextualise the findings of the study within the present literature.

3.12 TRUSTWORTHINESS

Fourie and Van der Merwe (2014: 214) indicated that trustworthiness can be ensured when well-established techniques in a qualitative study such as the collection of information, information evaluation and intervention methods are applied. Trustworthiness is a vital element in qualitative research because the findings need to clearly reflect the experiences of contributors from their perspective (Harilal 2017: 72). According to Leininger (1994, cited in Malatji and Dube 2017: 109) confirmability, dependability, credibility and transferability are important standards that speak to the trustworthiness of qualitative findings. Credibility, transferability, dependability and confirmability are elements of excellent qualitative research (Mertens 2018: 35).

To maintain trustworthiness, the researcher used well-established research methods and furnished a thick description of the phenomena supporting the literature and theoretical frameworks to structure the study. Research cannot add value to child and youth care practice if there is inaccuracy and misinterpretation of findings. The researcher gave an in-depth description of the methodology to ensure transferability, credibility, dependability and confirmability as outlined (Chimange 2019: 5).

To ensure trustworthiness in this study, the four criteria below were used. Interviews were recorded by the researcher and transcribed verbatim. The transcribed data was coded according to themes and scrutinised verbatim by the researcher. In addition, trustworthiness was also ensured by using purposive sampling and reflexivity (Chimange and Bond 2020: 3).

3.12.1 Credibility

Mhizha (2021: 78) mentioned that credibility refers to the reliability of the researcher in accurately portraying exactly what the study participants shared. Schurink, Fouché and de Vos (2011: 420) concurred that credibility refers to the method through which the researcher ensures that the participants' discussions are accurately described and credible. To be reliable, a study must be performed in a transparent, truthful and strongly self-reflexive way and observe a set of guidelines to make sure it is credible (Raiter 2017: 129). To ensure credibility in this study, the researcher maintained consistency, ensuring that the same interview guide was used to interview all the participants in the study. Exploratory research, if conducted in this fashion, can reap exceptional validity and provide new and modern approaches to analyse reality. In addition, all the interviews were recorded. The researcher listened to and transcribed the recordings after each interview. Harilal (2017: 72) added that another method of ensuring credibility was through numerous evaluations of the written notes and audiotapes.

3.12.2 Transferability

Transferability is the extent to which the research findings of the study can be used in another context, while neutrality is the degree to which the research techniques and outcomes are free from bias (Doyle 2012: 252). Korstjens and Mose (2017: 120) concurred that transferability can be described as the degree to which the outcomes of qualitative research can be transferred to other contexts or settings with other participants. The researcher facilitated the transferability of the study through thick description of the study steps and process. Transferability speaks more about applying the results of the research study or the same instrument to every other population and

still finding them accurate. The researcher wanted to be specific with regards to the standards for replication purposes (Hornberger and Rangu 2020: 3).

The aspect of transferability was enabled through the provision of rich, descriptive, thematic data in the study report. Although a small sample was used, this study can be applied at different child and youth care centres in KwaZulu-Natal. This research could be beneficial in this district and in child and youth care institutions in different districts and different provinces of South Africa.

3.12.3 Dependability

Dependability is accomplished through following a rigorous logical scientific process or nicely documented verification by different researchers (Mhizha 2021: 79). Dependability of the study was ensured by following identical steps when analysing the findings.

The researcher ensured that a systematic description of the approach of sampling, data collection, data analysis, and data interpretation was provided. This was achieved by keeping and storing data in its original format, ensuring that the typed and transcribed material was a precise duplicate of the authentic data. Documents such as correspondence letters, signed consent forms, letters of assent, the interview guide, reflection notes and in-depth interview protocol summaries have also been stored safely.

3.12.4 Confirmability

Confirmability can be described as the way of verifying the evidence directly from the experiences the researcher has with the participants (Mohajan 2018: 23). The confirmability of the findings was enhanced by doing corresponding assessments to become aware of any feasible omissions in the data. An ample amount of data was collected, and excerpts of participants' exact words have been used. This resulted in a rich description and interpretation of the data to enable readers to recognise the context in which the chosen sample for the research study experienced.

3.13 ETHICAL CONSIDERATIONS

Ethical considerations are ethical values that serve as a guide for the researcher throughout the research process (Creswell and Poth 2018: 54). Thornhill and Lewis (2019: 259) stated that to uphold ethical practice and personal or public good, codes of ethics must be considered in a research study. Mitchels (2019: 7) highlighted that ethical research exercises must cautiously review and pick out what is regarded as beneficial or damaging in the process of collecting knowledge. Research ethics emphasises the importance of establishing suitable relationships between the researcher, research participants and society in general. Ethical considerations also play an enormous role in defending the integrity and reliability of the data collected and enabling professions and society to benefit from the data.

Research ethics is described as the analysis of gathered data in such a manner that attention is given to truthfulness, reliability, good judgment, and reverence for the emotions and rights of contributors (Grinnell and Unrau 2018: 649). Research ethics have to be carefully considered, as they play a paramount role to maintaining wellness and ensuring that the willingness of the participants is covered (Vanclay *et al.* 2017: 253). Ethical issues in a qualitative study present primary guideline, particularly due to the fact that this research study was using a group of vulnerable individuals. “Children form part of a vulnerable group”, and therefore, the researcher needed to ensure that they are not taken advantage of at some stage of the study proceedings (Malatji and Dube 2017: 109). The importance of safeguarding the rights of the study participants is a good standard of any research study (Jacobs 2022: 56). Sudheesh, Duggapaa and Nethra (2016: 633) identified sovereignty, confidentiality, discretion, truthful conduct, and protection from distress some of the key strategies for ensuring the participants’ rights are safeguarded. The researcher adhered to the concepts of research ethics and obtained clearance from the Durban University of Technology, Research Ethics Committee, prior to the data collection process.

3.13.1 Confidentiality, privacy and anonymity

Lou (2018: 17) explained confidentiality as the ethical standard that prevents the infringement of participants' privacy without any general agreement. Consent forms (Appendix C) were completed and signed by both the participants and the researcher to ensure that confidentiality was maintained at all levels of the study process, especially the disclosure of sensitive private information without their informed consent (Sandu and Frunza 2019: 172). Confidentiality can be described as the assurance that all shared private information will remain in the secure possession of the researcher (Faulkner and Faulkner 2013: 218). It was the researcher's obligation to protect the participants' privacy and maintain the confidentiality of what was shared. Semi structured interviews with the individuals were conducted in a private space (Carpenter 2018: 35). The researcher requested a room that was comfortable and quiet from the director of the care facility.

Grinnell and Unrau (2018: 646) asserted that the collected data must be presented in such a way that the participants' identities are protected. The process of hiding the identity of the study participants is known as "anonymity" and it plays a tremendous role in the prevention of linking back shared information to a specific study participant (Rubin and Babbie 2011: 82). All the participants' identifying data was hidden in this study with the aim of ensuring anonymity. The researcher utilised distinctive identification letters mixed with numbers that were only familiar to him instead of using the individuals' actual names (Mhizha 2021: 85). Furthermore, the researcher allowed the members to have access to the records so that they could pick out and remove information that they wanted to remain confidential after the data collection procedure (Creswell and Poth 2018: 175).

The researcher ensured that all participants cultural values and beliefs were respected. The researcher similarly ensured that all transcripts were stored with the strictest confidence. This was done by keeping the collected information in a secure, lockable cupboard only accessible to the researcher. For the data that was stored on electronic devices, a password was used to maintain the safety of the data. Both written and digital

information from this study will be safely stored for five years. Thereafter, the stored information will be deleted and shredded.

3.13.2 Informed consent

The researcher was well aware that it is his moral obligation to make sure that study participants understood their role in the study, including the benefits and dangers related to the study, before signing the consent form (Mhizha 2021: 86). Saunders *et al.* (2019: 266) indicated that informed consent should give the study participants sufficient information about the proceedings of the study. They emphasised the importance of giving participants the opportunity to ask questions and ample time to consider without any form of force or coercion to reach an entirely informed, considered and freely given choice about whether or not to participate. Babbie (2008, cited in Chimange 2019: 6) concurred that it should be the participants' decision to take part in research projects.

Informed consent (Appendix C) informs the study participants about the overall purpose of the study and the foremost features of the research, as well as any possible risks and benefits related to the study (Mhizha 2021: 83). Informed consent also involves obtaining the voluntary participation of the individuals and informing them of their right to withdraw from the study at any time should they wish to (Brinkmann and Kvale 2017: 261). Due to the participants being in the care of a custodian at the child and youth care centre, written consent was first acquired from the director of the child and youth care centre and then written assent letters were obtained from the adolescents.

The participants were informed that no deceit was used by the researcher (Ogletree and Kawulich 2012: 64). This was done both verbally when the researcher met the participants and through the use of an informed assent form (Appendix D). The assent form, which was signed by the participants, referred to precise elements that had been covered as stated by Creswell and Poth (2018: 155), such as:

- The right to voluntarily withdraw from the study at any time.

- The central purpose of the study and the approaches to be used in the collection of information.
- The protection of the confidentiality of the participants.
- The recognised risk associated with participation in the study.
- The expected benefits will accrue to the participants in the study. The participants were afforded an opportunity to ask questions.

3.13.3 Assent letter

As this study involved adolescents as participants, the letter of assent (Appendix D) were provided for them to acknowledge. Adolescents are part of a vulnerable group of individuals; therefore, it is essential that assent letters be given to them for acknowledgment. The process of assent is a necessary way through which recognition of the child as an individual can be demonstrated affirming that their views have been solicited in the first place (Sibley, Pollard and Sheehan 2016: 1–9). After the director gave permission to the researcher to conduct the study, the adolescents were approached through the appointed social worker/assistant at the facility for their assent to take part in the study, as it helped them to be cognisant of their role as research participants. The director of the residential care facility signed the consent letter for each participant (Appendix C).

3.13.4 Avoidance of harm

It is essential for participants to be aware of the entire nature and intention of the research study, the extent of their participation, the possible dangers and how the collected data will be disseminated. Participants were made aware that no remuneration would be made for being part of the study, that participation was voluntary and that they could withdraw at any time. This ethical consideration is premised on the basis that researchers should respect the individual autonomy of the participants, and subsequently, they should not trick or coerce them, but rather permit them to make deliberations and personal choices on whether or not they would choose to take part in the research study (Babbie 2008;

Smith 2010 cited in Chimange 2019: 6). Thornhill and Lewis (2019: 259) asserted that it was important that the researcher detail the risks and contributions of the study in the consent form. This was done in the study (see Appendix C).

The assent and consent forms covered the goals of the research study, the study benefits, procedures related to the study, potential harm, ethical considerations and contact details of the researcher for more information (Mitchels 2019: 58). Study participants were assured that they could withdraw from the study at any time, as it was voluntary. The researcher took measures to ensure the absence of harm throughout the process of the study.

The information obtained throughout data collection was handled in a confidential manner by making sure that the names of the participants were not linked to the contents of the data except through a private code that was used solely by the researcher. The credentials of the study participants were not linked to the collected information that was made available for analysis. The researcher ensured nameless reporting of data. The participants' right to privacy, anonymity and confidentiality was also maintained by making sure that documents that linked names to data were securely kept in a locker and on a password-protected computer at all times.

Password-protected documents that were only accessible to the researcher ensured confidentiality. The risks of conducting the study with children included emotional discomfort. After each interview, the interviewer had a dialogue with the participant to check on them and offer a referral to the care facility social worker or counsellor if a need for counselling was identified.

3.13.5 Debriefing

As an end result of the nature of qualitative research, participants can also feel emotional distress or become aware of their emotions as they reflect on certain experiences, which may also consist of traumatic memories and previous anxieties (Patton, 2015: 405). Debriefing support was therefore made available at the residential care facility by the

participants' residential social worker (Glove 2018: 32). As the research touched on sensitive and personal realities about the previous traumatic experiences of the children, the researcher ensured that after each session with each adolescent, a debriefing session was held. Those who were recognised as being in need of counselling were offered counselling by the residential social worker, who also served as an assistant in the recruitment of participants.

3.13.6 Maintaining openness and honesty

The researcher maintained honesty and openness with the study participants throughout the study proceedings. The ultimate purpose was to make sure that the participants understood the study system and what their role was in the study (Glove 2017: 33). Maintaining openness and honesty assisted the researcher in forming trusting relationships with the study participants. Mitchels (2019: 49) posited that rapport and trust include "honesty and clarity, and not 'faking friendship' with research participants or exploiting their goodwill or compliance".

3.14 CONCLUSION

This chapter highlighted qualitative research methodology as the guiding research approach of the study. This method allowed the researcher to explore and better understand the complexity of issues facing children in residential care. This study explored and described adolescents' experiences of being in a residential care facility. A semi-structured interview was used to accumulate in-depth information to detail the participant's experiences. Thematic analysis was utilised to analyse the data, ensuring proper organisation of the data.

CHAPTER 4: DATA ANALYSIS AND DISCUSSION OF FINDINGS

4.1 INTRODUCTION

This chapter provides a discussion related to the data obtained from the study and an analysis of the data. The aim of the study was to understand the experiences of adolescents at a residential care facility. There were five objectives of the study, namely, to inquire about the reasons behind adolescents' placement in residential care, to understand their daily life within residential care and explore challenges they experience, to explore their level of support from child and youth care workers and social workers, to inquire about peer and family support within the facility, and to provide recommendations to improve the residential care experience. Interviews were done in person, utilising an interview schedule. The following sub-sections present the participants' demographic profiles and the analysis of the findings.

4.2 DEMOGRAPHIC PROFILES

The demographic profiles of the participants are presented in the Table 1 below. *Table 4. 1 Demographic profiles of the participants*

Participants code/identifier	Age	Race	Gender	Period of stay in the care centre.
Child A	14	African	Male	2 years
Child B	15	African	Male	10 years
Child C	17	African	Male	5 years
Child D	19	African	Male	9 years
Child E	15	African	Male	10 years
Child F	16	African	Male	3 years

Child G	14	Africa	Male	4 years
Child H	15	Indian	Male	3 years
Child I	17	African	Male	6 years
Participants code/identifier	Age	Race	Gender	Period of stay in the care centre.
Child J	16	African	Male	6 years
Child K	14	African	Male	5 years
Child L	17	African	Male	10 years
Child M	14	African	Female	6 years
Child N	15	African	Female	3 years
Child O	15	African	Female	7 years
Child P	17	White	Female	5 years
Child Q	16	African	Female	11 years
Child R	18	African	Female	3 years
Child S	15	African	Female	3 years
Child T	17	African	Female	3 years
Child U	14	African	Female	13 years
Child V	18	African	Female	3 years
Child W	17	African	Female	3 years
Child X	16	African	Female	7 years

Child Y	18	Coloured	Female	3 years
Child Z	16	African	Male	9 years

4.2.1 Summary of the demographic profile

A total number of 26 participants from a residential care facility in the eThekweni district participated in the study. Of the 26 participants, 13 were boys and the other 13 were girls. The demographic profiles of the participants are captured and presented in Table 4. 1 above. To ensure the anonymity of the residential care facility the following code was utilised: residential care facility: RCF#A

Code alphabets were used to identify each study participant to maintain confidentiality. The racial demographic profile included 23 African one White, one Indian and one Coloured child. All of these participants lived in one of the residential care facilities in eThekweni. The study participants were between the ages of 14 and 19.

4.3 DATA ANALYSIS AND FINDINGS

This section presents the study findings and a discussion of them. Data has been grouped into six themes and sixteen sub-themes that emerged from the data analysis.

These are presented in Table 4. 2 below that follows.

Table 4. 2 Summary of the themes and sub-themes.

Themes	Sub-themes
1. Reasons for the placement in the residential care facility.	1.1 Care and safety reasons.

	2.1 Dysfunctional family dynamics.
	3.1 Challenges of education

4. Mixed feelings of growing up in the residential care facility	2.1 Mixed feelings of being in a residential care
	2.2 Varied support from family while in the residential care facility.
	2.3 Inadequate consideration of the children in the residential care facility.

7. Experience of support and care within a residential care facility.	7.1 Mixed experience of support and care from child and youth care workers and social workers.
-----------------------------------------------------------------------	------------------------------------------------------------------------------------------------

	8.1 Mixed experiences of peer support within the child and youth care centre.
Themes	Sub-themes
9. Experience of victimisation within the residential care facility.	9.1 Victimisation of children by child and youth care workers.
	10.1 Experiences of victimisation by peers within a residential care facility.
	11.1 Experiences of stigma within the residential care facility and at school.
12. Experiences of programmes and other additional services offered in the residential care facility.	5.1 Mixed experiences of the programmes offered in the residential care facility.

	5.2 Educational support.
15.Aspects of residential care that need improvement.	5.3 Varied experiences of practicing spiritual faith.
	6.1 Employment of child and youth care workers who are passionate about caring for children.
	6.2 Review of some of the existing rules.

All theme and subthemes will be discussed below and supported by verbatim excerpts from conducted interviews.

4.4 THEME 1: REASONS FOR THE PLACEMENT IN A RESIDENTIAL CARE FACILITY

The first theme explores the various reasons why participants were placed in residential care facilities. The reasons are divided into three sub-themes, namely: (i) care and safety reasons; (ii) dysfunctional family dynamics; and (iii) challenges of education.

4.4.1 Sub-theme: 1.1: Care and safety reasons

When participants were asked about the reasons behind their stay at the residential care facility, they expressed that care and safety were reasons for their placement in residential care. These are reflected in the excerpts that follow:

“The reason I’m staying in a children’s home is that my father tried to rape me; the social worker took me to this place for my safety” (Child S).

“My foster parents were abusing me; the social worker decided to take me to this place so that I can get proper care and be safe” (Child C).

“I was not feeling safe at home as I witnessed the brutal killing of one of my family members. The person who killed my uncle threatened to kill me if I ever talk about what I saw. The police came to do the investigation and I was removed and placed in this home to be safe” (Child S).

“We had no older person to look after us; my older sister, who is also a teenager, tried to take the responsibility of raising us, but she also failed as she was also young and still at school. Then we were taken by the social worker from home to this place to be safe and get proper care” (Child B).

“After my parents deceased, I went to stay with extended family; however, I couldn’t stay long. There were lot of fights within the family and that’s when I got my blue eye. Then the social worker came and took us to this place so that we can get proper care” (Child B).

Family background circumstances propelled most of the children to be placed in a residential care facility. Some participants were placed in the residential care facility to protect them against the abuse that occurred in their family environments. One participant stated that she was moved into the residential care facility for the sake of her safety. She had received murder threats and needed a safe environment to stay. Some participants were moved into the residential care facility due to neglect from their families. One of the participants shared that his family neglected him after his parents had passed on; hence, he had to grow up in a child-headed household, which led to his placement in a residential care facility.

One participant experienced an attempted rape by her biological father, which then led to her being placed at a residential care facility for safety and protection. Subsequently, she was removed to a residential care setting for proper care and protection. Violence and

abuse in home environments also contributed to the removal of young people to residential care facilities. One participant shared that, after the passing of his parents, he went to stay with his extended family. However, the environment was not stable, as there was a lot of violence. The participants revealed acquiring a black eye, leading to a heightened sense of insecurity. Consequently, the participant was deemed to be in danger by the social worker and therefore removed to a safer place, which was the residential care facility.

Fernandez *et al.* (2019: 100); Haffejee and Levine (2020: 7) and Cote and Clement (2020: 1) concurred that children who are placed in a residential care facility are often from economically, socially and emotionally disadvantaged backgrounds. Some were removed from their families because of maltreatment and behavioural problems. Jamieson (2017: 89) stated that over 21 000 children are currently in child and youth care centres in South Africa as one form of residential care.

Safety is a crucial component of quality in residential care facilities and young people's opinions on the facility's security must be taken into account (Farmer *et al.* 2017: 28). Residential care facilities are designed to respond to poverty and other daily threats that hinder children's well-being. Whenever environmental situations subject the child's life to danger, the child protection team intervenes to provide support and protection by removing the child if deemed necessary by the court (Berridge *et al.* 2020: 12). Hence, as reflected in the excerpts, children were being abused by extended family members or their natural parents and were therefore removed. According to Khoo *et al.* (2015: 1), residential care settings are utilised as out-of-home care settings to protect young people from danger. It is through "co-ordinated, holistic, and strategically sound collaboration" that children in residential care settings can be protected (Haffajee and Levine 2020: 11). Malatji and Dube (2017: 109) concurred that residential care facilities ensure the care and safety of children placed in them.

A study Haffajee and Levine (2020: 12) found that many of the children in residential care settings acknowledge the protection and care they experienced within the residential care

facilities, which then enables them to cope with past life traumas. Residential care facilities are responsible for providing the basic needs of young individuals for them to reach their highest pinnacle (Johnson and Vindrola-Padros 2014: 223).

4.4.2 Sub-theme 1.2: Dysfunctional family dynamics

The second sub-theme focused more on the family circumstances that resulted in the children being removed to residential care facilities. The participants' views are reflected in the following excerpts:

“The reason for me and my brother to end up staying in this place is that our mom couldn't take good care of us. She was drinking alcohol and we had no one to care for ourselves until the social worker came. After we were referred by the neighbours to the social worker and then we were taken to this home” (Child T).

“My father was heavily on drugs and his family rejected him because he was engaged in criminal activities until he passed on. After the death of our mother, we could not have anywhere to go as my mother's family split apart” (Child B).

“My understanding of staying in this children's home is that my mom was on alcohol; she couldn't take good care for me and my younger sister; she could leave us with no food the whole day and go drink alcohol. The neighbours tried to take us with them and give us food; my mom would come drunk and fight them and the neighbours told the social worker about our situation. Then in 2013, the social worker took us to this home” (Child E).

“The reason being in this children's home is because my mom and dad had been on drugs, and we ended up with no place to stay because my father and my mom lost their jobs and the house (Child H).

Several of the participants expressed that alcohol and drug abuse by their parents were the reasons behind their stay in a residential care facility. Parental alcohol and substance

abuse led to poverty, which made it difficult for these children to remain in their family environments. Some of the participants' responses when asked about the background behind their placement in residential care facilities stated the reasons that were related to poor family economic status and parental misuse of alcohol.

One participant stated that her family faced a difficult situation; their house collapsed and as a family they had nowhere to go as her parents had no jobs to rebuild the house. The unfortunate situation led to the involvement of social workers, prompting the consideration of relocating her to a residential care facility. The primary objective was to ensure the child's access to suitable housing. Another participant stated that when her father started to use drugs, he also began engaging in criminal activities. The participant further stated that after her father passed on, the hate was passed on and rejection from her family meant that no one wanted to look after her. Subsequently, the participant was moved into a residential care facility. Another participant shared that his mother would neglect them and come home drunk, and the neighbours tried to take care of them, but his mom would fight them, and as a result, they were referred by neighbours to the social workers and that was how they were moved to the residential care facility.

Rocher (2019: 9) and Cote and Clement (2023: 1) stated that prior studies had indicated that children are being raised in residential care facilities due to experiences of structural factors of destitution and other related family circumstances. Most of the children placed in residential care facilities have been exposed to dire adversities (Fernandez *et al.* 2019: 100). Residential care centres attempt to provide a space that enforces a sense of belonging among the affected youngsters (Yendork and Somhlaba 2015: 42). The aim of a residential care facility is to cater for the unfortunate children, as their needs cannot be met in their actual family setting due to alcohol use, criminal activities and neglect.

Rotabi *et al.* (2017: 648) stated that children who grow up in residential care facilities, are placed there because of parental death and the absence of extended family members to assume the role of a parent figure. The governmental health and social services are responsible for deciding if the child is to be placed in a residential care facility

(CameronMathiassen *et al.* 2020: 2). However, placing young people in a residential care facility is the last resort (Costa *et al.* 2020: 4).

4.4.3 Sub-theme 1.3: Challenges of education

The third sub-theme concerned the challenges of education for children from disadvantaged family backgrounds. The views of the participants were expressed in the following excerpts:

“The reason I was taken into this place was for me to get [a] better education and have a better future” (Child K).

“My parents were struggling financially, so they could not manage to give us [a] better education, so the social worker took us to this place so that we can get better [a] education and change our family situation” (Child T).

“The facility promoted its mission of improving my life by giving me an opportunity to go to school and also by providing me with people whom I can rely on to complete my schoolwork. The home also hired outside tutors to assist us with challenging subjects” (Child T).

“Living here is a simple life; we get [a] proper education, which our parents couldn’t afford, so I enjoy being here very much” (Child I).

“Living in this children’s home makes me feel like I have access towards more things now that I couldn’t have access to while I was living at home, like quality education” (Child F).

The study found that despite facing family adversities before admission to residential care facilities, most participants expressed gratitude for the opportunities provided by the facilities to receive a quality education. Some participants disclosed that their families’ financial status had prevented them from receiving quality education; hence, they were

moved to a residential care facility to get quality education. After the social worker assesses the actual family's economic status, children are removed by the social worker with the court order into a residential care facility for them to get a quality education.

Participants shared that they felt like the residential care facility was fulfilling its mission of providing them with quality education that they would not get growing up in their actual family environments. The participants further highlighted that the residential care setting provided them with the support they needed in order to excel academically, such as support from child and youth care workers and tutors who assisted them with homework.

Residential care facilities are entrusted with the role of meeting the educational needs of young people placed in them (Malatji and Dube 2017: 101). According to the National Child Care and Protection Policy (2022: 80), social services in education seek to promote children's participation in and access to educational opportunities while also enhancing their academic performance or results. The child and youth care workers within the residential care facilities showed school support to the children by committing themselves to attend all the children's school meetings (Nsabimana *et al.* 2021: 7). Studies conducted by Roche (2019: 9) and Delgado *et al.* (2017: 33) found that children placed in residential care facilities were happy about being raised in residential care because they were provided with many opportunities, especially free education.

4.5 THEME 2: MIXED FEELINGS OF GROWING UP IN THE RESIDENTIAL CARE FACILITY

The second theme reflected the various feelings participants experienced in relation to life at a residential care facility. Three sub-themes emerged relating to the feelings of being institutionalised, namely: (i) Mixed feelings of being in residential care facility; (ii) Varied support from family while in the residential care facility; and (iii) Inadequate consideration of the children in the residential care facility.

4.5.1 Sub-theme 2.1: Mixed feelings of being in a residential care facility

This sub-theme emerged from the collected data. The participants shared both positive and negative experiences about growing up in a residential care facility. The first

subtheme that derived from the data was concerned with participants' feelings of having been in a residential care facility. For some, a residential care facility was the best place to be, and for others, it was the worst place to stay. The participants reflected both positive and negative views in the excerpts that follow:

Positive experiences

"I feel so happy to grow in a children's home because I'm exposed to many opportunities that other children who stay in their real home do not get" (Child D).

"I feel so happy to grow in this place because everything is provided to us; there's always enough food to eat" (Child B).

"Daily experience of this place [residential care facility] is not bad; I [am thankful] that I have a roof over my head, I can sleep, I have food to eat, and I have clothes to wear and attend school" (Child G).

"I'm so happy to be in this place [residential care facility] because where I was staying, I didn't use to get the things that I'm getting in this place, so this place is better compared to where I was living. People who are from privileged families, they might see this place as bad, but to be honest, I find staying in this place good compared to where I'm coming from" (Child C).

"To be honest, I'm so happy that I grew up in this place. Ever since I was taken to this place, life became easy compared to home. Here, I don't have to worry about anything; anything I need is provided" (Child T).

Several participants shared that the residential care facility had successfully provided them with their basic needs, including decent shelter, food and clothes. The participants highlighted that being raised in a residential care facility left them emotionally better than growing up in their actual home. The residential care facility provided them with everything they needed in order to grow like any other children, and they were given opportunities. Some participants were happy because life in a residential care facility was better than

their family backgrounds. One participant stated that he was happy about the opportunity to attend school.

Children who have been placed in residential care facilities begin to understand the purpose and meaning of their new lives there (Nsabimana *et al.* 2021: 10). The children acknowledged the resources that were being made available to them while in the residential care facility (Haffejee and Levine 2020: 11). Additionally, some of the children recommended that everything remain the same as they were comfortable and treated well (Cote and Clement 2020: 5).

Young people also alluded that they had enough food and had access to things that their families could not afford (Montserrat *et al.* 2019: 6). Delgado *et al.* (2020: 67) said most of the children in residential care are eager to use the opportunity that is given to them to change their lives and escape from their dire family backgrounds. The study done by Cote and Clement (2020: 6) indicated that even though the children had positive experiences growing up in a residential care facility, they never viewed the residential care facility as their real home.

Negative experiences

The following excerpts reflect the negative experiences of participants at the residential care facility. They said:

“For me, it’s not easy to wake up in the morning thinking that I’m staying in the children’s home because we don’t have all the privileges that children living with their families have” (Child P).

“Staying in the children’s home can be sometimes good and bad, some of the rules that exist in a children’s home make no sense. For an example, we must all wake up early in the morning, even if we are not going to school, and we have to spend the whole day in the home; we don’t get a chance to go out of the home, so for me, it feels like we are in jail” (Child E).

“The rules in this home are not good; we are not allowed to bring our deodorants from our parents. Some of us are going through our puberty stages and we need something to keep fresh, but the uncles [child and youth care worker] confiscate our deodorants, and they tell us that it’s not allowed to use deodorants” (Child L).

The children who had negative experiences growing up in a residential care facility pointed out some specific aspects. They shared that living in a residential care facility made them feel like they were not getting the same privileges that other children who were growing up in normal family settings were getting. Some participants expressed that the rules that existed in the residential care facility sometimes made them feel like they were in jail, as they had to wake up early in the morning even if they were not going to attend school. The children got to spend the whole day at the home premises and had no outings like other children who grew up in their home environments. One of the participants shared that they were also not allowed to bring deodorants from their parents into the residential care facility. The participant elaborated that some of them are in the puberty stage, and hence they needed deodorants to keep fresh. However, child and youth care workers have been confiscating their deodorants, as the policy of the residential care facility does not allow them to use deodorants.

Delgado *et al.* (2017: 33) and Mukushi *et al.* (2019: 11) reported from their studies that most of the children placed in residential care facilities were not satisfied growing up in this environment. The children in residential care facilities feel like living in residential care offered less freedom as compared to living with their actual families. The children therefore prefer to live with their actual families rather than in a residential care facility (Montserrat *et al.* 2021: 7).

4.5.2 Sub-theme 2.2: Varied support from family while in the residential care facility

When the children were asked about their views on the support they received from their families while in the residential care facility, they shared positive and negative experiences. the following excerpts reflect the participants sentiments:

“My family is so supportive; they do come and visit me during weekends and bring me nice things; also during school holidays, I go to visit them and they buy me new clothes and other stuff that I need” (Child Y).

“My family supports me; they call me to check how I am doing, and I also call them. Sometimes they come to visit me and during school holidays I also go to visit them” (Child L).

“To be honest, I only got the family recently. They are the host parents but they are so supportive as if they were my birth parents. Ever since I came into this children’s home in 2017, it was my first time to go visit my host parents during [the] December 2022 holidays” (Child C).

“The only family that I have is my two sisters; the one is living with me in this home and the other one is back at home. The one who is at home does not come to visit us here, but the social worker always makes arrangements for us to go visit her and we understand the situation that she [cannot] afford to come to visit us here as she is not employed” (Child B).

Participants also shared that they received much-needed support from their families. Some participants stated that they received support and visits from their families, and they also had a chance to visit their families during school recess. Some participants received phone calls from their families to check how they were doing within the residential care facility. One participant shared that he has host parents and his host parents are supportive and have allowed him to visit them for the first time during the December school holidays. This was especially important as this participant never got the chance to go out for a holiday visit ever since he was admitted in 2017.

The children placed in residential care facilities were elated when contact with their real families was made; the children alluded that they would appreciate it if the contact with their

families was a regular occurrence (Montserrat *et al.* 2021: 7). The young people in residential care facilities stated that relatives were one of their support sources while in residential care facilities (van Breda and Hlungwani 2019: 608).

Children who encountered unsatisfactory support from their families in the residential care facility about a diminished connection with their families, primarily voiced concerns related to a loss of connection with their families. The participants' views are expressed in the following excerpts:

"I don't receive any support from my family; ever since I came [to] this place, no one is checking on me and my mom don't even call to check how I'm doing in this place" (Child T).

"To be honest, I've lost the connection with my family; they don't call me, and I don't call them too. Even during school holidays, I don't go to visit them and they don't come to check on me" (Child O).

"My mother does not call to check on us, since we were admitted in this place, she rejected us. Even during school holidays, we don't go to visit her" (Child P).

Some participants expected their families to be supportive of them while they were in the residential care facility, but they were met with rejection. One participant shared that ever since she was admitted to the residential care facility, no one from her family contacted her or checked how she was doing within the residential care facility. Another participant stated that she did not visit her family even during school holidays and they never visited her at the residential care facility as well.

According to Montserrat *et al.* (2021: 11), children have a family visiting agreement with their families that is authorised by the protection team; however, if the visit subjects the child to any form of danger, the agreement can be restricted. However, most children in residential care "expressed their concern for their families who may have rejected them" (Haffejee and Levine 2020: 11). In some cases, it is the child's preference not to have any

contact with their family members (Montserrat *et al.* 2021: 11). For some of the children placed in residential care facilities, being separated from their families was the worst experience ever (Montserrat *et al.* 2021: 7). Residential care facilities should emphasise the necessity for children residing in them to establish and sustain connections with their biological families (Miranda and Unanue 2019: 1).

4.5.3 Sub-theme 2.3. Inadequate consideration of the children in the residential care facility

This sub-theme emerged from concerns related to the rights of children such as (i) participation in decision-making, (ii) poor provision of necessities, and (iii) lack of privacy. The participants' views are reflected in the following excerpts:

Participation in decision-making.

Participants commented on the participation in decision-making saying:

“The activities that we do in this home are boring; we are not included when they plan the activities like outdoors and indoors activities, and we therefore find the activities boring” (Child L)

“The house parents [child and youth care workers] and the management of this home use their powers to set rules and not listen to our views” (Child I)

“In this children’s home, the social workers and house parents [child and youth care workers] make decisions for you in your daily life” (Child P).

“I was admitted to prevocational school, and I was not given time to decide on that, I tried to speak with the social worker that I don’t like the school I want to attend a normal school, but the decision was already made, and they never listened to my voice” (Child C).

“I feel like I was not fully involved in the discussion of enrolling me to the prevocational school. It was discussed with me, but I feel like they had already taken the decision when they explained to me that they going to move me to prevocational school. I had no clear

understanding what kind of a school I was admitted to until I attended the first day, I tried to plead with them to deregister me from that school and take me to normal school they refused and influenced me that the school is good for me” (Child E).

The participants expressed their dissatisfaction with regards to the activities done at the residential care facility, including both outdoor and indoor activities. The participants shared their concerns that they were not included when the activities were planned and that they did not find the activities interesting. One participant stated that the child and youth care workers and the social workers plan activities for them without including them as part of the planning team. Some participants expressed their dissatisfaction with their admission to prevocational schools without their consent. The participants wanted to attend mainstream schools, but the social workers decided on their behalf that they should attend prevocational schools. The participants also indicated that they attempted to communicate their dissatisfaction with the prevocational school they were enrolled in. However, the social workers did not heed to their views, as they had already made the decisions on behalf of the participants. Hence, the participants were excluded from being actively involved in important discussions pertaining to their lives.

According to the studies done by Montserrat *et al.* (2021: 11); van Bijleveld, BundersAelen, and Dedding (2019: 286) and Collins (2017: 14), children in residential care facilities are limited in terms of participating in decision-making and autonomy and their voices are either not being heard or not taken seriously. The study done by Brummelaar *et al.* (2018: 40) concurred that the children in residential care facilities faced challenges in actively participating in choices about their medication use and transition or discharge planning. Collins (2017: 14) also argued that even though children are invited to participate, their participation does not always entail active engagement; hence, participation must evolve from tokenistic engagement to meaningful engagement. The only way of ensuring that children are protected within the residential care facility is to ensure that they are actively engaged in all discussions about their lives (Kosher and Ben-Arieh 2020: 6). It is the fundamental right of children to be involved and to be listened

to at residential care facilities when decisions are being made about the world around them (Gonzalez *et al.* 2015: 95).

Montserrat *et al.* (2021: 8) stated that young people placed in residential care facilities affirmed that they were not listened to by the staff and were not included in discussions on relevant issues that encompassed the given rules of the residential care setting. Children's rights to participation could have a positive impact on identifying and mitigating the effects of child maltreatment (Kosher and Ben-Arieh 2020: 2). When the voice of young people is listened to in residential care settings, "it is more likely to be a positive and safe experience for them" (Moore *et al.* 2018: 68). Involving young people in decisionmaking is closely linked to their wellbeing, as it enables them to play a role in transforming their own lives (Rodrigues and Barbosa-Ducharme 2017: 60).

It has been noticed that the voices of young people are only taken seriously during the process of child removal or reunification, and other than that, the children's voices are not valued (Carvalho *et al.* 2018: 67; Carvalho *et al.* 2020: 59). Considering that the children's rights to participation can play a big role in protecting the children from maltreatment within the residential care facility (Kosher and Ben-Arieh 2020: 6), young people should always be at the centre of any decision that impacts their lives and their views must be taken seriously (McPherson *et al.* 2021: 12; Rodrigues *et al.* 2019: 58; Henaghan 2017: 537).

Lack of necessities

The participants shared their struggles with regards to lack of necessities within the residential care facility. The participants' views were expressed in the following excerpts:

"Whenever you need something from the storeroom, they always give excuses like we don't have enough money to buy that, no ... this is too much, we don't have this, ... we will try but at the end I don't get it" (Child E).

"Sometimes we run out of cosmetics then when we go to request them in the storeroom the aunties that are working in the storeroom would tell us that it is finished" (Child B).

“I feel like this home does not meet my needs because whenever I need basic things, they always complain that the home does not have money to buy the things we need” (Child B).

“The home is failing to provide us with clothes to wear, we always depend on donors for old clothes and sometimes you won’t find your size on the donated clothes” (Child B).

“I don’t have enough clothes to wear and sometimes I have to borrow clothes from others” (Child P).

“In this home we have to share cosmetics such as soap and toothpaste as the storeroom is not providing us enough cosmetics” (Child L).

The participants expressed the concern that the residential care facility is failing to provide them with their necessary basic needs, as they alluded to the fact that they sometimes run out of cosmetics and when they ask for cosmetics, they are told that they are finished. The participants stated that the people who work in the storeroom often make empty promises to the children that they will get them whatever they need, but at the end they do not fulfil their promises. One participant stated that they were dependent on donated clothes, which at times did not fit them properly. Consequently, the children had to share the clothes with other children within the residential care facility. The participants did not only share clothes, but they stressed that they also shared cosmetics, including toothpaste and bath soap, as the storeroom personnel did not provide them with enough cosmetics. The participants expressed their concerns that in residential care there was a shortage of clothes and cosmetics in the storeroom. Consequently, the participants had to share the cosmetics. The study done by Montserrat *et al.* (2021: 7) concurred that children in residential care facilities also often complained about insufficient clothes to wear.

Lack of privacy

One participant commented on the lack of privacy saying:

“Staying in a children’s home is different than staying at your own home, here we don’t have privacy as we share rooms. Sometimes when you come from school you find that some of your stuff is missing, and you don’t know who to ask because you are sharing the room” (Child R).

“The aunties [child and youth care workers] invade our privacy when we are from school, we find our stuff in a different position. I remember one day I was sick, and I asked the medication from the nurse and the auntie [child and youth care workers] responded and say, “there’s medication in your locker why don’t you go and take it”. I was wondering how she saw the medication because it was under my clothes inside my locker, so to me it’s like she searches our lockers when we are at school” (Child Y).

Privacy in child and youth care centres is lacking, as evidenced above. The participants stated that they are sharing bedrooms and have no privacy at all. The participants divulged that when they return from school, they would find their belongings in different positions, and they would sometimes find their stuff missing. The participants do not know who to ask about their missing belongings as they are sharing rooms. One participant pointed out that he strongly feels that the child and youth care workers searched their stuff while they were at school because they sometimes found their belongings in different positions from where they left them.

Montserrat *et al.* (2021: 11) stated that the youth in residential care indicated that they did not have privacy and a protected space to keep their belongings safe. At the adolescent stage privacy is very important to young people and is a major need.

4.6 THEME 3: EXPERIENCE OF SUPPORT AND CARE WITHIN THE RESIDENTIAL CARE CENTRE

The third theme reflected the various experiences of support from both formal and informal support systems. The experience of living in a residential care facility varies from child to child. Some children find it better to stay in a residential care facility compared to

their actual family settings, while others yearn to be with their families. Two sub-themes emerged under this theme: (i) mixed experience of support and care from child and youth care workers, and (ii) mixed experience of support and care from social workers.

4.6.1 Sub-theme 3.1: Mixed experience of support and care from child and youth care workers and social workers

When participants were asked their views on experiences of support and care from child and youth care workers and social workers, they expressed the following:

Those who had positive experiences of support and care from child and youth care workers said:

“The aunties [child and youth care workers] are very much supportive of us; I take them as life coaches. Whenever there’s something troubling me, I feel free to go to the aunties [child and youth care workers] and tell them about everything that is bothering me. I don’t see any need to call my mom to tell her about the things that stresses me. The aunties [child and youth care workers] can listen and guide me as my mom would; whenever I need to talk to someone older, the aunties [child and youth care workers] are the reliable adults to talk to” (Child X).

Ever since I have been in this place, I feel supported, especially by the house parents [child and youth care workers]. They treat us like their own children; the warmth and support that our own parents did not give us the house parents are giving us. They make us feel free to talk to them about anything that bothers us, and they guide and support us” (Child T).

“The support we receive from aunties and uncles [child and youth care workers] is amazing; they make us feel like we are their own children. Some of us never experienced such care from our own parents. We are free to talk to our aunties and uncles [child and youth care workers] about our personal stuff and they show us support and guide us without judging us” (Child T).

“The aunties and uncles [child and youth care workers] care a lot; they also help whenever we have problems; they make us feel free to talk with them” (Child G).

“I think this is a comfortable place because of the uncles who care for us and always available to support us” (Child D).

“The aunties and uncles [child and youth care workers] show us love and they give support as children; they always ask if I’m fine, and if I’m not, they talk to me trying to make me feel good. For an example, whenever I have personal problems, I’m able to talk to the uncles [child and youth care workers] about it and they tell me what to do and my issue go away” (Child E).

Most of the participants shared positive experiences of the care and support they received from the child and youth care workers. The participants who had positive experiences of the child and youth care workers’ care said that they felt supported all the time, that the child and youth care workers were nice to them and showed interest in them, and that they were always available whenever they needed them. Some of the children never experienced love from an adult figure, so to them, the feeling of being around a caring and loving adult figure was meaningful. These participants did not feel the need to stress their mothers outside the home about things that they were going through. The participants disclosed that they were able to resolve whatever issues they faced with the child and youth care workers because they treated them as their mothers and the child and youth care workers treated them as their own children as well.

Child and youth care workers in residential care facilities ensure a stable and consistent milieu that is built on supportive relationships that enable the child’s traumatic experiences to be discussed (Haffejee and LeVive 2020: 11; Mhizha 2020: 177). Nurcombe-Thorne, Nadesan and van Breda (2018: 640) found that children in residential care facilities felt supported in many spheres as they experienced the child and youth care workers being very supportive towards them. Slaatto *et al.* (2022: 17) stressed the significance of continuing to place an emphasis on staff’s interpersonal and

communication skills as opposed to children's challenging behaviours. Supportive relationships and a responsive environment enable a measure of protection in the face of difficulties (Collishaw *et al.* 2016: 720). Most of the children in residential care settings described the practitioners as "angels" or "good people", emphasising the practitioner's patience, concern about them, their love and affection and how they make them feel loved and worthy (Montserrat *et al.* 2021: 7). The children at residential care facilities were so elated about the treatment that they received from child and youth care workers that they mentioned that the love they received from child and youth care workers enabled them to love them back (Cote and Clement 2020: 8).

Those participants who had negative experiences of support and care from child and youth care workers said:

"I cannot say staying in a children's home, [it] is not nice, but I feel like the people who are supposed to give us better experience of staying in the children's home are the ones who makes our lives worse. The house parents [child and youth care workers] will punish you for no reason or for small mistake just because you're not their favourite child" (Child P).

"Sometimes the house parents [child and youth care workers] are not fair to us, they don't treat us the same. When we made mistakes we won't get the same discipline, to others the discipline is not tough but if you're not their favourite child the discipline become harsh" (Child J).

Some of the participants were not happy about the treatment they received from child and youth care workers. One participant stated that she strongly felt that the child and youth care workers made their lives very difficult. The participants shared that they would get unnecessary punishments from child and youth care workers. Additionally, the participants stated that they felt like there was no equal treatment of children by the child and youth care workers. As a consequence, the children experienced unequal treatment in terms of discipline. This inequity was perceived as unfair, as those who were favoured by the child and youth care workers received lenient discipline, while those who were not

favoured faced more stringent measures. Additionally, the participants stated that those who were less favoured by the child and youth care workers were prone to being punished for small mistakes.

The child and youth care worker's ill-treatment towards children and young people within the residential care facility goes against child and youth care practice. The Children's Act 38 of 2005 was adopted to mitigate child maltreatment within residential care facilities and promote the best interest of a child (Malatji and Dube 2017: 109). The children have already experienced trauma in their original family environment; therefore, good child and youth care practices ensure that fair and equal treatment is maintained for children. Good child and youth care practice seeks to enforce the healing of children from their past traumatic experiences and ensures that the residential care facility is warm, welcoming, enables socialisation and provides a therapeutic space for all the young people within it (Mhizha 2020: 177). The child and youth care worker must maintain therapeutic relationships with the children. Additionally, good child and youth care practices always seek to ensure the holistic growth of young people through the identification and nurturing of their strengths (Bollinger 2017: 2; Teodurczuk, Guse and du Plessis 2019: 233).

Montserrat *et al.* (2020: 7) found in their study that regardless of the residential care being a place where children are being helped and cared for, some of the children continued to experience hostile attitudes from the staff members. Child and youth care workers were described as "being rude, shouting a lot and punishing the young people for little things". Studies conducted by Delgate *et al.* (2017: 33) and Delgate *et al.* (2019: 13) stated that some of the young people placed in residential care facilities did not feel safe, listened to, or loved by the staff members. Children in residential care facilities lived with elders whom they knew were not their biological parents, which caused them a lot of discomfort (Mukushi *et al.* 2019: 11). Some child and youth care workers may act in a way that encourages children's hostility and leads to violence, or they may act passively and withdraw (Slaato *et al.* 2022: 17).

The large number of children placed in residential care facilities contributed to child and youth care workers not being able to provide sufficient individualised attention and care to all the children within the residential care facility. Some of the children placed at residential care facilities did not want to establish relationships with the child and youth care workers within the residential care facilities, as they lack trust in elders due to previous experiences of maltreatment by adults whom they have trusted. Additionally, the child and youth care workers punitive behaviours towards children, resulted in the children failing to develop a sense of reliance on adults when faced with stressful events (Cote and Clement 2020: 8).

As a profession, however, child and youth care practice does not accept the value system endorsing corporal punishment (Gharabaghi 2008: 187). Mhizha and Nhezi (2023: 172); Warf, Gharabadi and Charles (2020: 125) stated that the job of a child and youth care worker is to guide children and young people through their daily routines as well as to carry out their own day-to-day services; they focus mainly on the children's needs and success. Child and youth care workers promote the wellness of children and young people, and all their actions must be in accordance with their profession's mandate (Gharabaghi 2008: 202). It is also the child and youth care workers' role to assist children to effectively deal with issues of identity such as gender identity, sexual identity and adoptive identity and not to judge the children (Warf, Gharabaghi and Charles 2020: 125).

Child and youth care workers maintain supportive stances and establish ample opportunities for children and young people to meet their needs (Warf, Gharabadi and Charles 2020: 137). Gharabaghi (2008: 202) concurred that child and youth care workers in residential care facilities are entrusted by the facility management to aid the development of the children and youth placed in the facility in multifaceted aspects and prevent any harm directed at the children and young people (Gharabaghi 2008: 8).

The following excerpts include concerns about the negative experiences of support and care from social workers. The participants shared the following:

“To be honest we only get the attention from the social worker when we have done something wrong. When things are going right the social worker does not even check on how we are doing” (Child L).

“No emotional support is being given by the social workers; they only call you to the office when you do something wrong, and it feels like we are not being noticed by the social workers when we behave well, only when we behave bad that they take notice” (Child P).

“The social workers only engage with us when we have done something wrong” (Child K).

“The social workers do provide us with emotional support but sometimes I feel like they have too much work to do because sometimes when you go to the office asking to see the social worker, they tell you that the social worker is busy then you have to come back again at some other time” (Child D).

“I cannot say much about support I receive from social workers because I usually don’t go there to the office because they are always busy, and they always have excuses” (Child E).

“I don’t feel supported by the social workers because there was a time where I wanted to change my school because it’s a prevocational school, but the social worker refused” (Child C).

The participants who had negative experiences of care and support from social workers shared that they did not receive any attention from the social workers at the residential care facility. The participants stated that they were given attention by the social workers only when they did something wrong. One participant stated that she never received any emotional support from the social worker. Some of the participants shared that they felt like the social workers had a lot of work to do, as they would sometimes be told to come back some other time when they needed to see them. The unavailability of social workers

resulted in the participants not consulting them. One participant felt unsupported by the social workers, as they never interacted with him.

Social workers in residential care facilities are the case managers of the children in care (Jamieson 2017: 89). The study done by Slaatto *et al.* (2022: 19) found that the staff's actions and attitudes towards the children in their care have a significant impact on these children's experiences. Social service providers play an important role in the lives of the children in residential care facilities; the children's perceptions of the care they receive are significantly influenced by how social workers engage with them (Slaatto *et al.* 2022: 19). Due to challenges faced by social workers at residential care facilities, they frequently fail to do their tasks, which include meeting deadlines for court and casework, improperly managing caseloads and failing to see cases through to conclusion (Strydom *et al.* 2017: 245). Nurcombe-Thorne *et al.* (2018: 7) stated that the turnover of social workers was also a hindrance for children to build relationships with the social workers. Children whose past is characterised by abandonment exhibit insecure attachment to elders (Baxter 2001: 281; Doubell 2014: 84).

Social workers in residential care facilities must provide therapeutic services, including psychosocial, psychological and emotional support (Nurcombe-Thorne *et al.* 2018: 2). The social workers must always maintain effective communication with young people (Reith-Hall 2020: 1; Koprowska 2020: 5; Montgomery 2023: 3; Healy 2017: 30). Frequent engagement between the social worker and the child needs to be maintained as children exposed to traumatic experiences need support and counseling (Jacobs 2020: 87). Moreover, social workers must ensure that the voices of young people are taken into consideration and that they are part of decision-making about their lives (Johannisen, van Wyk and Yates 2021: 5).

Not all the participants had negative experiences of care and support from social workers. When participants were asked about their experiences of care and support, those who had positive experiences shared their views in the following excerpts:

“To be honest the social workers are always so encouraging, and they give good advice. Whenever I need them, they always make time for us, and they are always available to give us emotional support” (Child Y).

“The social workers in this home are so supportive to me, they give me emotional support and they encourage me to do good at school so that I can be a better person in future” (Child T).

“I feel supported by the social works because there was a time where I was abused by another child within this home and the matter ended up in the social workers office and I was happy about how they handled it” (Child W).

“Social workers help me to communicate with my parents and they tell me what’s right and wrong” (Child K).

“The social worker assisted me to find my mother, I knew where she stays and told the social worker. She assisted me to find her, and I have recently found out that I have three sisters younger than me” (Child I).

“If I want to go out on holidays to visit my family the social worker arranges for me to go” (Child I).

Some participants indicated that the social workers were very efficient in responding to their emotional needs. Some participants shared that the social workers would shift everything aside to give them the attention they desired. One participant shared that his social worker had played a tremendous role in helping him find his mother, and he got the chance to meet his three sisters, whom he never knew existed before. Participants who felt supported by the social worker explained that the social worker kept contact with them, updated them about their case improvement and assisted them in maintaining contact with their families. One participant shared that she was a victim of bullying at the residence, but the social worker supported her, and the matter was resolved amicably.

Supporting young people who have experienced trauma in learning new techniques for controlling their emotions and being impulsive must be the main goal of working with them (Slaatoo *et al.* 2022: 15). According to Johannisen, Yates and van Wyk (2019: 6), the children placed in residential care facilities expressed their happiness about the good relationships they had with the social workers, which helped them feel at home there. Koprowska (2020: 27) argued that a relationship alone is insufficient; social workers also need to be proficient and knowledgeable, and they must treat young people's personal information with respect. The study done by Kam (2020: 775) and Tanner (2019: 1688) found that the children who get social workers' services appreciate social workers who are friendly, sympathetic, courteous, good listeners and who display compassion and understanding. It is evidenced that when quality social services are implemented according to a consistent ethical standard of practice, it is more likely that desired outcomes will be achieved. (Megivern *et al.* 2007: 118).

Reith-Hall (2020: 1); Montgomery (2023: 3) and Koprowska (2020: 5) stated that the profession of social workers requires effective communication on a regular basis. Effective communication is believed to foster positive working relationships and improve social work outcomes, even in difficult and stressful situations (Healy 2017: 30). In social work practice, the values of the profession and the specific social, cultural, political and ideological contexts in which social workers operate influence the nature of interpersonal communication (Koprowska 2020: 5). The children within residential care facilities alluded to the fact that the social workers played a crucial role in advocating for their voices to be taken seriously when decisions are being made (Johannisen, van Wyk and Yates 2021: 5).

4.6.2 Sub-theme 3.2: Mixed experiences of peer support within the residential care facility

The following excerpts show evidence of participants' experiences of peer support within the residential care centre.

"Not all of my peers in this home are supportive, but some of them are supportive" (Child O).

“The people in this home pretend to be your friends only when you have something nice from your family. After your goodies [are] finished, they start to gossip about you” (Child P, Child Y)

“I prefer my outside friends than the other children in this home because my outside friends support me; they are not like the other children in this home” (Child P)

Participants shared different experiences of support from their peers at the residential care facility; some of their peers at the residential care facility showed them support, but some did not. Some participants stated that some children pretended to be their friends only when they wanted to benefit from something, including the goodies their family would bring for them. Some participants stressed that they preferred friends from outside of the residential setting as gave them genuine support, they did not gossip about them, and they did not ostracise them for living in a residential care facility.

The young people in residential care facility enjoyed the company of their outside peers more than of their peers within the facility (Montserrat *et al.* 2021: 8). Malatji and Dube (2017: 106) concurred that the children in residential care facilities wanted to interact with people from outside the residential care facility because they felt lonely within the residential care facility.

Those who had positive experiences of peer support within the residential care facility shared their views in the following excerpts:

“I do receive support from my peers within this home, such as advice; maybe I need advice on schoolwork or maybe I got a girlfriend somewhere” (Child C).

“As peers, we do support each other in this home; we treat each other as brothers and sisters. We can talk about things that trouble us and give advice to each other” (Child T).

Some of the participants in the residential care facility stated that they received support from their peers. One participant emphasised that her peers had assisted her with

schoolwork and other age-related matters, such as giving advice with regards to girlfriends. Another participant shared that within the residential care setting, they treated each other as siblings, meaning they were free to share things that were troubling them and relied on each other for support and advice.

Montserrat *et al.* (2021: 11) found that young people expressed happiness about their relationships with other children in and outside the residential care facility. According to Witnish (2017: 5), supportive peer relationships within the residential care facility play a key role in assisting children who are leaving the residential care facility to be able to form relationships with other people in the outside world as the residential care facility provides them with opportunities to learn social skills. Most of the young people preferred peer relationships when needing support (Goodwin-Smith 2017: 351).

4.7 THEME 4: EXPERIENCE OF VICTIMISATION WITHIN THE RESIDENTIAL CARE FACILITY

The fourth theme concerned children's experiences of victimisation that occur at the residential care setting. Three sub-themes emerged from the data regarding the participant's experiences of victimisation while in the care facility, namely, (i) Victimisation of children by staff members, (ii) Experiences of victimisation by peers within the residential care facility, and (iii) Experiences of stigma within the residential care facility and at school.

4.7.1 Sub-theme 4.1: Victimisation of children by child and youth care workers

The first sub-theme concerned the experiences of victimisation by child and youth care workers within the residential care facility. The participants' views are expressed in the following excerpts:

"The aunt [child and youth care worker] and other children are gossiping about me in Zulu, thinking that I don't understand what they are saying, and they call me names such as Simba, Waterfall, and stuff..." (Child Y).

"The staff members [child and youth care workers and social workers] always tell us things that we don't want to hear, like they always remind us that we are only in the children's

home to finish school after we go back to our families whenever we misbehave. We find it painful because they remind us about where we are coming from, so we can't heal from our past" (Child D).

"When we misbehave, the house parents [child and youth care workers] call the supervisor and the supervisor will tell us that if we don't want to follow the rules, we must just pack our bags and leave the children's home. It hurts to be told that because you get to think about the situation back home and you can't heal because you are constantly being reminded of your past" (Child L).

"There was the other time when I was wrongfully accused of running after a girl within the home. I was called to the office by the supervisor and the senior, who is no longer in this home. I told the supervisor that I did not do what I was accused of, but the supervisor did not listen to me; he wanted to slap me" (Child E).

"The aunties [child and youth care workers] they sometimes teasing us of our family background when we misbehave and it's painful because they do it in front of the other children to humiliate you" (Child S).

Being threatened, humiliated and emotionally damaged was something that appeared to be common at the residential care facility. One of the participants experienced name calling from the child and youth care worker and the other children. Most of the participants shared that they were being emotionally hurt by their child and youth care workers and social workers as they constantly reminded them that after they finished school, they had to go back to their families. As much as family reunification is important, as alluded to by Hope and van Wyk (2019: 94), keeping children away from their families for a long time has a negative impact on family reunification. However, it sounded as a threat to the children, as they were being reminded that when they behave badly, they will go back to their families. The participants stated that the threat of being released to their families resurrected their emotional pain, as it reminded them of their painful family backgrounds and painful past experiences. The participants shared that the child and

youth care workers mocked them about their painful past in the presence of other children when they misbehaved, and they found this humiliating. One participant stated that a member of management within the residential care facility threatened to slap him.

Juffer, van Ijzendoorn and Bakermans-Kranenburg (2017: 301) described child maltreatment in the context of residential care facility as an act or omission that restricts or insufficiently fosters children's development or denies them the material, emotional and symbolic stimulation necessary for their healthy development. Child maltreatment causes a lot of harm to the child's life, including the child's development and later adult life (Kosher and Ben-Arieh 2020: 2). According to Moore *et al.* (2017: 60), child maltreatment can result in depression, anxiety, poor general health and suicide ideation. The study Slaatto *et al.* (2022: 15) found that the reason child and youth care workers like to 'push the buttons' of the children in residential care facilities is that the children are easily triggered.

4.7.2 Sub-theme 4.2: Experiences of victimisation by peers within the residential care facility

This sub-theme focused on understanding the participants' experience of victimisation by their peers within residential care. The views of the participants are expressed in the following excerpts:

"I am being bullied by the older boys and I don't report it because I was moved from the house of the smaller boys to bigger boys as I was naughty. I feel like the purpose of moving me from the smaller boys' house was for me to being bullied by the older boys" (Child A).

"Sometimes I get bullied by the older boys, and it is usually happening in the absence of the house parents [child and youth care workers]" (Child G).

"I'm being bullied by other children in the presence of the house mother [child and youth care worker] and she does nothing". And I don't think reporting [to] the house mother [child and youth care worker] that I'm being bullied in her presence and she does nothing

about it will assist me because she is close to the children who bullies me, so they will defend her and she will also defend them” (Child Y).

“I never had been in the situation whereby I’m being bullied by other children; I usually stand up for myself; I know the difference between right and wrong” (Child R).

The bullying of children in residential care settings seems to be something that persists. The study found that most of the participants were victims of bullying within a residential care facility. One participant stated that due to his naughtiness, he had to be moved to the older boys’ cottage where he experienced bullying from the older boys. The participant felt that moving him to the older boys’ cottage was planned so that he could be bullied by the older boys when he was being naughty. Some of the participants shared that they were victims of bullying, and it was happening in the presence of the child and youth care workers who turned a blind eye, as they favoured the perpetrators. The victims of bullying refrained from reporting to the child and youth care worker because they were aware of the ongoing bullying and the perceived lack of intervention on their behalf. The participants made it clear that only those who could not stand up for themselves became the victims of bullying. As one of the participants stated she could not be bullied as she could stand up for herself.

Most of the children in residential care facilities shared that they were exposed to numerous abuses within the residential care facilities including threats of physical, emotional and sexual molestation and inappropriate conduct by staff, which resulted in young people feeling psychosocially and emotionally unsafe within residential care facilities (Nurcombe-Thorne, Nadesan and van Breda 2018: 1). The study done by Timmerman *et al.* (2017: 192) stated that it is important for child and youth care workers to have trustworthy relationships with the young people within the residential care facility as it assists them to easily pick up some signs of abuse and respond immediately. In residential care facilities, it is important that child and youth care workers establish reliable relationships that both let children participate and offer them enough structure to thrive.

(Ungar and Ikeda 2017: 259). Studies conducted previously have confirmed that residential care facilities are more intimate than most types of professional help (Modlin 2018: 1).

4.7.3 Sub-theme 4.3: Experiences of stigma within the residential care facility and at school

The sub-theme was concerned with the adolescents' experiences of stigma within the residential care facility and at school. The participants' views are reflected in the following excerpts:

"I remember on my first day in this home, I came here with no bags. I was carrying my clothes with plastics. The other children laughed at me, saying bad things, like 'I'm poor I don't even afford a bag to carry my clothes'" (Child X).

"Other children in this home sometimes tease you of your family background; they would say things like they are coming from better families to make you feel small or lose self-esteem" (Child W).

"I don't like it when the aunties and uncles [child and youth care workers and social workers] come to attend our school meetings wearing their t-shirts that are written [with] the name of the children's home because that's when the other children at school start noticing that we are staying in a children's home. They start saying something like, 'this child does not have experience of a family figure' and they start noticing lot of things, like maybe she can't do this and that because she doesn't have a family she stays in a children's home" (Child P).

Staying at a residential care facility involves stigma from peers within the facility and at school. One of the participants disclosed that she experienced stigma from other children within the residential care facility. The participant stated that she came into the residential care facility carrying her clothes in a plastic bag and the other children started to make comments that she was poor and could not even afford a bag to carry her clothes. The participants stated that the children within the residential care facility would brag about

their families to make those who were from poor family backgrounds feel inferior or to strip them of their self-esteem.

Most of the participants shared their dissatisfaction with the residential care staff members who attended their meetings wearing their branded t-shirts. The participants stated that they felt embarrassed as it became obvious to their peers at school that they were staying in a residential care facility, and they would direct negative comments towards them.

Research by Montserrat *et al.* (2021: 8) and Mukushi *et al.* (2019: 9) affirmed that young people growing up in a residential care facility face victimisation from their peers at school primarily due to their disadvantaged family backgrounds and being raised in a residential care facility. Most of the children who grow up in a residential care facility are often ashamed to tell their friends at school that they stay at a residential care facility (Montserrat *et al.* 2021: 8). Mukushi *et al.* (2019: 9) stated that the provocative comments made by peers at school and within the residential care facility against other children resulted in low self-esteem and ultimately a loss of self-confidence. The negative comments made towards the children at residential care facilities had a monumental effect on their social development as they minimised their cooperation with other children within the residential care facility and at school (Mukushi *et al.* 2019: 10).

4.8 THEME 5: EXPERIENCE OF PROGRAMMES AND OTHER ADDITIONAL SERVICES OFFERED IN THE RESIDENTIAL CARE FACILITY

The fifth theme concerned the various programmes offered at the residential care centre and the experiences of young people with regards to the programmes offered at the residential care facility. Two sub-themes emerged from them, namely, (i) Mixed experiences of the programmes offered in the residential care facility, and (ii) Experience of educational support.

4.8.1 Sub-theme 5.1: Mixed experiences of the programmes offered in the residential care facility

This sub-theme was more concerned with the children's experiences of the programmes offered at a residential care facility. The participants' views are reflected below:

"I don't like the programmes offered in this home because most of them are outdoor activities and my skin is too sensitive to the sun and the house parents [Child and Youth Care Workers] are forcing us to participate" (Child P).

"I think the programmes are not good; they are predictable and boring, so we end up not interested to participate" (Child J).

"I'm so happy about the programmes offered in this home [child and youth care centre]. The programmes provide us with opportunities to discover ourselves. Like learning new skills that we never thought we have and the house parents [child and youth care workers] are always present to assist us discover the new skills that we have and [are] not aware of" (Child T).

The study found that some of the children in a residential care facility despised outdoor activities due to exposure to heat and the sun. One of the participants shared that they were being forced to participate in outdoor activities and due to her sensitive skin, she did not like to participate when the sun was too hot. Some participants stated that the activities offered in the residential care facility were the same, so they experienced them as boring and did not participate in them. The study found that the activities offered at a residential care facility had provided a valuable opportunity for the child and youth care workers to assist the children in identifying new skills that they were not aware of and learning new skills.

According to the Children's Amendment Act, 47 of 2007, residential care facilities offer therapeutic programmes that are relevant to the holistic development of young people

(Grobbelaar, Napier and Oldewage-Theron 2013: 29). The programmes are aimed at improving the physical, psychosocial and other related needs of the young people at risk (Haffejee and Levine 2020: 5; Visser 2021: 1). The programmes offered in residential care centres are easily accessible, inclusive and based on children's needs. They strive to offer diversified programmes for holistically developing children in accordance with their unique therapeutic and developmental needs as indicated in their thorough evaluation, care plan and individual care plan (National Child Care Protection Policy 2019: 58). Recreational development and therapeutic programmes are offered at residential care facilities in order to enhance the wellbeing of the children and to assist them in being reintegrated into their communities (Malatji and Dube 2017: 109; RSA 2005).

4.8.2 Sub-theme 5.2: Educational support

This sub-theme was more concerned with the adolescent's views of the support that they received within the home to excel academically. The following are the perspectives of the participants:

Positive experiences

Those who had positive experiences with educational support said:

"The house parents [child and youth care workers] and social workers support us academically. Especially when you are at matric level, the social workers look for people who can assist us with homework. Also, they try to assist us to apply to universities and colleges in advance" (Child T).

"I feel supported academically, as the home makes sure that they buy me textbooks that I need for my subjects" (Child D).

"The children's home invites people from outside to come and assist us with maths and other challenging subjects, and we are very much happy about that, as sometimes we

don't understand our teachers at school, but the helpers engage us individually to ensure that we understand" (Child Y).

"I can become a better person in life; I can become what I want if I study and work hard, and I'm glad of the support and time we are given in this home to study" (Child O).

"I'm glad about the opportunity I'm given to attend the school that I'm attending and I'm going to use this opportunity to excel on my schoolwork" (Child D).

The study found that the participants felt supported with regards to their academic school life within the residential care facility. Some of the participants shared that the social workers were doing their best to find people to assist them with schoolwork. The participants stressed that the people who were assisting them with schoolwork gave them individual time, which improved their understanding of the work taught at school. The participants also stated that they were provided textbooks, which they needed to assist them excel in their studies.

Children at residential care facilities are enrolled in schools and have access to educational resources (Haffejee and Levine 2020: 5). The majority of children described education as the basic component of a residential care facility's experience (Roche 2019: 9). Montserrat *et al.* (2021: 2), concurred that young people in residential care valued the opportunity for basic education given to them. They were so eager to further their studies as they linked education with better opportunities in life.

Research done in the South African context affirms that access to education promises better chances of a better and a financially stable future (Lundgren and Scheckle 2019: 51; Theron and Van Rensburg 2018: 167). Residential care facilities help children develop holistically by promoting reading, writing and mathematical literacy by offering a safe space for them to do their homework, offering homework help, reading groups, computer literacy, and for the older children, career guidance. They also help children with learning challenges by identifying them and referring them for additional support (National Child Care and Protection Policy 2022: 80).

Negative experiences

Those who had negative experiences of educational support said:

“I cannot really say I’m being supported academically because, firstly, I don’t like the school that I’m attending. I feel like they only support the people who attend main streams. As I’m attending prevocational school during homework time, I do nothing because there is no workshop for me to practice in this home” (Child C).

“I don’t feel supported academically; I feel like I’m different than the other children because during homework time I have nothing to do. I tried to ask if the home can at least give me something practical to do, but they never listened to me. I’m getting worried because the school I’m attending has got only four levels and once I finish school, I will be taken out of the home, and that means I must go and look for job and some of my friends who stay at their parents’ home tells me that in their homes their fathers allow them to practice repairing their cars” (Child E).

“I somehow feel discouraged by the comments that the social workers are making to me. They always remind me that I’ve never passed. I have been pushed ever since from grade 8. As I’m doing my matric this year, I need more support, not any discouragements” (Child D).

“As a matric student, I don’t feel supported, as I’m expected to complete chores like any other child in the home, while I have too much schoolwork to complete” (Child D).

“The aunties [child and youth care workers] cannot assist us with homework; most of the time, they don’t understand some of our homework. I feel like their days are over; our syllabus is different” (Child K).

Some of the participants shared that they felt unsupported academically. The participants stated that they were admitted to prevocational school out of their willingness. The

participants felt like only those who were attending mainstream schools were given much attention, as the residential care facility had hired outside tutors to assist them with homework, while they were not given a chance to practice what they learned at the prevocational schools. The participants compared themselves with their schoolmates, who were fortunate to have an opportunity at their homes to practice what they had learned at school. One participant who attended mainstream felt unsupported as he shared that the social workers were discouraging him, and this resulted in him losing hope about the future.

Young people at residential care facilities change schools without being included in discussions about their change of school, and their voices on school preferences were not considered (Marion and Mann-Feder 2020: 8). According to the Section 10 of the Children's Act 38 of 2005 (RSA 2005) as well as articles 12 and 5 of the UNCRC (United Nations 1989) children with learning difficulties should be given opportunities to participate in decision-making regarding their developmental care plan. It is necessary that young people's voices about changing schools are taken into consideration (Clemens *et al.* 2017: 65). The study done by Cossar *et al.* (2014: 103) concluded that young people with learning difficulties are usually not given opportunities to participate in decision making regarding their school progress.

Delgado *et al.* (2019: 13) concurred that some of the children in residential care facilities are less optimistic about their own future. Some participants felt like they were not receiving enough support within the residential care facility to excel in their studies, as they were constantly discouraged by the comments made towards them (Mukush *et al.* 2019: 10). The failure rate at school was high for children living in residential care facilities and the number of dropouts was very high compared to the children growing up in normal environments (Delgado *et al.* 2017: 33; Delgado *et al.* 2019: 15; Berridge *et al.* 2020: 24). The lower academic achievement resulted in the children in residential care facilities lacking self-motivation (Marion and Mann-Feder 2020: 4).

Studies found that a high number of children at residential care facilities were most likely to change schools from mainstream to prevocational schools (Clemens *et al.* 2017: 65). Witnish (2017: 10) discovered that the young people within residential care facilities experienced difficulties with schoolwork due to adversities experienced before and within the residential care facility and those academic difficulties resulted in some of the children changing from mainstream to prevocational school.

4.8.3 Sub-theme 5.3: Varied experience of practicing spiritual faith

This sub-theme was concerned with the children's experiences of practicing their spiritual faith within the residential care facility. The views of the participants are expressed in the following excerpts:

"I feel like this home supports only those who are Christians, as we are not allowed to practice our own culture, but we are forced to go to church every Sunday" (Child W).

"As a Muslim, I don't feel supported in this home as I am not allowed to practice my faith, but Christians are allowed because the home is Christian faith-based" (Child B).

"To be honest, I don't believe in Christianity, but in ancestors but in this home, we are all forced to follow the Christian faith as the home is Christianity-based" (Child C).

"I always pray, but I feel like GOD doesn't listen to what I'm saying. I always wait for what is about to come, like every time. Whenever I expect, I don't receive anything, and whenever I don't expect, I get something" (Child O).

"To be honest, I'm not a believer at all, but I'm being forced to attend church as it is compulsory for everyone in this home to attend church" (Child D).

"I'm a person who believes in praying. Whenever I feel like things do not go according to my wish, I go down on my knees and pray. I'm glad that the home provides us with church services, and we also do a bible study, which help us to keep our faith in GOD strong" (Child T).

“In this home, I don’t get to practice my spiritual faith as it is against the rules of the home” (Child C).

“I believe in [my] ancestors, but I don’t get a chance to practice my culture because I’m not allowed [to] in this place, only Christian faith is allowed” (Child E).

The study found that some residential care facilities that follow a specific faith prohibit children from practicing their religion. The participants shared that within the residential care facility, they were not allowed to practice their own religion but were compelled to practice Christianity, as the residential care facility was Christianity-based. Some participants stated that their spiritual faith was supported within the residential care facility, as one participant stated that she was so elated that the residential care facility furnished them with opportunities to pray. Additionally, the participants shared that they had Bible study groups, which assisted in strengthening their faith in God.

Zondeka (2021: 26) stated that sensitivity to diversity is vitally important as child and youth care practice involves dealing with children from various religious and cultural backgrounds. Residential care facilities should not be biased and should not discriminate against young people regardless of language, cultural beliefs or any other differences that they come to the residential care setting with (Malatji and Dube 2015: 111). Some of the residential care facilities are being run by the government and some are non-government organisations but faith-based organisations (Roche 2019: 9; Montserrat *et al.* 2021: 1).

The approaches used at residential care facilities are embedded in the culture in which a residential care facility is positioned, and most are influenced by historical forces (Cameron-Mathiassen *et al.* 2022: 2). The study done by Malatji and Dube (2017: 111) stated that the children in residential care facilities complained that the residential care facility did not consider their culture, including their language. It is important for facilities to be respectful of children’s faith and cultures (Nurcombe-Thorne, Nadesan and van Breda 2018: 8). The child’s culture, religion and language must be taken into

consideration when the child is placed in a residential care facility, according to the Children's Act 38 of 2005 Section 7(1)(g) (Hope and van Wyk 2019: 94).

4.9 THEME 6: ASPECTS OF RESIDENTIAL CARE FACILITIES THAT NEED IMPROVEMENT

Participants discussed areas within the children's residence that require improvement to enhance the overall experience of residing in the facility. These are the sub-themes that emerged: (i) employment of CYCWs who are passionate about children, (ii) inclusion in decision-making, and (iii) a review of some of the existing rules.

4.9.1 Sub-theme 6.1: Employment of child and youth care workers who are passionate about caring for children

This sub-theme emerged to understand the children's experiences of the employed child and youth care workers whether they like children or not. Below are the participants excerpts:

"I feel like the aunties [child and youth care workers] do not like us; they always make negative comments about us and they also gossip about us" (Child P).

"Our aunties [child and youth care workers] are nice, but I feel like the other aunt is nice only when she wants to be nice; she would come to shift with her personal stress and treat us very bad [ly] even if we have done a small thing" (Child Y).

"The house mothers [child and youth care workers] do not listen to us; they shout at us without any reason and they always make us feel bad. I feel like they don't like their jobs; they came because they need money" (Child O).

The study found that child and youth care workers at residential care facilities continue to exacerbate the children's adversities. The participants stated that they felt like they were not liked by the child and youth care workers as they talked badly about the children. Some participants stated that the child and youth care workers were not all bad; some were good and some were bad. The participants shared that the child and youth care

workers were nice to them only when it suited them, and they were not able to control their emotions. Whenever the child and youth care workers were stressed by their personal issues, they would take out their stress on the children by treating them badly. The study discovered that the children within the residential care facility felt like the child and youth care workers did not like them as they always shouted at them for minor mistakes. The participants stated that they felt bad when they were being shouted at and perceived the child and youth care workers as people who did not like their job of caring for them but people who were only in need of a salary.

Zubulake (2017: 11), however, stated that child and youth care workers in residential care facilities should treat children in a caring and loving manner and influence society to perceive children as people who deserve to be treated with care and be protected at all times. Child and youth care workers at residential care facilities treat the children badly, as they always complain that the children are spoiled (Darkwah, Daniel and Asumeng 2016: 161). The children highlighted that some of the residential care facility staff members lacked personal commitment and dedication beyond their professional realms (Montserrat *et al.* 2021: 7).

The child and youth care practice values the importance of the residential care staff to establish opportunities for the formation of rich, nurturing and rewarding relationships (Nurcombe-Thorne *et al.* 2018: 7). According to Fowler (2015: 20), “the professional role of child and youth care workers merges with parent-like roles resulting in complex and multifaceted relationships of care”. Fostering a sense of belonging within the children placed in a residential care facility is also one of the child and youth care values (Chimange and Bond 2020: 6). Moore *et al.* (2018: 73) stated that good child and youth care workers’ daily interaction with young people in residential care is actively protective. Additionally, child and youth care workers, rather than downplaying the risks inherent in residential care facilities, need to be more cognisant of them; they must be physically present and respond effectively to in-the-moment safety issues. Being observant and monitoring young people's behaviour, asking them how safe they feel and helping them to produce constructive solutions to deal with significant problems. Lastly, child and youth

care worker's values, include supporting children and young people to develop and apply self-protection skills and to stand up for young people with other adults or more powerful children and young people within their contexts.

It needs to be imbedded in child and youth care workers' training that their interactions with young people must be the ones that enable children to feel loved (Cote and Clement 2020: 6). The children disbelieved that the child and youth care workers were genuinely generous and cared for them. They concluded that it was because of their financial needs and not because they genuinely cared for them. Additionally, the children within residential care facilities find it difficult to form attachments with the child and youth care workers within the residential care facility as they have trust issues from their previous relationships with adults (Mukushi *et al.* 2019: 11). This resulted in the children within the residential care facility not perceiving child and youth care workers as adult figures whom they can establish long-lasting relationships with (Cote and Clement 2020: 6). The Department of Social Development should make it mandatory for residential care facilities to hire only trained, seasoned child and youth care professionals who can prioritise the best interests of children within the residential care facilities. The study done by Slaatto *et al.* (2022: 19) suggested that residential care facilities should be centred on enhancing the abilities that are seen as crucial for addressing the needs of children and producing excellent practice.

4.9.2 Sub-theme 6.2: Review of some of the existing rules

This sub-theme focused on the participants' views regarding the existing rules within the residential care facility. Below are the participants' views:

"I'm not happy about the rules; I feel like the rules that exist in this home are too harsh on us. We feel like we are in prison; for an example, when we are coming from school, we don't have time to play; we have to eat lunch; wash our shirts and do home-works for one hour and after homework, it's bath time, then we end up not having outside time during the week" (Child D).

“The rules of this home do not allow us to go outside of the home to do homework with our outside friends; also we are not allowed to take a walk outside of the home, and it feels like we are in prison because even during school holidays we spend most of the time inside the home. Outings are very limited” (Child P).

“The rules that we are not allowed to go out of the home, I think it needs to be changed. Some of us are about to go out of the home, but we don’t know how to even do shopping because we were not taught as we are not allowed to go out of the home” (Child M).

The study discovered that most of the children within the residential care facility were not happy about the rules that existed there. Some participants felt that the rules were harsh and made them feel like they were being imprisoned. The participants stated that they had no time to play on weekdays when they returned from school. They had too many chores, which hindered them from going outdoors for leisure time. The participants also shared that they were not permitted to go outside the residential care facility to socialise with their outside friends. Most of the participants reiterated that the residential care facility felt like a prison, as they were not even allowed to take a walk out of the residential care facility and outings were scant.

Some of the participants stated that the rules were inconvenient for them, as some of them were about to phase out of the system and they expressed their worries that they have never been in shops on their own and they did not even know how to do shopping as they were not allowed to go out of the residential care facility on their own.

Using rules as a way of sidestepping young people's concerns and workers' making judgements rather than understanding safety concerns hampered the positive efforts of good child and youth care practice to provide safe spaces for children and young people (Moore *et al.* 2018: 74; Gazil, Boric and Cosic 2021: 45). According to Ten-Brummela *et al.* (2018: 33) and Malatji and Dube (2017: 116), the aim of a residential care facility is to prepare the young people for their return to their communities. However, the study done by Nurcombe-Thorne *et al.* (2018: 7) reported that the residential care facility failed to adequately prepare the children residing within its confines for challenges of life outside

of the residential care world. Social support is very important to young people who are about to leave the care, as it assists them to become independent when they are reintegrated into their communities (Goodwin-Smith *et al.* 2017: 4). According to Mulvey, Boswell and Zheng (2017: 7), depriving young people an of opportunity for socialisation will adversely result in them viewing social environments negatively and it will also be difficult for them to form trusting relationships with others.

Not all of the children experienced the existing rules as strict and unnecessary; those who experienced the rules as good and necessary said:

“I feel like the rules are okay because some of us are placed in this home for safety purposes, so we feel safe to stay inside the home and not going out because we don’t know what might happen when we are out of the home. The people we were taken away from—some of them know that we are in this home, so we feel protected when we are inside” (Child S).

Some participants shared that they felt safe and protected within the residential care facility and they felt like the residential care facility fulfilled its mission of keeping them safe as some of them were removed from their family environments for safety purposes. They even alluded to the fact that their family members who might be a danger to them knew where to find them; they might be traceable to these family members.

“Quality care and treatment require rules and expectations as well as youth engagement” (Slaatto *et al.* 2022: 15). Van der Helm *et al.* (2011: 248) stated that the children placed in residential care experienced safety, and they were satisfied with the residential care facility rules. Once the child is relocated to a residential care facility, it becomes the residential care facility’s responsibility to ensure the safety of the young people at all times by maintaining maximum vigilant supervision of the child (Cameron-Mathiassen *et al.* 2020: 7). Hence, one of their fundamental needs of the children in residential care facilities is their safety (Furnivall 2018: 373; Moore *et al.* 2017: 212). Additionally, youth’s impressions of a positive social environment are influenced by a sense of safety (Leipoldt *et al.* 2019: 429; Pérez-García *et al.* 2019: 319). Residential care facilities ensure the

safety of the children placed in them by limiting their outings, especially without adult supervision (Kelly *et al.* 2019: 260). According to the podcast done by Sithole (2022), children in residential care facilities do not have to go out to buy their necessities as they are being provided with everything they need within the facility.

4.10 CONCLUSION

The researcher presented the participants demographic details and findings from their interviews in this chapter. The researcher formulated themes and sub-themes to make sense of what was expressed by participants. Codes were used to protect the identities of participants. The next chapter will present a summary of the major findings and a conclusion.

CHAPTER FIVE: DISCUSSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of the study was to understand the residential care experience among adolescents at a residential care facility. Five objectives were developed to achieve this. The theoretical framework that guided this study was Maslow's Hierarchy of Needs model.

Interviews were held with 26 residential care participants, which provided rich data and were analysed through thematic data analysis. Six themes and sixteen subthemes relevant to answering the research questions emerged. Chapter four presented the findings and discussion thereof. This chapter will consolidate the research findings, draw conclusions, offer recommendations to improve the experiences of young people in residential care settings and make recommendations for further research.

5.2 DISCUSSION OF MAJOR FINDINGS

The major findings are presented under the following subheadings in accordance with the five objectives of the study: (i) Reasons behind the placement of young people in residential care, (ii) Adolescents daily life experiences and their challenges within residential care facilities (iii) Peer and family support while in the residential care facility, and (iv) Recommendations to improve the residential care experience.

5.2.1 Reasons behind the placement of young people in residential care

The first objective sought to explore the various reasons that resulted in young people being admitted to residential care facilities. The findings revealed that most of the participants were admitted to residential care facilities due to various traumatic family circumstances, including substance abuse, parental death, abandonment, a child-headed household and an opportunity for a better education. South Africa has made significant strides in ensuring that children in need of alternative care are placed in appropriate alternative care options (South African Human Rights Commission and UNICEF 2011: 6).

5.2.1.1 Substance abuse

According to some participants in the study, the abuse of substances by their parents subjected them to many risks and trauma, which were the reasons for their placement in the residential care facilities. The substance use of parents subjected participants to a situation where they required care and protection, as their parents failed to protect and care for them. Some participants stated that, as a result of their parents' substance use, they ended up begging on the street.

Findings suggest that the government needs to deploy more community-based child and youth care workers who will be more vigilant and intervene early in cases of family dysfunction. Thus, had the situation of parental substance abuse been observed and addressed early, it could have prevented the children from experiencing trauma and the parents could have acquired early assistance before the situation worsened. Little and Mount (2018: 3) concurred that early interventions assist those who are working with vulnerable young people to identify who is in need and who is not.

5.2.1.2 Abandonment

The study found that some of the participants were placed in residential care facilities as a result of abandonment by their parents. As abandonment is regarded as one of the factors that contribute to adolescents' placement in residential care (Fernandes and Monteiro 2016: 82), residential care is thus reliable for the promotion of children's needs and protection (Teixeira *et al.* 2018: 4). Child and youth care workers in residential care facilities need to fulfil the children's need for a parent figure, as some of the children placed in residential care facilities have never experienced attachment from any adult figure. "Attachment is the predisposition of human beings to create affective bonds, which tend to extend over time" (Bowlby 1969). Chimange (2019: 1) stated that child and youth care workers must establish caring and trusting relationships with the children as reliable adults. Residential care facilities provide consistent, stable and supportive relationships (Haffejee and Levine 2020: 11).

5.2.1.3 Lack of safety and care

Findings indicated that some of the participants experienced abuse at the hands of their biological parents, while others reported violence when staying with relatives after the passing of their parents, leading to their relocation to a residential care facility. According to the Children's Act No. 38 of 2005, children must be supported, empowered and their well-being safeguarded to prevent child neglect and abuse and to ensure appropriate provision of care to children in need of care and protection (Republic of South Africa 2005).

5.2.1.4 Child-headed households

Findings from the study also revealed that some of the study participants grew up in child headed households. The children were taken to residential care facilities when child headed households failed. Neighbours played a tremendous role in referring the children in child-headed households to the social workers, and consequently, the participants in this study were admitted to the residential care facility as the older sibling was deemed not old enough to execute the parental role.

The ultimate aim of admitting the children to a residential care facility was to provide them with a chance to experience a parent figure in a home-like environment. Bollinger (2017: 2) concurred that a residential care facility provides a home-like setting for vulnerable children where they experience holistic care from child and youth care workers who play a parent role for them. Furthermore, the study highlighted that older siblings who tried to execute the parental role were also in need of the care and protection of an adult and they also needed to be at school. As a result, child-headed households were not a viable option. Since the residential care facility is designed to provide care and protection to vulnerable children, it became the only option (Mhizha 2020: 177).

5.2.1.5 Destitution

The study showed that other participants were admitted due to being destitute. Their parents could not fulfil their basic needs, and as a result, the residential care facility was the only option to satisfy their basic needs. Most of them acknowledged that the

residential care facility ensured their safety and afforded them support to cope with their previous experiences.

According to Varadin (2016: 32), destitution hindered many parents from effectively executing their parenting roles, which culminated in substance abuse and domestic violence. Child and youth care workers need to therefore maintain sensitivity and patience when dealing with such young people. Food must never be used as a consequence, or it might trigger past experiences because most of the children in residential care have a history of exposure to poverty and hunger (Haffejee and Levine 2020: 11). Child and youth care workers must be careful of what they say and also ensure that the background statuses of children remain confidential, as children might use it to victimise each other. This is because victimisation of children by other children is common in residential care facilities (Sekol 2016: 409; Mkhiza, Sibiya and Hlengwa 2022: 10). Sekol (2016: 519) concurred that children can victimise other children within the facility using their private information.

5.2.1.6 Better education

Some of the participants were admitted to residential care facilities to attain a better education as their parents failed to provide it. They were able to access better education in residential care in order to change their family's financial status. Children in residential care facilities are admitted to advanced schools and the residential care facilities ensure that the children get the necessary support needed to excel in their studies (Haffejee and Levine 2020: 5). The National Child Care Protection Policy (2022: 80) concurred that social services strive to ensure that children have access to quality education and that they excel in their studies. However, Delgado *et al.* (2019: 15) and Berridge *et al.* (2020: 20) stated that children in residential care facilities were less optimistic about their future. Access to education and future-oriented plans assist children and young people to be optimistic about an economically stable future (Lundgren and Scheckle 2019: 5).

5.2.2 The adolescents' daily life experiences and their challenges within the residential care facility.

The second objective sought to explore the positive and negative experiences of support from child and youth care workers and social workers.

5.2.2.1 Positive experience of support from child and youth care workers

The study found that the participants expressed their happiness regarding the relationships they have with their child and youth care workers. Zubulake (2017: 11) confirmed that a good relationship between the young people and the child and youth care worker is valuable when working with young people. The participants highlighted that the child and youth care workers were supportive and readily available to assist them whenever they needed them. The study participants revealed that some of the child and youth care workers made it easier to trust them and to feel free to share personal matters with them. Numerous studies have shown that children and young people place a high value on stable, dependable, strong and long-lasting connections with trusted workers, that the therapeutic value of such relationships in promoting security and wellbeing is recognised with trustworthy adults, and that these interactions have therapeutic benefits in fostering security and overall wellbeing (Duppong *et al.* 2017: 37). In addition, Mota and Matos (2015: 97) stated that a residential care facility can provide a space that enables the development of safe relationships.

Some participants stated that they did not even see the need to contact their biological parents because the child and youth care workers were reliable in terms of solving their issues. Some of the participants never experienced parental love, as they were abandoned by their actual parents at an early age. However, in the residential care facility, they had a chance to experience having an adult figure like the children who grew up in their original home environments. This is because the child and youth care workers were always available 24/7 to provide supervision, care and support. Zondeka (2021: 67) argued that a strong relationship with young people promoted trust and made them feel worthy. Stuart (2013: 8) concurred that young people admitted into residential care facilities often endure varied adversities and are in need of care and protection. However, in residential care facilities, the children get a chance to experience a sense of security and therapeutic relationships with caring adults (Sellers 2020: 136). It is important for

child and youth care workers to value maintaining caring and supportive relationships with the children within residential care facilities.

5.2.2.2 *Negative experiences of support from child and youth care workers*

Findings also revealed negative responses about the participants' experiences of support from child and youth care workers. Participants were not happy with the treatment they received from the child and youth care workers. Some participants were victimised by child and youth care workers; some were prone to bullying in the presence of child and youth care workers, and some felt unsupported by the child and youth care workers. The participants said that they expected to experience care and support from the child and youth care workers. In contrast, they experienced unfair treatment, unreasonable punishment and unequal treatment. The findings revealed that child and youth care workers in residential care facilities require training to be sensitively address the individual situations of young people.

Drawing from the study findings, it appears that the children placed in residential care facilities are not getting the necessary care and support that they should be getting. The actions of child and youth care workers against children in residential care facilities defeat the purpose of the child's placement in a residential care facility, as the ultimate purpose of placement is to experience care and safety that they could not experience in their home environments. Cameron-Mathiassen *et al.* (2020: 7) concurred that care and safety are the most important factors in a child's placement in a residential care facility.

The findings necessitate that child and youth care workers in residential care facilities need to be equipped with advanced skills for handling children with challenging behaviours. Mkhize, Sibiya and Hlengwa (2022: 11) and Mazzone, Nocentini and Manesini (2019: 456) concurred that child and youth care workers in residential care facilities lack formal training to mitigate the challenging behaviours of children under their care. Residential care facilities must employ qualified child and youth care workers to work alongside auxiliary child and youth care workers, as the auxiliary child and youth care workers are failing to manage the challenging behaviours of young people and resort

to using inappropriate ways of managing challenging behaviours. According to Agere (2014: 66) and Moore *et al.* (2017: 215), threats and ill-treatment against the children in residential care contribute to their past traumatic experiences. In accordance with the Children's Act 38 of 2005, child and youth care workers must at all times in their practice ensure that the best interests of young people are served (Hendricks and Tanga 2019: 49). This can only be achieved by employing highly trained or skilled child and youth care workers in residential care facilities. Lastly, the residential care facility management must necessitate opportunities for in-service training to equip the child and youth care workers with the necessary skills.

5.2.2.3 Victimization by child and youth care workers

The study revealed that most of the participants have suffered victimisation at the hands of child and youth care workers within the residential care setting. Child victimisation can not only be physical; it can happen in many ways such as emotional and psychosocial trauma. The study findings highlighted that the children were subjected to numerous types of victimisations by staff members who favoured some children over others. Those who were less favoured were the ones who were bullied by other children in the presence of child and youth care workers who did nothing to alleviate the situation.

The study also found that some threats were made against children who misbehaved. Whenever the CYCWs failed to manage the troubling behaviour of the children the supervisor was called. However, instead of dealing with the child's behaviour in an appropriate manner, threats were made such as telling the children to pack their bags and leave the home. The study participants revealed that such threats were not nice as they reminded them of their dire family backgrounds.

Children and young people in residential care facilities represent one of the most vulnerable and disadvantaged groups in South Africa (Save the Children South Africa 2020: 4). As reiterated before child and youth care workers need to be equipped with behaviour management skills. This will assist in dealing with the challenging behaviours of young people without even reminding them of their past traumatic situations. Furthermore, child and youth care workers who engage with vulnerable children need to

constantly revisit the code of conduct in order to know what they should or should not do when dealing with emotionally broken young people in residential care facilities. The child and youth care workers' interactions with young people should enable the children to feel loved and cared for (Cote and Clement 2020: 6). Evans (2015: 422) stated that ethical standards are essential in improving the services and behaviour of workers and protecting the service recipients.

The children are placed in residential care facilities to heal from their traumatic past experiences, but being constantly reminded of their family backgrounds does not serve the purpose of the child's placement in the residential care facility. Significant empirical evidence indicates that children and young people in residential care facilities are at increased risk of developmental and attachment difficulties across all facets of their lives (Thompson *et al.* 2022: 544). This is due to child and youth care workers who do not practice in the best interests of the young people. Zondeka (2021: 57) stated that CYCWs should use their values to promote healing in young people, including support, love, respect, care, honesty, and truthfulness. Zondeka (2021: 57) further stated that these values are important in establishing a strong relationship with young people to speed up the children's healing. The residential care facilities need to offer in-service training to ensure that their workers are well capacitated to render appropriate care and developmental services to young people. Mhizha and Nhedzi (2023: 189) posited that residential care facilities need to re-evaluate and modify the strategy used to identify and assign child and youth care workers to work with specific children. This could include refining the criteria used during recruitment and selection to ensure that the CYCWs' skills, expertise and characteristics align more effectively with the specific needs of the children they will be caring for.

5.2.2.4 Experience of care and support from social workers

The findings revealed different experiences of care and support from social workers. The experiences were categorised as both negative and positive. Participants seemed to have high expectations of the social workers at the residential care facility, which were often not fulfilled. The social workers either exceeded their expectations, which allowed

participants to feel supported, or they did not meet their expectations, which resulted in participants feeling disappointed and unsupported. Clear expectations of the social worker and child at the residential care facility need to be developed to ensure a good working relationship and reduce stress and confusion for both parties.

Those who had positive experiences with the social workers reported that it was because they kept participants informed about their family development, stayed connected, updated participants about their progress at the residential care facility and school and gave support and resources in order to excel at school. The support received allowed participants to push through and to be optimistic about their future. The study found that some of the participants had a trusting relationship with social workers, which made them feel 'safer' and more confident. Having this support may assist the children to effectively deal with emotional challenges and lessen the number of challenges they face within the residential care facility. Additionally, support from social workers brings hope to the children for a brighter future.

Those who had negative experiences with their social workers found them to be unsympathetic, unhelpful in giving them attention, lacking in interaction and supplying resources that are necessary, and not supporting them to do well in their academics. Some participants perceived the social workers as always burdened with administrative work and not having enough time for them. Some of the study participants have expressed that they did not see the need to go to the social workers' office, as they always had excuses when they needed to see them to discuss their personal issues. Therefore, the children's issues were left unattended, and the children eventually lost hope in the social workers' services. The children decided to internalize unresolved feelings of past traumas. The participants further conveyed that the only time they gained the attention of a social worker was when they had done something wrong.

Drawing from the study findings, residential care facilities need to employ more than one social worker who will always be available to respond to the needs of young people. The children in residential care facilities have experienced rejection from their original parents,

which has resulted in them having trust issues with adults (Makushi *et al.* 2019: 11). Therefore, whenever they do not get the attention they need from social workers, they continue to perceive elders as people who do not care about them. According to Agere (2014: 32), turning away children may result in young people displaying challenging behaviours as a sign of seeking attention. Children and young people who experienced negative treatment from adults in the past are reluctant to connect with adults due to prior negative experiences with adults in general and care workers in particular (Moore *et al.* 2018: 74). Jacobs (2022: 87) posited that the children in residential care facilities experienced traumatic life circumstances and need ongoing counselling by the residential social worker. Therefore, employing more residential social workers can assist in minimising workload and creating more time for the social workers to attend to every child's needs.

5.2.3 Peer and family support within the facility

This objective sought to understand the children's experiences of support from their peers and families while in the residential care facility. The findings revealed that children experienced numerous types of victimisations instead of support from their peers within the residential care setting.

5.2.3.1 Experiences of support from peers

The study highlighted that a few of the participants who experienced support from friends described it as giving each other some advice and support with schoolwork. Some of the participants stressed that they could effectively talk about things that troubled them with their peers within the residential care facility.

For those with negative experiences of peer support, findings suggested that many participants experienced peer support as insufficient within residential care. Peers only care about them whenever there is something they will benefit from. The study further revealed that the children within the residential care settings do not see or treat each other as family. The notion of a residential care facility being like a family setting still needs to be reviewed to generate a strategy that will encourage the admitted children to view

one another as family. Studies done by Glove (2018: 14) and Cameron-Matiassen *et al.* (2022: 7) found that the children placed in residential care facilities show no empathy to each other as siblings do and exhibit a non-caring behaviour towards one another. Once the children in residential care settings can view each other as family, the level of support and care among peers can greatly improve.

5.2.3.2 Experiences of support from family and friends

Findings revealed that, for the most part, participants' families were their most significant sources of support within the residential care setting. Having that emotional buffer gave participants extra encouragement and hope for future reunification. Findings also revealed that many participants experienced various levels of resistance from family, especially after they had stayed in residential care for a long period.

Although some participants expected some degree of support from their families, especially biological parents, many experienced rejections. Not having support from close family members was a challenge for those participants. An additional layer of stress was experienced as children had to contend with staying within the residential care facility, knowing that the people closest to them did not fully support or care for them. One of the contributing factors for children to feel like they were rejected by their families was the fact that the residential care facilities they were placed in were far away from their original families (Malatji and Dube 2017: 123; Cameron-Mathiassen *et al.* 2022: 7). Social workers, when placing children in residential care facilities, need to consider the distance from the children's families and avoid placing the children in residential care facilities that are far from their families. Hope and van Wyk (2019: 94) concurred that Section 7 (1) (f) of the Children's Act of 2005 states that placing children in residential care facilities that are far from their families inversely impacts the child and family's contact while in residential care.

Most of those children who felt rejected by their families ended up not wanting to visit their families during the school holidays. This reveals the need to support and encourage the families of the children in residential care to maintain contact with their children through

phone calls and weekend visits. Family contact is the most important aspect of a residential care setting, and it can only be the greatest success when families are adequately supported and encouraged to maintain it.

5.2.3.3 Peer victimisation

Instead of receiving support from peers, the findings showed different experiences of child victimisation by peers. Children in residential care settings are being bullied by those who feel in power. The findings also revealed that the CYCWs within residential care facilities have created a structure whereby they select older children within the dormitories to be house leaders. The older children mimic the role of child and youth care workers, and they tend to bully the other children with troubling behaviours. The study found that whenever the children misbehave, they are deliberately moved to houses with older children so that they could be bullied or controlled by those who are older than them.

Those who can stand up for themselves are less likely to suffer from bullying.

The study findings also revealed that some of the participants were being mocked by other children about their family backgrounds. These findings necessitate that children be taught to empathise with one another within residential care facilities. Mocking each other about family backgrounds can provoke past trauma and anger among the children, which may result in physical fights. Cameron-Mathiassen *et al.* (2022: 7) posited that bullying among peers within residential care facilities compromised the safety of other children within the facility. It was not always the case that child and youth care workers were physically present in the unit and there was a general lack of confidence in their ability to identify risks and take appropriate actions (Moore *et al.* 2018: 74). Thus, child and youth care workers must plan and implement programmes that will enforce unity and harmony among young people within residential care facilities for every child to feel safe, supported and cared for.

5.2.4 Recommendations to improve the residential care experience

The fifth objective sought to make recommendations to improve the adolescents' experiences of residential care facilities. This covers services such as various programmes offered at residential care facilities.

The study found that not all the children had negative experiences in residential care. Those who had positive experiences with the programmes offered in the residential care facility expressed their happiness that the programmes provided them with a multitude of opportunities to identify their skills and strengths. The participants highlighted that the child and youth care workers played a tremendous role in assisting them to tap into new skills and creating opportunities for them to learn.

5.2.4.1 Outdoor activities

The study found that most of the participants were not fond of outdoor activities. The findings highlighted that the children felt forced to participate in outdoor activities, which they had experienced as boring because they were predictable. Another challenge was that the programme organisers did not include the children when planning the programmes. Hence, they did not feel a sense of ownership and inclusion in programme planning. Another challenge was that the programmes did not consider factors such as the weather when planning outdoor activities, which resulted in poor participation.

It can be inferred that the child and youth care workers should involve the children when planning activities for them. Studies done by Inchaurredo *et al.* (2018: 574); Cudjoe and Abdullah (2019: 693) and The *Child, Youth and Family Services Act* (CYFSA 2017: 15) posited that the children in residential care facilities need to be full members of decision making within the facility. This will assist the children to feel a sense of ownership and therefore exhibit maximum participation in all the activities. Furthermore, involving young people in planning activities can hone their planning skills and they might produce exciting ideas. Moreover, involving young people in programme planning can assist the child and youth care workers to understand what every individual feels about the planned

programme and what can be adjusted to accommodate every young person under their care.

5.2.4.2 Family reunification

The study also highlighted the effort of the social workers in assisting children to find their families. Some of the participants who had the information about their family's whereabouts were assisted by the social workers to trace their families. The participants were then able to visit their relatives like any other children during school holidays. However, the study also revealed that it took a long time for some of the children at residential care facilities to get host parents. Social workers from the outside need to work very hard to connect the children with their families. In cases where the families' whereabouts are unknown, the external social worker needs to find host parents for the children placed in residential care facilities. For the children with families that are known, the designated social workers need to be encouraged to make the necessary arrangements for the children to visit their families during school holidays. This will assist them in building and maintaining connections with their families in the event they are reunited with their families. Hence, designated social workers should work closely with the children's families (Johannisen, van Wyk and Yates 2021: 388). According to the Children's Act 38 of 2005, Section 7 (1) (f) when the child is removed to a residential care setting, the focus must be on family integration. Moreover, the children must not be kept at a residential care facility for a long period of time; they must be integrated into their families.

5.2.4.3 Independent living programmes

The study revealed that the participants felt like they were not prepared enough to be independent. Some of the study participants stated that they were about to leave the system, but they felt like they were not equipped enough to live independently. The participants expressed that they were not given any opportunity to go out of the residential care facility to do simple things such as shopping. Other participants expressed that they were so happy about the daily routine as it assisted them to complete their daily duties independently.

It is therefore important for residential care facilities to offer more independent living programmes to the children who are close to being phased out of the residential care system. Child and youth care workers need to be equipped with specialised skills to inculcate a sense of independence in young people. Child and youth care workers need to prepare the children for reintroduction to the community so that they can cope with the outside environment. For example, they must be taken out and given some money to buy things for themselves and be guided with their monthly budget. Additional initiatives fostering independence should be implemented, considering that some young individuals transitioning out of the residential care system may have to depend solely on themselves.

Research has revealed that “structural factors and professional practices” within the child protection system may greatly contribute to “poor outcomes for youth aging out of care” and concluded that policies and systemic practices must become more informed and meet the children’s needs (Kovarikova 2017: 4).

5.2.4.4 Academic support programme

The study revealed that the children at the residential care facility also felt supported academically. The residential care setting supported the children with their studies. The social workers ensured that they looked for external people who could assist the children with homework. However, the study also revealed that the participants perceived the child and youth care workers as old-school. Hence, they could not understand their syllabus, hindering their ability to adequately support the children in excelling academically.

The study found that participants who had positive experiences with academic support were optimistic about their future. The children in residential care facilities valued the opportunities they were given to access basic education (Montserrat *et al.* 2021: 2). They were happy about the support they received within the residential care facility. They alluded to the fact that they are happy about the opportunity of an education and that they are willing to work hard on their studies so that they can become better versions of themselves. Lundgren and Scheckle (2019: 51); Theron and Van Rensburg (2018: 167)

concluded that access to basic education increases the chances of a better future and an economic breakthrough.

On the other hand, the study findings also revealed that those who had negative experiences with the academic programme felt unsupported. They were pessimistic about their future. Some of the participants reported being admitted to prevocational schools against their will and their views being disregarded. Participants who attended prevocational school felt unsupported as the residential care setting did not attempt to create a workshop for them where they could practice, while those in mainstream school were busy with homework. The participants in prevocational school felt like they were less prioritised, than those who attended mainstream schools and ultimately lost hope. Delgado *et al.* (2019: 13) affirmed that some of the children in residential care facilities were pessimistic about their own future.

The residential care setting must guarantee that all children housed within the facility experience equally and receive uniform support, regardless of the type of school they attend. Drawing from the study findings, it is important that the residential care facilities employ more people who specialise in assisting the children with homework. Moreover, residential care facilities must be equipped with relevant resources to accommodate all the academic needs of the children placed in them.

5.3 RECOMMENDATIONS

The findings from this study highlight the need for residential care systems to place appropriate protective worker-child relationships at the centre of their practice and to work in partnership with children and young people to develop better ways of assisting them and protecting them from bullying. A strategy to mitigate the likelihood of abuse taking place in residential care facilities is to ensure that every child in residential care has a trusted and trustworthy adult, including but not limited to child and youth care workers and social workers, whom they can turn to when they are being victimised by other children or staff members in particular. Improved training for child and youth care workers

about how to improve adolescents' experiences of a residential care life through building effective, protective and caring relationships must be necessitated.

Child and youth care workers and social workers must be made aware how their behaviours affect the children under their care considering that some of the participants stated that they felt embarrassed when the care workers attended their school meeting wearing T-shirts reflecting the name of the residential care facility. Furthermore, some of the participants raised that they felt robbed of their privacy by the CYCWs, I recommend that care workers could be cautious not to breach the children's basic rights. Another recommendation is that child and youth care workers and social workers could relate to allowing adolescents to become involved in the decision-making process regarding planned programmes.

Another strategy is the empowerment of children and young people by providing multiple opportunities to shape the ways that child and youth care workers and residential care facilities identify and respond to their holistic needs while facilitating their healing and development. Moreover, where young people do report abuse, it is important that a clear and effective feedback mechanism be established to affirm that their grievances are addressed appropriately. It is imperative that residential care facilities necessitate and take seriously the issue of family reunification. Lastly, it is important that children and young people are equipped with independent living skills while in the residential care facility, so when the time for phasing out of residential care is reached, the children are well equipped to adapt to the outside world.

5.4 AREAS FOR FUTURE STUDIES

While the present study explored adolescents' experiences of residential care life in eThekweni, there is a need to explore the effectiveness of residential care facilities towards meeting the developmental needs of the children and young people placed in them over a longer span of time and with other groups. There is also a need to explore the levels of knowledge and skills of the child and youth care workers and social workers in terms of providing care and improving the children and young people's experiences of

being in residential care facilities. Lastly, there is a need to explore whether the residential care facilities in their operations are in compliance with the Children's Act No 38 of 2005, which speaks about upholding the best interest of a child.

5.5 LIMITATIONS

This was a qualitative study with a purposive sampling strategy, and no claims were made about the representativeness of the participants. Although this study made important findings with regard to the research objectives, it has a few limitations, as follows: This study concentrated on one residential care facility. Although data was collected to saturation, research with similar groups in other residential care facilities will be beneficial. Studies in different residential care facilities with a similar sample group will provide greater support for the shared experience of residential care life for adolescents in the eThekweni region. Examining samples from different organisations in the eThekweni region would also have allowed for the exploration of different perceptions of residential care life in the region.

To obtain the adolescents views, the researcher sampled a residential care facility in the eThekweni region. Nevertheless, the social worker assigned to aid the researcher in participant recruitment actively dissuaded the researcher from recruiting adolescents with a history of recent traumatic experiences, to prevent triggering their unhealed traumatic experiences. This sampling limitation reduced the number of potential participants and may have excluded some important voices that could add to the results. However, this was considered necessary to protect the well-being of potential participants.

5.6 CONCLUSION

The study provided insight into the various challenges and experiences prospective participants face within residential care facilities. The advantage of the findings is that they can assist social workers, child and youth care workers, organisations, and the Department of Social Development, particularly within the Province of KwaZulu-Natal, to improve the residential care settings so that the children can have better experiences of a residential care setting. Furthermore, the findings can assist in determining whether

residential care settings serve their purpose of providing holistic care to disadvantaged children or not. Lastly, the findings will assist policy makers and the management of the Department of Social Development in reviewing the effectiveness of the residential care facility framework and policy and making the amendments where needed in order for the children to have better experiences of a residential care facility.

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APPENDICES

Appendix A: Gatekeeper's Letter

01 May 2022

Malvern Child and Youth Care Centre

11 Coniston Lane,

Malvern

Request for permission to conduct research

Dear Mr Andile Ncamane

My name Xolani Shabangu, a Master's Degree in Child and Youth Care student at the Durban University of Technology. The research topic I wish to conduct for my master's dissertation involves "*A home away from home for adolescents: narratives on residential care life in eThekweni*".

I am hereby seeking your consent to invite interested adolescents to participate in the study. I would also like to ask that you kindly provide me with a venue/setting where I can conduct my interviews with your adolescents. Please see information below regarding my study. Additionally, please peruse through the attached information letter.

Aim of the study: to understand the residential care experience among adolescents and its challenges.

Objectives of the study:

- To inquire about the reasons behind adolescents' placement in residential care.
- To understand their daily life experiences while in residential care and explore the challenges they experience.
- To explore the nature of support they receive from child and youth care workers and social workers.
- To inquire about both peer and family support while they are at the facility.
- To provide recommendations to improve the residential care experience.

Inclusion criteria: Participants who will be included in the study are boys and girls who are between the age of 14 and 18 who has been in the care facility for more than 2 years. The study will also include participants of all diverse races.

Exclusion criteria: Participants below the age of 14 will be excluded from the study. Furthermore, participants who have been in the care facility for less than 2 years will not be suitable to participate on the study.

Ethics: I have provided you with a copy of my proposal which includes copies of the data collection tools and consent and assent forms to be used in the research process, as well as a copy of approval letter which I received from the Institutional Research Ethics Committee (IREC). Throughout the study, I will ensure that the participants' identity will be kept anonymous. Pseudonyms will be used. Furthermore, the interview will last a duration of 50-60 minutes.

Enquiries: If you enquire further information, please do not hesitate to contact me on 0763662537 or email shabanguboyzeen@gmail.com or contact Prof Raisuyah Bhagwan research supervisor on 0313732670 or email fathimad@dut.ac.za Thank you for your time and consideration in this matter

Your sincerely

Xolani Shabangu

Durban University of Technology student

Appendix B: Ethical Clearance



Institutional Research Ethics Committee
Research and Postgraduate Support Directorate
2nd Floor, Berwyn Court
Gate 1, Steve Biko Campus
Durban University of Technology
P O Box 1334, Durban, South Africa, 4001
Tel: 031 373 2375
Email: lavishad@dut.ac.za
http://www.dut.ac.za/research/institutional_research_ethics
www.dut.ac.za

5 January 2023

Mr X Shabangu
PO Box 122
Dundonald

Dear Mr Shabangu

A home away from home: Narratives on residential care life in eThekweni district
Ethical Clearance number IREC 260/22

The Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the DUT-IREC according to the DUT-IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the DUT-IREC as outlined in the DUT-IREC SOP's.

Yours Sincerely


Prof J K Adam
Chairperson: DUT-IREC

Appendix C: Permission to Conduct Interviews



Malvern Child and Youth Care Centre

'A Home for Today and a Future for Tomorrow'

ACCEPTANCE LETTER

RE: TO WHOM IT MAY CONCERN

This letter serves to give permission to Xolani Shabangu to conduct interviews with children admitted in our Child and Youth Care Centre. I am aware that these interviews are part of his research study he is doing through the Durban University of Technology.

Please feel free to contact me if you have any queries.

Sincerely Yours
Andile Ncamana (Director)
0736079937/0314640236



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Tel: +27 31 464 0236/37/38
Email: marlaan@mchome.co.za
www.malvernchildyouthcarecentre.com



A Programme of KZN
Christian Social Services

NPO 009-231
W.O. ACT 100/1978
SECTION 18A RG/0013/02/04
VAT NO. 4070111960

"May our sons in their youth be like plants that grow up strong. May our daughters be like pillars which adorn the corners of a palace"
Psalm 144:12

Appendix D: LETTER OF INFORMATION



Title of the Research Study: *“A home away from home for adolescents: narratives on residential care life in eThekwinj.”*

Principal Investigator/s/researcher: Xolani Shabangu. Bachelor’s degree in child and youth care

Co-Investigator/s/supervisor/s: Dr. Fathima Dewan and Prof. Raisuyah Bhagwan.

Greetings and welcome prospective participants

Brief Introduction and Purpose of the Study: this research study is to determine and explore your experiences of living in a care facility for more than two years. Furthermore, to explore the nature of support you get from child and youth care workers and social workers. Lastly, to inquire your understanding/experiences about both peer and family support while you are at the facility.

I am a Master’s student in Child and Youth Care at the Durban University of Technology.

I would like to invite you to participate in my research study.

What is research?

Research is a process of organised enquiry that involves collection of data; documentation of important information collected from you as a participant and the collected information will be analysed and interpreted. Your participation in my research study will add value to current research. Your participation is voluntary, which means that you are not forced to participate.

Outline of the Procedures:

This research will be done in the home you are placed in (Malvern Child and Youth Care Centre). The permission letter to access you as participants will be requested from the Director of your home, through a gatekeeper’s letter. On an arranged date interviews will

be conducted with you to collect the required information. Each interview will be between 50 – 60 minutes. You are expected to share your experiences and thoughts on the research topic. Questions will also be asked to help you in sharing the desired information. In order for you to qualify to be this study Participant you must be between the age of 14 to 18 and you must be in the residential care for more than two years. The interview will be conducted at the care facility you are placed in, an interview room will be requested from the Director of the care facility through the gatekeeper's letter. Please note that the recordings will be handled with highest confidentiality, as you will be recorded during the interview sessions. You are requested to kindly avail yourself on time for the interview and to share as much information as possible on the questions and topic that will be discussed. Once you have signed the assent form, further arrangements to schedule the interviews will be made by yourself and me as the researcher. A copy of the letter of information, consent and assent will be given to you.

Risks or Discomforts to the Participant: There are no anticipated harm.

Reasons why participants may withdraw from the Study: You are allowed to withdraw from the study at any time should you wish to do so if you are not comfortable. You may withdraw from the study if you cannot continue due to illness.

Benefits: There will be no direct benefits to you as my participants, but your contribution will benefit the children residing in a care facility, those who are responsible to provide care in child and youth care facilities and the community at large. Your participation will be highly appreciated and be valuable to my study.

Remuneration: There will be no remuneration for your participation in the study.

Costs of the Study: There will be no costs to you for your participation.

Confidentiality: I assure you that your identity will be kept confidential, instead pseudonyms will be used. Therefore, your real names will not be utilised. For consideration ethical issues, the semi-structured interview questions will be structured in a way that questions will only relate to the research and you will not be required to give any names or any form of identification.

Results: The research findings will be made available to you if you wish. A copy of the research findings will also be kept with the residential care/ home. I intend to publish an article on my research findings.

Research-related Injury: No anticipated research harm.

Storage of all electronic and hard copies including tape recordings: Be informed that the data collected in a form of recoding or notes will be stored in locker that is only accessible to the researchers and the researchers' supervisor. All records of data will be kept for a period of 5years and thereafter shredded and discarded.

Persons to contact in the Event of Any Problems or Queries: Persons to contact in the event of any problem or Queries: please contact me: Xolani Shabangu (Researcher) on 0763662537 or

21846120@dut4life.ac.za you can also contact my supervisors: Prof. Raisuya Bhagwan (Professor) on 031 373

2670 or Dr. fathima Dewan on fathimad@dut.ac.za or the institutional Research Ethics administrator on 031 373 2375. Complaints can be reported to the Director: research and postgraduate support on 031 373 2577 or researchdirector@dut.ac.za

Appendix E: Letter of Consent



CONSENT

Full Title of the Study: *“A home away from home for adolescents: narratives on residential care life in eThekweni”*

Names of Researcher/s: Xolani Shabangu

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Xolani Shabangu (name of _____ researcher), about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: 260/22,
- 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.
- 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 Thumbprint	Date	Time	Signature / Right

I Xolani Shabangu (names of the researchers) herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full name of a researcher: Xolani Shabangu

Signature:

Full names of a witness:

Signature:

Full name of a legal guardian:

Signature:

Appendix F: INTERVIEW GUIDE



1. Age:
Gender:
Race:
Religion:

2. What are the reasons behind your placement in residential care?
3. Can you tell me more about your actual family background?
4. Tell more about your daily life experiences while in residential care and what are the challenges your experience?
5. What is the nature of support you receive from child and youth care workers and social workers?
6. Could you please explain a situation where you felt supported and when you felt unsupported while in residential care?
7. Do you receive any support from both peers and family while you are at the facility?
8. Describe how your spiritual faith acts as a support system for you?
9. How do you feel has the facility promoted its mission of improving your life and development?
10. How are you intending to use the opportunities provided by the care facility to improve your life?
11. What could be your recommendations to improve the residential care experience?

Appendix G: Assent Form: For Minors



ASSENT FORM: FOR MINORS

This template to assist you with designing a written informed assent form for minors (persons under the age of 18 years old). **Please write in SIMPLE, NONTECHNICAL, CHILD-FRIENDLY language.** Note that this assent form template is appropriate for use for child participants aged between 8-13 years old. For adolescents (aged between 14-17 years old), please use the adult consent form template.

The text written in **[RED]** is for **guidance only** and should be removed before finalising the document.

TITLE OF THE RESEARCH PROJECT: *“A home away from home for adolescents: narratives on residential care life in eThekwini.”*

RESEARCHERS’ NAME(S): Xolani Shabangu

RESEARCHERS’ CONTACT NUMBER: 0763662537



What is a research study?

Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer.

This paper talks about our research and the choice that you have to take part in it. We want you to ask us any questions that you have. You can ask questions any time.

Important things to know...

You get to decide if you want to take part.

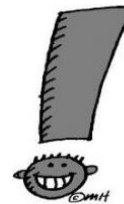
You can say 'No' or you can say 'Yes'.

No one will be upset if you say 'No'.

If you say 'Yes', you can always say 'No' later.

You can say 'No' at any time.

We would still take good care of you no matter what you decide.



Why are we doing this research?

We are doing this research study to gain understanding of your experiences of living in a care facility for more than two years. Also, to understand the level of support you get from child and youth care workers and social workers. Lastly, to inquire your understanding/experiences about both peer and family support while you are at the facility.

Why have I been invited to take part in this research project?

You are invited to take part in this research because the researcher wants you to share your experiences of being in the residential care facility.

Who is doing the research?

The researcher's name is Xolani Shabangu who is a qualified child and youth care worker. Currently I am a Master's student in Child and Youth Care at the Durban University of Technology. The ultimate reason for me to do this study is to gain your insight of being in residential care facility, this will assist to enhance the information on adolescents' experiences of being in care facilities. Also, I am doing this study to generate recommendations to improve the adolescents' residential care experiences.

This study will further broaden the knowledge of those who are responsible to provide care in child and youth care facilities and the community at large.

What will happen to me in this study?

If you decide to be in the research, I would like to arrange an interview with you. You are expected to share your experiences and thoughts on the research topic. The question would be asked will be as followed: what are the reasons behind your placement in residential care? Can you tell me more about your actual family background? Tell more about your daily life experiences while in residential care and what are the challenges your experience? What is the nature of support you receive from child and youth care workers and social workers? Could you please explain a situation where you felt supported and when you felt unsupported while in residential care? Do you receive any support from both peers and family while you are at the facility? Describe how your spiritual faith acts as a support system for you? How do you feel has the facility promoted its mission of improving your life and development? How are you intending to use the opportunities provided by the care facility to improve your life? What could be your recommendations to improve the residential care experience?

Can anything bad happen to me?

As the research will be touching sensitive and personal realities about your past traumatic experiences, you may feel emotional discomfort or become aware of your emotions as we will be reflecting on certain experiences which may include traumatic memories and provoke past anxieties.

Can anything good happen to me?

Your participation in this study can provide a platform for you to open up about your past traumas and anxieties that you have been holding on for so many years. Your contribution will benefit the children residing in a care facility, those who are responsible to provide care in child and youth care facilities by providing recommendations to improve the experiences of residential care facilities. It will also benefit the community at large with more information regarding the experiences of residential care facility. Your participation will be highly appreciated and be valuable to my study.

What else should I know about this research?

If you do not want to be in the study, you do not have to be.

It is also OK to say yes and change your mind later. You can stop at any time. If you want to stop, please tell the researcher.

You can say 'no' to what we ask you to do for the research at any time and we will stop.

Will anyone know I am in the study?

The information obtained during data collection will be handled in a confidential manner by ensuring that your name as a participant is not linked to the contents of the data capturing forms except through the confidential code that will only be familiar to the researcher. The researcher will maintain anonymous reporting of data by ensuring that your identity as a participant will not be linked to the collected data that will be made available for analysis. Your right to privacy, anonymity and confidentiality will be maintained by ensuring that all transcripts are stored in strictest confidence. Documents that link names to data will be securely stored at all times on a password-protected computer. the researcher will further ensure to keep the data in a safe lockable place and no one except the study supervisor will be permitted access to any of the research data and recordings. Both written and electronic data from this study will safely be stored for five years.

Who can I talk to about the study?

In the event of any problem or Queries related to the study, please contact me: Xolani Shabangu (Researcher) on 0763662537 or 21846120@dut4life.ac.za you can also contact my supervisors: Prof. Raisuya Bhagwan on 031

373 2670 or bhagwan@dut.ac.za or my co-supervisor Dr. fathima Dewan on fathimad@dut.ac.za

What if I do not want to do this?

You can decide if you want to reschedule appointments or withdraw from the study completely at any time without getting in trouble, even if your guardian have agreed to your participation.

Do you have any other questions?

If you want to be in the research after we talk, please write your name below. We will write our name too. This shows we talked about the research and that you want to take part.

Do you understand this research study and are you willing to take part in it?

 YES NO

Has the researcher answered all your questions?

 YES NO

Do you understand that you can STOP being in the study at any time?

 YES NO

Name of Participant _____

(To be written by child/adolescent)

Printed Name of Researcher

Xolani Shabangu

Signature of Researcher

06 December 2022

09:00

Date

Time

